Supporting survivors of sexual violence and abuse in health settings

Survivors of rape and sexual assault need specialist support and health services may be their first point of contact (SafeLives, 2016). The Crime Survey for England and Wales estimated that 700,000 people aged 16 to 59 were victims of a sexual assault in 2017/18, but only one in five survivors will ever report what happened to them to the police (Office for National Statistics, 2018). Sexual violence and abuse (SVA) can have long-term effects on survivors’ physical, psychological, and emotional wellbeing (HM Government, 2019) and often services only have one chance to make a difference to survivors’ experience and outcomes (SafeLives, 2015).

Blackpool Teaching Hospitals NHS Foundation Trust collaborated with Lancashire Constabulary to randomly sample 50 clients from police records, aged over 16, who were known victims of rape and correlate this with emergency department (ED) attendances. Of the 50 clients audited, 47 had presented to the ED between 48 hours and four months after the rape, some with repeat attendances, and nearly 43% had also been a victim of a previous rape. Presentations varied and included dizziness and abdominal pain, drug overdose and increased alcohol use. None of the patients had disclosed the rape to hospital staff, showing missed opportunities to offer timely support. Furthermore, many had not accessed specialist support after reporting the rape to the police. In some cases, police investigations had led to no further action (NFA), which may have left clients unclear where to go for support. There was also inconsistent signposting of survivors to specialist community services with clients sometimes left to self-refer. Our experience is that many survivors of SVA will not be ready to engage in specialist support at the time of disclosure and it is important to let clients know such support is open ended.

**Aims of the initiative**

These findings suggested a need to raise awareness among hospital staff of the

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**Key points**

- Health services may be the first point of contact for survivors of sexual abuse
- Sexual violence and abuse can have long-term effects on survivors’ physical, psychological, and emotional wellbeing
- Frontline healthcare staff need training to recognise signs of sexual abuse and know how to respond appropriately
- A health independent sexual violence adviser service can ensure timely and holistic support for survivors presenting in healthcare settings
- Specialist intervention when people first present can reduce repeat emergency department attendances and improve health outcomes

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**Abstract** Survivors of rape and sexual assault need specialist support and health services may be where they first present. Blackpool Teaching Hospitals NHS Foundation Trust worked with police and crime services to develop a new hospital-based role of health independent sexual violence adviser. The role included training healthcare staff to recognise the signs of sexual abuse and respond appropriately, making links with partners and creating referral routes. The service acts as a resource for colleagues by offering specialist knowledge, advice and skills, and access to timely patient-focused and holistic support for survivors, reducing repeat attendances in the emergency department.

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signs of SVA and how to respond appropriately, and develop clear support pathways to ensure survivors receive specialist support when they need it. Other objectives were to: improve communication with our statutory/non-statutory partners, allowing survivors to access ongoing support without having to keep retelling their traumatic story; and reduce repeat presentations to the ED by preventing clients reaching crisis point, relieving pressure on overstretched health services.

Our trust embarked on a project led by the trust head of safeguarding to develop a new post of health independent sexual violence adviser (ISVA), who would establish a specialist hospital-based ISVA service, train frontline staff, link with partners and create referral routes. The ISVA would act as a resource for colleagues by offering specialist knowledge, advice and skills, as well as supporting survivors through the hospital journey, in reporting to the police if they wished to do so and in accessing further emotional and practical support. We already had trust services that would benefit this cohort, including community mental health services, listening support through to primary intermediate level and sexual health services. In the ED, we had alcohol liaison and mental health liaison teams to link into these services, and an excellent relationship with our third sector community drug and alcohol services.

“Demonstrates value, sustainability and patient-focused holistic care, with vision in reducing the burden on health services, in an area with clients that are not often seen or heard” (Judges’ feedback)

Implementing change
Using data from our investigation, and after a scoping exercise of the research evidence and existing services to identify gaps and opportunities, we worked with the Office of the Police and Crime Commissioner (OPCC) to secure funding through the Home Office’s Violence Against Women and Girls (VAWG) strategy (HM Government, 2019). We had already worked with the OPCC and a community drug and alcohol service developing the role of health independent domestic violence adviser (IDVA), so knew the model would work and had a good working relationship with shared goals. After a successful funding bid in March 2018, we set up a multi-agency steering group with key stakeholders. The VAWG strategy calls for agencies to collaborate to achieve better outcomes for survivors. Our ambition was to provide this service across three different hospital trusts within Lancashire, starting with our own trust, learning as the ISVA role developed. We also commissioned LimeCulture, advisers/trainers in SVA, to provide expert guidance and training and evaluate the service.

After developing a job description for the ISVA role, we recruited in May 2018. The role is based within our trust safeguarding team alongside the health IDVA and safeguarding practitioner, and we believe it was the first of its kind in a hospital trust. We drew up service level agreements to ensure financial and governance arrangements were in place and recruited local community ISVA services to provide ISVA supervision. We already had another Lancashire hospital trust on the steering board, and in January 2019 we recruited a second health ISVA based in that hospital trust but employed by Blackpool Teaching Hospitals NHS Foundation Trust. This presented some logistical challenges, requiring strong and effective partnership working and communication. Taking this learning, in September 2019 we recruited a third health ISVA at another Lancashire trust. At key points during the project, we took advice from LimeCulture and were visited by the Home Office, who gave positive feedback and felt the project was sustainable and transferable.

What have we achieved?
From June 2018 to June 2020 our trust’s health ISVA received 451 referrals, including from the ED, hospital wards, GPs and community nurses, health visitors, sexual health and mental health services; and they delivered 53 training sessions to over 750 healthcare staff in the hospital and the community. When we compared referrals in the first quarter of 2018 with the same period in 2019 we found that referrals increased by 56% following the training. Training evaluations showed that while 80% of staff reported that previously they had little or no knowledge of SVA, 100% were satisfied with the training and felt empowered as it had increased their knowledge and confidence in knowing where to refer and how to access appropriate support for patients and practitioners. Informal feedback from patients included:

- “Thank you for listening to me, I feel better now. Thank you for coming to speak to me on the ward;”
- “I don’t know if I would have spoken about this had I not been in hospital. Thank you for taking me seriously;”
- “Chatting to you helped me.”

We tracked one patient through our health systems who in 2018 had presented 11 times in the ED. After an intervention from our health ISVA, the same patient presented twice in 2019 and not at all in 2020. We calculated the average cost of one ED episode was £800, based on a sample size of 763 patients. This suggested an average cost saving of £7,200 a year (81.82%) for that patient in the two years following the intervention. These achievements were highlighted in an unpublished interim report from LimeCulture.

Next steps
We have since managed to secure funding until 2027 and now employ a Health ISVA in every acute trust across Lancashire. Our work aligns with and meets the objectives of the NHS England (2018) Strategic Direction for Sexual Assault and Abuse Services and we have spoken at several national conferences about the role and generated interest from our health and multi-agency partners. We showcased the project at a Home Office violence against women and girls conference and organised a regional health setting support for victims of sexual violence conference for over 200 multi-agency delegates. Our health ISVA received an award from Lancashire Constabulary for work with police and partner agencies supporting victims of historic sexual abuse that resulted in justice for survivors. NT

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Box 1. Advice for setting up similar projects
- Do your research
- Involve key partners and stakeholders
- Set clear objectives and goals
- Align the values of your project with those of your organisation
- Think about succession planning and future funding streams

References
SafeLives (2016) A Cry for Health: Why We Must Invest in Domestic Abuse Services in Hospitals. SL.
SafeLives (2015) Getting it Right First Time. SL.