

## Blueprint for Change: Survivors Voices in partnership with Kings College, London

### Blueprint Questionnaire: Survey Feedback Initial Summary Report

#### Context

**Who we are:** Survivors Voices is a survivor-led project that aims to improve support for survivors of trauma and abuse by ensuring our voice is heard in services, research, policy, and practice. This survey was part of our on-going research project, and was conducted in partnership with Kings College, London.

**Why we are doing this:** We are seeking the views of survivors (and their supporters) to create a Blueprint for Change that describes what has and hasn't helped in supporting survivors' journeys towards well-being; and identifies the priorities for change, action and research going forward with regards to how society responds to adult survivors.

**Confidentiality:** We made it clear that by giving their views, participants were consenting to us using the information they provide in our research. Only our experienced research team saw the complete response. The questionnaire is completely anonymous and not even the researchers knew participants' names or any details that could identify them. There was no pressure to answer all the questions and people could withdraw at any time.

#### **Safety:**

We did not ask anyone to describe their experience of abuse in any questions. We warned people that there were some questions about them (age, gender etc) and about their journey (type of abuse, when it started) which they may find uncomfortable or triggering. We made suggestions for personal safety and self-care treat and have information about sources of help and support on our website.

**What we do with the responses:** We made it clear that we will use the answers (anonymously) to write a report that summarises all the responses and puts forward our blueprint for change. We will disseminate the final report widely and may publish parts of it in articles and through social media. As the survey is anonymous, there is nothing to identify participants personally with the report unless they wish to be named. This option was offered to participants, as some people find it empowering.

**Contact:** If you have any questions, and also if you want to receive a copy of the final report when it is published, please contact us [connect@survivorsvoices.org](mailto:connect@survivorsvoices.org). For more information about us and the Blueprint for Change project please see our website [www.survivorsvoices.org](http://www.survivorsvoices.org).

#### Methodology

Survivors Voices founders, Jane Chevous and Concetta Perôt led the project, with advice and support from Professor Susan Bewley, King's College London. We convened a research advisory group of volunteer lived experience practitioners. Together we designed the research method, drafted the questions and tested the draft questionnaire. Some of the group took part in the pilot and provided feedback on the survey process. We evaluated the project and provided the observations in this report.

The work of the group continues with further stages of the research project. The survey



## Blueprint for Change: Survivors Voices in partnership with Kings College, London

will be followed up by focus groups exploring helps and hindrances to recovery and discussing key themes from the survey. We are seeking funding to roll out the survey nationally and undertake further qualitative focus group research. The evaluation of the survey process is informing an evaluation of survivor involvement in research.

### Engaging with people who have experienced abuse: initial findings from the process of completing the pilot survey

The initial evaluation of the survey process confirmed the research group's experience that talking about experiences of abuse is always difficult, normally painful and can be traumatic, even re-abusive. Yet it is also the vital first step in recognising that you have been abused, assessing the impact it has had on you and articulating the support you need to deal with that impact. The process of being asked - of breaking the silence - can itself be releasing, transformative and healing. So it is important not to be afraid of asking, but to be sensitive and empathic in the way we ask. As one survivor commented about our survey: *“(It) takes you on a journey of self-reflection. I found it empowering and interesting to work through the questions especially as I’d never been asked most of them before.”*

#### Language and Recognising Abuse

*“Not all abuse experiences have a clear start and end point, and (for me) some were so normalised that at the time I didn't think I had anything to tell.”*

In the draft survey we used the safeguarding categories to describe abuse and the term “survivors” to describe people who have experienced abuse.

As the feedback confirmed, for many survivors' recognising that what happened to them was abusive and should not have happened, is a massive and difficult first step. So to ensure we reach people who do not yet have labels for their abuse, we need to:

- define terms we use to label abuse
- describe what we mean by abuse, to help people recognise that what they have experienced is abusive
- use inclusive terms such as “people who have experienced abuse” instead of or as well as shorthand terms such as “survivor.”

#### Telling, emotional health and triggers

In our survey we tried to gently lead people on a journey from the experience of being abused, through attempting to tell, to how people and services responded. We wanted to reduce the potential negative effect of sharing about survivor experiences and increase the potential positive effect.

Participants fed back that it was helpful to follow a gentle process that reflected their experience and didn't jump straight in at the end. Telling was itself a helpful and empowering experience. Some people did find some of the questions triggering of negative emotions, in particular those that reminded them about difficult experiences such as not being believed when they tried to tell. This can link back to doubts about



## Blueprint for Change: Survivors Voices in partnership with Kings College, London

was this really abuse? It is really important to include and validate all experiences and we look at this more in the next section.

*“For me this question and thought process had me doubting myself and whether my experiences were valid”*

We tried to avoid language and questions that might trigger flashbacks, strong emotions and painful memories as far as possible. However as we have found when organising peer support forums and events, it is impossible to avoid all triggers, as these may be as varied and unique as driving into a petrol station to hearing the crunch of someone eating an apple.

To help people talk about their experiences and reduce triggers, we can:

- provide a safe space for telling and encourage people to share as much or as little as they want, at their own pace, with non-judgemental acceptance
- give trigger warnings for obvious trigger risks so people can be prepared or choose to avoid/delay/get support for that situation
- to provide support and suggestions for minimising the affects of triggers - being with supporters, grounding techniques
- helping people to understand neurologically what is happening when we are triggered/experience flashbacks and how this can be managed and can/will lessen with time and appropriate support.

### **Variety and repetition of experiences.**

It may seem to be stating the obvious to say that every experience of abuse is unique but we find that sometimes that can get forgotten as we focus on shared issues, concerns and helpful resources. Also many survivors have multiple abuse experiences, perpetrated by different people in different contexts. Their attempts to disclose these and access appropriate support to deal with the impact often also meets with a very wide variety of responses, ranging from re-abusive to brilliantly supportive.

When we ask people to talk about their abuse, their needs and what helps their well-being, we need to make it possible to talk about the whole range of their experiences, making simple generalisations too restrictive. We need to:

- acknowledge every experience of abuse is unique and different
- recognise that many survivors have multiple abuse experiences so it can be hard or impossible to talk about “my abuse experience” as though it was one, coherent event.
- support people to describe the range of services and helpful/unhelpful responses they have received and not look for one typical response or coherent summaries.

### **Engaging with people who have experienced abuse: initial findings from the pilot survey**

We completed a pilot of the survey using SurveyMonkey. Eight participants completed



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## **Blueprint for Change: Survivors Voices in partnership with Kings College, London**

this first draft survey. We will use the findings from this to revise the survey before sending out nationally through survivors' networks, using the snowball method (once we have funding).

The initial findings from the answers to the survey are not unsurprising to the research group, as they reflect the experiences, conversations and reports from hundreds of survivors that we have journeyed alongside in the last 14 years. It is too small a sample to report on all the questions, but there were some clear trends we can summarise.

### **Abuse experiences**

The most common forms of abuse reported were sexual abuse, emotional abuse and physical abuse. All but one respondents had experienced more than one form of abuse.

The majority of respondents first experienced abuse at pre-school age.

### **Telling about abuse**

Everyone had tried to tell about the abuse. Most people had made several attempts. The majority had waited a year or more before telling, especially with their first experience of abuse.

The most common people survivors reported they tried to tell were friends, partners, family members and counsellors.

The most helpful responses came from counsellors and helplines, closely followed by partners and friends. Family members ranked highest for unhelpful responses, followed by social workers, teachers, health workers and counsellors.

We asked what makes it easier to tell and the top three responses were: being believed; being listened to, and trusting the person I told; closely followed by knowing that something would happen, and knowing that it could protect someone else.

### **Impact of Abuse**

Respondents were asked to rank the degree of impact the abuse had had on their lives as a percentage. Everyone reported some impact. The average score was 70%, with only one person scoring less than 50% and one scoring 100%.

The biggest areas of impact (chosen from 8 possibilities) were happiness, mental health, self-esteem and confidence.

### **Support for the impact of abuse**

Most commonly respondents sought support for dealing with the impact of abuse from family members and/or partners, friends, health workers/doctors and counsellors. Partners/family members, friends and counsellors were ranked as the most helpful.

Given both multiple choice and an open box response of activities, resources and environments that were helpful, counselling/therapy was the most common mentioned. Other areas included environments such as the outdoors; activities such as work, mindfulness and helping others; resources such as security devices; companions such as family, partners, pets.

Therapists were also described as the least helpful by some, so clearly getting the right



## Blueprint for Change: Survivors Voices in partnership with Kings College, London

therapy is vital. Other resources described as least helpful included both external and internal factors, especially mental health and health services, drugs and alcohol and religion.

### The journey towards healing and recovery

Internal and external factors were also named when participants were asked to identify the obstacles to healing and recovery. Most commonly mentioned were our feelings - of shame, of being judged, reliving the abuse; and the reactions of others, especially a lack of understanding and joined-up services from professionals.

Trusted friends, therapy and survivor/thriver role models - *“who can find meaning in the events and turn the negative into a positive”* - were cited as the most helpful to recovery. Being valued for what we offer and activities such as meditation and exercise were also mentioned.

### Responding well

The final set of questions encouraged people to imagine a society that responded well and provided space for open answers with no restrictions.

Asked to describe the place of healing/recovery, the most common concepts were safety, confidence, strength and self-esteem.

Asked what as survivors we can do to help ourselves the top suggestions were seeking good help, knowing and caring for ourselves and healthy activities such as healthy eating and exercise.

The most helpful response from friends/family/partners is to listen. From professionals, most helpful is trauma-informed, person-centred, evidenced-based care. This means asking us what we need (although recognising we don't always know); working *with* rather than *to* survivors and not judging or pathologising our coping strategies.

*“It's a lifetime journey”* was one final comment which could sum up the massed experiences revealed through the survey. On such a journey, the right companions are essential.

*Jane Chevous with Concetta Perôt, Dr Susan Bewley and the Survivors Research Group for Survivors Voices Blueprint Project, November 2017.*

*Survivors Voices is a project of Reshapers CIC [www.survivorsvoices.org](http://www.survivorsvoices.org)*



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