



Ministry
of Justice

Peer-led Interventions to Support Victims of Crime.

A Rapid Evidence Assessment

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Glossary of key terms

Term	Definition
Acute stress disorder (ASD)	ASD and PTSD are characterised by the same symptoms following a traumatic event, such as avoidance, intrusive thoughts and images, and distress, however ASD is short-term, and diagnosed in the month following a trauma, while PTSD is diagnosed if those symptoms persist after one month.
Advocacy	A term used to refer to any action that speaks in favour of, recommends, argues for a cause, supports or defends, or pleads on behalf of others.
Cognitive Behavioural Therapy (CBT)	CBT is a talking therapy that helps people to manage problems by changing the way they think and behave.
Coping	Refers to the ability to deal with and attempt to overcome problems and difficulties.
Domestic Abuse	As defined in part 1 of the Domestic Abuse Act 2021, behaviour falls under the definition of domestic abuse if it occurs between two people who are personally connected and aged 16 or over and consists of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, or psychological, emotional, or other abuse such as stalking. Pursuant to section 3 of the 2021 Act, those under 16 are capable of being victims of domestic abuse where they are related to the victim and/or the perpetrator and they see, hear, or experience the effects of the abuse.
Duty to Collaborate (DTC)	Refers to a duty under sections 13-15 in the Victims and Prisoners Act 2024, will require commissioners to work together to meet victims' needs victims of domestic abuse, sexual abuse, and serious violence, ensuring strategic commissioning to meet needs.
Intimate partner violence (IPV)	A pattern of abuse or aggression that occurs in a romantic relationship. It can be physical, sexual, emotional, or economic. Intimate partner refers to both current and former spouses and dating partners.
Mentoring	A relationship where an experienced person helps a less experienced person.

Paraprofessional	A person who has been trained in a field but doesn't have the full qualifications to practice as a professional. Paraprofessionals are not, by definition, peers.
Peer	Refers to someone with demographic or social similarities to others. In this context, peers refer to people who have also been victims of crime.
Peer mentor/worker	A person who offers support and guidance to another person who has gone through a similar experience. The descriptor words mentor and worker can be used interchangeably.
Peer mentoring	A supportive relationship between people who have been through similar experiences.
Peer recipient	A person who receives the support and guidance provided by a peer mentor/worker.
Peer support	Refers to the empathy, encouragement and assistance that people with shared experiences can offer one another within a reciprocal relationship.
Post-traumatic stress disorder (PTSD)	A common mental illness that can occur after a serious traumatic event/s (World Health Organisation (WHO), 2018). Symptoms include reexperiencing the trauma as nightmares, flashbacks, and distressing thoughts; avoiding reminders of the traumatic event; experiencing negative changes to thoughts and mood; and hyperarousal, which includes feeling on edge, being easily startled, feeling angry, having difficulties sleeping, and problems concentrating.
Psychoeducation	An intervention that provides information in order to build understanding of psychological concepts and conditions.
Psychosocial intervention	Interpersonal or informational activities, techniques, or strategies that target biological, behavioural, cognitive, emotional, interpersonal, social, or environmental factors with the aim of improving health functioning and well-being (Institute Of Medicine, 2015)
Recovery	Refers to a return to a balanced state of health, mind or strength.
Resilience	Refers to a person's capacity to withstand or to recover from difficulties.
Serious violent crime	This REA adopts a broad interpretation of serious violence to reflect the range of offences considered relevant by local areas and victim support services. It includes offences such as assault,

	Actual Bodily Harm, Grievous Bodily Harm, homicide, threats to kill, wounding, and weapon-enabled violence (e.g. knife and gun crime). It also includes domestic abuse, sexual violence and abuse, and forms of exploitation such as modern slavery, county lines activity, and criminal exploitation, where these are relevant to understanding serious harm and support needs.
Sexual abuse	Any act of physical, psychological and emotional violation in the form of a sexual act, inflicted on someone without their consent.
Social capital	Social capital refers to the networks of relationships and connections among people, which support a well-functioning society.
Support service	A service, organisation, or intervention that provides physical, emotional, therapeutic, and/or practical support to victims to help them cope and recover from the impact of crime and navigate the criminal justice system if they choose to do so.
Survivor	A person who survives a crime. Term used by many third sector organisations to emphasise individuals' agency and to empower those who are impacted by crime.
Victim	As defined in the Victims and Prisoners Act 2024, a victim is a person who has suffered harm as a direct result of criminal conduct or specific circumstances linked to criminal conduct. These circumstances include witnessing or directly experiencing a crime, being born as a result of criminal conduct, losing a close family member to a crime, or being a child who is a victim of domestic abuse that constitutes a criminal offence. Harm includes physical, mental, emotional harm, or economic loss. A person can be considered a victim regardless of whether the offence was reported, or whether anyone has been charged or convicted.

1. Executive Summary

1.1 Background

The Ministry of Justice (MoJ) is the lead department responsible for victims' support and policy in England and Wales. There are challenges with understanding the effectiveness of different victim support services due to fragmented and varied information. There is a limited understanding on "what works" to support victims in coping and building resilience following a crime. To address this, the MoJ commissioned two rapid evidence assessments (REAs) to understand the evidence base for Cognitive Behavioural Therapy (CBT) and peer-led support interventions as a way of supporting victim-survivors of serious violent crime and enhancing outcomes such as coping, recovery, and resilience. The overall aim of these REAs was to aid decision-making around victim support service delivery, commissioning and policymaking.

This REA sets out to bring together the best quality evidence about the effectiveness of peer-led interventions for victims of serious violent crime. The search initially covered a wide range of crime types but was narrowed early on due to the volume of results. The REA focused on serious violence, including offences such as assault, actual bodily harm, grievous bodily harm, homicide, threats to kill, wounding, and weapon-enabled violence such as knife or gun crime. It also included domestic abuse, sexual violence and abuse, and forms of exploitation such as modern slavery, county lines activity, and criminal exploitation, where relevant. It sought to determine:

1. The evidence for the effectiveness of peer-led interventions in this context;
2. The modes of peer-led support delivery and their relative effectiveness in this context;
3. The characteristics of victims (demographics, crime type) that influence the outcomes of peer-led support;
4. The financial costs associated with peer-led support interventions; and
5. The evidence gaps that need to be addressed in future evaluations of peer-led support for victims.

1.2 Methodology

A structured search was conducted using multiple academic databases via EBSCO Academic, supplemented by handsearching online research libraries and Google Scholar, with specific search terms. Studies published in English between November 2009 and November 2024 were considered for inclusion. The initial search identified 3011 studies. Following screening, a full quality assessment using the Evidence for Policy and Practice Information (EPPI) Centre Weight of Evidence framework (Gough, 2007) was conducted on 17 studies, with 10 studies meeting the final inclusion criteria.

The overall quality of these studies was low to medium (meaning that they could only offer partial evidence towards answering the review questions); none were high quality. Of these 10 studies, 8 were qualitative and 2 were reviews (one systematic review and one scoping review). These studies explored a range of peer-led interventions (including peer groups and one-to-one mentoring), and included qualitative studies with peer recipients, with peer workers, and other professionals involved in peer-led interventions. A narrative synthesis was conducted to identify key themes relevant to the research questions.

1.3 Key findings

Nine of the 10 included studies were concentrated in the areas of sexual violence and intimate partner violence (IPV), and nine of the 10 studies also focused on in-person, face-to-face delivery of peer-led interventions. This limitation should be kept in mind when considering these findings.

Effectiveness: Due to the qualitative nature of most of the included studies, the evidence available related to perceived and self-reported effectiveness rather than quantitatively measured impact. The studies indicated that peer-led interventions may have a perceived positive impact for both victims and victim peer workers on seven key psychological growth and recovery outcomes:

- Greater recognition and acceptance;
- Greater connectivity;
- Becoming more hopeful;
- Positive identity change (shifting from victim to survivor);

- Improved empowerment;
- Building skills and positive behaviour change; and
- Greater meaning and purpose to life.

Modes of Intervention delivery: Given that the majority of the studies in this REA were focused on in-person delivery, there was insufficient evidence available to determine any differences in effectiveness between types of intervention delivery.

Characteristics of victims: There was insufficient evidence from the included studies to determine any differences in effectiveness by victim characteristics, or victimisation from crime types other than sexual violence and intimate partner violence (IPV). There was, however, consistency in the themes across different participant groups (victims, peer mentors and professionals) and across victimisation from sexual violence and IPV.

Cost-effectiveness: No evidence was found relating to the financial costs or cost-benefit analyses associated with peer-led interventions.

Evidence gaps: A number of significant evidence gaps in this area were identified. These included:

- Lack of quantitative studies using robust methodology measuring outcomes;
- Lack of evidence on effectiveness of interventions using different modes of delivery, including remotely;
- Lack of evidence on effectiveness of interventions for specific victim groups other than victims of sexual violence and IPV, including male victims, older victims, victims from gender minorities, and victims from ethnic minorities; and
- Lack of evidence on financial costs or cost-benefit analyses associated with peer-led interventions.

The review concluded that there is promising potential of peer-led interventions to influence factors related to coping, recovery and resilience, and improving emotional health and well-being for victims of sexual violence and IPV. However, peer-led support interventions may not be suitable for those experiencing clinical symptoms (e.g. post-traumatic stress disorder) who may require additional or alternative support. Further, the

support and training of peer workers appeared to be important to help reduce the risk of re-traumatisation and burnout.

Given the limited evidence base, these findings should be considered tentatively. Further robust quantitative evidence would help to better understand the effectiveness of peer-led interventions. Strengthening evaluation approaches could support a clearer understanding of their potential benefits and any associated risks.

1.4 Policy considerations

Commissioners of victim support services and policy makers should particularly consider commissioning and/or supporting further research to test whether:

- Peer-led interventions are effective when measuring outcomes objectively as opposed to relying on self-report information;
- Peer-led interventions are equally effective across different demographic groups and crime types other than sexual violence and IPV; and
- The cost of peer-led interventions are different to the cost of other types of interventions.

Those commissioning and implementing peer-led interventions would benefit from paying attention to:

- How peer-led models are defined and operated in order to build comparability;
- Plans to address potential challenges or unintended impacts on peer mentors; and
- Implementation factors including clarity of roles/services, and the provision of support, training, monitoring and supervision for peer workers.

2. Introduction

2.1 Background

The Ministry of Justice (MoJ) is the lead department responsible for victims' support and policy in England and Wales and has a strong interest in understanding what support is effective for victim-survivors.¹ There are, however, challenges to understanding the effectiveness of different types of victim support. Evaluation and information on impact of services is fragmented and varied. This means that there is a limited understanding about "what works" to support victims in coping and building resilience following a crime.

To address this issue, the MoJ commissioned two rapid evidence assessments (REAs) to understand the evidence base for Cognitive Behavioural Therapy (CBT) and peer-led support interventions as a way of supporting victims of serious violent crime. The decision to focus on serious violent crime reflects the scope of the Duty to Collaborate (DTC), which places particular emphasis on domestic abuse, sexual abuse, and serious violence.

The primary objective of the REAs was to synthesise the key evidence on the effectiveness, delivery methods, and (where available) associated costs of these interventions. The REAs also aimed to identify how these factors interact with different victim characteristics and the specific needs of victim populations.

The findings of this REA were intended to inform decisions regarding the implementation of the DTC, the Victims Funding Strategy, and wider decision-making around victim support service delivery, commissioning, and policymaking. As such, the key audience is policy officials, DTC duty holders, providers and commissioners of victim support services. By bringing together the best and most up-to-date research on these interventions, the review aimed to enhance the overall effectiveness and coordination of support services for victims of serious violent crime.

¹ For brevity, referred to from hereon in as victims. We acknowledge that some individuals prefer the terms 'survivor' or 'victim-survivor' to reflect an active and resilient response to their experience. The use of 'victim' here is intended to be inclusive of those who identify in this way.

Context for the review

The impact of crime on individuals can be devastating and far reaching. While some people experience short-term impacts that decline over time, for others, the effects last a lifetime (Jonas et al., 2011). Post-traumatic stress disorder (PTSD) is a common and enduring consequence of sexual and non-sexual violent crime (Dworkin, 2020; Dworkin, Menon, Bystrynski & Allen, 2017; Lowe & Galea, 2017). Other effects of victimisation can include depressive or phobic reactions and other anxiety disorders, symptoms of acute stress disorder, and alcohol and substance misuse (Roberts, Kitchiner, Kenardy, Robertson, Lewis, & Bisson, 2019). There are also social and economic costs of crime, which can affect people's ability to engage in work, in family life, and with the wider community (WHO, 2013; Brown et al., 2022). Services commissioned by the Government aim to help victims cope with the immediate impact of a crime and, where possible, to recover from the harm caused. The [Victims Funding Strategy](#) sets out how these services should be commissioned.

The impact of crime victimisation is highly individualised and the type of support required varies from person to person. Experiences and outcomes are shaped by a range of factors including age, gender, ethnicity, socioeconomic status, support networks and culture, all of which can influence both vulnerability and resilience (Wedlock & Tapley, 2016).

Government research into the needs of victims of crime suggest these include (but are not limited to) 1) information, 2) help to navigate the criminal justice system/legal issues, 3) advocacy, 4) safety and protection from re-victimisation, 5) support for emotional health and well-being, and 6) fair treatment (MoJ, 2012; Callanan et al., 2012).

There are disparities in both support referral rates and perceived impact of services for victims across England and Wales (Champion, Lock, Puntan & Hendra, 2021; Murray, Welland & Storry, 2023). A recent Victims Commissioner report also suggested that it is "crucial" that victims receive support from people with "shared, minoritised identities and life experiences that match their own" (Welland et al., 2024). One form of such support is peer-led interventions. This review focused on peer-led interventions as a way of supporting the emotional health and well-being of those who have been victim to a serious violent crime.

Peer-led support interventions

A *peer* can be defined as someone with demographic or social similarities, and *support* refers to "the kind of deeply felt empathy, encouragement, and assistance that people with shared experiences can offer one another within a reciprocal relationship" (Penney, 2018). Peer-led support interventions come in a range of forms through which people with similar characteristics give or gain support from each other to achieve a range of health and well-being outcomes, including building knowledge, skills, and confidence, as well as improving quality of life and social functioning (NHS England, 2016). These approaches encompass support systems that are entirely created, initiated, and led by peers; those predominantly developed, initiated, and managed by professionals but with peer involvement; and a wide variety of combinations that fall between. It can describe group-based support (open-ended or timebound), or one-to-one support. Peer workers can be trained or untrained, paid or unpaid. Support can be delivered in-person or remotely. Models of peer support may involve elements of listening, psychoeducation, tutoring, mentoring, activism, and advocacy. They are underpinned by the benefits of nuanced understanding, reciprocity/mutuality and greater empathy and respect that peer supporters are perceived to be able to offer (Gregory et al., 2022), and where both peer worker and peer recipient have the opportunity to learn and benefit from the relationship.

The growth of peer-led interventions

Peer-led interventions have become more widely used, partly due to suggestions that they may be more cost-effective compared to other interventions (Gregory et al., 2022), and partly due to the shift towards a recovery-focused approach in mental health. This approach values lived experience and aims to improve overall well-being, rather than focusing only on clinical treatment of diagnoses (Burke et al., 2019). In fact, there has been rapid growth in peer-led support interventions to address a range of problems. These most notably include mental and physical illness, but also alcohol and drug addiction, disabilities, bereavement (e.g. Bartone, Bartone, Gileno & Violanti, 2018), and also crime victimisation (e.g. Graham et al., 2021). Research indicates that positive social support can be an important buffer against the negative impacts of victimisation (Graham et al., 2021). There is evidence to suggest that victims may prefer to be supported by those who have had similar experiences (e.g. Robotham et al., 2019; Smith et al., 2015), and find them beneficial (e.g. Crisanti et al., 2019; Graham et al., 2021). Evidence also suggested

that peer-led interventions can benefit the peer workers themselves and not just the recipients (e.g., Ser et al., 2024).

2.2 Aims of the review

This review synthesised the best quality research evidence available on peer-led interventions for victims of serious violent crime. The main research questions were:

1. What is the evidence for the effectiveness of peer-led interventions in the context of victim support?
2. What are the modes of peer-led support delivery (in-person, online, helpline, group, individual) and their relative effectiveness in the victim support context?
3. What are the characteristics of victims/individuals (e.g., demographics, crime type) that influence the outcomes of peer-led support?
4. What are the financial costs associated with peer-led support interventions (if available)?
5. What are the evidence gaps that need to be addressed in future evaluations of peer-led support for victims?

3. Methodology

An REA is a method to undertake a review of existing literature in a subject area in a shorter period of time than a systematic review, while using a similar methodology (HM Treasury, 2020). In an REA, electronic databases are searched using agreed search terms and inclusion/exclusion criteria, then material is identified, reviewed and summarised. While an REA is quicker to conduct, the focus is narrower, and concessions are made on the breadth and/or depth of studies included. REAs provide a way of identifying evidence relevant to a policy question quickly and weighting that evidence to give a view on its adequacy (Varker et al., 2015). See Appendix A for more details of the review process.

3.1 Inclusion and exclusion criteria

The inclusion and exclusion criteria can be seen in Table 1 below.

Table 1: Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Written in English	Not written in English
Published between 30 th November 2009 and 30 th November 2024	Published before 30 th November 2009
Published in a peer reviewed journal	Not peer reviewed
Used qualitative or quantitative research methods	Theoretical only papers or studies not utilising any analytical methods
Examined the use of peer-led interventions with victims of serious violent crime	Research on advocacy interventions, which used paraprofessionals, community health workers or volunteers for support (doesn't match the definition of a peer used in this

	REA), and studies focused solely on interventions for victims of war/conflict or torture.
Assessed as low-medium ² or above on the EPPI Centre Weight of Evidence framework (Gough, 2007; see section 3.3)	Assessed as low ³ on the EPPI Centre Weight of Evidence framework (Gough, 2017, see section 3.3)

3.2 Search Strategy

Data sources

The REA drew on the following data sources (more details can be found in Appendix A):

- Multiple academic databases (via EBSCO Academic).
- Criminal Justice-related websites (Gov.uk, Victims Commissioner, College of Policing, Howard League).
- Google Scholar.
- Online research libraries (such as Cochrane Library, Campbell Collaboration).

Search terms

The search terms are available in Appendix A.

A wide definition of crime types was initially used for this REA. However, this was altered early on in the search due to the large number of hits when using the slightly broader definition. This meant that the focus of this REA became exclusively on serious violent crime (as specified in the DTC).⁴

Screening

The initial searches identified 1346 records, and the additional search activity identified a further 1665 records. After removing duplicates and excluding studies based on title, 154

² Meaning that the studies could offer some partial evidence towards answering the review questions.

³ Meaning that the studies could offer minimal evidence towards answering the review questions.

⁴ The CBT REA continued to use the broader definition of crime.

abstracts were reviewed in total. Of these, 37 full texts were assessed for eligibility, and 17 papers underwent full quality assessment. The search process identified 10 studies that met the inclusion criteria, published between 2009 and 2024. Further details of the search and screening results can be found in Appendix A.

3.3 Data extraction and quality assessment

Quality assessment

Overall research quality was assessed using the EPPI Centre Weight of Evidence framework. This combined assessment of the methodological quality of the study/review, its methodological relevance (the degree to which the methodology employed can provide an answer to the REA's research questions) and the relevance of the topic of the study to the REA. These factors formed an overall assessment of the weight of evidence to assign the study (Gough, 2007). In order to judge the methodological quality in the EPPI framework, the review used:

- Quantitative research: Maryland Scientific Methods Scale (MSMS; Farrington et al., 2002).
- Qualitative research: Cabinet Office Quality Framework (Spencer et al., 2003).
- Systematic reviews and research syntheses: JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses (Aromataris et al., 2015).

Ten percent of quality assessments were subjected to inter-rater reliability checks,⁵ and any differences in scoring were discussed and agreed by the researchers. There was a high level of consensus between ratings.

Data was extracted from the included studies through a customised data extraction tool developed by KTA, similar to that used by Barnett et al. (2022). The elements of this tool included: individuals involved in the research (peer receivers, peer workers, stakeholders, others), intervention examined, research methodology, study location, characteristics of the sample (number [n], age, gender, ethnicity), crime type experienced, intervention

⁵ Inter-rater reliability is a measure of how well multiple people agree when assessing the same thing.

characteristics (delivery method, dosage, format, timing post-crime) and outcomes measured.

3.4 Approach to analysis

A narrative synthesis of the findings was produced as this has been identified as a useful way of communicating findings for policy and practice (Popay et al., 2006). Key themes were identified by the lead author. These themes described the patterns across the included studies which were relevant to the research questions. The themes were reviewed and agreed by the second author and were presented to relevant MoJ officials for review and further validation.

3.5 Limitations of the REA methodology

- REAs, by their nature, are limited by the previous research that has been carried out and published. Therefore, they are limited by the scope of previous research questions explored, the contexts in which the research has been conducted, the methods used, and the findings reported.
- As an REA is less comprehensive than a systematic review, it is possible that some relevant studies or reviews have been missed. Therefore, REAs cannot be considered comprehensive reviews of the existing evidence.
- This REA was confined to research published since 2009, providing an overview of only the most recent evidence on the effectiveness of peer-led interventions.
- The REA did not include any research not published in English, and excluded any unpublished work, resulting in possible bias in the findings, as studies showing little or no impact are less likely to be published than those reporting a positive effect.⁶
- Due to the fact that this REA focused exclusively on serious violent crime (as specified in the DTC) there may have been studies missed that would have been picked up using a broader definition in the search terms.

⁶ Although attempts were made to mitigate the risks of missing relevant research through substantial handsearching.

3.6 Description of the studies

High level details of the characteristics of the 10 included studies are presented below in table 2. Details of the quality ratings for included studies are shown in Appendix B. More detailed descriptions of the studies are presented in Appendix C.

Table 2: Overview of the characteristics of included studies

Study characteristics	Number of studies
Research type	1 scoping review 1 systematic review 8 primary qualitative studies (6 using interviews/focus groups, 2 observational)
Study quality (EPPI weight of evidence)	3 medium 7 low/medium
Location of study	2 UK 2 Netherlands 1 US 1 Canada 1 Australia 3 included data from a mix of countries including Australia, Canada, Europe, New Zealand, UK and US
Sample size (range)	Primary qualitative studies: total 210, range 3-57 Systematic review: 570 across 8 studies Scoping review: 91 across 10 studies
Participant gender	5 exclusively female 5 male and female mix (female majority in all; one study in the scoping review included transmasculine and nonbinary victims)
Participant age	1 with children or adolescents 8 with adults 1 with adults and children
Participant ethnicity	Insufficient information reported
Crime type experienced	6 for sexual crime 3 for IPV 1 for childhood trauma

Study focus	4 perspectives of those receiving peer support 3 perspectives of those providing the peer support 3 perspectives of both those receiving and providing the peer support
Intervention delivery	9 in-person, face-to-face 1 mix of in-person and online (systematic review)
Intervention type (one-to-one vs group)	1 one-to-one 3 mix of one-to-one and group 6 group only
Intervention focus	1 residential peer support group delivered by trained peers 1 one-to-one mentoring service provided by paid peers ⁷ 1 peer support group led by trained volunteers who had history of IPV 1 nurse led peer support group (but main focus was provision of peer support) 2 general perspectives of peer-led interventions 2 peer support groups delivered by trained facilitators (but main focus was provision of peer support) 1 peer support work (scoping review) 1 peer-led groups (systematic review)

⁷ Whilst this study focused on a mentoring service the main objective of this mentoring was to provide peer support to the individuals. As such it was included as it met the inclusion criteria.

4. Findings

This chapter synthesises evidence on the effectiveness of peer-led support interventions for victims of serious violent crime (predominantly sexual violence and IPV) and answers the research questions identified in Chapter 3 (Methodology).

Due to the qualitative nature of most of the included studies, the evidence available relates to *perceived* and *self-reported* effectiveness, rather than quantitatively measured impact.

4.1 Effectiveness of peer-led interventions

This section begins by summarising the evidence on the effectiveness of peer-led interventions from the studies included within the REA. This is followed by a summary of the unintended consequences and challenges of peer-led interventions, along with evidence from the included studies on how these can be minimised. Finally, the implementation and delivery factors which the evidence suggested could impact on effectiveness will be presented.

There was evidence of perceived benefit on a range of recovery outcomes, including greater recognition and acceptance, greater connectivity, becoming more hopeful, positive identity change (shifting from victim to survivor), improved empowerment, building skills and positive behaviour change, and bringing greater meaning and purpose to victims' lives. However, there was no evidence on the effectiveness of peer-led support interventions on improving clinical outcomes, including depression, anxiety and PTSD related symptoms. This means the impact of peer-led interventions on mental health symptoms remains uncertain.

Victims reported positive experiences of participating in peer-led support interventions, which appeared to have a perceived impact on seven key areas of recovery (see also Appendix D for further information about the narrative synthesis and key descriptors of generated themes):

1. Greater recognition and acceptance

Many of the studies highlighted the value of being with others who share similar experiences of trauma (Buck et al., 2017; Cody et al., 2022; Gregory et al., 2022; Konya et al., 2020; Osborn et al., 2024; Page et al., 2021; Tutty et al., 2017; van de Ven & Pemberton, 2022). The unique insight that individuals brought to one another's experiences appeared profoundly impactful, offering validation, deep understanding, and acceptance within a safe, non-judgmental space. Participation in peer-led interventions helped victims to connect with their feelings about their victimisation, allowing them to process emotions, express them to others, and come to terms with their experiences. As Konya et al. (2020) observed, "Groups could become a non-judgmental, supportive place of emotional safety and support, where participants were able to gain genuine acceptance from others" (p. 8). Sharing the shame associated with victimisation in such settings appeared beneficial.

Being among others with shared experiences appeared to not only have fostered well-being (Gregory et al., 2022) and openness (Konya et al., 2020; Osborn et al., 2024) but also improved resilience (Konya et al., 2020). Victims felt validated and valued by having their voice heard, understood, and recognised. In a study focused on mentoring for young, victimised people, participants valued the informal relationships they had with peer workers. These relationships enabled them to talk about what they wanted with no expectations or judgment, creating space for choice and normality (Cody et al., 2022). Peer-led interventions also stood out for their less judgmental, non-authoritarian approach and the time invested in building trust. This approach often fostered a safer environment, encouraging peer recipients to disclose and work through sensitive topics more readily than in traditional forms of support (Osborn et al., 2024). Peer mentors could also act as mediators between young people and professionals (Cody et al., 2022).

Many of the studies emphasised that these enhanced feelings of recognition and acceptance were linked to peer workers being seen as "credible messengers." The shared experiences and backgrounds between peers and peer workers not only built stronger rapport but also carried greater credibility, as their support was grounded in lived experience (Osborn et al., 2024). Unlike professionals without direct experience of victimisation, peer workers provided a depth of understanding that made participants feel

genuinely recognised and understood, highlighting the importance of relatability (Cody et al., 2022). Young people affected by sexual violence, for instance, often found it easier to connect with peers who had endured similar experiences rather than professionals without this personal understanding. This shared experience fostered a unique bond and enhanced trust, as one professional explained: “There’s nobody else that can relate to them the way survivor mentors can... it’s just an alliance and a trust and a bond that none of us can give them” (Cody et al., 2022; p. 5).

Training alone was not perceived to be as sufficient to replicate the authenticity rooted in lived experience. As one respondent noted, “There’s a big difference between somebody who has lived through something and somebody who has read about it. They don’t know the fear... someone who has never been through an assault will never understand triggers” (Tutty et al., 2017; p. 44). Peer workers themselves echoed these sentiments, acknowledging that their experiences brought a sense of authenticity and trustworthiness that others, even with training, may find difficult to achieve (Cody et al., 2022; Tutty et al., 2017).

2. Greater Connectivity

Closely related to the previous theme was connectivity; being involved in peer-led support interventions helped to move people from feeling isolated to connected (Buck et al., 2017; Cody et al., 2022; Gregory et al., 2022; Konya et al., 2020; Page et al., 2021; Tutty et al., 2017; van de Ven, 2020; van de Ven & Pemberton, 2022). In fact, reduced isolation was an outcome also showing tentative promise when measured in one of the quantitative studies in the systematic review (Gorey et al., 2001).

Through shared experience, peer-led support interventions created a sense of belonging and connection, subsequently enhancing participants’ social capital. Women in long-term IPV victim groups, for example, emphasised the sense of community and confidentiality within the group, and the reassurance they felt from not being alone (Page et al., 2021): “Coming here, it helps us that we can talk to each other and be like we’re not gonna judge you because we’ve been through that and it’s just helping each other, like you can do it” (p. 718). The process of giving and receiving active listening created a sense of admiration and support between peer group members, and unconditional positive regard for one another (Konya et al., 2020). In fact, the beneficial relationships which developed within

these interventions were considered long-lasting. In one study, some women taking part in peer-led support groups for IPV remained in touch with each other years after the group had ended. They reported developing solid supportive friendships: “It’s nice to have one person that you can stay in touch with through the years” (Tutty et al., 2017; p. 43).

Connectivity could have wider implications too. Some victims lost their sense of connection with others as a consequence of their trauma (Tutty et al., 2017). Peer-led interventions were perceived to counter this, helping peer recipients to make sense of stigmatising interactions they later encountered by connecting with others who had had similar victimisation experiences. This ‘kindred spirit’ they recognised in each other (Osborn et al., 2024), the mutual recognition and understanding among peers, resulted in feeling more able to make sense of their actions, feelings, and thoughts again (van de Ven & Pemberton, 2022). This increased social connection could also lead to better emotional and intimate connection with others outside of the intervention. Examples provided in the studies included improvements in personal relationships (including parenting) and/or social interaction with others (e.g. by joining other groups, such as parenting groups) (Konya et al., 2020). For young people, the development of positive peer mentoring relationships, helped them to break away from negative attachments within exploitative relationships. Professionals involved in peer-led interventions also believed that these could help reduce isolation for people (Gregory et al., 2022).

3. Becoming more Hopeful

Instilling greater levels of hope was identified in the majority of the papers (Cody et al., 2022; Gregory et al., 2022; Konya et al., 2020; McCormack & Katalinic, 2016; Osborn et al., 2024; Page et al., 2021; Tutty et al., 2017), including one of the quantitative studies within the Konya et al. (2020) review. Peer-led interventions appeared to lead to the creation of hope and a more positive view of the future as peer recipients came to terms with their victimisation. This was encouraged by witnessing each other’s healing and developments (Konya et al., 2020) and providing a sense of perspective on their own struggles and ability to cope (Page et al., 2021; Tutty et al., 2017). Seeing other peer group members further along their recovery process was a powerful source of hope for peers (Cody et al., 2022). For example, in a peer-led group intervention for victims of IPV, women further along in their recovery journey offered hope to others: “If they can get

through it, so can I” (Tutty et al., 2017; p. 42). Hope was also generated through the development of shared knowledge, access to information, resources and advocacy (Buck et al., 2017; Gregory et al., 2022; Konya et al., 2020).

Peer mentors also provided hope to peer recipients (Gregory et al., 2022; Konya et al., 2020; McCormack & Katalinic, 2016). Seeing the progress that had been made by the peer mentors provided effective, positive role modelling of the healing process. The self-care and self-respect that peer mentors afforded themselves, acted as an important source of inspiration, hope, and agency for peer recipients. For example, liaising with people who had succeeded in ending relationships with violent partners, or who had succeeded in moving on with their lives, provided examples of what their own future could look like (Osborn et al., 2024). Peer workers provided “living proof” (Cody et al., 2022; p. 6) that things could change and get better, providing a “blueprint for future growth” for peer recipients (Osborn et al., 2024; p. 8).

4. Positive Identity Change

Positive shifts in identity (from being ‘damaged’ to becoming ‘healthier’) appeared to be influenced through participation in peer-led support interventions (Buck et al., 2017; Gregory et al., 2022; Konya et al., 2020; McCormack & Katalinic, 2016; Page et al., 2021; van de Ven, 2020; van de Ven & Pemberton, 2022). A more positive new identity could be formed through the development of connection and social capital (Buck et al., 2017), through feeling understood (Osborn et al., 2024), and through helping people to “reframe their experiences of abuse” (Konya et al., 2020; p. 7).

Participation in peer-led interventions helped peer recipients re-organise their sense of self and reconceptualise their core beliefs about their victimisation and themselves. This helped individuals to “move from that feeling of being a victim to feeling that they’ve survived” (McCormack & Katalinic, 2016; p. 1031). It also provided reassurance that the victimisation was not their fault (Gregory et al., 2022) and was perceived to have increased their self-esteem (Konya et al., 2020). In this way peer support groups acted as a transformational process. This ‘awakening’ helped people to become more knowledgeable about their situations and recognise that they were victims of abuse, leave their past behind, notice the good things around them, and take better care of themselves (Page et al., 2021). One woman described her participation in a peer support group for IPV victims

as ‘opening up’ her eyes (Page et al., 2021). Peer mentors appeared also to develop a more positive sense of self through ‘giving back’ and re-evaluating their own worth (McCormack & Katalinic, 2016).

Two studies specifically examined identity transformation (van de Ven, 2020; van de Ven & Pemberton, 2022). They described trauma and victimisation as a disruption to an individual’s life story and a threat to their sense of self, which created a ‘spoiled identity’ as well as feelings of shame (van de Ven & Pemberton, 2022). Peer-led support interventions helped individuals to make sense and ‘re-narrate’ their traumatic experience and incorporate this into a new identity restoring a sense of normalcy in life (van de Ven, 2020). Observations of peer support groups suggested that identity transformation was described as a non-linear journey consisting of a set of stages through which people moved towards the generation of a new identity. These stages included: 1) connection with others, 2) understanding from others, 3) feeling valued, 4) developing greater self-awareness, 5) fostering a sense of hope, 6) becoming more self-aware, and 7) focusing on one’s well-being.

This process of identity transformation helped people improve their self-esteem, self-efficacy, and self-consistency. Re-narrating their victimisation experiences through the peer support process involved individuals discovering different ways of thinking about their story and gaining perspectives and insight into their and others’ victim experience. The traumatic experience was reframed as a life experience, and intervention participation provided a ‘turning point’ which allowed them to move on. For example, a child sexual abuse victim stated: “I learned here that what I suffer from, what I feel, that is legitimate and ok, and that I am allowed to take that into account” (van de Ven, 2020; p. 1835).

5. Greater Empowerment

Receipt of peer-led support interventions also resulted in perceived improvements in empowerment (Gregory et al., 2022; Konya et al., 2020; McCormack & Katalinic, 2016; Osborn et al., 2024; Page et al., 2021; Tutty et al., 2017). Listening to other people’s experiences gave peer recipients permission to acknowledge and accept the reality of the abuse they had experienced. This seemed to lead to them having greater acceptance of themselves, and feeling more empowered, with reductions in shame, self-blame (Konya et

al., 2020) and internalising behaviours (instead externalising beliefs about blame towards perpetrators; Gregory et al., 2022).

Peer-led interventions were perceived as enabling people to take ownership of their own healing, allowing recipients to take control and regain their self-confidence in the process (Osborn et al., 2024). Women involved in a peer-support group for IPV reported becoming stronger and moving themselves from ‘survivors’ to ‘self-determining women’, who were free to express themselves, stand up for themselves, develop an ‘I can do it’ attitude, become financially independent, and reach their goals. One participant reflected on this journey: “From the beginning we were told that we could. We have the strength and that if we survived something like that (the abuse) we can also come out ahead and reach any goal we make...” (Page et al., 2021; p. 718).

Empowering group members was seen as a ‘powerful tool’ for peer workers to use to enable participants to take control and to practice safe, assertive relationships in which their needs could be met (McCormack & Katalinic, 2016). Deeming peer recipients as experts in their own journeys empowered them to make choices. As one mentor put it: “I’m [as peer mentor] not the expert, they are” (McCormack & Katalinic, 2016; p. 1030).

Empowerment was also a perceived outcome for the peer mentors, particularly when they saw individuals achieve identity transformation and felt like they had some input into this change (McCormack & Katalinic, 2016). Taking on leadership roles, helping others in the group, and even becoming peer mentors fuelled empowerment (Tutty et al., 2017).

6. Building skills and positive behaviour change

Participation in peer-led support interventions was perceived to also facilitate building skills and positive behaviour change. Both review papers (Konya et al., 2020; Osborn et al., 2024) and three individual studies (Buck et al., 2017; Page et al., 2021; Tutty et al., 2017) referred to progress in these areas.

For example, peer support groups for people who had experienced sexual or violent abuse were linked to improved self-reported physical health from increased levels of exercise to better self-care, and greater self-respect (Konya et al., 2020). Recipients were also perceived to be more likely to identify and address self-harming behaviours and some recipients self-reported reductions in their drug and alcohol intake (Konya et al., 2020).

Physical benefits were also perceived to be linked to improvements in mental health and self-esteem. Some participants also appeared to show greater stability, routine, and engagement with positive activities in daily life.

Further, participants reported gaining a sense of assertiveness, particularly an increased ability to set boundaries and actively assert themselves in relationships. Osborn et al. (2024) concluded that peer support offered victims of IPV the opportunity to build concrete skills, including relationship skills, and making safety plans for protecting themselves during and after an abusive relationship. Skills development, along with the information and knowledge peer recipients gained, were perceived to enhance their self-esteem and confidence, which was thought to expediate the healing process.

Peer-led support interventions were also perceived to lead to the development of more effective coping strategies (Konya et al., 2020). Peer mentoring supported young people in managing stress, with one participant saying: “it relaxes me, especially when I’m feeling angry, mentoring has helped me overall... I’m calmer... they listen, find a way to help with certain situations” (Buck et al., 2017; p. 1755). In studies with women who had experienced IPV, developing healthier coping strategies and improved life skills helped individuals to make better choices so as not to feel “locked in anymore” (Tutty et al., 2017; p. 41), and to feel more grounded in the present (Page et al., 2021; p. 717).

7. Greater meaning and purpose to life

The final theme related to meaning and purpose, for both peer recipients (Konya et al., 2020; Page et al., 2021) and peer mentors (McCormack & Katalinic, 2016; Osborn et al., 2024). Sharing one’s own painful victimisation experiences was perceived to benefit others, and created a sense of ‘mattering’,⁸ resulting in participants finding meaning in helping each other in their recovery process (Konya et al., 2020). Participants reported that the peer support process helped people to reflect on and contextualise their past experiences. This in turn was perceived to have helped them to better understand the harms they experienced and give meaning to them, so that they could move forward. Women in IPV survivor peer groups talked about their awareness of the need to help others struggling with IPV. They appeared to move through stages during their

⁸ Mattering refers to the general sense of being significant, valued and important in relationships, work and life.

participation which culminated in their ability to see beyond their own painful pasts and desire to pay it forward by promoting the healing of others. One participant stated: “I want to learn so I can teach others” (Page et al., 2021; p. 718).

Peer mentors described the value of ‘giving something back’ and creating ‘something positive’ from a past traumatic episode (Osborn et al., 2024). This was akin to the ‘do good, be good’ literature, which posits that activities that enable people to help others could encourage further positive behaviour and outcomes (Wilson, 2011). Peer mentors indicated the reciprocal nature of these interventions and the act of giving or helping others provided them with a sense of purpose and achievement. This helped them to establish a greater sense of self-worth, which in turn helped with their own healing, posttraumatic growth and progression (‘altruistic growth’; McCormack & Katalinic, 2016). Peer mentors also stressed the value of role-modelling to group members the importance of self-nurture: “showing not only to myself but to others that it is okay to actually... allow myself to have the time that I need to heal” (McCormack & Katalinic, 2016; p. 1033).

Challenges and Risks Associated with peer-led interventions

Whilst most of the studies reported positive perceived outcomes, they also identified potential risks and unintended impacts (e.g. re-traumatisation, burnout) for both peer workers and victims involved in peer-led interventions. These risks highlight the importance of having in place strong support structures and robust monitoring of delivery.

A number of the studies highlighted the importance of being alert to possible risks and challenges for the peer workers involved in the delivery of peer-led support interventions (Gregory et al., 2022; Konya et al., 2020; McCormack & Katalinic, 2016; Osborn et al., 2024). These potential perceived harms included peer mentors being:

- Retraumatized (Gregory et al., 2022; Konya et al., 2020; Osborn et al., 2024);
- Suffering burnout or stress (Konya et al., 2020; McCormack & Katalinic, 2016; Osborn et al., 2024);
- Having their self-worth challenged (McCormack & Katalinic, 2016); and

- Having difficulties maintaining boundaries (Gregory et al., 2022; Osborn et al., 2024).

Good support structures needed to be in place to reduce the risk of negative impacts on peer workers. Additionally, some studies indicated that there could be unintended consequences for victims who may become too dependent or reliant on peer groups or peer workers (Buck et al., 2017; Konya et al., 2020). This was seen to increase helplessness and/or dependence (Gregory et al., 2022). The ending of groups/peer relationships also had potential to invoke anxiety, fear or pain amongst victims (Buck et al., 2017; Konya et al., 2020; Tutty et al., 2017).

Implementation and delivery factors which could impact effectiveness

The studies identified a series of challenges associated with the implementation and delivery of peer-led interventions, which could impact on their effectiveness. These included appropriate selection, support, training, guidance, monitoring and supervision structures. These factors need to be considered and addressed to ensure effective delivery of services.

The studies included in this review identified a number of challenges associated with the implementation and delivery of peer-led support interventions (Buck et al., 2017; Cody et al., 2023; Gregory et al., 2022; Konya et al., 2020; McCormack & Katalinic, 2016; Osborn et al., 2024; Tutty et al., 2017, van de Ven, 2020). These included:

- The need to have clear descriptions of roles/services, so that peer workers and professionals involved in the delivery of the interventions understood their remit and the boundaries in which they were operating.
- The need to ensure selection, support, training, guidance, monitoring, development and supervision structures were in place for peer mentors in order to ensure they had the necessary skills to provide an effective service, and to prevent or minimise any negative impacts on them.

- The need to acknowledge that victims could experience anxiety or negative effects when a group ended. This needed to be well planned for and handled with sensitivity and care.
- The importance of peer-led support interventions not being regarded as cheap alternatives to other forms of support for victims. Like all interventions, to be delivered well they needed to be robust, structured, and evidence-based.
- The tension between the traditional ‘medical’ model of services which emphasises symptom reduction with the recovery model which emphasises well-being. Whilst some studies called for the professionalisation of peer-led support services (e.g. greater structures and rigidity), this had to be balanced against the risk of this leading to the loss of services’ “essence and soul; [their] authenticity” (Gregory et al., 2022; p. 14054).

4.2 Modes of peer-led intervention delivery

There was insufficient evidence in the included studies to determine differences in effectiveness based on the mode of peer-led support intervention delivery.

Of the 10 included studies, nine exclusively examined in-person, face-to-face intervention delivery (Buck et al., 2017; Cody et al., 2022; Gregory et al., 2022; McCormack & Katalinic, 2016; Osborn et al., 2024; Page et al., 2017; Tutty et al., 2017; van de Ven, 2020; van de Ven & Pemberton, 2022). The last study was the systematic review of 8 studies (Konya et al., 2020) which included mostly in-person delivery, but also included one study which was a computer-based (digital and remote) intervention, and another study which included a phone line in addition to an in-person intervention.

Six of the studies (including the scoping review) examined group-based interventions (McCormack & Katalinic, 2016; Osborn et al., 2024; Page et al., 2017; Tutty et al., 2017; van de Ven, 2020; van de Ven & Pemberton, 2022), one study looked at a one-to-one intervention (Buck et al., 2017), and three studies, including the systematic review (Cody et al., 2022; Gregory et al., 2022; Konya et al., 2020) examined a mix of one-to-one peer support and group-based peer-led interventions.

In three of the studies, the interventions were delivered by trained peer mentors with experience of the relevant victimisation. In a further three studies, there was some professional input; in one, the intervention was nurse-led (Page et al., 2017), and in two the facilitators were trained employees or volunteers (van de Ven, 2020; van de Ven & Pemberton, 2022). In two studies the focus was on gathering perspectives of peer-led interventions in general, rather than a specific intervention (Gregory et al., 2022; Cody et al., 2022). The two reviews comprised a mix of studies. The systematic review contained two studies which were professionally led, and one study which was co-led by a professional and a peer worker, and the remaining five studies were delivered by peer workers (Konya et al., 2020). The scoping review contained little information on the individual studies, but in studies where a specific intervention was examined and information was provided, the interventions were largely delivered by trained peer workers (Osborn et al., 2024).

In sum, this REA was therefore predominantly based on research examining face-to-face, group-based interventions, delivered by trained peer mentors or with additional professional input. Due to the nature of the evidence (mostly qualitative, small-scale studies, and lack of information provided within the papers), direct comparisons of the effectiveness of the different modes of delivery was not possible. The only study which provided limited insight into potential differences between modes of delivery involved participants from a range of peer support services (Cody et al., 2022). Within this study, there was some indication that the relationship between peer recipient and peer mentor was more important in one-to-one peer mentoring than in group-based peer support.

4.3 Characteristics of victims/individuals (e.g., demographics/crime type)

There was insufficient evidence to determine whether victim characteristics or crime type influenced outcomes of peer-led support interventions. The findings from this REA predominantly relate to interventions for female victims of sexual violence and IPV.

The majority of the studies focused on peer-led support interventions for adult women. Four studies were based on female victims only (Buck et al., 2017; McCormack &

Katalinic, 2016; Page et al., 2017; Tutty et al., 2017), and four studies included both female and male victims (Konya et al., 2020; Osborn et al., 2024; van de Ven, 2020; van de Ven & Pemberton, 2022), though females formed the *vast majority* of all of these study samples. For the remaining two studies, details about the gender of the victims were not clearly reported (Cody et al., 2022; Gregory et al., 2022).

Regarding other victim characteristics, one study within the scoping review (Osborn et al., 2024) explored the experiences of the peer mentor in a group-based peer intervention for transmasculine and nonbinary victims of assault. However, outcomes were not reported in the scoping review paper for this gender-minority subgroup specifically. One study included in the REA focused on victimised girls (Buck et al., 2017), and another on young people affected by sexual violence (Cody et al., 2022). The findings did not differ by age, although it should be noted that with only two studies, the evidence for the effectiveness of interventions for young people was scarce.

The studies almost exclusively focused on victimisation from sexual violence, and IPV. In fact nine of the included studies focused on these crime types (Buck et al., 2017; Cody et al., 2022; Gregory et al., 2022; Konya et al., 2020; Osborn et al., 2024; Page et al., 2017; Tutty et al., 2017; van de Ven, 2020; van de Ven & Pemberton, 2022) and only one study focused on a slightly different crime, that of experiencing childhood trauma (McCormack & Katalinic, 2016). As such the findings are predominantly based on sexual violence and IPV crime.

There was consistency in perceived outcomes across studies with victims with some differing demographic characteristics (e.g. age, gender) and across the two main crime types explored (e.g. sexual violence, IPV), and when looking at perceptions from different groups (e.g. victims, peer mentors and professionals). However, overall, variations in experiences by victimisation type or victim characteristics could not be determined due to the small number of included studies, and the lack of diversity of populations within the studies.

4.4 Cost-effectiveness of peer-led interventions

There was insufficient evidence to determine the cost-effectiveness of peer-led support interventions.

Some of the included studies mentioned funding routes for peer-led support interventions being insecure and inconsistent, inhibiting innovation, development and robust evaluation (Buck et al., 2017; Gregory et al., 2022). However, none of the studies reported on the financial costs associated with these interventions, or any cost-benefits related to delivery. As such, no conclusions could be drawn as to the relative costs of implementing these interventions compared with others, nor the cost-benefits associated with them.

Whilst some studies included in the REA paid peer mentors to deliver interventions, the perceived effectiveness of these did not appear to differ from peer-led interventions which did not pay the mentors.

4.5 Evidence gaps and limitations

Evidence gaps that need to be addressed in future evaluations of peer-led support interventions for victims.

There were numerous evidence gaps identified from this review related to the research questions posed. Gaps were identified related to the impact of peer-led support for victims, and differences in effectiveness as a result of modes of delivery, victim characteristics and crime types, and cost-effectiveness.

For each of the research questions, important evidence gaps were identified by this REA, which future evaluations should look to address. These have implications for decision-making regarding delivery and commissioning of victim support services. Specifically, the gaps need to be filled to ensure services met the needs of all groups, served to improve a range of recovery outcomes, were available and accessible, and enabled an understanding of their relative advantages. The gaps were:

1. **Evidence for the effectiveness of peer-led support:** This REA was only able to generate conclusions about the perceived effectiveness of peer-led interventions. Victims' views were an essential source of evidence. However, in this context, the many studies that reported these views were smaller scale, context-specific or lower quality which limited the wider applicability of these findings. There was almost no quantitative research using objective measures on which to base conclusions about impact.⁹
2. **Modes of peer-led support delivery and their relative effectiveness:** The majority of the included studies were based on in-person group delivery. It was not possible to draw conclusions about differences in impact for modes that are group-based vs. individual support, in-person vs. remote (online or by telephone), solely peer-led vs. that which included some professional involvement, structured vs. unstructured, fixed-term vs. open-ended, or for single-sex or mixed-sex participant groups.
3. **Characteristics of victims that influence the outcomes of peer-led support:** There was very little evidence identified relating to victims of crimes other than sexual violence and IPV, male victims, older victims, victims from gender minorities, victims from ethnic minorities, and victims from different socio-economic backgrounds.
4. **Financial costs associated with peer-led support:** None of the studies identified in this REA included an analysis of the comparative costs of different forms of peer-led support, or of cost-benefits analysis for this form of intervention.

Limitations of the evidence included in this REA

The REA identified few studies that met the relevance and quality criteria for inclusion. Compared to other interventions in the victim support context (e.g., CBT), the evidence base for the impact of peer-led support interventions was scarce and weak.

⁹ Whilst there were two reviews included (one scoping and one systematic), of the studies included in these reviews only two were quantitative in nature, and both of these were rated low quality. In addition, whilst the search for this review did find some quantitative studies (Letourneau et al., 2024; Makin-Byrd, Cronkite & Timko, 2011; Rothman et al., 2020), none of them met the quality threshold for inclusion.

Specific limitations of the evidence base utilised in the review included:

- The REA identified no high-quality reviews or studies examining the impact of peer-led support interventions for victims of serious violent crime; the evidence used was mainly low-medium.
- The studies were mostly small scale, qualitative rather than quantitative, reliant on self-reported outcomes, lacked clear definitions of models/approaches used, lacked comparison groups, and lacked comparisons between different delivery modes.
- The studies may have suffered from self-selection bias. That is, it could be that those who volunteered to take part in research interviews were more positive about the interventions than those who did not volunteer to take part.
- This REA did not include studies explicitly examining the impact of victims of war or regional conflict.

More robust research designs and reporting are required in future evaluations, and there is a particular need for robust and high-quality quantitative studies.

5. Conclusions

This review identified 10 studies, all of low-medium quality only, published between 2009 and 2024 which attempted to answer questions concerning the effectiveness of peer-led interventions for victims of serious violent crime. These studies were concentrated on sexual violence and IPV crimes and mainly concerned in-person, face-to-face delivery. These limitations should be kept in mind when considering the findings.

5.1 Summary of findings

The REA indicated that peer-led support interventions had some perceived psychological, psychosocial and recovery-based positive impacts for both peer recipients and peer workers. These included greater recognition and acceptance, greater connectivity, becoming more hopeful, promoting positive identity change, improved empowerment, building skills and positive behaviour change, and greater meaning and purpose to life. These perceived impacts were consistently identified from victims, peer mentors and other professionals involved in peer-led interventions. This suggested there was promising potential of these interventions to influence factors relating to coping, recovery and resilience, and improving emotional health and well-being for both victims and peer workers. Together this suggested that these types of interventions were worthy of further investigation and evaluation. Peer-led interventions also offered the beneficial opportunity for victims to continue their healing and find meaning and development through becoming peer workers themselves. The identified themes mirrored closely to the CHIME model of recovery (Leamy et al., 2011),¹⁰ which was a predominant model used in recovery from substance misuse, focusing on connection, hope, identity, meaning and empowerment. The fact that similar outcomes were identified in this review suggested alignment with models of recovery-based care in other fields. In addition, the perceived recovery outcomes identified in this REA were in line with wider evidence around the effectiveness of peer support interventions for people with mental health difficulties (e.g. Cooper et al., 2024; Egmore et al., 2023; Smit et al., 2022; Sun et al., 2022). The present review could

¹⁰ The CHIME framework for personal recovery is a model that covers five components of effective recovery -oriented services and interventions: Connectedness, Hope, Identity, Meaning and Empowerment.

not determine the impact of peer-led interventions on clinical outcomes, including depression, anxiety and PTSD related symptoms; none of the studies examined impact on these outcomes.

The REA found insufficient evidence to determine differences in effectiveness between types of intervention delivery; most of the included studies concerned face-to-face, group intervention delivery. Whilst wider research suggests that digital peer-led interventions might have been feasible and acceptable (Fortuna et al., 2020), further research is needed to determine the effectiveness of digital interventions specifically for victims. Similarly, the REA did not enable conclusions to be drawn regarding the effectiveness of peer-led interventions for victims of different crime types, other than sexual violence and IPV. Further, there was a lack of evidence on the effectiveness of interventions for particular groups including males specifically, older victims, victims from gender minorities and victims from ethnic minorities. Additionally, no evidence was found relating to the financial costs of cost-benefit analyses associated with peer-led interventions. These represented the primary evidence gaps.

It is important to note that some of the included studies identified potential risks and unintended impacts for both peer workers and victims, particularly if robust support and implementation structures were not in place for the delivery of peer-led interventions. Future research should continue to explore these risks and challenges and identify ways to minimise them. Likewise, delivery and implementation factors need to be considered as they could impact how effective interventions were. The findings from this review indicated that factors such as insufficient support, training and supervision of peer workers, and lack of clarity regarding roles and boundaries could reduce the potential effectiveness of peer-led interventions. Implementation and delivery factors therefore need to be considered in any future development and delivery of peer-led interventions for victims of serious violent crime (Brown et al., 2022; Cooper et al., 2024; Ibrahim et al., 2020; Mutschler et al., 2021).

Given the limitations of the research available for this REA, the findings should be considered tentatively. The evidence base for peer-led interventions with victims of serious violent crime is limited due to lack of good quality and robust quantitative investigation on this topic. This might, in part, have been due to peer support services often being amalgamated with or used as an adjunct to other more formal services (e.g., White et al.,

2020). As such, in evaluations and research it was sometimes hard to disentangle the specific benefits of the peer-led components. Further, peer-led interventions are highly diverse in their design, targeting, and delivery, and there is a lack of consensus regarding concept definitions and treatment models (e.g. van de Ven, 2020). Many of the existing studies use small samples, inadequately describe the interventions delivered or their participants, and employ insufficiently robust analyses, which collectively impedes the drawing of robust conclusions. Similar critical observations of the evidence base have been made in previous reviews (Konya et al, 2020; NICE, 2018; Narain & Adcock, 2017).

It should also be noted that relative to the evidence base for the effectiveness of CBT in the victim support context (see Barnett, Fitzalan Howard & Wakeling, 2025), the evidence base for peer-led interventions is considered very weak. The evidence for the effectiveness of CBT in this context is strong in comparison. The evidence base for peer-led interventions is in its infancy and is limited by the predominance of studies with methodological constraints, a lack of quantitative impact measures, and the high level of heterogeneity of service provision, definition and delivery.

Future priority should be on strengthening, monitoring and evaluating existing service provision, and building the evidence base. More robust research is needed to determine who would benefit most and how from these interventions. Future research should also ensure valid and reliable tools are used to measure outcomes which are specific to the intervention being delivered and the theory of change by which it is underpinned (Mowbray et al., 2021).¹¹

5.2 Policy considerations

The findings of this REA suggest that:

- Victims of sexual violence and IPV may perceive benefits from attending peer-led interventions in areas relating to psychosocial and recovery-based outcomes. Victims

¹¹ In the broader research arena, research indicates that studies which include outcome measures with established validity and reliability, may have different findings to studies which include outcome measures with no established validity and reliability.

experiencing clinical symptoms, including depression, anxiety and PTSD, however, may require additional/alternative support.

- There was a lack of robust evidence to indicate objective impact, effectiveness of different delivery models, for different groups, or for cost-effectiveness.
- The evidence indicates that peer-led interventions show promise, but commissioners and providers should consider prioritising strengthening the monitoring, implementation and evaluation of peer-led interventions to help build the evidence base.
- The REA found a diverse range of peer-led interventions and therefore clarity on the definition, and current use, of peer-led interventions is likely to be a pre-requisite to further development of the evidence base. This may include distinguishing peer-led approaches from 'by and for' models of support, which are particularly relevant in the domestic abuse field.
- Commissioners of victim support services and policy makers are advised particularly to consider commissioning and/or supporting further research to test whether:
 - Peer-led interventions are effective when measuring quantitative outcomes as opposed to relying on self-report information;
 - Peer-led interventions are equally effective across different demographic groups and crime types other than sexual violence and IPV; and
 - The cost of peer-led interventions are different to the cost of other types of interventions.
- Those commissioning and implementing peer-led interventions would benefit from paying attention to:
 - How peer-led models are defined and operated in order to build comparability;
 - Plans to address potential challenges or unintended impacts on peer mentors; and

- Implementation factors including clarity of roles/services, and the provision of support, training, monitoring and supervision for peer workers.

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Appendix A: Details of Methodology

Review process

The review followed an eight-stage process to systematically identify, appraise, and synthesise research relevant to the research questions. The process was as follows:

Step	Process
1.	Determine the scope of the review by setting research questions, inclusion and exclusion criteria and identifying relevant outcomes.
2.	Identify data sources and develop search terms and strings.
3.	Conduct and record the searches.
4.	Identify and remove duplicates, and screen by article title.
5.	Screen by article abstract to determine which full-text articles to obtain.
6.	Obtain and screen full texts to reach the final decision about which articles to retain.
7.	Extract the data from the final sample and assess against quality standards (see section 3.3).
8.	Determine the overall strength of the evidence and synthesise.

Databases and search terms

EBSCO Academic Discovery Service was the main search engine used to identify research publications for this REA. This service provides access to research publications located in more than 100 databases. Some of the most relevant databases to the current study, and which were included in the search, include PsycInfo, Sage Research Methods, Science Direct, Scopus, SocINDEX, and Web of Science. The search terms below were employed.

[Abstract]: (“peer support” OR “peer-led” OR “peer led” OR “social network*” OR buddy OR buddies OR bridging OR “peer supervision” OR “peer mentor*” OR “peer instruction” OR “peer helping” OR “peer group*” OR “mutual support” OR “mutual aid” OR “mutual help” OR “support group” OR “peer group” OR “peer run” OR “peer help” OR “twelve step” OR “peer contact” OR “peer counsel” OR “peer intervention” OR “peer listening” OR “peer relation” OR “peer-to-peer” OR “peer to peer” OR paraprofessional OR para-professional OR “peer education” OR “peer-delivered” OR “peer delivered”)

AND [Abstract]: (“victim satisfaction” OR evaluation OR efficacy OR effective* OR success* OR model* OR benef* OR trial OR outcome* OR analysis OR meta-analysis* OR “meta analys*” OR review OR RCT OR “random* control* trial” OR experiment* OR works)

AND [Abstract]: (“intervention*” OR train* OR program* OR therapy OR “group intervention*” OR “group work*” OR groupwork OR session* OR initiative* OR approach* OR rehabilitation OR treatment OR support OR help OR assist* OR service* OR care)

AND [Abstract]: (victim* OR surviv*)

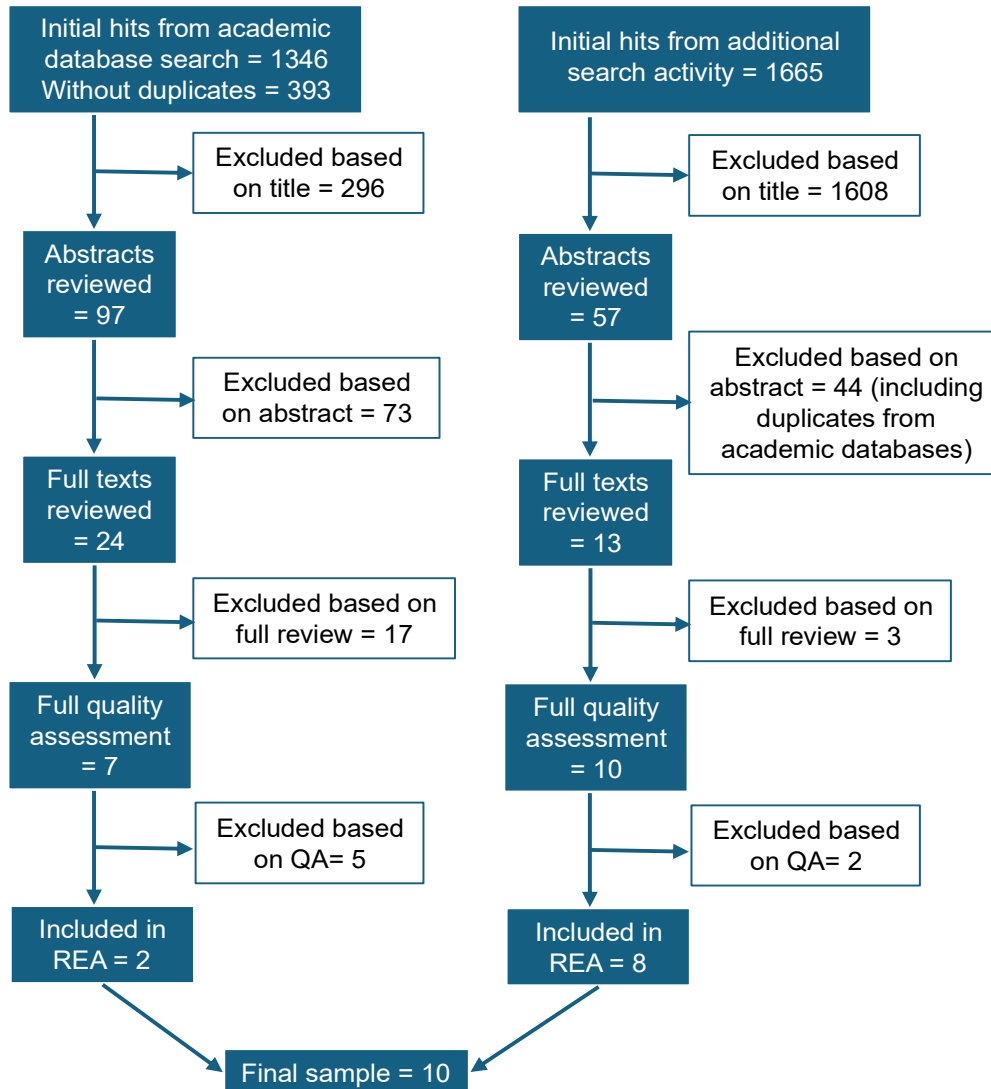
AND [Abstract]: (“serious crime” OR “sex* crime” OR “violent crime” OR violence OR assault OR “sex* offen?e*” OR “sexual violence” OR homicide OR murder OR manslaughter OR ABH OR “actual bodily harm” OR GBH OR “grievous bodily harm” OR “threat* to kill” OR “kidnap*” OR “false imprison*” OR wounding OR battery OR rape OR incest OR “sex* assault” OR “sex* abuse” OR “domestic abuse” OR “intimate partner abuse” OR “criminal exploitation” OR “modern day slavery” OR “county lines” OR “knife crime” OR “gun crime”)

Additional databases searched are listed below, and a hand search of major reports was also conducted (e.g., the Victims Funding Strategy, 2022; Murray, Welland & Storry, 2023):

1. Cambell Collaboration (Evidence Synthesis Library)
2. Centre for Criminal Justice Studies (Publications)
3. Cochrane Library (Cochrane Database of Systematic Reviews)
4. College of Policing (Crime Reduction Toolkit and National Police Library database)
5. Google Scholar
6. Gov.uk (Research and Statistics)
7. Howard League (Research Archive and Publications)
8. Prison Reform Trust (Publications)
9. Victims Commissioner (Reviews and reports)

Search and screening results

Figure 1: Items identified and retained at each stage of the review process



Appendix B: Quality Assessments

EPPI Assessment A. Methodological quality: This is a generic and thus non review specific judgement about the coherence and integrity of the evidence in its own terms. That may be the generally accepted criteria for evaluating the quality of this type of evidence by those who generally use and produce it.

EPPI Assessment B. Methodological relevance: This is a review specific judgement about the appropriateness of that form of evidence for answering the review question, that is the fitness for purpose of that form of evidence. For example, the relevance of certain research designs such as experimental studies for answering questions about process.

EPPI Assessment C. Topic relevance:

This is a review specific judgement about the relevance of the focus of the evidence for the review question. For example, a research study may not have the type of sample, the type of evidence gathering or analysis that is central to the review question or it may not have been undertaken in an appropriate context from which results can be generalized to answer the review question. There may also be issues of propriety of how the research was undertaken such as the ethics of the research that could impact on its inclusion and interpretation in a review.

EPPI Assessment D. Overall assessment: The extent that a study contributes evidence to answering a review question.

Table 3: Quality ratings of included studies

Study	Methodological quality	Methodological relevance	Topic relevance	Overall assessment
Buck, G., Lawrence, A., & Ragonese, E. (2017). Exploring peer mentoring as a form of innovative practice with young people at risk of child sexual exploitation (CSE).	Medium	Low/Medium	Low/Medium	Low/Medium

Cody, C., Bovarnick, S., & Peace, D. (2022). 'It's like a much deeper understanding and you kind of believe them more...': The value of peer support for young people affected by sexual violence.	Medium	Low/Medium	Low/Medium	Low/Medium
Gregory, A., Johnson, E., Feder, G., Campbell, J., Konya, J., & Perot, C. (2022). Perceptions of peer support for victim-survivors of sexual violence and abuse: An exploratory study with key stakeholders.	High	Low	Low	Low/Medium
Konya, J., Perot, C., Pitt, K., Johnson, E., Gregory, A., Brown, E., Feder, G., & Campbell, J. (2020). Peer-led groups for survivors of sexual abuse and assault: a systematic review.	Medium	Medium	High	Medium
McCormack, L., & Katalinic, N. (2016). Learning to heal from those who know! The "lived" experience of a peer support program for adult survivors of childhood trauma.	Medium	Low/Medium	Low/Medium	Low/Medium
Osborn, M., Ball, T., & Rajah, V. (2024). Peer support work in the context of intimate partner violence: A scoping review.	Medium	Low/Medium	Low	Low/Medium
Page, R. L., Montalvo-Liendo, N., Nava, A., & Chilton, J. (2021). 'Now my eyes are open': Latina women's experiences in long-term support groups for intimate partner violence survivors.	Medium	Low	Low/Medium	Low/Medium
Tutty, L. M., Ogden, C., Wyllie, K., & Silverstone, A. (2017). "If they can get through it, so can I". Women's perspectives of	Medium	Low/Medium	Medium	Low/Medium

peer-led support groups for intimate partner violence.				
van de Ven, P. (2020). The journey of sensemaking and identity construction in the aftermath of trauma: Peer support as a vehicle for coconstruction.	High	Low/Medium	Low/Medium	Medium
Van de Ven, P., & Pemberton, A. (2022). Peer support and the management of spoiled identities: Re-narrating the victimisation experience.	High	Low/Medium	Low/Medium	Medium

Appendix C: Key Characteristics of Included Studies

The table below shows the key characteristics of each of the included studies.

Table 4: Key characteristics of included studies

Study	Intervention/Study Aim	Intervention Delivery	Participants	Outcomes
Buck et al., (2017). Exploring peer mentoring as a form of innovative practice with young people at risk of child sexual exploitation (CSE) Crime: child sexual exploitation Study type: Qualitative Country: UK Quality rating: EPPI Low-Medium	One to one peer mentoring for young people at risk of child sexual exploitation.	One to one mentoring Peer mentors had experience of CSE	N=14 11 girls (<18) (victims of sexual exploitation) and 3 female peer mentors (>18)	Description of themes: Multiple vulnerabilities, Mentors as a point of connection (local knowledge, less authoritarian), The approach to working (investment of time, individualised support), reducing invisibility (reducing individual isolation, reaching a hidden population)
Cody et al., (2022). 'It's like a much deeper understanding and you kind of believe them more...': The value of peer support for young people affected by sexual violence. Crime: sexual violence or domestic violence Study type: Qualitative	Peer support models for young people (aged 10-24) who have experienced sexual violence or domestic violence.	Group Range of interventions including mentoring support, group work, peer-led workshops and peer support groups with facilitation by peer mentors	N=25 respondents from 12 initiatives 18 adults with supervisory/development roles and 7 peer mentors No information provided about gender	Description of themes: the type of support provided through initiatives, the relationship as central, the unique elements of support provided by peers (relatability, credibility, translatability)

Country: UK, North America and Europe Quality rating: EPPI Low-Medium				
Gregory et al., (2022). Perceptions of peer support for victim-survivors of sexual violence and abuse: An exploratory study with key stakeholders Crime: sexual violence and abuse Study type: Qualitative Country: UK Quality rating: EPPI Low-Medium	Peer support for victims of sexual violence and abuse Capturing the views and perspectives of professional stakeholders concerning peer support service provision for victims of sexual violence and abuse	Group	N=6 4 female and 2 male adult professional stakeholders	Description of themes: Medicalisation, power and choice, perceived function and impact of peer support, good practice and safety considerations, the insufficiency and fragmentation of services, the impact of current funding models
Konya et al., (2020). Peer-led groups for survivors of sexual abuse and assault: a systematic review Crime: sexual abuse and assault Study type: Systematic review of 6 qualitative and 2 quantitative studies Country: Canada (1), USA (6), and Australia (1)	To explore the potential benefits of peer-led, group-based, interventions for adults (survivors) who have experienced sexual abuse and assault and to describe the experiences of participants using such groups	Variety of interventions including peer support groups, mutual aid groups, one-to-one peer support, and a computer-based self-help group. Mixtures of initiatives fully led by peers and professionally led with peer involvement.	Total of 570 participants across 8 studies 198 women 80 children and young people 3 facilitators (gender not specified) 289 mix of men and women	Quantitative studies showed benefit of interventions: e.g., guilt, isolation and hopelessness reduced after participation in a professionally led group Description of themes: positive psychological impact of participating in survivor peer groups, positive interpersonal impacts of participating in survivor groups, experiences of being part

Quality rating: EPPI Medium			Only one study reported on ethnicity	of a survivor peer group (understanding, emotional connectedness and healing), mutuality and interconnectedness of benefit, pain and healing, group mechanisms and lack of consensus of models
McCormack & Katalinic (2016). Learning to heal from those who know! The “lived” experience of a peer support program for adult survivors of childhood trauma Crime: childhood trauma Study type: Qualitative Country: Australia Quality rating: EPPI Low-Medium	Residential peer support programme for survivors of childhood trauma Exploring the subjective experiences of trained peer support facilitators who were previous participants of a residential peer support program for adult survivors of childhood trauma	Group Delivered by peer workers who have been through the programme themselves	N=3 Adult women (peer mentors)	Description of themes: Superordinate theme Altruistic growth. Modelling through respect (respect, hope and empowerment), reciprocal model of care (facing the mirror, old demons, burnout and breaking points, self-nurturing and gratitude)
Osborn et al., (2024). Peer support work in the context of intimate partner violence: A scoping review Crime: IPV Study type: Scoping review of 10 qualitative studies Country: UK (2), USA (4), Canada (3) and New Zealand (1)	To explore peer support services in the context of IPV assistance	Variety of interventions including peer support groups, and peer self-help groups (delivered by peer workers)	Total of 91 participants, 3 case studies and 1 literature review, across 10 studies All studies focused on adult women, though one paper focused on transmasculine and nonbinary victims.	Description of themes: Conceptualisation of IPV peer support work (Providing a holistic alternative to traditional IPV response, emphasis on survivor agency, survivor skills-building), Mechanisms of IPV peer support work (peer support workers as credible messengers, safe spaces and destigmatization, peer workers as positive role models), Professionalism and IPV peer support work (integrating the

Quality rating: EPPI Low-Medium			Descriptions of ethnicity were limited amongst the studies.	personal and professional, structuring and flexibility of peer support processes, professionalisation and credentials), Experiences of IPV peer support workers (benefits to IPV peer support workers, challenges faced by IPV peer support workers)
Page et al., (2021). ‘Now my eyes are open’: Latina women’s experiences in long-term support groups for intimate partner violence survivors Crime: IPV Study type: Qualitative Country: USA Quality rating: EPPI Low-Medium	Nurse-led long-term support groups for survivors of IPV	Group Professionally led	N=49 Adult women (survivors of IPV)	Description of themes: Awakening, transformation, community, empowerment, advocate
Tutty et al., (2017). “If they can get through it, so can I”. Women’s perspectives of peer-led support groups for intimate partner violence Crime: IPV Study type: Qualitative	To gather perceptions of the peer support group members of support groups for IPV	Growth Circles – peer support/psychoeducational groups led by trained volunteers (most of whom have a history of abuse in their relationships)	N=10 Adult women (survivors of IPV)	Description of themes: The nature of the intimate partner violence, Group structure and organisation (group curriculum, interactions among group members, interactions with Growth Circle group leaders, organisational challenges for Growth Circles)

Country: Canada Quality rating: EPPI Low-Medium				
van de Ven (2020). The journey of sensemaking and identity construction in the aftermath of trauma: Peer support as a vehicle for coconstruction Crime: sexual abuse Study type: Qualitative, observational Country: Netherlands Quality rating: EPPI Medium	To explore how peer support contributes to the sensemaking processes and identity construction in the aftermath of a traumatic experience Seven peer support groups. They included three groups of child sexual abuse victims, one group of parents of sexually abused children, one group of bereaved parents who lost their child through suicide, one group of bereaved partners who lost their partner through suicide, and one group of bereaved parents who lost their child through a traffic accident.	Support groups provided by a victim support organisation	N=51 Adults, 12 male, 39 female (all victims)	Description of themes: The world is not ready for our stories, Do you think I've come to the right place here?, People expect so much from you, Don't you understand there is a hole in my identity, I could get rid of a heavy weight off my shoulders, I'm here too. You're just searching
Van de Ven & Pemberton. (2022). Peer support and the management of spoiled identities: Re-narrating the victimisation experience Crime: sexual abuse	To examine the micro-sociological processes of re-narrating and shame management in peer support groups. Eight peer support groups. They included three groups of child sexual abuse	Support groups provided by a victim support organisation	N=57 Adults, 12 male and 45 female (all victims)	Description of themes: The experience of a spoiled identity and shame, The restorative power of the group: processes of re-narrating, Re-narrating (re-narrating through humour, re-narrating through the use of metaphors)

Study type: Qualitative, observational	victims, one group of parents of sexually abused children, one group of romance fraud victims, one group of bereaved parents who lost their child through suicide, one group of bereaved partners who lost their partner through suicide, and one group of bereaved parents who lost their child through a traffic accident.			
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Appendix D: Narrative Synthesis

The table below presents the key themes identified from the narrative synthesis addressing RQ 1: the effectiveness of peer-led interventions in the victim context. It includes key descriptors for each theme and the studies that contributed to them.

Table 5: Narrative synthesis themes

Theme	Key descriptors	Studies
Greater recognition and acceptance	Sharing similar experiences Peer mentors as credible messengers Coming to terms with victimisation	Buck et al.; Cody et al.; Gregory et al.; Konya et al.; Osborn et al.; Page et al.; Tutty et al.; Van de Ven & Pemberton
Greater connectivity	Reducing isolation Feeling a sense of belonging Improving relationships	Buck et al.; Cody et al.; Gregory et al.; Konya et al.; Page et al.; Tutty et al.; van den Ven; Van de Ven & Pemberton
More hopeful	Witnessing others' healing and progression Developing a positive view of the future	Cody et al.; Gregory et al.; Konya et al.; McCormack & Katalinic; Osborn et al.; Page et al.; Tutty et al.
Positive identity change	Transformational space Reframing experiences Moving from victim to survivor	Buck et al.; Gregory et al.; Konya et al.; McCormack & Katalinic; Page et al.; Van de Ven; Van de Ven & Pemberton
Improved empowerment	Ownership of healing Gaining self confidence Reduction in shame	Gregory et al.; Konya et al.; McCormack & Katalinic; Osborn et al.; Page et al.; Tutty et al.

Building skills and positive behaviour change	Improved physical health Becoming more assertive Developing coping skills	Buck et al.; Konya et al.; Osborn et al.; Page et al.; Tutty et al.
Greater meaning and purpose of life	Mattering Finding meaning in helping others/giving back Continued healing	Konya et al.; McCormack & Katalinic; Osborn et al.; Page et al.