

**How To Better Support People Who Have Experienced Sexual Violence:
Normalising Living With Experiences of Sexual Violence**

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1. Foreword

This is not the report I expected to submit when I was applying for a Churchill Fellowship. I thought I would be writing a relatively technical, academic document aimed primarily at commissioners and funders of support services for people who have experienced sexual violence. My aim was to build a case for more holistic, relationship-centred support services. Through my time in New Zealand I came to realise that I hadn't spent enough time properly considering the nature of the problem I hoped to solve. Why is there currently so little support available for people who have experienced sexual violence? I'd tried to jump straight to solutions - providing case studies of different types of services effectively meeting people's differing needs. In failing to properly diagnose the underlying reasons for the current dire state of support services (both in terms of accessibility and quality), it is unlikely my approach would have been particularly effective in achieving change.

Sexual violence remains deeply taboo. It can feel nearly impossible to talk openly about how experiences of sexual violence affect you. It can be hard to accept that someone you love has experienced sexual violence. It is even harder to tell people that someone you love has been engaging in harmful sexual behaviours. Sexual violence is prevalent. Yet it is a topic which remains shrouded in shame and mystery, with even professionals sometimes feeling awkward and unconfident about how to approach it. I have come away from my time in New Zealand convinced that the only way to improve things is to start normalising living with experiences of sexual violence. To be very clear, I am not saying we should normalise sexual violence itself. It is deeply harmful and entirely unjustifiable. But we need to remove the stigma associated with having experienced sexual violence, or having a loved one experience sexual violence. Hidden harms are always more dangerous. Shame and secrecy prevent people from accessing help and create more opportunities for those who engage in harmful sexual behaviours.

The thing which shocked me the most during my time in New Zealand was how frequently strangers, entirely unconnected to my research, would tell me about their experiences of sexual violence. This was unprompted by me. I was careful to be relatively vague about what I was researching unless directly asked for more details, to avoid inadvertently upsetting anyone. This might sound contradictory to my assertion that sexual violence remains taboo, but in fact it demonstrates the point. These people were confiding in a sympathetic stranger, someone they'd met in a shop or a gallery or on a walk, someone they knew they'd never see again. Generally it didn't appear that they were sharing with friends or family or seeking specialist support. They were clearly

still greatly impacted by their experiences - emotions were raw even when discussing events of over 60 years ago - but for the most part they were trying to manage alone.

The eye opening thing for me was realising how surprised I was by each disclosure. I was in New Zealand conducting this research because I was aware of high levels of unmet need for support services. Yet somehow I still wasn't prepared for so many of those I came into contact with to disclose experiences of sexual violence. Intellectually I knew about prevalence, but emotionally I hadn't truly believed it.

And so this report is going to be something a bit different to what I had originally planned. How do we start normalising living with experiences of sexual violence? By talking about living with experiences of sexual violence. Instead of a target audience of commissioners and funders, I'm hoping this report might be read by people who have also experienced sexual violence, as well as the people that support them. There are so many of us¹ and yet frequently we feel alone. Instead of asking "why me?" (which counsellors and social workers tell me is something people commonly struggle with), I'd like us to explore together "what's next for us?" I'm hopeful that this report and follow up work might contribute towards this shift.



Jo Reilly

¹ In the UK 1 in 4 women and 1 in 18 men experience rape or sexual assault as an adult; 1 in 6 children experience child sexual abuse; <https://rapecrisis.org.uk/get-informed/statistics-sexual-violence/>

2. Executive Summary

This report seeks to normalise living with experiences of sexual violence and sets out the learning I took from my time in New Zealand.

Sections 3 and 4 provide advice to people who have experienced sexual violence or who are supporting loved ones who have had these experiences. You are not alone. Talking about these experiences can make living well with them much more manageable. You deserve to thrive and so you deserve access to effective support services, even though asking for help can initially feel very frightening.

Section 5 provides reflections on what effective support can look like. It suggests that support needs to be holistic, culturally competent, tailored to an individual's specific needs and preferences, and enduring. There are many different types of therapeutic support available (though they are often not easily accessible). Talking therapies can include cognitive behavioural therapy, dialectical behavioural therapy and EMDR; somatic therapies can include play therapy, yoga therapy, art therapy, dance therapy, sexological body work. Many individuals benefit from a combination of different approaches over time.

Section 6 reflects on the implications of wider societal attitudes towards / expectations of sex. It argues that we need to transition away from a "no means no" understanding of consent to a "hell yes" model of enthusiastic consent. It also argues that due to the pervasiveness of pornography which includes depictions of violent and / or degrading sex we urgently need to update sex education in schools. Exposure to this type of pornography has been demonstrated to influence young people's expectations of sex and their behaviours.

Section 7 considers what needs to be done to prevent future victims. It argues that demonising those who engage in harmful sexual behaviours is unhelpful. Demonisation obscures the reality of sexual violence - which is committed by people we know and love - and makes it harder for people to seek help. Prevention is often overlooked in government and law enforcement responses to sexual violence, potentially because of how taboo it is to talk about supporting people who have engaged in harmful sexual behaviours. It also suggests that strengths-based approaches to rehabilitation may be more effective in preventing future harm compared to purely risk-based approaches. It reminds us that some people will be both victims and perpetrators and argues that offending behaviours do not cancel out earlier victimisation.

Section 8 reflects on legal processes available to people who have experienced sexual violence. It argues that choosing to report an incident of sexual violence should be understood as an act of public service, aimed at preventing future victims, rather than a benefit to the person who has experienced harm. It flags that many victim-survivors are retraumatised by current processes, and argues that everyone going through the process ought to have one key contact to guide them through and support them. It also outlines an alternative restorative justice approach to responding to sexual violence and suggests that it may be beneficial to pilot this type of approach in the UK.

Section 9 is aimed primarily at commissioners and funders of support services. It provides additional rationale for investing in support and prevention services - setting out the economic costs of not doing so and also flagging the risks incurred by support vacuums. It argues that support providers would benefit from longer-term, sustainable funding because increased certainty would enable them to plan better and invest more in improvements. It provides Social Impact Bonds as an example of a funding vehicle which could be used to provide delivery partners with more certainty. It argues that care needs to be taken to ensure evidence standards do not unduly limit service offerings. It also makes the case for ensuring frontline service providers have greater access to discretionary funds, to ensure they are able to afford the highly personalised, targeted interventions which can be key to enabling people to improve their lives.

Annex A provides a list of questions, based upon the principles of trauma informed care, to help people living with experiences of sexual violence think about what living well with trauma may look like for them. We deserve much more than to just stay alive, we deserve to thrive. The services that support us should be ambitiously aiming for each of us to enjoy a high quality of life.

You may not agree with everything suggested in this report. It is possible that in a few years, after further learning and reflection, I will no longer agree with everything in this report. But hopefully this at least demonstrates that we are capable of having open and transparent conversations about sexual violence.

Shame, secrecy and taboo greatly increase the risk of ongoing and future harm. The best thing we can do to tackle sexual violence is to talk more openly about sexual violence. Hopefully this report might make it easier for you too to begin having some of these conversations.

3. Insights For People Who Have Experienced Sexual Violence

3.1 You are not alone

It is easy to feel isolated when trying to deal with the impact and aftermath of sexual violence. Even now, having accessed significant amounts of support and having spent significant amounts of time and energy educating myself about trauma, I can still struggle to understand my experiences and how they continue to affect me. The best way I can describe it is as the place with no words; where nothing but infinite hurt exists. It is important to know that even when you feel like no one else could possibly understand, you are not alone. Across the world many people are living with experiences of sexual violence. There is an ever growing evidence base for how to effectively support people living with these experiences. Support, whilst sadly often not easily accessible, does exist.

3.2 It is possible to live well with trauma

I used to pray that one day I'd wake up and realise the experiences no longer mattered to me. I thought recovery would mean it was as if those things had never happened. I've come to understand that this is not a realistic aspiration; I will always live with these experiences. But that doesn't mean I can't live well. It is absolutely possible, with the right help and support, to live a full and joyous life, whatever that looks like for you. This report will outline some of the different types of support which have helped individuals who have experienced sexual violence to thrive despite their pain.

3.3 Facing your fears can be freeing

For many years I truly believed I would prefer to die than have anyone know about my experiences of sexual violence. The idea of others knowing felt like the absolute worst thing in the world. It was only through a lot of therapeutic support that I came to recognise that the deep shame I felt was in fact ongoing coercive control. By hiding behind a front and keeping others at a distance I was inadvertently continuing patterns which had protected the person who hurt me. I slowly started talking about my experiences - first to professionals, then to trusted loved ones, and then increasingly more openly - and it changed my life in ways I could never have imagined. I feel lighter, freer, happier than I would have thought possible.

That's not to say it is always easy - in writing this report I have had to push through many moments of anxiety and doubt. Will people see or treat me

differently as a result of knowing this about me? Will it cause pain or distress to my loved ones? What if I lose control of this information and it comes back to hurt me in ways I can't yet imagine? My fear can sometimes feel paralyzing, but my time in New Zealand has convinced me that it is only through normalising my experiences - to myself as well as to others - that I can take power and ownership over them. These experiences are a very small subset of my life experiences and are nowhere near the most interesting or important.

It is important to acknowledge that at times people have and undoubtedly will continue to respond poorly to this information; some people feel incredibly uncomfortable and behave awkwardly or withdraw; a very few can sometimes seek to weaponise vulnerability. But that is about them, not me. The more I can integrate these experiences into my own narrative of my life, the more I can be at peace with them and live well with them. In pushing through my fear I am slowly freeing myself - I only wish I could have realised sooner how much I'd benefit from demanding help. I encourage you to consider whether you might also benefit from accessing support services.

3.4 You get to decide what support works best for you

No one else gets to tell you how you should interpret or feel about your experiences. Many of us will have very complicated feelings about the people who hurt us. Most of us will have known them before and after the incident(s) of sexual violence. There is no one right way to feel. It is normal and understandable that your understanding and feelings may change over time. You can trust yourself.

Different people respond well to different types of support. Some people find talking therapies very helpful, others may benefit more from somatic therapies, including art, dance, yoga, and sexological body work therapies. Children and young people often respond best to play therapy. Sometimes a combination of these is needed. Sometimes social work support is more beneficial than therapeutic support. Different periods in your life may also have different requirements - for example what helps in the immediate aftermath of a traumatic event may not be what you need later. It is important to recognise this for two reasons; firstly to feel confident asking for what you think you'll find most helpful, and secondly not to feel discouraged if a particular type of support isn't helpful. Living well with trauma is an individual, complex journey - you are not beyond help if the first thing that you try isn't effective or sufficient. Keep asking for help for as long as you need it, as exhausting and frustrating as this can be.

It is also your choice to engage with criminal justice processes. You can engage with these at any time. Both New Zealand and the UK have low conviction rates for sexual violence and many of those who go through the process subsequently describe it as traumatic (though it must be noted some report feeling empowered by speaking to the police / in court about what happened). Efforts are being made in both New Zealand and the UK to improve the support offered to victims during criminal justice processes. If you are considering reporting experience(s) of sexual violence it is important that you are properly supported and that you're able to make a fully informed choice. It may be worth contacting a support agency such as Rape Crisis, Women's Aid, Victim Support, The Survivor's Trust or Male Survivors Partnership, or requesting access to an independent sexual assault advisor to ensure that you understand the options available to you and what each choice might entail. It is important that you feel able to prioritise your own wellbeing.

3.5 We cannot heal ourselves solely through giving to others

You deserve to live a full, happy life. No one should have their enjoyment of life curtailed as a result of the ongoing affects of sexual violence. Through the course of my research I was struck by the numbers of people working in this field who have had their own traumatic experiences. I mentioned this observation to many of those I met and learnt that it is commonly observed that people who have experienced sexual violence go above and beyond to try to help others - both as a means of productively channelling their own pain but also out of a deep desire to protect others from what they have experienced. If this resonates with you, it may be worth considering seeking additional support to help you process your experiences. You do not need to prove yourself worthy of healing. You do not need to do good. There is nothing bad about you as you are now.

3.6 Preventing future victims requires effective rehabilitation

Through my research I spoke with many people who had experienced sexual violence. Almost everyone said that it was very important to them that others should be protected from similar experiences. And yet I am also very aware that some victims / survivors feel it is unjust to prioritise supporting those who have caused harm. Our lives have been profoundly and permanently changed by events we had no control over, and all too often we do not receive adequate support to live well with our trauma. How can it be fair that attention and care be given to those who have inflicted such harm?

The simple fact is that preventing future victims requires investment in support services for those who experience potentially harmful sexual ideation (who, it

must be stressed, may not yet have caused any harm) and for those who engage in harmful sexual behaviours. Shaming and demonising people is not effective in reducing the risk they pose - if anything isolation, secrecy and shame increases risk of harm. Instead they need expert support to; properly understand and take accountability for the harm that they have caused; address the underlying drivers of their behaviour; build and embed a new understanding of themselves and their lives where their needs can be met without causing any harm; reintegrate safely into society. Investing in such support services should not be understood as diverting resources from victims. There is no reason why support services for those of us who have experienced sexual violence and support services for those who experience potentially harmful ideation / engage in harmful sexual behaviours cannot all be properly funded. Believing victims and taking seriously the extensive harm caused to us entails a real responsibility towards prevention, which in turn requires effective rehabilitation. This topic is discussed further in Chapter 7 "Reflections on Work to Prevent Future Victims".

4. Insights for People Whose Loved Ones Have Experienced Sexual Violence

Having a strong support network is perhaps the most important contributor to living well with trauma. The support you offer your loved one will make an enormous difference to them, both in the immediate and long-term. But to be able to sustainably support your loved one you need to make sure you are also looking after yourself.

4.1 You are also deserving of support

Knowing that our loved ones are in pain and feeling powerless to help is one of life's hardest experiences. You may not have directly experienced the incident(s) of sexual violence, but you have experienced harm. It is likely that you may also know the person who has hurt your loved one; they too might be someone you love. It is completely understandable why you might be experiencing a range of complex and difficult emotions. I encourage you to consider reaching out for support. The 24/7 Rape Crisis support line is there to support loved ones as well as those who have experienced sexual violence.

4.2 Your loved one needs to feel in control of what happens next

Part of what makes sexual violence so traumatic is the loss of control over our bodies and what happens to us. It is a spiritual and mental violation as well as physical. It is important you don't do anything that reinforces a loss of control or agency. For example, do not tell other people about what has happened without consent (unless it is a confidential support line such as that offered by Rape Crisis). Offer advice when asked but let your loved one decide how they want to proceed, even if you don't agree with their choices.

4.3 Your loved one will likely need help overcoming shame

Most people who experience sexual violence also experience deep levels of shame. You will likely be feeling very shocked by what has happened, but try to avoid asking too many questions - sometimes questions can make victims feel like they're not being believed / that you think that they in some way contributed to what happened. Recounting details can be retraumatising. Let them share what they are comfortable sharing and emphasise just how much you love them. Remind them that what happened is not their fault. It is not your fault either.

4.4 Don't ask your loved one to pretend it didn't happen

The ripple effects of sexual violence can be extensive and devastating. It is important to remember that these ripple effects are not the result of your loved one disclosing their experience(s) of sexual violence. They are the result of the

violence itself. Your loved one can't choose not to be affected by what has happened; trying to bury or ignore it will just exacerbate their pain.

4.5 Living well with trauma requires long-term support and understanding

Many people who have experienced sexual violence find that the extent to which they are affected by it ebbs and flows over time. There may be periods where they feel like it no longer affects them, only for it to flare up again, often as a result of a different life stressor. It can be helpful to understand trauma as akin to a chronic condition. Do not expect your loved one to move on from it completely, but rather be prepared to support them as and when needed. Their needing additional support later does not mean you've failed to support them. Having you there as someone they can trust and rely on over time will be enormously beneficial.

4.6 You may not always be the right person to support them

Many of the people I spoke with described distancing themselves from their family and friends in the aftermath of experiencing sexual violence. It appears to be relatively common for people to initially seek support from outside of their social network. This seems to stem from a desire to protect loved ones from pain (particularly when the perpetrator is part of the same social network), though sometimes concerns about being believed were also mentioned. Men in particular described a need to deal with their experiences at least initially without involving family or friends. If you learn that a loved one has been dealing with the impact of sexual violence and hasn't turned to you for support, please try not to take this personally. It isn't a sign that they don't value you; it's more likely that they are trying to protect you. Follow their lead and accept their choices.

5. Reflections on What Effective Support Can Look Like

5.1 Effective support considers the whole person

No one should ever be reduced to one set of experiences - we are all so much more than that. People needing support to deal with the impact of sexual violence will have varying, sometimes complex needs, all of which need to be addressed to enable us to thrive.

There are many helpful frameworks available to help us consider our full range of needs. In the UK many of us are familiar with Maslow's hierarchy of needs²;



Maslow suggests that human behaviour is motivated by differing needs that progress from basic to more complex (though it should be noted he later clarified that the pyramid is not strictly linear but rather often overlapping - e.g. people don't need to have all of their physiological needs met before progressing on to having safety or belonging needs met). This is a useful framework for professionals as well as individuals to consider, because it highlights that if basic needs are not met (e.g. safe and secure housing) other support interventions (e.g. counselling) may not yet be the priority. Services which focus only on the problem which someone initially presents with, and don't seek to understand the individual's wider needs, environment and life experiences, are going to be significantly less able to properly support that person.

This is a challenge in the UK, where so many of our services are siloed and disjointed. Housing, education, benefits and entitlements, physical health, mental

² Image from ContinuEd; licensed under the Creative Commons Attribution-Share_Alike_4.0_International

health, and social work services all tend to have different systems, processes, staff and working cultures. Trying to navigate them all is confusing and exhausting, particularly for those of us who are already struggling with the impacts of trauma. There are not any quick or easy answers to this; I can only recommend flagging all of your needs to whoever you first encounter when you seek help (e.g. a support worker at a dedicated sexual violence support charity). Ask them for help to be referred into and / or navigate the various relevant systems. Don't feel that you can / should only tell them about the specific need / incident that has brought you into contact with them.

For any professionals reading this report, it is worth being aware that New Zealand has established a joint multi-agency action plan for delivery of its national strategy to eliminate family violence and sexual violence - called Te Aorerekura³. It is overseen by a specialist team focussing on the effectiveness of joint working (Te Puna Aonui) and seeks to provide pathways for government and community specialist sectors to work together and be held jointly accountable for outcomes. It provides an interesting example of how government and third sector organisations can be held together to tackle the complex social issues, though it is currently too early to comment on its effectiveness.

5.2 Support services need to be culturally competent

In New Zealand I learnt about frameworks for wellbeing which were rooted in Māori culture and worldview. These included:

- Te Whare Tapa Whā, which was developed by leading Māori health advocate Sir Mason Durie⁴. The model describes health and wellbeing as a wharehau (meeting house) which has a foundation and four walls. It suggests that humans thrive when the foundation is strong and all four walls balance. When the walls are out of balance, or the foundation is weak, someone's health and wellbeing will be adversely impacted. The foundation and walls can be summarised as follows;
 - Whenua, meaning land or roots. This may be understood as your place of safety and belonging, where you feel physically and spiritually connected. Having these needs met may represent knowing where you come from, having a grounding sense of home and lineage.
 - Taha Whānau, meaning family and social network. These are the people that make you feel like you belong, your community. Having

³ <https://tepunaaonui.govt.nz/national-strategy/>

⁴ <https://mentalhealth.org.nz/te-whare-tapa-wha>

- these needs met may involve having a sense of your own unique role and value within your community.
- Taha Tinana, meaning physical health. Our bodies need to be cared for and nurtured. Having these needs met may involve having access to good physical health care.
 - Taha Hinengaro, meaning mental and emotional wellbeing. This may represent not just how we feel, but how we think and communicate. Having these needs met may involve feeling that we like being ourselves.
 - Taha Wairua, meaning our spiritual connection. This may mean different things to different people; for some it could be a sense of internal connection to the universe, for others it is found in faith / religious beliefs.
- Te Wheke, a model of family health developed by Rose Pere⁵, which is an octopus with head, eyes and 8 tentacles, all of which are interconnected;
 - Te whānau – the family (the head of the octopus)
 - Waiora – total wellbeing for the individual and family (the eyes of the octopus)
 - Wairuatanga – spirituality
 - Hinengaro – the mind
 - Taha tinana – physical wellbeing
 - Whanaungatanga - extended family
 - Mauri – life force in people and objects
 - Mana ake – unique identity of individuals and family
 - Hā a koro ma, a kui ma – breath of life from forbearers
 - Whatumanawa – the open and healthy expression of emotion

People who are not familiar with or from Māori communities may struggle to understand or connect with some aspects of these wellbeing frameworks. But it is important to recognise that this sense of confusion / displacement is exactly what Māori people experience when they try to navigate wellbeing frameworks which are rooted in Western worldviews and concepts. Our experience of the world, ourselves and others is deeply influenced by the culture we grow up in; it provides us with the structure through which we experience and interpret the world around us. Our needs are unlikely to be fully understood or met if the support on offer is rooted in a different worldview - there will be an unspoken set

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of assumptions about what a full and healthy life looks like which might not match our own understanding.

In the UK currently it may not always be possible to access a service or support worker who shares your cultural background - there is a massive shortage of support services overall, particularly acute in rural areas. Those which do exist often have very long waitlists. Whoever you are able to see should however show interest in better understanding your culture and heritage and what this means for your understanding of healing and thriving. It is deeply frustrating to have to spend time which should be focussed on your recovery educating someone about your worldview, but it may be worthwhile to give them the best chance of properly supporting you. If you feel that the person you are working with isn't respecting and reflecting your worldview I would encourage you to feel confident to flag this as a cause for concern.

5.3 Effective support is tailored to an individual's specific needs and preferences

Cultural background is not the only characteristic which needs to be considered when ensuring that a service meets your needs. Things like gender, sexual orientation and disability also matter. I visited male specific support services during my time in New Zealand; many of the men there reported feeling more comfortable and better understood compared with services which work with all genders (which, due to the distribution of sexual violence and also trends in how willing and able people are to access support, tend to work with many more women than men).

Again, sadly in the UK currently you might not have the option to work with a service which specialises in supporting people of your gender / sexual orientation / disability etc. You can ask whether the person you are working with has a history of supporting people who share your characteristics. You can also ask whether they're aware of any additional support services / resources which have been developed particularly for people with your characteristics. If you feel like some aspect of your identity is not being reflected or respected in the support you are being offered I would encourage you to raise this as a cause for concern.

It is also worth acknowledging that we all have our own journeys. My path to living well with trauma probably wouldn't be right for someone else. It has incorporated study, travel, fellowships, finding a new faith community, kidney donation, as well as multiple modalities of therapy at different points - wonderful for me but unlikely to be desirable or replicable for someone else. You are the expert in your life and your needs. You deserve access to expert support, but you

are also entitled to decide for yourself what works for you and what you want for your life. Don't feel pressured to try to conform to someone else's idea of what healing and living well looks like.

5.4 Support is needed for both the traumatic event(s) and the resulting trauma

In the immediate aftermath of an incident of sexual violence there is crisis support available. This can include; support to ensure you are now in a safe environment; support accessing medical help; support engaging with the police and courts (this is covered in greater depth in Chapter 8 Reflections on Legal Processes); immediate therapeutic support. There are 24 hour phone lines available which can talk you through options available in your area and help you decide what, if any, crisis support you want to engage with. For example in England and Wales you can phone Rape and Sexual Assault line for free at any time on 0808 500 2222.

After a traumatic event you will be in shock. You may make decisions which you later find hard to understand / consider to have been suboptimal. Please try to be kind to yourself. Try to ignore anyone who tells you what they would have done / what you should have done. There is no right way to respond and no one can predict how they'd react in such a painful and disorienting situation.

In the longer-term you will likely also need specialist support to enable you to minimise the extent to which you are affected by trauma. This can include short and longer-term counselling or therapy and social work. As mentioned in section 3.4 above, there are many different types of therapy available and it is for you to decide which suit your needs best. The sad reality in the UK currently is that it is much easier to access therapeutic support if you can afford to pay for it. If you are able to pay for care it is probably worth it to avoid long waiting times - you can ask your GP if they can recommend private providers in your area. If you prefer to source a support provider by yourself, make sure you check their qualifications and registration before you begin working with them (this information is usually available online). Sometimes you may need to try different practitioners / different types of therapy before you find one which works for you. I can only encourage you to keep trying.

If you cannot afford to pay for private care, I encourage you to push your GP for a list of national and local support charities. The charities may be able to offer you some kind of holding service to support you whilst you wait to access therapy. For example, I met services in New Zealand which phone people on

waitlists once a week, to check in on them and remind them that they are not alone.

When we are struggling to cope with the impacts of trauma can sadly also be the time we most need to advocate for ourselves to access the care we need. Please do not think you are doing anything wrong, or are not deserving of support, if you struggle to access support. It is not your fault in any way. Care is currently chronically underfunded and in many areas there are significant workforce gaps (probably because of how stressful jobs are given the mismatch between levels of need and levels of available resources). Consider whether there is anyone you may be able to confide in and ask for support, and phone the free support lines as often as you need to.

There are also online support groups available. When these work well they can be very beneficial - one person I met in New Zealand established a friendship in an online support forum which has now become one of their most long-term, meaningful and supportive relationships. However, they can also pose risks. When it comes to talking about our experiences of sexual violence we can be vulnerable - even when in other parts of our life that is not how we experience ourselves or how others see us. In many online support groups you have no way of knowing who you are speaking with and what their intentions are. In these settings it's important that you don't provide too much personal information - for example don't give out your contact details or address, and don't provide pictures of yourself. Ask the local / national charities you connect with whether they are aware of any supervised or facilitated online support groups available that you might be able to join.

5.5 People affected by sexual violence need enduring support

Living well with trauma requires us to learn how to manage recurrences of trauma-related symptoms (for example, when I am very stressed I sometimes experience severe nightmares, which can occasionally affect my ability to function normally). Possibly one of the most important protective factors for this is having a good support network to draw on. Having people you know and trust, who understand why sometimes you might be struggling, can make a massive difference to your wellbeing. If you are able to access therapy, I strongly encourage you to work with your therapist to identify enduring sources of support. This will help to keep you safe and cared for once your work with the therapist has ended.

In New Zealand it is common for therapeutic work to incorporate family and friends (though this will always be guided and controlled by the wishes of the individual). In the Māori worldview an individual is understood by themselves and others as intrinsically embedded within their extended family (whānau), broader clan (hapū), and also wider tribe /community (iwi). For example, many of the meetings (hui) I attended in New Zealand began with an opening welcome (pōwhiri) and then had attendees share their whakapapa (lineage). The whakapapa is a recitation of lineage (providing you with details of someone's parents, grandparents etc), and functions as a means of placing people within their wider context in order to identify any common ancestors or lands (it literally means to '*place in layers*' or '*create a base*'⁶). The importance placed on social connectedness and history is not something that we always share in UK communities, but there is wisdom here that we should learn from. One of the most pernicious aspects of trauma is how isolating it can be. It can cause deep damage to your relationships with yourself (your body, your self image, your aspirations and expectations for yourself), your environment (your sense of safety and belonging) and your social networks (your family, friends and wider community). Healing requires these relationships to be repaired and restored. Particularly as you transition out of regular therapeutic contact, it will be important to your wellbeing that you feel you have a strong network of supportive people around you. These do not need to be your biological family or the family you grew up in - it is important to recognise that for many people these are not places of safety. If you don't feel like you currently have people you can rely on, when you are able to access therapy it is worth discussing with your therapist where you might be able to meet them and how you might start to build such relationships. I know this can be particularly hard for people who have experienced trauma in their early years, who can sometimes feel like they don't really know what it is like to be able to trust or rely on someone. With the right help and support these types of relationships absolutely can be established and maintained. We all deserve to feel loved and valued. The benefits of feeling seen and known by others make it worth the effort and bravery needed to establish these relationships.

For any professionals reading this report, New Zealand's approach to funding ongoing care for people who have experienced sexual violence is very interesting. Since 1974 they have had a publicly-funded insurance agency (called The Accident Compensation Corporation, ACC), which covers sexual abuse injuries (both mental and physical). It can pay for people to access support from an approved list of providers (up to 48 hours per year), provided that they are

⁶ <https://www.otago.ac.nz/maori/world/te-reo-maori/mihi-introductions>

content that the support needed directly results from the physical / psychological / emotional injuries sustained as a result of sexual violence⁷. There can be long waitlists for ACC-registered therapists (it is also not uncommon for people to have to contact multiple therapists before finding one who will accept them onto the waiting list), but once someone is accepted support can generally be offered for as long as the therapist believes it is needed. I met people whose extensive trauma from sexual violence meant that they had been having weekly sessions with the same therapist for years and expected it to continue for the foreseeable future - an incredible support and lifeline. ACC do not stipulate the therapeutic modality, and the lead provider can also arrange for some of the annual 48 hour per year care allowance to be used with other providers if they think the client would benefit from multiple types of care (e.g. the lead provider might provide cognitive behavioural therapy but then also refer the client to a practitioner who offers EMDR).

Clients who have worked with an ACC-registered therapist can also dock in and out of care relatively easily as needed. For example, if Person A received 20 hours of therapeutic support in 2019, didn't need any support from 2020-2023, but then finds that they once again need support in 2024, they can go back to the therapist who saw them in 2019. Provided that the therapist is content the issues they're experienced directly relate to the same initial injury caused by sexual violence, they can inform ACC that they're reopening that case and ACC will (in most cases) resume funding care for as long as is needed. This approach makes so much sense, because we know that the impacts of trauma can ebb and flow over time. In the UK I am not aware of any publicly-funded services which enable you to disengage and re-engage as often as is needed with the same therapist where possible; generally you have to restart at the very beginning of the process. This does not just delay access to care, it also means that the insights and trusted relationships previously established cannot be drawn on, which is very inefficient.

ACC demonstrates that it is possible to find ways of publicly funding ongoing care for people who have experienced sexual violence. It would take considerable political imagination and courage (as well as funding) to establish something similar in the UK, but the benefits which could be realised would be significant. It certainly seems like an option worth exploring if we are serious about improving accessibility of support services.

⁷ There are some other eligibility criteria too, e.g. the client needs to be ordinarily resident within New Zealand and the injury needs to have occurred within New Zealand; <https://www.findsupport.co.nz/>

6. Reflections on Implications of Wider Attitudes Towards Of Sex

The focus of this report is sexual violence. But sexual violence does not occur in a vacuum; the beliefs people hold about sexual violence (including sexual violence they might have experienced, and harmful sexual behaviours they may have engaged in) will be significantly influenced by their broader attitudes to sex. It is important to recognise that these attitudes do not just sit at the individual level; we are all significantly influenced by societal messages we receive about sex. In both New Zealand and the UK there are significant tensions / contradictions in mainstream societal messaging about sex. On the one hand we are more aware of sex than ever before; pornography is now ubiquitous. Yet in many ways sex remains taboo - particularly when talking about female pleasure. Private is not equivalent to secret or shameful. It is one thing not to want to talk openly about sex and pleasure because it is private; it's another not to feel able to because it's shameful and taboo. In order to effectively support people who have experienced sexual violence, including helping them feel confident and safe in their sexuality and sexual expression, it is worth spending some time thinking about our wider attitudes towards / expectations of sex.

6.1 Enthusiastic consent needs to be the norm

One of the conversations I had during my research disturbed me greatly. Someone suggested that a clear “no” needs to be articulated in order for someone to know that consent has not been given. I explained that in addition to the well known “fight or flight” responses to danger, freeze and flop responses are also common. In the ‘freeze’ response someone goes tense, still and silent. In the ‘flop’ response someone is also still and silent, but their muscles become loose. The fight / flight / freeze / flop response is an involuntary, automatic bodily reaction to danger. Someone in the freeze or flop response is not choosing not to say no - in that moment they cannot speak. People who have previously experienced trauma can have their freeze or flop response triggered in a situation which others may not perceive as dangerous.

I then suggested that it should be relatively easy to recognise if someone is experiencing a freeze or flop response. If someone is not moving, not making any noises, and does not appear to be present in the moment, surely it is not hard to recognise that something is wrong? At that point you are not having sex with them, you are doing sex to them, and shouldn't that be an obvious sign to stop? I was shocked when they seemed to disagree.

I have thought about this conversation a lot in the past few months. It made me wonder how frequently people are having sex with a partner who is tolerating but not enjoying the experience. If you are used to someone tolerating a sexual encounter perhaps this does make it more difficult to recognise someone in a freeze or flop response. Many of the experts I spoke with as part of my research suggested that tolerated sex is likely to be very prevalent. This would seem to be supported by the well known trope “lie back and think of England”, which is commonly recognised in the UK as referring to tolerated but not enjoyed sex.

I want to be very clear that I am not conflating tolerated sex with sexual violence. People can consent to things they don't enjoy. But it does seem fair to be concerned that many people may be comfortable having sex with someone who clearly isn't enjoying it. And to question why people might agree to tolerate sex that they aren't enjoying. It seems plausible that this may reflect an internalised sense of obligation or perhaps even some level of coercion (e.g. if people tolerate sex because they think doing so makes their lives easier). We should all consider whether we feel willing and able to decline or stop sex we don't want or aren't enjoying, and whether we're confident the people we have sex with feel the same. If, being honest with ourselves, the answer to these questions isn't a clear and consistent yes, I suggest that this should prompt us to think very carefully about our relationships with our sexual partners, ourselves, our sexual histories, and our beliefs about sex.

It also seems fair to suggest that reframing consent away from “no means no” towards “hell yes” may be helpful. Good sex needs everyone involved to be enthusiastically enjoying themselves. If we are all clear on what good sex looks like, and we all know that we deserve the sex we have to be good sex, this would likely be much healthier for everyone involved.

6.2 Sex education urgently needs to be updated

Many of the experts I met with expressed significant concern about the impact of pornography on children and young people's attitudes towards and expectations of sex. It is clear that pornography is now ubiquitous; recent research by the Children's Commissioner found that the average age children report first seeing pornography is 13⁸. This is not in itself necessarily problematic - pornography is unlikely to be intrinsically harmful - but when we consider the contents of mainstream pornography there are very real reasons to be concerned. Significant amounts of mainstream pornography now include coercive, aggressive, violent

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<https://www.childrenscommissioner.gov.uk/resource/a-lot-of-it-is-actually-just-abuse-young-people-and-pornography/>

and / or degrading sex. 79% of the 18-21 years olds surveyed reported that they had seen content involving sexual violence before turning 18⁹. There is clear evidence that this type of pornography is shaping children and young people's expectations of sex; *"young people aged 16-21 are more likely to assume that girls expect or enjoy sex involving physical aggression, such as airway restriction and slapping, than don't. Among respondents, 47% stated that girls 'expect' sex to involve physical aggression, a further 42% stated that most girls 'enjoy' acts of sexual aggression"*¹⁰. It also appears to be shaping their behaviours; *"47% of respondents aged 18-21 had experienced a violent sex act. Girls are significantly more likely than boys to have experienced a violent sex act"*¹¹. Many of those who I spoke with who work directly with children and young people reported that children and young people appear to increasingly consider "normal" sex to involve physical aggression. Particularly concerning is the increasing normalisation of non-fatal strangulation (frequently referred to as "choking")¹² which can pose significant risks of injury and death.

We live in an internet age. Some of this content is consumed on specialist pornographic websites, but much is on social media (X, Instagram, TikTok, Snapchat) and search engines. This means that children and young people can be exposed to pornography even when not actively seeking it out. It is not realistic to think we can entirely stop children and young people accessing / being exposed to pornography¹³. Instead it's imperative that we provide them with the skills and knowledge needed to safely consume and interpret it. This requires us to have conversations with them about: consent; healthy relationships and communication; mutual pleasure; establishing, maintaining and respecting boundaries. We also need to start having these conversations sooner than we might expect - if the average age of first exposure to pornography is 13 we need to make sure we've laid the groundwork for healthy consumption and interpretation of it well before this. This is not sexualising children; it is equipping them to safely navigate the world they inhabit.

⁹ Ibid

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<https://assets.childrenscommissioner.gov.uk/wpuploads/2023/07/CCO-Pornography-and-Young-People-1.pdf>

¹¹ Ibid

¹²Herbenick et al., 2020, 2021c, 2022b; Savanta Com Res, 2019; Sun et al., 2017; Wright et al., 2015

¹³ Though there are likely steps which could be taken to reduce the prevalence and accessibility of pornography which includes violent and / or degrading sex. Arguably social media companies could and should be taking more responsibility for the content their algorithms promote.

The first iPhone was released in 2007, the Android operating system in 2008. The vast majority of parents will not have grown up in a context where pornography was as easily accessible, or as extreme, as it is today. Many won't fully realise what their children are being exposed to online. It is therefore unreasonable to expect parents alone to be able to support children in understanding what is and isn't representative and safely replicable in the pornography they're watching. There has to be a role for schools. In both the UK and New Zealand we urgently need discussions about what appropriate sex education looks like in the 21st century, with a much greater focus on healthy relationships, consent and mutual pleasure. Failing to do so is failing to keep our children safe.

7. Reflections on Work to Prevent Future Victims

As someone who has experienced sexual violence, I know how easy it is to demonise the person who inflicted that harm. It's hard sometimes not to feel deep rage, perhaps even hatred towards the person that inflicted this wound. Moreover, society often tells us that sex offenders are irredeemably the worst of the worst. Unlike most other crimes, there appears to be a widespread tolerance, perhaps even tacit encouragement, of vigilantism towards perceived sex offenders. And yet in both New Zealand and the UK the vast majority of people who engage in harmful sexual behaviours never experience any consequences for their actions. Most sexual assaults and rapes go unreported, and, of those which are, the vast majority do not result in prosecution or conviction¹⁴. Most people who consume sexual abuse imagery online are never identified. There are many more of these people than you might imagine; the National Crime Agency estimate that there are between 680,000 and 830,000 UK based adult offenders who pose varying degrees of risk to children, equivalent to 1.3% to 1.6% of the UK adult population¹⁵. How are we to understand a culture which on the one hand dehumanises those who engage in harmful sexual behaviours (particularly those who hurt children) and yet on the other hand seems willing to quietly tolerate ongoing high rates of sexual violence?

I suspect that the answer may lie in how challenging and painful it is to accept that normal people are capable of inflicting grievous harm. It is simpler to live in a binary world of good and bad, where most "normal" people are good and don't engage in violence, whilst a small minority are "bad" monsters who need to be cast out and destroyed. Whilst it's an understandable instinct, this narrative does not accurately represent the world we live in. It doesn't reflect the complexity of life or the reality that most of us are capable of great good and great harm. The prevalence of sexual violence means it is likely most of us will know someone who has engaged in harmful sexual behaviours. To have the best possible chance of preventing future sexual violence we need to come to terms with the fact that people we love, people who have many admirable and worthy qualities, will be among those committing it.

¹⁴ In the UK 5 in 6 women and 4 in 5 men who are raped don't report it to the police. Just 2 in 100 of the rapes actually recorded by police between October 2022 and September 2023 resulted in someone being charged that same year.

<https://rapecrisis.org.uk/get-informed/statistics-sexual-violence/>

¹⁵ <https://nationalcrimeagency.gov.uk/nsa-child-sexual-abuse>

7.1 Recognising humanity lowers barriers to accessing help

Most people who engage in harmful sexual behaviours will never be arrested, prosecuted or convicted. It's relatively rare to receive public censure for harmful sexual behaviour. Often the only other person aware of what has happened will be the person who experienced harm. In the case of people consuming online sexual abuse imagery, sometimes no one else is aware of their behaviour (this still needs to be understood as sexual violence because demand for these images incentivises others to produce and sell abuse imagery). In such circumstances, changes in behaviour will only occur if the person causing harm recognises there is a problem and is internally motivated to seek support to change.

This is less likely to happen when public narratives hold that people who engage in harmful sexual behaviours are monsters. No one wants to think of themselves as a monster. Humans are subject to a range of cognitive biases, including fundamental attribution error. This refers to an individual's tendency to attribute another's actions to their character or personality, while attributing their own behaviour to external situational factors outside of their control¹⁶. Fundamental attribution error means that we tend to believe that others engage in harmful behaviours because they are bad people, whereas any harm we cause is a result of a misunderstanding or mistake.

We need to make it easier, not harder, for people to self-refer into rehabilitative support services for harmful sexual behaviours. In addition to making sure rehabilitative support services are accessible and visible, this requires us to shift towards more nuanced narratives about the people involved. The behaviour is totally unacceptable and horribly harmful, but the person needs to be understood as capable of change. The more compassion and grace we show to those who seek support for harmful sexual behaviours, the easier it will be for people to accept that they fall into that category, increasing the likelihood that they might seek help and lowering the risk of future harm and future victims.

7.2 Effective rehabilitation requires social connection and self worth

Anyone who has attempted to lose weight, or quit smoking, or make any kind of lasting lifestyle change, will have experienced just how challenging change can be. Knowing that habits are unhealthy and wanting to change are often not sufficient to enable true and lasting change - which is why the weight loss industry was said to be worth \$165.5 billion USD in 2023 and why groups such as Alcoholics Anonymous exist. Isolating and shaming people and expecting that

¹⁶ <https://online.hbs.edu/blog/post/the-fundamental-attribution-error>

to lead to better behaviour is a misunderstanding of the way most humans operate, yet currently that is how we often respond to people we know to have engaged in harmful sexual behaviours.

Building self-worth and positive relationships is central to supporting people in changing behaviours. To thrive we all need a strong sense of who we are, where we fit in the world, and what value we can bring. These things ground us and build our resilience by providing a sense of belonging; enabling us to cope with life's challenges by giving our lives a sense of purpose and meaning. This is as true for people who have engaged in harmful sexual behaviour as anyone else. Feeling worthless, bad and alone is not conducive to rehabilitation; in order to change "offenders need the possibility of better lives, not merely the promise of less harmful ones"¹⁷.

The Good Lives Model (GLM) provides an evidence-based framework for the rehabilitation of sex offenders. It holds that "criminal behaviour results when individuals lack the internal and external resources necessary to satisfy their values using pro-social means"¹⁸, and suggests that providing people with the skills, tools and resources to safely achieve their desired goals will reduce their risk of causing further harm. By helping offenders to understand the function of their behaviour (i.e. the needs they were trying to meet when they decided to engage in harmful behaviour) and actively working with them to identify safe ways to meet these needs, the GLM ensures that offenders are invested in the change process. This is important because it reduces the risk that someone will revert to their previous behaviour once they are no longer supervised. In short, there is good reason to believe this type of approach can change offenders' views of themselves, their lives and their place in the world - all of which makes it more likely that they will refrain from harmful behaviours in the future. I would go so far as to suggest that failing to adopt this type of strengths-based approach because we think it is not sufficiently punitive is irresponsible, because it means we are prioritising lowering the risk of future harm and future victims.

7.3 People who engage in harmful sexual behaviours can be victims too

When talking about sexual violence it can be easy to assume that there are two distinct and separate categories of people directly involved; victims and perpetrators. Things are, however, more complicated than this, because many (but not all) people who engage in harmful sexual behaviours will have their own

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https://www.researchgate.net/publication/286826077_The_Good_Lives_Model_Does_It_Work_Preliminary_Evidence

¹⁸ <https://www.goodlivesmodel.com/information.shtml>

experiences of trauma, including experiences of sexual violence. Whilst it must be stressed that the vast majority of people who experience sexual violence in childhood do not go on to sexually abuse children themselves, those who do commit sexual offences against children are more likely than other adults to have experienced multiple forms of abuse as children, including physical, domestic or sexual abuse, and neglect¹⁹. Their offending behaviour does not cancel out their earlier victimisation. Life is complicated and messy, and trauma is often intergenerational. Whilst there are perhaps some principles which hold true in all circumstances (e.g. sexual violence is always wrong; every human is of worth) I would argue that trying to reduce people to simple “good / bad” categories is not appropriate or helpful.

¹⁹ <https://www.csacentre.org.uk/research-resources/key-messages/csa-perpetrated-by-adults/>

8. Reflections on Legal Processes

I have deliberately put this section towards the end of my report because I am frustrated that conversations about better support services for people who have experienced sexual violence frequently focus exclusively on criminal justice processes and outcomes. I have also deliberately titled this section “Reflections on Legal Processes” rather than “Reflections on Criminal Justice Processes” because most victims-survivors navigating legal systems in the UK and New Zealand will not experience justice (neither in terms of how they feel they are treated throughout the process nor in the outcomes of the process). During my research I commonly heard people refer to criminal justice processes as broken. Broken could seem to imply that at some point in time they worked. This was never the case. It’s more accurate to say that they’re unfit for purpose.

If you are currently considering whether to report your experience of sexual violence to the police I strongly encourage you to contact a specialist support charity. They will be able to support you in making your decision, and, if you decide to proceed, will often be able to support you through the process (e.g. attending police interviews with you, helping you navigate court processes). You deserve to make a fully informed choice about the right route forward for you.

8.1 Reporting sexual violence needs to be understood as an act of public service

It is fairly common, both in New Zealand and the UK, to hear people talk about criminal justice processes as serving the needs of victims. This is a fundamental misunderstanding as to why victims report their experiences and engage with prosecutions. Usually they do so not for their own benefit, but to try to protect others from future harm. They are aware that the processes involved are likely to be deeply painful and potentially retraumatising but they continue regardless, because they feel that it is the right thing to do. As a society we should not expect victims of sexual violence to be grateful for prosecutions and convictions; we should be grateful to them for enduring tortuous processes to try to prevent future harm. If our response to trying to better support those who experience sexual violence is solely to focus on improving criminal justice processes then we are failing them. We simultaneously need to improve criminal justice processes and outcomes (as an urgent matter of public safety) and improve accessibility and quality of support services (to equip victims-survivors with the tools and resources needed to live well with trauma). The former in no way negates the needs for the latter.

8.2 Victims need personalised, relationship-focussed support throughout the process

Whilst most of us are aware that reporting sexual violence and supporting a prosecution is likely to be challenging (no one wants to have to recount details of their suffering in public or to be questioned about it), few of us properly understand ahead of time what the process will involve or just how long it will take. Understanding what is happening when and why, and having your expectations properly set throughout the process is key to minimising the risk of additional trauma. In New Zealand I met guides and advocates, who had deep knowledge of the criminal justice system whilst also being highly skilled in supporting people living with trauma, and who were able to support victims through every step of the process. Ideally every victim would get this personalised, extended support which enables them to build trust with those supporting them and means they know who to go to if they have a question or need help. Currently in the UK victims often get inconsistent support from different people representing different agencies at different times. This can actually leave them feeling confused and unsupported.

8.3 Thoughtlessness can make the process worse than it needs to be

I heard many stories of victims having to share spaces in court with the person who hurt them or that person's supporters. For example, going to the bathroom only to be accosted by the person on trial's relatives, or at the end of the day exiting the private room meant to ensure they don't have to see their abuser only to immediately bump into them in the corridor. These encounters can be deeply distressing, but with appropriate planning and due diligence they can be avoided. When I asked support workers why they thought these types of encounters were so common they tended to cite thoughtlessness, often related to high workloads. Making specific people within the system responsible for minimising avoidable stress on victims might help to avoid such issues.

8.4 Alternative options to traditional criminal justice processes need to be explored

We know that current systems are not working. In her 2020 Annual Report the then Victim's Commissioner Dame Vera Baird stated that we are witnessing the effective decriminalisation of rape due to the decline in rape prosecutions. There have been several reports and investigations since then (e.g. the government's End-to-End Rape Review, published in 2021), but progress appears to be slow²⁰. It therefore makes sense to look for alternative approaches which might better meet the needs of victims (and which ideally might also have better chances for effective rehabilitation).

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https://rcew.fra1.cdn.digitaloceanspaces.com/media/documents/The_Rape_Review__Two_Years_On.pdf

In New Zealand Project Restore is trialling an alternative, restorative justice approach for harmful sexual behaviour and sexual violence. Where both parties agree to participate, an experienced restorative justice facilitator, alongside a victim-survivor specialist and a harmful sexual behaviours specialist, work together to facilitate a meeting between the person who was harmed and the person who caused harm. In this meeting the person who was harmed has the opportunity to explain exactly how they have been impacted, ensuring that the person who caused harm properly understands the consequences of their behaviour. The person who caused harm takes accountability, apologises and together supported by the professionals they discuss what is needed in order to try to make some amends. This type of response is obviously not suitable for everyone; some victim-survivors will not feel or be safe sharing a room with the person who hurt them. But testimonials from those who have gone through the process indicate that many have found it to be a transformative healing experience. This likely in part reflects that the process is fully centred around the needs of victims-survivors. By situating their trauma at the heart of the process, and by ensuring that the person who caused harm takes proper accountability for their behaviour and its consequences, this type of approach allows someone who has experienced sexual violence to have their experiences recognised and validated. In addition to trying to improve traditional criminal justice processes it is surely worth considering whether we could also pilot restorative justice approaches.

9. Reflections For Commissioners and Funders

This section may be of less interest to people who are reading this report because they or someone they love has experienced sexual violence, but it still feels important to include. We desperately need to improve support services in the UK, and crucial to this is improving levels and delivery of funding.

9.1 We cannot afford not to fund support and preventative services

It is not uncommon, both in New Zealand and the UK, to hear that there are no available funds for additional investment in support services for those who are affected by sexual violence / those who experience potentially harmful sexual ideation / those who engage in harmful sexual behaviours. This is often true in terms of specific government departments / local authorities / charities considering their own annual budgets. But it is also short-sighted and misguided. When we take a step back and consider things more systematically, it becomes clear that we cannot afford not to invest in support and preventative services. The financial and monetised cost relating to all victims who began to experience, or continued to experience, contact child sexual abuse in England and Wales in the year ending 31st March 2019 has been estimated to be at least £10.1 billion²¹. This figure does not include the costs associated with sexual violence experienced by adults, nor does it include the costs associated with online and non-contact sexual abuse of children (which are likely to be considerable). Moreover, the authors of the study acknowledge that “while the...estimate of the cost of contact child sexual abuse may appear large, this is likely to be an underestimate of the true cost”. The overall cost of sexual violence is likely to be staggering. Failing to invest sufficiently in prevention and support services is simply storing up far higher financial costs later down the line (as well as contributing to significant amounts of harm and suffering we might otherwise have been able to alleviate).

9.2 Support vacuums pose real risks

As part of my research I attended many support centres and, where appropriate, chatted with service users. Many were clearly very vulnerable. Of the relatively small number I spoke with it was noticeable that several described engaging with a far-right church group which experts have suggested could be considered a cult. I mentioned this observation to many of the professionals I met (including police officers, social workers and counsellors) and found that my concerns

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about potential intentional targeting of sexual abuse victims for exploitation were often shared. Many people who have experienced sexual violence and have been unable to access support services will have unmet needs. Leaving these needs unmet renders people vulnerable and risks creating opportunities for exploiters.

An absence of expert services can also result in volunteers stepping in to try to fill the gaps. I discussed this phenomenon with many of the experts that I met. It appears common for volunteers to have themselves experienced sexual violence, and it isn't always clear that they have yet processed their own experiences such that they fully understand and recognise how this affects them. Whilst such efforts are undoubtedly well-intentioned and commendable, it is important to recognise that they may not always be safe. Someone who does not understand or recognise the ways in which they are affected by trauma risks projecting onto the vulnerable people they are working with and / or establishing unhealthy relationship dynamics. They may also struggle to recognise that different people are differently impacted, have differing interpretations of their experiences, and have different coping mechanisms. I was particularly concerned about this risk in relation to peer support groups. There is evidence that "peer-led group-based interventions have positive psychological and physical impact. Participants' interpersonal well-being improves in these groups"²². However, such groups need to be appropriately structured, bounded and facilitated to ensure they are safe and healthy environments for all participants. A 2022 study of perceptions of peer-support for people who have experienced sexual violence found that "suitable qualifications and training, particularly in trauma-focused support, were a minimum requirement" for facilitators, and that participation is "potentially harmful or damaging if a victim-survivor...had not first undertaken individual work with a professional"²³. The only way to protect vulnerable people from potentially unsafe support services is to ensure that appropriate support services are available and accessible.

9.3 Expert does not necessarily mean professional

It is important that support services are established and overseen by people with relevant expertise. Being an expert in one's own trauma does not make one an

²² Judit Konya, Concetta Perôt, Katherine Pitt, Emma Johnson, Alison Gregory, Emily Brown, Gene Feder & John Campbell (Jun 2020): Peer-led groups for survivors of sexual abuse and assault: a systematic review, *Journal of Mental Health*, DOI:10.1080/09638237.2020.1770206

²³ Gregory, Johnson, Feder, Campbell, Konya, Perôt (Aug 2022): Perceptions of Peer Support for Victim-Survivors of Sexual Violence and Abuse: An Exploratory Study With Key Stakeholders. *J Interpers Violence*, DOI: 10.1177/08862605211007931.

expert in how to support others to live well with their trauma. However, it is also important to recognise that expert is not necessarily synonymous with professional. Colonialism, racism and oppression have meant that indigenous wisdom and expertise has often been devalued and overlooked. Professional qualifications have been used as a means of gatekeeping. In New Zealand the risk of conflating “expert” with “professional” is that Māori and Pasifika practice and practitioners may be disproportionately locked out. In the UK such a mistake would similarly disproportionately impact minority and marginalised practitioners and their practice. Language in tender documents etc must be carefully considered to ensure it does not inadvertently perpetuate discrimination. There will be ways of defining expertise such that you can be confident safeguarding responsibilities are met but opportunities to apply are equitable.

9.4 High quality services require long-term, sustainable funding

In both New Zealand and the UK there are many small third sector organisations supporting people who have experienced sexual violence. It is common for these small third sector organisations to be reliant upon very short term funding streams. This has multiple adverse outcomes, including;

- A reduced ability to plan strategically and make the most of available resources due to high levels of uncertainty;
- It is more challenging to recruit and retain talented staff, as it is not possible to offer them job security;
- It is difficult to invest in the infrastructure needed to offer high quality services; including premises, equipment, IT systems, upskilling of staff;
- Service users can be adversely impacted when services are abruptly withdrawn due to funding gaps;
- It can be more difficult to engage service users; their expectations need to be appropriately set from the outset, but making them aware that services may not exist in the same form / at all next year may make it more challenging to build trust.

Funders need to be aware of these costs when deciding upon budget periods, and should consider what funding models / vehicles might be available in order to provide service providers with more certainty. Both the UK and New Zealand governments have piloted Social Impact Bonds (SIB, which offer a fixed rate of return to investors according to agreed success measures / outputs) as a means of incentivising investment in programmes seeking to address complex social issues. Whilst it is beyond the scope of this report to offer a view on the merits and / or risks of SIBs, it is worth noting that the evaluation of New Zealand’s SIB

(which funded holistic programmes aimed at reducing youth reoffending) found that “the social bonds model and funding enabled Genesis [the delivery partner] financial stability, the opportunity to innovate... and deepen their skills base, retrain, and explore new tools²⁴. This demonstrates that it is possible to develop and implement funding models / vehicles which offer service providers more secure longer-term funding, and that benefits can be realised from these more secure, longer-term funding streams.

9.5 Evidence standards must not unduly limit service offerings

Policy and practice needs to be evidence-based. When working with vulnerable people we have a profound responsibility to do our best to ensure that the service offered to them will be helpful and non-harmful. However, we need to give careful thought to how we define “evidence-based”. What does it mean to say we know that something works?

Too often funders (in particular Treasury departments) attempt to apply inappropriately narrow and rigid evidence standards to approaches and interventions seeking to address complex social issues. For example, it remains common to hear that Randomised Control Trials (RCTs) are the gold standard of evidence, with some going as far as to suggest if an RCT hasn’t been conducted an intervention or service can’t be described as being evidenced. Whilst RCTs undeniably have their place and value, they are not appropriate or feasible in all situations. When responding to complex, multifaceted social issues (including supporting people who have experienced sexual violence, where each individual will have their own understanding and interpretation of their experiences and views on what they want to happen next / what recovery looks like for them) an RCT is unlikely to be the best approach; *“While RCTs allow researchers to determine whether a given... intervention is effective in a specific patient sample, for practicing clinicians it is more important to know whether it will work for their particular patient in their particular setting. This information cannot be garnered from an RCT”*²⁵

Funders need to be open to different types of evidence according to the nature of the problem that needs to be solved. For something as complex as supporting

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<https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Reducing-Youth-Reoffending-Qualitative-outcomes-evaluation/Reducing-Youth-Reoffending-Social-Bond-Pilot-Evaluation-002.pdf>

²⁵ Mulder R, Singh AB, Hamilton A, Das P, Outhred T, Morris G, Bassett D, Baune BT, Berk M, Boyce P, Lyndon B, Parker G, Malhi GS. The limitations of using randomised controlled trials as a basis for developing treatment guidelines. *Evid Based Ment Health*. 2018 Feb;21(1):4-6. doi: 10.1136/eb-2017-102701. Epub 2017 Jul 14. PMID: 28710065; PMCID: PMC10270454.

people who have experienced sexual violence, practice-based evidence, where real world practice is documented, measured and tracked, is more realistic, and probably more insightful, than a RCT. As Dr Anne Swisher explains; *“It is the process of measurement and tracking that matters, not controlling how practice is delivered. This allows us to answer a different, but no less important, question than “does X cause Y?” This question is “how does adding X PT intervention alter the complex personalised system of patient Y before me?”*²⁶

It is important to remember that setting an evidence standard is not a neutral decision. When funding decisions are linked to evidence standards there will be significant knock-on effects; some providers and services will be disincentivised from applying, or will be ruled out of consideration at an early stage. Small grassroots-level, community-based service providers are often disproportionately disadvantaged by rigid evidence standards such as requirements for RCTs. This is because they are less likely to have the expertise or funding required to commission one as a means of evaluating their service. There is a significant risk in accidentally defunding these types of service providers, because they can sometimes be better placed than larger national organisations to deliver support services to vulnerable people. Grassroots presence can sometimes mean they are more trusted, have a better understanding of the complicated realities of complex lives, and are better placed to support an individual holistically (e.g. by having personal connections across the community which makes it easier to arrange access to food parcels / clothing / other support services). To set an appropriate evidence standard for funding decisions we first need to properly understand what it is we need to know to know whether something works. Because, to quote Einstein, *“not everything that can be counted counts and not everything that counts can be counted”*.

9.6 Service providers need discretionary funds to respond to specific needs

One of the most powerful stories shared with me during my time in New Zealand was about a woman who needed support to leave a relationship in which she was experiencing physical and sexual violence. In addition to providing her with counselling and social work support, the charity she contacted was able to pay for her to have driving lessons. She would never have been able to afford these on her own, and the impact of attaining a driving licence was transformational for the lives of her and her children. It was a passport to new and essential freedoms; she was able to take a new job that she otherwise would never have been able to get to (public transport outside of major cities is almost non-existent

²⁶ Swisher AK. Practice-based evidence. *Cardiopulm Phys Ther J*. 2010 Jun;21(2):4. PMID: 20520757; PMCID: PMC2879420.

in New Zealand), which then enabled her and her children to move to a new, safe home. The charity had been able to work with her to identify the blockers which were preventing her from leaving an unsafe situation, and fortunately were in a position where they had sufficient funds available to cover the intervention needed to get past that blocker (driving lessons and initial petrol money). The message from this story is not that every woman in New Zealand experiencing domestic and sexual violence ought to be offered driving lessons. Rather it shows that relatively small, highly personalised interventions can make enormous differences to people's lives.

Too frequently the support services which are available to people who have experienced sexual violence are highly programmatic. For example, it is not uncommon in the UK for someone to be offered a fixed number of cognitive behavioural therapy sessions. If at the end of the say ten sessions they are still struggling, sometimes providers can apply for funding for additional sessions - but this is often difficult and the application is not guaranteed to be successful. The person needing support finds themselves on a conveyor belt - moving through different stages of standardised assessment and, if lucky, treatment. Rarely are the individual's specific needs, circumstances or preferences properly engaged with or tailored to. Even less frequently does the individual feel like they have any control or agency over the process, even though we know that loss of control is a key harm in trauma.

When I asked providers to explain why services were so inappropriately programmatic I was told it was a result of rigid funding conditions. When I asked government ministries why such rigid funding conditions were necessary I was told it was due to settlement conditions they received from the Treasury. Staff working in the Treasury are located an incredibly long way from the woman in a small, rural town in New Zealand living in an unsafe home. It is absolutely impossible for them to predict the knock-on consequences of funding conditions set, I imagine, to reflect available RCT evidence-bases, make oversight of spending easier, and guard against fraud. But the knock-on consequences are very real and very consequential. If the charity had been less successful at raising income from private donors they would not have had the funds available to pay for driving lessons, and so would not have been able to remove the very specific blocker which was preventing that woman from improving her and her children's lives. We need funders (particularly government) to be willing to make more discretionary funds available to those working directly with vulnerable people. I learnt about other cases where being able to choose a new outfit ahead of an interview, or a teenager being bought a bed and a new pair of trainers,

made an enormous difference to how someone felt about themselves and the service they were working with. In the scheme of national budgets these are tiny amounts of money, and yet both in New Zealand and the UK money for such things often simply does not exist at the frontline. Some services in New Zealand are now being funded according to full time equivalent headcounts, rather than volumes of clients supported, which is enabling them to be more flexible and creative in the types of services and support they offer. Whilst this does appear to be a step-forward (and is perhaps an option some UK funders might wish to consider), there is surely still more that could be done to make more money available for the highly personalised, targeted interventions which can be the key enablers of change.

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11. About the Author

Jo is currently a Visiting Scholar at the Centre for the Future of Intelligence at the University of Cambridge. She is also working with SHiFT, a charity seeking to transform policy and practice in how young people who are caught up in, or at risk of, crime are seen and supported. She was previously a Policy Fellow at the Royal Academy of Engineering, looking at how to apply systems thinking to tackling child criminal exploitation, and a Policy Fellow at the University of Cambridge's Centre for Science and Policy looking at Serious and Organised Crime. Her previous roles include Head of the Serious Organised Crime Unit in His Majesty's Prison and Probation Service, Senior Adviser in the Prime Minister's Implementation Unit, and Public Affairs Adviser to the Archbishop of Canterbury. Prior to joining the Civil Service Jo was a Frank Knox Fellow at Harvard studying Religion and Politics.

Jo is someone who has experienced sexual violence. She is also a kidney donor, a Quaker, a proud aunt, an experienced backpacker, a terrible cook and an aspiring, albeit unrealistic, roller skater.



Annex A: Template For What Recovery Can Look Like

I applied for a Churchill Fellowship because I was shocked by the limited free support available to me as I learnt to live well with my experiences of sexual violence. It sometimes felt like services were only accessible once I reached a point where I could no longer function normally, and they only aimed to get me back to a point where I could function once more. My quality of life and the quality of my relationships (with myself and with others) often felt like it wasn't deemed to be particularly relevant.

We can and must be so much more ambitious for what recovery can look like. It is not enough to aim to just stay alive. We deserve to live well. I thought it might be useful to provide other victim-survivors with a set of questions to help us think about what living well with trauma looks like for each one of us. These are based on principles from Trauma Informed Care, which I discussed with practitioners in New Zealand. Trauma-informed care shifts the focus from *"What's wrong with you?"* to *"What happened to you?"*²⁷. This shift is vitally important in helping us to live well with trauma because it emphasises that we are much more than our trauma.

Our trauma isn't who we are. It is a response to a set of experiences we had. It does not have to control or limit our lives.

Trauma Informed Care Principle	What does this mean for someone learning to live well with experiences of sexual violence?
Safety	Am I in a safe environment? Do I feel safe? Do I feel the wider world is safe? Do I feel safe in my body? Do I feel able to keep myself safe? Do I feel safe with other people? Do I turn to others for help when I feel unsafe? Am I able to look after myself in a situation which feels unsafe? If I feel unsafe much of the time, do I have support to help me build a sense of safety?
Trustworthiness	Do I have people in my life I believe I can trust? Do I have people in my life I believe I can rely on? Do I let myself rely on others? Do I feel like I can trust myself?

²⁷ <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

	<p>Do I feel like others can trust me? Do I feel like others can rely on me? Do I feel able to build trusting relationships with others? Do I feel able to respond appropriately and proportionately if someone breaks my trust? If I don't feel that I have people in my life I can trust, do I have support to help me learn how to build these types of relationships?</p>
Choice	<p>Do I have opportunities to make choices for myself? Do I trust myself to make choices for myself? Do I feel like my choices and wishes will be respected by those around me? Am I excited about the choices I have? Are there elements of my life where I feel I have no choices?</p>
Collaboration	<p>Do I feel able to work with others? Do I feel able to cope with making mistakes? Am I able to accept others making mistakes? Do I feel able to cope with uncertainty or ambiguity? Do I feel able to advocate on my own behalf? Do I expect others to act fairly? Do I expect others to try to take advantage of me? Do I feel able to negotiate with others?</p>
Empowerment	<p>Do I feel in control of my life? Do I have aspirations / dreams for myself and my life? Do I feel able to work towards my aspirations / dreams? Do I feel able to overcome obstacles in my life? Do I feel excited and hopeful for my life?</p>
Identity	<p>Do I feel like I know who I am and where I come from? Do I have a sense of pride in who I am and where I come from? Do I feel like there are places where I belong? Do I feel welcome and included in the places where I belong? Do I feel like others respect who I am and where I come from? Do I feel valued by others? Do I feel like I have a unique and important role to play in the places I belong? Do I like being myself?</p>