

**Exploring Support Services for Survivors of Sexual Violence**

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# **Abstract**

This research explores the support provided by charities for survivors of sexual violence in England and Wales, with a focus on identifying any barriers to accessing services, the role of government strategies, and the support offered to marginalised groups. Through qualitative analysis of charity reports, the research highlights the systemic challenges such as insufficient funding. It emphasises the importance of trauma-informed care (TIC) and the need for staff to be trained and continue to be trained, to encourage staff development and to be up to date with the latest developments when it comes to support, so that service providers can provide empathetic and non-blaming responses to survivors. The research explores what charities are doing to help those in marginalised groups, although the lack of direct input from survivors and gaps in the literature on how effective charities are at being inclusive. The findings do, however, align with existing literature but contribute to new insights into collaborative practices between charities and the impact systemic barriers are having on the support sector, to provide prompt and consistent support to survivors of sexual violence. The research concludes by providing practical and theoretical recommendations, such as increased funding and incorporating survivor feedback into services.

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# **Introduction**

Sexual violence is a widespread issue that affects individuals globally, with survivors often requiring extensive and multifaceted support to recover and rebuild their lives (Survivors Network, n.d.). According to Keith and Skidmore (no date), as a consequence of sexual violence, survivors often experience a range of physical, psychological, and social repercussions as a direct consequence of the assault.

Sexual violence refers to any sexual act committed against an individual without their consent, offences such as rape, sexual assault, and sexual exploitation. Sexual violence constitutes of a range of crimes that are considered as sexual offences, including rape or sexual assault, crimes against children including child sexual abuse or grooming, and crimes that exploit others for a sexual purpose, whether in person or online (CPS, n.d). There are differences in the definitions of ‘rape’ and ‘sexual assault.’ The legal definition of rape is when a person intentionally penetrates another's vagina, anus, or mouth with a penis, without the other person's consent. Assault by penetration, however, is when a person penetrates another person's vagina or anus with any part of the body other than a penis, or by using an object, without the person's consent. The overall definition of sexual or indecent assault is an act of physical, psychological, and emotional violation in the form of a sexual act, inflicted on someone without their consent. It can involve forcing or manipulating someone to witness or participate in any sexual acts. Not all cases of sexual assault involve violence, cause physical injury, or leave visible marks. Sexual assault can cause severe distress, emotional harm and injuries which cannot be seen - all of which can take a long time to recover from (Metropolitan Police, n.d). This term is central to the research as it defines the scope of the issue being explored and highlights the various forms of harm that survivors may experience.

The Sexual Offences Act 2003 is a piece of UK legislation that reformed the law of sexual offences, it offers clear and strong protection for victim of sexual violence. The act defined rape more precisely and clearer guidelines on consent (Legislation.gov.uk, n.d). The act helps to tackle sexual violence and ensure justice for survivors. A prevalent misconception about rape is that the perpetrator is always a stranger, yet data shows that most rapists are known to their victims (University of East London, n.d). For the years ending March 2017 and March 2020, victims of rape or penetration were most victimised by a partner or ex-partner (44%), the majority of whom were women. Additionally, 37% of survivors were assaulted by individuals outside the family, including friends (12%) and dates (10%) (Office for National Statistics, 2020).

Sexual violence has been officially recognised as a national threat by the government. This threat is particularly towards violence against women and girls, also known as VAWG (NPCC, 2024). VAWG is not a singular crime but encompasses a spectrum of offences, including domestic abuse (DA), sexual assault, stalking, and harassment (Keith and Skidmore, n.d.). The scale of the issue is reflected in recent statistics, which show that in the year ending 2024, there was a 20% increase in sexual offences compared to the previous year (GOV.UK, 2024). Of these, approximately 35% (69,958) were rape offences, meaning there was a 3% increase from the previous year (ONS, 2024). It is further estimated that when it comes to VAWG, one in twelve women will experience sexual violence each year, equating to approximately 3,000 recorded offences per day, however, these figures exclude the crimes that go unreported with the NPCC stating that these figures are cautious estimates, as it is recognised that not all crimes are reported, meaning the true number of affected individuals is unknown, but it is estimated by the NPCC, that there could be as high as 2 million victims annually each year, with this number expected to rise (NPCC, 2024).

## **Topic Area**

This research explores the support services available in England and Wales for survivors of sexual violence. Support services play a vital role in the recovery of survivors in the aftermath of what happened to them. According to Hester (2017) support services for sexual violence survivors, particularly specialist ones, are essential in shaping a survivor’s experience in the aftermath of what they have been through.

While support services may mean different things to different people at different times, for the purposes of this report, support services are defined as any service, organization, or intervention that provides support, advice, or treatment to victims, survivors, and their families to reduce the impact of having experienced sexual violence (Independent Inquiry Child Sexual Abuse, no date). Despite the critical role of support services, a persistent issue is that many survivors, particularly male survivors, are reluctant to report their experiences. This reluctance is often the result of multiple barriers, which will be explored in much greater depth through the literature. Underreporting of sexual violence, a widespread issue as highlighted by Denti and Lammarino (2022), is largely influenced by factors such as victim blaming and societal stigma, which prevent survivors from seeking help and can hinder their recovery. Many survivors internalise blame due to prevailing cultural attitudes, which worsens their reluctance to come forward (Rajiva, 2021).

Given the severity of sexual violence, there is increasing recognition of the need for inclusive and accessible support services (Carter et al., 2025). Inclusive refers to services that include all people and treat all individuals just as fairly and equally (Cambridge Dictionary, n.d). In the context to this research, inclusive means that services are responsive to the varied needs of survivors, including those from marginalised communities as who face unique barriers (End Violence Against Women, n.d), which will be explored in greater depth later in the literature. Accessibility is defined as the ability to be able to easily obtain something (Cambridge Dictionary, n.d). In the context of support services, accessibility refers to the ease at which survivors can access and engage with support after what has happened to them, including factors such as the waiting times to receive the help and support they need. However, service providers often face challenges in delivering effective support due to systemic limitations and resource constraints, such as funding (Women’s Aid, 2024).

As Emsley (2015) asserts, inadequate funding of support service for sexual violence survivors, leads to reduced accessibility and a compromise on quality, this could limit the effectiveness of support services for survivors in need. To address the issue of support services falling short, the UK government recognises the importance of support services and in 2011, launched The Rape and Sexual Abuse Support Fund (RASAF) and in 2023, released how they are striving for “greater support and better outcomes” for survivors of sexual violence, this includes a £26 million investment for specialist support services across England and Wales, and this funding forms part of a commitment to quadruple funding for survivors of sexual violence by 2025 (GOV, 2023). This will be significant in helping survivors of sexual violence and will allow for the enhancement of support services for those who are a victim to sexual violence, but not only that, those who are black and minorities women, will be funded for the next 2 years as a result of this funding, by the Trafford Rape Crisis, which is a sexual violence support service based in Greater Manchester, that aims at supporting black and minorities and also all other ethnicities or backgrounds of women who are a victim of sexual violence (TRC Sexual Abuse & Rape Support Greater Manchester, 2018).

## **Context**

Historically, male rape was not legally recognised in the UK until 1994 (Severs, 2024), reflecting the longstanding neglect of male survivors in both policy and practice. It was not until the Sexual Offences Act 2003, that male rape become recognised, and the legislative piece become gender neutral (Survivors UK, n.d). However, Severs (2024) argues that the act still falls short to recognise how a woman can be a perpetrator. The Sexual Offences Act 2003, specifies that “a person commits an offence if he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis” (Legislation.gov.uk, n.d), it specifically specifies the pronouns “he” of a male and not a woman, making some believe that the law still does not take in to account those that are raped by a woman (McKeever, 2019).

Before the late 1990s, specialist support for victims of sexual violence in the UK was primarily provided by Rape Crisis Centres (RCCs) (Westmarland et al., 2013). Despite being legally condemned, sexual violence has historically been frequently overlooked in practice. Cooper’s (2022) research of medieval England highlights that, while rape was recognised as a serious offence, it rarely resulted in convictions. This pattern still persists today, with recent statistics showing that only 58.2% for sexual offences prosecuted in the year ending March 2024 resulted in convictions. This conviction rate is relatively low compared with other types of crimes; many other crimes tend to have higher conviction rates. These figures highlight the ongoing need for effective support services as the legal barriers continue to obstruct and hinder justice for survivors.

## **Rationale for Research**

The rationale for this research lies in the need to better understand the support services for survivors of sexual violence, particularly those provided by charities. While previous studies have examined barriers to reporting and accessing support services, limited research has critically explored what the support services actually offer and experiences of survivors who have used these services. Charitable organisations play a crucial role in filling gaps left by statutory services, yet their offerings are often varied. There is limited comprehensive research that explores what different charities are able to offer to survivors. This study aims to address this gap by exploring what works well in the support services offered by charities and identifying areas where further improvement may be necessary. By examining both the positive aspects of these services and the challenges that persist, this research seeks to contribute valuable insights that can inform future policy and improve the overall support system for victims of sexual violence.

## **Aims and Objectives**

The primary aim of this research is to explore the support provided by charities for survivors of sexual violence in England and Wales. Specific objectives include:

1. Identify the barriers and challenges faced by survivors accessing these services
2. Analyse any government strategies to prevent sexual violence and support survivors
3. Analyse what support services are doing to help those in marginalised groups
4. Explore the types of support services offered by charities and their alignment with survivor needs

The following section aims to give a comprehensive review of the existing literature on support services for survivors of sexual violence. By synthesising the findings from existing studies and different perspectives from authors, this section will establish the context and framework for understanding the challenges within support systems for sexual violence survivors.

# **Literature Review**

A prominent theme in the literature is the significance of trauma-informed care (TIC) in supporting survivors of sexual violence. Trauma-informed (TI) practice is an approach within health and care services that acknowledges how trauma can impact an individual’s neurological, psychological, biological, and social development (GOV.UK, 2022). In other words, rather than focusing solely on behaviours, TIC practice encourages professionals to consider what a person needs rather than what is wrong with them. Additionally, to this, it seeks to prevent re-traumatisation, as said by Choi (2024) TIC works with all individuals with a history of trauma to minimise the risk of re-traumatisation where individuals may relive distressing experiences linked to past trauma. Although it does not replace specialist trauma treatment, it helps address the barriers that survivors may face when seeking support (GOV.UK, 2022). The concept of TIC has evolved over time as it originally derives from Trauma Theory, this explores the individual's traumatic experiences and how this affects their mind, body, and behaviour (Marks, 2023). To build on this, Van Der Kolk (2014) stresses the importance of addressing trauma, stating that until the trauma is properly addressed the survivor of sexual violence, will continue to relive what they went through and this then leads to a dissociation with their present and as SAMHSA (2014) states, survivors who have suffered trauma must be understood and treated to address their trauma to help with their recovery and healing. SAMHSA (Substance Abuse and Mental Health Services Administration), has played a key role in the framework surrounding TIC and is globally recognised and widely applied, including in the UK, although it is US based.

In the UK, organisations such as Rape Crisis England & Wales integrate TIC into their services, with all of their counsellors having had training in how to effectively deal with survivors of sexual violence (Rape Crisis, n.d). Similarly, NHS England have also adopted TI approaches in healthcare, particularly within Sexual Assault Referral Centres (SARCs) and mental health services, to address the unique needs of sexual violence survivors (NHS, n.d). These UK organisations reflect the core principles of SAMHSA’s framework safety, trustworthiness, choice, collaboration, and empowerment adapting them to the context of sexual violence (Menschener, 2016). The principles outlined by SAMHSA clearly state the framework in which should be applied when dealing worth survivors of sexual violence and as Jones (2024) argues, TIC training enhances the support provided to survivors, this expands on the importance of providing the best support possible to survivors.

Moreover, when TIC principles are not applied effectively, the results can be detrimental. A troubling example of this is the case of a transgender, intersex, Afro-Latinx woman who was sexually assaulted and subsequently mistreated by healthcare professionals after being brought to the hospital by ambulance, she was left outside on a cold December night, as staff assumed she was homeless and intoxicated due to her appearance. It was only after walking to another emergency department that she received attention, but even then, proper care was not provided as when the police interviewed her, the officers were getting annoyed when she could not remember certain aspects from the event (Magallon, 2022). Mechanic (2010) carried out a study assessing the memories of recent sexual assault victims, highlighting that while many victims accurately recalled their assaults, trauma significantly affects how the brain processes and stores memories. This can lead to an incomplete recall, particularly during early interviews following a traumatic event. This highlights the need for proper and patient responses from law enforcement officers and healthcare professionals, to mitigate any further trauma. While TIC training is essential, this case demonstrates that inconsistent application of TIC principles, especially on trauma, can cause further harm. While Jones (2024) emphasises that TIC training should equip providers to understand and support survivors’ unique experiences, this case demonstrates that even with TIC training in place, inconsistent application can undermine trust and lead to further victimisation, which TIC aims to protect survivors from and as said by Anderson et al. (2022), all groups should feel included and represented, but the failure to treat individuals from BAME communities equally highlights a systemic gap in TIC application, which the mishandling of this case also reflects, and further highlights concerns regarding the treatment of sexual violence survivors within the Criminal Justice system (CJS).

Ahrens’ (2006) qualitative study of 8 rape survivors reveals three keyways in which negative reactions silence survivors: dismissive and negative reactions professional responses underscore the importance of TIC, showing how negative responses to survivor disclosures can discourage further help seeking. Although Ahrens’ only used a sample size of 8 survivors, which limits the ability to generalise the findings, this can be seen as an opportunity for future research to adopt a more inclusive, survivor centred approach that prioritises survivor feedback for further development of services. Ahrens’ emphasises the importance of receiving feedback from survivors who have used services such as charities, as this will help in shaping and improving support services moving forward. By doing so, it not only helps to improve the services but also allows the survivors' voices to be further heard, placing them at the forefront of the service.

Reeves (2015) conducted a study on TIC services and the impact that a negative experience from a professional can have on survivors who are highly susceptible to re-trauma regardless of whether it is recent or not. The key themes from the findings of Reeves were the importance for coordinated efforts among healthcare professionals to provide the best support, also adapting the principles of TIC across various healthcare environments to meet the unique needs of different individuals, and the necessity of building trust through interactions. These approaches could foster a more effective and survivor centred support system. Filipas and Ullman (2001) highlight that survivors often encounter both positive and negative reactions, which impacts their willingness to disclose and similarly, Sigurvinsdottir and Ullman (2015) further emphasises this by describing the differences between positive and negative reactions, stating that a positive reaction is one where there is emotional and practical support where as negative reactions on the other hand, may be more about victim blaming.

Similarly, Holland and Barnes (2019) findings align and supports this, going on to say that victim-blaming, disbelief, and negative societal attitudes persist in both public discourse and institutional responses. These findings align with broader concerns about how unsupportive responses hinder disclosure. Building on this, Madeline et al (2014) highlights how survivors of sexual violence often face blame from professionals, partners, and others. This goes against the principles of TIC which emphasises the importance of sensitive and non-judgmental responses when a survivor shows. This is further supported by Gravelin et al (2020) who explored 102 articles, the review aimed to show key predictors of victim blaming. The findings indicate that individual characteristics such as gender or their personal beliefs, can significantly affect the tendency to blame victims of sexual violence. It was also identified that the relationship to the victim can also play a crucial role. Further factors found that may influence victim blaming could be because of media representations and societal attitudes. While this research does give some good insights in to an unfamiliar perspective that could constitute tot victim blaming, it neglects how race, class, disability, and sexual orientation might shape victim blaming.

Additionally, support services are under institutional constraints, such as funding shortages, which may hinder their accessibility and the ability to offer the best support possible to survivors. As said by Emsley (2022) that inadequate funding is a significant barrier to effective supports services. This suggests that a lack of sufficient resources limits the ability to provide consistent care as this could lead to longer waiting times and reduced availability of specialist services such as TIC. Due to the lack of funding, it is hard to really notice the benefits of having TIC and broad support services, and vice versa, that due to the lack of funding, they are not at the potential of what they could be for survivors.

## **Barriers to Reporting**

There are barriers that survivors face as to whether they decide to report what has happened to them. One of these barriers could be that they fear they will not be taken seriously or believed. As Oikonen et al. (2020) define ‘unfounded’ cases as reports of sexual assault that were baseless to the police. The study consisted of a combination of open ended and semi-structured interviews with 23 sexual assault survivors. Their research brings attention to just how often cases of sexual violence are dismissed by the police. Four key themes appeared from the findings, but mostly notably: (a) vulnerability and (c) police insensitivity. Oikonen et al. also argue that survivors perspectives on their experiences with reporting to the police, are underrepresented in research and that having more feedback from survivors of their experiences, not only regarding support services as said earlier in the review by Ahrens (2006) but also, feedback from survivors who have reported their experiences to the police as this would help better understand and inform where services could be made better. Oikonen et al.’s findings suggest that by understanding survivor's experiences, whether that be the police or support services, improvements can be made as a result and this could be crucial for any services who deal with sexual violence survivors, to be able to provide better outcomes for survivors.

Oikonen et al. study emphasises the concerningly high rates of these cases not being documented properly and shows just how much these cases are being dismissed. While the study was done in Canada, which can be argued that the findings can not be generalised, similar issues are reflected within statistics from the UK. In 2014, an inspection carried out by Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) found that 26% of sexual offences were not properly recorded by the police (HMICFRS, 2014). More recently, it was reported that for the year ending March 2022, approximately 2.3% of adults were victims to sexual assault, equating to 1.1 million adults. However, only 193,566 of those offenders were recorded by the police during that period, these statistics stress the issue of unrecorded crimes (ONS, 2022).

Furthermore, Gagnon et al. (2018) explored ways in which support services could best serve those who are survivors of sexual assault. This study involved 224 ethnically diverse adult women aged 18 to 62 who had recently been a victim to sexual violence. This research aimed to gather not only survivors feedback for improving the Criminal Justice System (CJS) but also, support services. The findings from the study provided specific suggestions for improvement such as, ensuring that there are more female service providers when it comes to the support sector, ensuring there is better communication between service providers, assisting survivors in accessing resources that could help them with their trauma and any difficulties they may be facing, and to also have a greater understanding of trauma. Overall, the study emphasised the need for more training for support staff, to be better equip them to deal with survivors. Both Oikonen et al. (2020) and Gagnon et al. (2018) studies both stress the importance of incorporating survivors’ perspectives and feedback to make services better. However, a notable limitation is that there is a specific focus on female survivors as opposed to male survivors and while sexual violence as mentioned earlier in this research is a significant issue that affects women, with statistics showing that 1 in 4 women have been raped or sexually assaulted since the age of 16, compared to 1 in 18 men, it is important to recognise that sexual violence is still an issue for all genders and demographic.

There is a persistent issue when it comes to sexual violence survivors not reporting or accessing help and support after what has happened to them. Stigma stays a major barrier to help seeking for survivors of sexual violence, Green et al. (2017) note that many survivors fear not being believed, which discourages them from reporting incidents or accessing support. This issue is a particular challenge among male survivors, who often face rigid gender norms that question their victimhood and deter them from seeking help (Turchik et al., 2016). A notable gap in the literature is the lack of research into male survivors. As Bows (2017) highlights, sexual violence happens to anyone, and it is crucial to normalise being a victim, ensuring that survivors are not blaming themselves or being blamed by others for their experiences.

Government statistics reveal a significant disparity in reporting rates, with an estimated 618,000 females experiencing sexual assault (including attempts) compared to 155,000 males in the year ending 2020 (Office for National Statistics, 2024). This gap may be explained by deeply rooted societal and cultural barriers that discourage men from reporting. Tsui et al. (2010) argue that the perception of reporting sexual violence, can be seen as a threat to masculinity, which may be a key factor in underreporting. Expanding on this, Washington (1999) found that male survivors often fear being perceived as weak or worry about not being believed, particularly when the perpetrator is female. This aligns with Casali et al. (2017), who found that the low number of reported male rape cases stems from persistent myths surrounding male sexuality, which continue to shape societal attitudes.

Supporting this, Hammond (2016) conducted an empirical study on male sexual assault myths, surveying 98 men in the UK, about their perceptions of police responses when reporting sexual crimes. The findings revealed widespread skepticism regarding whether male victims are taken seriously, particularly when the perpetrator is female. This reinforces the concerns raised by Washington (1999) and Casali et al. (2017) together, these studies illustrate how harmful stereotypes, societal expectations, and institutional responses contribute to the significant underreporting of male sexual violence.

Hammond’s (2016) reliance on self reported surveys, could raise the question as to whether the participants answered giving their true feelings or experiences. As it is possible provided answers based on what they believed to be socially acceptable or expected. As Ahrens’ (2006) and Gravelin et al. (2020) highlighted earlier in this review, stigma contributes to the silencing of survivors and whilst with Ahrens’ focussed on the harmful impact of negative reactions from professionals, family, and friends, this is still a prevalent issue across the whole of the literature. However, the consistent findings across various studies and perspectives of different authors highlight just how much of a critical issue there is for support services for male survivors to address. These myths around whether they will be taken seriously because they are men and the skepticism they have, as to whether they would be looked at differently than if they were a female victim, hinder them to seek help and also reporting to the police. This reinforces the importance of charities, particularly those who are aimed at helping male survivors, should challenge stereotypes, ensuring that all survivors regardless of their gender, feel supported and believed.

As said earlier in the research, male rape was not legally recognised in the UK until 1994. However, Weare (2017) argues that a woman can in fact rape a man or another woman, by forcing them to have sex. Legally recognising ‘forced to penetrate’ cases as rape would make the laws regarding women perpetrators who commit rape under the Sexual Offences Act 2003 more inclusive. This may actually work to reduce some of the stigmas and not taking men seriously when they report that they have been raped by a woman, more seriously, so they feel believed.

A consistent finding across the research is that underreporting is especially common among Black, Asian, and minority ethnic (BAME) male survivors, further escalating their marginalisation within support systems, this is further reinforced earlier in the review by Turchik et al. (2016) who argue that stigma surrounding male victimisation is intensified by racial and cultural expectations, which contributes to underreporting within these communities. Similarly, Gilbert et al. (2004) also reinforces the role of cultural norms in reinforcing these barriers.Going on to emphasise that, societal expectations of masculinity play a significant role in underreporting, cultural influences also shape male survivors' experiences. Research on male sexual victimisation has expanded, but there remains a significant gap in understanding how ethnicity and culture intersect with gendered expectations,particularly for minority ethnic men. In the UK, studies have largely overlooked male victimisation within ethnic minority groups. Two of the largest minority communities, Asian and Black African/Caribbean individuals, share cultural values that emphasise avoiding dishonour to oneself and their families, which influences how they respond to trauma and disclosure. This trend reflects Crenshaw's (1989) concept of intersectionality**,** which highlights how overlapping identities such as gender, race, and culture intersect and create unique experiences. Cowburn et al. (2015) found that the decision to conceal experiences of sexual trauma is often driven by cultural and familial pressures to avoid bringing shame. This suggests that individuals from minority ethnic backgrounds face not only societal pressures but also cultural constraints, further discouraging disclosure and as mentioned previously, Gagnon et al. (2018) suggest that by creating support systems that acknowledge the unique experiences of BAME male survivors, is a crucial step to challenging the barriers to help seeking.

# **Methodology**

Methodology refers to the overarching approach and philosophical framework that guides research, shaping how knowledge is understood and constructed (Saunders, 2009). According to Hathcoat et al. (2019), methodology is informed by ontology, which concerns the nature of reality and what can be known, and epistemology, which addresses how knowledge is acquired and interpreted. These philosophical foundations influence the researcher's approach to investigating the topic.

Methods, in contrast, refer to the specific techniques used to collect and analyse data within a given methodological framework. As Stierer and Antoniou (2004) says that methodology provides the overarching philosophical foundation that shapes research methods which serve as the practical tools that put these philosophical assumptions into action. According to Wisker (2018), methods are the practical tools through which research is conducted, translating methodological principles in to tangible data collection and analysis processes.

In other words, methodology informs the research design, guiding decisions on how knowledge is constructed and explored, whereas methods are the specific procedures used to gather and analyse data. This distinction is crucial, as methods do not operate in isolation but are directly shaped by ontology and epistemology.

This research was rooted in a constructivist ontology, recognising that knowledge about support services for survivors of sexual violence is not fixed but shaped by social, institutional, and policy driven factors (Dworkin, 2022). As Reid (1996) highlights, qualitative research is valuable for capturing people's experiences and beliefs in depth, helping to provide fundamental comprehension of complex issues. Given that support services involve multiple stakeholders such as, charities, policymakers, and survivors (Civil Society Commission, n.d), this perspective is crucial in understanding how services are shaped and perceived. Similarly, Pope and Mays (1995) note that qualitative approaches have been widely used in health services research to explore the beliefs, attitudes, and perceptions of professionals, making them particularly relevant for examining institutional and policy influences on support services. Epistemologically, the research aligned with an interpretive perspective, emphasising the importance of analysing and synthesising existing literature to understand the complexities of support provisions (Chowdhury, 2014). This aligns with the qualitative tradition of seeking to understand rather than quantify, further supporting the researchers’ methodological choices for this research.

## **Research Design**

The research design serves as a crucial framework for any research. Wilde (2004) emphasises the importance, highlighting that research designs not only provide a structured plan for conducting research but also guide its execution and completion. In the context of this study, a well defined research design ensures a systematic approach to examining the support available for victims of sexual violence in the UK, allowing for a thorough and structured analysis of charitable services and their impact.

This research employed both descriptive and exploratory research designs to provide a comprehensive understanding of the current landscape of support services for survivors of sexual violence, directly aligning with the research aim of exploring support services for survivors of sexual violence. A descriptive research design was used to provide a detailed overview of existing literature and secondary data, offering insight into the available support services for survivors of sexual violence. Walliman (2014) describes descriptive research as designs that involve being able to describe something or someone being studied, which in this research, was the support services. As stated by Sreejesh (2014), descriptive research is a method of collecting and analysing pre-existing data, typically through secondary sources, without introducing new data via primary research. Sreejesh provides examples of such 'pre-existing data' and highlights several methods researchers can use to gather this information, including telephone, mail, and electronic methods, demonstrating the versatility of descriptive research in secondary data collection. This approach was ideal for summarising the current state of support services, identifying key themes, and uncovering recurring patterns across charities.

The exploratory research design complemented the descriptive approach by enabling the researcher to investigate areas of the support services in England and Wales, that had not been fully explored or understood. As also stated by Sreejesh (2014), exploratory research is particularly useful for gathering new insights and identifying emerging challenges that the support services sector face. In this research, the exploratory design helped examine the reasons behind the gaps in support services, providing insights into why these gaps exist, how they affect survivors, and what could be done to address them. This approach allowed the researcher to explore the complexities of support services, identifying potential improvements, that could better meet the needs of survivors as a result of the data that emerged when analysing.

Together, the descriptive and exploratory research designs, supported by secondary research, created a robust and comprehensive methodological framework for investigating the landscape of support services for survivors of sexual violence. This approach allowed the researcher to gain a deep understanding of the existing framework, identify areas where services could be improved, and propose potential solutions that could better address the needs of survivors. It also highlighted areas requiring further investigation, providing valuable insights for future studies in this essential field. The use of these research designs directly aligned with the study's overall aim of identifying and addressing the gaps in support services, ensuring that the research provided a thorough, evidence-based exploration of the topic.

## **Research Strategy**

The qualitative approach, as used in this study, was particularly effective in exploring the experiences of support services. Qualitative research is focused on understanding the meanings, perceptions, and experiences of individuals, rather than quantifying them into generalisable statistics (Silverman, 2022). This was crucial for this study, as the complex nature of trauma and the personal impact of sexual violence could not have been fully addressed through quantitative measures alone. The flexibility of qualitative research allowed the study to capture emotional and personal aspects of survivors' experiences with support services, ensuring a comprehensive understanding of the issue.

## **Research Method**

This study used secondary source document analysis which was central to exploring the support services available for survivors of sexual violence. Secondary source document analysis involves analysing pre-existing data, such as reports, studies, and publications, rather than gathering new data (Curtis, 2018). By using secondary data, the researcher was able to use existing knowledge without the time and resource constraints typically associated with primary data collection (Ajayi, 2023). Walliman (2011) defines secondary research as the use of data that has already been gathered for other purposes, and in this study, it was essential for compiling a broad range of information from diverse sources, which helped to build an understanding of sexual violence support services.

## **Sample**

The data collection process employed a non-probability sampling approach, which is a method used where not all participants have an equal change of being selected (Dawson, 2009), which for this research meant the documents chosen for analysis had an equal chance if being picked. More specifically, a combination of convenience and purposive sampling was used for this research. Convenience sampling involves selecting participants, or in this case the documents, which are easily accessible and readily available and purposive sampling, involves deliberately choosing the documents which meet specific criteria for that aligns with the research criteria (Silverman, 2014). Using a combination of these sampling methods for the research allowed the researcher to gather as much information to really explore the support services for sexual violence survivors, to have a good understanding of where support services are at in providing support in England and Wales.

The sample consisted of documents from charities based in England and Wales that currently provide support to survivors of sexual violence. The inclusion criteria for the charities to be used in the research was factors such as, offering current and relevant support services to the research. A total of 16 documents was analysed, with each selected document contributing to a deeper understanding of the existing support frameworks available to survivors. The sample of charities was originally 21, but it was narrowed down to 16 (as shown in figure 1 below), after evaluating the availability of relevant data and ensuring that each charity offered sufficiently detailed and diverse information. Charities not selected were excluded due to a lack of relevant documentation, limited coverage of sexual violence specific services, or just generally insufficient support for different demographics.

## **Figure 1: Demographics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reference Number** | **Organisation Name** | **Type of Organisation (Charity/Government funded service)** | **Year Founded (if available)** | **Target Demographic** | **Funding** |
| C1 | The Survivors Trust | Charity | 1999 | Survivors of sexual violence | Charity funded, receives donations, and government grants |
| C2 | Rape Crisis | Charity | 1976 | Primarily women and girls, but also supports males survivors of sexual violence | Charity funded and government grants |
| C3 | Coventry Rape and Sexual Abuse Centre (CRASAC) | Charity | 1981 | Mainly women but all genders also | Charity funded and government grants |
| C4 | Safe Line | Charity | 1994 | Survivors of sexual violence, including men and women | Charity funded and government grants |
| C5 | Somerset & Avon Rape and Sexual Abuse Support (SARSAS) | Charity | 2008 | Survivors of sexual violence especially women and children | Charity funded and government grants |
| C6 | New Pathways | Charity | 1993 | Survivors of sexual violence, including men, women and children (focused on Wales) | Charity funded and government grants |
| C7 | Welsh Women’s Aid | Charity | 2011 | Women and girls who are victims of any crime | Charity funded and government grants |
| C8 | Survivors UK | Charity | 1986 | Male survivors of sexual violence | Charity funded and government grants |
| C9 | Galop | Charity | 1982 | LGBTQ+ survivors of sexual violence | Charity funded and government grants |
| C10 | Live Fear Free | Government funded service | N/A | Victims of domestic and sexual violence (support for all genders Wales) | Government service |
| C11 | NAPAC | Charity | 1997 | Adult Survivors of childhood abuse, including sexual abuse | Charity funded and government grants |
| C12 | Imkaan | Charity | 2001 | Black and minority ethnic women and girls who are survivors of sexual violence and domestic abuse | Charity funded and government grants |
| C13 | Male Survivors Partnership | Charity | 2016 | Male survivors | Charity funded and government grants |
| C14 | Sexual Assault Referral Centres | Government funded service | 2000s (varies by location) | Survivors of sexual violence for both men and women | Government funded |
| C15 | End Violence Against Women (EVAW) | Charity | 2005 | Women and girls of sexual violence and gender-based violence | Charity funded and government grants |
| C16 | Stay Safe East | Charity | 2009 | Disabled Survivors of sexual violence, domestic abuse, and abuse | Charity funded and government grants |

N/A (Not Available) indicates that the document could not be found through publicly accessible sources.

## **Procedure**

The documentation for this study was sourced from reliable and current materials. In the context of this research, "reliable and current materials" refer to sources of information that are both credible and up to date. Reliable materials are those produced by credible organisations, experts, or authoritative sources, such as well known charities, government agencies, or reputable institutions. These sources are known for their accuracy, consistency, and most of the charities used, were popular and well known. Current materials refer to documents, reports, or publications that reflect the most recent data and developments. This includes documents published within the last 5 years, ensuring that the information is relevant and reflective of the latest trends, policies, and services related to sexual violence support. By ensuring that reliable and current documentation was used, this meant that the data was both trustworthy and relevant, providing an accurate representation of the support frameworks available to survivors of sexual violence. Documentation was primarily obtained through targeted searches on platforms such as Google. Documentation in regard to this research on exploring support services for survivors of sexual violence included documents that were publicly available reports, websites, and publications from charities that offer services to survivors of sexual violence. To ensure the relevance and quality of the data, search terms such as "support" and "sexual violence" were used to refine the search results.

The target demographic column in the table identified the specific groups each charity or service aimed to support. This included whether the organisation provided assistance exclusively to sexual violence survivors or offered general victim support for various crimes. Additionally, it highlighted whether the support was tailored to particular groups, such as women, men, LGBTQ+ individuals, or disabled survivors. This categorisation helped assess the inclusivity and reach of each charity, identifying whether certain demographics received more specialised support compared to others. This approach was beneficial for the research as it enabled a clearer comparison of the different charities' offerings, ensuring that the analysis covered a wide range of services for various survivor groups.

## **Treatment of data**

Content analysis, a qualitative technique, which is used to analyse and interpret patterns in the data (Silverman, 2014), was used to interpret textual data by identifying recurring patterns and themes across the charities. This method enabled the researcher to analyse the secondary data in a structured way, highlighting key issues, gaps, and trends in the support services for survivors. By focusing on qualitative data, the research sought to understand the meaning and context behind the services available, rather than relying on numerical data. This approach was particularly valuable in exploring complex and sensitive issues like the experiences of survivors and how well current services meet their needs. Content analysis facilitated in identifying recurring themes, where support services are in giving support to survivors, and any emerging gaps in the support available to survivors.

The coding process combined both inductive and deductive coding. A deductive approach is one where there is already a preconception of existing knowledge and data that the researcher expects to find where as, inductive coding allowed for any new themes that emerged from the data, that the researcher would not have expected to find (Bingham, 2023), which in this case was the technological support and the services that focussed specifically catered for those in marginalised groups.

## **Ethical Considerations**

This research avoided direct contact with any individuals or participants, as it relied on publicly available documents. Given the use of secondary data, there was no requirement for participant consent or the option to withdraw. Ethical considerations were, however, addressed by the research due to the sensitive nature of the topic. Silverman (2022) highlights those qualitative methods, such as those employed in this research on support services for survivors of sexual violence, may cause emotional distress if participants were involved, as revisiting traumatic experiences could be painful. As a result, participants were not included in the study. Regarding the researcher, regular self reflection was carried out through consistent updates and maintenance of reflections in the OneNote workbook, with concerns communicating to the supervisor. Silverman (2022) asserts that having open conversations with the supervisor is crucial for navigating the emotional challenges of researching sensitive topics. This practice ensured the researchers emotional well being throughout the research.

# **Results**

This section will explore the themes and sub-themes identified throughout qualitative coding and explain what each theme represented, along with providing supporting quotes for each theme. Qualitative coding of the charities produced a total of 10 themes across the 16 charities analysed, with a total of 7 main themes and 3 sub-themes produced.

## **Figure 2: Table of themes**

|  |  |  |
| --- | --- | --- |
| Theme | Description | Frequency |
| Specialised Services for Marginalised Groups | Services provided by charities that cater to certain groups such as, LGBTQ+ individuals, people with disabilities, or ethnic minorities | 9 |
| Male Survivors | Refers to the services specifically designed to support men who have experienced sexual violence | 5 |
| Trauma Informed Care | A service approach that aims to provide support to survivors in a way that avoids re-trauma | 10 |
| Peer Support Networks | Programs or services where survivors of sexual violence can connect with others who have had similar experiences | 6 |
| Inclusive Support | Refers to services that are accessible and welcoming to individuals from many different backgrounds | 9 |
| Technological Support | The use of digital platforms by charities for survivors to access including online chat services, virtual counselling, and helplines | 7 |
| Accessibility | How easily survivors can engage and benefit from the support services available in England and Wales. | 11 |
| Waiting Times | The duration survivors must wait before they are able to access support services such as counselling | 8 |
| Language and Communication Support | Services that ensure survivors can access assistance in their preferred language | 4 |
| Training and Education for Staff | Professional development courses that are undertaken by staff at support organisations | 3 |

## **Figure 3: Hierarchal display of themes produced**

## ***Theme 1: Specialised Services for Marginalised Groups***

**Specialised services for marginalised groups** refer to the tailored support services that are designed to meet the unique needs of individuals who face specific challenges due to their identity or background.

*“The Quality Standards for Services Supporting Male Victims/Survivors of Sexual Violence provide a framework for organisations to measure and improve the quality of services they offer, ensuring that male survivors receive appropriate and specialist support”* (C13)

*“Galop is the UK’s LGBT+ anti-abuse charity, providing support and advocacy to LGBT+ people who have experienced hate crime, domestic abuse, and sexual violence” (C9)*

*“Imkaan is a UK-based Black and minoritised feminist organisation, working for and with other Black and minoritised violence against women and girls (VAWG) 'by and for' organisations. We centre anti-racism as a key component to tackling VAWG” (C12)*

The concept of **specialised services for marginalised groups**involves creating safe and accessible spaces for individuals from underrepresented and often vulnerable communities who experience sexual violence.

## ***Theme 2: Trauma-Informed Care***

Charities implement this by creating a space free of judgment and just an overall safe space for survivors.

“We offer trauma-informed services, ensuring that survivors feel safe, heard, and supported as they begin their recovery journey” (C2)

“All of our support services are built on a foundation of trauma-informed care, ensuring that male survivors are treated with respect and empathy throughout their healing process” (C8)

“We take a trauma-informed approach in our support services, providing disabled survivors with a safe and understanding space to process their experiences without fear of judgement” (C16)

Having a structure in place that puts empowerment and just overall provides an emotionally safe and empathetic space, this will foster trust which is also one of the key elements of a TIC approach.

## ***Theme 3: Peer Support Networks***

Peer support networks can foster an emotional connection, reduce feeling of isolation after what happened to them, and encourage healing through shared understanding.

*“We offer male survivors the opportunity to join peer support groups, where they can interact with others who understand their experiences and find solidarity in shared healing” (C13)*

*“Our peer support networks give men the chance to speak openly about their trauma in a safe, understanding environment, guided by those who have faced similar challenges” (C8)*

*“We offer peer support groups specifically for LGBTQ+ survivors, where individuals can find understanding and community among those who share similar experiences of marginalisation and trauma” (C9)*

Peer support networks can be crucial for survivors, offering survivors of sexual violence a supportive community, that provides a safe environment for certain groups who are often stigmatised for being a victim to a crime such as sexual violence.

## ***Theme 4: Inclusive Support***

Inclusive support refers to all survivors, regardless of their identity or background, and any other characteristic, have the access they need to appropriate care. Effective inclusive support involves removing any barriers, ensuring that services are tailored to, safe and accessible to everyone.

*“Our services are open to all survivors, regardless of gender identity, sexuality, race, or background. Everyone deserves support and care” (C2)*

*“We offer specialist support for LGBTQ+ people who have experienced sexual violence, ensuring that our services are inclusive and sensitive to the unique challenges our community faces” (C9)*

*“We are committed to providing inclusive, accessible support for disabled survivors of abuse recognising the additional barriers they face in assessing justice and care” (C16)*

By support services being inclusive, this does not mean that they need to offer their services to all groups of people, but it means offering services to those who are often stigmatised and marginalised, those who do not always have a voice and therefore, may not be always taken seriously.

## ***Theme 5: Technological Support***

Technological support refers to the use of digital tools and online platform that provide accessible services for survivors.

*“We provide a secure, anonymous online helpline where male survivors can access emotional support and practical advice” (C8)*

*“Our confidential Live Fear Free helpline is available 24/7 through phone, text, email, and live chat for anyone affected by abuse” (C10)*

*“We offer online and telephone counselling to survivors of sexual violence, making our services accessible from anywhere” (C4)*

These digital platforms allow survivors to engage with services anonymously and also anywhere in the world.

## ***Theme 6: Accessibility***

Accessibility ensures that all survivors are able to reach out to support services when they b need to, regardless of their personal circumstances.

*“We provide accessible, tailored support to disabled survivors, ensuring our services are available to those who face additional barriers” (C16)*

*“We offer accessible support in person, telephone, and online services to ensure everyone can access the help they need” (C6)*

*“Our services are designed to be accessible to all survivors, including those who speak Welsh or need additional support due to disabilities” (C7)*

Ensuring that survivors can access support services without facing any physical, technological, or any other barriers, is critical.

## ***Theme 7: Waiting lists***

Waiting lists for sexual violence services delay access to support for survivors.

*“Victims and survivors of rape are waiting on average more than two years for their cases to be complete in court. And many are waiting much longer, with court dates postponed multiple times” (C2)*

*“We’re a specialist sexual abuse support charity and believe everyone affected by or at risk of sexual abuse should feel supported and empowered” (C4)*

*“Average waiting for Sexual Violence services (number of days for preferred service) was 17 days between 2020-2021, rising to 30 days for years 2022-2023” (C14)*

Lengthy waiting times can cause their emotional distress to worsen or just discourage them from seeking help altogether.

## ***Sub-Theme 1: Male Survivors***

Support services for male survivors of sexual violence are essential in addressing the unique challenges they face, including societal stigmas and a lack of tailored services that focus on these types of survivors as this group are often underrepresented not only in research b ht the support sectors.

*“Survivors UK provides a range of services, including a helpline and face-to-face counselling, specifically for male survivors of sexual violence” (C8)*

*“Our charity exists to support men who have experienced sexual violence, offering a dedicated helpline, online support, and access to male-only peer groups to ensure men are not left behind in this conversation” (C13)*

*“We understand the challenges faced by male survivors and offer specialist service that cater to their specific needs, from emotional support to legal advice” (C2)*

Male survivors feel less inclined to seek help than other groups due to the fear of not being believed or being perceived as less masculine.

## ***Sub-Theme 2: Language and Communication Support***

Language and communication support is crucial in ensuring all survivors of sexual violence can access and use services and share their story and be heard, without any barriers. This included offering superior in different languages, providing interpreters, and using alternative method such as sign language.

*“Our team has decades of experience in supporting LGBT+ people who are victims of domestic abuse, sexual violence, hate crime, so-called conversion therapies” (C9)*

*“Our Adult Independent Sexual Violence Advisors (ISVA’s) provide information and support for people who have experienced sexual violence or abuse, no matter when it happened” (C15)*

Communication is a vital part of the healing for survivors of sexual violence, having someone they can reach out to, enables them to express their needs, fears, and experiences.

## ***Sub-Theme 3: Training and Education for staff***

Providing training and education for staff members working in sexual violence support services are essential for providing effective care. Staff must be equipped with the knowledge and skills to understand trauma, be able to respond empathetically, and recognise the diverse the needs of survivors.

*“The Survivors Trust delivers training to member charities, government agencies, police, health professionals, employers, and schools to promote sensitive and informed responses to survivors” (C1)*

*“It is ideal for professionals, individuals, and anyone who may come into context with people who have been impacted by sexual violence, harassment and abuse” (C3)*

*“At CRASAC the team works from a feminist perspective and their training is underpinned by their experience and research across many different sectors. As experts in their field, CRASAC are able to share a unique trauma informed insight into an area which may often be difficult to comprehend” (C3)*

Ongoing professional development and training are necessary of staff working with survivors of sexual violence. It is important that staff are educated with the up-to-date training. This training helps to foster an environment where survivors feel safe, respected, and believed, which is critical for their healing journey.

# **Discussion**

The theme of specialised services for marginalised groups demonstrates the importance of tailored approaches in addressing the unique barriers faced by underrepresented groups, including those who are BAME male, LGBTQ+, and disabled survivors. This directly aligns with the research aim of exploring whether there is sufficient support for survivors of sexual violence in the UK, as the findings reveal both the presence of specialised services and the existence of gaps, suggesting there is room for improvement.

While these groups represent just a portion of marginalised communities, in the context of this research, marginalised groups refer to communities that tend to be socially, economically, or politically excluded, limiting their access to resources and support systems (Geerdsen, n.d). Existing literature highlights how BAME male survivors face cultural and societal pressures that discourage disclosure (Turchik et al., 2016; Gilbert et al., 2004), with Crenshaw’s (1989) intersectionality framework reinforcing the idea that overlapping identities such as race, gender, and culture, create distinct vulnerabilities, which many existing services fail to fully address.

This aligns with the findings from the research, which identified specialised charities like Galop that offer targeted support to LGBTQ+ survivors (Galop, n.d), addressing the specific needs of these marginalised individuals. Such services not only provide safe spaces but also help reduce the barriers to disclosure by acknowledging the unique experiences of these individuals. Although the findings indicate that specialised services exist for several marginalised groups, there is limited evidence of what the tailored support for BAME male survivors and other marginalised groups does and how it is different to other support services tailored to giving general support to all, despite the literature highlighting cultural and familial pressures as significant obstacles (Cowburn et al., 2015). This lack of clarity does, however, raise questions about whether existing service appropriately addresses the intersection that there is when it comes to race, culture, and gendered expectations. A plausible explanation for these gaps may lie in the history around the gendered narrative that male survivors, especially those from BAME backgrounds, have been overlooked, which is emphasised throughout the literature. Furthermore, resource and funding constraints may prioritise the larger and more visible demographic for this crime, which is women, leading to inconsistencies in service provision for smaller, less represented populations.

The findings also suggest that language and communication support, while not the primary focus of this theme, overlaps with the challenges faced by ethnic minorities and other marginalised individuals. This is particularly relevant for those who may not speak English fluently or even those who may experience communication impairments, through their hearing or their speech, can be seen as a marginalised group in this context. This overlap suggests that culturally and linguistically responsive services, could play a crucial role in amplifying the voices of those who are often silenced by both language barriers and cultural stigma. However, the findings suggest that the delivery of these services remains uneven, as while LGBTQ+ and disabled survivors benefit from tailored services, there is less focus on addressing the intersection of ethnicity, language, and gender among these services. This supports Gagnon et al. (2018) argument that recognising and accommodating to these unique experiences is essential to improving access to support systems and reducing barriers to seeking help.

Additionally, stigma surrounding the fear of damaging family “honour” emerged as a significant theme from the literature, particularly BAME survivors. This cultural stigma may prevent survivors from engaging with available support (Cowburn et al., 2015). The findings reinforce the need for more awareness to this issue around culture, as services seem to fall short of this being the case for some survivors not coming forward and reporting what has happened to them, and as previously mentioned, those who are BAME male survivors, tend to face the most stigma when it comes to this issue, first because of the societal pressures on men to act and keep their “masculine” image, and second, through cultural pressures.

The second theme of trauma-informed care (TIC) highlights the importance of addressing trauma of survivors in a way that minimised the risk of re-trauma and supports recovery. Choi (2024) demonstrates this, highlighting that TIC works with all individuals with a history of trauma to reduce the changes of them becoming re-traumatised by creating a safe and understanding environment. This aligns with the findings, where several charities, including Survivors UK and Stay Safe East, report using TIC in their services and goes on to say this is the foundation that drives their services. Van Der Kolk (2014) further emphasises the need for addressing trauma, stating that unless trauma is properly addressed, survivors will continue to relive the traumatic experiences, which will prevent them from being fully engaged and present in their everyday life. This is also reflected in the findings, as charities such as Rape Crisis, which offer TIC services, which also aim to create a safe and supportive environment that fosters healing and recovery for all survivors (Rape Crisis, n.d), aligning with what Choi previously highlighted TIC services are designed to be.

However, a key distinction in the results is the focus on different survivor demographics, Survivors UK targets male, boys and non-binary survivors (Survivors UK, n.d), Stay Safe East focuses on disabled survivors (Stay Safe East, n.d), and Rape Crisis is a feminist charity that provides support for female sexual violence victims (Rape Crisis, n.d). While these results align with the literature, that TIC is not limited to a specific group of survivors, the application of TIC across these different groups raises question as to whether each service adapts TIC principles differently to cater to the specific group or whether there is a consistent approach to TIC being provided. Furthermore, the literature also highlights that the application of TIC requires more than just a surface level insight to TIC services, which is not always clear from the findings as to how each charity actually implements TIC services or how staff are trained in TIC. This could explain why there is a clear disparity between the literature, which gives a compressive insight as to what TIC really is and how it should be applied, whilst the findings focus more on the principles rather the actual implemention of these services.

In terms of answering the research aims, the findings suggest that whilst TIC is a promising and widely used framework that is clearly implemented by many charities and is a widely researched area, there may be gaps in the consistency of its application across the board of charities that offer it as a whole and across survivor groups, especially for those who tend to face additional societal and cultural pressures, such as BAME male survivors (Cowburn et al., 2015). This shows that while TIC is valuable, there may be areas where the application could be improved to address these unique barriers that marginalised survivor groups face in relation to culture.

The third theme of peer support networks underscores just how important providing judgement free spaces for survivors, particular male victims, who often face stigmas when it comes to reporting. As also highlighted by Madeline et al. (2014) that survivors often experience victim blaming from partners or other people in their lives, which can deter them from disclosing their trauma. The peer support networks identified in the results address this issue by offering a safe, non-judgmental environment, which can help male survivors overcome the fear of being blamed and could actually work to reduce barriers to reporting and the rate at which most survivors choose not to report to the police, these support networks could empower them to want to speak out about what happened to them.

However, while peer support networks can work in preventing survivors from not blaming themselves about what happened to them, Gravelin et al. (2020) identified broader societal factors, such as gender, relationship dynamics, media representations, and societal attitudes, which all may play a role in victim blaming. The findings from the charities suggest that peer support networks can play a critical role in overcoming societal barriers by providing a space where survivors can be supported without judgment. However, whilst peer support networks offer immediate relief from judgment and can act as a way to escape the outside pressures for a while, especially for male survivors, these networks may not be enough to address and prevent the deeper systemic issues regarding victim blaming, due to the cultural and ingrained societal issues. This could give an account as to why victim blaming continues to persist, despite all the help and support networks out there that advocate that the survivor is never to blame for what has happened.

The fourth theme of inclusive support explores how ensuring support services are accessible to all survivors, regardless of gender, sexual identity, or background, is essential in addressing underreporting, as highlighted by Washington (1999) and Casali et al. (2017) that, the significant barriers male survivors often face when coming forward, highlight just how harmful societal expectations and institutional responses contribute to the underreporting of male sexual violence. This is reinforced in the findings, where charities such as those who offer support to LGBTQ+ survivors or disabled survivors, are praised for offering care that is both accessible and sensitive to this group as these groups face additional stigma and challenges, which make the inclusion of service a critical factor in ensuring that these groups feel safe and supported in seeking help, regardless of any societal pressures or other barriers. This aligns with Bows (2017), who stresses the importance of normalising being a victim, stating that anyone can become a victim to sexual violence at any time in their lives and it is only down to those that commit this crime, who are to blame. Furthermore, Gagnon et al. (2018) found that some survivors would feel safe and prefer having female support providers, this is reflected in the finings where charities highlight the importance of being inclusive and tailoring services to the survivors needs.

The theme of accessibility, which emerged from the analysis, alongside technological support, which both play a combined role in addressing how easily accessible it is for survivors to access support services after facing trauma. Accessibility is central to overcoming barriers that survivors may face when seeking help. The use of technology that charities offer, such as helplines and online services, ensures that survivors have various ways to access help. This directly addresses one of the research aims of what support services are doing to help those in marginalised communities. The findings show that support services are able to meet the needs of many different survivors, by offering many different ways in which survivors can reach out for support.

This further aligns with Bows (2017), who emphasises that although being a victim to sexual violence is not anything anyone should ever have to go through, but if someone is a victim to it, the importance of normalising being a victim and not being caught up in the stigmas and other barriers that societal pressures place on survivors, and that there are services who are run by staff who are actually committed to understanding the diverse needs and preferences of survivors, as Gagnon et al. (2018) suggest, ensuring services are accessible and inclusive is essential the well being of survivors. This proves that the idea of having various technological support, that survivors can contact charities, is crucial in providing care for all survivors, through the varied ways in which survivors can get in contact.

The theme of waiting lists, highlights a significant issue within sexual violence support services of delayed access to help for survivors. Institutional constraints, such as the lack of funding, is a major contributing factor, as noted by Emsley (2022), who states that a lack of funding leads to the inability to provide consistent care. The inability to provide timely support undermines the key principles of TIC, which emphasises that immediate support should be given in order to prevent re-traumatisation (Kolk, 2024). If support services are not accessible in a timely manner due to funding and other resource constraints, this contradicts the core principles of TIC, which stress the importance of survivors receiving support in a timely manner after what has happened to them. This raises the question as to whether TIC frameworks in England and Wales can provide informed care, if there are institutional limitations towards services. The extended delays could also discourage survivors from seeking help altogether.

The theme of training and education for staff is central to ensuring that sexual violence support services provide appropriate, empathetic, and effective care. As jones (2024) empathises, training is essential to staff so that they have a good understanding of frameworks such as TIC. Jones further highlights that with improper or no training at all, this can lead to negative experiences for survivors. Madeline et al. (2014) also further reinforces the implications for not having training for staff, stating that it risks replicating the trauma the survivor has already endured, through professional negligence. The negative effects and implications of service providers not having had training is also further stressed by Reeves (2015) and Sigurvinsdottir and Ullman (2015), who reinforce the difference between having training and not, and this being the difference between a survivor having a positive experience, as opposed to a negative one.

Furthermore, results form CRASAC and The Survivors Trust highlight the impact of training initiatives. CRASAC for example, works with other charities to encourage staff development, this could also give an insight in to the concerns raised regarding the consistent implemention of TIC across a whole range of the charities. If organisations like CRASAC and The Survivors Trust, work closely with other charities, as mentioned in both the literature by Gagnon et al. (2018) and similarly in the findings, this approach can foster better communication and collaboration between service providers, which was one of the direct suggestions given by some of the participants in the study carried out by Oikonen.

## **Limitations**

While this research provides many valuable insights into the support services for survivors of sexual violence, the research is limited as it primarily relies on qualitative data which may not fully capture the experiences of support services for survivors across all the services. Additionally, while the study highlights key themes, such as accessibility and staff training, if the research incorporated direct input from survivors themselves, this may have led to a greater understanding of support services. However, due to ethical considerations, real survivors were not involved in the research. This limitation supports the importance of balancing ethical integrity whilst also having the voices of survivors heard, to inform the research further. A possible suggestion that could overcome this barrier, as previously suggested in the research, could be for support services to gather survivor feedback, to inform where services may be lacking. From this research, it can be concluded that support services are always striving to provide accessible and consistent support, but are often restricted by systematic challenges, such as the highlighted issue surrounding accessibility issues being as a result of a lack of funding and the implications for a lack of training, proving that staff education and development, is vital when it comes to enhancing support services.

# **Conclusion**

The aim of this research was to explore the support provided by charities for survivors of sexual violence in England and Wales. To achieve this, the research focused on specific objectives such as, the barriers and challenges faced by survivors when accessing services, analysing government strategies to support survivors, examining what support services are doing to help marginalise groups, and exploring how well charity support services align with survivor needs. From this research, it can be concluded that while UK charities strive to provide trauma informed and accessible support for survivors of sexual violence, systemic barriers such as inconsistent staff training and insufficient funding continue to affect service delivery. The findings highlight that collaborative efforts between charities and other service providers play a crucial role in enhancing survivor support, yet significant challenges remain in ensuring consistency across all of these. Additionally, the research shows the importance of staff training so that they can deliver empathetic, non-blaming responses, as a lack of professional understanding can lead to survivors disengaging and further trauma.

The practical implications of this research, particularly, in guiding policy makers and service providers towards better practice and improving service delivery for survivors of sexual violence, highlights the need for sustained and consistent funding to support the development of trauma informed care practices across charities, ensuring that services are not only accessible but consistent. The theoretical implications of this research contribute to existing academic work surrounding trauma informed care, survivor support, and the emerging theme of collaborative practices. This research reinforces the value of creating safe, non-judgemental, spaces for survivors after they have experienced trauma. By this research emphasising the importance of having empathetic and professional responses throughout this research, this strengthens the theoretical perspective that professionals need to have specialist training to understand and try mitigating the impact of trauma, by better understanding survivors of sexual violence.

In answering the research question, which sought to explore the support services for survivors of sexual violence in England and Wales the research has successfully highlighted key aspects of service availability, the barriers faced by survivors, and the role of collaborative efforts between charities but also policy makers, in enhancing support. Through examining the challenges, survivors face, such as accessibility and waiting lists, it was evident that while charities strive to deliver effective services for all survivors, systemic barriers and obstacles such as the funding which leads to waiting lists for survivors to seek the help they may need, funding issues also have an effect on providers providing adequate support to survivors which raises the question in the research as to whether funding issues have a knock on effect on providers being able to consistently give support to survivors. The research also addressed how charities are working with marginalised groups, which showcased both the progress made on the areas where support is still lacking. Although limitations, such as the lack of direct survivor input, concluded that while there are clear strengths in charity support services, addressing the systemic issues is crucial for improving overall survivor outcomes.

## **Recommendations**

* Future research should investigate how charities can incorporate survivor feedback to provide a deeper understanding of survivor needs and the overall improvement of support services
* Research should explore the effectiveness of digital tools provided by charities and other organisations, such as online helplines, apps, and virtual support services, in providing accessible support to survivors of sexual violence and whether or not, these play a key role as to whether they choose to come forward and whether these are easy to use
* Future research should focus on exploring whether or not the collaboration of charities improves service delivery overall or whether there needs to be a multi-agency approach between charities, government bodies, and other support services, to better the support sector
* The research findings talk about the importance of support providers providing consistent support across all charities however, future research could examine how trauma informed care principles can be adapted and extended across different services, such as healthcare, education, and the criminal justice system, to ensure consistency

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# **Appendices**

**Appendix 1: Ethics form**

