



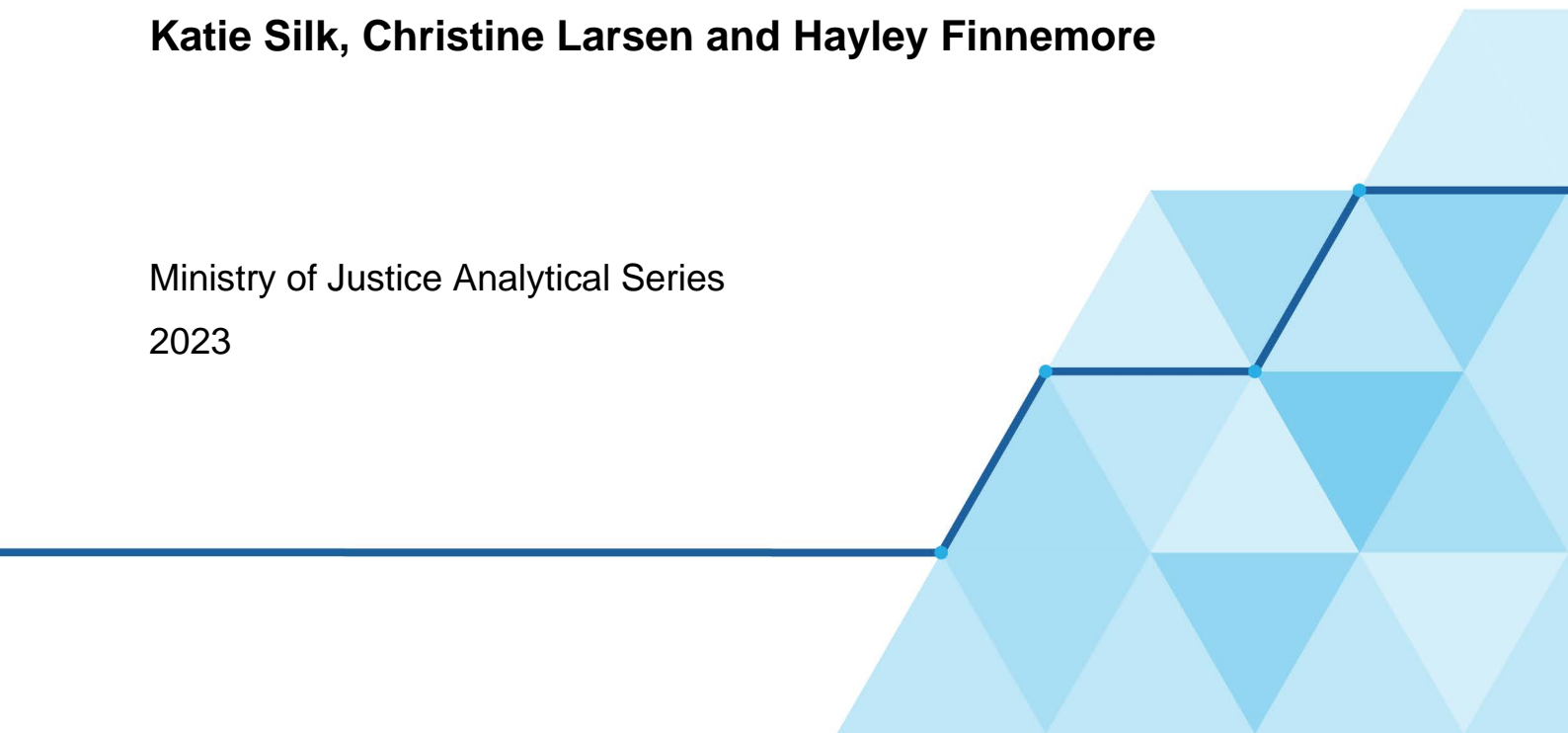
Ministry  
of Justice

# Formal support needs of adult sexual violence victim-survivors: survey findings report

**Katie Silk, Christine Larsen and Hayley Finnemore**

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## Glossary of Terms and Definitions

<b>By and for services</b>	Specialist services that are led, designed, and delivered by and for the users and communities they aim to service, for example survivors from ethnic minority backgrounds, deaf and disabled victims, and LGBT+ victims
<b>CJS</b>	Criminal Justice System
<b>CSEW</b>	Crime Survey for England and Wales
<b>Formal Support</b>	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.
<b>HMICFRS</b>	His Majesty's Inspectorate of Constabulary and Fire and Rescue Services
<b>ISVA</b>	Independent Sexual Violence Advisor – an advisor that works with victims of rape and sexual assault to provide specialist tailored support
<b>MoJ</b>	Ministry of Justice
<b>ONS</b>	Office for National Statistics
<b>Personal information requests</b>	Personal information requests are those which may be made to victim-survivors for their digital downloads from their phone and/or social media, medical records, school records and any counselling notes, irrespective of whether it is used in court

<b>RASASF</b>	Rape and Sexual Abuse Support Fund, which provides funding to rape and sexual abuse support providers, to deliver vital support to victim-survivors
<b>SARC</b>	Sexual Assault Referral Centre – specialist forensic and medical services for victims of rape and sexual assault
<b>Specialist sexual violence support services</b>	Support services whose primary purpose is to address, prevent and tackle sexual violence and support survivors
<b>Trauma informed care</b>	Understanding the prevalence and nature of trauma arising from interpersonal 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 victim-survivors' needs and healing pathways

# Executive Summary

## Introduction

In 2021, the Government published a Review into the Criminal Justice System's (CJS) response to adult rape and serious sexual offences across England and Wales. Within this review, it was revealed that victim-survivors are not always getting the support they need. The Rape Review action plan therefore committed to conducting "targeted research with rape victim-survivors to better understand their experiences and what they want from formal support services so that future provision meets need" (HM Government, 2021, p.12). Formal support refers to support provided by a professional, trained individual or organisation. This could include support from a GP or other health care professional, a therapist, counsellor, or psychologist, an Independent Sexual Violence Advisor (ISVA), Sexual Assault Referral Centre (SARC) or another support organisation. It does not include informal support from family or friends.

In light of this commitment, Ministry of Justice (MoJ) conducted a research programme, including 1) a literature review of the existing evidence, 2) a survey of adult sexual violence victim-survivors; and 3) a qualitative research study specifically with adult disabled sexual violence victim-survivors, to answer the following overarching questions:

- What barriers do adult sexual violence victim-survivors face in accessing formal support?
- What formal support do adult sexual violence victim-survivors want, in terms of content and how this is delivered?
- What formal support is effective in helping adult sexual violence victim-survivors to build resilience and to engage with the criminal justice process?
- How do the above vary by sexual violence victim-survivor demographics?

This report relates to the survey conducted directly with adult (18 years old or older) sexual violence victim-survivors in England and Wales. Separate reports are published for the other two elements of the research programme.

## Methods

This research used an online survey, including both closed and open-ended questions, to collect quantitative and qualitative data. The online survey ran from 16<sup>th</sup> June to 19<sup>th</sup> July 2022. Responses were received from 1,110 victim-survivors. However, due to question routing, sample sizes to individual questions may be smaller. These are reported on for each question throughout the report. Descriptive statistics, chi-square analysis and Mann-Whitney U tests were conducted for the closed questions and all open-ended responses were fully coded and examined for themes. Chi-square analysis and Mann-Whitney U tests are correlational not causational, so care should be taken in interpreting these findings. The survey respondents self-selected to take part. As this was not a random sample, please note that the findings may not reflect the views of all sexual violence victim-survivors.

## Respondent demographics

Around 750 individuals provided demographic information. Most of these individuals were women from the white ethnic group. There was a good spread of age. Approximately two thirds of individuals who provided information were heterosexual. It was not possible to consistently report on findings for some minoritised groups due to a relatively small number of respondents. For example, for trans and non-binary victim-survivors and those from minority ethnic groups. However, other minoritised groups such as bisexual and disabled victim-survivors are well represented within the survey and this report is therefore able to discuss the specific needs of these victim-survivors.

## Key findings

### **Barriers and facilitators to accessing formal support**

- Respondents faced multiple barriers when deciding whether to and/or trying to access formal support.
- The findings 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.

- Approximately one third of respondents faced barriers to accessing formal support at an individual, social, cultural, and structural level. 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 formal support, they may then be faced with a second layer of structural barriers, in relation to how a service is designed and delivered. This suggests there is no clear single solution to increasing engagement with formal support, but instead multiple recommendations 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 respondents reported. 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.
- Structural level factors were reported more often by respondents who did try to access formal support. The most common structural factors included: not viewing support as being independent from the police, not being aware of what support was available and not knowing how to access formal support.
- Respondents who did try to access formal support particularly valued support being confidential, independent from the police, local and having someone point them towards further support.

### **Victim-survivor support needs**

- On average, respondents accessed four types of formal support, highlighting the varied support needs of victim-survivors and how these may change over time.
- Counselling, advocacy, and group work were the three types of formal support ranked as most important by victim-survivors. These were also the formal support types which were most likely to "fully" or "mostly" meet the needs of those who did access support.
- Overall, there was a relatively low level of satisfaction with services in terms of how well they met respondents' needs. Counselling was rated the highest, with 63 per cent of respondents reporting it "fully" or "mostly" met their needs.

- The most important factor reported by all respondents when thinking about their “ideal formal support”, irrespective of their demographics, was “I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse”. This highlights the importance of specialised sexual violence support services for respondents in this survey.
- The most common type of legal support respondents reported wanting was help understanding what happens during the victim-survivor’s engagement with the criminal justice process.

### **Experience of the criminal justice process**

- The most common reason respondents gave for not reporting to the police was that they did not think reporting to the police would help, followed by a fear of not being believed and/or blamed.
- Twenty-seven respondents reported that they initially engaged with, and then withdrew from, the criminal justice process. Most of these respondents withdrew straight after they reported to the police.
- Overall, the process of personal information requests was not considered clear to all respondents. Just under a third (31%) of respondents “agreed” or “strongly agreed” that they understood they had the right to appeal the personal information request. Furthermore, only 2 out of 5 (40%) “agreed” or “strongly agreed” that they felt supported in their decision to give up personal information or not. Similarly, only 43 per cent “agreed” or “strongly agreed” that they were given sufficient time to consider the personal information request.
- Many respondents highlighted how they felt that personal information requests made them feel like they, rather than the perpetrator, were being investigated.
- Suggestions given to improve personal information requests included: not asking for the information immediately when reporting to the police, giving victim-survivors time to consider the request, making them aware why information is requested and how it will be used, their entitlements, and their right to appeal the request. The respondents’ views also highlighted the importance of ensuring that personal information requests are made sensitively so they feel believed and not judged.

## Conclusion

Whilst the report findings are not generalisable to all victim-survivors due to the methodology adopted, they provide valuable insight into the barriers victim-survivors may face, their support needs and experiences of the criminal justice process. They provide 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. Recommendations based on the findings are provided in the conclusion of this report; these should be considered by commissioners alongside those of the other two strands of the research programme. This will help to ensure that victim support services better meet victim-survivors' needs in future. Ongoing monitoring of commissioned services and how they meet victim-survivors' needs over time, as well as additional research to fill the evidence gaps identified in this research, will further help to ensure that future victim support provision better meets victim-survivors' needs.



# 1. Introduction

This chapter provides background information on the purpose of the research programme conducted by MoJ, to better understand the barriers rape and sexual violence victim-survivors face in accessing formal support and their formal support needs.

## 1.1. Background

Rape and sexual violence have devastating impacts on victim-survivors' 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. 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 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 to recover (George & Ferguson, 2021). For example, the report highlighted that one reason, amongst others, for victim-survivors' disengagement from the criminal justice system is the lack of available formal support to help victim-survivors remain engaged in the criminal justice process. 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 formal support services so that future provision meets need" (HM Government, 2021, p.12).

When it comes to what victim-survivors want and need from the support services they are accessing, it can be agreed that there is not one universal voice. The social and cultural factors influencing the barriers to accessing formal support and victim-survivors' formal support needs have been explored further in the literature review conducted by MoJ as strand one of this research programme (Silk, 2023). The findings from this highlighted the importance of incorporating further analysis of these needs experienced by different

demographic groups. Therefore, the comparison between individuals of differing protected characteristics is a running thread throughout this report.

This report sets out the findings from one of three strands of research undertaken in response to the Rape Review commitment. The intention of the research is to inform the future commissioning of victim support services, to ensure that future provision better meets the needs of victim-survivors.

## **1.2. Aims of the research**

The research aimed to better understand the barriers victim-survivors face in accessing formal support, how these barriers can be addressed, what victim-survivors' formal support needs are and the effectiveness of such formal support. A three-strand research programme was developed to comprehensively explore these aims.

The first strand of the research programme was to conduct a detailed literature review exploring the existing evidence-base in relation to this topic. The findings from the literature review highlighted key evidence gaps that were addressed in the second strand of the research; a survey with rape and sexual violence victim-survivors. The third strand of the research involved conducting qualitative interviews and focus groups with disabled rape and sexual violence victim-survivors to understand the specific barriers disabled victim-survivors may face and their specific formal support needs.

This report relates to the second strand of the research programme; a survey conducted directly with rape and sexual violence victim-survivors in England and Wales, to ensure their voices were heard. This strand meets the Rape Review commitment.

The survey set out to address the following research questions:

- 1.** What are the most common barriers and facilitators for victim-survivors when deciding whether to access formal support and (if applicable) when trying to access formal support? How, if at all, does this vary by victim-survivor demographics and experiences?
- 2.** What are victim-survivors' experiences of trying to access formal support? How, if at all, does this vary by victim-survivor demographics and experiences?

3. What are respondents' experiences of the formal support they received (i.e., specific types of support, who they received this from and how this was delivered)? How, if at all, does this vary by victim-survivor demographics and experiences?
4. Which factors are most important to victim-survivors when thinking about their ideal formal support? How, if at all, does this vary by victim-survivor demographics and experiences?
5. What, if any, legal support do victim-survivors want? How do they want to receive this?
6. What are the reasons for some victim-survivors not reporting to the police?
7. What are the reasons for some victim-survivors withdrawing from the criminal justice process?
8. What were victim-survivors' experiences of personal information requests?

This report provides the findings from the survey only. To provide a more rounded view of the evidence, these findings are supplemented by those of the other two strands of the research programme, which are published alongside this report.

### **1.3. Note on language**

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 term "victim-survivor" is used consistently to refer to those affected by sexual violence. It encompasses other terms such as "victim-survivor(s)", "complainant(s)", "client(s)" and "survivor(s)". Likewise, the term "perpetrator" is used for consistency to refer to a person accused, charged, prosecuted and/or convicted of sexual violence.

The term "respondent" is used for consistency throughout this report. It relates to the adult sexual violence victim-survivors who completed the survey.

## 1.4. Report structure

Chapter two of the report provides an overview of the methodology of designing, conducting, and analysing the survey data. The survey findings are explored by research questions in chapters three to seven. Chapter three seeks to answer research question one; what the most common barriers and facilitators respondents faced were when deciding whether to access formal support and (if applicable) when they tried to access formal support. Chapter four seeks to answer research questions two and three; what respondents experiences were of trying to access formal support and what respondents' experiences were of receiving formal support. Chapter five explores research questions four and five around what "ideal formal support" looks like for respondents and what, if any, legal support they want. Chapter six seeks to answer research questions six, seven and eight around reasons for not reporting to the police, reasons for disengaging from the criminal justice process and experiences of personal information requests. Finally, chapter seven concludes the report and provides proposals for future research.

## 2. Methodology

This chapter of the report outlines the methodology of designing, conducting, and analysing the survey data. Appendix A provides further detail on the methodology.

### 2.1. Designing and promoting the survey

Victim-survivors' experiences are vital in understanding their formal support needs. The first strand of the research, the literature review, did not identify many large-scale quantitative studies exploring the barriers victim-survivors face in accessing support and what their support needs are in England and Wales. Much of the literature in relation to these research questions relied on smaller scale qualitative research studies. An online survey, collecting quantitative evidence from victim-survivors in England and Wales, was therefore deemed necessary to explore these research questions more thoroughly. The literature review also identified an evidence gap in relation to qualitative evidence on the barriers disabled adult victim-survivors face in accessing formal support and what their support needs are. It was felt an online survey may not reach some disabled victim-survivors, therefore a third strand of research, qualitative interviews and focus groups with disabled adult victim-survivors were also commissioned to fill the evidence gap identified in the literature review.

A scoping exercise, including seeking advice from government and external survey experts, was undertaken to determine the most appropriate survey methodology to adopt to meet the aims of the research.<sup>1</sup> It was decided that an online survey was the most appropriate methodology for this strand of the research for multiple reasons. Firstly, it was important to ensure that the voices of as many victim-survivors as possible were included in this process. This method was also deemed an appropriate way to try to reach both victim-survivors who had and had not previously accessed formal support. The use of an online survey also enabled a tailored communication strategy, to target recruitment and oversampling from specific groups of victim-survivors from whom less was known about

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<sup>1</sup> This included engaging with survey panel methodologists, to determine the appropriateness of this methodology; MoJ's ethics advisory group, to consider the most appropriate survey methodology for such a sensitive topic and government survey design experts to consider the best way to reach a sample of victim-survivors who both did and did not try to access formal support.

their support needs, as identified in strand one of the research programme, the literature review. The targeted recruitment strategy involved working with MoJ communications experts to identify organisations (including outside of the support sector) who may have contact with individuals from minoritised groups, for example elderly and LGBT+ organisations/groups and contacting them to promote our survey. Unfortunately, the targeted recruitment strategy was only partially successful, as some groups of victim-survivors are under-represented in this research, as outlined in the survey limitations. The use of an online survey meant our sample was self-selecting and the views of the survey respondents may not be representative of all sexual violence victim-survivors.

Victim-survivors were asked to give their consent to take part in the survey, confirming that they had read and understood the information provided to them. They were then asked to confirm whether they were 18 years or older and whether they had experienced any form of sexual violence in adulthood (18 years +).<sup>2</sup> If respondents answered “no” to either or both questions, they were directed to the end of the survey as they were not eligible to take part. If they answered “yes” to both of these screener questions, they were directed to the start of the survey questions.

The survey included 57 closed questions and nine open-ended questions. Not all respondents answered each question due to question routing. Respondents were routed to different questions depending on whether they had tried to access formal support or not, whether they had received formal support or not, and whether they reported to the police or not. 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. To reach victim-survivors who both had and had not previously accessed formal support, information about the survey and links to the survey were distributed to both victim-survivor support organisations and other organisations outside of the victim-survivor support sector, for example mental health organisations and through Police and Crime Commissioners. Some organisations passed the information and survey links on to members of their networks to encourage them to take part.

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<sup>2</sup> Whilst the Crime Survey for England and Wales (CSEW) often uses 16 years of age as the cut-off for consent, due to this being an online, remote survey on a sensitive topic as opposed to a face-to-face survey, it was not considered appropriate or ethical to open the survey to those aged 16–18.

The final sample included responses from 1,110 victim-survivors.<sup>3</sup> Sixty-four per cent ( $N=678$ ) had tried to access formal support. Thirty-four per cent ( $N=355$ ) had not tried to access formal support. Of those who did not try to access formal support, 85 per cent ( $N=244$ ) responded that they did not report to the police and 13 per cent ( $N=38$ ) had reported to the police.

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 barrier's 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 using Chi-square and Mann-Whitney U analysis.<sup>4</sup> It is indicated in the report where differences between groups are statistically significant<sup>5</sup> and the effect size of the association. All quantitative analysis was quality assured by a second researcher. When reporting on the analysis, it is important to note that:

- All percentages relate to the total responses for that question (or sub-question) unless otherwise stated;
- Responses can total more than 100 per cent as respondents were able to provide multiple responses to some questions;
- Percentages are reported to the nearest whole number;
- Not all respondents answered every question, so the number of respondents per question is stated throughout the report;
- Percentages are not reported on where the number of respondents was less than 30;
- Findings relating to specific cohorts of victim-survivors may be influenced by the small number of respondents in some cohorts compared to the comparison group. For example, there are instances where a sample of 32 males is compared to a sample of over 400 females.

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<sup>3</sup> Not all respondents were asked each question, due to question routing. Also, not all provided demographic details.

<sup>4</sup> Chi-square analysis is a statistical method to test whether two categorical variables (variables which can take on one of a limited and usually fixed number of possible values) are related to each other.

<sup>5</sup> A p-value less than 0.05 (typically  $\leq 0.05$ ) is statistically significant.

Thematic analysis was used for open-ended questions within SmartSurvey. Coding categories were both inductively and thematically constructed (Braun and Clarke, 2006). Thematic coding frameworks for each question were generated prior to the survey closing based off initial responses, due to tight timescales for analysis. This was used to analyse the remaining responses, amending where new responses did not fit into existing codes. An example of a coding framework for an open-ended question can be found in Appendix A (Table 14). Qualitative analysis was conducted by a second independent researcher to ensure reliability. Any differences were discussed and agreed upon between the researchers and amended accordingly. Quotes have been used in the report to exemplify the key themes which emerged from the qualitative analysis.

When outlining the qualitative findings, the data are not presented in a manner that assigns specific proportions or prevalence to the findings. This is because there were not enough respondents to consistently report these for qualitative questions. Instead, the terms “many”, “some”, or “a few” are used to give a relative indication of how typical views and experiences were across the respondent groups. The term “many” is used to mean that a view was widespread within a group of respondents, whilst “a few” indicates that a finding applied to a small handful. “Some” is used to indicate a middle ground between “many” and “a few”. This should, however, be considered indicative. Findings reflect the specific views of those who provided responses to the open-ended questions in the survey as part of the research and may not be generalisable to all respondents or the wider population of the individual groups.

The report was peer reviewed by two academics externally. They were asked to consider whether: the objectives of the research had been met, adequate context was provided, the methodology was appropriate, analytical techniques had been applied correctly, content and recommendations adequately reflect the findings and quality merits publication.

## **2.2. Ethics**

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. Feedback from both the external advisory panel



and the survey question testing was incorporated into the final version of the survey launched on 16<sup>th</sup> June 2022. The survey was open until 19<sup>th</sup> July 2022.

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 introductory survey page provided information on how respondents could request accessible formats of the survey, why the research was being conducted, who the survey was intended for, what the survey would involve, how their data would be stored and used, how they could leave the survey at any time, and what to do if they had any questions regarding the research.

Whilst undertaking the research, the following steps were taken to ensure the research was ethical:

- Specific and informed consent was gained from participants;
- Details of formal support organisations were provided on each page of the survey;
- The survey was tested with 5 victim-survivors and 10 further users to ensure it was understood, robust, and suitable to be put into the field;
- Respondents were made aware of how their data would be stored, kept, and used within the survey, in line with GDPR;
- A comprehensive communications strategy was in place to promote the survey, to ensure it reached as many victim-survivors as possible and respondents were able to request an Easy Read or Welsh version of the survey, to ensure it was accessible;
- The survey was anonymous and confidential, and respondents were given the right to withdraw. It was made clear to respondents that their participation was voluntary, and they could stop the survey at any point. Signposting to support services was provided on each page of the survey.

Further detail on how each ethical principles were adhered to can be found in Appendix A.

## 2.3. Limitations of the research

As the respondents were self-selecting (anyone who was aged over 18 years old and had experienced sexual violence since that age could take part), it is not possible to ascertain that the views of survey respondents were representative of all sexual violence victim-survivors. The findings therefore reflect only the views of the individual respondents and may not reflect wider experiences of all victim-survivors. Also, survey responses may be based on respondents' perceptions (for example, from the media) rather than their actual experience.

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 concerns or have these support needs.

Whilst chi-square analysis is an accurate form of statistical analysis for this dataset, we acknowledge that it does not explore interactions between independent variables. Future regression analysis could be utilised to explore any potential interactions.

Further limitations in relation to the sample are identified in sub-section 2.4.

## 2.4. Respondent demographics

Of 753 respondents who provided information, 89 per cent ( $N=674$ ) were female, 9 per cent ( $N=69$ ) were male and less than thirty answered, "I prefer not to say".

Of 756 respondents who provided information, 34 per cent ( $N=259$ ) were aged 18–34, 46 per cent ( $N=344$ ) were aged 35–54, 18 per cent ( $N=139$ ) were aged 55 and over and less than thirty respondents answered, "I prefer not to say".

Of 749 respondents who provided information, 85 per cent ( $N=640$ ) were from White ethnic group(s), 12 per cent ( $N=90$ ) were from all other ethnic groups combined (Excluding White) and less than thirty respondents answered, "I prefer not to say".

Of 752 respondents, 63 per cent ( $N=474$ ) were heterosexual, 9 per cent ( $N=68$ ) were gay or lesbian, 19 per cent ( $N=139$ ) were bisexual, 5 per cent ( $N=36$ ) reported their sexual orientation as "Other", and 5 per cent ( $N=35$ ) answered, "I prefer not to say".

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 and gender identity. Where there were less than thirty respondents in a cohort for a question, significance testing was not conducted. This means that some research questions around variations in demographics were only able to be partially answered. Due to question routing, comparing differences between males and females for example was possible for some questions, but for other questions where there were less than thirty male respondents, it was not. It was also not always possible to consistently compare findings between White respondents and those from All other ethnic groups combined. This is an acknowledged evidence gap, given the Crime Survey for England and Wales (CSEW) showed that those in the Black or Black British and Mixed ethnic groups were significantly more likely than those in the White groups to experience sexual assault (ONS, 2020). Of those who responded, there were groups who were over and under-represented when compared to Office for National Statistics Crime Survey for England and Wales (CSEW) rape and sexual violence victim-survivors characteristics (see Appendix B). The following characteristics were over-represented in our sample; females, bisexual, gay or lesbian and those with a disability. The following groups were under-represented in our sample; males, those without a disability and those under 24 years old. The spread of victims across ethnic groups was similar between our sample and CSEW victimisation estimates.

## 2.5. Types of sexual violence respondents experienced

Sixty-seven per cent ( $N=747$ ) of respondents had experienced two or more forms of sexual violence. The survey defined sexual violence as any sexual activity or act that was unwanted or as a result of pressure, manipulation, bullying, intimidation, threats or deception and/or took place without consent.<sup>6</sup>

### Sexual assault

The most common form of sexual violence respondents reported they had experienced was sexual assault (76%,  $N=794$ ). Sexual assault was defined as any form of unwanted

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<sup>6</sup> When respondents were asked what type of sexual violence they experienced, response options included: sexual assault, rape, sexual exploitation, sexual harassment, I prefer not to say and other – please specify. Respondents could select multiple responses to this question.

sexual activity. A significantly greater proportion of 18–34-year-old respondents experienced sexual assault (78%,  $N=202$ ), compared to those aged 55 years and above (67%,  $N=92$ ).<sup>7</sup> Also, the proportion of bisexual respondents who experienced sexual assault (85%,  $N=118$ ) was significantly greater than that of heterosexual respondents (71%,  $N=338$ ).<sup>8</sup>

## Rape

The second most common form of sexual violence respondents reported they had experienced was rape (66%,  $N=687$ ). Rape was defined as unwanted or forced sex, including attempted rape. A significantly greater proportion of bisexual respondents experienced rape (77%,  $N=107$ ) compared to heterosexual respondents (66%,  $N=310$ ).<sup>9</sup> A significantly greater proportion of respondents who reported what happened to the police experienced rape (76%,  $N=223$ ) compared to those respondents who did not report to the police (59%,  $N=277$ ).<sup>10</sup> A significantly greater proportion of respondents stating they had a disability reported they had experienced rape (72%,  $N=380$ ), compared to those respondents stating they did not have a disability (58%,  $N=160$ ).<sup>11</sup> A significantly smaller proportion of respondents aged 55 or over reported they had experienced rape (55%,  $N=76$ ), compared to those respondents aged 18–34 years old (73%,  $N=188$ ).<sup>12</sup>

## Sexual harassment

Sixty-one per cent ( $N=638$ ) of respondents reported they had experienced sexual harassment. Sexual harassment was defined as any unwanted sexual behaviour that made them feel upset, scared, offended, or humiliated, or was meant to make them feel that way. A significantly greater proportion of bisexual respondents experienced sexual harassment (76%,  $N=105$ ), compared to heterosexual (59%,  $N=280$ ) or gay/lesbian respondents (56%,  $N=38$ ).<sup>13</sup>

<sup>7</sup>  $X^2(1, N = 396) = 5.76, p < .05$ .

<sup>8</sup>  $X^2(1, N = 612) = 9.51, p < .001$ .

<sup>9</sup>  $X^2(1, N = 612) = 5.96, p < .05$ .

<sup>10</sup>  $X^2(1, N = 942) = 87.66, p < .001$ .

<sup>11</sup>  $X^2(1, N = 803) = 15.80, p < .001$ .

<sup>12</sup>  $X^2(1, N = 396) = 12.03, p < .001$ .

<sup>13</sup>  $X^2(1, N = 612) = 11.61, p < .001$  and  $X^2(1, N = 207) = 7.37, p < .05$  respectively.

### **Sexual exploitation**

Nineteen per cent ( $N=194$ ) of respondents reported they had experienced sexual exploitation. Sexual exploitation was defined as an actual or attempted abuse of someone's position of vulnerability. A significantly greater proportion of respondents stating they had a disability experienced sexual exploitation (22%,  $N=117$ ), compared to respondents stating they did not have a disability (14%,  $N=39$ ).<sup>14</sup>

### **Other types of sexual violence**

Less than thirty respondents qualitatively reported other types of sexual violence, which included grooming, sexual coercion, sexual abuse, revenge porn, sex trafficking, ritual abuse, and sexual violence in the context of domestic abuse.

Given that many respondents experienced multiple forms of sexual violence, it was not possible to report on findings by form of sexual violence separately throughout the report.

Of 1,042 respondents, 79 per cent ( $N=819$ ) said they had experienced sexual violence in person and 20 per cent ( $N=205$ ) had experienced sexual violence both in person and online. Less than thirty respondents answered, "I prefer not to say" and less than thirty respondents experienced sexual violence online only.

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<sup>14</sup>  $\chi^2(1, N = 803) = 7.03, p < .05.$

### **3. Common barriers and facilitators to seeking and accessing formal support**

A review of existing literature found that when deciding whether to seek formal support, victim-survivors may face barriers at individual, social and cultural levels (Silk, 2023). 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 formal 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 even in some cases impossible for victim-survivors 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.

This chapter answers research question one; what are the most common barriers and facilitators respondents faced when they decided whether to access formal support and (if applicable) when they tried to access formal support. It also explores how, if at all, this varied by respondent demographics and experiences.

Thirty-four per cent ( $N=355$ ) of respondents did not try to access formal support. These respondents were asked what factors, if any, influenced their decision not to try to access formal support. Sixty-four per cent ( $N=678$ ) of respondents did try to access formal support. These respondents were asked what, if any, challenges, or difficulties they faced when they tried to access formal support. The responses from both cohorts are discussed together in this section, with the views of different cohorts highlighted where applicable.

### 3.1. Common barriers faced by respondents

Respondents faced multiple barriers irrespective of whether they had tried to access formal support or not. Respondents who had tried to access formal support reported, on average, more barriers (6) than did those who had not (5 factors, on average).<sup>15</sup>

Thirty-one per cent of respondents who did not try to access formal support reported that this was influenced by factors across individual, social/cultural, and structural levels. Thirty-six per cent of respondents who did try to access formal support reported they faced concerns or difficulties across individual, social/cultural, and structural levels. This suggests that there is not one clear single solution to addressing barriers to accessing formal support, but rather multiple issues to address.

#### Individual level factors

Individual level barriers as opposed to social/cultural and structural barriers, were most frequently reported by respondents. Whilst we refer to some factors as “individual level factors”, it is likely that these, at least to some extent, are driven by societal beliefs and expectations. Table 1 shows that among those respondents who had not tried to access formal support, the five most common factors were all individual level factors. These included feeling embarrassed and/or ashamed, wanting to move on, not thinking it was serious enough to need help, not thinking they would be believed and blaming themselves for what happened.

**Table 1. Five most common factors respondents reported influenced their decision not to try to access formal support, N=342**

Factor	Percentage of respondents	Number of respondents	Rank
I felt embarrassed and/or ashamed about what had happened	54%	183	1
I wanted to move on from what happened	43%	146	2
I did not think it was serious enough to need help	42%	142	3
I did not think I would be believed	41%	140	4
I blamed myself for what happened	39%	135	5

<sup>15</sup>  $U(N_{\text{Accessed}} = 646, N_{\text{Not\_accessed}} = 342) = 138,511, p < .01$

Among those respondents who had sought formal support, four of the top five most common concerns or difficulties were also individual factors (see Table 2). Feeling embarrassed or ashamed, blaming themselves and not being sure they would be believed were common individual barriers faced by both those who did, and did not, try to access formal support. However, respondents who did try to access formal support also reported one structural level factor in their top five difficulties or concerns, specifically “I did not know what support was available to me”.

**Table 2. Five most common concerns or difficulties faced by respondents who did try to access formal support, N=646**

**Individual level factor**

Factor	Percentage of respondents	Number of respondents	Rank
I felt embarrassed and/or ashamed about what had happened	70%	449	1
I blamed myself for what happened	59%	382	2
I was not sure I would be believed	57%	369	3
I was not sure support would help me	44%	283	4

**Structural level factor**

Factor	Percentage of respondents	Number of respondents	Rank
I did not know what support was available to me	43%	275	5

Besides the individual level barriers mentioned above, respondents also mentioned not being sure formal support would help them and/or not considering what had happened to them to be sexual violence and/or abuse at the time. Some respondents who did not try to access formal support also reported feeling too distressed, overwhelmed and/or disconnected to talk about their experience. Some respondents who did try to access formal support reported having concerns that counselling or therapy would re-surface trauma and make them feel worse and/or experiencing difficulties communicating what formal support they wanted.

Individual level factors were reported alone (rather than alongside social/cultural and/or structural level factors) more frequently than social/cultural and structural level factors. Among those respondents who reported individual level factors, 31 per cent (N=97)



reported that individual factors alone had influenced their decision not to seek formal support. In contrast, less than ten respondents stated social/cultural or structural factors alone had influenced their decision not to try to access support.

### **Structural level factors**

Structural level factors relate to how a formal support service is commissioned, designed, and delivered. Although not as common as individual factors, many respondents reported structural factors influenced their decision not to access formal support and/or as a concern or difficulty they faced when trying to access formal support. Structural level factors were significantly more frequently reported by respondents who had tried to access formal support than those who had not.<sup>16</sup> This suggests that respondents who had not yet tried to access formal support may not have yet considered structural factors, but these additional barriers could still influence their engagement or disengagement with formal support in future.

The most common structural barriers respondents reported included: not viewing support as being independent from the police, not being aware of/not being sure of what support was available to them and not knowing how to access formal support. Less commonly reported structural barriers included: long waiting lists for formal support, not thinking support was confidential and being worried they would be discriminated against by formal support providers (for example due to their sex).

Some ( $N=39$ ) respondents reported “other” qualitative factors which influenced their decision not to try to access formal support. Some of these were in relation to how services are designed and delivered. A few female respondents noted they did not access formal support services because they did not know if they could receive support from someone of the same sex and/or have access to single-sex support. Other barriers raised by a few respondents included: support not being available for men and concerns around services not being inclusive of transgender victim-survivor groups. In addition to these factors, among those respondents who did try to access formal support, further structural concerns or difficulties reported by a few respondents included: being unsure services would be accessible (for example for disabled victim-survivors) and the cost of accessing

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<sup>16</sup>  $\chi^2(1, N = 988) = 56.37, p < .05.$

private formal support (due to low availability/long waiting lists for free formal support). A few respondents also raised concerns around accessing formal support with a live criminal justice case. One respondent highlighted they were “concerned that what I’d say in support sessions could be used in court trial”, whilst another noted “some places were hesitant to discuss with me if it was an open case”.

For respondents who did not try to access support, less than ten respondents reported structural factors alone influenced their decision not to access formal support. Also, less than 30 respondents who did try to access formal support reported facing structural level concerns or difficulties alone.

Respondents who had tried but not received formal support were asked why they did not receive formal support (31 respondents answered this question). Some reported they had experienced long waiting lists for formal support. One respondent raised that “I was met by very long waiting lists, I gave up”. Some respondents found support to be inaccessible, for example due to it being “far away”, “no childcare” and/or as one respondent highlighted “They could not offer me an appointment that fitted around work. At the time, they only offered face-to-face which was completely impossible for me working, and with an under 5-year-old child”. A few female respondents reported that they were not able to access single-sex spaces, which made them feel “unsafe”. Another issue raised by a few respondents was a perceived lack of formal support for male victim-survivors. One respondent stated, “As no one supported men – I gave up”. Other structural barriers raised by some respondents included not knowing that support existed and/or finding their GP was not helpful. One respondent described how their GP “...ignored issue and failed to appreciate impact on me”. A few respondents mentioned having issues with referrals, such as not getting a response from support services once they had been referred.

### **Social and cultural level factors**

Significantly fewer respondents reported social and cultural factors as having influenced their decision not to access formal support as barriers in accessing formal support, in comparison to individual<sup>17</sup> and structural factors.<sup>18</sup> This is likely due to some of these

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<sup>17</sup>  $\chi^2(1, N = 988) = 559.61, p < .001$ .

<sup>18</sup>  $\chi^2(1, N = 988) = 137.88, p < .001$ .

factors having only affected a small proportion of respondents. For example, only 16 respondents in this survey reported that English was not their first language, less than 10 of whom reported “I was worried formal support providers would not speak my language”. More evidence is therefore needed to establish whether this barrier is reflected in the wider population of victim-survivors where English is not their first language.

The most common social factor reported by respondents was not wanting family or friends to find out. This was defined as a social factor, as it is a factor which revolves around how the victim-survivor relates with others in society. Thirty-two per cent ( $N=110$ ) of respondents who did not try to access formal support reported “I did not want my family or friends to find out” as a factor which influenced their decision not to access formal support. Thirty-three per cent ( $N=211$ ) of respondents who did try to access formal support reported “I did not want my family or friends to find out” as a concern or difficulty they faced.

Other social and cultural barriers reported by a few respondents included being concerned they would be criticised by their community for seeking help, negative past experiences of getting help, concern for their children, concern about work (such as losing their job) and/or social stereotypes that males are not victim-survivors.

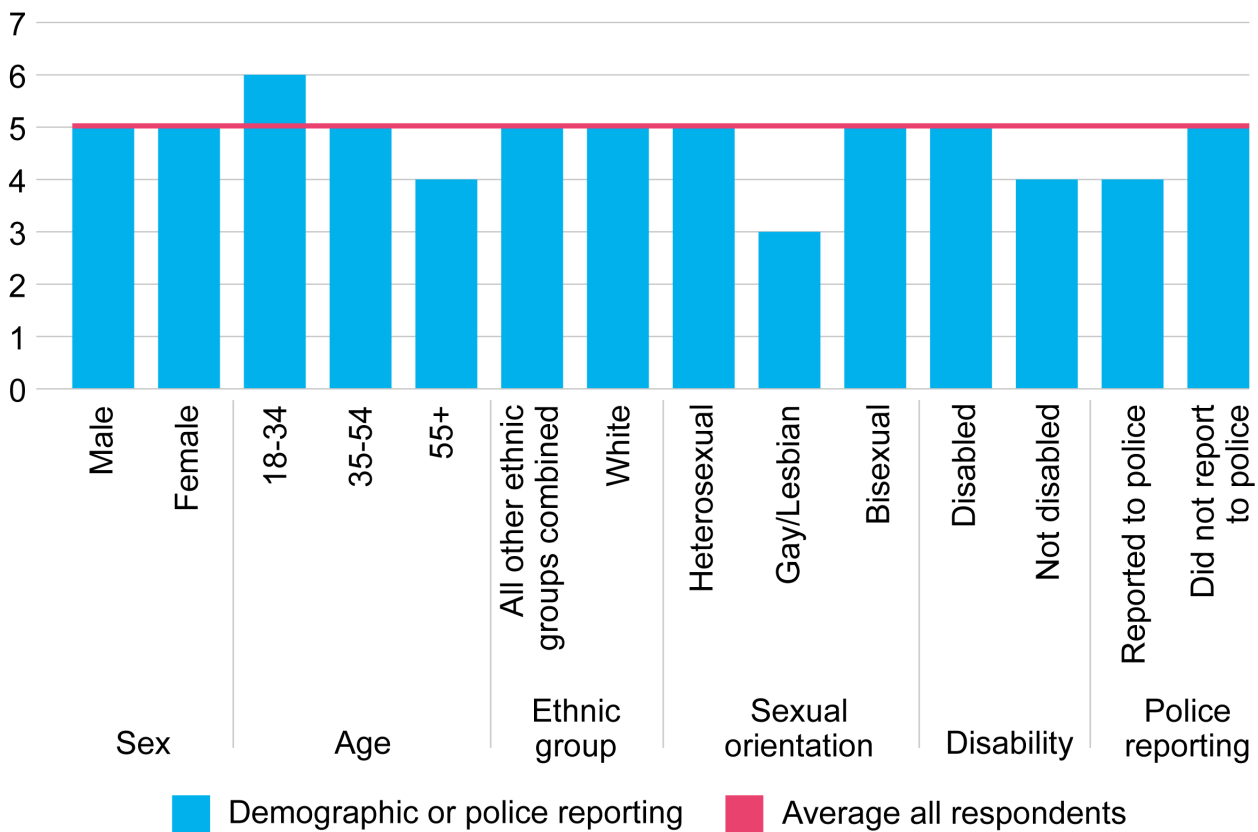
Less than ten respondents reported social and cultural factors alone as factors which had influenced their decision not to try accessing formal support. The rest of the respondents reported social/cultural level factors either alongside individual level and/or structural level barriers. This suggests that to increase engagement with formal support, it is also not enough to address social and cultural barriers in isolation.

When respondents who had not accessed support, and were no longer trying, were asked why they were not, a few respondents reported this was due to having negative experiences of accessing formal support in the past, and/or they were afraid of the perpetrator. Due to barriers faced, one respondent stated, “I have been muddling through on my own since”.

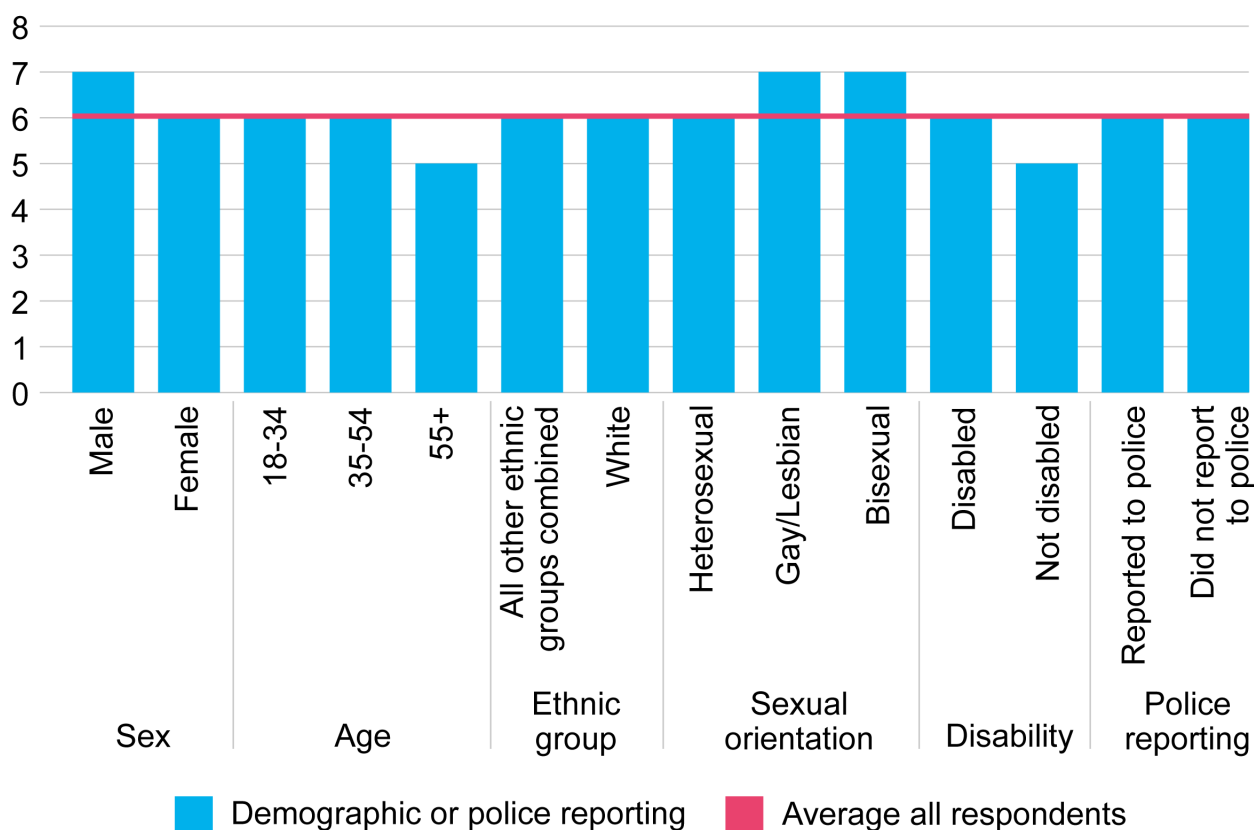
### 3.2. Variation in barriers respondents faced by demographics and whether or not respondents reported to the police

Both the number of barriers respondents faced and the concerns or difficulties they had encountered when trying to access support varied by respondent demographics and whether or not they had reported to the police. It is important to note, however, that a respondent reporting fewer barriers does not necessarily mean they found it easier to access formal support.

**Figure 1. Average number of factors respondents reported influenced their decision not to try to access formal support, by respondent demographics and police reporting**



**Figure 2. Average number of concerns or difficulties respondents reported they faced when they tried to access formal support, by respondent demographics and police reporting**



### Sex

Male respondents reported they faced, on average, one more concern or difficulty when they tried to access formal support compared to female respondents.<sup>19</sup> The most common concern or difficulty reported by both male and female respondents was “I felt embarrassed or ashamed about what happened”. Due to the low number of male respondents, it was not possible to investigate these sex-related differences further.

### Age

As respondent age band increased, the average number of factors reported as influencing their decision not to seek support decreased (those aged 18–34 reported six on average, 35–54 reported five and 55+ reported four). Respondents aged 18–34 were significantly more likely than those aged 35–54 to have reported “I was not sure it was serious enough

<sup>19</sup> Not significant -  $U(N_{\text{male}} = 41, N_{\text{female}} = 423) = 7172, p > .05$

to need help” (44%,  $N=80$  compared to 33%,  $N=50$ ) as a concern when they tried to access formal support.<sup>20</sup>

### **Ethnicity**

White respondents, and those from all other ethnic groups combined,<sup>21</sup> reported the same number of barriers. Respondents from other ethnic groups combined reported “I was not sure formal support would help me” as the second most common concern or difficulty they faced when they tried to access formal support. For White respondents, this concern was the fourth most common concern or difficulty. It was not possible to conduct significance testing for this factor, given less than thirty respondents from all other ethnic groups combined reported this. Both groups reported “I felt embarrassed and/or ashamed” as the most common concern or difficulty they faced.

### **Sexual orientation**

Respondents who reported their sexual orientation as bisexual, gay or lesbian reported they faced, on average, one more concern or difficulty when they tried to access formal support than heterosexual respondents.<sup>22</sup> Bisexual respondents were significantly more likely than heterosexual respondents to report that they had blamed themselves for what had happened and were not sure if the incident was serious enough for them to need help. They were also significantly more likely to state that they were not sure that they would be believed and/or that they had worried that someone would make them report what had happened to the police. When trying to access formal support, bisexual respondents were also significantly more likely to have experienced long waiting lists for support (see Table 3). It was not possible to test for statistical significance for gay, lesbian and/or transgender respondents, as there were not enough respondents.

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<sup>20</sup>  $\chi^2(1, N=333) = 4.33, p < .05$ .

<sup>21</sup> Other ethnic group categories were as follows: Mixed or multiple ethnic groups; Jewish; Asian or Asian British; Black, Black British, Caribbean or African; Hispanic; British citizen, minority group; Latina.

<sup>22</sup>  $U(N_{\text{Heterosexual}} = 290, N_{\text{Bisexual\_gay\_lesbian}} = 128) = 22,385, p < .01$

**Table 3. Number and proportion of heterosexual respondents who reported each concern or difficulty, compared to bisexual respondents**

Concern or difficulty	Heterosexual respondents		Bisexual respondents		Chi square value	Significance level
	Percentage of respondents	Number of respondents	Percentage of respondents	Number of respondents		
I was not sure I would be believed	49%	142	63%	54	4.54	p < .05
I was worried someone would make me report what had happened to the police	28%	81	45%	39	8.48	p < .05
I was not sure it was serious enough to need help	33%	95	56%	48	14.00	p < .05
I did not consider what happened to me to be sexual violence or abuse at the time	27%	78	35%	30	N/A	Not significant
I wanted to move on from what happened	38%	111	41%	35	N/A	Not significant
I felt embarrassed and/or ashamed about what had happened	71%	206	76%	65	N/A	Not significant
I blamed myself for what happened	55%	160	76%	65	10.66	p < .05
I was not sure support would help me	46%	132	51%	44	N/A	Not significant
I did not know what support was available to me	44%	127	48%	41	N/A	Not significant
I did not want my family and/or friends to find out	31%	91	35%	30	N/A	Not significant
I experienced long waiting lists for support	44%	128	57%	49	3.89	p < .05

Note. \* Statistically significant difference, p < .05.

## Disability

Respondents who reported they had a disability indicated, on average, one more factor influenced their decision not to try to access formal support compared to respondents who had not reported a disability (five factors, compared to four).<sup>23</sup> In addition, disabled respondents reported, on average, facing one more concern or difficulty when they did try to access formal support than non-disabled respondents (six factors, compared to five).<sup>24</sup> Disabled respondents were also significantly more likely than non-disabled respondents to have reported they blamed themselves for what happened, that they were worried about not being believed and experienced long waiting lists when trying to access support (see Table 4).

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<sup>23</sup> Not significant -  $U(N_{\text{Disability}} = 152, N_{\text{No\_disability}} = 144) = 12,170, p > .05$

<sup>24</sup>  $U(N_{\text{Disability}} = 368, N_{\text{No\_disability}} = 124) = 28,234, p < .01$



**Table 4. Number and proportion of respondents who had a disability who reported they faced each concern or difficulty when they tried to access formal support, compared to respondents who reported they did not have a disability**

Concern or difficulty	Respondents who reported they had a disability		Respondents who reported they did not have a disability		Chi-square value	Significance value
	Percentage of respondents	Number of respondents	Percentage of respondents	Number of respondents		
I was not sure I would be believed	58%	212	45%	58	5.44	p < .05
I was not sure it was serious enough to need help	40%	145	40%	51	N/A	Not significant
I did not consider what happened to me to be sexual violence or abuse at the time	31%	113	27%	35	N/A	Not significant
I wanted to move on from what happened	37%	135	35%	45	N/A	Not significant
I felt embarrassed and/or ashamed about what had happened	72%	266	63%	81	N/A	Not significant
I blamed myself for what happened	64%	235	52%	67	4.97	p < .05
I was not sure support would help me	47%	174	45%	57	N/A	Not significant
I did not know what support was available to me	47%	171	38%	49	N/A	Not significant
I did not want my family and/or friends to find out	34%	126	25%	32	N/A	Not significant
I experienced long waiting lists for support	51%	187	30%	38	16.46	p < .001

Note. \* Statistically significant difference, p < .05.

### **Police reporting**

Respondents who did not report to the police selected, on average, one more factor when asked what influenced their decision not to try access formal support than those who did report what happened to them to the police (five factors, compared to four).<sup>25</sup> Those respondents who had not reported to the police were significantly more likely than those respondents who had reported to the police to state that they were not sure if the incident was serious enough to need help and that they did not want their family or friends to find out. The non-police reporting respondents were significantly more likely to state that they were worried that someone would make them report what happened to the police. Those who had reported to the police were significantly more likely to have responded that they were not sure if they would be believed as a concern or difficulty when they tried to access formal support (see Table 5).

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<sup>25</sup>  $U(N_{\text{reported}} = 35, N_{\text{not\_reported}} = 244) = 5,467.5, p < .01$

**Table 5. Number and proportion of respondents who reported what happened to them to the police who faced each concern or difficulty when they tried to access formal support, compared to respondents who did not report to the police**

Concern or difficulty	Respondents who reported what happened to them to the police		Respondents who did not report what happened to them to the police		Chi-square value	Significance value
	Percentage of respondents	Number of respondents	Percentage of respondents	Number of respondents		
I was not sure I would be believed	59%	146	48%	105	4.71	p < .05
I was worried someone would make me report what had happened to the police	22%	54	46%	100	29.68	p < .001
I was not sure it was serious enough to need help	34%	85	47%	101	6.71	p < .05
I did not consider what happened to me to be sexual violence or abuse at the time	30%	75	33%	72	N/A	Not significant
I wanted to move on from what happened	33%	82	41%	90	N/A	Not significant
I felt embarrassed and/or ashamed about what had happened	69%	173	71%	153	N/A	Not significant
I blamed myself for what happened	57%	142	63%	136	N/A	Not significant
I was not sure support would help me	49%	122	42%	92	N/A	Not significant
I was not sure if support would be confidential	24%	59	21%	45	N/A	Not significant
I did not know how to access support	29%	73	35%	75	N/A	Not significant
I did not know what support was available to me	45%	113	49%	106	N/A	Not significant

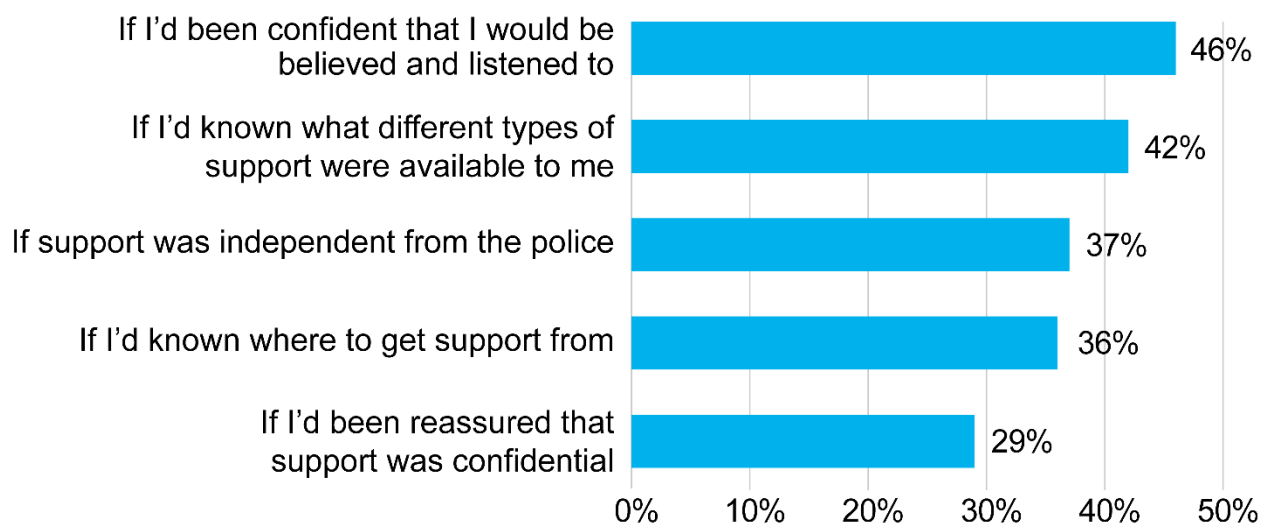
Concern or difficulty	Respondents who reported what happened to them to the police		Respondents who did not report what happened to them to the police		Chi-square value	Significance value
	Percentage of respondents	Number of respondents	Percentage of respondents	Number of respondents		
I did not want my family and/or friends to find out	28%	69	37%	81	4.33	p < .05
I experienced long waiting lists for support	47%	117	47%	102	N/A	Not significant

Note. \* Statistically significant difference, p < .05.

### 3.3. Common facilitators reported by respondents

Respondents who did not try to access formal support were asked which, if any, factors would have helped or supported them to do so. These responses suggest that to increase engagement with formal support services, 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 believes and listens to them (see Figure 3).

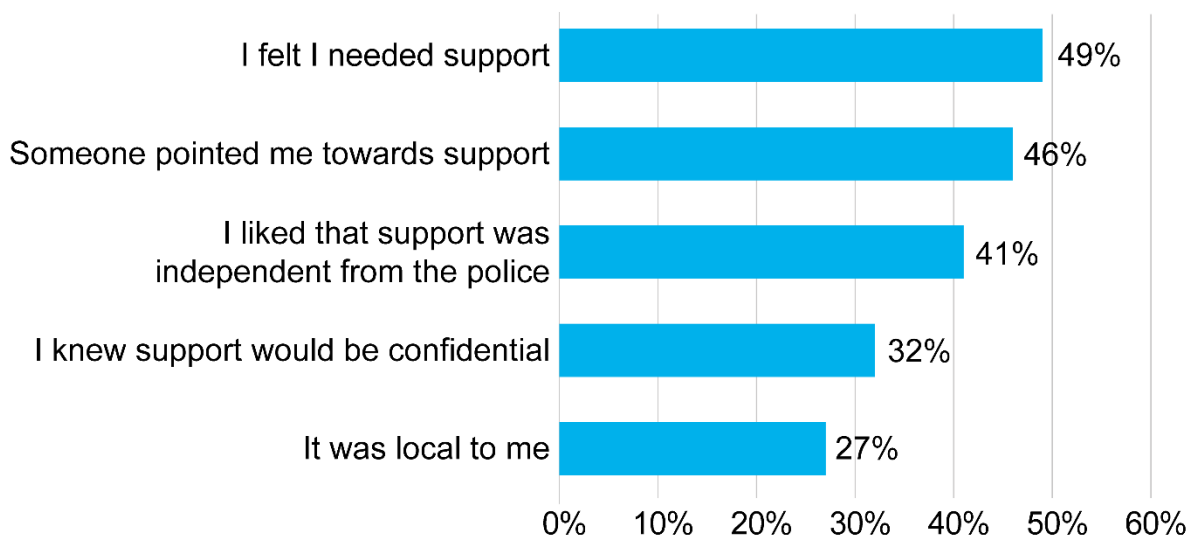
**Figure 3. Five most common factors respondents who did not try to access formal support reported would have helped or supported them to do so, N=326**



Fifty-five respondents who did not try to access formal support gave qualitative responses regarding “other” factors at an individual, social, or cultural level which would have helped or supported them to access formal support. Some respondents reported wanting an increased understanding of what sexual violence is. A few respondents reported they wanted to be confident that they would be taken seriously by formal support providers and have reassurance that their children would be safe. Some respondents reported structural factors would have helped them, with some respondents wanting the option of single-sex support groups and being supported by a female support provider. A few respondents reported it would have helped them access formal support if services were more inclusive of trans individuals, for example by making this clear on their websites. A few also suggested that having service providers acknowledge that sexual violence affects male victim-survivors would have helped them.

Respondents who did try to access formal support reported which, if any, factors helped or supported them to do so when they had tried. The most common reasons cited suggests that formal support being confidential, independent from the police and local as well as having someone point them towards support are important to increase engagement with formal support services. Foremost, victim-survivors need to be aware themselves that they need the support (see Figure 4).

**Figure 4. Five most common factors respondents who did try to access formal support reported helped or supported them to do so, N=603**



Fifty-five respondents who did try to access formal support reported “other” qualitative responses around what had helped or supported them. A few respondents reported being able to access single-sex spaces, being referred by police, being offered formal support from centres specialising in working with victim-survivors, being referred to more specific formal support by other formal support organisations, being offered free/affordable formal support and being given a choice of formal support helped them.

### 3.4. Variation in the facilitators respondents faced by their demographics

There was some variation in facilitators to accessing formal support by respondents' age and whether or not they had a disability.

#### Age

Of those who had accessed formal support, respondents aged 18–34 were significantly more likely to have reported that support being independent from the police had helped them in accessing formal support, compared to those aged 35–54 (49%,  $N=88$  and 37%,  $N=55$  respectively).<sup>26</sup>

#### Disability

Among respondents who had accessed formal support, respondents who reported that they had a disability were significantly more likely than non-disabled respondents to report that they felt that they had needed support (53%,  $N=193$  versus 42%,  $N=53$ ).<sup>27</sup> Disabled respondents who did not try to access formal support were significantly more likely to report that if they had been confident that they would be believed and listened to this would have helped or supported them to try accessing formal support, compared to non-disabled respondents (56%,  $N=85$  and 37%,  $N=53$ , respectively).<sup>28</sup> This may suggest that disabled victim-survivors are less likely to seek support as they are more wary of not being believed by services and so may avoid approaching support organisations unless they have a very strong need for this formal support.

#### Other demographic factors and police reporting

There were no significant differences between facilitators reported by respondents depending on their sex, ethnic group, sexual orientation or whether they reported to the police.<sup>29</sup>

Appendix C provides further detail on the barriers and facilitators to accessing support at an individual, social, cultural, and structural levels.

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<sup>26</sup>  $X^2(1, N = 329) = 4.69, p < .05$ .

<sup>27</sup>  $X^2(1, N = 490) = 4.48, p < .05$ .

<sup>28</sup>  $X^2(1, N = 296) = 10.80, p < .05$ .

<sup>29</sup> In some cases, cohorts of respondents were too small to test for significant differences.

## 4. Respondents' experiences of formal support

This chapter answers research questions two and three; what respondents' experiences were of trying to access formal support and (if applicable) receiving formal support. It also explores how, if at all, these varied by respondent demographics and whether or not they had reported what happened to them to the police.

### 4.1. Respondents' experiences of trying to access formal support

This sub-chapter addresses research question two; what respondents' experiences were of trying to access formal support. Not all respondents who tried to access formal support had received formal support. Table 6 shows what happened when respondents tried to access formal support. Findings in this sub-chapter relate to respondents who tried but did not receive formal support ( $N=106$ ).

**Table 6. What happened when respondents tried to access formal support**

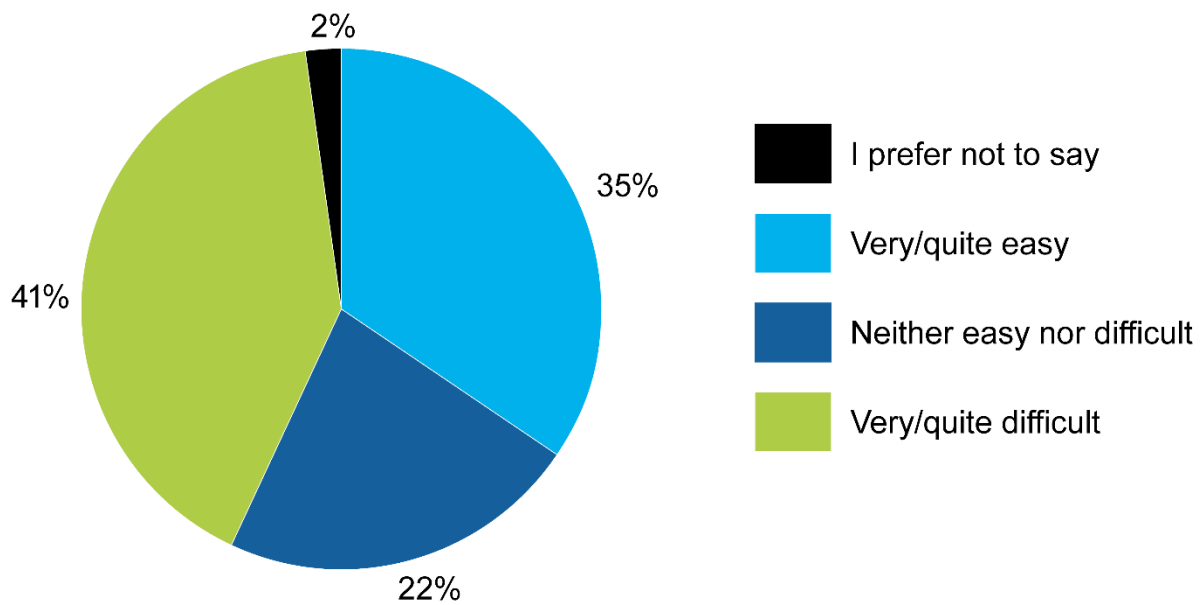
	Number of respondents	Percentage of respondents
Received formal support but were no longer using it	290	47%
Received formal support and were still using it	206	33%
Did not receive formal support but were still trying to get it	65	11%
Did not receive formal support and were no longer trying to get it	41	7%

Approximately two out of five respondents who tried to access formal support found trying "very" or "quite" difficult. There were no significant differences in the ease or difficulty of accessing formal support by respondent demographics. Perhaps surprisingly, respondents who reported what happened to the police were significantly more likely to have found it



“very” or “quite” difficult to access formal support compared to those who did not report what happened to them to the police.<sup>30</sup>

**Figure 5. Percentage of respondents who found it “very” or quite difficult”, “neither easy nor difficult” or “very” or “quite easy” to access formal support, N=596**



Of the 106 respondents who tried to access formal support but had not received it, 98 reported which types of formal support they had tried to access. Counselling, group work and advocacy were the three most common types of formal support reported.

Sixty-two respondents gave reasons for why they were still trying to access formal support. Over half of respondents reported this was because they were on a waiting list and approximately a quarter of respondents reported “I have not yet found a service that I think will meet my needs” and “I have not yet found a service that can provide me with formal support”. Other qualitative reasons a few respondents gave included still trying to work through the emotions themselves to be able to speak about it to a formal support provider; lack of formal support for male victim-survivors; not being offered group formal support, which is what they wanted; being told they were “too complex”; and being let down by formal support providers (for example, support providers not calling back or showing up to appointments).

<sup>30</sup>  $\chi^2(1, N = 457) = 5.85, p < .05$ .

## 4.2. Respondents' experiences of receiving formal support

This sub-chapter answers research question three; what respondents' experiences were of receiving formal support. Findings relate to respondents who reported they received formal support ( $N=496$ ).

### **Types of formal support accessed and satisfaction with these<sup>31</sup>**

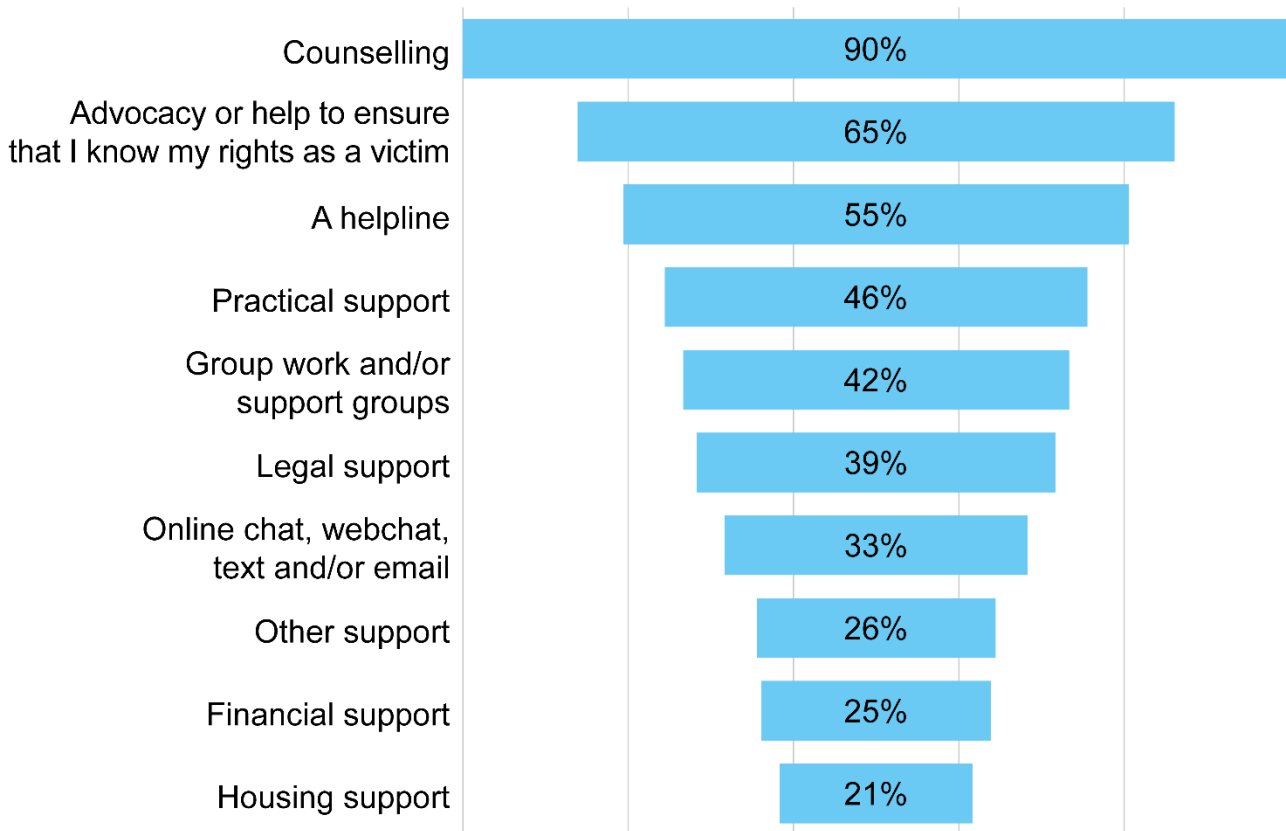
On average, respondents accessed four types of formal support, suggesting the support needs of victim-survivors are varied and may change over time. The finding that victim-survivors' needs change over time has been found in existing literature, for example Hester and Walker (2018) found some respondents welcomed a flexible combination of formal support to address their changing needs over time. Of respondents who had previously or were currently accessing formal support, counselling was the most common type of formal support they had accessed (90%,  $N=404$ ), followed by advocacy<sup>32</sup> (65%,  $N=288$ ) and helpline support (55%,  $N=238$ ), as shown in Figure 6.

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<sup>31</sup> It is important to note that there may be overlap between these different types of support, for example advocacy may offer practical support too.

<sup>32</sup> Advocacy was defined in the survey as advocacy or help to ensure that I know my rights as a victim.

**Figure 6. Types of formal support respondents reported they accessed**



Note. Sample sizes varied for each form of support. Counselling ( $N=447$ ), advocacy ( $N=440$ ), a helpline ( $N=434$ ), practical support ( $N=431$ ), group work and/or formal support ( $N=434$ ), legal support ( $N=431$ ), online chat, webchat, text, email ( $N=429$ ), financial support ( $N=427$ ), housing support ( $N=428$ ).

Respondents reported how well each type of formal support they received met their needs. Counselling was the type of support respondents most often reported as “fully” or “mostly” meeting their needs (63% of 404 respondents who reported how well counselling met their needs). This was both the most common type of formal support respondents reported they accessed, and the highest rated type of support in terms of meeting respondents’ needs (see Figure 7).

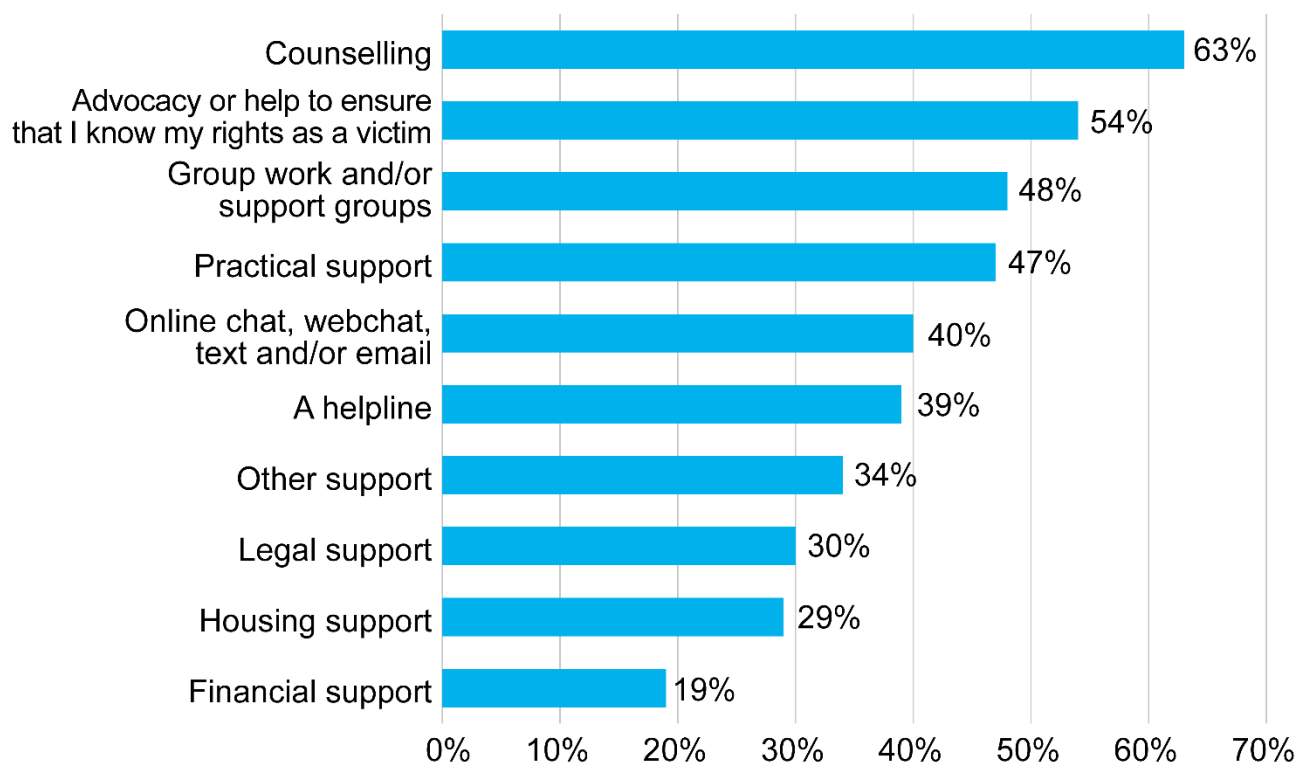
Advocacy was the second highest rated type of formal support in terms of meeting respondents’ needs (54%,  $N=155$ ). It was also the second most common type of support respondents accessed.

Group work and/or support groups was the third highest rated type of formal support in terms of meeting respondents' needs (48%,  $N=88$ ). However, only 42 per cent ( $N=183$ ) of respondents reported they had received group formal support.

Despite a helpline being reported as the third most common type of formal support respondents had accessed, just 39 per cent ( $N=94$ ) of respondents reported it "fully" or "mostly" met their needs.

It is important to note, however, that victim-survivors have multiple and varying support needs over time and often access multiple forms of support, as highlighted in strand one of this research programme, a literature review of existing evidence (Silk, 2023). It is therefore not expected that a single type of support would meet all of a victim-survivors' needs.

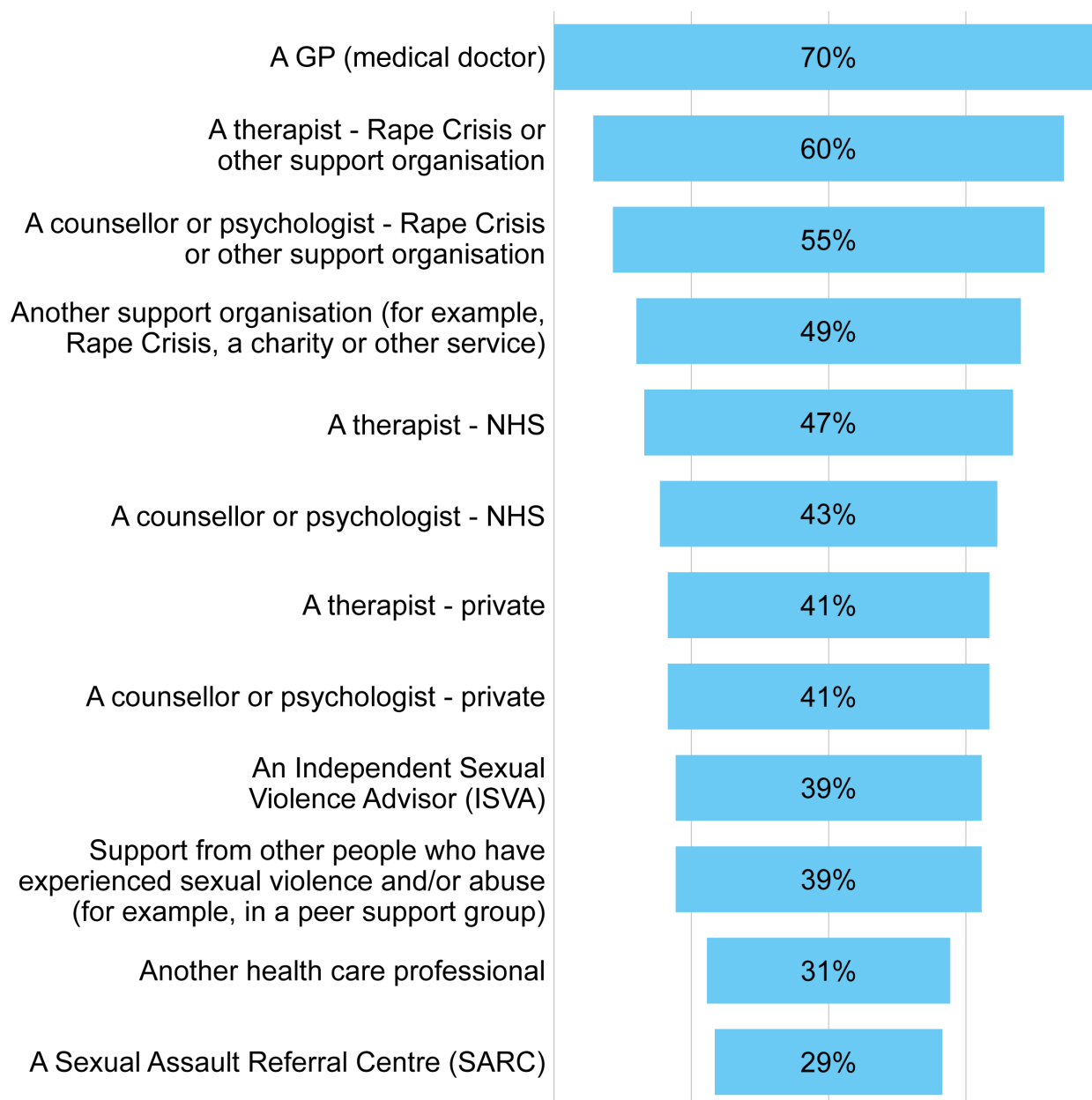
**Figure 7. Percentage of respondents who reported the formal support they received "fully" or "mostly" met their needs**



Note. Sample sizes varied for each form of support. Counselling ( $N=404$ ), advocacy ( $N=288$ ), a helpline ( $N=238$ ), practical support ( $N=200$ ), group work and/or formal support ( $N=183$ ), legal support ( $N=166$ ), online chat, webchat, text, email ( $N=141$ ), financial support ( $N=107$ ) and housing support ( $N=90$ ).

Among respondents who had previously or were currently accessing formal support, respondents had, on average, accessed formal support from five professionals/organisations. Formal support from a GP was the most common type of formal support accessed by respondents (70%,  $N=306$ ), followed by formal support from a therapist at a formal support organisation (60%,  $N=259$ ) and formal support from a counsellor or psychologist at a formal support organisation (55%,  $N=237$ ), as outlined in Figure 8. The proportion of respondents who accessed formal support privately was high, with 41 per cent ( $N=180$ ) of respondents reporting they received formal support from a private therapist and 41 per cent ( $N=174$ ) from a private counsellor, or psychologist.

**Figure 8. Who respondents reported they received formal support from**

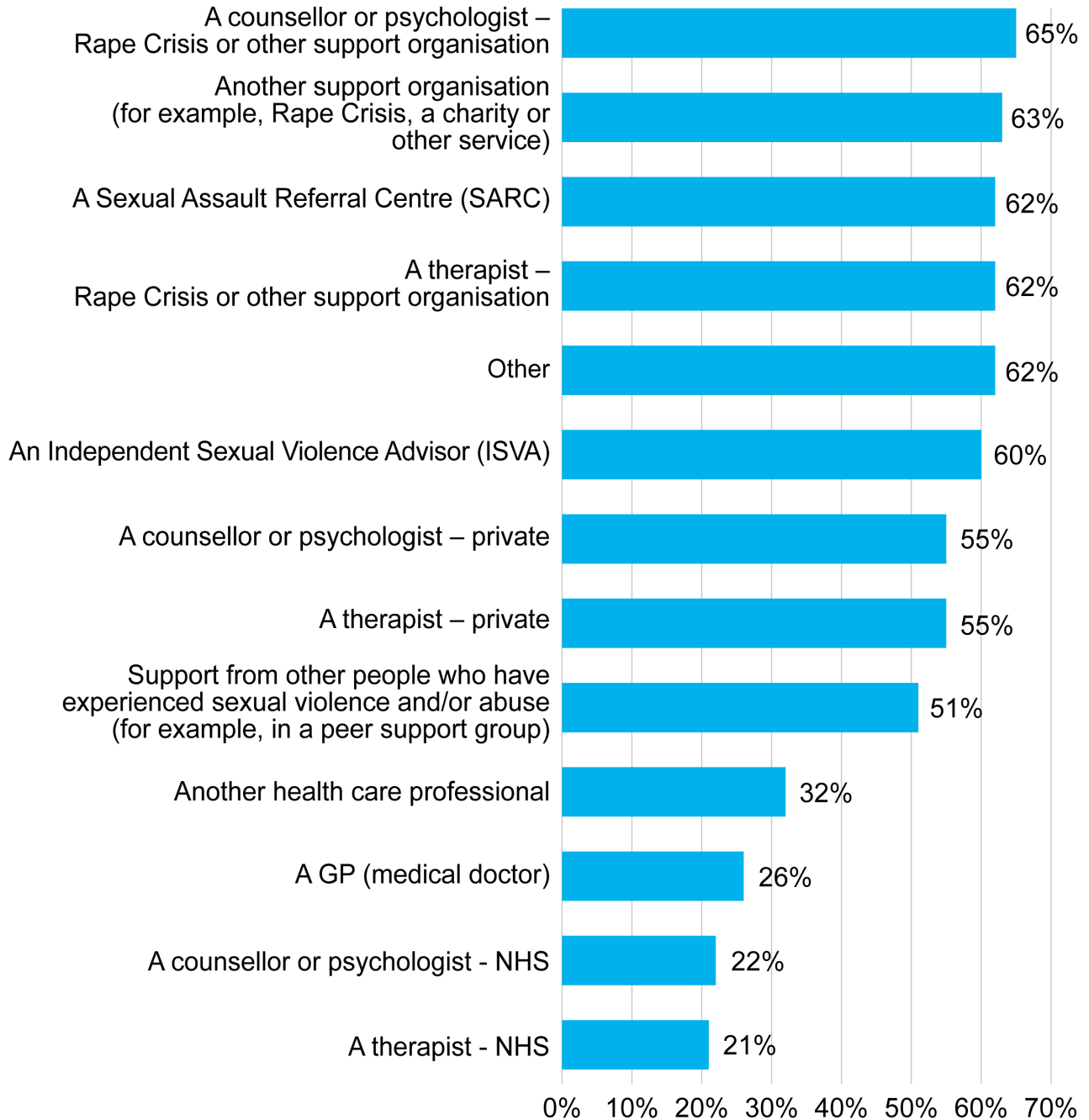


Note. Sample sizes varied for each form of support. A GP ( $N=437$ ), a therapist private ( $N=434$ ), a therapist NHS ( $N=430$ ), a therapist Rape Crisis or other support organisation ( $N=433$ ), a counsellor or psychologist private ( $N=429$ ), a counsellor or psychologist NHS ( $N=427$ ), a counsellor or psychologist – Rape Crisis or other support organisation ( $N=430$ ), ISVA ( $N=429$ ), another health care professional ( $N=423$ ), SARC ( $N=426$ ), support from other people who have experienced sexual violence ( $N=428$ ), another support organisation ( $N=425$ ).

Respondents were also asked how well formal support from each person/organisation they had accessed had met their needs. Formal support from any professional at a formal

support organisation was rated the highest on average in terms of formal support “fully” or “mostly” meeting respondents needs, followed by formal support from a SARC and formal support from an ISVA. Formal support from the NHS was rated the lowest in terms of formal support “fully” or “mostly” meeting respondents’ needs (see Figure 9). This suggests that the role of specialism around supporting sexual violence victim-survivors is important in meeting victim-survivors’ needs.

**Figure 9. Percentage of respondents who reported the formal support they received “fully” or “mostly” met their needs**



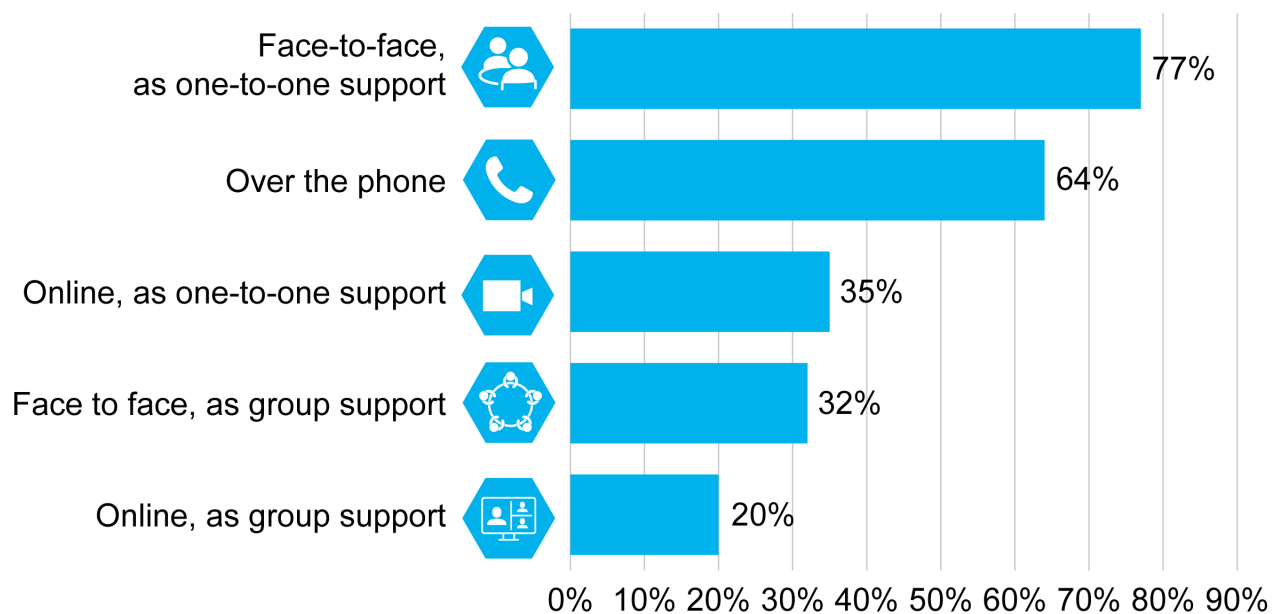
Note. Sample sizes varied for each form of support. A counsellor or psychologist – Rape Crisis or other formal support organisation ( $N=237$ ), another support organisation ( $N=207$ ), SARC ( $N=122$ ), A therapist – Rape Crisis or other support organisation ( $N=259$ ), other ( $N=47$ ), ISVA ( $N=169$ ), A counsellor or psychologist private ( $N=174$ ), a therapist private ( $N=180$ ), support from other people who have experienced sexual violence ( $N=167$ ), another health care professional ( $N=133$ ), a GP ( $N=306$ ), a counsellor psychologist NHS ( $N=183$ ), a therapist NHS ( $N=200$ ).



## The ways of delivery of formal support to respondents and their satisfaction with this delivery

Respondents who reported they had previously or were currently accessing formal support indicated that they had accessed formal support, on average, in two different ways. The two most common ways of delivery were 1) face-to-face, in person; and 2) over the phone (see Figure 10).

**Figure 10. How respondents reported they accessed formal support**



Note. Sample sizes. Over the phone ( $N=431$ ), online – as one-to-one support ( $N=428$ ), online as group support ( $N=421$ ), face-to-face as one-to-one support ( $N=439$ ), face-to-face as group support ( $N=428$ ).

Sixty-four per cent ( $N=219$ ) of respondents who received formal support face-to-face, as one-to-one support reported that it had “fully” or “mostly” met their needs. This was the highest rated formal support in terms of meeting respondents needs. It was also the most commonly accessed type of formal support. Just over half (54%,  $N=73$ ) of respondents who received face-to-face, group support reported it to have “fully” or “mostly” met their needs. However, while this was the second highest rated support in terms of meeting respondents’ needs, it was the second least common way that respondents had accessed formal support. Similarly, online, one-to-one support was considered as having either “fully” or “mostly” met respondents’ needs (53%,  $N=78$ ). Finally, despite over the phone formal support being the second most common way that respondents accessed support,

it was rated the lowest by respondents in terms of either “fully” or “mostly” meeting their needs (36%,  $N=100$ ). However, this does not mean that support over the phone is not a helpful form of formal support in conjunction with other modes of support. Instead, it means that it does not meet victim-survivors needs well when accessed alone.

### 4.3. Variation in respondents’ experiences of formal support by demographics and police reporting

#### Types of support accessed

Counselling was the most common type of formal support respondents reported they had accessed, irrespective of their demographics. Advocacy, a helpline, or practical support were the second, third and fourth type of formal support respondents reported they accessed, irrespective of their demographics.

#### Sex

Male respondents accessed, on average, two more types of formal support than female respondents (six types of formal support, compared to four).<sup>33</sup> This may suggest that they found it harder to find a single type of support that met their needs. *It is important to note that it was not possible to test statistical significance between the professional/organisation categories due to respondent numbers.*

#### Ethnicity

Respondents from all other ethnic groups combined<sup>34</sup> reported they accessed, on average, one more type of support than respondents from a White ethnic group (five types of formal support, compared to four).<sup>35</sup> This may suggest that they found it harder to find a single type of support that meets their needs and/or that they have additional support needs as the wider literature suggests (see Silk 2023).

#### Disability

Respondents who reported that they had a disability accessed, on average, one more type of support compared to non-disabled respondents (five types of formal support, compared

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<sup>33</sup>  $U(N_{\text{male}} = 32, N_{\text{female}} = 336) = 3574.5, p < .01$

<sup>34</sup> Other ethnic group categories were as follows: Mixed or multiple ethnic groups; Jewish; Asian or Asian British; Black, Black British, Caribbean or African; Hispanic; British citizen, minority group; Latina.

<sup>35</sup> Not significant -  $U(N_{\text{white}} = 316, N_{\text{other}} = 48) = 8,423.5, p > .05$

to four).<sup>36</sup> This finding may suggest that the disabled respondents had found it harder to find a single service that met their needs. In addition, disabled respondents were significantly more likely to have accessed group support, helplines, and practical support than non-disabled respondents (see Table 7). Whilst there was no significant difference in whether disabled and non-disabled respondents had accessed counselling, disabled respondents were significantly less likely to report that counselling had “fully” or “mostly” met their needs.<sup>37</sup>

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<sup>36</sup>  $U(N_{\text{disabled}} = 282, N_{\text{not\_disabled}} = 108) = 20,008, p < .01$

<sup>37</sup>  $\chi^2(1, N = 358) = 4.36, p < .05.$

**Table 7. Number and proportion of disabled and non-disabled respondents who accessed each type of support**

Type of formal support	Disabled respondents		Non-disabled respondents		Chi-square value	Significance value
	Percentage of respondents	Number of respondents	Percentage of respondents	Number of respondents		
Advocacy or help to ensure that I know my rights as a victim	68%	187	58%	62	N/A	Not significant
Group work and/or support groups	46%	127	31%	32	6.60	p < .05
A helpline	61%	167	46%	48	6.37	p < .05
Counselling	92%	259	89%	99	N/A	Not significant
Practical support	50%	136	37%	38	4.10	p < .05
Legal support	38%	104	33%	34	N/A	Not significant

Note. \* Statistically significant difference, p <.05.

## **Police reporting**

Respondents who reported what happened to them to the police said that, on average, they accessed two more types of formal support than those who had not reported to the police (five, compared to three).<sup>38</sup> This may be because the police referred victim-survivors on to formal support. As the police, in some instances, are the first people in contact with victim-survivors, they have a critical opportunity to make victim-survivors aware of formal support and refer them on. However, evidence suggests that such referrals do not always take place (Champion, Lock, Puntan & Hendra, 2021). Respondents who had reported what happened to them to the police were significantly more likely to have accessed advocacy and practical support (82%,  $N=155$  and 60%,  $N=113$  respectively) than those who did not report to the police (43%,  $N=72$  and 29%,  $N=46$  respectively).<sup>39</sup> This may suggest that victim-survivors who go through the criminal justice process may be more likely to need advocacy and practical support. For example, qualitative research conducted with victim-survivors in England and Wales found participants reported ISVA support was invaluable at each stage of the criminal justice process (Hester & Walker, 2018). It could also be that advocacy and practical support can be facilitators for victim-survivors to report their incident to the police. This is evidenced in existing research conducted with 23 forensic nurses and victim advocates in the US, which found that practical support such as offering to accompany the victim to police interviews encourage victim-survivors to report the crime to the police (Patterson & Tringali, 2015).

## **Other demographics**

There were no other significant differences between respondents depending on their age or sexual orientation.

## **Who respondents accessed formal support from**

Irrespective of demographics and whether or not respondents reported what happened to the police, a GP was the most common person respondents accessed formal support from.

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<sup>38</sup>  $U(N_{\text{reported}} = 195, N_{\text{not\_reported}} = 171) = 9,442.5, p < .01$

<sup>39</sup>  $X^2(1, N = 356) = 56.38, p < .001$  for advocacy and  $X^2(1, N = 350) = 32.93, p < .001$  for practical support.

## Ethnicity

Respondents from all other ethnic groups combined<sup>40</sup> reported that they had accessed formal support, on average, from one more professional/organisation than respondents from White ethnic groups (six, compared to five).<sup>41</sup> This suggests that victim-survivors from all other ethnic groups combined may find it harder to find support and/or may have additional distinct support needs compared to White victim-survivors, as highlighted in wider literature (see Silk, 2023). *It is important to note here that it was not possible to test statistical significance between the individual professional/organisation categories by ethnicity due to respondent numbers.*

## Sexual orientation

There was no difference in the number of professionals/organisations respondents accessed formal support from, depending on their sexual orientation. However, heterosexual respondents were significantly more likely to report that they had accessed formal support from a GP (74%,  $N=163$ ) compared to bisexual respondents (61%,  $N=40$ ).<sup>42</sup> This may suggest that bisexual victim-survivors feel less comfortable speaking about sexual violence to a GP. *It is important to note here that it was not possible to test statistical significance between the individual professional/organisation categories by sexual orientation due to respondent numbers.*

## Disability

Respondents who reported they had a disability had accessed, on average, formal support from one more professional/organisation than non-disabled respondents (six versus five).<sup>43</sup> Disabled respondents were significantly more likely to have accessed formal support from a GP or other support organisation therapist than non-disabled respondents (see Table 8). This may be because disabled victim-survivors have more needs and therefore need to access more services to get these needs met. They may also find it harder to find support. This is highlighted in the third strand of this research programme (Hollomotz, Burch & Bashall, 2023).

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<sup>40</sup> Other ethnic group categories were as follows: Mixed or multiple ethnic groups; Jewish; Asian or Asian British; Black, Black British, Caribbean or African; Hispanic; British citizen, minority group; Latina.

<sup>41</sup> Not significant -  $U(N_{\text{white}} = 316, N_{\text{other}} = 134) = 22,800, p > .05$

<sup>42</sup>  $\chi^2(1, N = 286) = 3.85, p < .05$ .

<sup>43</sup>  $U(N_{\text{disabled}} = 282, N_{\text{not\_disabled}} = 108) = 19,636, p < .01$

**Table 8. Number and proportion of disabled and non-disabled respondents who accessed support from each person/organisation**

Person/organisation formal support was received from	Disabled respondents		Non-disabled respondents		Chi-square value	Significance value
	Percentage of respondents	Number of respondents	Percentage of respondents	Number of respondents		
A GP (medical doctor)	76%	210	58%	62	11.11	p < .05
A therapist – private	40%	109	39%	42	N/A	Not significant
A therapist – support organisation	65%	178	51%	54	5.50	p < .05
A counsellor or psychologist – private	38%	105	40%	41	N/A	Not significant
A counsellor or psychologist – support organisation	59%	162	51%	53	N/A	Not significant
An independent sexual violence advisor (ISVA)	41%	111	36%	37	N/A	Not significant
Another support organisation (for example a charity or other service) – if so, please specify	51%	137	52%	53	N/A	Not significant

Note. \* Statistically significant difference, p < .05.

### **Police reporting**

Respondents who reported what happened to them to the police stated, on average, that they had accessed formal support from one more professional/organisation than those who had not reported to the police (six, compared to five).<sup>44</sup> As shown in Table 9, respondents who had reported to the police were significantly more likely to have accessed formal support from a GP, NHS therapist or other health care professional and ISVA compared to those who had not reported to the police.

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<sup>44</sup>  $U(N_{\text{reported}} = 171, N_{\text{not\_reported}} = 194) = 11,963, p < .01$



**Table 9. Number and proportion of respondents who did or did not report what happened to them to the police, and which person/organisation they accessed support from**

Person/ organisation formal support was received from	Respondents who reported to the police		Respondents who did not report to the police		Chi square value	Significance value
	Percentage of respondents	Number of respondents	Percentage of respondents	Number of respondents		
A GP (medical doctor)	81%	153	59%	97	19.16	p < .001
A therapist – private	39%	72	40%	66	N/A	Not significant
A therapist – NHS	53%	99	37%	59	8.91	p < .05
A therapist – support organisation	62%	114	57%	94	N/A	Not significant
A counsellor or psychologist – private	38%	70	41%	67	N/A	Not significant
A counsellor or psychologist – NHS	47%	88	35%	56	4.87	p < .05
A counsellor or psychologist – support organisation	57%	105	54%	89	N/A	Not significant
An Independent Sexual Violence Advisor (ISVA)	58%	107	19%	31	51.74	p < .001
Another health care professional	38%	68	26%	42	4.80	p < .05
Support from other people who have experienced sexual violence and/or abuse (for example, in a peer support group)	38%	70	38%	62	N/A	Not significant
Another support organisation (for a charity or other service)	53%	98	48%	77	N/A	Not significant

Note. \* Statistically significant difference, p<.05.

## Other characteristics

There were no significant differences between respondents depending on their age or sex.

## How respondents accessed formal support

Irrespective of respondent characteristics and whether or not they reported to the police, “face-to-face, one-to-one support” and “over the phone support” were the two most common ways of delivery that respondents had accessed formal support. “Face-to-face group support” were more commonly accessed by heterosexual respondents and those aged 35–54 (third most common delivery mode for formal support). In contrast, all other cohorts of respondents had accessed “online, as one-to-one support” as their third most common way of delivery.

## Sex

Male respondents reported, on average, that they had accessed formal support in one additional mode of delivery compared to female respondents (three compared to two).<sup>45</sup> It was not possible to explore the ways males accessed formal support in further detail due to a low number of male respondents to this question.

## Age

Respondents who reported they had accessed group support which was face-to-face were significantly more likely to be aged 35–54 years (40%,  $N=46$ ) compared to 18–34 years (24%,  $N=32$ ).<sup>46</sup> *It is important to note here that it was not possible to test statistical significance between the delivery modes by age due to respondent numbers.*

## Disability

Respondents who had a disability reported that they had accessed formal support, on average, in one additional delivery mode compared to non-disabled respondents (three compared to two).<sup>47</sup> Disabled respondents were also significantly more likely to have accessed formal support over the phone (71%,  $N=195$ ) than non-disabled respondents (50%,  $N=52$ ).<sup>48</sup> This may be due to difficulties accessing formal support in person due to

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<sup>45</sup>  $U(N_{\text{male}} = 32, N_{\text{female}} = 334) = 3,827.5, p < .01$

<sup>46</sup>  $X^2(1, N = 247) = 6.81, p < .05.$

<sup>47</sup>  $U(N_{\text{disabled}} = 280, N_{\text{not\_disabled}} = 107) = 19,367, p < .01$

<sup>48</sup>  $X^2(1, N = 379) = 12.57, p < .001.$

access needs. *It is important to note here that it was not possible to test statistical significance between the delivery modes by disability due to respondent numbers.*

### **Police reporting**

There was no difference in the number of ways respondents accessed formal support depending on whether or not they had reported to the police. However, respondents who had reported to the police were significantly more likely to have accessed formal support over the phone (71%,  $N=133$ ) compared to those respondents who had not reported to the police (56%,  $N=92$ ).<sup>49</sup>

### **Other characteristics**

There were no significant differences between respondents depending on their ethnicity or sexual orientation, or numbers were too low to test for significant difference for some cohorts and modes of support.

Further detail on findings in relation to respondents' experiences of formal support is provided in Appendix D.

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<sup>49</sup>  $\chi^2 (1, N = 352) = 8.32, p < .05.$

## 5. Ideal formal support for respondents

This chapter answers research question three on what “ideal formal support” looks like for all respondents. It also addresses question four around what legal support, if any, respondents reported wanting. All respondents were asked this question, irrespective of whether they tried to access formal support or not.

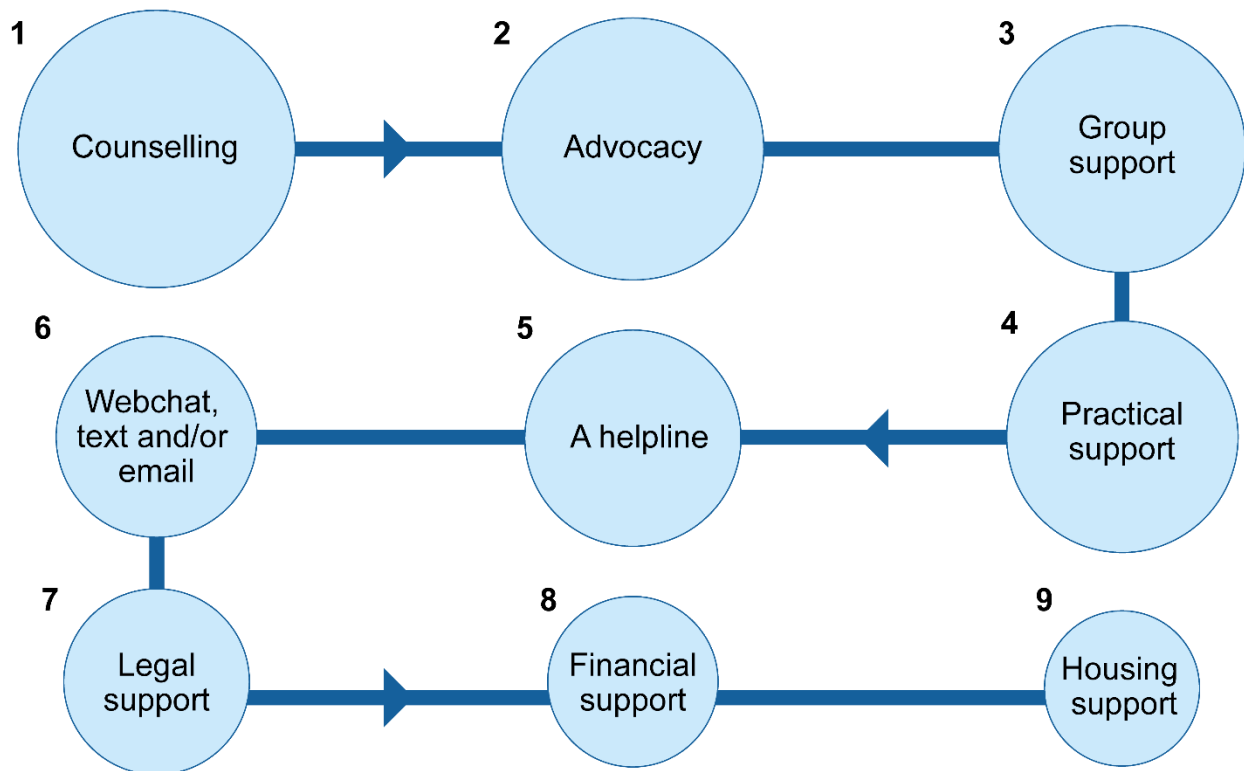
### 5.1. Types of formal support respondents wanted

Respondents were asked to rank the top three types of formal support when thinking about their ideal formal support.<sup>50</sup> Respondents ranked counselling, advocacy, and group work/support groups as the top three types of formal support that were important to them when thinking about their ideal type of support (see Figure 11). This is consistent with the top three types of formal support which respondents who received formal support reported as having either “fully” or “mostly” met their needs.

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<sup>50</sup> This was asked to determine victim-survivors’ priorities in terms of the support they wanted. There was not an option to select all. However, it is acknowledged that victim-survivors’ needs change over time, these rankings are likely dependent on the stage of the recovery journey respondents were at on completion of this survey. For example, the needs of someone about to go to court may differ from a victim-survivor who does not report to the police. This is why later in the report we make a recommendation that ongoing needs assessments are needed to monitor victim-survivors’ changing needs over time.

**Figure 11. Types of formal support respondents reported as important to them when thinking about their ideal formal support, ranked from most (1) to least important (9), *N*=772**



Note. To calculate the rank, for each type of support a weighted figure was calculated by summing: the number of respondents who ranked the support first, multiplied by three; the number of respondents who ranked the support second, multiplied by two and the number of respondents who ranked the support third. This was then divided by the total number of respondents who answered the question and ordered from high to low, to determine the ranking.

Many respondents (*N*=175) gave qualitative responses around “other” types of formal support they would like to receive. These included:

- Support to navigate the range of formal support available;
- Formal support for male victim-survivors;
- Specialised formal support for domestic abuse related sexual abuse;
- Single-sex support groups;
- Education groups about sexual violence;
- Wellbeing and medical support (for example, sexual health clinics, addiction advice and body therapy such as yoga);

- Support to navigate the criminal justice process (for example, as highlighted by one respondent “being with me in the police process, at the police [and] at the court”);
- Informal support for family and friends;
- Formal support with safety (for example self-defence classes);
- Peer support (for example one respondent suggested “social events, meetings with other survivors, art therapy groups”);
- Crisis support.

Given the varied types of formal support respondents reported wanting from their ideal support service, victim-survivors may need a choice of the type of formal support they can access. Some respondents suggested that the formal support they would want would depend on the stage they were at in their recovery. It is therefore important that a range of formal support continues to be funded, through various funding streams (for example, the NHS and MoJ) to provide victim-survivors with the choice they need to address their varied needs which change over time.

## **5.2. Who respondents wanted to be supported by**

Out of a list of eleven factors, as outlined in Table 10, respondents ( $N=821$ ) ranked three factors which were most important to them when thinking about what their ideal formal support provider would look like. The most important factor reported by all respondents, irrespective of their demographics and whether or not they reported to the police, was that they wanted to be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse (see Table 10). It is important to note, however, that the survey sample was disproportionately made up of female, cisgender, heterosexual victim-survivors and such a service may not benefit those with different protected characteristics (Hester et al., 2012). This finding should therefore be considered alongside other research.

**Table 10. Formal support reported as important to respondents when thinking about their ideal formal support, ranked from most (1) to least (11) important, N=821**

Rank	Factor which is important to respondents
1	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse
2	I would be supported by someone who understands trauma and is available whenever I need formal support
3	I would be supported by someone of the same sex as me
4	I would want to be supported by someone who is trained in formally supporting individuals with mental health issues
5	I would be supported by an organisation whose sole purpose is to help people of the same sex as me
6	I would be supported by someone of the same gender identity as me
7	I would be supported by an organisation whose sole purpose is to help people of the same gender identity as me
8	I would be supported by someone of the same sexual orientation as me
9	I would be supported by someone of the same ethnicity as me
10	I would be supported by an organisation whose sole purpose is to help people of the same sexual orientation as me
11	I would be supported by an organisation whose sole purpose is to help people of the same ethnicity as me

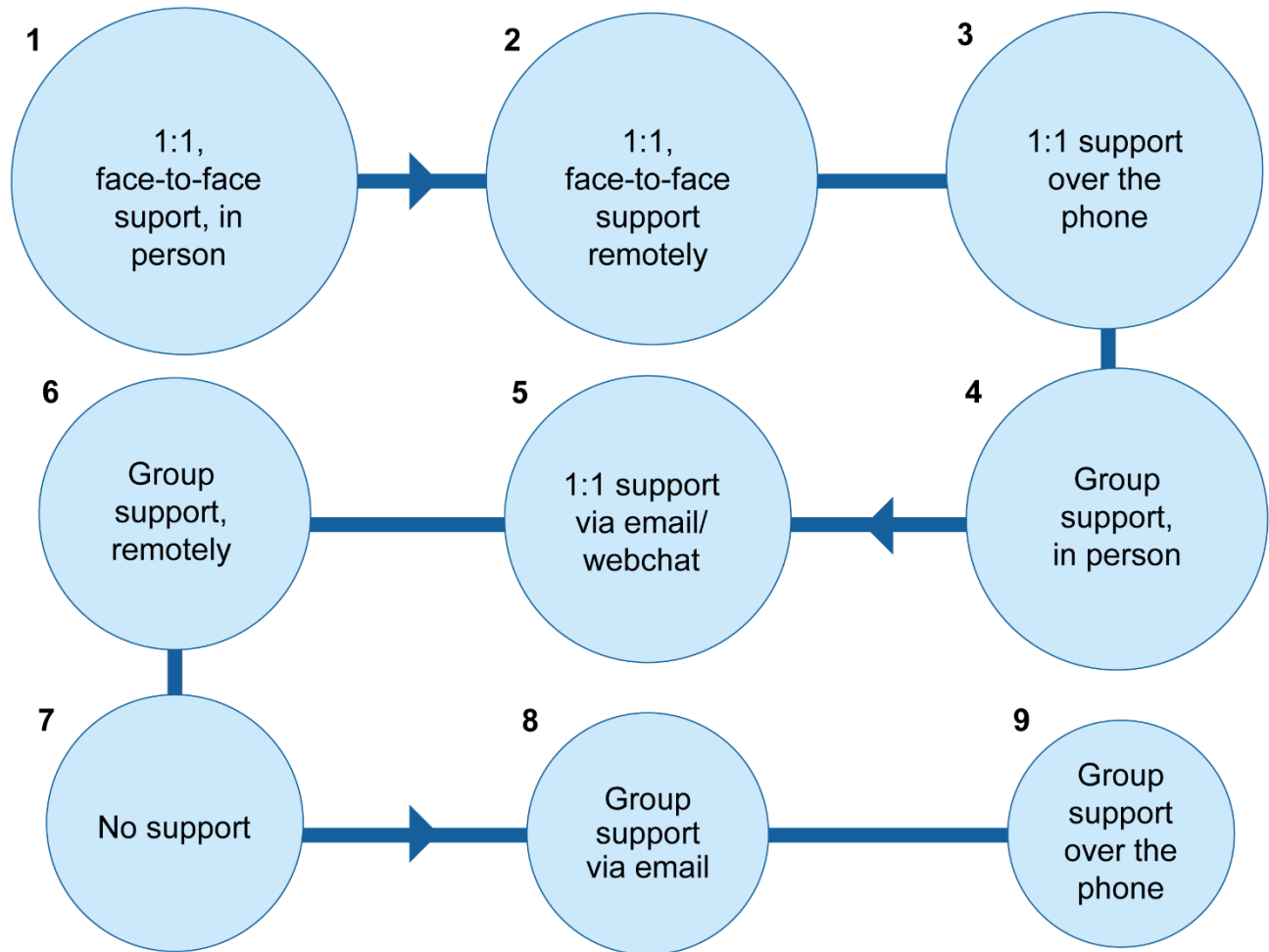
Note. To calculate the rank, for each factor a weighted figure was calculated by summing: the number of respondents who ranked the factor first, multiplied by three; the number of respondents who ranked the factor second, multiplied by two and the number of respondents who ranked the factor third. This was then divided by the total number of respondents who answered the question and ordered from high to low, to determine the ranking.

### 5.3. How respondents wanted to access formal support

Respondents (N=767) ranked the top three most important ways of delivery of formal support in their ideal formal support. The top three ways of receiving formal support were 1) one-to-one formal support, face-to-face, in person; 2) one-to-one formal support, face-to-face, remotely; and 3) one-to-one formal support over the phone. It was somewhat surprising that group work was not among the top three ranked modes of delivery, as group support was rated higher by respondents in terms of meeting victim-survivors' needs than support over the phone. It is also interesting that "no support" was viewed as preferable to group support via email or over the phone. This suggests that whilst

victim-survivors do have a need for group support, this is only if delivered in person. Face-to-face group support has been found to be effective in reducing victim-survivors' sense of being alone and providing opportunities for ongoing social support (Burrowes, 2013).

**Figure 12. Formal support reported as important to respondents when thinking about their ideal formal support, ranked from most (1) to least (8) important, *N*=767**



Note. To calculate the rank, for each type of support a weighted figure was calculated by summing: the number of respondents who ranked the support first, multiplied by three; the number of respondents who ranked the support second, multiplied by two and the number of respondents who ranked the support third. This was then divided by the total number of respondents who answered the question and ordered from high to low, to determine the ranking.

Many respondents (*N*=75) reported “other” ways that they would like to receive formal support. Some respondents reported they would want online or written resources, such as “modules I could work through myself and then a ‘tutor’ (counsellor/ therapist) I could touch base with at regular stages to check I was ok”. As one male respondent highlighted “I don’t



want to talk about it, but I do want to read about it and watch films/talks about other men who've been raped and how they deal with all the stuff I'm dealing with". The need for group support, as well as peer support, was also raised by some respondents. One respondent highlighted this would be beneficial "so we can get to know each other and support one another". Some respondents reported they wanted support to be single-sex. For example, one respondent stated, "I would want everyone in the group to be the same sex as me – female only". Some respondents highlighted they wanted support which was face-to-face, whilst others suggested there should be option to access support face-to-face or remotely. Other types of support raised by a few respondents included: text/email/webchat support, support through drop-in sessions, longer-term support, home visits and the ability to access support outside of work-hours, 24/7. A few also raised wanting to have a single point of contact, for example "to liaise with everybody involved to ensure that everything is being done and to report back to you".

#### **5.4. Variation in respondents' ideal formal support by demographics and police reporting**

The top three types of support that respondents ranked as most important to them when thinking about their ideal support<sup>51</sup> remained the same, irrespective of their characteristics and whether or not they had reported to the police. The respondents' desired top three ways of delivery in receiving formal support and the order in which these were ranked also remained the same for respondents irrespective of their age, sexual orientation, disability status and whether or not they had reported to the police. The top three factors respondents ranked as important when thinking about their ideal formal support provider were the same, irrespective of their demographics and whether they reported to the police or not, with the exception of male respondents. Male respondents ranked being supported by "someone who is trained in formal supporting individuals with mental health issues" as one of their top three factors for an ideal support provider while "being formally supported by someone of the same sex as me" was not mentioned in their top three.

In addition, male respondents, and those respondents who had reported their sexual orientation as "gay or lesbian", ranked being "supported in a group, face-to-face", as the

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<sup>51</sup> These were counselling, advocacy, and group work.

third most important delivery way that they would like from an “ideal support provider”. This replaced “one-to-one formal support, over the phone”, which was ranked third by all other cohort respondents in their top three (see also Appendix D).

## 5.5. Respondents’ formal support needs

Respondents who received support were asked what was good about the support they received. They were also asked what improvements they would make to the formal support they received. From these two qualitative questions, clear themes emerged in relation to what respondents want from formal support. These were consistent with the responses all respondents gave when asked what “other” factors they would like when thinking about their ideal formal support. Qualitative findings in relation to what formal support victims want are therefore outlined together below.

### **Many respondents valued formal support which made them feel listened to, believed, and understood**

When asked what was good about the formal support they had received, many respondents reported that they felt listened to, believed, understood, confident and/or safe. For example, one respondent *reported* “I felt believed, safe, informed, able to voice my emotions and concerns”. Another respondent stated that this was important because it meant that “I didn't have to deal with any victim blaming or rape myths”. Rape myths refer to prejudicial, stereotyped, or false beliefs about sexual assaults, rapists, and rape victims (George & Ferguson, 2021).

### **Many respondents valued support which helped them to acknowledge what happened to them and helped them to process trauma**

Many respondents highlighted that the support they received gave them a better understanding of what they had been through, with one respondent stating that the formal support had “helped me to understand the abuse was not my fault and that I did not deserve it”. Some respondents reported that the formal support had allowed them to learn how to process and/or deal with the trauma they had experienced. One respondent highlighted “it was very reassuring and strengthening to learn how to cope with the trauma and see patterns of possibly toxic and abusive behaviour in the future”.

### **Many respondents valued counselling and/or therapy**

Many respondents reported how helpful their counsellor and/or therapist had been, highlighting “I feel very safe attending counselling” and “the face-to-face therapy has been excellent and completely helped me to deal with what happened”. Many respondents who had previously accessed formal support but were no longer using it also reported their counsellor/therapist was good.

### **Many respondents wanted to be able to access formal support from a specialist sexual violence organisation**

Many respondents also highlighted how helpful they found the support organisation they engaged with, particularly if they were specialised sexual violence support organisations. Some noted that the formal support they received from specialist organisations was led by survivors of sexual violence, which one respondent described as making them “much more comfortable in that setting”.

### **Support from a SARC was considered invaluable by many respondents**

Many respondents reported they were still accessing SARCs. Many who had previously accessed formal support found support they received from a SARC invaluable. For example, as one respondent highlighted the SARC was “absolutely outstanding, they were reassuring, kind, caring and supportive”. Most of the respondents who spoke positively of the support they had received from a SARC were aged 25–34 and live in the Yorkshire and Humber region. Many of these respondents did not receive any other form of support.

### **Respondents want support to be open-ended rather than time limited**

Some respondents reported being offered open-ended support as something which was “good” about the support they received. However, many did not have this experience and when asked what they would improve about the support they received, they highlighted the need for support not to be limited to a specific number of sessions or months. For example, some respondents wanted the option to access formal support after court too. When respondents were asked why they were no longer accessing support, many said they were no longer accessing formal support because it was for a limited number of sessions, which had been completed. Other respondents reported that they would have liked their sessions to have continued. A few of these respondents reported that they are now paying for private counselling/therapy.

### **Respondents want more support to be available, in a timely manner**

Some respondents who had previously accessed support valued that it was easy for them to access and that they were able to access support quickly. However, many reported wanting reduced waiting lists when attempting to access counselling/therapy services and/or formal support more broadly. Many respondents wanted to be able to access formal support in a timely manner and for formal support to be more readily available. Some respondents suggested more funding for services, for example to increase staff availability, would help to reduce waiting lists. A few respondents reported they were no longer receiving formal support because those providing treatment had withdrawn it. A few respondents reported not knowing which services they were eligible for due to a change in their circumstances (such as the court case being over). A few respondents reported that the availability of formal support had been affected by the Covid-19 pandemic. This sometimes meant that support sessions ended and did not re-start, or respondents had to re-refer themselves, which was problematic when online referral systems did not work.

### **Some respondents raised wanting support which is trauma informed**

Some respondents raised support being trauma informed as something which was good about the support they received. Some respondents who had previously accessed formal support but were no longer using it suggested there should be better understanding of a victim-survivor's personal situation. They wanted support services to ensure there is widespread training for those dealing with victim-survivors of sexual violence and to ensure support is trauma-informed. Some respondents also suggested that specialist support should be available, especially for those dealing with particularly complex situations.

Some respondents reported they were no longer accessing formal support because the support they had accessed was not helpful/appropriate for them, with some commenting that the support was triggering for them, and/or made them feel worse. This suggests the support they received was not trauma informed.<sup>52</sup>

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<sup>52</sup> It is important to note this does not necessarily mean the support was not trauma informed; the timing of the support may not have been appropriate meaning that these respondents may have received support before they had been able to process the incident

### **Some respondents reported wanting accessible support which is local, free and offers flexible access routes**

Some respondents suggested improved accessibility of support should include greater availability of staff, being able to access support outside of office hours and/or offering support via email, online chat and/or helpline. Some respondents also suggested formal support would have been improved if they did not have to travel so far to receive it. Some respondents suggested formal support could be more accessible if services provided financial support for victim-survivors to help with travel costs associated with attending support sessions. Some also suggested that offering free or affordable formal support would be an improvement. For example, one respondent highlighted *“I realise that I was lucky as I was able to pay for support – this won't be possible for many people”*. Some respondents who had previously accessed formal support highlighted that improvements were needed in terms of making support easier to access or contact, with one respondent highlighting that *“it is very difficult to access to the right service...and I believe that the system is very complicated”*. Some respondents also reported wanting more information available regarding the support options available to them. A few respondents who were no longer accessing formal support suggested there should be more ways to access formal support, such as online, via video-calls, or face-to-face.

Some respondents reported that they were no longer accessing support for other reasons, which included: they had received support through their university but have since left; they had a physical/mental illness that prevented them from continuing and/or they had moved to a new area and were unable to access support in their new location.

### **Some respondents want the option to connect with other victim-survivors**

Some respondents also reported that being able to connect with other survivors was helpful when they accessed formal support. This highlights the importance of “connectedness” (McGlynn & Westmarland, 2019, p. 179) for victim-survivors to feel a sense of belonging and enable them to re-connect with society.

### **Some respondents praised the support they received from an ISVA**

When asked what was good about the support they received, some respondents highlighted support from an ISVA was helpful, particularly in terms of offering empathy, advice, and emotional support. Some respondents raised how much they appreciated the

updates they received from their ISVA, as well as the importance of being able to reach them easily. One respondent highlighted “my ISVA was amazing and made me feel so supported, I wouldn’t have been able to continue in the criminal justice process without her”. This highlights the importance of advocacy to respondents.

**Some respondents highlighted the option to access single-sex support made them feel safe, whilst a few reported they were no longer accessing support because they were not given this option**

Some respondents who were no longer receiving formal support said it was good that single-sex support was offered. Many of these respondents reported this made them feel safe and that support with women-only groups was essential to their recovery. A few respondents reported that they were no longer accessing formal support because the provision was not single-sex; they were uncomfortable with this and stopped attending. This response was given exclusively by respondents who reported their sex as female.<sup>53</sup>

**Some respondents reported support from their GP was good**

Some respondents who had previously accessed formal support highlighted that support from their GP was good. Respondents provided few details on how exactly their GP had helped, but some mentioned that their GP knew which specialist services to refer them to.

**Some respondents valued the group support they received**

Some respondents who had previously but were no longer accessing formal support reported it was good that they were able to access group support. This highlights the importance of “connectedness” (McGlynn and Westmarland, 2019, p. 179) for victim-survivors’ sense of belonging and supporting them in becoming re-connected with society following trauma.

**A few respondents suggested victim-survivors should be offered support to navigate the criminal justice process**

A few respondents felt that it was good that the formal support they had accessed offered them support in navigating the criminal justice process. A few respondents who were still accessing formal support wanted support to help them navigate the criminal justice

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<sup>53</sup> It is important to note that at the time of the survey, there was a legal case in the media on the provision of same-sex support, which may have influenced findings.

process, including receiving regular updates regarding their case. A few also suggested that there should be better training for the police on how to treat victim-survivors sensitively. In relation to support navigating the criminal justice process, some respondents also mentioned they would like formal support which gives them expectations about court and around verdicts. It should be noted that much of the above support should be available to victim-survivors, through support from an ISVA. All victim-survivors should be given the option of being referred to support from an ISVA, but the evidence suggests that these respondents were not offered such support.

### **A few respondents suggested increased flexibility of provision as a way to improve formal support**

A few respondents suggested there should be greater flexibility of provision, such as offering appointments outside of office hours, and/or childcare provision. For example, one respondent suggested support needs to be *“available for people with childcare issues or around jobs”*. Specific suggestions were provided by a few respondents who were no longer accessing formal support, including providing support in accessible premises, making pre-court therapy available, offering regular check-ins/updates to victim-survivors, having more support available once the case has been closed and/or having a flag on medical records to show when a person has been the victim-survivor of sexual violence.

### **A few respondents highlighted that formal support needs to be more inclusive to support males, transgender individuals, and those with disabilities**

A few respondents who were still accessing formal support wanted specialist support for male victim-survivors and for formal support to be more inclusive for transgender people and/or disabled people. A few respondents who had previously but were no longer accessing formal support also suggested that there should be greater awareness of, and/or support for, male victim-survivors. One respondent highlighted, *“there should be a specific strategy to help male victims of female violence”*.

### **A few respondents valued helpline support**

When asked about what was good about the formal support they received, a few respondents highlighted it was good that they were able to access a helpline.

### **A few respondents raised wanting supported related to their health and wellbeing**

A few respondents highlighted having contact with a mental health charity was good about the support they received. Some respondents also reported they would like formal support related to post traumatic stress disorder (PTSD). This highlights that although this support is available to victim-survivors they were not aware it existed or effective referrals were not in place to such support.

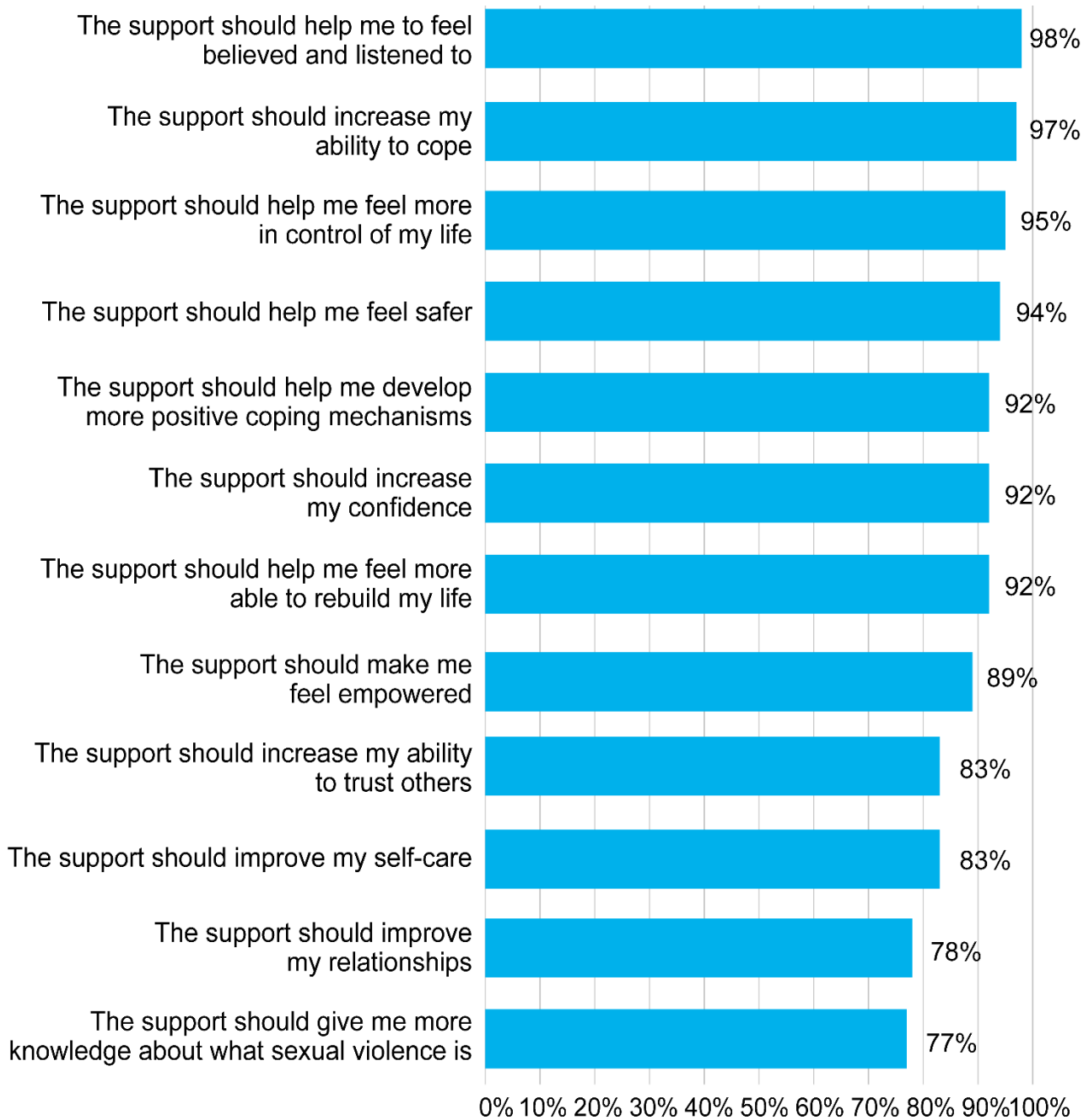
## **5.6. Outcomes respondents want when they access formal support**

Respondents were asked how important specific outcomes were to them if accessing formal support, to gain insight into what respondents consider to be an effective formal support service. Findings were consistent irrespective of respondent demographics.

As shown in Figure 13, respondents rated “the formal support should help me to feel believed and listened to” highest in terms of being “extremely” or “very” important to them. All outcomes listed were rated high in terms of being important.



**Figure 13. Percentage of respondents who rated the following outcomes as “extremely” or “very” important to them if or when accessing formal support, N=760**



Some respondents also gave qualitative responses on “other” outcomes they felt were important for formal support services. These included knowing they are not alone, formal support to provide information on legal options available to them (for example, domestic abuse protection orders) and/or formal support with returning to work. A few respondents

expressed that the desired outcome for victim-survivors will depend on everyone's context and is therefore unique to each person.

## 5.7. Respondents' legal support needs

This sub-chapter presents findings in relation to research question four, around what legal support respondents reported wanting.

Respondents ( $N=745$ ) reported which, if any, types of legal support they would have wanted. As highlighted in Figure 14, the most common type of formal legal support respondents reported wanting was "help understanding what happens during my engagement with the criminal justice process (what happens when I report to the police, throughout the investigation and at court)" (67%,  $N=496$ ).<sup>54</sup>

Twelve per cent of all respondents ( $N=90$ ) gave qualitative responses on "other" types of formal legal support they would want. These included:

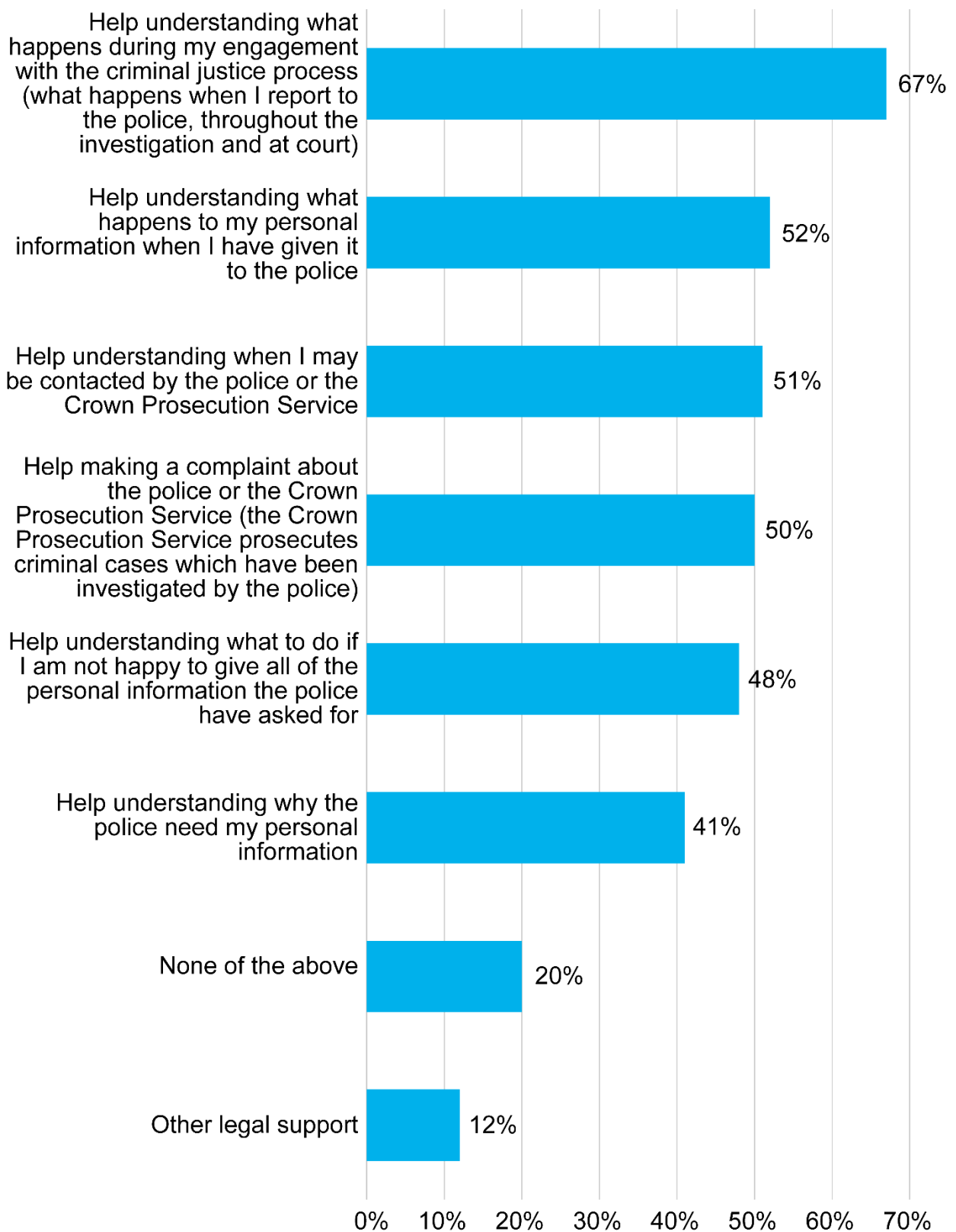
- Formal support understanding what reporting to the police entails and if deciding to report to the police, help doing so;
- Formal support to challenge criminal justice practices, for example how they are treated by criminal justice professionals;
- Advice around protection from the perpetrator, including formal support getting away from the perpetrator;
- Formal support with personal information requests, including help understanding what information the police may want and their rights around providing this information;
- Advice around what evidence they need to provide;
- Legal rights advice, so they are clear what their entitlements are as a victim-survivor;
- Legal aid and formal financial support;
- Help understanding why prosecution rates for rape are low;

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<sup>54</sup> Help understanding what happens during the criminal justice process is not solely a form of legal support but can also be provided as a part of advocacy, practical support, and emotional support about the legal process.

- Help understanding what they are able to share about the investigation with family and friends and what needs to be kept confidential;
- Formal support for when the crime occurred abroad;
- Formal support for court, including understanding what is expected in court proceedings;
- Help understanding and progressing civil matters, for example formal support taking action against an organisation;
- Help understanding criminal justice options besides reporting to the police;
- Formal support managing expectations around the timings of the criminal justice process and how to cope with delays;
- Help with the Victim-survivors Right to Review (VRR) scheme;
- Formal support knowing rights after prosecution, for example help understanding the outcome of the case and setting up restraining orders.

**Figure 14. Types of formal legal support respondents reported wanting, N=745**



When respondents were asked whether they would want the person giving them legal support to be the same person providing them with other formal support, 36 per cent ( $N=211$ ) answered “yes”, 23 per cent ( $N=136$ ) answered “no”, but the majority answered, “I don’t know” (41%,  $N=238$ ).<sup>55</sup>

Respondents who answered “no” to whether they would want the person giving them legal support to be the same person providing them with formal support were also asked why. Nearly all respondents who answered no to this question ( $N=238$ ) were in agreement that different skills are required to deliver legal support and emotional formal support/counselling. For example, one respondent highlighted “I think they’re different skill sets. I would want to engage with legal formal support with a different mindset from going to counselling and to be able to press my legal advisor for clarity without feeling it might affect our counselling relationship”. Whilst others reported “I would want a trained lawyer for legal advice” and “I would not expect a legal expert to be a counsellor”. Some respondents felt having the same person delivering both types of formal support would create a “conflict of interest” and be “too confusing”. They instead, reported wanted a separate space for counselling and legal advice. Respondents were in agreement that each type of formal support needed to be delivered by someone qualified and by someone who is trauma informed. A few respondents highlighted that formal support organisations should offer the availability of legally trained advocates.

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<sup>55</sup> Respondents were asked about legal support as a whole, rather than different types of legal support. It may be that they felt some forms of legal support could be provided by the same person who gives them other form of support (for example, that advocates could help with navigating the criminal justice system, but it may not be suitable, for example for advocates to provide other forms of legal support).

## 6. Respondents' experiences of the criminal justice process

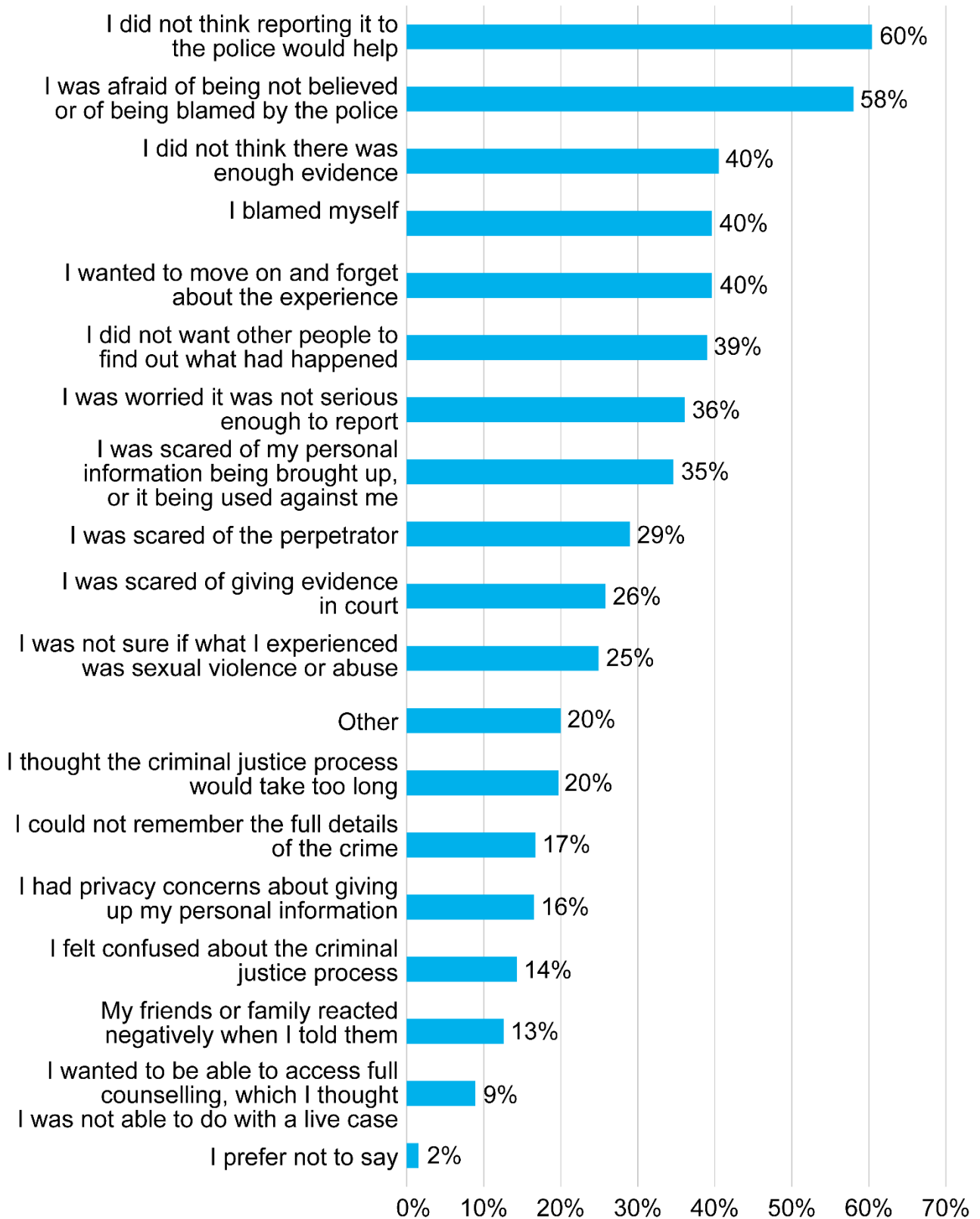
This chapter answers research questions six, seven and eight around reasons for not reporting to the police, reasons for disengaging from the criminal justice process and experiences of personal information requests. Of 797 respondents, 37 per cent ( $N=294$ ) of respondents reported what happened to them to the police, 59 per cent ( $N=470$ ) did not, and four per cent ( $N=33$ ) answered "I prefer not to say".

### 6.1. Respondents' experiences of reporting to the police (or not)

Of respondents who reported to the police, 283 reported exactly when they reported to the police, in relation to when (and if) they sought formal support. The majority of respondents who reported to the police did so "before I sought formal support from a formal support service" (69%,  $N=194$ ). Twenty-three per cent ( $N=65$ ) reported to the police "while I was receiving formal support from a formal support service". Less than thirty respondents reported to the police "once I had stopped receiving formal support from a formal support service".

Many respondents ( $N=462$ ) who did not report what happened to the police reported why, as shown in Figure 15. The most common reason given was "I did not think reporting it to the police would help" (60%,  $N=279$ ).

**Figure 15. Factors which influenced respondents' decisions not to report what happened to the police, N=462**



Twenty per cent of respondents ( $N=93$ ) provided qualitative responses on “other” factors which influenced their decision not to report what had happened to the police.

Many respondents highlighted they did not report to the police because they did not trust the police and/or they thought the police were judgemental, unfriendly and would blame them for the sexual violence they experienced. Some respondents felt that it was not worth reporting as “the police would do nothing”, and that the likelihood of the police progressing their case was low. Many respondents added that because of this, reporting was not worth the trauma they would experience when doing so. Some respondents noted that they had past negative experiences with the police and/or knew people who did, which deterred them from reporting. A few respondents were concerned to report as they had committed other crimes, so felt the police would not help or use it against them. Some respondents expressed that they felt the police would not be interested, for example because they experienced sexual violence outside of England or Wales.

Another factor which influenced some respondent’s decision not to report to the police related to the sexual violence they experienced. For example, some respondents expressed it happened too long ago or they were young when it happened, which deterred them from reporting. A few respondents felt that because they could not report it straight after it happened, it wasn’t worth reporting.

A few respondents did not report what happened to the police due to the perpetrator being in a higher position of power and therefore felt they would not be believed. There were a few respondents that stated the perpetrator was a police officer so they felt they would not be believed, or the police would take the perpetrator’s side. There were also a few respondents who were concerned that because they were men and the perpetrator was a woman, they would not be believed or taken seriously. A few respondents also raised concerns about being discriminated against as a trans individual when reporting or outed if they reported the incident. An additional reason a few respondents gave for not reporting to the police was a fear around the repercussions of reporting the incident to the police. For example, a few respondents said they feared what the perpetrator would do if they reported it. Additionally, a few raised concerns that reporting the incident could have ruined their career.



There were a few respondents who discussed that their family played a part in them not reporting. A few respondents reported their family did not want them to report it to the police, in some instances this was because a family member was involved. A few respondents also expressed that they did not want to cause trouble for their family so did not report it.

Other factors which influenced a few respondents' decisions not to report included negative experiences in the past around disclosing the sexual violence they experienced. For example, one participant stated, "I told security, and nothing happened so it led me to dismiss what happened". There were some respondents who reported being worried about being unable to access formal support through the reporting process. A few respondents said they reported the incident elsewhere and felt that was enough. A few respondents said they did not want to ruin the perpetrator's life. Lastly, a few respondents reported being undecided on whether they were going to report it yet and a small number of respondents reported their incident anonymously.

## **6.2. Reasons respondents gave for disengaging with the criminal justice process**

Twenty-seven respondents reported that they withdrew from the criminal justice process after they had reported what happened to the police. Most of these respondents withdrew at the police investigation stage. Thirteen withdrew straight after they reported to the police, ten withdrew during the police investigation and the others withdrew at another point during the criminal justice process.

Respondents were asked why they decided not to continue with the criminal investigation. The most common reason selected by respondents was "I did not think it would lead to a positive outcome", followed by "I was worried about attending court". Table 11 provides an overview of the reasons respondents gave for withdrawing. All these reasons were cited by less than twenty respondents.

**Table 11. Reasons respondents gave for withdrawing from the criminal justice process, N=27**

Reason
I did not think it would lead to a positive outcome
I was worried about attending court
I did not feel supported
I was scared of the perpetrator
Another reason
The criminal justice case was negatively impacting on my mental health
I wanted to be able to access full counselling, which I thought I was not able to do with a live case
I was worried about what personal information I would have to hand over to the police (for example, my mobile phone)
I did not understand the criminal justice process
I did not receive enough contact from the police and/or CPS
The criminal justice process was taking too long

Ten respondents gave “other” reasons for withdrawing. Other reasons included the police treating the respondents negatively which led them to withdraw, due to practical issues associated with going to court, because the perpetrator was unwell and/or fear of the perpetrator. Some respondents also expressed concerns around handing over evidence which led to them withdrawing. A few respondents stated it was because they were worried about the case being in the media. There were instances where respondents stated that because they had little evidence, they did not think it would result in a positive outcome.

### 6.3. Respondents’ experiences of personal information requests

Respondents who reported to the police were asked what personal information, if any, was requested from them.<sup>56</sup> Personal information means information about the victim-survivor, irrespective of whether it is used in court, and includes digital downloads from their phone

<sup>56</sup> It is important to note that some victim-survivors may not have known or understood what personal information was requested for their case.

and/or social media, their medical records, school records and any counselling notes.

Table 12 outlines respondents' answers to this question.

Thirty-seven respondents outlined "other" personal information which was requested. This included clothing, previous police statements/records, their phone number, bank statements, photos of their house, solicitor letters, work records, photos from their phone, and a Dictaphone recording.<sup>57</sup>

**Table 12. Percentage and number of respondents who reported having each of the following types of personal information requested, N=281<sup>58</sup>**

Type of personal information requested	Percentage of respondents	Number of respondents
None	38%	107
My medical records	36%	100
Digital downloads from phone/social media	34%	96
My counselling notes	22%	62
Independent sexual violence advisor (ISVA) notes	16%	46
Other personal information	13%	37

There was a significant association between age and whether respondents had their personal information requested. Respondents aged 18–24 were significantly more likely than those aged 35–44 to have had their personal information requested. There were no other significant differences between cohorts of respondents.

Respondents were asked to rate the extent to which they "strongly agreed", "agreed", "neither agreed nor disagreed", "disagreed" or "strongly disagreed" with statements in relation to the process of personal information requests (see Figure 16).

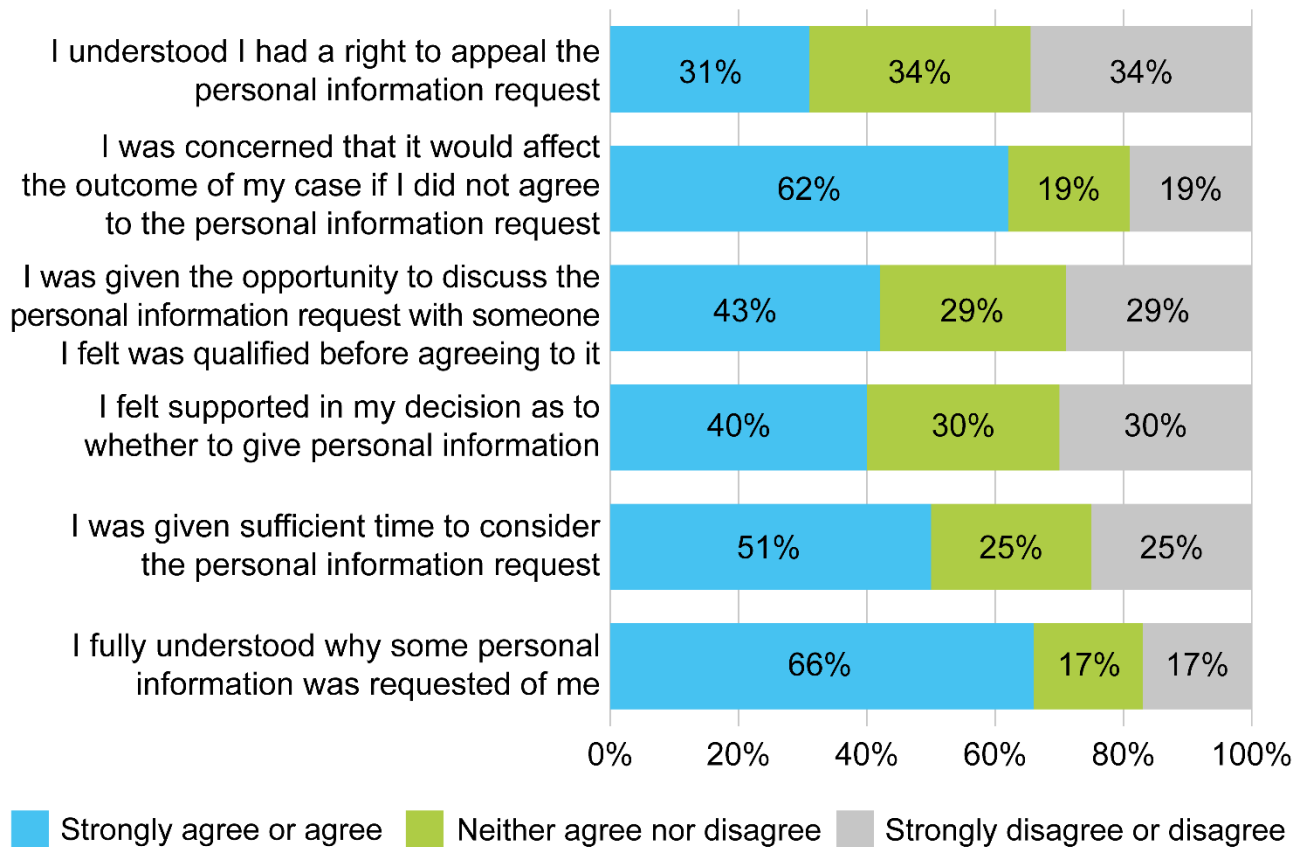
Less than 67 per cent of respondents "strongly agreed" or "agreed" with each statement, suggesting that the process of personal information requests is not clear to all respondents. Only 31 per cent of respondents "agreed" or "strongly agreed" that they

<sup>57</sup> These "other" forms of personal information may have been requested more often from respondents, but as they were not given as examples when defining personal information requests and not given as multiple-choice options, respondents may not have considered/recalled these when answering.

<sup>58</sup> Respondents were able to select multiple responses to this question, so percentages do not total 100 per cent.

understood they had the right to appeal the personal information request, 40 per cent “agreed” or “strongly agreed” they felt formally supported in their decision as to whether to give up personal information and only 43 per cent “agreed” or “strongly agreed” they were given sufficient time to consider the personal information request.

**Figure 16. Percentage of respondents who “strongly agreed”, “agreed”, “neither agreed nor disagreed”, “disagreed” or “strongly disagreed” with statements in relation to the process of personal information requests, N=166**



Some respondents (N=77) reported what they would change about requests for personal information made by the police, Crown Prosecution Service and/or defence solicitors.

Many respondents highlighted how they felt having personal information requested made them feel like they were being investigated, rather than the perpetrator. They reported feeling that the volume of personal information requested was unnecessary and were concerned that defence solicitors would try to use this information against them or being requested due to try “prove you are lying”. Some respondents also highlighted how personal information requests seemed more vigorous for themselves as victim-survivors than the perpetrator. One respondent noted that their medical records and personal diaries

were taken, but the perpetrator only had their phone taken. Many respondents reported that personal information requests should be changed so that only necessary information is requested. Specific types of information respondents reported not deeming necessary were digital downloads from their phone and counselling/therapy notes.

Some respondents gave specific suggestions on how the request for personal information process could be improved. These included:

- Not asking for personal information immediately when reporting to the police.
- Giving victim-survivors time to consider the request for personal information. One respondent suggested having this information delivered verbally and then in writing to take away and consider. It was highlighted that having more time would also allow victim-survivors to seek formal support in relation to the request if they wish.
- Making victim-survivors aware of their entitlements around refusing or appealing personal information. Many respondents felt pressured into giving their personal information, as they were told this would negatively impact their case if they did not.
- Making it clear why the information is being requested and how it will be used, before asking victim-survivors to hand over any personal information.
- Making the process of digital downloads faster, so victim-survivors are not left months without their phone.
- Making timeframes clear on when personal information will be requested and returned.
- Ensuring personal information requests are made sensitively, particularly by the police as some respondents reported feeling judged, not believed and/or blamed when the police requested this information.

## 7. Conclusion

Whilst the report findings are not generalisable to all victim-survivors, they provide valuable insight into the barriers that victim-survivors may face, their support needs and experiences of the criminal justice process. They provide 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. Key recommendations from the findings are outlined below.

### 1. Improve referral pathways

Clear referral processes need to be in place for all victim-survivors to access formal support. Formal support services should be mapped in local areas and this mapping should be made accessible to victim-survivors and front-line workers making referrals. Front-line workers making referrals, such as GPs and the police, should make it clear to victim-survivors that they will be believed and not judged. While “being believed” and “not judged” by support providers are well-established support needs identified in strand one of the research programme, a literature review of existing evidence (Silk, 2013; including Hutschemaekers, Zijlstra, de Bree, Fo Wong & Largo-Janssen, 2019; Thiara & Roy, 2020; Rymer & Canessa-Pollard, 2017; Kirkner, Lorenz & Ullman, 2021; Ranjbar & Speer, 2013), this research highlights the scale to which these factors are important to victim-survivors when accessing formal support in England and Wales.

It is important that when in contact with victim-survivors and making referrals that 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). Research with victim-survivors in England and Wales raised the importance 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 specialist sexual violence services (The Survivors Trust & Rape Crisis England and Wales, 2015).

Guidance and advice should also be provided to informal support networks on how they can effectively and sensitively point victim-survivors towards formal support. For example, a toolkit, webpage and/or leaflet should be developed to cover how to sensitively engage with victim-survivors. This could also act as a platform to point victim-survivors towards support and make them aware of the support available. This is important, given that our review of existing evidence (Silk, 2023) was clear that victim-survivors report informal support networks play an important role in helping them look for professional care.

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

The provision of by and for support and diversity of staff at all support organisations is important given respondents who reported they had a disability, male respondents and bisexual respondents faced additional barriers to accessing formal support.<sup>59</sup> Strand one of our research, a review of existing evidence, supports these findings, identifying that victim-survivors from minority groups face distinct barriers and have additional support needs, on top of those for all victim-survivors (Silk, 2023). Furthermore, female victim-survivors would value being given the option to be supported by a support provider of the same sex. This was not found to be as important for male respondents in this survey.

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

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. As victim-survivors' need to be given choice over the type of support they access, how they access this and who from, it is important that, as far as possible, a range of support is commissioned. This should span across multiple landscapes (NHS, community-based support services, SARCs, ISVAs), given victim-survivors' varied support needs. This need is also highlighted clearly by one victim-survivor in qualitative research conducted by Hester and Walker (2018), who welcomed a

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<sup>59</sup> Please note, while language tailored to biological women may be used for these services, there should also be clearly signposted support for victim-survivors who are male, LGBT+ and from other minority groups.

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.

Commissioners should continue to fund specialist sexual violence formal support services and support services which can evidence being trauma-informed, given these were the two factors considered most important to respondents when thinking about their “ideal formal support”. Whilst there are several definitions of trauma informed care, the Mental Health Coordinating Council (2013) in Australia highlights that “trauma-informed care and practice is an approach whereby all aspects of services are organised around the recognition and acknowledgement of trauma and its prevalence, alongside awareness and sensitivity to its dynamics” (Mental Health Coordinating Council, 2013, p.9). As part of the victims funding strategy, MoJ committed to reviewing and refreshing commissioning guidance. As part of this refresh, MoJ could consider developing guidance on trauma-informed practice.

Furthermore, formal support needs to be flexible, responsive, accessible, and delivered by a provider who is empathetic, non-judgemental, and validating, given these were key aspects of formal support respondents valued.

**4. Make victim-survivors aware of the level of confidentiality and anonymity of services and improve their awareness that community-based support services are independent from the police**

Commissioned services 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. They should also make victim-survivors aware that they are able to access formal support which is independent from the police. This is important, given victim-survivors considered confidentiality and independence from the police as important factors to them when reporting



what they wanted from support. However, it is important to note that SARCs and ISVAs were also viewed as valuable by respondents.

Existing evidence suggests there may be some benefits to co-location of ISVAs within SARCs, particularly in relation to more referrals being made to ISVAs in these settings, as opposed to when they are based in community-based support services (Robinson & Hudson, 2011). It is important to note, however that the independent nature of voluntary service was highlighted as important for victim-survivors, which was reflected in a higher number of self-referrals.

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

Commissioners should work with support services to develop guidance on how to effectively conduct face-to-face group work and increase the provision of peer support. This is important as it gives victim-survivors the opportunity to connect with other victim-survivors, feel a sense of belonging and build longer term social support (McGlynn & Westermarland, 2019; Burrowes, 2013), as highlighted in strand one of this research programme, a literature review of existing evidence (Silk, 2023). It is acknowledged that some support services already provide such support and commissioners should encourage sharing of best practice between organisations.

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

Ongoing and effective assessment and monitoring of victims' 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. Third sector and public sector organisations should work together to share needs assessments about victims with each other with that victim's consent. Standardised metrics and data collection should be worked towards to allow this to be done effectively. Secure systems should be used to send and receive data.

## **7. Ensure victim-survivors are aware of their rights around legal support**

Given that many respondents reported feeling that the volume of personal information requested by the police, Crown Prosecution Service and/or defence solicitor was unnecessary and were concerned that defence solicitors would try to use this information against them or that it was being requested due to try to “prove you are lying”, it is important that victim-survivors are aware of their legal rights. It should be acknowledged that not all forms of legal support should and can be delivered by the same person. For example, whilst it may be appropriate for an advocate to provide advice to victim-survivors around what the criminal justice process entails and sign post them to legal advice services, it may not be appropriate for them to provide all forms of legal support, as they are not legally trained professionals.

The recommendations based on the report findings should be considered by commissioners alongside the other two strands of the research programme; a literature review of existing evidence and qualitative research with disabled victim-survivors,<sup>60</sup> and wider engagement with practitioners, to inform the recommissioning of the Rape and Sexual Abuse Support Fund. This will help to ensure that the services are funded better meet victim-survivors’ needs.

There are also several evidence gaps presented in this report which would benefit from further research.

Firstly, there were distinct evidence gaps around the formal support needs of respondents who reported to the police. Therefore, future research is needed to understand:

- Why victim-survivors who reported to the police found it significantly more difficult to access formal support than those who did not, specifically whether this is due to ineffective referrals, if those who report to the police have different support needs and/or other factors.

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<sup>60</sup> This research was conducted with individuals with a range of disabilities across the following impairment categories: vision, hearing, mobility, dexterity, learning or understanding or concentrating, mental health, stamina or breathing or fatigue and socially or behaviourally. The literature review identified a lack of existing evidence on the barriers disabled victim-survivors face and their support needs.

- Whether receiving support from an ISVA is more likely to happen before or after reporting to the police.
- Whether victim-survivors who reported to the police were more likely to have accessed more types of formal support due to the severity of the crime, due to the support needs of navigating the criminal justice process and/or other reasons (and if so, what these reasons are).

There were also evidence gaps in relation to the findings for specific cohorts of respondents. Specifically, future research should consider:

- Where respondents of different ethnicities seek support and how to best meet their needs. This is particularly important given the CSEW showed that those in the Black or Black British and Mixed ethnic groups were significantly more likely than those in the White groups to experience sexual assault (ONS, 2020).
- Why counselling was reported as less effective for disabled respondents and what types of counselling this relates to.
- Why bisexual respondents are less likely to have accessed formal support from a GP.
- Where and how males seek formal support and how to best meet their needs.
- Where and how migrants and refugee victim-survivors seek formal support and how to best meet their needs.
- Why disabled victim-survivors were more likely to have accessed formal support over the phone.
- What barriers older victim-survivors of sexual violence face in accessing formal support and what their formal support needs are.
- Exploring the formal support needs of under 24-year-olds in more depth, given they were under-represented in the survey sample.

There were distinct evidence gaps in relation to the effectiveness of formal support and victim satisfaction with different types of formal support. Future research should therefore consider:

- Which types of counselling are more/less effective at meeting victim-survivors' needs and how this may vary by victim-survivor characteristics.

- Why helplines were rated lower in terms of meeting respondents' needs and what improvements could be made to helplines to better meet the needs of victim-survivors.
- 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.

Finally, we propose future analysis could be conducted on this existing dataset to explore:

- Whether experiencing rape alone or alongside other forms of sexual violence resulted in different findings.
- Whether there are any interactional effects between variables, through regression analysis.

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## Appendix A

### Further detail on methodology

#### Ethics

The following ethical principles and considerations were considered for this research:

- **Research should have a clear user need and public benefit:** An initial literature review was conducted to identify evidence gaps that needed to be filled with this survey. The findings will inform recommissioning of victim support services, to help ensure the formal support services meet the needs of victim-survivors which will have a clear public benefit.
- **Research should be based on sound research methods and protect against bias in the interpretation of findings:** A scoping study was conducted with methodological experts both within and external to government, which determined an online survey was the most appropriate method to collect quantitative data from a large sample of victim-survivors in a confidential and ethical mode. The survey was tested with 5 victim-survivors and 10 further users to ensure it was understood, robust and suitable to be put into the field. The survey findings were quality assured by a second researcher and shared and reviewed with external peers to protect against bias in findings.
- **Research should adhere to data protection regulations and the secure handling of personal data:** The survey was conducted through SmartSurvey and then transferred to MoJ's secure network. Data was stored and kept in accordance with GDPR policy. Respondents were made aware of how their data would be stored, kept, and used within the survey.
- **Participation in research should be based on specific and informed consent.** Informed consent was collected from all respondents. All respondents were given information on the research at the start of the survey, including how the data would be stored and used. Respondents were required to give their consent after reading the information page, to be able to take part in the survey. Where respondents had skipped the consent page, their data was deleted.



- **Research should enable participation of groups it seeks to represent:** A comprehensive communications strategy was in place to promote the survey, to ensure it reached as many victim-survivors as possible. The communication strategy allowed for targeted recruitment of minoritised groups of victim-survivors (for example LGBT+, male and ethnic minority groups of victim-survivors); specific organisations who have regular contact with these groups were contacted to help promote the survey. Respondents were able to request an Easyread and Welsh version of the survey.
- **Research should be conducted in a manner that minimises personal and social harm:** Other than the type of sexual violence experienced, respondents were not asked any questions specifically relating to the sexual violence they experienced, in an attempt to avoid personal distress. A link was provided on each page of the survey to contact details of formal support organisations that respondents were able to self-refer to if needed. It was made clear to respondents that their participation was voluntary, and they could stop the survey at any point.

## Cohort analysis

The following variables were used in cohort analysis:

### Sex<sup>61</sup>

Of the 753 respondents who answered this question, 89 per cent ( $N=673$ ) were female, 9 per cent ( $N=69$ ) were male, and less than 30 respondents answered, "I prefer not to say".

It was not possible to provide sub-analysis in relation to respondents' gender identity, given the small number of respondents who answered "no" when asked "Is the gender you identify with the same as your sex registered at birth?". Of 746 respondents who answered this question, 92 per cent ( $N=684$ ) answered "yes" to having the same gender identity as their sex registered at birth and 5 per cent ( $N=35$ ) answered "No" and reported their

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<sup>61</sup> Sex is assigned to a person on the basis of primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms "sex" and "gender" are interchanged with "male" or "female" (Stonewall, 2022)

gender identity. Responses included transgender, transgender male, transgender female, agender, non-binary, gender fluid and fluidflux.<sup>62</sup>

### **Disability**

Of 817 respondents who answered this question, 64 per cent ( $N=520$ ) reported they have a physical or mental health condition or illness, 34 per cent ( $N=277$ ) reported they do not and 20 respondents answered, “I prefer not to say”.

Throughout the report, respondents who answered “yes” to this question are referred to as respondents who reported they had a disability and those who answered “no” are referred to as those who reported they did not have a disability.<sup>63</sup>

### **Ethnic group**

For the purposes of cohort analysis, the following ethnic groups were combined into a variable “All other ethnic groups combined”; Asian or Asian British, Black, Black British, Caribbean or African, Mixed or Multiple ethnic groups and other ethnic groups. This allowed for comparisons to “White ethnic group” respondents. This was deemed necessary sub-analysis to conduct as the literature review revealed there may be some differences in victim-survivors support needs dependent on their ethnic group. Of 749 respondents who answered this question, 85 per cent ( $N=649$ ) were from “White ethnic group”, 12 per cent ( $N=90$ ) were from “All other ethnic groups combined” and less than thirty respondents answered, “I prefer not to say”.

### **Sexual orientation**

Of 752 respondents who answered this question, 63 per cent ( $N=474$ ) reported their sexual orientation as heterosexual, 19 per cent ( $N=139$ ) as bisexual, 9 per cent ( $N=68$ ) as gay or lesbian, 5 per cent ( $N=36$ ) as another sexual orientation and 5 per cent ( $N=35$ ) answered “I prefer not to say”.

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<sup>62</sup> Others answered, “I prefer not to say”.

<sup>63</sup> Disability is defined in this research as a physical or mental health condition or illness lasting or expected to last 12 months or more.

## Age

Of 756 respondents, 34 per cent ( $N=259$ ) were aged 18–34, 46 per cent ( $N=344$ ) were aged 35–54 and 18 per cent ( $N=139$ ) were 55 or over.

## Whether respondents tried to access formal support or not

Of 1,056 respondents, 64 per cent ( $N=678$ ) said that they had tried to get formal help or formal support related to the sexual violence and/or abuse experienced and 34 per cent ( $N=355$ ) said they had not.<sup>64</sup> Respondents were routed to different questions depending on whether they had tried to access formal support.

## Whether respondents reported to the police or not

Of 797 respondents, 37 per cent ( $N=294$ ) had reported what happened to them to the police, 59 per cent ( $N=470$ ) had not, and four per cent ( $N=33$ ) answered “I prefer not to say”. Respondents were routed to different questions depending on whether they had reported to the police.

## Other sub-analysis

It was not possible to provide any sub-analysis for the remainder of the demographic questions, including religion, gender identity and region, as the number of respondents in some cohorts were deemed too small.

**Table 13. Example codebook, for “What improvements, if any, would you make to the support you are receiving/have received? If this is specific to one type of support, please give details”**

Code	Description	Example	References
Specialised Support – Rape/Sexual Violence	Respondents wanted support from people who are specialists in rape and sexual abuse	“It has do [sic] be delivered by specialists from rape crisis face to face. Don’t dilute these services”	6
Shorter waiting lists	Respondents expressed frustration at the length of waiting lists	“Not having to wait months to access support after being raped.”	34
Routine Enquiry (REVA)	Respondents wanted access to routine enquiry support	“Routine enquiry (REVA) should also be used in GP services.”	1

<sup>64</sup> Other respondents answered, “I prefer not to say”.

Code	Description	Example	References
Stop victim blaming/rape myths	Respondents described having experienced victim-blaming/rape myths when seeking support	"I accessed a rape crisis centre for counselling and ISVA support and was saddened that rape myths were perpetuated there."	4
Specialised support – stranger rape	Respondents felt that those supporting them had not been trained in dealing with victim-survivors of stranger rape	"Staff need to be trained in stranger rape and the fear this can cause them in working with somebody."	1
Trauma-Informed support	Respondents reported wanting support to be trauma-informed	"all support needs to be trauma informed and person centred."	1
Support providers have lived experience	Respondents felt that those providing support should have lived experience	"a lot more lived-experience heads involved in making decisions for this extremely vulnerable group of people."	1
Improvements in police behaviour	Respondents described the police behaviour as making their situation more difficult	"The police should give better support they are out dated [sic] in how they deal with people."	3
Support for professionals	Respondents were concerned about professionals being able to access support	"where do professionals go? Without exposing themselves?"	2
Support not limited to a set number of sessions	Respondents were concerned that support was limited to a set number of sessions which was felt to be unhelpful	"Therapy/counselling: a limit of 6 sessions is worse than useless as it just means you start explaining and before you can get very far the support stops."	19
Free/affordable support	Some respondents spoke of being fortunate enough to be able to pay for support while others spoke of having gone into debt to pay for support when they needed it	"I realise that I was lucky as I was able to pay for support – this won't be possible for many people"	7

Code	Description	Example	References
Peer support groups	Respondents described finding peer support very helpful	"I've always found peer support with others who have same experiences helpful"	3
Regular updates from CJS/improve CJS	Respondents wanted to be kept up to date with developments in their case	"The criminal justice system is slow and often it adds stress to the survivor if they aren't updated frequently as to how things are going. I think the length taken is understandable but the person needs to feel like they haven't been forgotten somehow."	5
More information – what can be discussed re: criminal case	Respondents were unclear about what could/could not be discussed while an investigation was ongoing	"More information as to what survivors can talk about in relation to investigations. I think it should be talked about at the outset as a survivor may automatically wish to seek help/support from friends and family but obviously needs to know how much detail they can discuss."	1
Greater availability of support	Respondents described how difficulties in accessing support had impacted them	"I had great difficulties in getting through to support services telephone helplines and live chat support. This prevented me from accessing support on a number of occasions."	19
More information – services available/protection for victims	Respondents spoke of how difficult it was to know where to go to seek support and/or know what support was available	"Clearer signposting as to services available, what their limitations are (eg: [sic] no access after 12 months) before you try and access or wait and what else is available even when you are accessing a service would be very helpful."	8

Code	Description	Example	References
Greater availability of face-to-face/one-to-one support	Respondents spoke of the importance of having face-to-face and/or one-to-one support	"It has do [sic] be delivered by specialists from rape crisis face to face. Don't dilute these services"	9
Single-sex services should be offered	Respondents spoke of the importance of single-sex provision being offered to help them to feel safe	"Guarantee of being able to access female-only single-sex services...I will never be able to access a service that includes males. I am unable to pretend males are not a threat."	3
More information – what is expected (counselling/therapy)	Respondents spoke of feeling unsure of expectations around counselling and/or therapy	"There should be more structure when accessing therapist, counselling as to what is it expected/ how the session will run etc"	1
No improvements needed	Respondents spoke positively about their support experiences	"None – I have been listened to. not judged"	6
Affordable legal advice	Respondents spoke of the importance of being able to access affordable legal advice	"Better legal advice – for free or at least cheap so everyone can afford to know their rights in a civil, criminal or administrative process, particularly the latter."	3
Out of hours crisis service	Respondents spoke of needing access to an out of hours crisis service	"I could do with a crisis helpline when I feel like I'm having a breakdown"	2
Specialist services/support – complex/specific situations	Respondents described very specific situations and how they had struggled to find support for their very complex situation	"understanding the specific issues of isolation and jurisdictional complexities of seafaring sexual violence"	4
Better support from GPs	Respondents described finding GPs to be dismissive of their circumstances	"It would be good if GP were more understanding and helpful. I was brushed off with some leaflets that weren't helpful at all."	2
Specialised support – male rape victims	Male respondents spoke of there being very little	"NHS therapy for make [sic] survivors is woefully inadequate."	3

Code	Description	Example	References
	appropriate support for them		
Recognition that women can be perpetrators of sexual violence	Respondents described the importance of recognising that woman can perpetrate sexual violence	“There must be a criminal offence for rape perpetrated by women on men...This means male rape is not taken seriously enough.”	2
Historic victims being allowed to attend court	Respondents spoke of the importance of being allowed to attend court despite the trauma being historic	“Crown prosecution to allow victim’ to go to court”	1
More ethnically diverse counsellors	Respondents felt it was important that counsellors were from various ethnic backgrounds to allow understanding of different cultures and traditions	“I would appreciate that there is more counsellors from various ethnics backgrounds diverse communities”	1
Multi-lingual counsellors	Respondents spoke of the importance of being understood by those supporting them	“Multilingual counsellors so those with language barriers barriers [sic] will be supported and understood.”	1
Everyone is trained to deal with victims/survivors	Respondents felt it was important that anyone who might encounter a victim-survivor was trained in how to support them	“Ensure everyone (not just SA specialists) has access to training around how to respond to & appropriately manage disclosures of this nature.”	4
More funding	Respondents spoke of the importance of increasing funding for overstretched support services so that they can support more victim-survivors	“There needs to be more support and funding for them in order to support victims and survivors.”	13
Changes to legislation	Respondents spoke of changes to legislation that are required to tackle sexual violence	“governments and local authorities need to stare this firmly in the face and get a sexual violence strategy going to reALLY	4

Code	Description	Example	References
		ADDRESS THIS HEINOUS CRIME.”	
Support when reporting to the police	Respondents spoke of requiring support when reporting to the police, to help them to deal with the process	“Support as early as possible to be able to report it to the Police. I went to the Police before I had support to really understand what happened.”	3
Specialist support – neurodiverse victim/survivors	Respondents spoke of provision being necessary for neurodiverse victim-survivors	“There needs to be more provision for autistic people”	1
Support groups should be audited	Respondents suggested that local groups should be audited to ensure the safety of those attending the group	“Local groups...need to be audited to check that the people running them understand the service users and to check they are not intimidating the vulnerable people in the group.”	1
Support in managing post-therapy symptoms	Respondents wanted support to manage the after-effects of therapy sessions	“More support in managing symptoms after a trauma informed therapy session.”	1
Make support easier to access	Respondents spoke of the difficulties they had faced in terms of accessing support	“More group/peer support groups in more areas so travel is less of an issue.”	6
Support groups work together to offer more rounded support (i.e., financial as well as trauma)	Respondents spoke of how more rounded support would be helpful to them	“it might be a good idea if sexual assault/rape support groups maybe worked with other support groups (maybe for financial help or maybe physical help) more closely so that in any other aspects of the survivors struggle, they can get help they need in other areas too”	1
Support available is inclusive (trans/disabled)	Respondents highlighted the importance of	“make the face to face [sic] support more accessible for disabled people”	5



Code	Description	Example	References
	supporting trans and/or disabled victim-survivors	“Funding for transgender people”	
Support should not be conditional on police involvement/ongoing court case	Respondents spoke of the difficulty in accessing support if they did not have an ongoing police investigation	“I was not able to access support from...in relation to rape unless I had a police investigation open.”	2
Shouldn't have to wait until trial concludes before accessing support	Respondents spoke of the difficulty of accessing support while their case was ongoing	“There seems to be hesitation to offer support to individuals who have reported the crime and whos [sic] cases are being investigated.”	2
Response not relevant to question	Respondents gave a response that did not relate to the question being asked	n/a	10
Continuity of support – same person	Respondents spoke of needing to have support from the same person throughout	“I would have liked to have kept the same therapist as it took years to build trust and then they left or moved to a different role.”	3
Support while on a waiting list for therapy/counselling	Respondents spoke of the importance of having support while on a waiting list for counselling/therapy	“Whilst waiting for therapy would have been helpful to have had a worker to link in with and build trust.”	1
Support for foreign survivors of sexual violence/rape after they return to their own country	Respondent spoke of how helpful it would have been to continue to be supported when they returned to their own country	“So it helps if UK government and SARC...let the foreign survivors of sexual abuse who were sexually abused in UK participate in online support group and receive online counselling even after they returned to their own countries.”	1

## Appendix B

### Respondent demographics compared to CSEW

**Table 14. Respondent demographics compared to CSEW victimisation estimated for rape and sexual violence**

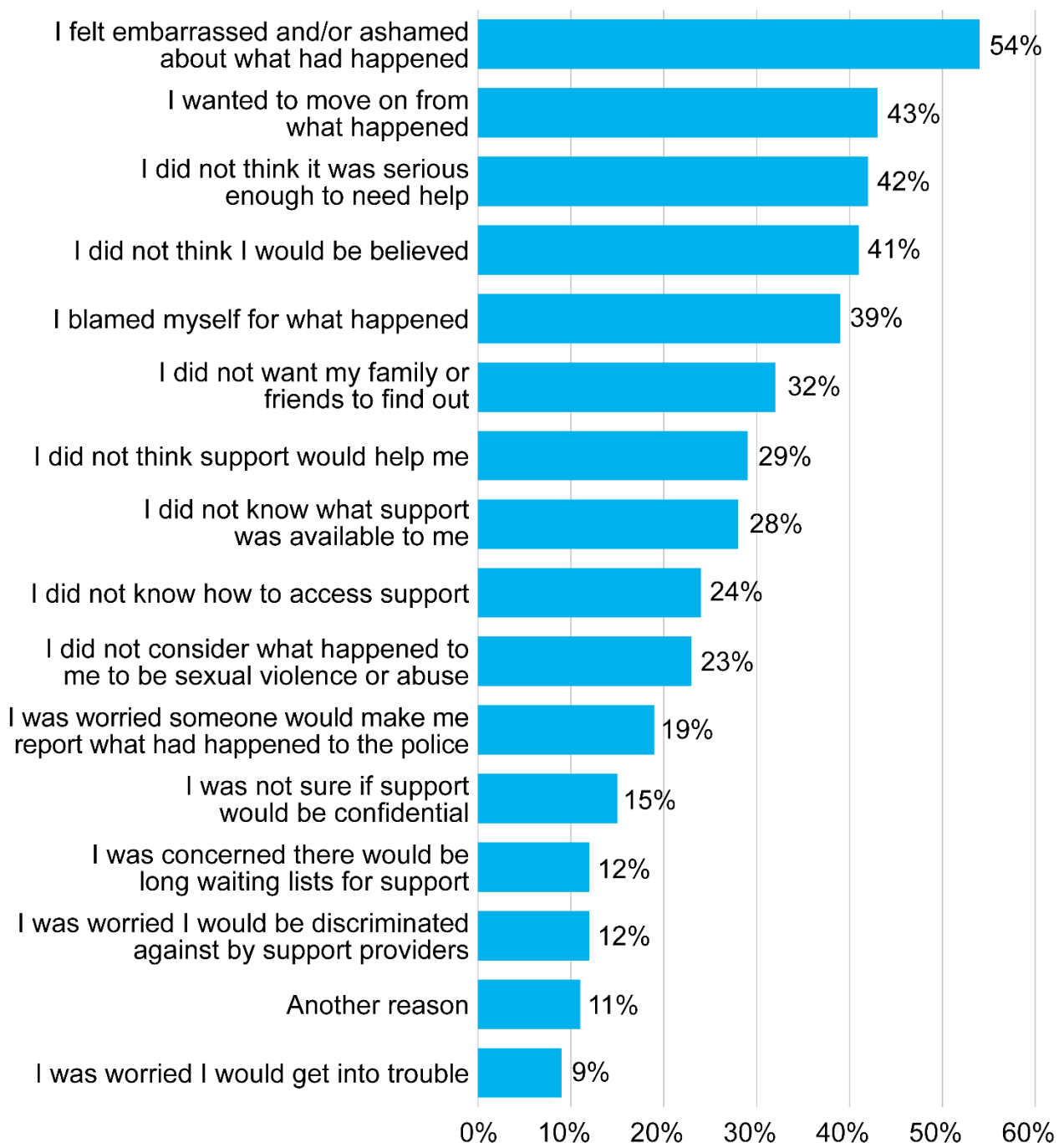
Demographic		Percentage of rape and sexual violence victim-survivors based on CSEW estimates <sup>65</sup>	Percentage of rape and sexual violence victim-survivors within our survey sample
Sex	Female	80%	90%
	Male	20%	9%
Age	16–24	53%	10%
	25–44	32%	49%
	45–64	14%	36%
	65–74	2%	4%
Ethnic group	Asian or Asian British	6%	4%
	Black or Black British	3%	2%
	Mixed	3%	5%
	White	89%	85%
Sexual orientation	Bisexual	12%	19%
	Gay or lesbian	4%	9%
	Heterosexual or straight	82%	63%
	Other	2%	5%
Disability	Disabled	22%	64%
	Not disabled	78%	34%

<sup>65</sup> Rape and sexual violence victims from the CSEW were defined as those who (in the last 12 months) have experienced indecent exposure, being touched in a sexual way when they did not want it, and/or actual and/or attempted penetration

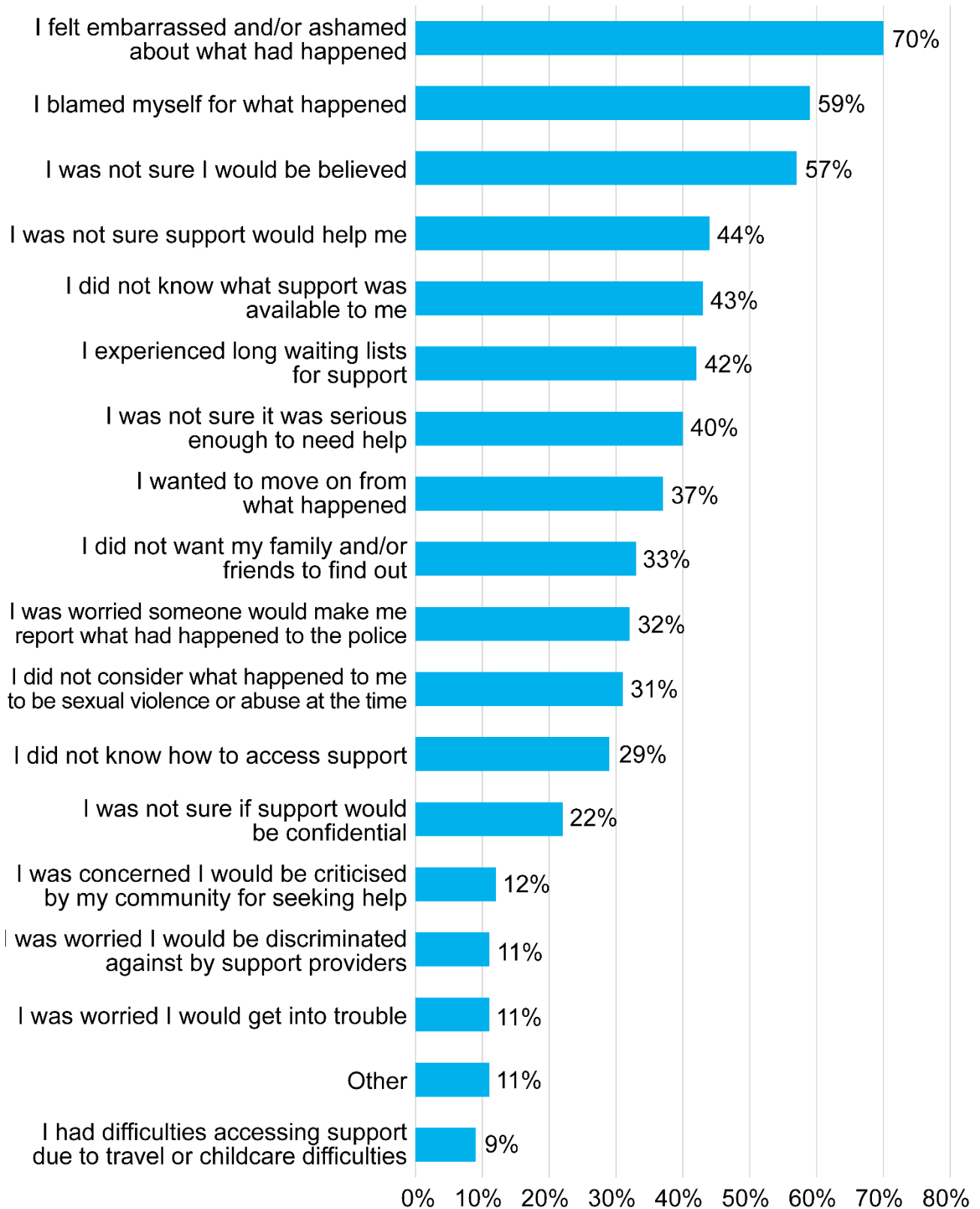
## Appendix C

### Further findings on barriers and facilitators to accessing support

**Figure 17. Factors which respondents who did not try to access formal support reported influenced their decision, N=342**



**Figure 18. Concerns or difficulties respondents who did try to access formal support reported they faced when doing so, N=646**



**Table 15. Three most common factors which respondents reported influenced their decision not to try to access formal support, by respondent demographics and whether they reported to the police or not**

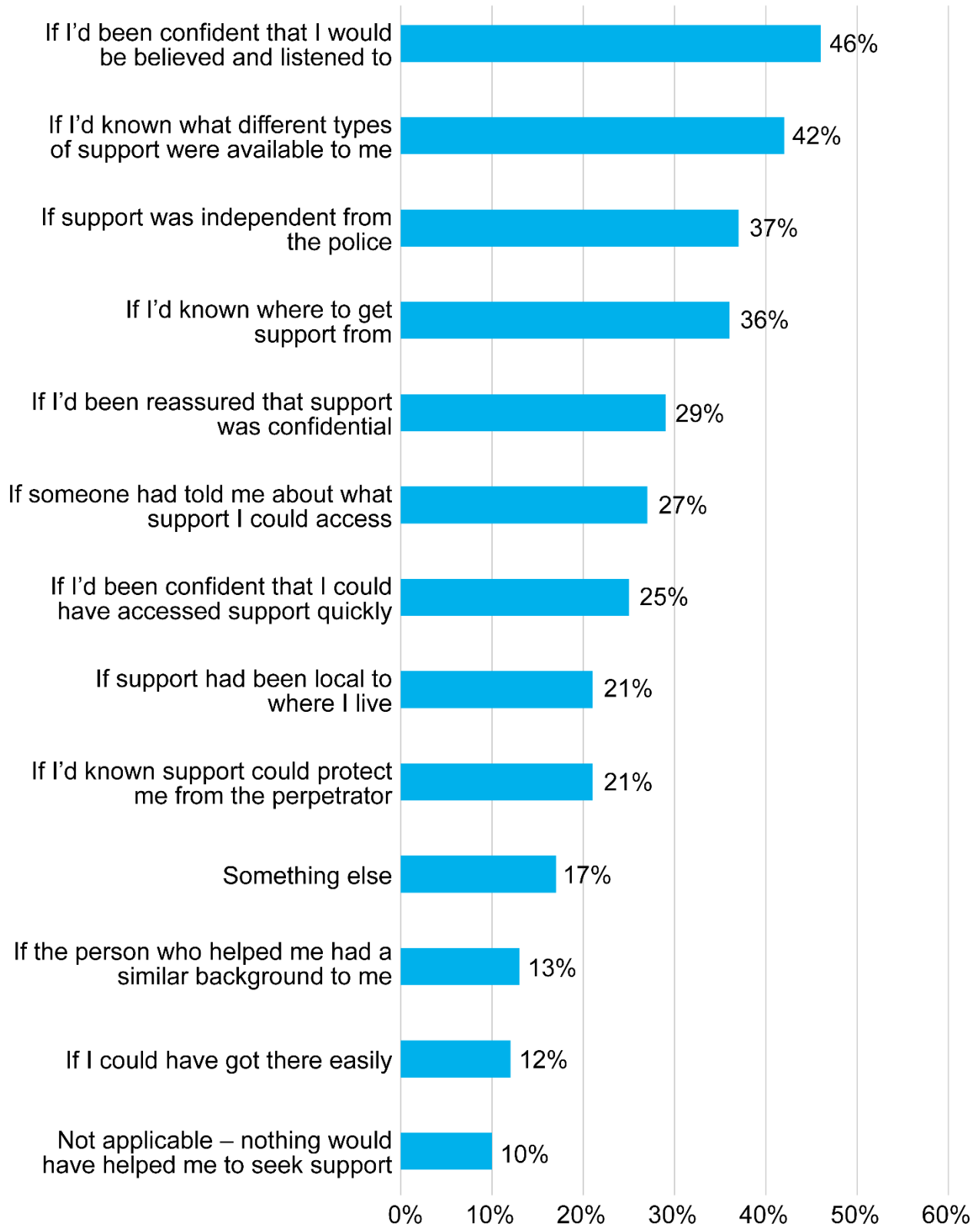
Demographic/ characteristic		First	Second	Third
Sex	Female	I felt embarrassed or ashamed	I wanted to move on from what happened	I did not think it was serious enough
	Male	Not enough respondents to report		
Sexual orientation	Heterosexual	I felt embarrassed or ashamed	I did not think I would be believed	I wanted to move on from what happened
	Gay/lesbian	Not enough respondents to report		
	Bisexual	I felt embarrassed or ashamed	Not enough respondents to report	
	Other	Not enough respondents to report		
Ethnicity	White	I felt embarrassed or ashamed	I did not think I would be believed	I wanted to move on from what happened
	Other ethnic groups combined	Not enough respondents to report		
Disability	Disabled	I felt embarrassed or ashamed	I did not think I would be believed	I blamed myself for what happened
	Not disabled	I felt embarrassed or ashamed	I did not think it was serious enough	I wanted to move on from what happened
Age	18–34	I felt embarrassed or ashamed	I did not think it was serious enough	I blamed myself for what happened
	35–54	I felt embarrassed or ashamed	I did not think I would be believed	I wanted to move on from what happened
	55+	Not enough respondents to report		
Reported to the police	Yes	Not enough respondents to report		
	No	I felt embarrassed or ashamed	I did not think I would be believed	I did not think it was serious enough to need help

**Table 16. Three most common factors which respondents reported as concerns or difficulties they faced when trying to access formal support, by respondent demographics and whether they reported to the police or not**

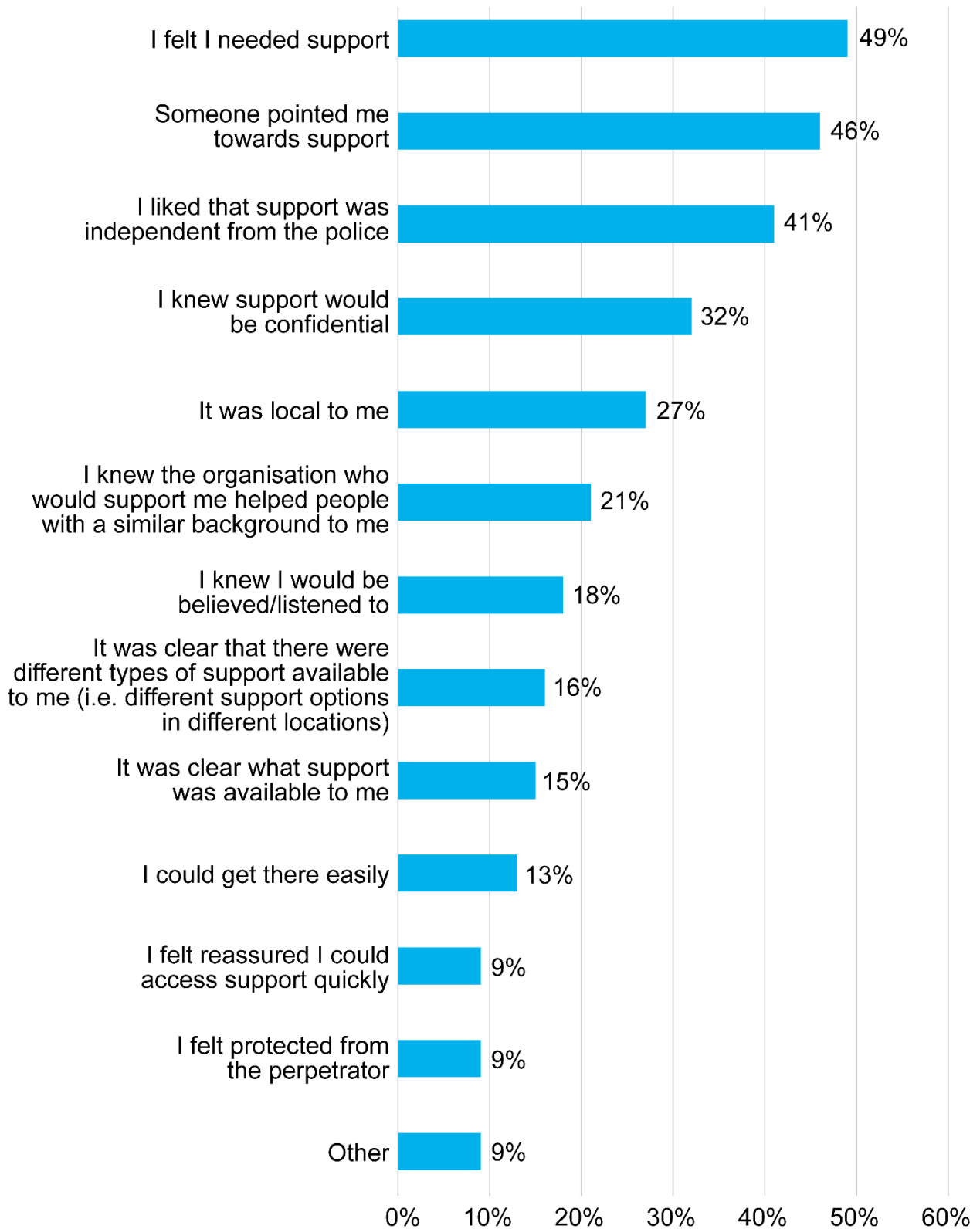
	Demographic	First	Second	Third
Sex	Female	I felt embarrassed or ashamed	I blamed myself for what happened	I did not think I would be believed
	Male	I felt embarrassed or ashamed	I did not think I would be believed	I blamed myself for what happened
Sexual orientation	Heterosexual	I felt embarrassed or ashamed	I blamed myself <sup>66</sup>	I was not sure I would be believed
	Gay/lesbian	Not enough respondents to report		
	Bisexual	I felt embarrassed or ashamed	I blamed myself	I was not sure I would be believed
	Other	Not enough respondents to report		
Ethnicity	White	I felt embarrassed or ashamed	I blamed myself	I was not sure I would be believed
	Other ethnic groups combined	I felt embarrassed or ashamed	I was not sure formal support would help me	I did not know what formal support was available to me
Disability	Disabled	I felt embarrassed or ashamed	I blamed myself	I was not sure I would be believed
	Not disabled	I felt embarrassed and/or ashamed	I blamed myself	I was not sure I would be believed
Age	18–34	I felt embarrassed and/or ashamed	I blamed myself	I was not sure I would be believed
	35–54	I felt embarrassed and/or ashamed	I blamed myself	I was not sure I would be believed
	55+	I felt embarrassed and/or ashamed	I blamed myself	I was not sure I would be believed
Reported to the police	Yes	I felt embarrassed or ashamed	I was not sure I would be believed	I blamed myself
	No	I felt embarrassed or ashamed	I blamed myself	I was not sure I would be believed

<sup>66</sup> “I blamed myself for what happened” has been shortened to “I blamed myself” for formatting reasons

**Figure 19. Factors which respondents who did not try to access formal support reported would have helped or supported them to do so, N=326**



**Figure 20. Factors which respondents who did try to access formal support reported helped or supported them in doing so, N=603**





## Appendix D

### Further findings on victim-survivor support needs

**Table 17. Top three types of formal support accessed by respondents, by respondent demographics and whether they reported to the police or not**

Demographic/characteristic		First	Second	Third
Sex	Male	Counselling	Not enough respondents to report	
	Female	Counselling	Advocacy	A helpline
Sexual orientation	Heterosexual	Counselling	Advocacy	A helpline
	Gay/lesbian	Counselling	Not enough respondents to report	
	Bisexual	Counselling	Advocacy	A helpline
Ethnicity	White	Counselling	Advocacy	A helpline
	Other ethnic groups combined	Counselling	Advocacy	A helpline
Disability	Disabled	Counselling	Advocacy	A helpline
	Not disabled	Counselling	Advocacy	A helpline
Reported to the police	Yes	Counselling	Advocacy	Practical support
	No	Counselling	A helpline	Advocacy
Age	18–34	Counselling	Advocacy	A helpline
	35–54	Counselling	A helpline	Advocacy
	55+	Counselling	A helpline	Advocacy

**Table 18. Top three people/organisations respondents received formal support from, by respondent demographics and whether they reported to the police or not**

Demographic/ characteristic		First	Second	Third
Sex	Male	Not enough respondents to report		
	Female	A GP	A therapist – support organisation	A counsellor or psychologist – support organisation

Demographic/ characteristic		First	Second	Third
Sexual orientation	Heterosexual	A GP	A therapist – support organisation	A counsellor or psychologist – support organisation
	Gay/lesbian	Not enough respondents to report		
	Bisexual	A GP	A counsellor or psychologist – NHS	A therapist – support organisation And A counsellor or psychologist – support organisation
Ethnicity	White	A GP	A therapist support organisation	A counsellor or psychologist – support organisation
	Other ethnic groups combined	A GP	Not enough respondents to report	
Disability	Disabled	A GP	A therapist – support organisation	A counsellor or psychologist – support organisation
	Not disabled	A GP	Another support organisation (For example a charity or other service)	A counsellor or psychologist – support organisation And A therapist – support organisation
Reported to the police	Yes	A GP	A therapist – support organisation	ISVA
	No	A GP	A therapist – support organisation	A counsellor or psychologist – support organisation
Age	18–34	A GP	A therapist – support organisation	A counsellor or psychologist – support organisation
	35–54	A GP	A therapist – support organisation	A counsellor or psychologist – support organisation
	55+	A GP	Another support organisation (charity or other service)	A counsellor or psychologist – support organisation

**Table 19. Top three ways respondents received formal support, by respondent demographics and whether they reported to the police or not**

Demographic/ characteristic		First	Second	Third
Sex	Male	Not enough respondents to report		
	Female	Face-to-face as one-to-one support	Over the phone	Online as one-to-one support
Sexual orientation	Heterosexual	Face-to-face as one-to-one support	Over the phone	Face-to-face as group support
	Gay/lesbian	Not enough respondents to report		
	Bisexual	Face-to-face as one-to-one support	Over the phone	Not enough respondents to report
Ethnicity	White	Face-to-face as one-to-one support	Over the phone	Online as one-to-one support
	Other ethnic groups combined	Face-to-face as one-to-one support	Over the phone	Not enough respondents to report
Disability	Disabled	Face-to-face as one-to-one support	Over the phone	Online as one-to-one support
	Not disabled	Face-to-face as one-to-one support	Over the phone	Not enough respondents to report
Reported to the police	Yes	Face-to-face as one-to-one support	Over the phone	Online as one-to-one support
	No	Face-to-face as one-to-one support	Over the phone	Online as one-to-one support
Age	18–34	Face-to-face as one-to-one support	Over the phone	Online as one-to-one support
	35–54	Face-to-face as one-to-one support	Over the phone	Face-to-face group support
	55+	Face-to-face as one-to-one support	Over the phone	Not enough respondents to report

**Table 20. Top three factors ranked as important to respondents when thinking about their ideal formal support, by respondent demographics and whether they reported to the police or not**

Demographic/ characteristic		First	Second	Third
Sex	Female	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone who understands trauma and is available whenever I need support	I would be supported by someone of the same sex as me
	Male	I would be supported by someone who understands trauma and is available whenever I need support	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would want to be supported by someone who is trained in supporting individuals with mental health issues
Sexual orientation	Heterosexual	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone who understands trauma and is available whenever I need support	I would be supported by someone of the same sex as me
	Gay/lesbian	I would be supported by someone of the same sex as me	I would be supported by someone who understands trauma and is available whenever I need support	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse
	Bisexual	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone who understands trauma and is available whenever I need support	I would be supported by someone of the same sex as me

<b>Demographic/ characteristic</b>		<b>First</b>	<b>Second</b>	<b>Third</b>
Ethnicity	White	I would be supported by someone who understands trauma and is available whenever I need support	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone of the same sex as me
	Other ethnic groups combined	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone who understands trauma and is available whenever I need support	I would be supported by someone of the same sex as me
Disability	Disabled	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone who understands trauma and is available whenever I need support	I would be supported by someone of the same sex as me
	Not disabled	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone of the same sex as me	I would be supported by someone who understands trauma and is available whenever I need support

Demographic/ characteristic		First	Second	Third
Age	18–34	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone who understands trauma and is available whenever I need support	I would be supported by someone of the same sex as me
	35–54	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone of the same sex as me	I would be supported by someone who understands trauma and is available whenever I need support
	55+	I would be supported by someone of the same sex as me	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone who understands trauma and is available whenever I need support
Reported to the police	Yes	I would be supported by someone who understands trauma and is available whenever I need support	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone of the same sex as me
	No	I would be supported by an organisation whose sole purpose is to support people who have experienced sexual violence or abuse	I would be supported by someone of the same sex as me	I would be supported by someone who understands trauma and is available whenever I need support

**Table 21. Top three types of formal support ranked as important to respondents when thinking about their ideal formal support, by respondent demographics and whether they reported to the police or not**

Demographic/ characteristic		First	Second	Third
Sex	Female	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
	Male	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
Sexual orientation	Heterosexual	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
	Gay/lesbian	Counselling	Group work and/or support groups	Advocacy or help to ensure I know my rights as a victim
	Bisexual	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
Ethnicity	White	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
	Other ethnic groups combined	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
Disability	Disabled	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
	Not disabled	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups

Demographic/ characteristic		First	Second	Third
Age	18–34	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
	35–54	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
	55+	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
Reported to the police	Yes	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups
	No	Counselling	Advocacy or help to ensure I know my rights as a victim	Group work and/or support groups

**Table 22. Top three ways of receiving formal support ranked as important to respondents when thinking about their ideal formal support, by respondent demographics and whether they reported to the police or not**

Demographic/ characteristic		First	Second	Third
Sex	Female	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone
	Male	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	Group support, face-to-face, in person



<b>Demographic/ characteristic</b>		<b>First</b>	<b>Second</b>	<b>Third</b>
Sexual orientation	Heterosexual	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone
	Gay/lesbian	Not enough respondents to report		
	Bisexual	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone
Ethnicity	White	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone
	Other ethnic groups combined	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone
Disability	Disabled	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone
	Not disabled	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone

<b>Demographic/ characteristic</b>		<b>First</b>	<b>Second</b>	<b>Third</b>
Age	18–34	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone
	35–54	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone
	55+	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone
Reported to the police	Yes	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone
	No	One-to-one support, face-to-face, in person	One-to-one support, face-to-face, remotely (for example, using Zoom, Skype or MS Teams)	One-to-one support over the phone