



OPCC Victims & Commissioning Team Market Engagement Event

Supporting Victims of Sexual Violence
27th March 2023



Today's Aims

- To engage with service providers, potential providers, and commissioners of victims services in Thames Valley.
- To share learning and future challenges regarding commissioning services for adult victims of crime.
- To enable opportunities to inform the shape of future commissioned service provision by the OPCC.



Background to OPCC commissioning

- The Office of the Police and Crime Commissioner (OPCC) has been responsible for Victims' Services commissioning since October 2014.
- Annual Victims' Grant from Ministry of Justice in the region of £3m.
- Since 2020, Thames Valley have used core funding to provide
 - An internal Victims First Hub to receive police and victims referrals
 - The Young Victims Service
 - The Victims First Emotional Support Service, which includes DA support for standard risk
 - The Victims First Adults Service, which includes specialist ISVA
 - The Victims First Counselling Service

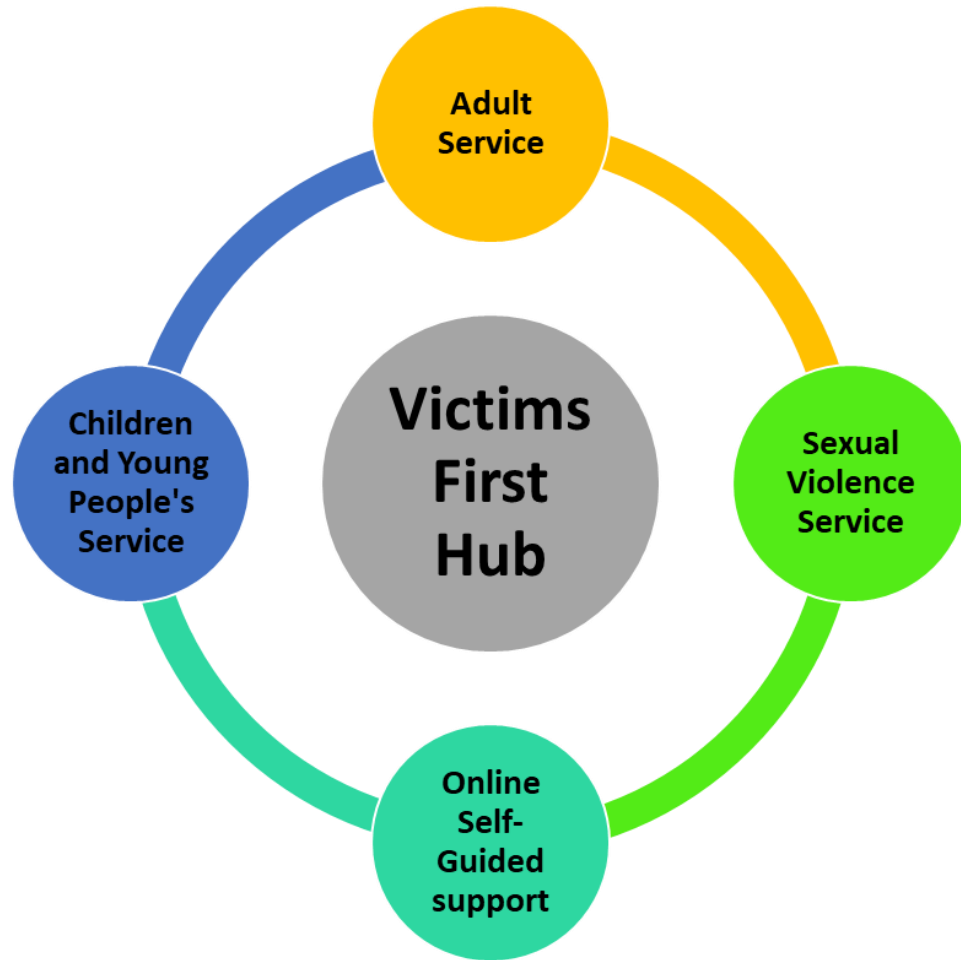


Review of Victims' Services

In May 2022 an evaluation of Victims' Services took place. The review principally elicited three key aims:

- To evaluate the current commissioned and internal services.
- To provide a framework to inform future commissioning of victim's services.
- To listen to victims and to assess their needs, and ensure their voices inform the commissioning of services.

New Services Model



Counselling support



26 specialist grant-funded provision for DA and SV



Other potential funding opportunities



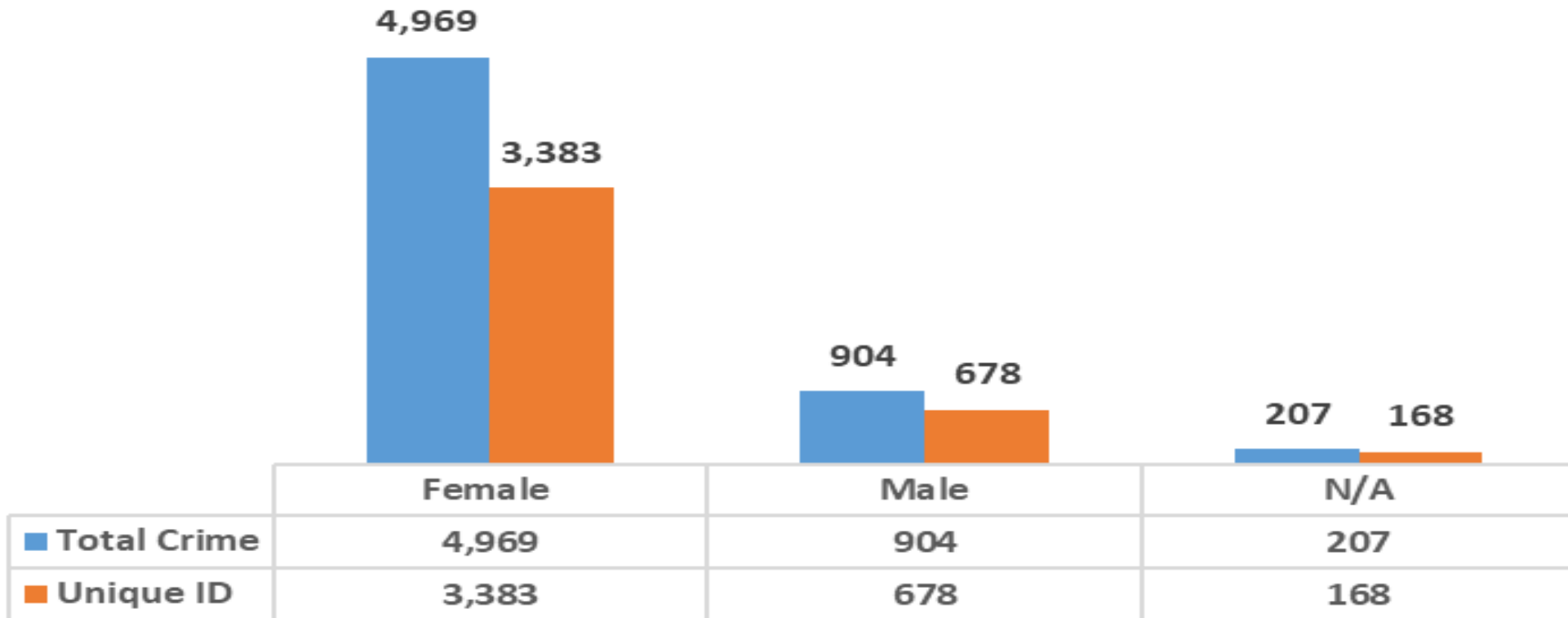
Proposed OPCC Services

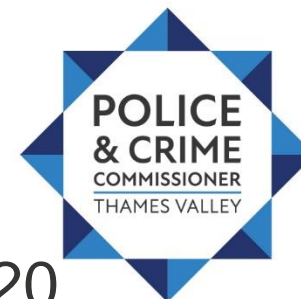
Sexual Violence	<ul style="list-style-type: none">• ISVA provision and SV support workers• Group support including therapeutic groups• Peer support• Psycho-educational support• Online support• Support for men• Support for people from by and for communities
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Recorded Sexual Offences and Unique Victims



Sexual Offences and Unique Victims





Sexual Violence

- The Crime Survey of England and Wales (CSEW) year ending March 2020 estimated 2.9% of women (618,000) and 0.7% of men (155,000) aged 16 to 74 years experienced sexual assault (including attempts) in the last year. Women are more likely than men to be victims of sexual violence.
- Using population/police/service data over 10 years we can attempt to forecast the following:

	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029
Population (m)	2.47	2.49	2.51	2.52	2.53	2.54
Victims (CSEW)	8,892	8,964	9,036	9,072	9,108	9,144
Victims (TVP)	6,772	6,822	7,456	7,506	8,140	8,190

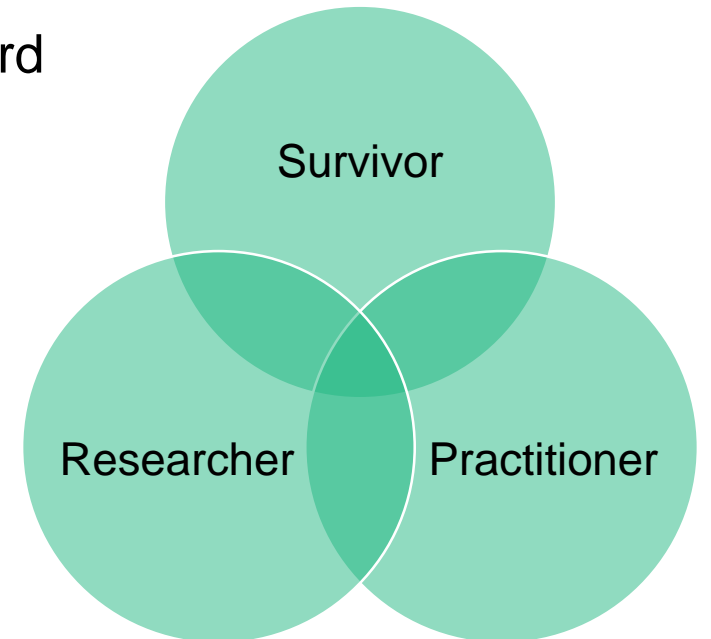
Lived Experience – Lisa Ward



About me

- Lived experience consultant with own experience of SV, DV and other crimes (including burglary and 'hate' crime) – some reported, some not
- Previously worked as an 'expert by experience' after use of statutory services
- Went on to work as the CEO of a Rape Crisis Centre in Oxford
- Research background in lived experience

- Runner, roller derby player, vegan, insomniac...



The Process

- Three face to face groups –Oxford (6 attendees), High Wycombe (4 attendees) & Reading (7 attendees)
- Two online groups (one for SV survivors only) 9 attendees
- 9 one to one telephone/zoom interviews

TOTAL: 38 individuals

Aimed to get a mix of views based on gender/location/crime type/age etc

Demographics

Category	Response	Number	%
Gender	Woman	34	89.5
	Man	3	7.9
	Non-binary	1	2.6
	Prefer not to say	0	0

Demographics

Category	Response	Number	%
Age	18-24	3	7.9
	25 – 34	4	10.5
	35 – 44	7	18.4
	45 – 54	8	21.1
	55 – 64	6	15.8
	65 – 74	0	0
	75 – 84	4	10.5
	Prefer not to say	6	15.8

Demographics

Category	Response	Number	%
Ethnicity	African British	1	2.6
	Asian	2	5.3
	Black	2	5.3
	Black African	1	5.3
	White / White British	22	57.9
	White other	2	5.3
	Prefer not to say	8	21.1

Demographics

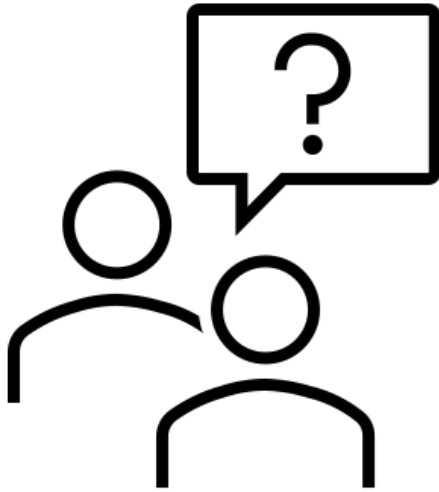
Category	Response	Number	%
Caring Responsibility	Yes	13	34.2
	No	19	50.0
	Prefer not to say	7	15.8

Demographics

Category	Response	Number	%
Disability	Mental health disability	5	13.2
	Physical health disability	6	15.8
	Both physical and mental health disability	4	10.5
	None	10	26.3
	Prefer not to say	13	34.2

Crime experiences

Category	Response	Number	%
Crime type	Burglary	7	10.1
	Childhood abuse	7	10.1
	Cybercrime or Online Fraud	2	2.9
	Domestic Abuse	18	26.1
	Female Genital Mutilation	0	0
	Fraud	1	1.4
	Hate Crime	3	0
	Honour Based Abuse	0	0
	Modern Slavery	0	0
	Rape and Sexual Abuse	16	23.2
	Robbery and Theft	1	1.4
	Stalking and Harassment	10	5.8
	Violent Crime	4	0
	Terrorism	0	0
	Other	0	0



The questions asked

Victim-survivors were asked four key questions:

1) If you received support what did you receive? What was good about it, what was less good about it? OR Why did you not access support?

- a. Probes included: the waiting time to access support, the number of times they had to retell their experience, the number of people involved, what was missing, what was the ending like?

2) What would ideal support look like?

- a. Probes included: if they felt it needed to be tailored to their background (sexuality, ethnicity etc), what emotional and practical needs they had, how would it be offered/communicated? If CJS aligned what would this mean?

3) What's needed when people have to wait for support?

- a. Probes included: other options, contact whilst waiting.

4) If there was anything else they felt it was important to capture?

Key findings

Victim-survivors had accessed a range of services across the county including:

- Victims First Hub
- Victims First Emotional Support Service
- Victims First Specialist Support Service
- Specialist Sexual Violence Support Services (such as OSARCC, SAASS BMK, Trust House Reading, and Clean Slate)
- Specialist Domestic Violence Support Services (such as ODAS, Women's Aid, Alana House and IRestandBloom)

Within these services a range of online and face-to-face support had been accessed including one-to-one support (practical, emotional, and CJS focused), counselling, group work, webinars and psychoeducation.

- No one spoke about accessing support based on specific demographics of the victim-survivor (for example LGBTQ+ specific support, older adults' services etc) but some had used statutory services such as mental health services and social care support, as well as national support such as the Samaritans.
- No one who took part spoke of accessing, or had been offered Restorative Justice.

What's working well?

Person-centred holistic support

- tailored to their specific needs
- feeling like they were being held in mind
- believed, and valued
- support enabled them to take control of the situation
- enabled a sense of choice
- some of services 'going the extra mile'
- having the same worker was helpful

Specialist knowledge around the subject area

- this meant that staff were more likely to respond in helpful ways
- Staff were able to convey specialist information to victim-survivors
- valued information that had been provided online by services, both in terms of what they could expect from support, but also eligibility criteria

Gradual endings

- support being gradually wound down over a period of time
- space between sessions being extended
- the ending being delayed if the timing wasn't right or more support was needed
- able to go back to services they had accessed later and were quickly able to resume support

What needs improving?

Communications

- Disliked leaving messages on answerphones
- Disliked withheld numbers
- Follow up calls after a week and month even if initially said no to support
- Stock crib sheets for call handling not working
- Sometimes feel like a number or burden on services
- Wanted to be referred rather than signposted
- Hard to know what they could access, and how to access it
- Too many people involved
- More information at the start to make informed decisions
- Hard to raise complaints and not getting feedback on what's happened with them

What needs improving?

Person-centred holistic support

- need a range of support offers beyond the obvious
- pragmatic support around technology
- Peer support and support to do 'every day' things
- Both online and offline (victim-survivor choice)
- Flexible timing and aware of other things in victim-survivor's life

What needs improving?

Specialist knowledge

- service providers lacked understanding of the needs of victim-survivors of these crime types, in particular their ongoing needs
- gaps in provision particularly around protected characteristics, with services not always able to understand how someone's identity might intersect with their crime type
- staff with lived experience added value, and were able to illuminate things from a lived perspective that others with professional and academic based knowledge may lack

What needs improving?

Practical needs of support provision

- support offered outside office hours to accommodate those who worked, and crisis line provision
- offers of short-term counselling were unhelpful
 - particularly for DV/SV
- power and value of peer networks
 - Forums/WhatsApp

What needs improving?

Endings

- endings need to be led by the victim-survivor in a way that made sense to them
- that 'soft closing' where they were encouraged to get back in touch if they needed support were better than more formal closing
- need to quickly be able to reengage with services
- ongoing support after formal services end would be welcomed

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Support whilst on the waiting list

Everyone who took part recognised that demand outweighed the need. Suggestions of things which would be useful whilst waiting to access support included:

- Books (such as The Body Keeps the Score)
- A book group space to discuss key themes
- Podcasts
- YouTube videos
- Online forums
- Guidance on self-care
- Workshops around feelings or impacts
- Mindfulness
- Personal logs of progress
- LGBTQ specific support
- Being updated on where you are on the waiting list
- Information on different types of therapy to prepare yourself
- Practical safety (sexual health, GP etc)
- Information for non-abusive partners
- Information on common responses
- Materials written by people with lived experience
- Information on grounding techniques
- More group offers that people could attend - meeting others who they could relate to
- Having side person for support whilst waiting for counselling, who keeps in touch and then when counselling starts step back. This person could then come back in when counselling ends.
- Phone buddies
- Befriending service

Sexual violence specific support



Recommendations



Utilise the value of peer support more



Consider link/navigator model – those who reported would welcome this person being present during the call out and supporting them throughout the process



Referral based model rather than signposting model (warm handover where possible)



Reduce retelling of story – agreed summaries to share with services



Online and offline provision



Round the clock support



Embed and embrace lived experience workers



Improve feedback mechanisms



Reduce reliance on answerphones

Further contact

- lisa@iamlisaward.com
- 07798 905824



Lived Experience - Supporting People from Diverse Communities



- HBA super-complaint.
- PCC's responsibility is to commission services to support all victims of crime.
- Current commissioning arrangements.
- To inform the service specification.

Focus Groups

- **Women's Focus Group – 17 participants**
 - Ethnicity: including White British, Punjabi, Afro-Caribbean, Sudanese, British Asian, White other
 - Crime types: Rape, Sexual Assault, Physical Violence and Coercive Control
- **Men's Focus Group - 18 participants**
 - Ethnicity: Black African - Sudan, Nigeria, Cameroon, Sierra Leone, Ghana, Indian, African Caribbean, Black British, Arab
 - Age Group 26 – 65 [16]; over 65 [2]

Feedback from the Women's Group



- People's experience with reporting crime to the police was varied.
- Those who had English as a second language, felt language was a barrier and they were not taken seriously when they complained.
- The law should be made clear within all communities.
- Participants suggested a public platform where people could access – legal advice, emotional support and that would have a forum so that people could share their experiences anonymously and provide support for one another.
- Education is paramount, especially needed in communities that don't understand the law relating to violence against adults and children.
- All people in a family be helped to heal as they recognised that perpetrators may need help to avoid re-offending.
- The participants felt children ought to be more supported than they are. They were, however, frightened that by reporting to the police the social services would come and take their children from them. They would like there to be information about the role of the social services so that it is easier for parents to approach the police for help.

Feedback from the Men's Group



- The police should not be too fast in taking men into custody
- A men's group should set up a peer support network for men to talk about these issues
- Men should break the taboo of feeling ashamed, and embarrass women who perpetrate abuse on their spouses, instead of overreacting.
- The police and communities should find out and encourage/use mediation services within specific communities.
- Encourage dialogue - a joint approach should be developed with both men and women on how to address DV, SV & HBA within cultural minority communities, like was done with FGM (female genital mutilation) campaigns. Communities wish to avoid the negative spotlight that perceives cultural norms and values as not only alien but wrong.
- Support and publicise Acre's 'We-Men' - Reading Men's group as a safe space to meet and air their concerns among their peers freely

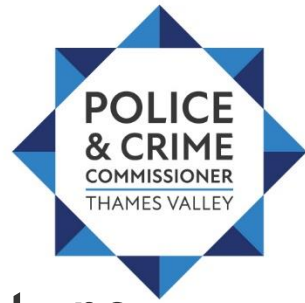


Supporting Victims of Sexual Violence Research

Research completed by Centre for Public Innovation
(2023)

What were our Research Aims?

- Understand more about evidence on achieving best outcomes for sexual violence victims including;
 - Interventions
 - Peer support
 - Self guided support
 - Staff training and competency skills
 - Managing waiting lists
 - Quality standards



Key Findings - Organisational Approach

- If a service is difficult to access, survivors are less likely to return
- Avoiding the need to retell their stories.
- Organisations and staff - friendly, accessible and non-judgemental.
- Trauma informed organisations and staff helps create safe spaces.
- Importance of supportive organisational environments for staff.
- Family, friends and broader social networks are important in progressing support – consider how they can be supported too.

Key Findings - Interventions

- Interventions should be survivor-centred and flexible
- Holistic approaches allow services to better meet the needs of those with complex/intersectional needs.
- Interventions should consider an individual's readiness for a particular type of support
- Interventions that help survivors establish boundaries and be assertive are beneficial
- Recent research has found positive effects of culturally specific interventions (i.e. Ethnic background, LGBTQ+).

Key Findings - Therapeutic Interventions

- Limits of the evidence base and research.
- CBT interventions can be effective at reducing PTSD, anxiety, and depression symptoms.
- Level 4 diploma minimum in working with victims of rape, SV, and childhood sexual
- All counselling should be trauma informed.
- EMDR also appears to be one of the most cited effective treatments.



Key Findings - Mental Health

- Better availability of mental health services correlates with better outcomes.
- The importance of referral pathways and integration between SV and MH services
- SV services staff are trained in discussing clients' mental health history.

Models of Delivery

There is evidence that the following elements feature in effective practice:

- Support at point of disclosure
- Rapid referral to specialist treatment and therapeutic support
- Strong therapeutic alliance throughout
- Consistency of key worker
- Co-ordinated support
- Qualified and experienced staff



Tabletop Exercise



Questions to Consider

- What could other support mechanisms look like? E.g. peer support, group support, online support and psychoeducational support
- How do we ensure that appropriate counselling support is provided for sexual violence victims?
- How do we ensure that the new service works closely with TVP and the SARC's?
- What currently works for supporting people who have experienced sexual violence? Where are the gaps in Thames Valley? What are the future trends?
- How do we commission services to be flexible and meet the needs of our diverse communities?



Lunch and Networking





Questions to consider

1. How can we encourage partnership responses to our tenders which will be effective in service delivery?
2. How can we commission to meet the needs of Thames Valley on a limited budget, for example do we need static locations for services?
3. What training do staff need and what should staff salaries look like?
4. How does the OPCC/services link in with mental health?
5. How can we commission to meet the needs of Thames Valley on a limited budget, for example do we need static locations for services?
6. How do we ensure staff have the right support and encourage recruitment and retention?
7. What should we definitely not include in our next commissioning?



Timetable and Next Steps

- Contract term – **5 years** - likely 3 plus 1 plus 1
- Approximate Budget is approximately **£600,000- £700,000 per annum** but we want to build contracts that can flex dependant on increases in funding
- **Tender timeline**
 - Intending to issue the tender end of **July 2023**
 - Bids submitted on **end of September 2023**
 - Anticipated award date **mid December 2023**
 - Mobilisation **January 2024 – 31st March 2024**
 - New Service start **1st April 2024**



Thank you!

Helen.wake@thamesvalley.police.uk