womankind
bristol women's therapy centre

OPENING DOORS

An Evaluation of Befriending as a Recovery Model for Survivors with Mental Health Needs

CONTENTS

BACKGROUND TO THE EVALUATION

In 2017 SAFE Link in partnership with Womankind was awarded Home Office Violence Against Women and Girls (VAWG) Transformation Fund funding (applied for on our behalf by Avon and Somerset Police and Crime Commission). SAFE Link was funded to provide a specialist Learning Disabilities ISVA and Womankind was funded to provide a specialist befriending service.

The partnerships aim was to work together to improve lives and build resilience for the most vulnerable victims of sexual assault who have additional needs linked to either learning difficulties or mental ill-health across Avon & Somerset.

VAWG funded a 0.5 FTE Learning Disabilities ISVA at SAFE Link and a 0.5 FTE Befriending Coordinator at Womankind for 3 years.

An added aim of the project was to transform partnership working. The project aspired to raise awareness about the number and needs of survivors with Learning Disabilities or mental health issues; to establish clear pathways between services/ agencies; and to share expertise across sexual violence, Learning Disability, and mental health sectors.

To reflect the complexity of the work carried out by each organisation the evaluation was in two parts. This evaluation is looking at the impact of the Womankind service. If you would like to see the evaluation of the SAFE Link service, or a combined copy of both please contact us.

We would like to thank everyone that contributed to the evaluation in particular the victims who used our services.

EXECUTIVE SUMMARY: WOMANKIND'S BEFRIENDING SERVICE

- Womankind operates a programme of sexual violence services in Bristol and the surrounding area including befriending for women who have experiences sexual violence and who have mental health support needs.
- This evaluation of the befriending service showed that it helped survivors from a wide range of backgrounds to access support for sexual violence that was right for them, at the right time. The service helped a high proportion of Black, Asian and minority ethnic survivors to overcome barriers and engage with support.
- The service supported survivors with a high level of mental ill health who often remain hidden to services. One in three survivors reported six or more mental health issues, typically including PTSD, depression, anxiety, self-harm, and suicidality.
- Womankind delivered a specialist trauma-informed service that survivors felt was empowering. It helped them to develop independence, confidence, and self-esteem. The service created a safe space to talk about sexual violence, led by their needs, where they felt listened to and respected.
- The befriending service helped survivors to feel safer and learn strategies to keep themselves safe for the future, whether at home or in public. Engagement with safety-promoting measures decreases the risk of re-victimisation in the future.
- Survivors who accessed the befriending service saw significant improvements to their health and wellbeing: health increased by 54.1% and ability to cope by 72.5%.
- Befrienders provided an effective service to survivors by modelling positive relationships; building trust, boundaried friendships, confidence, and self-esteem; providing consistency and encouragement. This helped survivors to overcome social isolation, which had a positive impact on mental ill health.
- The befriending service acted as a gateway for survivors to access other services and develop skills and hobbies, opening the doors to new experiences, and helping them to build relationships with their wider community.
- The befriending service built strong partnerships with specialist sexual violence services and mental health teams. This has raised awareness of sexual violence and mental ill health across the different sectors. Partners felt that services for survivors with mental health issues were more joined up as a consequence and this had led to a better co-ordination of care. The long-term and intensive support for survivors was shown to have a positive impact on survivor's recovery and safety.

1 – INTRODUCTION

1a) Background

Research shows a strong connection between sexual assault and mental ill health (MH). Every week in Bristol 61 women over the age of 16 are raped or seriously assaulted. Bristol has a higher rate of mental health (MH) problems than any other city in the UK (Voscur, 2018; Public Health England, 2018).

The most common MH sequelae of sexual assault are post-traumatic stress disorder (PTSD), experienced by 50% of survivors. Survivors are thirteen times more likely to experience depression, anxiety (51%) and suicidality (44%). Survivors with pre-existing MH issues are 6-8 times more at risk from sexual assault (Campbell et al, 2009, Krug et al., 2002).

Few survivors ever access any kind of support. Around 16% obtain support from MH services. Survivors often face barriers accessing statutory MH support for sexual assault.

Structural barriers include MH services not performing routine enquiry about experiences of sexual assault, limited provision of one-to-one counselling, a lack of sexual violence / trauma-informed specialist care, time-limitations to service and long-waiting lists. Black, Asian, and minority ethnic (BAME) survivors, as well as those who were older and living in rural areas of Somerset faced additional barriers.

Prescriptive approaches to MH support can lead survivors to see their 'symptoms' as 'disorders', inadvertently creating a power imbalance between client and therapist, by focussing on the ways in which they may be damaged / deficient. Assigning a MH diagnosis may undermine survivors' ability to understand or define their own experiences and increase feelings of self-blame, particularly when they do not recover in the time 'assigned' to them through treatment (Peters, 2009).

Individual barriers to accessing support reflect the impact of sexual assault on survivors themselves. It is common for survivors to feel a sense of shame and guilt after abuse: survivors with higher levels of self-blame are less likely to reach out to both formal and informal support. Survivors with pre-existing MH issues may have difficulty recognising their experience as sexual violence or may be less able to communicate what has happened to them (Gorey et al., 2001).

Survivors often experience social isolation as a consequence of sexual assault and associated MH difficulties. It is estimated that there are 20,000 people (aged 18-64) experiencing social isolation in Bristol. Social support can help protect women from adverse MH outcomes. Research shows that women with higher levels of social support who had experienced abuse were less likely to attempt suicide (Bristol City Council, 2014; Coker et al., 2002).

Studies exploring the outcome of peer-led support services report positive psychological impacts among survivors including enhanced feelings of interconnectedness, ability to voice trauma and be accepted, reduced isolation and ability to set boundaries. Peer-led support services may be preferable to survivors, as peers may be survivors themselves and can act as a positive role model.

Bristol-based survivors, when asked about what services would make a difference to their recovery from sexual assault, requested peer-led services (one-to-one support and support groups with other services) that could provide long-term support, that was intensive or constant (Voscur, 2018).

1b) The befriending service

Womankind's befriending service is for women who have experienced sexual violence and mental ill health began in October 2017. The specialist sexual violence service provides long-term (up to 12 months) one-to-one support for survivors via volunteer befrienders who are trained in mental health, sexual violence and trauma-informed care. The aim of the service is to improve the mental health, wellbeing and resilience of women who have been victims of sexual assault so that they can engage, cope and recover. The service was designed to transform partnership working by bringing together specialist sexual violence and MH services to create joined- up support for survivors; raise awareness of sexual violence and mental ill health; and share best practice. The service was funded for 13 partnerships in year one and 20 partnerships in year 2 and 3.

1c) About the evaluation

Data for the evaluation of Womankind's befriending service was drawn from a range of different sources.

- Quantitative data (n = 34) reflecting survivors who accessed the service came from case level data collected by Womankind at entry, mid-point (6 months) and exit from the year-long service. Data reflects the period 1st of October 2017 to March 31st 2019. It includes cases that had closed in a planned way or which were open at the time of data collection. The quantitative data does not include cases where the service was not accepted / unsuitable for the service user, or clients on the current waiting list.
- Qualitative data reflects interviews with survivors (n = 2), case notes at the point of exit (n = 11), a focus group with befrienders (n = 3) and an individual interview with the befriender co-ordinator (n = 1).
- A survey containing fixed-choice and open-ended questions was sent to partners (n = 11) who had worked with the befriending service.

1d) The role of the befriender service staff

Befriender co-ordinator (0.5 FTE)	Befriender/s (13 in year 1, 20 in year 2 and year 3 P/T volunteers)
• Recruit befrienders	•Receive regular specialist sexual violence & mental health training
• Train befrienders (twice a year)	•One-to-one support with one survivor every week for up to a year (2-3 hours)
•Design training and service delivery processes / policies	•Active listening
•Receive referrals and assess survivors	•Emotional support
•Match befrienders to survivors	•Create a safe space to talk about sexual violence
•Share communication between befriender and survivor	•Work towards leaving the house
•6-month assessment and end of service follow-up with survivors	•Help survivors access other services
•Build partnerships with local services	•Help with access to public transport
•Marketing and awareness-raising	•Access to new experiences (e.g., places, activities, and hobbies)
•Safeguarding and supervision of befrienders' partnerships	•Attend group supervision
•Reporting to funders / commissioners	•Communicate safeguarding concerns to befriender co-ordinator
•Access funding to continue service delivery	

2 – PROFILE OF SURVIVORS ACCESSING THE SERVICE

In the period beginning 1 October 2017 to 31 March 2019 Womankind supported 34 partnerships between befrienders and survivors of sexual violence.

The befriending service was accessible to women from a wide range of backgrounds. The majority were aged between 25 and 44 (50.0%), White British (76.5%) and heterosexual (82.4%). The befriending service was provided to a high proportion of BAME survivors (23.5% compared to 16% Bristol BAME population). The service was also found to be accessible to survivors across a broad range of age categories. One in four were aged 18 to 24 (26.5%) and one in five were aged 45 to 64 (23.5%).

Table 1: ethnicity profile

Ethnicity	#	%
Any other mixed background	2	5.9%
Asian British Bangladeshi	1	2.9%
Asian British Pakistani	2	5.9%
Black British	1	2.9%
Ethiopian	1	2.9%
Iranian	1	2.9%
White British	26	76.5%

Table 2: age range

Age	#	%
18-24	9	26.5%
25-44	17	50.0%
45-64	8	23.5%
45-64	8	23.5%

- **The befriending service supported survivors with a high level of complex needs and additional vulnerabilities.** One in three survivors had learning difficulties (29.4%), typically ADHD, ASD and Asperger's. A high proportion of survivors were unable to work at the point of accepting the service (44.1%) with a further third in receipt of income support or benefits (35.3%). One in five faced housing issues / instability (23.5%); 32.4% reported use of substances, either alcohol or drugs.
- **All survivors experienced mental ill health (100.0%).** These MH issues were often overlapping and intersecting: 30.3% survivors had six or more MH issues, 15.2% five or more, 27.3% four or more.

Figure 1: mental health needs

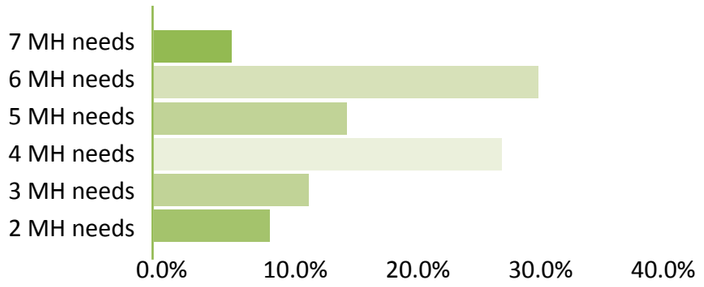


Table 3: Mental ill health issue

Mental ill health	#	% of clients
Agoraphobia	4	11.8
Alcohol / drug use	4	11.8
Anxiety	34	100.0
Borderline personality disorder	1	2.9
Bi-polar disorder	2	5.9
Complex PTSD	4	11.8
Depression	34	100.0
DID	3	8.8
Eating disorder	7	20.6
Emotional instability	3	8.8
Flashbacks	9	26.5
Panic attacks	7	20.6
Personality disorder	2	5.9
Psychosis	4	11.8
PTSD	21	61.8
Schizophrenia	2	5.9
Self-harm	14	41.2
Sleep problems	12	35.3
Social phobia	1	2.9
Splitting	1	2.9
Stress	1	2.9
Suicidal ideation / behaviours	14	41.2

- All survivors reported problems with anxiety and depression (100.0%), six out of ten experienced PTSD symptomology (61.8%) and 41.2% had self-harmed, had suicidal thoughts or attempted to end their life. Over a third (35.3%) reported problems with sleep and one in four had regular flashbacks of the sexual violence experience (26.5%).
- Other common MH issues for survivors included panic attacks and eating disorders (both 20.6%), agoraphobia, substance use, complex PTSD and psychosis (all 11.8%), dissociative disorder (DID) (8.8%), emotional instability (8.8%), bi-polar disorder, personality disorder, schizophrenia (all 5.9%).
- **Survivors' experiences of sexual violence were predominantly related to non-recent historic childhood abuse (55.9%) and rape (23.5%).** The assault was most commonly perpetrated by a family member (47.1%), typically father, brother, uncle or cousin; or by a current/ex intimate partner (17.6%). Two survivors had been assaulted by a stranger (5.9%), one by a carer or care professional (2.9%), one by a professional (teacher) (2.9%) and one by a friend/acquaintance (2.1%). Just under half (47.1%) had experienced abuse from multiple perpetrators. Just under half (47.1%) were experiencing domestic violence and abuse at the point of accessing the befriending service.

3 – SURVIVORS' FEEDBACK ABOUT THE BEFRIENDING SERVICE

- **Survivors felt that the befriending service was empowering.** It helped them to develop independence, confidence, self-esteem and allowed them to reclaim a sense of self after experience of trauma.

> *Definitely felt more **empowered and confident.** My estimation of myself has gone up – maybe I can deal with this myself, I'm fine. It's having more of these experiences where I've done well, I've enjoyed myself, gives you the confidence to know you can do it again.*

- **Survivors found that befrienders created a safe space where they could talk and be listened to without judgement.** They appreciated that the service was led by their needs and wishes.

> *Not just being asked 'what will help' but having someone offer suggestions and to actually **listen to the answer.***

> ***It was at my pace when I wanted to.** Because we had that whole year, there's no NHS targets, I don't have to achieve anything by a certain date, it's more what I want to do it, how I want to do it.*

- **Befrienders acted as positive role models for survivors.** Women talked about the one-to-one service as trusting a friendship that had enabled them to be themselves.

> *[Befriender] was beautiful in every way and I have so much to thank her for. **She is human and real and wonderful.***

> *Constant support, a kind understanding listener. BF always helped me see the positives when things got hard. She encouraged me, had fun with me, exposed me to new and exciting experiences and was **my personal cheerleader.** Having regular contact and knowing I could be myself and trust her.*

3a) Impact of the befriending service on survivors coping, engagement and recovery

- At the end of the service survivors experienced improvements in their health and wellbeing, as well as their ability to cope and recover from trauma. **Improvements in health and wellbeing increased between intake and exit by 54.1%. Survivors reported a 72.5% increase in coping and recovery after accessing the service.**

Table 4: coping, engagement, and recover outcomes

	T1 (Mean score)	T2 (six months Mean score)	T3 (end of service Mean score)	% increase in score between intake and end of service
Health and wellbeing score	29.9	36.0	46.0	54.1
Cope and recover score	16.0	21.0	27.6	72.5

- **Befrienders worked with survivors to overcome social isolation.** Survivors talked about how their befriender had helped them to leave the house and use public transport – opening up a world of new experiences and promoting independence for the future.

> *If [I] were to summarise it it'd be **like a gateway to the community** because it gives you that extra security having someone there with you.*

> *I knew that I was pretty isolated, and I think that what I've been given is friendship. It's really what I needed. I was only travelling to local shops and it had been like that for about ten years. We started going out and I discovered that I love going in coffee shops, I had never done that. And then I started to meet her at other places where I had to travel and now, **I have gained more confidence in going out.***

- Befrienders were an essential tandem support for some survivors who were accessing MH services. **Survivors' comments reflected the positive impact of the trauma-informed specialism which is at the heart of the befriending service.**

> *The MH stuff helps you look at yourself a bit more and understand what's going on in your head. **The befriending service is about getting past your head and actually doing things.***

- **Survivors talked about how befrienders had helped them to see their experiences in a different light, normalising their thoughts and feelings**. For many this had a beneficial impact on their mental health.

> *The self-esteem aspect, having someone going 'yeah, you're doing really well, you did this, this, and this today. **Giving you the opposite side of what your brain is trying to convince you,** is quite nice. So, you can go, 'actually I might not have left bed yesterday, but I've done this today and I'm trying to do this'.*

> *I now go out 3-4 times a day whereas before I left the house just for appointments and shopping. I now do dog walking three times a week, have lost two stone, feel safer with suicide and self-harm urges and can control my depression more. **She showed me that it's okay to struggle but to keep going and showed me I am not just a mental health diagnosis.***

> ***I am confident and much more in control.** I am future orientated and finding things that make me happy each day. My psychiatrist / therapist is amazed at my progress and the determination [befriender] helped me to build.*

- **The befriending service acted as a gateway for survivors to access other services,** build new hobbies and seek volunteering work when they were ready to do so.

> *Went to classes/groups and **she encouraged me to get into volunteering** at a bookshop and dog walking where I've met new people. Since I feel more confident. I have started dating recently which is a MASSIVE step for me.*

> *We went to lots of new places (Bath, Weston-Super-Mare); experiences (bowling, laser quest, arcades, museums) and people (yoga class, board games and zumba). **I have more confidence now to be independent.***

For survivors, accessing the befriending service helped them to feel safer at home and in public places. Befrienders helped survivors to build strategies and access resources that made them feel safer at home and in their wider community.

> *I felt safer when my befriender was with me and when we went out. I was able to talk to her about my issues and I'm beginning to understand that that feeling comes from the past and I am safe and I can do things to be safe.*

4 – IMPACT OF THE BEFRIENDING SERVICE ON PARTNERSHIP WORK WITH OTHER AGENCIES

The befriending service built strong partnerships with specialist sexual violence services and MH teams. The majority of referrals into the service were received through specialist voluntary sexual violence services within Bristol's sexual violence consortium: SafeLink (47.1%) followed by SARSAS (17.6%). One in five referrals (20.5%) were provided by voluntary services offering MH support (20.2%) and smaller numbers of referrals came from within Womankind's service (2.9%), St Mungo's housing (2.9%) and wider family services (2.9%).

Referral into befriending service	#	%
SafeLink	16	47.1%
SARSAS	6	17.6%
MH services		
Bristol CRS	1	2.9%
Bristol MH	2	5.9%
Mental Health	1	2.9%
Rethink	1	2.9%
GreenHouse	1	2.9%
Talking therapies	1	2.9%
Womankind Internal	2	5.9%
St Mungo's – BMH	1	2.9%
NextLink/MissingLink	1	2.9%
Strengthening families	1	2.9%

The majority (81.8%) of partners reported that the **befriending service had raised awareness of the unique issues that people with mental ill health face when experiencing sexual violence.**

Some noted how the service had "brought the conversation to the foreground" by raising awareness of trauma and its impact on MH. Partners who had worked with Womankind felt services for survivors of sexual violence with mental ill health were more joined up as a consequence.

> *The befriending service has raised the **profile of this need.** Services can tend to compartmentalize people's needs and having a service that works across different needs helps to raise awareness of the relationship that abuse, and mental ill health can have.*

> *It **raised awareness to the on-going implications of sexual violence** in regard to someone's mental health and presentation.*

Partners felt the service addressed an unmet need (81.8% agree strongly) and **reduced the 'revolving door' effect for survivors of sexual violence with mental ill health** (who may see the same services again and again) (36.4% agree strongly; 36.4% agree).

The majority agreed that this led to fewer survivors falling through the gaps in services (54.5% agree strongly; 27.3% agree) a**nd a better co-ordination of care between services** (54.5% agree strongly; 36.4% agree).

Practitioners talked about how the intensity of support (weekly visits) coupled with the opportunity for survivors to "get out and about" and have someone to talk to had led to some positive changes for their clients. Most notably, improvements in self-confidence, reduced isolation and feeling emotionally supported.

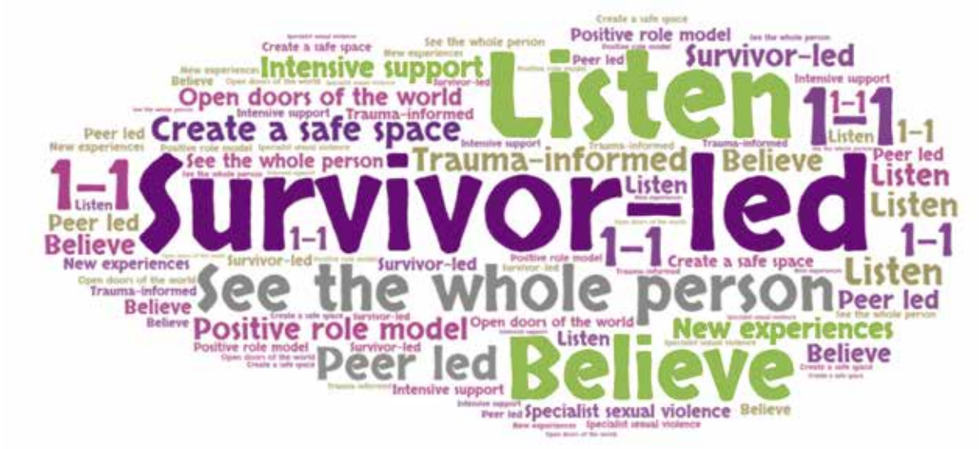
One partner talked about how important the consistency of support is to survivors who are going through lengthy court processes.

> *As our current service is mainly in one hub, it is useful for clients who would like to get out and about a bit more and build a relationship with a volunteer at Womankind. It is useful to refer clients to the befriending service who have completed specialist support work and are in a place where they feel able to **build friendships or develop interests or go outside.***

> *Womankind is a fantastic service and helps **bridge the gap** with weekly support whilst my clients are going through the police and court process.*

5 – DELIVERING THE SERVICE: REFLECTIONS OF THE BEFRIENDER CO-ORDINATOR AND BEFRIENDERS

Talking about her experience of designing and implementing the specialist sexual violence service, the befriender co-ordinator highlights the unique qualities that make partnerships with survivors effective: **survivor-led, seeing the whole person, space to talk about sexual violence, and opening doors to the world.**



It's this approach which is all about me and what I want, and I say what I need, and I understand what I need and we work towards what I want instead of being told what I need or what I'm going to get. ***It's really empowering.***

What we do is we see the person, *and that's what they need. So, we kind of put everything into the pot and work with them from their point of view.*

And when they try to talk about their sexual violence [with other services], they've been told well that was in the past and felt like let's not go there. ***Whereas this service is let's go there, let's do this, let's think about how it's affected your life.***

When you're really low and you're really depressed you don't have the energy to pick yourself up do you? And to even leave the house you can't even manage to do that, get on the bus, you can't access any other services. ***So, what we are doing is opening the doors of the world almost to their communities so they can have that, whatever it is that they need.***

Befrienders talked about how they felt supported by Womankind, particularly by the befriender co-ordinator, the specialist sexual violence and MH training and supervision.

From our perspective, it's a brilliant service. It's so well run. It's been a pleasant experience so far. We were all held safely in the space. Having clinical supervision has been really nice.

Training explained complex PTSD, I didn't know how that was different to standard PTSD. That training was really helpful - opened your eyes to a whole host of things that I hadn't considered before.

This enabled them to support survivors in an effective way. **Befrienders found that survivors appreciated the long-term, one-to-one nature of the support.** Each had built boundaried friendships with survivors, role modelled positive relationships and provided active listening / emotional support. These small changes, they felt, had made big internal differences to survivors for their future.

A lot of these women struggle to find their identity. They want to go back to who they used to be but they can't really. ***We play a big role deciding who they want to be and helping them become it.*** *For me I think, my befriendee can't be very honest with people in her life. She's 100% honest with me, so she tells me! She tells me things that she couldn't tell the people in her life.*

Be a positive role model for our befriendees. To be a good listener. Generally being positive and reliable is one of the most helpful things you can do for them. That's what a lot of these women have not had, ***someone who's dependable, will be on time, will show up for them in a positive way.***

I know how much of a difference I make; she tells me I'm changing her life, and that's an amazing feeling. She wrote me a note to say how grateful she was.

6 – SUMMARY AND CONCLUSIONS

- The befriending service helped survivors from a wide range of backgrounds to access support for sexual violence that was right for them, at the right time. The service helped a high proportion of BAME survivors to overcome barriers and engage with support.
- The service supported survivors with a high level of mental ill health who often remain hidden to services. One in three survivors reported six or more MH issues, typically including PTSD, depression, anxiety, self-harm and suicidality.
- Womankind delivered a specialist trauma-informed service that survivors felt was empowering. It helped them to develop independence, confidence and self-esteem. The service created a safe space to talk about sexual violence, led by their needs, where they felt listened to and respected.
- The befriending service helped survivors to feel safer and learn strategies to keep themselves safe for the future, whether at home or in public. Engagement with safety-promoting measures decreases the risk of re-victimisation in the future.
- Survivors who accessed the befriending service saw significant improvements to their health and wellbeing: health increased by 54.1% and ability to cope by 72.5%.
- Befrienders provided an effective service to survivors by role-modelling positive relationships; building trust and boundaried friendships; providing consistency and encouragement. This helped survivors to overcome social isolation which had a positive impact on mental ill health.
- The befriending service acted as a gateway for survivors to access other services and develop skills / hobbies, opening the doors to new experiences and helping them to build relationships with their wider community.
- The befriending service built strong partnerships with specialist sexual violence services and MH teams. This has raised awareness of sexual violence and mental ill health across the different sectors. Partners felt that services for survivors with MH issues were more joined up as a consequence and this had led to better co-ordination of care. The long-term and intensive support for survivors was shown to have a positive impact on survivor's recovery.

7 – WOMANKIND KEY FINDINGS

1 in 3 survivors experienced six or more MENTAL HEALTH issues.

Befriending service helped hidden survivors to access specialist trauma-informed peer-led support for sexual violence.

I definitely felt more **empowered and confident.** My estimation of myself has gone up… gives you the confidence to know you can go out and do it again.

– Survivor of sexual violence who accessed befriending service.

Survivors who accessed the Befriending service saw a

54% improvement in ability to cope and

72% increase in recovery.

Key components of an effective specialist sexual violence befriending service.

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Acknowledgements

Dr Gemma Halliwell is a researcher in the domestic violence/abuse and health research group, Bristol Medical School, University of Bristol. She is a mixed methods researcher with a specialist interest in domestic abuse and sexual violence. Her research is grounded in experience of working frontline within the domestic abuse and sexual violence sector/s and reflects commitment to survivor-led co-produced services.

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