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# THE TOP 10 PRIORITIES FOR SEXUAL VIOLENCE AND ABUSE RESEARCH:

FINDINGS OF THE JAMES LIND  
ALLIANCE SEXUAL VIOLENCE PRIORITY  
SETTING PARTNERSHIP

## SUMMARY REPORT

May 2022



## INTRODUCTION

Sexual violence and abuse in adulthood effects the lives of many people across the world. In the UK alone, it is estimated that around 20% of women and 4% of men have experienced some form of sexual violence after the age of 16. However, these figures are likely to underestimate the true extent of the problem given how hard many people find it to tell anyone about what has happened to them.

It is well known that sexual violence can cause a range of negative physical and emotional effects. However, there is still some uncertainty about the best ways to help survivors cope with such experiences. To make sure support and services are as effective as possible, it is very important that survivors' opinions are included for understanding what new information might be needed to answer these questions. As such, the aim of this Sexual Violence Priority Setting Partnership (SVPSP) was to identify the health and social care needs that adults with experience of sexual violence see as a priority for future research. Members of the SVPSP included survivors, as well as healthcare and social care professionals from across the public, community and social enterprise sectors.



### HOW DID WE DECIDE THE SUBJECT MATTER OF THE SVPSP?

The Steering Group had to decide what responses would be accepted and from whom. There was a lot of discussion around the matter of family members and whether responses from loved ones should be accepted. The decision to exclude these responses was based largely on the fact that many survivors do not disclose to family and therefore this may negatively impact the diversity of responses.

It was important that the focus was constantly on the care and needs of survivors, including those who had experienced childhood sexual abuse.

Responses from individuals living outside of the UK were also excluded. Only survivors of sexual violence who were living in the UK were accepted because the results are to be used to inform research in the UK.





## THE APPROACH TAKEN BY THE SVPSP

The SVPSP followed the standard process used by the James Lind Alliance (JLA) for identifying priorities in healthcare research. This follows a five-step approach:

### 1. Project set-up

We formed a steering group to guide the decisions and project activities of the SVPSP. The group was a mixture of survivors of sexual violence, healthcare professionals, and academic researchers.

### 2. Gathering questions

In September 2020, we distributed an initial survey asking participants to provide three questions about the care, needs, and support of adult survivors of unwanted sexual experiences that they would most like to see answered by future research. Participants could be either survivors of sexual violence or professionals who support them.

### 3. Evidence checking

Responses to the first survey were analysed and grouped together into summary questions (also known as 'indicative questions'). These represented all the questions provided by participants and were checked against existing scientific literature to see if any had been answered by existing, high-quality research. Any questions that had already been answered were then removed from the process.

### 4. Prioritising questions

In September 2021 a second survey was launched. This asked participants to rank the remaining indicative questions using a two-step process.

- Participants selected questions that were important to them to form a personalised short-list.
- From this short-list, participants were then asked to select up to 10 questions that they felt were the greatest priority for future research.

The steering group reviewed these responses together to create a list of the 18 questions that participants had rated most highly.

### 5. Agreeing the Top 10

Thirty-one survivors and professionals attended an online workshop to decide which questions should be prioritised as the most important for research. After several discussions throughout the day, ratings were finally combined and the Top 10 priorities were decided!





# OUR FINDINGS

## 1. GATHERING QUESTIONS

The first survey received responses from 675 people. In total, 484 questions were submitted that were relevant to the aim of the project. People who submitted these questions were from diverse backgrounds, including:

**121 Survivors**  
54.3%



**36 Professionals**  
16.1%



**66 Professionals with lived experience**  
29.6%



## 2. EVIDENCE CHECKING

The original 484 questions were combined to create 79 indicative questions that could represent all the responses to the first survey. The questions were checked against 174 reviews of existing literature on sexual violence, which showed that 4 of the indicative questions had already been answered by existing high-quality research. This left us with a total list of 75 unanswered questions.

## 3. PRIORITISING QUESTIONS

A total of 343 survivors and professionals responded to the second survey. Their responses were reviewed by the steering group, and the original 75 questions then reduced to 18 based on which were rated most highly by participants. This list was now ready for review in the final workshop.

**207 Survivors**  
60.3%



**47 Professionals**  
13.7%



**89 Professionals with lived experience**  
26%



## 4. AGREEING THE TOP 10

The questions were rated in group sessions throughout the day and the list of 18 finally reduced to a Top 10.

**13 Survivors**  
41.9%



**16 Professionals**  
51.6%



**2 Professionals with lived experience**  
6.5%



# The Top 10 Priorities for Sexual Violence and Abuse Research



- 01** From the perspective of survivors, what does recovery involve and what outcomes do they value?


- 02** How can survivors from Black, Asian and Minority Ethnic (BAME) communities be best supported?


- 03** How can access to high-quality psychological therapies be improved?


- 04** What interventions could reduce stigma and its consequences on survivors?


- 05** How can contact with the police avoid re-traumatisation, distress & victim-blaming attitudes?


- 06** What support is most helpful to and valued by survivors?


- 07** How can health services become more trauma-informed?


- 08** What support do survivors need during and in the aftermath of criminal justice proceedings?


- 09** How can support be more accessible and inclusive and effective for LGBTQ+ survivors?


- 10** How can survivors of historical abuse be best supported?





# THE TOP 10 PRIORITIES: MAIN THEMES



## 1. SUPPORT AND OUTCOMES WHICH ARE VALUED BY SURVIVORS THEMSELVES

(Priorities 1, 6, and 10)



- *From the perspectives of survivors, what does recovery involve and what outcomes do they value?*
- *What support is most helpful to and valued by survivors?*
- *How can survivors of historical abuse be best supported?*



Survivors do not necessarily describe recovery the same way as healthcare workers do, which means more research is needed into the support and outcomes that survivors themselves most value. For example, healthcare workers might focus on the presence of mental health 'symptoms', yet recovery can mean a number of things, such as improved self-esteem, improved quality of life, or the ability to have positive relationships.

Services may not fully understand or support the needs of survivors and complaints about the quality of care are common. Taking survivor's wishes and concerns seriously is key to developing better services to support their recovery.



# THE TOP 10 PRIORITIES: MAIN THEMES

## 2. THE NEEDS OF SPECIFIC SURVIVOR GROUPS

(Priorities 2 and 9)

- *How can survivors from Black, Asian and minority ethnic communities be best supported?*
- *How can support be more accessible, inclusive and effective for LGBTQ+ survivors?*

Individuals belonging to minority communities often face specific challenges and barriers to receiving care that are not experienced by other groups. Participants who were consulted by the SVPSP recommended that all future research in sexual violence and abuse should consider the needs of survivor groups that are frequently underrepresented.

Throughout the SVPSP, minority groups had consistent differences in which priorities they saw as most important. This highlights that these groups have different needs and value different things. Further research is needed to explore the needs of minority groups and develop more personalised support for these communities.





## THE TOP 10 PRIORITIES: MAIN THEMES



### 3. THE NEEDS OF SURVIVORS AT A BROADER ORGANISATIONAL, AND SOCIAL LEVEL

(Priorities 3, 4 and 7)

- *How can access to high-quality psychological therapies be improved?*
- *What interventions could be introduced to reduce stigma and its consequences on survivors?*
- *How can health services become more trauma informed?*



Waiting lists for talking therapies are currently very long and not everyone who wants support from a therapist is able to meet with one. Another problem is that survivors with several mental health difficulties may not be offered access to these services. For example, there are currently no treatments for complex post-traumatic stress disorder, and someone with a diagnosis of schizophrenia may be offered medication rather than talking therapy. Survivors can experience distress and difficulties in several areas of their lives, and it is important they receive the support they need regardless of their mental health diagnosis.

Stigmatising beliefs and myths about sexual violence can impact survivor wellbeing and may make people less likely to report abuse and seek support. In wider society, research is also needed to develop effective ways of reducing these harmful attitudes.

More research is also needed into the benefits of trauma-informed care and how to best include this within health services and organisations.







## 4. IMPACTS OF INVOLVEMENT IN CRIMINAL JUSTICE PROCEEDINGS

(Priorities 5 and 8)



- *How can contact with the police avoid re-traumatisation, distress and victim-blaming attitudes?*
- *What support do survivors need during and in the aftermath of criminal justice proceedings?*



Past research suggests that the experiences of survivors in the criminal justice system can be harmful, re-traumatising and cause 'secondary victimisation' (e.g. being exposed to victim blaming attitudes that suggest what happened to them was in some way 'their fault'). Further research is needed to help make the investigation and reporting of abuse more 'survivor-centred'. For example, training could be developed to reduce victim-blaming biases amongst professions in the legal system, as well as developing systems that provide psychological support across all stages of involvement in criminal justice proceedings.

## NEXT STEPS

- The Top 10 questions reflect areas around sexual violence and abuse that have not been researched enough. Even so, only 5% of all research questions proposed in the first survey were found to be answered by past research.
- Much more work is needed to address the needs of survivors and professionals in this area!
- The Top 10 can be used to shape future research and will act as a springing board for improving services offered to survivors.
- We encourage survivor representatives to share these priorities and encourage the development of future work.



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## FOR MORE INFORMATION...



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