

# Independent Sexual Violence Advisers (ISVAs) in England, Wales, and Northern Ireland:

## A Study of impacts, effects, coping mechanisms and effective support systems for people working as ISVAs and ISVA Managers/Team Leads

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# Background

## Previous Studies:

Found that professionals working with victim-survivors of trauma experienced:

1. Vicarious trauma
2. Positive impacts
3. Use both health and unhealthy coping mechanisms

e.g. Horvath & Massey (2018); Horvath, Massey, Essaffi & Majeed-Ariss (2020); Massey, Horvath, Essaffi & Majeed-Ariss (2019)

# Present Study

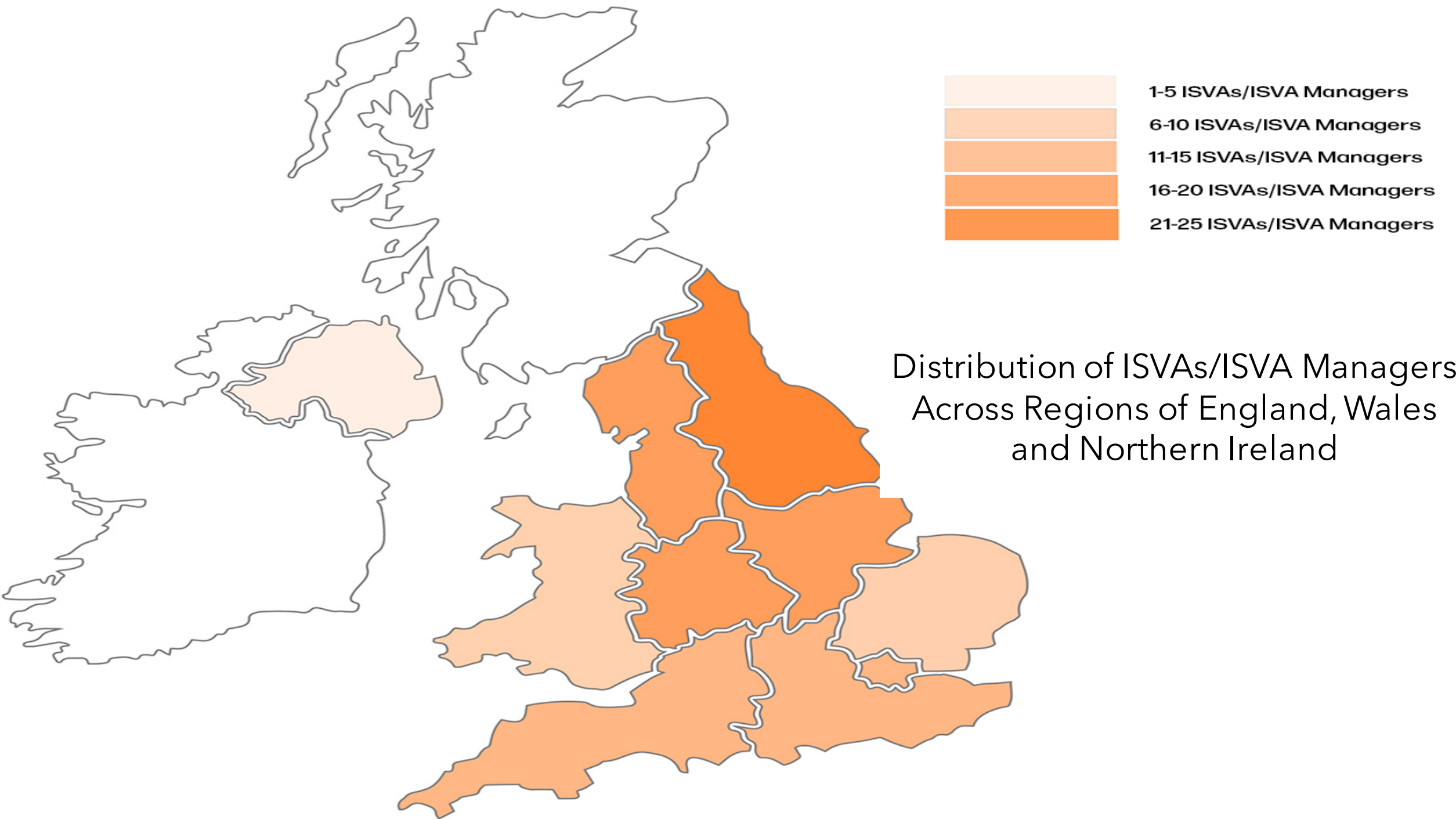
**Stage one:** National online survey  
( $n = 121$  ISVAs or ISVA Managers)

**Stage two:** Follow up telephone  
interviews ( $n = 34$  ISVAs or ISVA  
Managers)

# Demographics of ISVAs/ISVA Managers

- 112 Females & 9 Males
- 23-63 years old
- Majority White British (86%)
- Education: 40.5% had university degree or professional qualification, 24% had postgraduate qualification
- Average time current role = 2 years 9 months
- Average time as SV professional role = 8 years
- 57.4% received no specialist training before starting ISVA role

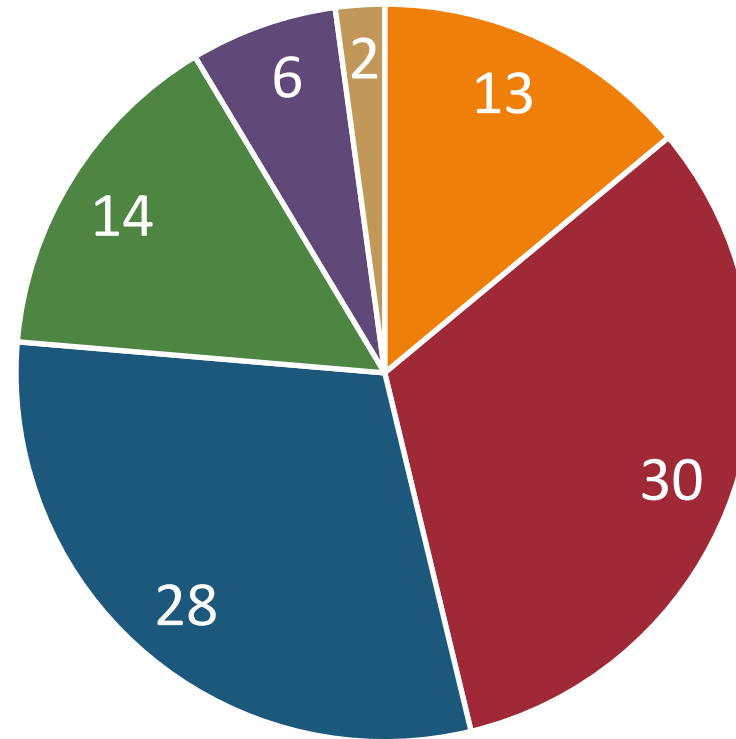




# Findings

- Caseload range: 10-170; Av. = 48.29

**Current Caseloads**



0-20 21-40 41-60 61-80 81-100 100+

# Findings

- Generally not experiencing PTSD – contrast to recently conducted studies with police officers (Foley & Massey, 2020)
- Majority experiencing some psychological distress
- Most had moderate or high vicarious trauma in line with mental health professions, correctional staff
- PBJW was moderate – may foster good mental health
- Resilience scores in line other professionals who work with trauma
- Most commonly reported coping mechanisms = positive

# Findings: Predicting Psychological Distress

## **Model 1**

ISVAs with higher caseloads who are using more coping mechanisms (both positive and negative) are reporting more psychological distress (measured by the CORE-10).



# Findings: Predicting Vicarious Trauma

## Model 2

The longer participants had been in their current role, the longer they had been working in an SV role and the more positive coping mechanisms they used, the more vicarious trauma they had experienced.

The more resilient a person is and more belief in a just world ISVAs had, the less vicarious trauma they experienced.

# Recommendations

- Role specific training
- Guidance about supervision
- Routine monitoring of impacts and wellbeing

# Recommendations

- More support for positive coping mechanisms
- National standards for maximum caseloads
- Professional Networks

# Thank you for listening!

Special thanks to all the ISVAs and ISVA Managers who gave up their precious time to take part, Rachael Bloomer for insightful feedback and to LimeCulture for supporting the research, astute feedback and hosting this event

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