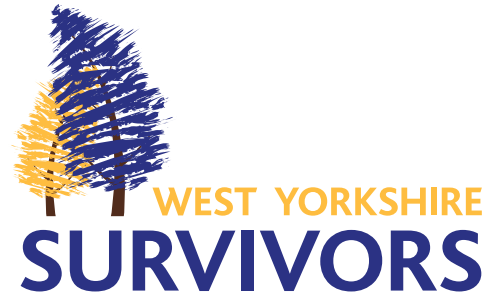


# Evaluation Report

March 2021



Natalie McKeown



[bewareofthebull.co.uk](http://bewareofthebull.co.uk)

## CONTENTS

Overview and key findings	3
Background	4
Methodology	6
The need for the project	7
Summary of results	11
Case studies	17
Recommendations and further work	19
Appendices	20

# Overview and key findings

---

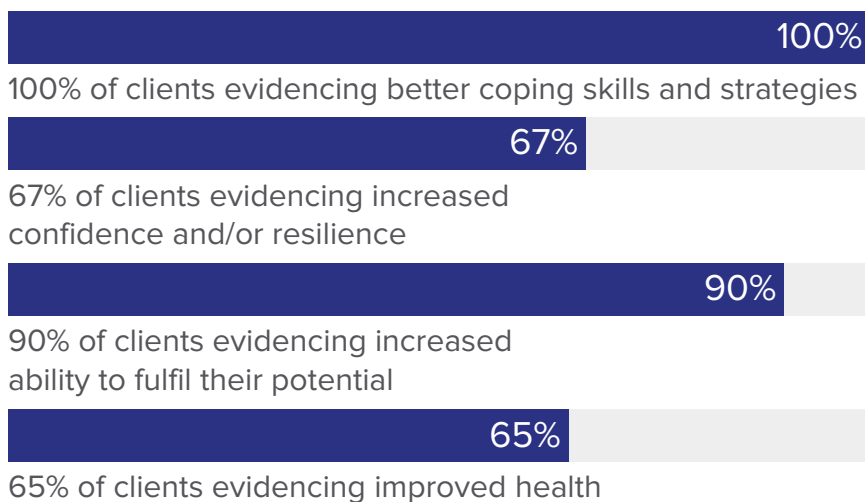
This evaluation study aims to identify SWY’s progress towards achieving its core outcomes:

1. Survivors have better coping skills and strategies
2. Survivors are more confident and resilient
3. Survivors are more able to fulfil their potential
4. Survivors have improved health
5. People are more aware of the impacts of sexual violence and abuse and how to support survivors.

To do this, the study looks at SWY’s established online counselling offer. The study also evaluates the advertising pilot undertaken by SWY during October 2020 – January 2021.

## Key findings of this study are:

SWY’s virtual counselling offer is effective at achieving their outcomes for male survivors, with:



Technical difficulties identified in the previous evaluation report (December 2018) seem to have been overcome, with counsellors able to confidently guide clients to use the software and switch to telephone appointments if needed

---



SWY’s website continues to be a valuable resource for male survivors and an important route for self-referrals, and the addition of social media and radio adverts is likely to have contributed to the increase in web traffic in 2020

---

# Background

---

Survivors West Yorkshire is a registered charitable incorporated organisation (number 1168928) based in the city of Bradford in West Yorkshire. Established in 2000 with the aim of providing support for men who had been the victims of child sexual abuse or adult rape, the service initially supported victim-survivors mostly in the Bradford area, using a combination of offline support and email/ telephone-based support.

Since its inception in 2000, Survivors West Yorkshire (SWY) has expanded to help people from across the county, and in that time has supported over 3,000 survivors of sexual violence.

SWY has adapted over time, keeping up with research and trends in the sector and consistently being an early adopter of technological advances.

The support offer has developed and now includes:



Virtual counselling: online, real-time video counselling from qualified, specialist counsellors

---



Email support: emotional support & signposting for male survivors of child sexual abuse (CSA) and/or adult rape

---



SMS text message support: quick response, text-based emotional support

---



Telephone support: real-time, personal emotional support

---



Online self-help resources: for male survivors and those around them

---



Signposting to other services: e.g. local ISVA (Independent Sexual Violence Advocate) services

---



SWY is a survivor-led initiative, initially set up by Bob Balfour in response to his own lived experience as a survivor of sexual violence, experienced between the ages of 6 and 14, and also as a 'looked after child' in the care system of North Wales in the 1970s.

Bob draws on 40 years' professional experience in roles ranging from deputy section commander in a specialist infantry unit, to operations director of a UK/Canadian digital services telecommunications company.

He served for 10 years as a special constable, receiving a divisional commander's commendation, and has a wealth of experience working in cross-sector contexts with psychologically distressed groups, including those affected by acquired brain injury, 'schizophrenia', personality 'disorders' and sexual violence.

Bob has commissioned and co-authored a number of academic papers, articles and reports looking at the service needs of sexual violence survivors. He ran the largest UK gathering of male survivors (48 men), for a weekend retreat in 2004, in partnership with Mike Lew – widely regarded as one of the world's leading thinkers on male survivor therapeutic interventions.

He has designed full day conferences in partnership with Rape Crisis services to explore areas of joint interest – including, in 2012, emerging awareness of ACE research from the USA. Bob acted as an expert advisor to the Department of Health's exploration of sexual violence service best practice (2006), including its routine disclosure pilot.

He is an honorary teacher-supervisor at the University of Liverpool's Department of Clinical Psychology and has recently co-authored a paper for the British Journal of Social Work (July 2017) that explores co-production with survivors of sexual violence.



**Bob Balfour**

Survivors West Yorkshire  
(SWY) Founder

# Methodology

---

The evaluation comprised the following methodological elements:

## Desk-based research

The evaluator carried out a **literature review** focusing on areas of local need and specific difficulties faced by male survivors of sexual abuse, as well as a review of the impact of COVID-19 with regard to Survivors West Yorkshire's service users and delivery model.

They also conducted an independent analysis of **data collected by the organisation**, consisting of:



Client scores over time on the 2 diagnostic questionnaires used by counsellors for this project – the Impact of Events Scale – Revised (IES-R), used to assess whether a client meets the diagnostic criteria for PTSD; and the Patient Health Questionnaire (PHQ-9), which is used to monitor severity of depression. Copies of these questionnaires are available at Appendix I and Appendix II



Counsellors' session notes, providing an overall view of clients' mental state on the day a session took place and observations regarding their progress through the counselling journey



Supporting data, including details of inward referrals/referral pathways, advertising data and web traffic analysis

---

Data was collected in two tranches by the evaluator at 12th December 2020 and again at 25th March 2021.

## Interviews / observation

Due to the sensitive nature of the issues presented by clients and their reluctance to engage with other services (Ben's Place is a service designed to reach survivors who have not felt able to engage with traditional sexual violence support services), it was not deemed appropriate for the evaluator to interview clients directly.



## The need for the project

---

SWY's work supports male survivors of sexual violence and abuse. Male sexual violence reporting is increasing within England and Wales, with current statistics (of reported rape, no other forms of sexual violence included) estimated to be around 12,000<sup>1</sup>; this compares with 1,135 in 2005. In the year to March 2016, police in England and Wales recorded 3,443 occurrences of sexual assault on males aged 13 and over, and 1,282 occurrences of rape of males aged 16 and over<sup>2</sup>. Sexual violence crimes – and particularly male sexual violence crimes – are known to be drastically underreported. Knowing this, it is likely that the true number of male rape occurrences is much higher than the reported statistic.

The effects of sexual abuse and rape are pervasive and long-lasting. Adverse childhood experiences (ACEs), including sexual abuse or exploitation, can have lifelong effects on physical and mental health – and are directly implicated in causing early death. Children exposed to ACEs “are more likely to go on to develop health harming and antisocial behaviours, often during adolescence, such as binge drinking, smoking and drug use”<sup>3</sup>.

Men who have been exposed to ACEs report higher levels of all health harming behaviours than women who have been exposed to the same ACEs, and present with multiple and complex needs. The trauma manifests itself in physical, mental, emotional and behavioural symptoms, from the immediately evident e.g., a post-traumatic psychotic episode – to the subtle e.g., low self-esteem/lack of confidence. Male survivors of sexual abuse are ten times more likely to commit suicide than non-survivors<sup>4</sup>.

*“More likely to go on to develop health harming and antisocial behaviours, often during adolescence, such as binge drinking, smoking and drug use”*

- 
- 1 Office for National Statistics, 'Sexual offences in England and Wales: year ending March 2017', February 2018
  - 2 Office for National Statistics, 'Bulletin Tables - Focus on violent crime and sexual offences (year ending March 2016)', February 2017
  - 3 Bellis, M. & Ashton, K., 'Adverse Childhood Experiences (ACEs) and their association with health-harming behaviours in the Welsh adult population', 2016
  - 4 O'Leary, P. & Gould, N., 'Men Who Were Sexually Abused in Childhood and Subsequent Suicidal Ideation: Community Comparison, Explanations & Practice Implications', 2008



---

Recorded adult rapes per 100,000 of adult population in West Yorkshire have been higher than the England and Wales figure every year since 2012/13, and the rate has increased sharply over the past few years, with an increase of over 450% in annual recorded adult rapes between 2012-13 and 2017-18.

When looking solely at recorded rape of adult males, the increase is even more pronounced – a leap of over 900%, from 11 in 2012-13 to 115 in 2017-18. In 2017/18, West Yorkshire had the third highest level of recorded adult rapes, and the highest level of recorded child rapes of any area nationwide<sup>5</sup>. In the six months between April-September 2016, West Yorkshire Police recorded 155 instances of sexual assault or rape of males aged 13 and over: equating to almost one rape or sexual assault per day<sup>6</sup>.

Events including the Operation Yewtree inquiries and similar investigations have propelled sexual violence into the national consciousness. The current situation with regards to historical sexual abuse means that services anticipate a much higher volume of survivors coming forward over the next few years. The anticipated increase in service users will put further strain on existing services.

Research commissioned by SWY found that services were in greater demand in the wake of these events, with more people accessing services – but that there had been little increase in funding for services to enable them to keep up with demand<sup>7</sup>. The research found that specialist sexual violence services were struggling as they were forced to compete for funding with larger ‘generic’ services. This is concerning as smaller specialist services closing through lack of funding will necessarily mean a decline in the quality of outcomes for sexual violence survivors across the country.



When looking solely at recorded rape of adult males, the increase is even more pronounced – a leap of over 900%, from 11 in 2012-13 to 115 in 2017-18

---

5 Rape Monitoring Group, ‘Rape Monitoring Group raw data 2012/13 to 2017/18’, 2019, HMICFRS

6 Unpublished statistics from West Yorkshire Police

7 Scurlock-Evans, L. & Mahoney, B., ‘A View from Inside the Box IV: Connecting the Boxes: Coming Home’, 2016





Sexual violence services for men are already scarce – SWY is the only male-specific service in West Yorkshire, with one other service (KRASSAAC in Huddersfield) offering support to male survivors alongside female survivors. KRASSAAC supported 62 men during 2020 and SWY provided 1:1 support (24 = counselling and 60 = individual advice/information) to 84, meaning a total of 146 male survivors in West Yorkshire were able to access support over the year.

Given that research estimates that 1 in 6 men (17%) have experienced sexual violence<sup>8</sup>, this number – representing approximately 0.0095% of West Yorkshire’s male population (aged 15+) – shows that there is a huge gap in provision.

The diversification of women’s sexual violence services – services that had previously been women-only, but which have now begun to offer help to male survivors as well – has been an emerging theme in recent years, borne out of the scarcity of funding in the sector.

This is problematic, as research has consistently shown that both men and women are much more likely to seek help from sexual violence services that are gender specific. The current funding-driven trend for combined services is therefore not ideal for men or women and is likely to result in fewer people overall reaching the services that they desperately need.

Feedback from SWY clients confirms that they often would not have approached a generic service, and the client data they hold shows that 98% of SWY enquiries are from cisgender men, and 1.25% from transgender men, strongly supporting the need for dedicated male services.

---

8 1 in 6, <https://1in6.org/get-information/the-1-in-6-statistic/>



COVID has had far-reaching negative effects on mental health and wellbeing. A report from the British Medical Association found that the pandemic risked mental health by worsening existing mental health conditions, and also increasing the risk of developing new ones – due to a multitude of factors including enforced social isolation, health-related stress, income-related stress and wider health inequalities.

The same report also highlighted that mental health services were struggling to provide all patients with the level of care required before the pandemic hit, a situation which was likely to worsen without immediate government action<sup>9</sup>.

SWY's digital service delivery put their service users at an advantage when COVID-19 hit – the organisation was already able to deliver vital counselling services over video call, so could hit the ground running with any new referrals, and the therapists involved in the project were familiar with the software and systems so required no acclimatisation period.

The pandemic has accelerated research into the use of video calling services for therapeutic purposes, with recent research showing that therapy via video call “is no less efficacious than in-person therapy... clients rate the therapeutic alliance and satisfaction similarly to therapy in-person”<sup>10</sup>.

Research has shown that online video counselling can be a more acceptable way to engage in a therapeutic process for those with higher levels of self-stigma<sup>11</sup> – a known challenge for male survivors.



The pandemic has accelerated research into the use of video calling services for therapeutic purposes

---

9 BMA, 'The impact of COVID-19 on mental health in England; Supporting services to go beyond parity of esteem', September 2020

10 Thomas, N. et al, 'Review of the current empirical literature on using videoconferencing to deliver individual psychotherapies to adults with mental health problems', 2021, British Psychological Society

11 Bird, M., Chow, G., Meir, G. & Freeman, J., 'The Influence of Stigma on College Students' Attitudes Toward Online Video Counseling and Face-to-Face Counseling', October 2019, Journal of College Counseling

# Summary of results

This evaluation looked at SWY client data at two points:

- 9th December 2020: capturing data for all clients who had had at least one counselling session within the 12 months leading up to the point of data collection
- 25th March 2021: capturing additional monitoring data for clients within the previous data collection, and data around new clients for the period since 9th December

At the first data collection point, there were 24 clients that met the criterion of having had at least one counselling session within the previous 12 months. Of these, 7 were considered 'active' clients by the evaluator at the time of evaluation (defined as a client who had had a counselling session within the last month and/or had their next session booked within the following month). At the second data collection, there were an additional 7 clients, and 8 clients were considered 'active' (of which 50% were new clients who had not been included in the previous data collection).

## Of the total 31 clients who met the criteria to be included in the study:

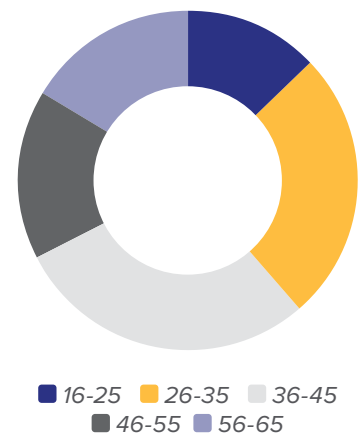
The majority of clients were aged 36-45, with zero clients over the age of 65.

The average (mean) total number of counselling sessions attended was 12, with the lowest sessions attended being 1 and the highest 58 (2 clients).

At the first data collection, 79% of clients on the list had begun their counselling during the calendar year 2020. SWY delivered a total of 479 hours of online counselling sessions in the calendar year.

Of the 31 clients who met the criteria to be included in the study, 23 had answered more than one IES-R questionnaire, and 21 had answered more than one PHQ-9 questionnaire (16 and 15 respectively at the first data collection point), meaning that these scores could be analysed to assess change during the period of receiving counselling. This evaluation is based on the data collected from these questionnaires.

Age of clients



On entry to counselling, 71% of clients presented with moderate to severe clinical depression, with 67% of those experiencing thoughts of suicide or self-harm in the week prior. 70% of clients presented with symptoms indicative of post-traumatic stress disorder (PTSD).

**When comparing clients' PHQ9 and IES-R questionnaires on entry to counselling with their latest questionnaires:**



81% of clients saw an overall reduction in **symptoms of depression**



78% of clients saw an overall reduction in **symptoms of post-traumatic stress**, with 100% having a reduction in at least one symptom

Of the clients who did not see an overall reduction in symptoms of depression when comparing their entry scores with most recent questionnaire scores.



**50% had seen a reduction in at least one symptom area** during their course of counselling.

When looking at SWY's stated outcomes for counselling clients, the evaluator used clients' questionnaire answers to assess which clients had seen an improvement in at least one indicator area for each outcome. Therapists' notes for those clients whose questionnaires did not show improvements were then used to assess clients' progress in-depth and capture improvements missed by questionnaire records.



---

## Survivors have better coping skills and strategies:

Questionnaire data showed that 91% of clients evidenced that they were better able to cope with the effects of their abuse (e.g. with a reduction in negative feelings when reminded about it) after receiving counselling. Therapists' notes for those whose questionnaire answers did not show an improvement in indicators relating to this outcome showed additional evidence which brought this up to **100% of clients achieving this outcome.**

### Comments from therapists relating to this outcome included:

*“‘P’ talked of how (through the counselling process) the sexual abuse no longer consumes his thoughts; he has learnt coping strategies and how to spot the triggers”*

*“‘W’ was more at ease and appeared to have come to terms with what he needed to do to address some of his anxieties. He was starting to see the results of the changes he had made to deal with his anger and past frustrations; feeling a lot better from it.”*

*“‘K’ was very upbeat again, and we reviewed his last couple of weeks which revealed that he had maintained his progress and was feeling very confident about the future. He now feels that he is in a position to continue to build on his new found enthusiasm for life and feels he has the coping strategies to maintain his anxieties at a reasonable level”*

*“‘C’ wanted to share how he feels our counselling sessions have changed his life. We talked through how he now has a healthy relationship with his 13 year old son. His anger issues have been addressed and he uses the strategies to manage any episodes. His son now wants to be with his Dad and comments how he has changed. ... ‘C’ is feeling totally liberated since processing and now knowing that the sexual assaults were not his fault.”*



100%

Up to 100% of clients have better coping skills and strategies



---

## Survivors are more confident and resilient:

Questionnaire data showed that 52% of clients evidenced increased confidence and/or resilience (e.g. with improved self-image, reduction in suicidal thoughts) after receiving counselling. Therapists' notes for those whose questionnaire answers did not show an improvement in indicators relating to this outcome showed additional evidence which brought this up to **67% of clients achieving this outcome**. Comments from therapists included:

*“S’ is feeling more confident within and wants to spread his wings go out and make new relationships... [he] has already made many significant changes and he is feeling more confident and in control of his life”*

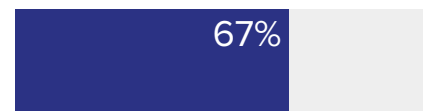
*“T’ was quite pensive about the work we have done together and was a little perplexed that he had dealt with one of his concerns in such a short space of time. We reflected on the past six weeks and evaluated what he had achieved from the sessions... ‘T’ still has work to do but feels he has managed to address one of the issues he had not been able tackle previously”*

*“H’ was feeling more comfortable with tackling situations that previously he had avoided... now felt more confident about being himself”*

## Survivors are more able to fulfil their potential:

Questionnaire data showed that 48% of clients evidenced increased ability to fulfil their potential (by e.g. better ability to concentrate on things that interest them) after receiving counselling. Therapists' notes for those whose questionnaire answers did not show an improvement in indicators relating to this outcome showed additional evidence which brought this up to **90% of clients achieving this outcome**. Comments from therapists included:

*“R’ [after 12 sessions of counselling] has decided to apply for another position in a different company as he realises he wants to look towards his long term goals. [He] wants to finish his PhD within the next couple of years. He is more focused on his achievements”*



Up to 67% of clients are more confident and resilient



Up to 90% of clients are more able to fulfill their potential

---

*“V’ was a little more positive today, talking about updating his CV with the intention of applying for work. ‘V’ was quite pensive and reflective today and stated that he felt more relaxed and calmer than he was last week, feeling that the sessions were assisting in helping him process his thoughts more”*

*“J’ felt better this week after having returned from a few days away, he was now keen on focusing on his future and applying for graduate schemes to allow him to change his career path”*

*“A’ revealed that he had discussed his historic abuse with his wife and had felt better for having done so, he now felt more at peace... He was also considering returning to work on a phased return which he was quite happy about”*

### Survivors have improved health:

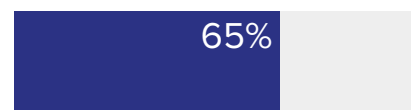
Questionnaire data showed that 43% of clients evidenced improved health (by e.g. regulating their sleeping pattern or appetite) after receiving counselling. Therapists’ notes for those whose questionnaire answers did not show an improvement in indicators relating to this outcome showed additional evidence which brought this up to **65% of clients achieving this outcome**. Comments from therapists included:

*“R’ has started walking and paying more attention to his health needs”*

*“P’... is feeling more content and relaxed with life. He is sleeping well and looking forward to the future. He uses the strategies for dealing with his anger (very rarely now)”*

*“S’ feels like he has moved on a lot from his past... has put down boundaries. Feels more in control... snacking has reduced; noticed a link [to] mood”*

*“V’ was quite upbeat again today stating that he had been out shopping and also done some exercise”*



Up to 65% of clients have improved health



---

To contribute towards the final organisational outcome – “People are more aware of the impacts of sexual violence and abuse and how to support survivors” – SWY had planned to implement some in-person awareness raising and training around sexual violence and how to support survivors during 2020, including some sessions with representatives from students’ unions in West Yorkshire universities. Due to the COVID-19 pandemic, these training sessions did not take place as planned, but SWY was able to offer some alternative provision including delivering 2 workshops as part of the online ‘Adversity, Trauma and Resilience Knowledge Exchange’ launched by West Yorkshire & Harrogate Health & Care Partnership, which was disseminated by SWY to students’ unions across West Yorkshire, and an open offer of bespoke training on sexual violence and male survivors’ needs for any SUs in the region.

SWY also undertook a programme of advertisements on social media and radio to promote the service, in partnership with Greatest Hits Radio, consisting of:



A targeted Facebook Ads campaign for a period of 6 weeks (1st October – 12th November 2020) – reaching 31,264 individuals and resulting in 391 clicks



An email to the Greatest Hits Radio mailing list (12,470 subscribers)



A campaign on Greatest Hits during October & November 2020 and January 2021



Homepage Takeover, Showbiz Takeover and Radio Player Takeover resulting in 6,000 impressions and 135 clicks

---

Client data was analysed by the evaluator to assess the impact of SWY’s advertising campaign. During the period 1st October 2020 – 26th March 2021, SWY saw 34 incoming referrals, of which 25 (74%) were self-referrals. During the same period, 14 new clients began receiving counselling.

---

For the same 6-month period in 2019/20, SWY saw 32 incoming referrals (75% self-referrals), with 8 new clients beginning counselling.

The evaluator’s observation is that while the advertising campaign had negligible impact on the number of inward referrals, there was a 75% increase year-on-year in the number of referrals who progressed to the point of receiving counselling, which may indicate that direct advertising is more likely to bring in clients who are closer to feeling able to begin the therapeutic process.

In addition to the advertising campaign, SWY’s website was a key route for survivors to engage with the organisation. During 2020, SWY’s website had just under 5,000 visitors, with 86.5% of those being new visitors.



## Case studies

---

‘C’ (39) experienced sexual abuse as a child, which has had long-lasting impacts on his mental and physical wellbeing – he lives with a range of respiratory conditions (including COPD and sleep apnoea) and has struggled with his mental health, presenting itself in anger outbursts. C is divorced and his two teenage children live with their mother – C’s anger issues have impacted them and created a barrier which C doesn’t know how to overcome. Although his ex-wife is supportive, C has found it a challenge to maintain friendships and feels that he is socially isolated.

On presenting to SWY, C was struggling to cope with the impacts of his CSA and was considering reporting his abuser. He had previously had a 6-week course of counselling elsewhere but this had not been sufficient to help him make any progress with regards to his mental health.

C attended a full 20 sessions of counselling with SWY which has been transformative. He reported feeling “liberated” through processing the trauma and coming to the recognition that the sexual assaults were not his fault. C’s counsellor noted at his final session: “[C] wanted to share how he feels our counselling sessions have changed his life. We talked through how he now has a healthy relationship with his 13 year old son. His anger issues have been addressed and he uses the strategies to manage any episodes. His son now wants to be with his Dad and comments how he has changed.”

*“[C] wanted to share how he feels our counselling sessions have changed his life”*



'K' (56) is a retired police officer. He took early retirement following the disclosure of his childhood abuse (age 8-10) and unsuccessfully attempted to bring his abuser to justice. Although his close police colleagues were supportive and the service itself was professional, K felt pushed out and would have liked to have completed his service. He received counselling some years ago which helped him to explore his abuse disclosure experience, but still struggles with anger around the situation (both the original abuse and the experience of disclosure) and feels that he can't settle into moving forward in his recovery. K had previously tried CBT and EMDR but found that they were not helpful in relation to the sense of tension he feels. K has struggled at times with excessive drinking and his concerns mainly revolve around the impact of this and his anger on his family.

K received 10 sessions of counselling with SWY, which has had a great impact on his life – supporting him to develop the coping strategies needed to alleviate much of his anxiety. At his 8th session, K's counsellor noted: "[K] was more at ease and appeared to have come to terms with what he needed to do to address some of his anxieties. He was starting to see the results of the changes he had made to deal with his anger and past frustrations feeling a lot better from it." By the 10th session, K felt that he had got what he needed from counselling, and his case was closed by mutual agreement with his counsellor.

-

---

*"[K] was more at ease and appeared to have come to terms with what he needed to do to address some of his anxieties. He was starting to see the results of the changes he had made to deal with his anger and past frustrations feeling a lot better from it."*

## Recommendations and further work

---

SWY's online counselling provision is highly successful at achieving the charity's intended outcomes for clients. It is the evaluator's recommendation that SWY **continues to deliver counselling using this successful model.**

SWY's data collection methods could be improved – the use of PHQ9 and IES-R questionnaires is sufficient for clinical purposes but the project **would benefit from outcomes-focused data collection** to better enable monitoring and evaluation of the organisation's progress towards its charitable outcomes. Consistent client use of the PHQ-9 and IES-R would also go some way to improving monitoring (at the time of evaluation, one in four clients had completed one or zero questionnaires and were therefore unable to be included in the data), although it is recognised that counsellors are aware of this and do make the effort to remind clients to complete the forms at each session.

The SWY website continues to be a valuable way for male survivors to access information and begin their journey of seeking support. Self-referrals continue to have the highest level of engagement with SWY's counselling service, and the website is a clear and accessible route into the service. It is recommended that SWY **continues to maintain and update this excellent resource.**

The planning and preliminary work conducted by SWY in preparation for the work with student unions is well-researched and designed to meet SWY's organisational outcome around awareness raising. It is this evaluator's recommendation that this **pilot project be rolled out as soon as practical.**

# Appendices

---

## Appendix I

Patient Health Questionnaire (PHQ-9)

Over the last two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things? *[Not at all/Several days/More than half the days/Nearly every day]*

Feeling down, depressed, or hopeless? *[Not at all/Several days/More than half the days/Nearly every day]*

Trouble falling or staying asleep, or sleeping too much? *[Not at all/Several days/More than half the days/Nearly every day]*

Feeling tired or having little energy? *[Not at all/Several days/More than half the days/Nearly every day]*

Poor appetite or overeating? *[Not at all/Several days/More than half the days/Nearly every day]*

Feeling bad about yourself – or that you are a failure or have let yourself or your family down? *[Not at all/Several days/More than half the days/Nearly every day]*

Trouble concentrating on things, such as reading the newspaper or watching television? *[Not at all/Several days/More than half the days/Nearly every day]*

Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? *[Not at all/Several days/More than half the days/Nearly every day]*

Thoughts that you would be better off dead, or of hurting yourself in some way? *[Not at all/Several days/More than half the days/Nearly every day]*

Total = \_\_\_/27

Depression Severity: 0-4 none, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe.

## Appendix II

Impacts of Events Scale – Revised (IES-R)

Please select the answer which most closely relates to how you felt: *Not at all/A little bit/Moderately/Quite a bit/Extremely*

Any reminder brought back feelings about it

I had trouble staying asleep

Other things kept making me think about it

I felt irritable and angry

I avoided letting myself get upset when I thought about it or was reminded about it

I thought about it when I didn't mean to

I felt as if it hadn't happened or wasn't real

I stayed away from reminders about it

Pictures about it popped into my mind

I was jumpy and easily startled

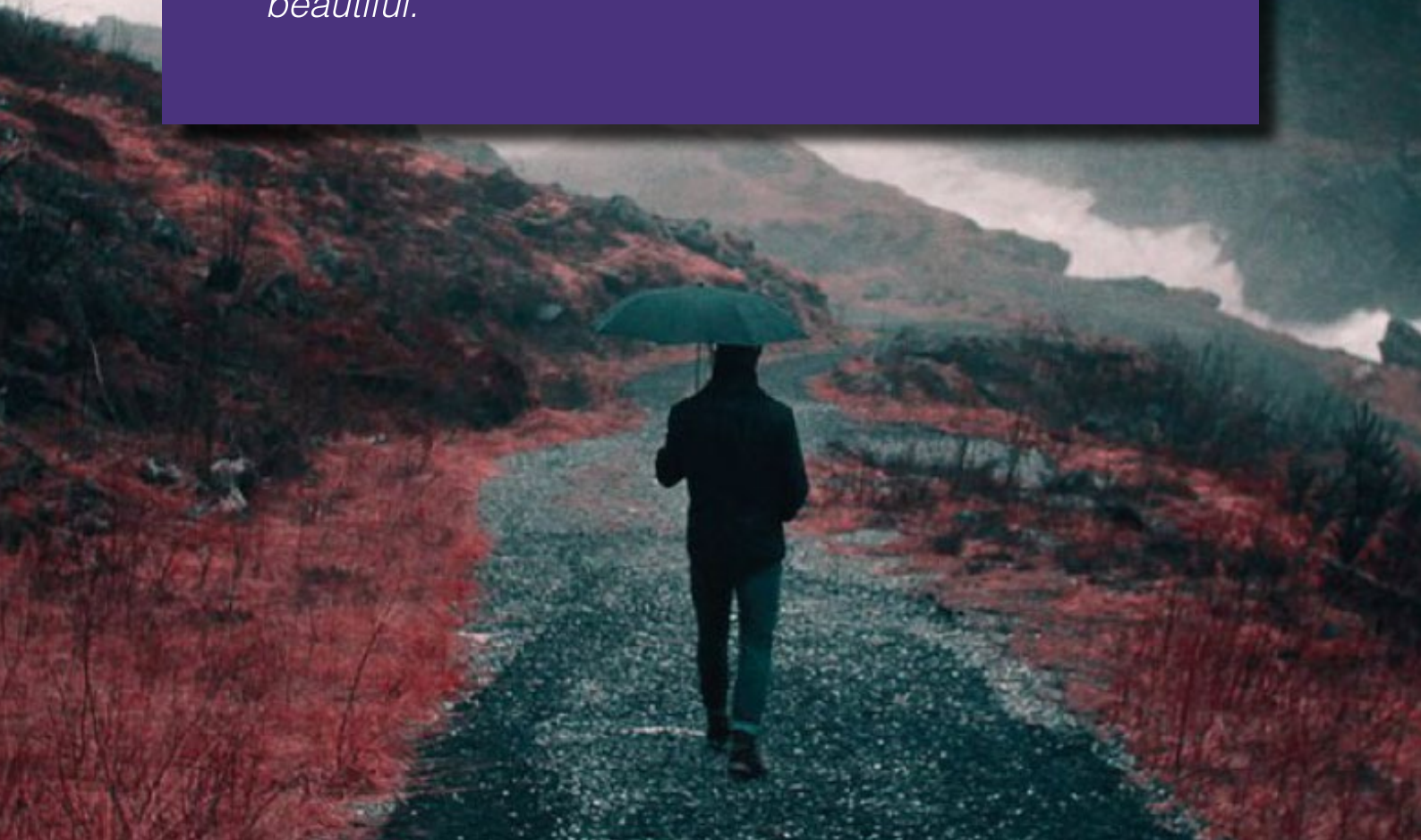
I tried not to think about it

Sexual abuse is something I experienced

**IT'S NOT WHO I AM...**



*“When the Japanese mend broken objects they aggrandize the damage by filling the cracks with gold, because they believe that when something’s suffered damage and has a history it becomes more beautiful.”*



**ben's place**

SPECIALIST SUPPORT  
FOR MALE SEXUAL ABUSE SURVIVORS

[survivorswestyorkshire.org.uk](http://survivorswestyorkshire.org.uk)