University of Suffolk

# ‘I THOUGHT I WAS THE ONLY ONE’

## Listening to those affected by sexual violence to transform the Suffolk system – policy and practice briefing

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# Preface

As someone who has spent many years working alongside neurodivergent individuals and families, it's been genuinely refreshing to be involved in a research project where lived experience wasn't simply consulted at the beginning or acknowledged at the end, but was valued throughout the process, so it didn't turn into a tick-box exercise. To me, that's what meaningful collaboration looks like.

Before I go any further, I'd like to share something that the research team already know about me, but many readers won't. I am a neurodivergent woman, I am ADHD, and I am also a survivor of childhood sexual abuse.

I want to be clear. I don't share that because I want sympathy, and I don't share it because I think my experience is more important than anybody else's.

I share it because it means I've experienced these systems from both sides. I've spent years supporting thousands of neurodivergent people professionally, but I've also experienced what it feels like to navigate services when you're frightened, overwhelmed and trying to process trauma through a neurodivergent brain. Those are two very different perspectives, and together they have shaped everything I do.

So, when I talk or write about ‘accessibility’, I'm not talking about theory. I'm talking about the difference it can make when services are designed to work with people rather than expecting people to work around services.

For many years, I believed I had to separate my professional knowledge from my lived experience because that's what professionals were expected to do. But I've since realised that my lived experience doesn't weaken my practice, it actually strengthens it. It helps me ask different questions, notice different barriers, and understand experiences that, quite frankly, can easily be missed.

One of the things I realised when reading these reports was that this project isn't simply about improving support for neurodivergent people who have been affected by sexual violence. It's about something much bigger. When we design systems around the needs of those who experience the greatest barriers, we don't create specialist systems that only help a few people. We create better systems for everyone. To me, that's what universal design really means.

Neurodivergent people often face additional barriers around communication, sensory processing (how we interpret and react to information from our senses), and executive functioning (organisation, motivation, planning and initiating tasks). Neurodivergent people affected by sexual violence may experience, understand or communicate distress differently.

If we consciously design services, environments, resources and training that genuinely work for those victim-survivors, those changes don't just benefit neurodivergent people. They benefit people experiencing trauma, people with learning disabilities, people whose first language isn't English. They benefit people who are frightened, overwhelmed

or struggling to process information. In fact, they benefit anyone who finds themselves trying to navigate a complex system at one of the most difficult times in their life.

In other words, accessibility isn't an additional feature. It should be the standard we design from.

For me, that's where collaboration and co-production become so important. Researchers bring evidence. Practitioners bring implementation. But people with lived experience bring perspectives that none of us can see on our own. The result isn't simply better research, it's the opportunity to build systems that people can actually use.

As Suffolk begins to develop a strategy from this work, my hope is that we don't ask:

"How do we make services accessible for neurodivergent victim-survivors?"

Instead, I hope we ask:

"How do we make neurodivergent accessibility the standard from which all services are designed?"

Because if we get that right, everybody benefits.

***Annie Clements, HonDUniv***
***Founder/CEO of Autism & ADHD***

# Introduction

## About the research

This report details findings from a research collaboration between Autism & ADHD, P.H.O.E.B.E, Restitute and the Institute for Social Justice & Crime at the University of Suffolk.

The aim of the research collaboration was to explore how services across Suffolk can work together in a way that is trauma-informed, listens to, and respects the needs of people affected by sexual violence (also referred to as **people with lived experience** or **survivors**)

For the research, the team invited 20 participants (6 interviews; 12 workshop participants; 2 survey participants) to share their views about:

- What an ideal Suffolk system would look like
- How local services can work in partnership with people with lived experience, to ensure that services meet their needs (**co-production**)
- How researchers should be guided by, and work with people with lived experience, to ensure that local research on sexual violence reflects their needs

## Background

This collaboration was supported by participatory research funding from Research England.
The research builds on findings from a recent mapping of Suffolk sexual violence services (Cooper et al, 2025), which highlighted the need for:

- safe, trauma-informed mechanisms for communication between commissioners, services and people with lived experience, to ensure that local services are accessible to, and meet the needs of, people affected by sexual violence.
- local research and co-production activities which are accessible to people from a range of backgrounds, and with different communication and support needs. This is to make sure that the voices of more people with lived experience are being heard, and their perspectives reflected in research and service commissioning, design and delivery.

Research suggests that the voices of some community members are marginalised in sexual violence policy and practice, including autistic (Fox, 2025), Black and racialised (Thiara & Roy, 2020) and 'third-party' survivors (Finch & McCulloch, 2025).

For this reason, the research collaboration specifically focused on exploring the perspectives of people from these groups, with the overarching aim of contributing to a Suffolk system that hears survivors and addresses their concerns.

## What is 'sexual violence'?

Previous research (Cooper et al, 2025) identified that the terms used to define and discuss sexual violence are not always the same across UK services. This may lead to a lack of clarity and could cause confusion for people affected by sexual violence, potentially delaying recognition and disclosure.

For the purposes of the current research collaboration, the following definition, developed by Cooper et al, 2025, has been used:

***"Sexual violence means unwanted sexual behaviour that happens against a person's will. It may involve physical force or violence, or, more commonly, other forms of coercion (pressure) including threats, manipulation, or power over the affected person."***

All uses of the terms 'people affected by sexual violence', 'survivors' or 'people with lived experience' in this briefing report, include third party victims. Third party victims are people caring for loved ones who have experienced sexual violence which may include, their partners, children or other family members.

## What do we mean by the 'Suffolk system'?

People living in Suffolk who have been affected by sexual violence have access to a range of specialist services, which specifically support people affected by sexual violence.

Sometimes, people do not recognise or feel comfortable naming their experiences as sexual violence. Others prefer not to tell anyone that they have been affected by sexual violence or are unsure where to go to find specialist support.

The Suffolk system includes a wide range of 'mainstream' or non-specialist services. People who have been affected by sexual violence continue to need and navigate non-specialist services, including:

- Police
- Social care
- Health
- Voluntary sector and community-based organisations
- Schools and colleges
- Universities

Because non-specialist services regularly see and interact with people affected by sexual violence, including those who have not told anyone about their experiences, it is important that they are trauma-informed (Office for Health Improvement & Disparities, 2022). This means that all services across the Suffolk system should be safe, trustworthy and accessible for people affected by sexual violence, removing barriers that can delay people seeking and receiving support.

# Aims

The research collaboration aimed to:

1. Investigate how people with lived experience and professionals experience the local system, especially opportunities to give feedback and take part in co-production
2. Work together to identify better and fairer ways of doing co-production locally
3. Explore practical ways to measure and track progress in these improvements

# Methods

The study design and research materials (which comprised interview questions, a workshop guide and a survey) were co-developed by researchers from the University of Suffolk and Autism & ADHD, P.H.O.E.B.E and Restitute. This was to promote accessibility and relevance for people from a range of backgrounds, and with different accessibility and communication needs.

All research activities took place between **February-May 2026**.

To explore the perspectives of local people with lived and professional experience of sexual violence, researchers in the team conducted:

- Six one-to-one interviews with people affected by sexual violence
- Two in-person workshops, with a total of 12 participants. Workshops included participants with lived and professional experience.
- An open-ended online survey for survivors who preferred to contribute to the research through writing (n = 2)

Interviews were designed to explore the perspectives of individuals with lived experience, while workshops allowed for collective feedback and analysis of developing themes from the interviews.

The survey was introduced following feedback regarding community members who find spoken/face-to-face discussions inaccessible.

# Findings

## Strengths of the Suffolk system – what matters to survivors when navigating services?

When invited to share their views on what is currently working well in Suffolk, participants' responses focused on several key areas, highlighting:

- the value of specialist and 'by and for' services[1]
- the importance of feeling heard and being believed
- the significance of lived experience and finding community with other survivors

**Specialist services**

Participants identified specialist sexual violence and domestic abuse services such as Restitute, Survivors in Transition, Brave Futures, the Ferns, Lighthouse Women's Aid and P.H.O.E.B.E as sources of valued expertise and support:

***"[At P.H.O.E.B.E] it's like come every single week, it's like a family" (Interviewee 5)***

***"[In] my experience Survivors in Transition are brilliant" (Survey participant 1)***

Participants' descriptions of what 'good' support looks like highlight that survivors require flexible and ongoing support that is in step with their evolving needs, rather than ending at a pre-determined cut-off point.

***"[Restitute] were there all the way through. Absolutely fantastic. Just having someone on the end of the phone to make your day feel normal" (Interviewee 2)***

[1] A 'by and for' service is a support, care, or advocacy programme whose leadership, staff, and decision-makers share common lived experiences or backgrounds with people accessing the service. For example, services may be led by, delivered by, and tailored for, Black and racialised, disabled or neurodivergent survivors (Women's Aid, 2024)

## Empathy and belief

While participants described more mixed experiences with mainstream services such as education, health, social care and the criminal justice system, those who reported positive encounters emphasised the importance of professionals being empathetic, approachable and 'human'.

***"I was very lucky with the people that I got. Unfortunately, other people haven't been as lucky […] people that are going to deal with this sector, deal with the victims, the family, or the survivors […] It is just...Being a little bit more human instead of a robot" (Interviewee 2)***

Participants consistently underlined the need to feel believed by professionals, noting that concerns about not being seen as credible may deter people affected by sexual violence from engaging with services, or contribute to a sense of being isolated and unheard:

***"Our second policewoman was amazing. And that is so powerful when you have the police behind you saying, 'I believe you'" (Interviewee 1)***

***"Someone we can trust to talk because obviously it's [sexual violence] very hard to prove […] Because we can have a lot of people around us, but no one understands" (Interviewee 5)***

## Lived experience and community

Many participants especially valued the insights and support of people with shared experiences. Hearing from others with lived experience enabled participants to feel less alone, and to feel safer engaging with a service.

*"You're just so protective of your tiny little bubble that you've got left that you won't let anybody in or, that person could hurt me […] People with lived experiences, they're the most powerful in that situation because you can let them in a little bit because you know that they know […] You're not keeping that a huge secret just to yourself. They know" (Interviewee 1)*

Feeling that the person they were speaking with shares a baseline understanding of what it means to be affected by sexual violence provided a sense of 'comfort', empowering people to access support.

*"Survivors may feel more comfortable when understood, when interacting with staff […] who have shared experience" (Interviewee 5)*

However, it was also emphasised that peer support should not be understood as an informal or low-cost substitute for specialist one-to-one support. Any group or community activity would additionally need clear structure, boundaries, safeguarding, emotional support and routes for escalation. Peer supporters involved in research have suggested that organisations can help mitigate potential risks by implementing appropriate screening and safeguards. Suggested measures included assessing readiness (peer supporters should have some 'distance' from experiences of abuse), delivering training and providing ongoing support and supervision (Cody et al, 2022).

# Barriers to recognition, reporting and disclosure

Participants provided insights into factors that may delay recognition, disclosure and reporting, and which deter or prevent access to support.

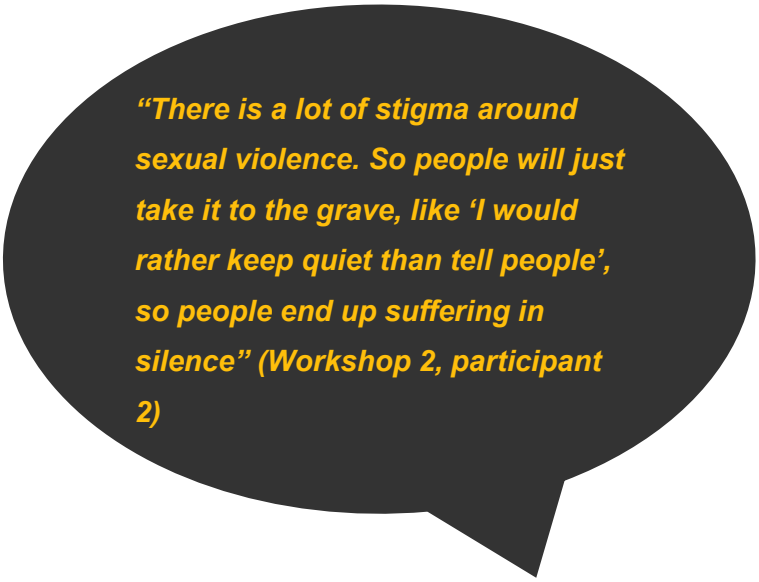
While impacting survivors at the local level, it is important to note that these barriers are shaped by, and interlinked with, wider economic, social and cultural factors, including national policy and legislation.

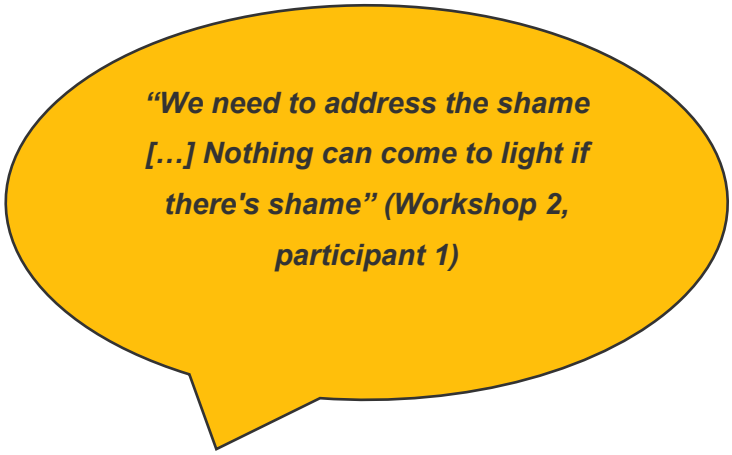
Many people who have had experiences which would meet the legal criteria for rape or sexual assault do not recognise or label their experiences as such (Koss, 1985; Littleton et al, 2026; Wilson & Miller, 2016). There is some evidence that people with 'unacknowledged' experiences of sexual violence are less likely to informally disclose to partners, friends or family, or to formally report to or seek support from services and may be at higher risk of future revictimisation (Littleton et al, 2026).

When discussing potential barriers to accessing services in Suffolk, participants described a range of factors that might contribute to delayed or non-recognition of experiences of sexual violence, and reduce the likelihood of people reporting, seeking and accessing support.

Societal 'stigma' regarding sexual violence – and taboos around sexuality in general – was seen to contribute to a lack of knowledge and awareness. This potentially impacts survivors' ability to accurately name and speak about their experiences, to be heard and supported by those around them.

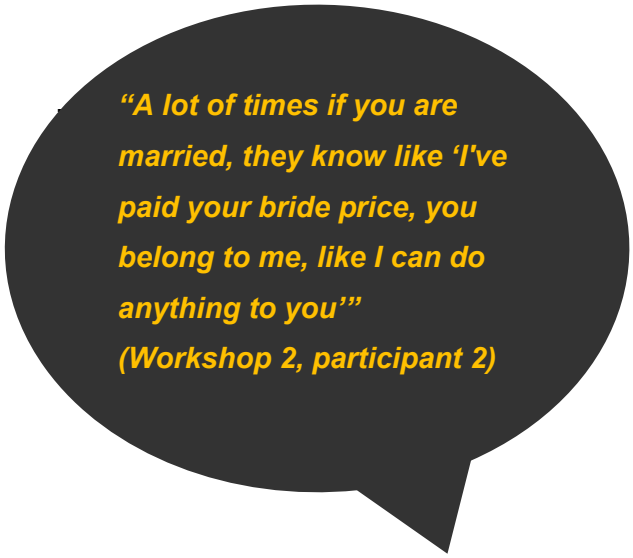
***"The world where we live, where everything's acceptable, when there's support out there, and mental health is talked about […] As soon as you mention sexual assault, sexual violence, you might as well put the elephant in the room"***
***(Interviewee 1)***




Societal assumptions, values, and beliefs regarding specific groups of survivors were also identified as contributing to barriers to recognition and reporting, increasing the vulnerability of individuals within these communities.

For example, multiple participants cited attitudes which normalise coercion and make it more difficult for survivors to recognise and name their experiences as sexual violence. Several participants linked this to harmful gender norms which assume men are entitled to sex in relationships and dismiss women's right to have/not have sex on their own terms.





Other participants described how social marginalisation linked to being neurodivergent led them to minimise their experiences of abuse, because they perceived themselves as someone who misread interactions and 'got things wrong':

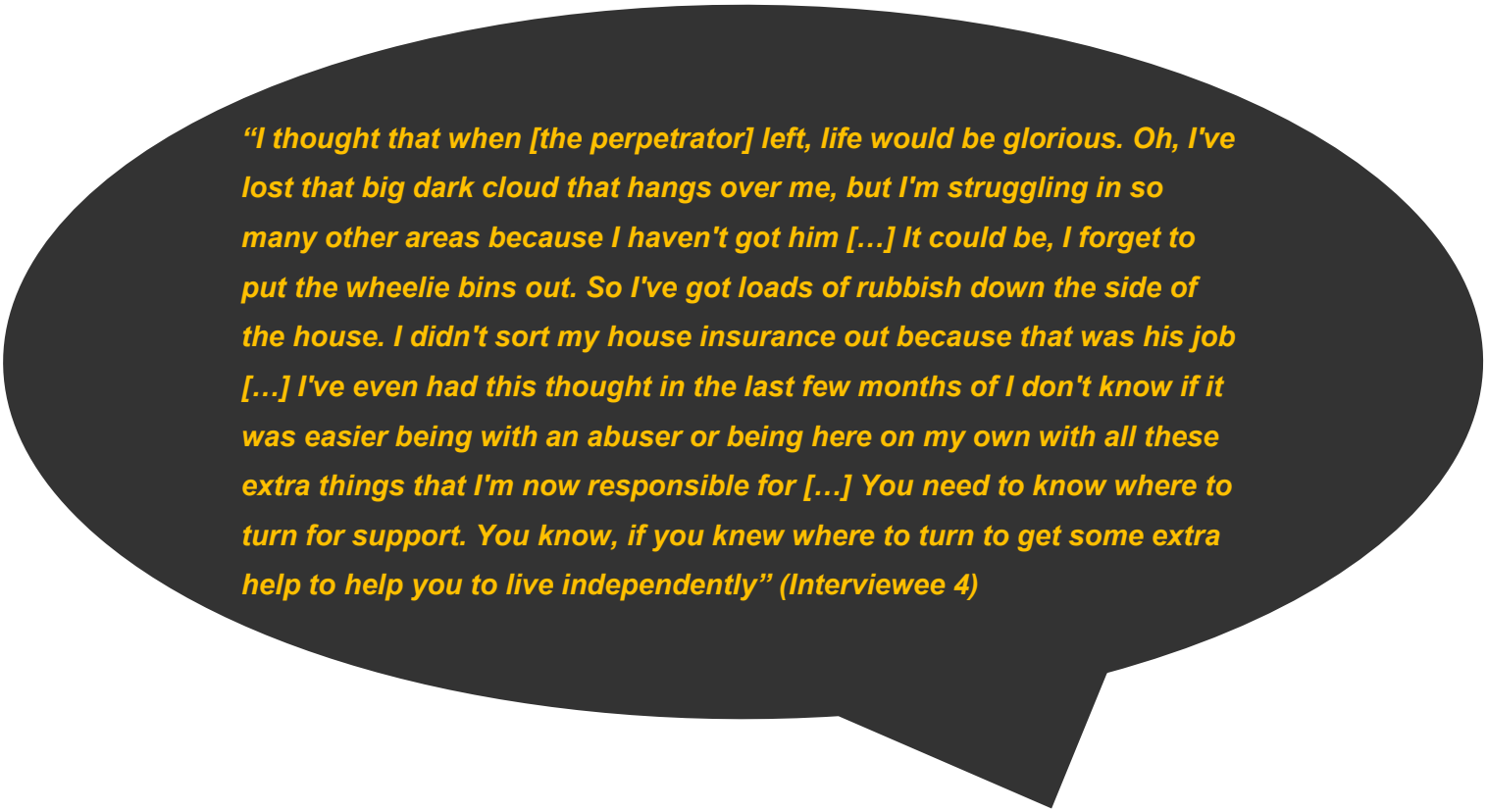
*"I think for me growing up feeling like the black sheep of the family that always got things wrong […] My self-belief in myself was like 'This isn't abuse.' […] When you're constantly told that you've done this and you push me over the limit […] I'd think 'Well, I got in trouble growing up as a child all the time. I've just continued to get in trouble in my marriage" (Interviewee 4)*

In addition to the societal barriers to acknowledging and disclosing sexual violence, participants' contributions also highlighted systemic barriers to reporting, including hostile immigration policy and precarious economic and social conditions.

As one participant noted, having insecure immigration status can deter people affected by sexual violence from reporting to police or social services, due to anxieties about immigration enforcement.

*"We have so many families that are immigrating to the UK, and some of them have insecure immigration status. So when a person has gone through sexual violence, it's very hard for them to disclose […] because they don't want police to get involved. They don't want social services to get involved. So it is a barrier because they will not disclose. They will just keep quiet" (Workshop 2, participant 2)*

Equally, disabled and neurodivergent survivors may be reluctant to report abuse in situations where they are reliant on perpetrator/s for day-to-day support, or find that a lack of societal accommodations or support for their disability make independent living difficult.




Both of these contributions from participants reflect findings from the wider evidence base, which show that migrant and disabled survivors of gender-based violence face specific barriers to reporting and ending abusive relationships linked to structural inequalities (Domestic Abuse Commissioner, 2021; Public Health England, 2015).

## Barriers to support

Reflecting findings from the earlier mapping exercise (Cooper et al, 2025), participants described a number of perceived barriers to accessing effective, trauma-informed support locally, ranging from a lack of, or unclear, communication by mainstream services, inflexible expectations and timelines, limited types or duration of support,  and an impersonal, 'tickbox' approach among some professionals.

The two key barriers highlighted in the current research related to the timeframes within which survivors can access support, and the forms of support available. Participants also highlighted the impact of delays and last-minute postponements within the criminal justice system.

## Timeframes

Participants highlighted that there can be a tension or mismatch between service timeframes and the evolving needs of people with lived experience. This was a particular challenge when seeking therapeutic support via mental health services, and when engaging with the criminal justice system, where long delays are routine due to systemic issues (Godfrey et al, 2022).

This led to some individuals feeling obliged to engage with support programmes that did not fully meet their needs or accessibility requirements, in order to access support sooner.

***"The waiting times are always a problem. So in my case when I wanted support. I definitely preferred one-to-one support because this is such a personal subject. But due to waiting times, I felt like I had to accept group support" (Interviewee 4)***

Other participants described encountering long waiting lists which either deterred them from engaging with a particular service, or discouraged them from reaching out for future support.

***"When I ask the NHS to have some counselling, it's like put on a list for two months. But I need now, I don't need to wait for two months" (Interviewee 5)***

***"[Survivor] went through a whole process of trying to get that support. It took her four months to find the right person at the end of the phone, who potentially was part of the crisis team that would have helped her. And the woman at the end of the phone said to her. Well, I can confirm you're eligible for support […] but we can't see you for a year. […] And [survivor] said 'I would never pick up the phone again'" (Interviewee 3)***

Other participants felt that resource constraints negatively impacted the quality of support available, due to understaffing and high demand:

***"When I was made aware of what services I could access, they were overrun, understaffed and as a result not always met with empathy and understanding. It takes an awful lot of strength to reach out to professionals, when women do the correct support and understanding should be available" (Survey participant 2)***

Participants with experiences of navigating the criminal justice system described a prolonged and 'traumatic' process, with long waiting times and unpredictable and short-notice changes in schedule. This contributed to a sense of uncertainty and anxiety.

***"If I've got PTSD from anything, it's from the trial, it's from all of that. I relive it often. So it is such a traumatic thing. The whole thing is so traumatic because it's obviously you're not guilty until you're proved guilty in a court of law. So everything is geared up towards the perpetrator and, and that just feels so unfair and so cruel. And we had five instances where it was postponed" (Interviewee 1)***

In some cases, this reinforced perceptions that the criminal justice process as a whole is designed to protect the alleged perpetrator, sidelining the needs of survivors:

## Forms of support available

Participants also discussed barriers linked to the duration, types, and accessibility of available support.

In some cases, time limits were compounded by an emphasis on tracking short-term progress, leading to pressured and metric-focused sessions that did not meet the survivor's needs:

***"Another thing that I've always got a problem with is. I'll use the [wellbeing service] where I'm speaking to a lovely lady, but right at the start, 'OK, you've been allocated four half an hour sessions and we do need to fill in a questionnaire at the start so we can see how you are today and how it's helped' […] When I was in those sessions I was so aware that I only had 30 minutes. My voice speed up and I felt like I had to get as much information out as possible. I was bouncing from one scenario to the next […] because I felt like I had to cover so much" (Interviewee 4)***

In other cases, support was available in forms that were not accessible, or did not meet individual needs:

***"You need support as long as you need it. You can't be given a time frame because that's just not how it works" (Interviewee 4)***

***"Face to face is very different because the NHS provides what is a video call. It's not the same" (Interviewee 5)***

Participants emphasised that some people may require flexible or open-ended emotional support, or to come back and access services again in future, because 'recovery' from sexual violence is not a straightforward process.

Participants' descriptions of these barriers evoked a vivid picture of the obstacles that may negatively impact survivors at different stages of their 'journey'[2]. These included societal and systemic issues that may prevent those affected by sexual violence from recognising what has happened to them, disclosing and reporting their experiences, or from accessing the right support at the right time.

Figure 1 contains a visualisation of the key barriers identified during analysis.

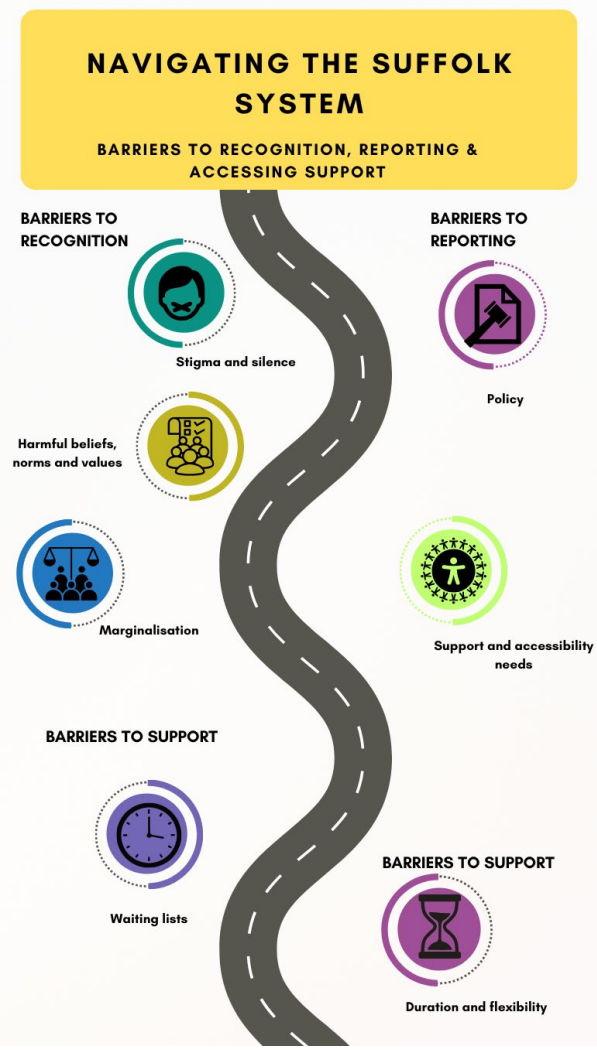



*Figure 1: Barriers to recognition, reporting and accessing support*

[2] The use of the term journey is not meant to imply a linear or straightforward route from victimisation to 'recovery'.

# The ideal Suffolk system

Participants said that an ideal Suffolk system would place people with lived experience at the centre.

This means that services listen and respond to individuals, rather than taking a 'one size fits all' approach. All services would communicate clearly and sensitively, and would work to meet people's specific communication, cultural and accessibility needs, collaborating with other services where needed.

***"Lived experience is far greater. You are not gonna read in a book what you've lived. And yes, I'm a qualified [professional] now. So I've learned, I've done the [professional] course. And I've learned about the criminal justice system. I could tell you a million things that are not in that course from actually standing in that court room and going through trials and witnessing things that you are not gonna learn by doing a degree on something" (Workshop 1, participant 3)***

***"These services have to put these people at the centre of whatever they do, the decisions they make. Because a police officer or the GP cannot say sexual violence victims need this and this. They need to be able to speak to these people. These are the people with lived experience, they're the people who have experienced it and they should take part in policy making […] They should have individualised care. No one-size-fits-all" (Workshop 2, participant 2)***

The first-hand knowledge of those who have needed or used a service would be heard and respected, guiding decision-making about policy and practice.

The responsibility for contributing to a safe, trauma-informed system for survivors would sit with all services and professionals, not just specialist and by and for organisations:

***"I think everybody is responsible for playing a role […] Everybody in any professional role or any caring role has a responsibility. It's that simple" (Workshop 1, participant 3)***

Participants emphasised the need for a local system that understands, recognises and seeks to prevent sexual violence, as well as responding to people who are seeking support after violence. To move towards this ideal Suffolk system, participants recommended regular training for mainstream services, targeted interventions for potentially vulnerable groups, and age-appropriate education on relationships, consent and sexuality in schools.

***"I think sexual education in schools is very important […] My mum's generation, and my nan's, everything is permitted in marriage […] We need more information, we need to start like in teenagers and childhood." (Interviewee 5)***

***"Continuous training on national and local policies and laws because a lot of the women that we work with, they come from different countries. […] You can now know that here it's not accepted and you can fight for your rights" (Workshop 2, participant 3)***

Schools would have greater flexibility to work in a responsive and trauma-informed way, rather than being steered by policy-driven 'tick list' targets for attainment and attendance. They would be able to prioritise working with children, young people and families to understand the reasons behind a change in behaviour, rather than enforcing attendance through punitive measures such as fines or local authority involvement.

***"Often kids at school will play up out of character, and we all just think 'Teenage blah blah blah blah'. But I think teachers need more education on these kids might not just be playing up because they're teenagers […] Their personality is changing [because of abuse…] I think teachers need educating" (Workshop 1, participant 1)***

***"From teachers' points of view they have their tick list. They must wear this. They must do this. They must do that. […] As an adult, if we had been sexually assaulted or anything like that, our colleagues would expect us to take time off […] but a lot of the education system expect the children to be in school because their attendance is needed. They expect them to be able to engage in education and have their heads on straight to be able to learn. And when they don't, they come down on them and bring in the local authority or they fine them" (Workshop 1, participant 7)***

Participants with lived experience especially emphasised the significance of peer support and building community with others affected by sexual violence, and the 'healing' that some people find in taking on an advocacy role. Peer support – and peer visibility

in leadership and support roles in specialist services – also enabled participants to feel less alone, and was a powerful counterweight to shame:

***"I didn't know anybody was out there. I thought I was the only one" (Interviewee 1)***

***"I think that's honestly how you combat shame. If it's everywhere, if I speak about what happened to me, you speak about what happened to you, that person speaks about what happened to them, it's so much easier to just report, get the support, and just improve services" (Workshop 2, participant 1)***

## Moving towards the ideal Suffolk system

Building on participants' insights, and their creative contributions during the two workshops, researchers developed a visualisation (Figure 2) outlining what an ideal Suffolk system would look like. This system would be founded on principles of trauma-informed practice, including accessibility, cultural responsiveness and attention to intersecting forms of marginalisation. Services would listen to those with lived

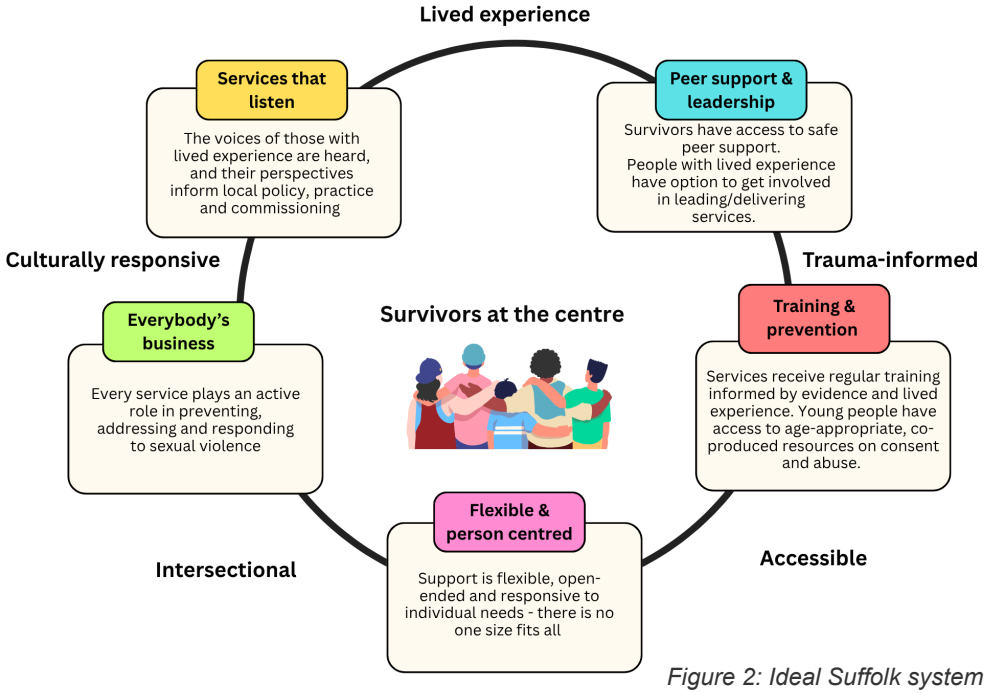



*Figure 2: Ideal Suffolk system*

experience, and be proactive rather than reactive, working to prevent, address and respond to sexual violence.

While Figure 2 presents a (deliberately) ambitious vision for Suffolk, participants identified several leverage points for promoting and capturing positive change locally by building on existing strengths and drawing on untapped capabilities which are summarised in Figure 3 (below). This practical, incremental focus does not deny that gaps and barriers at the local level are interconnected with, and shaped by, complex and 'wicked' problems such as wider social and economic inequalities (Adisa & Bond, 2024). However, by engaging local strengths and resources, these levers can not only create change in the Suffolk system, but additionally serve as a model of good practice and inform the national evidence base.

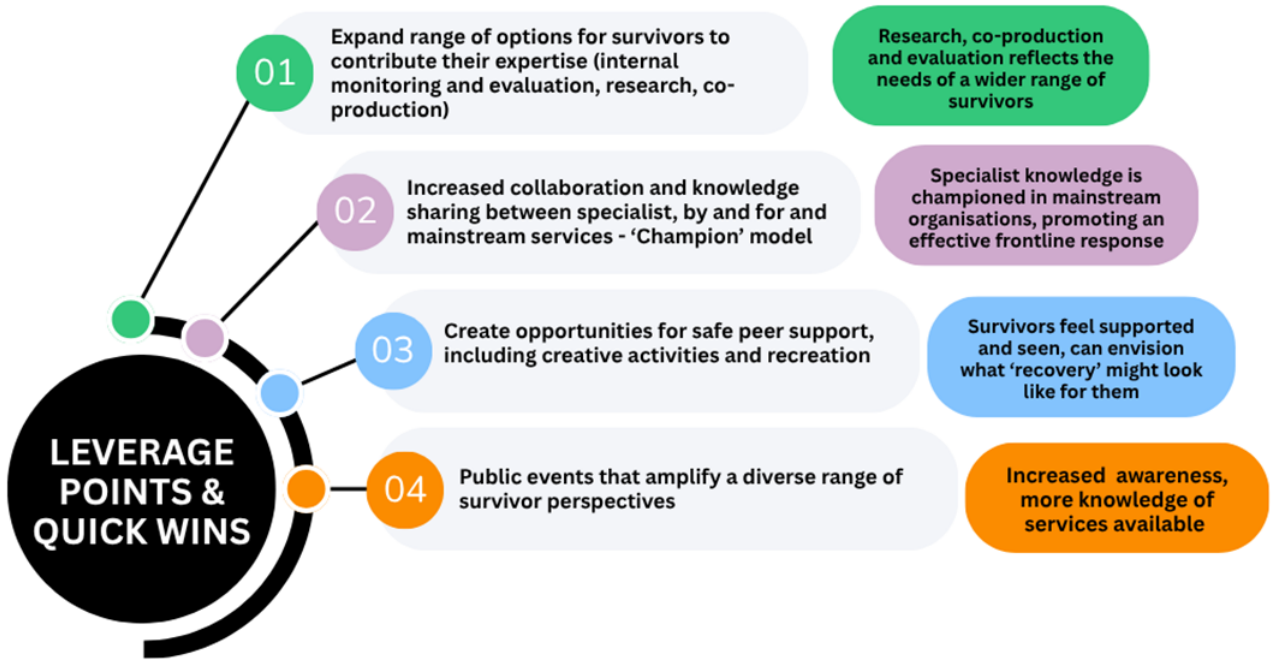



*Figure 3: Leverage points and quick wins*

The leverage points detailed in Figure 3 were identified as viable routes for achieving positive change locally, drawing on participant insights, practice perspectives, local knowledge and research evidence.

1. **Participants advocated for creating a choice of safe, accessible channels for feedback and co-production.**


By addressing accessibility barriers and concerns about anonymity, such a change could help to bring seldom heard voices to the centre of service design and delivery (Crenshaw, 1991).

This would not only help services to meet the needs of specific groups of marginalised survivors, but offers an opportunity to strengthen the whole system through principles of 'universal design' (Aslaksen et al, 1997), creating a system that is more accessible for all those affected by sexual violence.

For example, if services, communication, environments and training are designed so they are genuinely accessible for autistic survivors – who often face additional barriers related to communication differences, delayed recognition of abuse and previous experiences of not being believed (Pearson et al, 2024) – they are likely to become more accessible for all victim-survivors.

2. **Training community champions to promote wider 'ripples' of change.**

***"We could make such a difference in such a short space of time if we were given the space to be able to do that. Because it ripples […] OK, I could have delivered a training to 50 people. […] But we haven't just delivered a training to 50 people. Because out of those 50 people in that room, some of them will be running a scout group or a football team […] They all have lives beyond what who they are within that room. That training doesn't stop. They take that knowledge into all those other environments" (Interviewee 3)***

Champions approaches have been widely used as a method for upskilling frontline professionals, "increasing the confidence and competence of front-line generalist staff to identify and respond safely and effectively to victims of abuse" (Bunn, 2019).

3. **Creating safe spaces for peer support and community building.**

Peer support can be a valuable complement to the crucial support provided by specialist and by and for services, providing a sense of community, countering stigma and isolation, and modelling what survival/thriving can look like for people who are still early in their recovery 'journeys'.

***"I think a community where parents, carers, could meet maybe once a month, once every couple of months for a cup of tea or even online […] Because you're kind of left, that's the thing. You can divulge the information, you've got the police officer, you've got your ISVA, but then you're left" (Interviewee 1)***

### 4. Coordinating public events

Events can amplify survivor perspectives and promote trauma-informed practice by professionals, promoting empathy, awareness and 'engagement across difference' (Gachago et al, 2013).

***"At the conference [about the impacts of childhood sexual abuse on third party survivors], it was very interesting to see how the people from the NHS, from the other organisations, they obviously knew why they were there. They knew what was going to happen. Some of them had been to the one before, so they had some idea. But obviously listening to the...person that's actually been through it, it was a bit of a shock to them. It was understanding [that] it's not the statistics, it's not the paperwork, it's not, you know, the tick sheets. […] It's actually listening to honest accounts of feelings. And not knowing what to do. What is the best route to take?" (Interviewee 2)***

# Listening to lived experience

Participants highlighted that all research and co-production activities related to sexual violence should be guided by core principles of trauma-informed practice, including safety, choice, voice and collaboration (SAMHSA, 2014).

*Safety*

Contributing to research and co-production activities can be 'overwhelming' for people with lived experience, and may negatively impact wellbeing if not carefully planned and implemented.

***"[It can be] overwhelming for them, as if I always have to give feedback for you it can traumatise people again, like 'I'm tired of speaking about that'" (Workshop 2, participant 1).***

***"How are you going to monitor [group dynamics]? Because even if you're meeting up, what happens? […] 'Take my number', and then you're phoning me at 3:00 in the morning and this, that and the other. How do you maintain everybody's safety and mental health?" (Workshop 1, participant 3)***

Group dynamics were identified as a challenge, with the potential for ongoing interactions or conflicts that could compromise wellbeing.

Collaborators also highlighted that many survivors will have never engaged with research or co-production before, and will come with varying levels of confidence and understanding and different lived experiences.

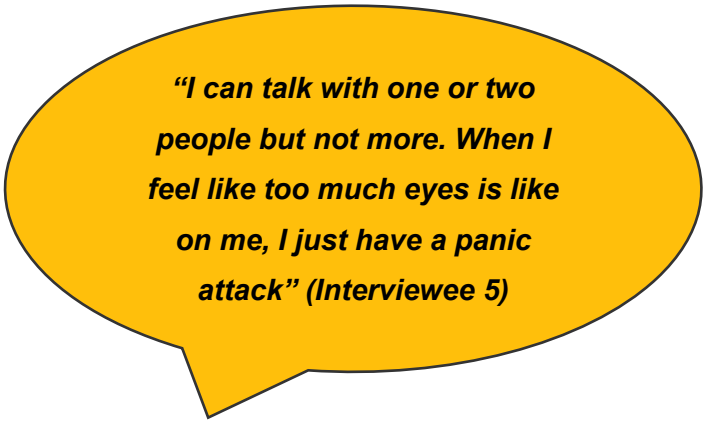
Collaborators therefore recommended that researchers meet with potential participants in advance to introduce themselves, explain the research aims and processes and detail how information will be used, stored and shared. This would help to build rapport, establish a sense of safety, and enable participants to feel more comfortable speaking openly.

To inform better service design and delivery while prioritising survivor wellbeing, our findings suggest that:

- where possible, those coordinating research or co-production activities should meet with potential participants in advance to build trust
- activities should take place in a safe, comfortable space, with access to emotional support before, during and after the session
- when designing group activities, sessions should be built around structured opportunities for positive and creative engagement, to reduce the risk that people will feel pressure to share personal experiences

*Choice*

There are several barriers which could prevent or deter survivors from engaging with research and co-production. These include anxiety linked to speaking with strangers or participating in group discussions, difficulties in filling out forms, and accessibility barriers linked to language and disability.





To address barriers to participation, and encourage a diverse range of perspectives, our findings indicate that research and co-production should include:

- multiple options to contribute, including one-to-one, group, textual, in-person, virtual and creative activities
- the ability to contribute anonymously, so survivors can speak freely and do not feel pressure to respond in a particular way

*Voice and collaboration*

Despite these potential risks and challenges, participants nonetheless emphasised the need for survivor perspectives to guide research, policy and practice. Several participants also highlighted that involvement in service design and delivery can be 'healing' and empowering, enabling people with lived experience to be heard and feel part of a wider community advocating against sexual violence.

***"I think those with lived experience should be listened to every step of the way and possibly offered the opportunity to train to support others with similar experiences" (Survey participant 1)***

***"After someone comes and reports and they have the support from this system, then giving them the ability to speak out against sexual violence if they want to, I think that can be very healing for a lot of people" (Workshop 2, participant 1)***

- Contributing to research and co-production can be empowering and 'healing' for some people affected by sexual violence, countering shame and promoting visibility. Services should recognise the value of lived experience perspectives, and create opportunities for collaboration with those who would like to contribute

- Services should work together and use their data to understand the needs of different groups of people affected by sexual violence, and to assess changing patterns of need, gaps and barriers in services available locally

Overall, participants' recommendations resonated with the wider evidence base on survivors' experiences of taking part in sensitive research. Studies suggest that many people with lived experience of sexual violence can find research participation to be a positive experience, provided the research prioritises informed and ongoing consent, agency, empathy and emotional support for participants (Campbell et al, 2010; Decker et al, 2011; Reynolds et al, 2026).

To promote positive experiences of participation, collaborators emphasised the need for researchers to work in a way that promotes safety, trust and confidence, including establishing rapport by meeting with potential participants in advance.

# Conclusion

This briefing outlines recommendations for promoting inclusive, trauma-informed practice across the Suffolk system, drawing on the insights of people with lived and professional experience through better research and co-production.

Co-analysis of interviews, workshops and survey responses highlighted major strengths in the Suffolk system, including the expertise and drive of specialist and by and for services. However, participants also described significant barriers to recognition, disclosure, reporting and accessing support. These included societal silence, shame and stigmatisation, harmful beliefs, attitudes and values which minimise or normalise abuse, and economic and social inequalities and policy conditions which entrap survivors in abusive situations.

Long waiting times to access support, and restrictions on the forms and duration of support available, were commonly identified as an issue. This reflects findings from Cooper et al's service mapping (2025), which found that services were often unable to meet the high level of demand due to insecure or insufficient funding.

Participants had inconsistent experiences of mainstream services such as health, school and police, describing some instances of good practice but several negative experiences which they linked to a lack of knowledge, professional curiosity and flexibility.

Participants also described potential levers for local improvement and positive systems change, which tap into existing strengths and available community resources. These included increased outreach and prevention efforts by specialist services, such as training professionals working in mainstream services or community-based organisations, and providing opportunities for safe peer support and community building.

Participants and collaborators emphasised that across all of these actions, accessibility should be treated as a starting point rather than an addition. Designing services around those who face the greatest barriers will strengthen the Suffolk system for everyone.

# Finding support

If you or a loved one have experienced sexual violence, there are national and local organisations which provide specialist support.

## Suffolk

People living in Suffolk who have been affected by sexual violence can find specialist support services by visiting the Suffolk Survivor Pathway.

The Survivor Pathway is an online hub which connects survivors with local organisations, to ensure that anyone in Suffolk with lived experience of sexual violence can find support, with 'no wrong door'.

For survivors living in Suffolk who prefer to access support from a 'by and for service', P.H.O.E.B.E provides specialist advice, advocacy, support and counselling services for Black, minoritised and migrant women and children.

## National

Rape Crisis England and Wales provides specialist 24/7 helpline and webchat services for survivors aged 16+

Survivors UK runs specialist helpline and webchat services for male and non-binary survivors

The National Association for People Abused in Childhood (NAPAC) provides a specialist helpline for adult survivors of child abuse, including sexual abuse.

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