

Therapies for mental health and wellbeing after exposure to sexual violence and abuse: information for survivors and their supporters



Exposure to sexual violence and abuse at any point in a person's life can have devastating and lifelong impacts for the individual and for those around them. Disclosure is very difficult, the justice process puts huge demands on victims and survivors, and help-seeking itself is challenging especially if the person is experiencing mental health difficulties. People may face long wait times, have a range of interactions with NHS and/or voluntary sector services, and encounter several therapists and approaches in seeking relief from their symptoms and difficulties. We wanted to share key findings from research carried out by our team. We hope that this may help victims and survivors to make decisions about the treatments, care and spaces that promote healing and recovery.

What did we do?

We looked at research studies from around the world to help us better understand how helpful different psychosocial interventions (made up of a range of psychological and support interventions) are for people who have been subjected to sexual violence and abuse. The psychosocial interventions covered many of the traditional approaches to assisting a person who has experienced trauma such as Cognitive Behavioural Therapy (or CBT) and Eye Movement Desensitisation Reprocessing (or EMDR) as well as new approaches that focus less directly on the trauma itself; there were spiritual and faith-based therapies; and alternatives to talking therapies such as yoga, dance and art therapies.

In one project, we brought together findings from studies that looked at the impact of psychosocial interventions on survivors' trauma symptoms and levels of depression. Nearly 4000 survivors located in 9 different countries were involved.

"The world is more colourful and worthwhile now. I am not isolated or having suicidal thoughts anymore. Now I feel human and I love life."

In a related project, we looked at studies that explored the views and experiences of survivors who received a psychosocial intervention to support them, as well as the experiences of their family members and the professionals who delivered these. Across all the studies, the voices of nearly 300 survivors, 19 family members and 60 professionals were included.

What did we learn?

Survivors showed improvements in trauma symptoms after taking part in a psychosocial intervention compared to those who did not. Such symptoms include re-experiencing (like 'flashbacks'); avoidance and feeling numb; and hyperarousal (like feeling 'on edge' all the time). For most people, symptoms of depression and anxiety also reduced. The interventions did not appear to worsen symptoms or lead to unwanted effects.

TAKE HOME: Connecting with support services can be an important step for survivors of sexual abuse, when you feel ready. You could speak to your GP who may refer you for psychological support or contact Rape Crisis for advice and information on how to access further support. Additional information on getting help at different points in your journey may be found below.

Our research showed that whilst psychosocial interventions have different styles and approaches, overall they can help survivors in a number of ways, such as:

- Improving your understanding of trauma and how it affects you
- Helping you re-engage in a wide range of areas in your life
- Improving your interpersonal relationships
- Improving your mental health, mood and physical health

TAKE HOME: Getting help is not always easy, especially if you have had a negative experience of disclosing or seeking help in the past. The choice to access services is yours, only you will know when you are ready to access support – our findings show that these services can be beneficial to healing. Help should be available irrespective of age, gender, background or the amount of time that has passed since the trauma.

Some interventions can involve revisiting the trauma. Such 'trauma-focused' interventions are recommended in guidelines for the NHS and therapy providers. Survivors often found these activities difficult but they also appreciated that they needed to work through the trauma. We found that whilst interventions that involve revisiting the trauma did slightly better at improving health and wellbeing than other interventions, people were more likely to drop-out of them early.

TAKE HOME: Psychological therapies don't work the same way for everyone and are affected by a person's needs and circumstances. It may help to know that there are many different types of interventions that benefit survivors. Speak to your support worker or therapist about finding care that is appropriate and feels right for you.

Our research showed that when survivors felt ready and prepared to start therapy, this helped them to feel more confident about engaging with it. When survivors did not feel ready, they found the early phases particularly challenging.

TAKE HOME: Feeling ready and prepared to start therapy at the right time for you is crucial. Attending introductory sessions or having conversations with the therapist beforehand may help to get an idea of what to expect.

The relationship between a survivor and their therapist was very important in survivors' recovery. Survivors shared that a positive relationship was one where they trusted their therapist, did not feel judged, felt safe and were empowered.

TAKE HOME: It is important that you feel comfortable with your therapist and can build trust with them. This may take some time. It's okay to discontinue support if you feel this service is not for you. Explore with the service other available options.

Our research showed that the response of family, friends, and wider social networks can influence recovery. Informal support was helpful when individuals believed survivors and understood the impacts sexual violence and abuse had on their lives.

TAKE HOME: When you take part in therapy, having support from friends and family outside of the therapy setting can be helpful. Their support can also be helpful to you after an intervention finishes. Feelings of isolation are common after experiences of sexual violence and abuse, you could raise this with your therapist and explore ways to strengthen your networks.

We found that in group settings, relationships with others could impact survivors' recovery, especially when there were safe, accepting, supportive and non-judgmental relationships among group members. Learning how to set and maintain boundaries, for example, feeling comfortable to say 'no' within the intervention was identified by survivors as a key factor that enabled them to move towards recovery.

TAKE HOME: When interventions are in a group setting, it is important that you feel safe and comfortable with others. It may take time to develop trust with others in the group. It is okay to set personal boundaries and be assertive.

"I have changed. I am more outgoing, back to doing things I loved, and I've added new interests. I am more social, more trusting, and stronger. I go out with friends."

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What to do if you have been a victim of sexual violence and abuse

Sexual violence and abuse means any sexual activity or act that happened without consent. It includes rape, sexual assault, sexual abuse and sexual harassment. You do not have to report it to the police to receive support.

Sexual Assault Referral Centres (SARCs) offer a first point of contact for anyone who has experienced recent and non-recent sexual violence and abuse. Individuals can talk in total confidence about their experience in a safe, caring environment and receive help, whether the police are involved or not. SARCs offer the option of a forensic medical exam to gather evidence of the assault and medical care; emergency contraception and care for sexual health; and connect people with an independent sexual violence advisor and onward referrals for practical and emotional support.

If you are looking for help for yourself or someone else, you can contact a SARC directly, or be referred by your GP, nurse, school or the police.



Scan the QR code for a full list of support for victims and survivors

Rape Crisis England & Wales

Call the national helpline on **0808 802 9999** or visit www.rapecrisis.org.uk

The Survivors Trust

For specialist support services in your area call **0808 801 0818** or visit www.thesurvivorstrust.org

Male Survivors Partnership

Call the helpline on **0808 800 5005** or visit www.malesurvivor.co.uk

24-hour National Domestic Violence Helpline

Call **0808 2000 247** or visit www.womensaid.org.uk

NSPCC

If you are a child or young person under 19 years who needs support or is facing problems or dangers, call Childline on **0800 1111** or visit www.nspcc.org.uk

If you have concerns about a child, call **0800 800 5000**



Find out more about the MESARCH project by scanning our QR code

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