Services for Victims and Survivors of Sexual Crime in Hampshire and the Isle of Wight
November 2015 - March 2018
Office of the Police and Crime Commissioner, Hampshire and the Isle of Wight

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Foreword

I am pleased to introduce the Hampshire and Isle of Wight Sexual Crime Strategy.

Sexual crime is a complex and sensitive area with a high level of under-reporting to the police. Recorded data in Hampshire and the Isle of Wight shows that victims and survivors of sexual crime are more likely to be attacked by someone they know and in familiar surroundings. For many victims, this is hard to talk about and can lead to them reporting the crime to police much later, if they report it at all.

Victims of sexual crime include women, men and children, and they can be vulnerable in other areas. This can include young people who go missing, those in care, those experiencing domestic abuse, people who were abused as children, sex workers who are exploited, and people with learning disabilities or mental health problems. Therefore we need to work in a coordinated way, with many partners, towards a shared aspiration: to achieve a truly victim/survivor focused service.

We are proud of our achievements to date that contribute to tackling sexual crime in Hampshire and the Isle of Wight and the partnership arrangements that have enabled these successes. Services include the Sexual Assault Referral Centre (SARC) which is jointly funded by the Office of the Police and Crime Commissioner, Hampshire Constabulary, NHS England, Hampshire County Council, Southampton, Portsmouth and the Isle of Wight Unitary Authorities. Independent Sexual Violence Advisors operate across the whole area. Specialist organisations include four Rape and Sexual Abuse Support Centres, based in Basingstoke, Portsmouth, Southampton and Winchester, and empowerment groups which deliver a range of services to support victims and survivors of sexual crime.

We now wish to build on these partnership arrangements to develop a strategic approach to the delivery of services across all the communities we serve.

We need to increase public confidence in reporting and to ensure that victims and survivors, across the whole of Hampshire and the Isle of Wight, are properly supported. Support to victims and survivors should be a core principle of an effective response, whether or not they report, or intend to report a crime. This Sexual Crime Strategy is a first step. Through this strategy we are making a commitment to work together over the next three years to help deliver improved, better-coordinated services.

At the core of this Strategy is the principle that all victims and survivors of sexual crime should be supported. It sets out our firm intent to work in partnership towards this aspiration, using agreed, realistic and deliverable action plans, that recognise current realities and address service and geographical inequities. Alongside service development, we will embrace the principles of prevention and innovation, to help address hidden crime, promote confidence and awareness amongst victims and survivors, professionals and all the communities we serve.
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1 Introduction

1.1 Terminology
This Strategy uses the following terms:

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<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victims/Survivors</td>
<td>To recognise the sensitivities of “victim” terminology.</td>
</tr>
<tr>
<td>Sexual crime</td>
<td>To describe the core issue that the Strategy seeks to address.</td>
</tr>
<tr>
<td>Pan-Hampshire</td>
<td>To describe the Police and Crime Commissioner’s area of operation, consisting of Hampshire County Council, Portsmouth City Council, Southampton City Council, the Isle of Wight and the eleven District and Borough Local Authorities. We have adopted this to avoid confusion between “Hampshire” as defined by the former geographical and postal county, and Hampshire County Council.</td>
</tr>
<tr>
<td>Pre-trial therapy</td>
<td>Pre-trial therapy, delivered by trained practitioners, is counselling that is offered to a victim or witness while the criminal justice process is on-going and where a trial may take place or is underway. Pre-trial therapy takes full account of potential court requirements on counsellors to disclose in court, delivering counselling in ways that avoid risk of prejudicing the process.</td>
</tr>
<tr>
<td>“Historic” crime</td>
<td>Whilst this can be useful shorthand for crimes that were committed in the past, victims/survivors emphasise that they experience the impacts throughout their lives; many constantly live through these impacts as if the crime had just been committed.</td>
</tr>
<tr>
<td>Female Genital Mutilation/Cutting</td>
<td>Female Genital Mutilation/Cutting comprises all procedures involving the partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons. Female Genital Mutilation/Cutting is a term that is in line with the recommendations of the Department for International Development and leading activists.</td>
</tr>
</tbody>
</table>

1.2 Principles and Aims of this Strategy
The Police and Crime Commissioner’s Sexual Crime Strategy will steer activity for a period of over three years, from October 2015 to the end of March 2018. Delivery of this Strategy is built on the following nine principles:

1. Support to all victims/survivors of sexual crime.
2. Increasing capacity and flexibility, to support more people, to respond when and where people need support, and to accommodate people’s diverse needs.
3. Valuing and building on the expertise already in place.
4. Promoting service integration through partnership work.
5. Provide consistency of services throughout pan-Hampshire.
6. Recognising that specialist providers need organisational resilience to make best use of their resources and expertise.
7. Supporting awareness, prevention and education programmes.
8. Openness to innovation.
9. Deliverability: realistic action plans that make the most of the available resources.

In the context of these nine principles our aims in addressing Sexual Crime and supporting victims/survivors of those crimes over the next 3 years and the long-term outcomes that these will achieve are:

<table>
<thead>
<tr>
<th>Principle:</th>
<th>The strategy aims to:</th>
<th>Long term outcome(s) sought:</th>
</tr>
</thead>
</table>
| 1 Support to all victims/survivors of sexual crime | • Support all victims/survivors regardless of whether they report, or intend to report, the crime – either at the time they first seek help, or at a later date.  
• Recognise the needs of groups that are under-served or under-acknowledged. | • Greater confidence, amongst all victims/survivors to report sexual crimes, and/or to seek the support they need.  
• More “under-served groups” accessing services (where this can be measured). |
| 2 Increasing capacity, responsiveness and flexibility of support | • Develop service capacity and expand provision to target unmet need.  
• Provide a consistent level of service throughout pan-Hampshire.  
• Develop clearer service standards for key elements of support.  
• Support providers to maintain portfolios of service that can help respond to peaks of demand. | • Victims/survivors able to access services at the point of need.  
• Clear routes for all referring agencies, to responsive services that are available when they are most needed.  
• Services available to respond quickly with advice and support when a more intense service may not yet be available. |
| 3 Valuing and building on the expertise already in place | • Understand the support available now and key indicators of best practice, recognising the roles of specialist support organisations.  
• Assess the value of, and take full account of the existing “community of expertise” in making commissioning decisions. | • Strategic aims achieved with full involvement and consultation of victim/survivors and expert stakeholders.  
• A confident and stable pan-Hampshire “community of expertise”.  
• Excellence and innovation is valued and shared beyond pan-Hampshire. |
<p>| 4 Promoting service integration through | • Strengthen multi-agency partnership work that focuses on victim/survivors, prioritising partnership work | • Partners working to shared, aligned, victims/survivor centred commissioning priorities. |</p>
<table>
<thead>
<tr>
<th>Principle:</th>
<th>The strategy aims to:</th>
<th>Long term outcome(s) sought:</th>
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</table>
| partnership work | • that is practical and “solution focused.” | • Senior level buy-in to support sharing of resources and commissioning arrangements.  
• Partners signed up to lead on priority issues.  
• Well-functioning Project Steering Group overseeing ongoing service development. |
| Providing consistent services across pan-Hampshire | With victims/survivors and other stakeholders, develop unified service specifications and outcome frameworks for victims/survivor focused support | • A comprehensive network of service provision, centred on a recognised “core” of specialist expertise and knowledge that offers consistently good quality support where and when needed pan-Hampshire. |
| Recognising the need for provider organisational resilience | Use the commissioning process and partnership work to help develop the high level of organisational resilience needed to manage support service for victims/survivors of sexual crime. | • Improved security and continuity of service.  
• Services managed by expert, stable organisations, well-equipped to deliver high quality support.  
• Reduced management time in managing the consequences of constant funding uncertainty and problematic contract “churn”. |
| Supporting effective awareness, prevention and education programmes | • Targeting key groups of the general public and staff, increase awareness and understanding of sexual crime, its impacts on victims/survivors, and how professionals, organisations and communities can help.  
• Develop and promote sexual crime prevention and education initiatives – universal and targeted – throughout pan-Hampshire.  
• Support workforce awareness initiatives. | • Improved experiences of victims/survivors as they encounter other agencies throughout the “victim/survivor journey”.  
• Preventive and educational work continuing, with a growing public profile pan-Hampshire.  
• Feedback and evaluation to inform development.  
• Improved victim/survivor experiences resulting from workforce awareness |
### Principle:

#### Openness to innovation

- Seek innovative ideas to address entrenched and hidden problems.
- Where resources allow, support innovation “at risk” to identify effective local solutions.

#### Deliverability: realistic action plans that make the most of the available resources

Be aspirational, yet deliverable, throughout a period of reducing overall resources

<table>
<thead>
<tr>
<th>Principle:</th>
<th>The strategy aims to:</th>
<th>Long term outcome(s) sought:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Openness to innovation</td>
<td>Seek innovative ideas to address entrenched and hidden problems. Where resources allow, support innovation “at risk” to identify effective local solutions.</td>
<td>New ideas being tried and tested, and success measured.</td>
</tr>
</tbody>
</table>

#### Deliverability:

- Ambitious, yet deliverable partnership action plans that all partners are committed to delivering.
- Action plans being achieved on target, year on year.
- Confidence amongst partners, throughout the period of the strategy, that the work is moving forward towards its desired outcomes.

### 1.3 Acknowledgements

The Police and Crime Commissioner is extremely grateful to everyone who contributed to the Sitra Mapping and Scoping research, many of whom have devoted considerable time and effort to this work. They have contributed a wealth of detailed information and expert advice to make this first Sexual Crime Strategy an in-depth document, providing the opportunity to take forward a range of essential issues in a coordinated way.

### 1.4 Sitra

Sitra worked closely with the Office of the Police and Crime Commissioner (OPCC) on the Scoping and Mapping work that informed the development of this strategy, and supported the OPCC in drawing together this strategy document.

Sitra is the leading charity in the housing, support and health & social care sectors, with a membership of nearly 500 practitioners nationally. Sitra provides training, consultancy and advice and works both at a policy level and in providing specific support for individual organisations.

Sitra plays a key role in ensuring the voice of service users is heard, including disabled, vulnerable or disadvantaged people and works closely with policy makers to ensure this happens.

Sitra is recognised and consulted by Government departments and other bodies, including the Department of Communities and Local Government (DCLG), the Department of Work and Pensions (DWP) and the Homes and Communities Agency (HCA) and the Department of Health (DoH).
The organisation’s extensive work on good practice and policy and procedural development draws on the strength of its large membership base and on Sitra’s role in discussing and developing policy at a national level.
2 Action Planning

Our ambitions are derived from the findings and conclusions of the Mapping and Scoping Exercise. These should be considered together with the overarching principles, aims and desired outcomes outlined above. An action plan at Section 9 sets out the process of implementing the ambitions set out in this strategy.

Ambitions

This diagram illustrates the ambitions that represent the framework for action planning:

- **ISVA services**: to work with others to grow ISVA provision, develop unified service specifications and standards and address the issues of fragmented provision.

- **Specialised Sexual Crime Counselling**: In the light of the apparent scale of under-provision, we aim to increase the current overall number of victims/survivors receiving specialist counselling and improve access and knowledge about counselling when a victim is going through the Criminal Justice Service (pre-trial therapy).

- **Specialist providers**: We recognise the contribution of providers’ service responses that help manage demand (e.g. empowerment groups, peer support, “triage”, helplines) and we wish to work collaboratively, harnessing the energy and creativity of the sector to develop innovative ways to meet need. We seek to stabilise and coordinate funding of these services.

In more detail:

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**Criminal Justice Service:** Working with partners we will consider what action can be taken to address the negative impacts on the “Victim/Survivor Journey” that arise from the length of the court process, and we will promote awareness and improved ways of working for Criminal Justice teams, including court staff.

**Missing Exploited and/or Trafficked People linked to sexual crime:** We will prioritise awareness and develop further capacity within existing specialised services. We will work in partnership to understand the needs of children “at risk” and in the trafficking and potential exploitation of sex workers and we will build on our current investment in the Anti-Slavery Partnership.

**Female Genital Mutilation/Cutting:** As an emerging issue, we will keep our response to this issue under active review. We will develop strong partnership approaches, including working closely with health commissioners to provide effective support to victims/survivors of female genital mutilation/cutting, whether or not a crime is reported and take early opportunities to promote training and awareness.

**Awareness, Prevention and Education:** Awareness and prevention are a crucial part of keeping people safe. We will promote training and awareness that targets young people and also those with mental health and learning disabilities.

**Sexual Crime Project Steering Group:** The Office of the Police and Crime Commissioner should continue to strengthen its work, actively managing the commitments within this strategy, through the Sexual Crime Project Steering Group – a Group of commissioners of services and other partners. Across the term of this strategy this group should make links with other relevant partners and groups to promote and progress the ambitions and commitments within this first Sexual Crime Strategy for Hampshire and the Isle of Wight.
3 Development of the Sexual Crime Strategy

3.1 The Mapping and Scoping process
The Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight commissioned a Mapping and Scoping process, undertaken by the consultancy Sitra, to provide a comprehensive overview of current specialised support to victims/survivors of sexual crime across Hampshire, Portsmouth, Southampton, and the Isle of Wight. Sitra undertook this review and analysis between November 2014 and June 2015. The exercise sought qualitative, victim/survivor-focused information, alongside facts and figures.

A Sexual Crime Reference Group commented on the detailed Mapping and Scoping findings and initial conclusions in July 2015. The Reference Group contributions were incorporated and a summary drafted. The findings described a complex, fragmented, sometimes unstable pattern of funding and support, and initial recommendations were made that have been further refined to develop the aims and commitments of this Strategy.

The findings were set out in a detailed document which is available on request from the Police and Crime Commissioner (contact details are in Section 10).

3.2 How this Strategy document is arranged
Mapping and Scoping Findings: this Sexual Crime Strategy draws on the findings of the Mapping and Scoping work, and where relevant, a set of headline findings from that exercise appears with each section of the document.

Sections 4 to 8 of this Strategy follow the themes and key lines of enquiry that were adopted for the Mapping and Scoping work, as follows:

<table>
<thead>
<tr>
<th>Section #</th>
<th>Theme</th>
<th>Subject area</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Available data on sexual crime and victim/survivors pan-Hampshire</td>
<td>Victims/survivors of Sexual Crime: Volume and Profile. Information on need is considered throughout, along with service gaps.</td>
</tr>
<tr>
<td>5</td>
<td>Pan-Hampshire mapping of specific service areas</td>
<td>Independent Sexual Violence Advisors (ISVAs) Specialist Rape and Sexual Assault services, including counselling and support, and the Sexual Abuse Referral Centre.</td>
</tr>
<tr>
<td>6</td>
<td>Particular groups of victim/survivors</td>
<td>Missing, Exploited and Trafficked People, in relation to sexual crime. Female Genital Mutilation/Cutting.</td>
</tr>
<tr>
<td>7</td>
<td>Examples of local prevention initiatives</td>
<td>Prevention and Education. Workforce Awareness.</td>
</tr>
<tr>
<td>8</td>
<td>Strategic systems and networks</td>
<td>Commissioning Framework. Multi-Agency Partnerships.</td>
</tr>
</tbody>
</table>
Appendix 1 of this Strategy profiles the current specialist provision of victim/survivor support, and Appendix 2 is a directory of local and national organisations that provide a dedicated service to victim/survivors of sexual crime in relation to issues within the scope of the Strategy.
4  Victims/Survivors of Sexual Crime: Volume and Profile

4.1 Profiling the needs of victims/survivors

<table>
<thead>
<tr>
<th>Headline Mapping and Scoping Findings: Victim/Survivor Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reported sexual crime figures are rising sharply. These figures are informative yet should be treated with caution; it is widely accepted that around 85% of sexual crimes are unreported.</td>
</tr>
</tbody>
</table>

“So much focuses on the justice process, but commissioners MUST commit to services for people whether they have reported or not. There will be growing waiting lists and a forever-unquantifiable number of unreported victims/survivors.

Post Savile, and the ongoing big inquiries, will bring people out in droves and some helplines have seen huge increases”.

Fay Maxted, Chief Executive, The Survivors Trust – interviewed December 2014

There is a broad national consensus, supported by Home Office figures\(^1\) that around 85% of serious sexual crime is unreported. This leads to inherent grounds for caution in interpreting known figures, and a reliance on evidence from providers. Provider data is a strong indicator of under-provision and underlying trends, and offers a wealth of qualitative information.

There is an underlying risk that where there is currently little data available and little or no provision for victim/survivors, (e.g. those affected by female genital mutilation/cutting), disproportionally lower levels of resources will be allocated. This same group may also be less likely to report than others. The Mapping and Scoping exercise identified some such groups and in some cases recommended further research.

Levels of reported sexual crime are rising sharply, both nationally and locally. Local 2014-15 crime data supplied by Hampshire Constabulary illustrated this sharp increase, and interviews with providers of Independent Sexual Violence Advisors and specialist counselling providers confirmed that they see a matching rise in numbers of victim/survivors seeking help, including those who have not (and may never) report the crime. The recent national focus on historic crime will be a partial explanation.

4.2 Rising need and demand pan-Hampshire

Pan-Hampshire numbers of reported rapes and sexual assaults rose by 20% between 2012/13 and 2013/14 and a further 41% between 2013/14 and 2014/15. The number of reported rapes nearly doubled (from 478 to over 950) over that 2 year period, a rate of increase higher than the national trend. The reported sexual crime figures examined also provided some detail on type of crime and victim/survivor profiles. Factors affecting this rise include issues such as changes in police recording processes, raised media profile and historic reporting; and whilst this may

represent an increase on reporting rather than an increase in crime rates, whatever
the reasons behind the increase, these reports represent a real, steeply rising need
for services.

This trend is corroborated by evidence from the specialist services supporting
victims/survivors, who are reporting steeply rising demand, for example a 41% increase in counselling referrals in a single year (2014, Southampton).

**Numbers of victim/survivors now receiving a specialist service**

The Mapping project showed demand exceeding supply across Independent Sexual Violence Advisor (ISVA) and Counselling services. Quantifying this proved challenging. For example, we do not know how many of the people who were referred for ISVA services were also referred for counselling, and caution is required in interpreting some of the figures obtained from providers, whose services vary. Because of wide variation in estimates of the number of clients who have not reported a crime, it proved difficult to estimate how many people who were referred for counselling were also seen by the SARC or referred for ISVA services, although some significant overlap was apparent.

The following numbers were obtained from providers:

- A total of 620 adult ISVA referrals in 2014.
- 193 under 16’s were referred in the year and received a service.
- Across the four specialist counselling providers there were:
  - 639 referrals for adult counselling
  - With 442 clients receiving a service.
- 239 children/families and young people were referred for counselling in 2014, but there were incomplete figures for numbers receiving a service.
- The SARC sees around 450-550 clients per year, 596 in 2014 and reports shortages of available counselling referrals. (The SARC provides one of two ISVA services for under-16s, and those referral numbers are included in the above under-16 total).

Together with 193 under-16 referrals, this indicates that a maximum (all ages) of 1,255 people received specialist counselling or an ISVA service in 2014. This figure will reduce for each person who received both counselling and was referred to an ISVA. Thus the total numbers receiving an ISVA or specialist counselling service may be fewer than 1,000 adults and children.

**How many victim/survivors potentially need a service?**

> “Police and Crime Commissioners naturally have a focus on Independent Sexual Violence Advisors and criminal justice referrals, but it is critically important to highlight that 85% of victim/survivors will never report the crime to police.

> About two thirds of service users’ issues are actually about past childhood abuse.”

*Rape Crisis England and Wales, interviewed 2014*

The Mapping and Scoping project made a rough estimate to establish a “feel” for potential pan-Hampshire demand from victim/survivors of rape and sexual assault. Despite the very substantial rise in the number of recorded sexual offences, sex offences remain the most under-reported crime. A joint statistical bulletin published in
2013 by the Home Office, the Ministry of Justice and Office of National Statistics\(^2\) found that the numbers of men and women who were victims/survivors of rape, attempted rape or sexual assault on average per year was is over four and a half times higher than the reported crime figure.\(^3\)

With just over 2,000 rapes and sexual assaults\(^4\) reported to Hampshire Constabulary in 2014-15, and assuming, based on the national Home Office study, that these crimes represent 15% of actual crimes (whenever committed), then in the year there would be a further estimated 11,000 unreported crimes pan-Hampshire, making an overall total of 13,000 rapes and sexual assaults.

This approximation should be used with caution. For example, we do not know what proportion of those are historic crimes representing a backlog of under-reporting, and we do not have a full explanation for the current sharp increase in reported crimes.

There is no reliable basis on which to estimate how many victim/survivors would seek support. Based on modest assumptions, if 25% of the 13,000 above-estimated numbers of victims/survivors of rape and sexual assault had wanted to seek specialist support in 2014/15, this would amount to over 3,000 people requiring support. If 50% of the above-estimated victims/survivors had wanted specialist support, the figure doubles to 6–7,000 people.

Factors influencing the decision to seek support include

- Availability of support services.
- Awareness of services, and perceptions of service availability amongst referrers and the public.
- Public disapproval and stigma experienced by victims/survivors of sexual crime.

It is reasonable to assume that demand would increase if the above negative factors were improved.

As indicated above, around 1,000, or fewer, victims/survivors sought and/or received a service in 2014 in pan-Hampshire, this approximate estimate re-enforces the view there is widespread under-provision. This view was universally reported by all the front-line services and practitioners interviewed for the Mapping and Scoping exercise.


\(^3\)Office for National Statistics (ONS) report on violent and sexual crime dated 12 February 2015 which incorporates police records and the Crime Survey for England and Wales.

\(^4\) It is important to note that these numbers exclude victim/survivors of other sexual crimes.
5 Specialist Services in Pan-Hampshire

5.1 Background
The diverse services that support victims of crime, including sexual crime, are delivered by a wide range of third sector service providers, by local authorities and by the NHS. Victims of crime may access the service by a wide variety of routes and at almost any point, including referrals from the police, health professionals, voluntary sector, friends and relatives as well as self-referrals.

This Strategy focuses on support for victims/survivors that is delivered by specialist sexual crime organisations, or in some cases, specialist workers or units managed by organisations with a wider purpose or remit. In terms of the wider range of support that victim/survivors need to cope and through recovery, for example mental health or social care services, this Strategy advocates multi-agency partnership work as the mechanism for the wider “commissioning community” to adopt in order to best understand and address the needs of victim/survivors of sexual crime.

The Office of the Police and Crime Commissioner has undertaken an analysis of the generic “Victim Journey” to help steer its decision making in planning support services for all victims of crime. This analysis highlights the roles of the extensive networks of statutory and voluntary sector victim services, the Criminal Justice service and others.

Specialist service provision has not been formally defined. The service models being delivered are, to some extent, defined by each service provider independently. This diversity has been, and continues to represent, fertile ground for innovation, creativity and direct responsiveness to need. However, inevitably as a result, inconsistencies have developed over time, in terms of service models, access, availability, referral routes and support tailored to particular groups or needs.

Appendix 1 (p33) provides details, in table form, profiling the specialist services provision currently provided in Pan-Hampshire.
5.2 Specialist Rape and Sexual Assault Services, Including Counselling

Headline Mapping and Scoping Findings: counselling, and specialist support services

- Specialist sexual crime counselling has been historically marginalised in the commissioning process, for example, its exclusion from “mainstream” NHS counselling and psychotherapy.
- There is under-provision, a shortage of available referrals to counselling, and growing demand.
- This unmet need is challenging to quantify in any meaningful way; but we have adopted a simplified and approximate method of calculating and illustrating overall potential need (described at paragraph 4.2 above).
- There is marked under-provision of specialist counselling for children and young people.
- Services struggle to reach some key vulnerable groups.
- Specialist counselling should be offered to all victims/survivors whether or not they have reported a crime.
- Where victim/survivors have reported, pre-trial therapy should be offered.
- There are misunderstandings amongst stakeholders on issues of pre-trial counselling and disclosure; these should be addressed as they affect the services offered to victims/survivors.
- The diverse service portfolio offered by the specialist counselling providers (all locally based) has advantages in delivering effective services and responding creatively to urgent individual need. However, this diversity inevitably contributes to variations in services.
- Services have good local relationships and may benefit further from closer work with “mainstream” NHS counselling and therapy services.
- Where, (for example) NHS clients are referred to specialist counselling, the counselling service, being funded separately, often does not have the capacity to accommodate them.

A Trained Specialist Counselling Workforce

Sexual crime counselling is a vital element of this specialist support field. Nationally, in terms of capacity to develop and support this specialism, the Government has recently recognised a growing workforce gap at a time of fast-growing need, and has recently approved substantial funding for a three year specialist training initiative.5

Pre-Trial Therapy

Appropriate pre-trial therapy for those who have reported a crime is a critically important aspect of the specialism. Pre-trial therapy is counselling that is offered to a victim or witness while the criminal justice process is on-going and where a trial may take place. From the point a victim/survivor reports what happened to the police, to the time when all court proceedings are complete, pre-trial therapy can offer a limited style of counselling to ensure that the victim/survivor feels emotionally supported, whilst avoiding the risk of accusation that court evidence has been influenced by counselling.

5 To hosted by Rape Crisis England and Wales.
Pre-trial therapy delivered by trained practitioners takes full account of the question of exactly what information counsellors may or may not be required to disclose in court. This question is the subject of widespread misunderstandings, which should be actively addressed through commissioning (i.e. by requiring that pre-trial therapy, delivered by trained practitioners, is available), and via training and awareness programmes amongst teams and partners.

Current levels of delay in the court service are adding to the unmet need for specialist counselling.

**NHS Counselling and Psychological Therapy**

While mainstream NHS counselling has an important role to play, this is often in the role of “triage” and onward referral to specialists, yet specialist providers receiving such referrals are not necessarily adequately funded to be able to offer the service needed. An innovative “personal health budget” funding model, if feasible might be one future route to help ease this problem, but personal health budgets remain untested in the sexual crime counselling field.

**The Specialist Voluntary Sector Providers**

We found a well-established community of expertise, with five voluntary sector organisations able to offer appropriate support, (four offering specialist counselling) albeit at a scale that is much constrained by funding issues. These include one survivor-led organisation, dedicated to supporting victims/survivors of sexual crime which is not time limited.

Demand for counselling certainly exceeds supply, yet numbers are difficult to gauge. It is clear that the Hampshire County Council area is under-served, compared to the Isle of Wight, Portsmouth and Southampton, after taking into account the varying prevalence of sexual crime between Local Authority areas.

There is a mixed picture regarding provision for certain needs groups. For children and young people, there is good local expertise, but this is limited to small-scale, localised services. Services for male victim/survivors are sparse and uneven.

**Accreditation, caseloads and Key Performance Indicators**

The research into specialist provision considered aspects of how a good quality service is run, including:

- **Counselling accreditation bodies** do not have specific accreditations for sexual violence counselling, a specialism that requires additional knowledge as well as counselling skill, although there are some relevant Diplomas available. This is a developing area.

- **Volunteers** are widely used. Counselling qualifications require supervised practice hours and those in training are often able and willing to deliver voluntary counselling. Some experienced counsellors, working freelance, volunteer by offering specific numbers of regular sessions to charitable sexual crime counselling providers.

- **The concept of caseloads** is difficult to quantify, as many variables come into play; however The Survivors Trust has provided some estimated timelines in terms of number of sessions for short, medium and long term needs

- **Specialist Sexual Crime services provide in-house training** to ensure their counsellors are equipped and supported to work with trauma.
• **Pre-Trial Therapy training** is a key requirement, available in the form of workshops for counsellors and providers,\(^6\) which include, for example, information on note-taking and access to notes.

• **KPIs** are seen as an area for further development, given the lack of established outcomes frameworks.

**Estimating the shortfall in specialist counselling services**

Paragraph 4.2 above reports that 442 adults received specialist counselling in pan-Hampshire in 2014 and that 639 adults were referred to those services.

This is not a reliable indicator of the actual need, due to factors such as suppressed referrals when the service is known to be full, lack of knowledge that services are available, varying provider approaches to waiting lists, or varying type of and length of counselling between services and individuals. Thus, numerical estimates of counselling need are intrinsically elusive. Yet the known figures strongly indicate a significant shortfall in provision, given current estimates of overall sexual crime victim/survivor numbers, upward trends in reported sexual crime, and consistent views from the front line.

### 5.3 Provision of Independent Sexual Violence Advisors (ISVAs)

<table>
<thead>
<tr>
<th>One example of a customer-facing definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What does an ISVA do?</strong></td>
</tr>
<tr>
<td>• An ISVA is a trained independent specialist offering practical and emotional support to anyone(^7) who has reported rape or sexual abuse to the police, or is considering doing so.</td>
</tr>
<tr>
<td>• An ISVA is a friendly face who will support you through the whole process, from your initial reporting, all the way through the legal process and beyond. This process can be lengthy and difficult, and your ISVA is here to make it a little easier through support, advocacy and information(^8).</td>
</tr>
</tbody>
</table>

“..there is a shortage of these specialist (ISVA) workers across all areas.”

*South East Regional Strategic Assessment of Victims Services (Tapley & Stark, University of Portsmouth 2014)*

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\(^6\) e.g. as provided by The Survivors Trust.

\(^7\) Different services will have different minimum ages or may be gender specific.

\(^8\) From service leaflet: Women’s Rape and Sexual Abuse Centre, Cornwall.
Headline Mapping and Scoping Findings: ISVA provision

- There is under-provision of ISVAs across pan-Hampshire.
- ISVAs throughout pan-Hampshire have very high caseloads; in excess of recommended levels and increasing numbers of referrals across the service.
- ISVA services often disproportionately serve victim/survivors who have reported a crime; there should be a move to promote the service to all.
- The geographical spread of resources is disproportionately uneven.
- There is under-provision of, or absence of, ISVA services to children and young people (especially under-13s).
- There are concerns that services do not or may not reach certain vulnerable groups of victims/survivors.

The Mapping and Scoping exercise undertook a comprehensive review of this element of service, and highlights evidence of under-provision both locally and nationally, particularly in services to children and young people.

Whilst nationally, the role is not fully defined and developed, there is available guidance on good practice. Commissioners elsewhere have produced standard specifications for ISVA services and this route is recommended for the Police and Crime Commissioner and partners to consider. Key elements of good practice are set out in the Mapping and Scoping research.

A complex local provider market

There are eight ISVA providers in Pan-Hampshire, in contrast to some Police and Crime Commissioner areas elsewhere in the country, where there may be one single provider. The total number of full time equivalent ISVAs pan-Hampshire is 9.4 (spread across 15 posts). The highest number of full time equivalent posts in a single organisation is three. Posts are often part time and are in some instances delivered as part of a combined role. Travel time can impact on caseload.

Further work is required to determine the optimum way forward in expanding the ISVA service.

A fragmented service delivered by multiple providers presents risks, for example, inconsistent services, difficulties responding to peaks and troughs of demand, confusion amongst referrers and people who need the service, duplicate effort by management, multiple relationships with partners, disproportionate management time required per ISVA, and overall inefficiency. However, delivery by multiple local providers brings important benefits, including local accountability and relationships, a depth of understanding of local community issues, enhanced ability to gain and sustain the trust of victim/survivors, and location of some specialisms alongside other expert and supportive teams.

Caseloads and Client Capacity

Determining client capacity for an ISVA service is an inexact process and the Mapping and Scoping research explored a wide range of factors that affect any such calculation. However, guidelines available from The Survivors Trust and the findings of an important recent national audit of ISVA provision\(^8\) together offer a sound basis for caseload assumptions, which align with the views of the local providers interviewed. It will be important to balance guideline caseload numbers against the

\(^8\) LimeCulture/Kings College London. Audit of ISVA services in England and Wales February 2015.
practical realities and operating environment at each service. Lower caseloads are advised for victims/survivors who are under 16.

The research found that there are ISVAs operating in Hampshire today carrying much larger caseloads and seeing more clients per year than the guidelines suggest.

**Annual capacity per ISVA**
Caseload numbers, combined with broad assumptions of length of and intensity of service, can be put together with overall need estimates in order to give a feel for the scale of need throughout pan-Hampshire.

The Mapping and Scoping Project looked at the feasibility of using a formula for this, and provided a methodology to test out some speculative calculations. This is based on very simplified assumptions on the required length of service.

<table>
<thead>
<tr>
<th>An estimate of annual capacity per full time ISVA post</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assuming that:</strong></td>
</tr>
<tr>
<td>1. Target average caseload at any one time is 40 (Rationale developed by Mapping and Scoping exercise and based on national and local advice).</td>
</tr>
<tr>
<td>2. Length of service required is(^{10})</td>
</tr>
<tr>
<td>a. 15 new clients require short-term service (average 3 months)</td>
</tr>
<tr>
<td>b. 30 new clients require medium term (average 6 months)</td>
</tr>
<tr>
<td>c. 15 new clients require medium term (average 9 months)</td>
</tr>
<tr>
<td>d. 10 new clients require longer term (12 months)</td>
</tr>
<tr>
<td>3. 1 FTE ISVA includes cover for normal absences.</td>
</tr>
<tr>
<td>4. There is a reasonable level of uniformity of client service.</td>
</tr>
<tr>
<td>5. As soon as a client leaves an ISVA's caseload, they are replaced by another.</td>
</tr>
<tr>
<td><strong>Then</strong> 70 new clients could be taken on per full time ISVA per year, but this result should be adjusted downwards to allow for some clients to receive a service for over 12 months.</td>
</tr>
</tbody>
</table>

**How many ISVA posts would provide an ideal pan-Hampshire service?**
In order to be aspirational, as well as deliverable, based on current “knowns” it is possible to construct a scenario to illustrate how many full time equivalent ISVA posts would be needed to service pan-Hampshire if
- ISVA services were more widely known and understood, and known to be available to all victims/survivors
- Caseloads were manageable and services made available as and when needed
- A far greater proportion of victims/survivors were to seek an ISVA service.

One such estimate is presented below, showing that if 25% of victims/survivors sought a service, an aspirational number of adult ISVA posts to serve pan-Hampshire would be 46.

This figure, which must be treated with great caution, suggests that there may currently be an 80% shortfall of ISVA posts. **Any discussion of this figure should be accompanied by a briefing on the assumptions that lie behind the calculation.**

\(^{10}\) These length of stay averages are pure guesswork, used to test the calculation.
An estimate of “ideal” pan-Hampshire ISVA provision for adult victims/survivors

<table>
<thead>
<tr>
<th>Assumptions</th>
<th>Results</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total reported rapes and sexual assaults 2014-15</td>
<td>2,000</td>
<td>Excludes all other sexual crimes (an additional 600 crimes).</td>
</tr>
<tr>
<td>Estimated unreported rapes and sexual assaults</td>
<td>11,000</td>
<td>See above.</td>
</tr>
<tr>
<td>Total estimated rapes and sexual assaults</td>
<td>13,000</td>
<td>Extrapolated from 15% rate of reporting.</td>
</tr>
<tr>
<td>Presumed % of those victims/survivors seeking an ISVA service</td>
<td>25%</td>
<td>Assumption for the purposes of this illustration.</td>
</tr>
<tr>
<td>Presumed annual capacity per FTE ISVA</td>
<td>70</td>
<td>See estimate above. Assumed average caseload of 40 based on national and local advice and information</td>
</tr>
<tr>
<td><strong>No of FTE ISVAs required</strong></td>
<td><strong>46</strong></td>
<td></td>
</tr>
<tr>
<td>Current provision (Adults)</td>
<td>9.4</td>
<td></td>
</tr>
<tr>
<td>Shortfall</td>
<td>37</td>
<td>Full time equivalent adult ISVA posts.</td>
</tr>
</tbody>
</table>

5.4 The Sexual Assault Referral Centre (SARC)

The Mapping and Scoping Findings: the SARC

- The key role of the SARC (Treetops) serving the whole Police and Crime Commissioner area, provides a valuable overall perspective.
- The experience of the SARC adds to local evidence of service gaps, and particularly highlights the negative impact of court delays on victims/survivors.

The Mapping and Scoping exercise considered the distinctive role played by the SARC, designed to respond quickly to the needs of all sexual violence victims/survivors in a crisis. It serves the whole pan-Hampshire area, has long-term (5 year) core funding and is commissioned as a specialist service by NHS England, with contributions from other funders including the Police and Crime Commissioner. Numbers of referrals appear now to be increasing (596 in 2014, up by around 50 from the previous year).

Treetops has valuable and significant intelligence on needs, referral options, and other issues. The team highlighted many issues, notably shortages of available specialist counselling and ISVA referrals, the negative impacts of long (and growing) court delays, and the gap in ISVA provision for under-13s.
6 Particular groups of Victims/Survivors

The Mapping and Scoping project brief included a focus on two specific areas of sexual crime:

- “Missing Exploited Trafficked” victims/survivors, both children and adults linked to sexual crime.
- Victim/survivors of Female Genital Mutilation/Cutting - in both a national and a local context.

6.1 Missing, Exploited, Trafficked People in relation to sexual crime

**Headline Mapping and Scoping Findings: Missing Exploited Trafficked Victims/survivors**

- The research identified concerns around how the ongoing funding squeeze is affecting front-line responses to Child Sexual Exploitation/Abuse. Resources are projected to shrink further, and onward referral options, such as youth services, are also shrinking or closing.
- Responses to the needs of vulnerable adults at risk of exploitation are substantially different to those for under 16’s, due to consent and other issues, and require further capacity building, resource, and partnership work.
- Further work is needed (and planned) to understand the prevalence of trafficking/slavery in relation to sexual crime and to develop the specialist response.

For the purpose of this strategy, “Missing, Exploited, Trafficked people” refers to several groups of victims/survivors and people at risk, including:

- Children victims/survivors of, and children who are vulnerable to, sexual crime.
- Adult victims/survivors of, and those vulnerable to, sexual crime.
- Victims/survivors of modern slavery, itself linked to sexual exploitation, where there is a link with sexual crime.

The findings on prevalence and need were characterised by the hidden nature of sexual crime, and highlighted the necessity to address it through close operational partnership work. Members of the Reference Group and people contacted during the research frequently advised that numerical data, although useful, will only represent the “tip of the iceberg”. Hampshire Constabulary provided pan-Hampshire figures of known children at risk for the Mapping and Scoping exercise and this avenue was explored in further detail with Hampshire County Council. The constraints of the project did not allow this exercise to cover all four top-tier Local Authorities.

The statutory position means that it is easier (comparatively) to assess the risk of a child under 16 becoming/being a victim of sexual crime than it is once an individual has reached the age of 16. Issues around consent present challenges in terms of identifying vulnerable adults at risk of sexual exploitation and/or determining whether a crime has been committed.

**Service Gaps**

One interviewee, when asked what the biggest gaps are for missing, exploited and trafficked people, replied “everything”.

A small number of services were identified that are specifically designed to meet the victim/survivor need within these groups. However, much of the provision required (especially therapeutic provision and ISVA services) is within the areas of expertise, and experience, of the organisations already operating as specialists in providing support to victims/survivors of sexual crime. For example, specialist counselling services have worked with, and do work with clients who have been, or are victim/survivors of child sexual exploitation. There is however an opportunity to build provider capacity. Funding constraints currently mean that providers are often unable to respond in a timely way, or to develop some of the specialisms required within their teams to be able to respond to particular needs or circumstances.

With regard to trafficking, hard evidence of prevalence and need is scarce. There are acknowledged links with the issue of sex workers who are exploited. Further work is needed to understand the scale of this issue, and the findings of the scoping exercise support the rationale for the Hampshire Police and Crime Commissioner’s award to the new Modern Slavery Partnership in the 2015-16 grants round.

6.2 Female Genital Mutilation/Cutting
Female Genital Mutilation/Cutting is a term that is in line with the recommendations of the Department for International Development and leading activists.

### Headline Mapping and Scoping Findings: Female Genital Mutilation/Cutting

- Female genital mutilation/cutting is an extremely hidden issue with a profile that is different and distinct from other “victim/survivor groups”
- Although female genital mutilation/cutting has been illegal for many years, practical progress has been slow on enforcement, prevention and how to support victim/survivors. Campaigning has led to more decisive Government action and guidance in the last year.
- The corresponding safeguarding issues are increasingly recognised and detailed Department of Health guidance has now been issued. Prevention and child protection issues are central.
- Good practice in supporting victim/survivors of female genital mutilation/cutting is not yet fully established and innovative work will be required that builds on existing expertise.
- The immediate focus pan-Hampshire is on training, awareness, capacity building and prevention rather than convictions.
- It will be important to continue to monitor the national picture.
- A local research project with affected diaspora communities has produced valuable local intelligence and recommendations for further development.

This area of sexual violence, exclusively concerning women and girls, is among the most hidden of sexual crimes. Reporting of a crime is extremely rare, and prevention, education and awareness stood out locally as the most prominent issues. Best practice in supporting victims/survivors is only beginning to develop nationally. Current priorities include extensive training and awareness, further work with diaspora communities and service development among existing organisations to add skilled capacity to respond.
The Mapping and Scoping exercise noted a number of recent local and national training initiatives and identified national work led by children’s charities, including a national helpline.

Female genital mutilation/cutting has been illegal for many years, including taking girls abroad for the purpose, whether or not it is lawful in that country. The pressing need for a national action plan came to the fore though the 2014 Parliamentary Home Affairs Select Committee. New data and multi-agency guidance is emerging via the Department of Health.

Maternity services are at the front line of identifying and recognising the incidence of female genital mutilation/cutting and young children who may be at risk, and new mandatory data reporting requirements are in force for NHS clinicians. Current figures from Hampshire hospitals start to give a feel for the local distribution and prevalence of female genital mutilation/cutting. The key role of the NHS underlines the critical importance of partnership working in relation to this issue.

Locally, a small, charitably-funded partnership research project working with affected diaspora communities in Portsmouth/Southampton has recently published its findings. Although attitudes within the communities are mixed, many would welcome more support to help eliminate the practice and there is a pressing need for information, including where to seek help and support.

The report identified four recommendations. These are strongly focused on education, not on convictions, which are seen as risking driving the practice further underground. The recommendations are as follows:

1. Develop education and empowerment programmes that focus on empowering women and girls.
2. Engage with organisations and groups in African diaspora communities where the practice has support.
3. Establish a systematic personal and social education schools programme.
4. Develop resources to raise awareness and educate professionals.

In the meantime, some short-term ongoing work within these affected communities has been commissioned. This work is undertaking small-scale engagement work with community groups whose members include those affected by female genital mutilation/cutting, and support to victim/survivors.
7 Prevention, Education, and Workforce Awareness

7.1 Prevention and Education

Headline Mapping and Scoping findings: prevention and education

- The mapping exercise sought information on existing prevention and education and captured a range of initiatives; local specialist providers are all active in this field.
- Early intervention with children and young people is a need emphasised across all groups and specialisms; this may bring the additional benefit of influencing potential perpetrators as well as empowering those who may be vulnerable.
- Maximising opportunities for evaluation and feedback and maintaining a watching brief on new work by national charities (who have published academic evaluations), could help improve understanding of the effectiveness of prevention initiatives.
- The research considered how to identify the most effective ways to engage with young people. Engaging with schools can be challenging and requires significant investment of time and effort by all parties; there may be further potential via youth services.

The brief was to gather examples of local, current education and prevention initiatives, rather than extensive research or complete geographical and topical coverage.

Examples were found and considered in three broad categories of prevention:

i. Universal (e.g. awareness campaigns aimed at the general public);
ii. Focused (e.g. programmes aimed at children and young people); and
iii. Targeted (work with particular vulnerable groups, such as young people with learning disabilities, or young people “at risk” who are vulnerable to becoming exploited sex workers).

Hampshire Constabulary is active in prevention and education and offers educational information and toolkits as well as preventive campaigns.

As specialist provision is a central theme of this Strategy, the research gathered many examples of initiatives run by those providers. Front line specialists are keen to respond to approaches and opportunities from schools, colleges and youth organisations, despite limited resources and some excellent local relationships have developed; however the pan-Hampshire picture is patchy.

There appear currently to be some constraints and barriers to coordinated planning and commissioning of preventive work with educational organisations, and creative approaches may be required, such as adding to existing extra-curricular specialist sessions, in preference to supporting fragmented and time-consuming efforts to establish new relationships.
7.2 Workforce Awareness

Mapping and Scoping headlines: workforce awareness

- There are widespread misunderstandings amongst professionals across the many sectors working to support people who are victims/survivors of sexual crime
- Equally there is an appetite amongst teams for accurate, up to date information and training.
- There are opportunities to use existing routes and to expand existing initiatives (for example, though the pan-Hampshire safeguarding partnerships).

Workforce awareness and training emerged as a widespread theme during the Mapping and Scoping process, supporting the need for improvements, including to:

- Improve awareness and understanding of Missing, Exploited, Trafficked people, in relation to sexual crime, amongst staff teams working with children and young people in the community.
- Address widespread misunderstandings regarding pre-trial therapy and disclosure issues.
- Target Court Service staff and Crown Prosecution Service Staff; who would benefit from improved awareness of the role of specialist support services in general, and in particular, the role of the ISVA at court and of pre-trial therapy.
- Grow awareness of how to identify potential exploitation, and how to respond, amongst staff teams who interact with vulnerable adults.
- Promote awareness of modern slavery and trafficking linked to sexual crime.

Potential ways forward include:

- Further equip existing specialist services to support victim/survivors with learning disabilities.
- Specialist training and information for mental health teams.
- Support Safeguarding Boards for both adults and children in their roles in identifying workforce training needs (e.g. current example – female genital mutilation/cutting awareness).
- Consider using grants to support priority workforce training and awareness needs.
8 Strategic Systems and Networks

8.1 Commissioning Framework

**Headline Mapping and Scoping findings: commissioning framework**

- The funding and commissioning framework for supporting victim/survivors of sexual crime is disjointed and insecure. For specialist service providers, this compromises the organisational resilience and consistency that should characterise an effective service to victims/survivors of sexual crime.
- The work of the Sexual Crime Project Steering Group, convened by the Office of the Police and Crime Commissioner, will seek to improve this position.

**Impacts of short term contracts**

“Short funding timescales of 12 or 18 months are very tough. Services become difficult to staff - staff may not want to stick around. You get the funding and you get the project up and running and you report on it and it’s over. Given that each client lasts around 6 months, you don’t give the service a lot of time to develop an expertise in the service or a reputation/knowledge of a community. This is not good for institutional stability. You want low staff turnover, but you need the experienced staff. In an organization that relies on volunteers, you need the continuity even more.”

*Interview – manager of a voluntary sector counselling service*

The Mapping and Scoping exercise highlighted that the provider market is operating within an uncoordinated funding framework, characterised by the use of short term (3 years or less) contracts, to timeframes that do not coincide with each other, and including grants/contracts for work delivered in 1 year or even less. This scenario requires managers to spend a high proportion of their time preparing grant applications and tenders, and managing the uncertainty, change and inevitably high staff turnover, in organisations that have limited reserves and other resources. This presents risks to service effectiveness and organisational resilience, and ultimately, risks to outcomes for victims/survivors.

The diverse and complex nature of victim/survivor need underlines the case for improving collaboration between commissioners and seeking efficient ways for organisations to work in partnership. In turn this highlights the key role that the Sexual Crime Project Steering Group will fulfil and the solution-focused and shared approach that it should take.

8.2 Who commissions what

Responsibilities for commissioning, funding and provision of specialist services to victim/survivors of sexual crime are spread across a number of agencies pan-Hampshire. Many victims/survivors also require access to other support services, which in turn are commissioned and funded through multiple organisations and routes. This table illustrates the main current commissioning responsibilities. (Some of the detailed arrangements may vary and be subject to change).
<table>
<thead>
<tr>
<th>Commissioning body</th>
<th>Examples of commissioning responsibilities with relevance to sexual crime victims/survivors</th>
</tr>
</thead>
</table>
| Police and Crime Commissioner | Four priorities as stated in the Hampshire Police and Crime Plan, all of which link to sexual crime:  
1. Place victims/survivors and witnesses at the heart of the criminal justice service  
2. Reduce re-offending  
3. Reduce crime and antisocial behaviour  
4. Improve frontline policing.  
“Police and Crime Commissioners are now at the forefront of helping victims to cope and through recovery.”  
There is a move to local commissioning of victim services. Some services previously centrally funded by the Ministry of Justice are now, or will soon be, directly commissioned by the Police and Crime Commissioner (e.g. victim support). The Police and Crime Commissioner also has a programme of grants, subject to an annual bidding round. |
| Police | • Forensic medical services and associated support  
• Some aspects of prevention (e.g. an online tool-kit) |
| Four Local Authorities: Hampshire County Council, Isle of Wight, Portsmouth, Southampton | • Social Care, including child protection, vulnerable adults, safeguarding  
• Public Health – a wide remit including sexual health clinics, prevention services  
• Community Safety, Housing in the case of the Isle of Wight, Portsmouth, and Southampton |
| 11 District and Borough Councils | • Community Safety  
• Housing |
| NHS England (Wessex Area Team) | • Health services for people who experience sexual assault or rape. This includes Sexual Assault Referral Centres (SARCs)  
• Primary care – GP services |
| NHS Clinical Commissioning Groups (CCGs) | • Secondary care (hospital) services  
• Maternity services  
• NHS community services  
• Local mental health services including key elements of Child and Adolescent Mental Health Services. |

11 Association of Police & Crime Commissioners website.  
12 Includes District Councils, Borough Councils and Winchester City Council.  
13 One of 30 national Public Health functions commissioned by NHSE.
8.3 Multi-Agency Partnerships

- Improved multi-agency partnership work is fundamental to delivering this Strategy.
- The **Sexual Crime Project Steering Group** should work together to identify lead groups/organisations to take responsibility for specific areas.
- To achieve this, the Steering Group should encourage the appropriate partners to take ownership, at a senior level, of the Action Plan and their lead roles, directing future ‘sexual crime related work’ around the outcomes of this Strategy.
- Partnership work should link to the statutory Local Safeguarding Children Boards and Local Safeguarding Adults Boards, the joint groups that represent all four Local Boards, and their five MET Sub Groups (again, individual and joint).
- Work with the new Hampshire Modern Slavery Partnership in relation to trafficking and sexual exploitation will be an important strand of the Strategy and should be aligned with other partnership work to support implementation.
- The Police and Crime Commissioner and the Steering Group should maintain awareness of the roles of additional partnerships (identified in the mapping research) when considering issues of relevance to the work of those partnerships.

The research exercise mapped out two categories of multi-agency partnerships: those with a leading part to play (e.g. Safeguarding Boards) and a further set of relevant partnerships (e.g. Community Safety Partnerships).

The first category includes the statutory Safeguarding Boards for children and for adults, including their associated pan-Hampshire structures. The parallel structure of Missing, Exploited, Trafficked sub-groups (mainly known as “MET strategy groups”) are prominent in relation to sexual crime, along with the new pan-Hampshire Modern Slavery Partnership. All these groups have, or directly link to, a pan-Hampshire strategic overview.

In respect of children, these MET groups are central to the sexual crime response. The diagram below, developed for the Mapping and Scoping project, was designed to show the current structure of the five MET sub-groups (at July 2015):
<table>
<thead>
<tr>
<th>Pan-Hampshire – 4LSCB</th>
<th>Hampshire and Isle of Wight MET Strategy Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Authority:</td>
<td>Includes Chairs of each of the strategy groups below</td>
</tr>
<tr>
<td>Local Authority MET Groups:</td>
<td>Chaired by Hampshire Constabulary</td>
</tr>
<tr>
<td>Hampshire County Council</td>
<td>Isle of Wight Council</td>
</tr>
<tr>
<td><strong>Hampshire MET Strategy Group</strong></td>
<td><strong>Isle of Wight CSE Group</strong></td>
</tr>
<tr>
<td>Chaired by Hants CC’s lead on CSE</td>
<td>(Covering both strategic and operational)</td>
</tr>
<tr>
<td>Hampshire Operational MET Group</td>
<td>Isle of Wight CSE Group</td>
</tr>
<tr>
<td>DS level Police rep</td>
<td>Chaired by Police (DI level)</td>
</tr>
</tbody>
</table>

**Abbreviations**
MET = Missing, Exploited, Trafficked; LSCB = Local Children’s Safeguarding Board; Hants CC = Hampshire County Council; CSE = Child Sexual Exploitation; DI = Detective Inspector, DS = Detective Superintendent

Multi-agency working will change over time, especially as the work of the Sexual Crime Steering Group gathers momentum and some partnerships may become increasingly involved in the sexual crime agenda, for example, the Health and Wellbeing Boards, or the pan-Hampshire Community Safety Alliance.
9 Action Planning

The aspirations and commitments set out in this Sexual Crime Strategy 2015-19 are the result of reviewing the “long list” of conclusions and suggestions arising from the Mapping and Scoping Exercise. They should be considered together with the overarching principles, aims and desired outcomes outlined in Section 2.1 of this document.

In the first instance a key imperative is to draw up a detailed Sexual Crime Action Plan to be the main vehicle for implementing the Strategy. This Action Plan will be developed in detail with the full involvement of the Sexual Crime Project Steering Group.

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<tbody>
<tr>
<td><strong>Issue</strong></td>
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<tr>
<td>ISVA services</td>
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<tr>
<td>Specialised Sexual Crime Counselling</td>
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<td>Specialist providers</td>
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<tr>
<td>Criminal Justice Service</td>
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</tbody>
</table>
### Missing Exploited Trafficked linked to sexual crime

- Develop existing specialised services to meet the needs of Missing, Exploited, Trafficked victims/survivors in relation to sexual crime.
- Utilise investment in the Modern Slavery Partnership to better understand needs of trafficked people linked to sexual crime and increase awareness.
- Increase links with MET groups across the Local Authorities as there is no pan Hampshire group and each Local Authority has its own.

### Female Genital Mutilation/Cutting

- Closer collaboration with health commissioners to provide effective identification and support to victim/survivors of female genital mutilation/cutting, whether or not a crime is reported.
- Raise awareness of female genital mutilation/cutting.
- Engage with organisations and groups in African diaspora communities where the practice has support.

### Awareness, Prevention and Education

- Develop and roll out a pan-Hampshire prevention and awareness programme that focuses on young people and also those with mental health and learning disabilities.

---

### 10 Further information and contact details

For further information contact:

Karen Dawes  
Commissioning Manager  
Office of the Police and Crime Commissioner  
Hampshire and the Isle of Wight

[OPCC@hampshire.pnn.police.uk](mailto:OPCC@hampshire.pnn.police.uk)  
01962 871595

St George's Chambers  
St George's Street  
Winchester  
Hampshire  
SO23 8AJ
Appendix 1: Tables showing current specialist services

(a) Sexual Crime Counselling and associated response/support services

This table summarises the services on offer by the five locally established specialist providers. Additionally, the National Society for the Prevention of Cruelty to Children (NSPCC) is bringing their therapeutic counselling programme “Letting the Future In”, for young people aged 4-17 and their families, to pan-Hampshire during 2015.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Helpline</th>
<th>Individual Counselling (over 18)</th>
<th>Individual Counselling (under 18s)</th>
<th>Counselling for Families of young survivors</th>
<th>ISVA Services</th>
<th>Education/Prevention</th>
<th>Services for men (not men only)</th>
<th>Support Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basingstoke Rape and Sexual Abuse Crisis Centre (BRASACC)</td>
<td>X</td>
<td>X</td>
<td>X age 16 and over</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Portsmouth Abuse and Rape Counselling Service (PARCS)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Southampton Rape Crisis (SRC)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Winchester Rape and Sexual Abuse Counselling Service (RASAC)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIS’ters</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Sexual Crime Counselling – specialist providers

<table>
<thead>
<tr>
<th>Provider</th>
<th>Offer to victim/survivors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basingstoke Rape and Sexual Abuse Crisis Centre (BRASACC):</td>
<td></td>
</tr>
<tr>
<td>• Helpline providing confidential support and information for survivors of sexual crime and their supporters including family, friends and co-workers.</td>
<td></td>
</tr>
<tr>
<td>• Individual counselling for men and women aged 16 and over who are survivors of sexual crime including rapid response trauma appointments and a series of trauma work appointments (if appropriate).</td>
<td></td>
</tr>
<tr>
<td>• Support groups for men and woman aged 16 and over who are survivors of sexual crime.</td>
<td></td>
</tr>
<tr>
<td>• Training courses and presentations on sexual violence,</td>
<td></td>
</tr>
</tbody>
</table>
delivered to schools, housing associations, children’s services, drug and alcohol teams, victim/survivor support/domestic abuse teams, mental health services and any other group who requests such a presentation.

- **BRASACC** will offer an ISVA service from autumn 2015.

### Portsmouth Abuse and Rape Counselling Service (PARCS):

- **Helpline providing** confidential one-off and on-going support and information for survivors of sexual abuse and their supporters (clients can use this number as an initial contact or follow up at any time).
- **Pre-counselling telephone support**: prior to starting individual counselling a client may be offered up to 8 sessions of individual emotional telephone support (ETS) with the same support worker.
- **Group sessions** focusing on emotional coping skills.
- **Group session** for people experiencing both sexual crime and domestic abuse.
- **Individual counselling** for people including children aged 5 and above including some drop in sessions for adults and support and counselling for the non-abusive parent/carer.
- **Counselling for parents and carers of young people** (aged 5-18) who have experienced sexual crime.
- **Men only telephone helpline**
- **Awareness, Prevention and Education Programme** offered to schools, colleges and youth clubs in the local area; includes short term 1-2-1 support for young people aged 13-24 years as part of the prevention programme
- **Singing Group** for women and men who are existing or past clients
- **Drop in Service** for women facilitated by 2 members of the PARCS team
- **Training for organisations** on a wide range of issues related to sexual violence.

### Southampton Rape Crisis (SRC):

- **Helpline** providing confidential advice, support and information for survivors of sexual crime and their supporters.
- **Individual counselling for adults** both male and female.
- **individual counselling for children and young people** age 11 and up.
- **Family counselling** for families struggling with the impact of sexual abuse or assault.
- **Group sessions** for adults focusing on emotional coping skills.
- **Group sessions** for adults experiencing both sexual crime and domestic abuse.
- **Therapeutic groups for young people** focused on creativity.
- **ISVA services** for both adults and young people (age 11 and up).
- **Prevention/education services** (the STAR project) offered to schools and colleges in the SRC service area.
- **Training** for agencies and partners.
- **New service for male victims/survivors**

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14In December 2014 Southampton Rape Crisis was awarded funding from the Government’s new Male Rape Support Fund to provide face-to-face counselling specifically for male victims.
Winchester Rape and Sexual Abuse Counselling (RASAC):

- **Helpline** providing confidential support and information for survivors of sexual crime and their supporters.
- **Text messaging support** service.
- **Email support** service.
- **Individual face to face counseling for men and women** aged 18 and over including partners and relatives.
- **Support group sessions** for adults focusing on emotional coping skills.
- **Group sessions focusing on the criminal justice process**, in conjunction with Victim Services.
- **ISVA service** for adults across the Hampshire County Council area is based out of RASAC.
- **Outreach to local colleges** on the issue of sexual violence.

We also include an outline of CIS’ters’ provision here (CIS’ters does not specifically provide counselling):

CIS’ters: Surviving Rape and Sexual Abuse:

- **Helpline/Email** offering confidential support and information for survivors of sexual crimes and their supporters.
- **Support groups** (i.e. facilitated group meetings) for females who were raped/sexually abused/exploited by a member of their immediate/extended family.
- **Themed (facilitated) workshops**, and annual workshop for female survivors who experienced any sexual crime as a child (familial and non-familial setting).
- **Monthly drop in**, for female survivors who experienced any sexual crime as a child (familial and non-familial setting).
- **Limited advocacy** for female survivors of sexual abuse as a child.
- **Training courses and presentations**, including bespoke sessions, for workers in other agencies, across sectors, and themed (facilitated) workshops for partners.

(b) Independent Sexual Violence Advisors (ISVAs)

This table sets out the position at June 2015. The funding column contains partial information on actual figures and end dates as well as a list of known funding bodies, to give a flavour of the overall contracting position. As the position in the right hand “funding and funders” column is subject to constant change, we did not seek to verify full details of every single amount and source.

**EXISTING ISVA PROVISION at June 2015**

<table>
<thead>
<tr>
<th>Organisati on and office base</th>
<th>Area(s) covered</th>
<th>No of ISVA posts</th>
<th>FT or PT(^{15})</th>
<th>FTE(^{16})</th>
<th>Clients served</th>
<th>Funders, and funding end dates, where known</th>
</tr>
</thead>
</table>

\(^{15}\) Full time or part time  
\(^{16}\) FTE=Full time equivalent  
over the age of 13. The MoJ’s Break the Silence campaign around male rape and sexual assault acknowledges the barriers for male victims around reporting sexual crime and accessing help.
<table>
<thead>
<tr>
<th>Organisati on and office base</th>
<th>Area(s) covered</th>
<th>No of ISVA posts</th>
<th>FT or PT</th>
<th>FT FTE</th>
<th>Clients served</th>
<th>Funders, and funding end dates, where known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solent Trust) Portsmouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commissioner, Police and all 4 top tier Local Authorities.</td>
</tr>
<tr>
<td>Portsmouth Early Intervention Project</td>
<td>Portsmouth</td>
<td>1</td>
<td>PT</td>
<td>0.5</td>
<td>Age 13 +, male and female</td>
<td>Portsmouth City Council £20,426 (ISVA employed by Portsmouth City Council)</td>
</tr>
<tr>
<td>Aurora New Dawn Portsmouth</td>
<td>Portsmouth</td>
<td>1</td>
<td>PT</td>
<td>0.5</td>
<td>Age 16 +, male and female</td>
<td>£20k funded by the Home Office until March 2016.</td>
</tr>
<tr>
<td>Hampton Trust Isle of Wight</td>
<td>S'ton and Isle of Wight</td>
<td>1</td>
<td>PT</td>
<td>0.8</td>
<td>Age 18 +, male and female</td>
<td>£20k funded by the Home Office until March 2016. Also funded by IoW DA Forum £5k and by Police &amp; Crime Commissioner (£10,700)</td>
</tr>
<tr>
<td>RASAC Winchester</td>
<td>Hants CC Area excl B'stoke</td>
<td>4</td>
<td>PT</td>
<td>3</td>
<td>18 and over male and female</td>
<td>Home Office to 2016 Hants County Council OPCC</td>
</tr>
<tr>
<td>Southampton on Rape Crisis</td>
<td>S'ton, N. Forest, Eastleigh, &amp; Test Valley South</td>
<td>4</td>
<td>Mix of FT/PT</td>
<td>2.5*</td>
<td>Adults age 18 +, male and female</td>
<td>Home Office until March 2016 £20,000, Southampton Council** £35,311 Police &amp; Crime Commissioner £35,875 until Nov 2015</td>
</tr>
<tr>
<td>Southampton on Rape Crisis</td>
<td>S'ton, N. Forest, Eastleigh, &amp; Test Valley South</td>
<td>1</td>
<td>PT x1</td>
<td>0.8</td>
<td>Children aged 11 upwards</td>
<td>Police &amp; Crime Commissioner £30,000 (one off funding – additional – via Victim and Witnesses Fund)</td>
</tr>
<tr>
<td>BRASACC Basing-stoke starting new service</td>
<td>The ISVA will cover North East Hants</td>
<td>1</td>
<td>PT</td>
<td></td>
<td></td>
<td>Charitable donation specifically for ISVA provision, also Ministry of Justice, which runs out March 2016.</td>
</tr>
<tr>
<td>Andover Crisis and Support Centre (Refuge provider)</td>
<td></td>
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<td></td>
<td></td>
<td>ISVA and IDVA(^{17}) in combined role. Funded via the You Trust contract for the Domestic Abuse work but no external funding for the ISVA element</td>
</tr>
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</table>

**Total posts:** 15  **Total FTE:** 9.4 (plus small ISVA element at)

\(^{17}\) IDVA: Independent Domestic Violence Advisor.
## EXISTING ISVA PROVISION at June 2015

<table>
<thead>
<tr>
<th>Organisation and office base</th>
<th>Area(s) covered</th>
<th>No of ISVA posts</th>
<th>FT or PT</th>
<th>FTE</th>
<th>Clients served</th>
<th>Funders, and funding end dates, where known</th>
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<tr>
<td><strong>Andover</strong></td>
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*from July 2015
** Southampton City Council has invited tenders for a contract which starts in November and which will include domestic abuse and sexual crime support services.
*** BRASSAC is recruiting on the basis that a further 0.3 may be added if needed.
Appendix 2: Directory of Organisations Providing Specialist Services

This list of organisations includes only those which provide a dedicated service to victims/survivors of sexual crime in relation to issues covered in this report.

The first table lists local services and the second table, national contacts. Some organisations appear in both.

<table>
<thead>
<tr>
<th>Name of organisation</th>
<th>Brief details (service, geography)</th>
<th>Website/ email/ contact phone number</th>
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<tbody>
<tr>
<td><strong>Providing a local service in the Pan Hampshire area</strong></td>
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</tr>
<tr>
<td>Aurora New Dawn ISVA service (Portsmouth)</td>
<td>A registered charity giving safety, support, advocacy and empowerment to survivors of domestic abuse and sexual violence, including. • one to one work • advocacy and group support • working in partnership across the private, public and voluntary sector • providing training and education programmes • promoting equal opportunities within and beyond the organisation Geography – Hampshire, Portsmouth, Southampton</td>
<td><a href="http://www.aurorand.org.uk/">http://www.aurorand.org.uk/</a> Call our helpline on 02392 472 165 Office number - 02392479254</td>
</tr>
<tr>
<td>Name of organisation</td>
<td>Brief details (service, geography)</td>
<td>Website/ email/ contact phone number</td>
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</tr>
<tr>
<td><strong>Southampton Miss-U and U-Turn Service</strong></td>
<td>helps young women and young men under the age of 18 who are vulnerable to, or are being, abused through prostitution in Southampton. <strong>Portsmouth U-turn service</strong> for young people under the age of 18 who need help with keeping safe, dealing with relationships and issues affecting their lives. Further programmes may be in development.</td>
<td></td>
</tr>
<tr>
<td><strong>BRASSAC (Basingstoke Rape and Sexual Abuse Crisis centre)</strong></td>
<td>Rape and Sexual Abuse Crisis Service; Basingstoke and neighbouring areas. Specialist counselling New ISVA service in development at date of writing (summer 2015)</td>
<td><a href="http://www.brasacc.com/">http://www.brasacc.com/</a> Office Line: 01256 423810 Open Monday-Friday 9:30am to 5pm Crisis Line: 01256 423890 Open Monday-Thursday 7pm to 9pm (Answerphone when engaged or closed)</td>
</tr>
<tr>
<td><strong>CIS'ters (Surviving Rape and/or Sexual Abuse)</strong></td>
<td>CIS'ters is run by survivors for survivors and has been delivering services locally within Hampshire for 20 years. 60-70% of women supported are living within the pan-Hampshire area It provides emotional support (as do all specialist services) – but specifically for females age 18 and over who, as children/teens, were raped/sexually abused/exploited by a member of their immediate/extended family. CIS'ters has a local and a national profile. The helpline is available to female adult survivors of childhood rape/sexual abuse, and others can call if they have a concern about such issues. In the case of the latter we will seek to signpost them to</td>
<td><a href="http://cisters.org.uk/">http://cisters.org.uk/</a> EMAIL: <a href="mailto:admin@cisters.org.uk">admin@cisters.org.uk</a> HELPLINE: 023 80 338080 Open on Saturdays 10am-noon. At other times it is an answer phone and callers can choose to leave their name and phone number, and we will call them back and will take care when doing so.</td>
</tr>
<tr>
<td>Name of organisation</td>
<td>Brief details (service, geography)</td>
<td>Website/ email/ contact phone number</td>
</tr>
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<td>-----------------------------------------------------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Early Intervention Project (EIP)                           | ISVA (16+)  
Run by Safer Portsmouth Partnership  
http://saferportsmouth.org.uk/home/about  
http://saferportsmouth.org.uk/help-in-portsmouth  
http://saferportsmouth.org.uk/help-in-portsmouth  
02392 688 472 – contact number for help.                                                                                                                                                                                                                                                                                                                                                      |
| Hampton Trust                                             | ISVA service  
Southampton and Isle of Wight  
A regional charity, targeting vulnerable groups across the age spectrum with the aim of improving the life chances of those who have experienced violence, conflict, abuse and isolation.                                                                                                                                                                                                                                                                  | http://www.hamptontrust.org.uk/  
Office Tel: 023 8000 1061                                                                                                                                                                                                                                                                                                                                                                           |
| Island Women’s Refuge and Domestic Abuse Services          | ISVA available for women who have experienced rape or SA in a DA relationship                                                                                                                                                                                                                                                                                                                                                                                 | Tel: 01983 615278  
Email: info@islandrefuge.org.uk  
No website found                                                                                                                                                                                                                                                                                                                                                                                      |
Link to NSPCC website. New service contact details not yet published at date of writing.                                                                                                                                                                                                                                                                                                                    |
| PARCS (Portsmouth Abuse & Rape Counselling Service)       | Portsmouth City based service that works with people who have been sexually violated at any time in their lives no matter how long ago. PARCS provides free specialist counselling and psychotherapy to women and men, aged 5+ who are resident in Portsmouth and South East Hampshire and who have experienced any form of sexual violation at any time in their lives. Includes specialist sexual crime counselling, helplines, and a range of other services – see website.                                                                                                                                                                                   | Post - PO Box 3, Portsmouth, Hampshire.  
email - admin@parcs.org.uk  
Telephone - 02392 669513  
Young Persons Service - 023 9266 9519  
To make a referral, please call or email PARCS on the above numbers/email address.  
http://www.parcs.org.uk/                                                                                                                                                                                                                                                                                                                                                                           |
<table>
<thead>
<tr>
<th>Name of organisation</th>
<th>Brief details (service, geography)</th>
<th>Website/ email/ contact phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPPA Alliance</td>
<td>A group of services in Southampton working to end domestic and sexual violence and abuse. Pippa offers specialist advice, information and support to professionals in Southampton, through a range of projects and products including a point of contact - for workers seeking advice and information, and a place to make referrals; a service for University Hospital Southampton; and Training and consultancy.</td>
<td>Call us on 023 8091 7917 or Email <a href="mailto:info@pippasouthampton.org">info@pippasouthampton.org</a></td>
</tr>
<tr>
<td>RASAC (Winchester Rape and Sexual Abuse Counselling)</td>
<td>Offers a free, confidential listening and support service for women and men who have been raped and/or sexually abused at any time in their lives, or for anyone who wants to talk about the effects of any unwanted sexual encounter. Includes ISVA and counselling services. Area served: Hampshire County Council – Winchester and majority of Districts/Boroughs (excluding Basingstoke)</td>
<td><a href="http://www.rasac.org.uk/">http://www.rasac.org.uk/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:rasac@waca.org.uk">rasac@waca.org.uk</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HELPLINE - 01962 868 688 or 01962 864 433 office 01962 807 037</td>
</tr>
<tr>
<td>Southampton Rape Crisis Service</td>
<td>Provides a range of integrated, specialist services to those who are at risk of or who have been affected by an unwanted sexual experience. This may include anything from rape, childhood sexual abuse and sexual assault to harassment or coercion. Counselling, ISVA, other services – see website. Southampton, Isle of Wight, some neighbouring districts.</td>
<td>Office &amp; General Enquiries: 023 8063 6312</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Star Project (Education &amp; Outreach): 023 8063 6315</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Helpline: 023 8063 6313</td>
</tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of organisation</td>
<td>Brief details (service, geography)</td>
<td>Website/ email/ contact phone number</td>
</tr>
<tr>
<td>----------------------</td>
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<td>--------------------------------------</td>
</tr>
<tr>
<td>Southern Domestic Abuse Service</td>
<td>FGM/C Community Development worker of BME origin providing support to survivors of FGM/C. We also empower women to make decisions about their own and their daughter’s bodies by providing information about their rights, protection and the law.</td>
<td>Contact <a href="http://www.southerndas.org">www.southerndas.org</a></td>
</tr>
<tr>
<td>Treetops Sexual Abuse Referral Centre – SARC</td>
<td>A supportive victim/survivor focused environment for all victims of rape or sexual assault. Portsmouth, Southampton, Hampshire, Isle of Wight. A range of information and practical support, available 24 hours a day, whether the crime has just happened or is in the past. Support to victim/survivor whatever decision they make.</td>
<td><a href="http://www.solent.nhs.uk/page-service.asp?fldArea=19&amp;fldMenu=0&amp;fldSubMenu=0&amp;fldKey=225">http://www.solent.nhs.uk/page-service.asp?fldArea=19&amp;fldMenu=0&amp;fldSubMenu=0&amp;fldKey=225</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of organisation</th>
<th>Brief details</th>
<th>Website/ email/ contact phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIS’ters (Surviving Rape and/or Sexual Abuse)</td>
<td>CIS’ters has a local and a national profile – see above for details.</td>
<td>As above</td>
</tr>
<tr>
<td>Agency for Culture and Change Management UK (ACCM UK)</td>
<td>Women’s organisation focusing on Female Genital Mutilation/Cutting; website has further useful links</td>
<td><a href="http://www.accminternational.org.uk/links-to-other-fgm-sites">http://www.accminternational.org.uk/links-to-other-fgm-sites</a></td>
</tr>
<tr>
<td>Beyond the Streets – Beyond Support</td>
<td>A free and confidential support service for women in the sex industry.</td>
<td>Helpline: <strong>0800 1337 870</strong> (not 24 hour) or email <a href="mailto:support@beyondthestreets.org.uk">support@beyondthestreets.org.uk</a></td>
</tr>
<tr>
<td>Child Protection Helpline</td>
<td>(advice for adults worried about a child)</td>
<td>0808 800 5000</td>
</tr>
<tr>
<td>Childline</td>
<td>24 hr free helpline for children</td>
<td>0800 1111</td>
</tr>
<tr>
<td>FORWARD: Foundation for Women’s Health Research &amp; Development</td>
<td>Female Genital Mutilation/Cutting: information, campaigning,</td>
<td><a href="http://www.forwarduk.org.uk">www.forwarduk.org.uk</a></td>
</tr>
<tr>
<td>Lime Culture</td>
<td>Lime Culture Community Interest Company (CIC) - a social</td>
<td><a href="http://www.limeculture.co.uk/">http://www.limeculture.co.uk/</a></td>
</tr>
<tr>
<td>Name of organisation</td>
<td>Brief details</td>
<td>Website/ email/ contact phone number</td>
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<tr>
<td><strong>Enterprise</strong></td>
<td>enterprise set up to support a professional response to sexual violence. Training and development programmes with frontline professionals, research, best practice.</td>
<td>Tel: 07799434956 <a href="mailto:info@limeculture.co.uk">info@limeculture.co.uk</a></td>
</tr>
<tr>
<td>London Safeguarding Children Board</td>
<td>Female Genital Mutilation/Cutting: Website resources</td>
<td><a href="http://www.londonscb.gov.uk/fgm_resources/">http://www.londonscb.gov.uk/fgm_resources/</a></td>
</tr>
<tr>
<td>MOSAC (Mothers of Sexually Abused Children)</td>
<td>Supporting all non-abusing parents and carers whose children have been sexually abused. We provide various types of support services and information for parents, carers and professionals dealing with child sexual abuse.</td>
<td>Helpline: 0800 980 1958 Website: <a href="http://www.mosac.org.uk">www.mosac.org.uk</a></td>
</tr>
<tr>
<td>NSPCC</td>
<td>National charity, campaigning, helpline(s) and information as well as services. Child protection helpline gives information, advice and counselling to anyone worried about a child. &quot;National FGM helpline: If you suspect that FGM has happened, even if it’s not recently, you must seek help and advice: call the FGM helpline on 0800 028 3550.”</td>
<td><a href="http://www.nspcc.org.uk">www.nspcc.org.uk</a> NSPCC child protection helpline 0808 800 5000 FGM helpline: 0800 028 3550</td>
</tr>
<tr>
<td>Rape Crisis England and Wales</td>
<td>Rape Crisis England &amp; Wales is a national charity and the umbrella body for network of independent member Rape Crisis organisations. (Focuses on needs of women and girls; works with partners in terms of men and boys.) Website resources, campaigns, good practice, supporting and representing members.</td>
<td><a href="http://rapecrisis.org.uk/">http://rapecrisis.org.uk/</a> For general enquiries: <a href="mailto:rceinfo@rapecrisis.org.uk">rceinfo@rapecrisis.org.uk</a>.</td>
</tr>
<tr>
<td>Respond</td>
<td>Respond exists in order to lessen the effect of trauma and abuse on people with learning disabilities, their families and supporters.</td>
<td>Website: <a href="http://www.respond.org.uk">www.respond.org.uk</a> Helpline: 0808 808 0700 or email <a href="mailto:helpline@respond.org.uk">helpline@respond.org.uk</a></td>
</tr>
<tr>
<td>Safe Lives (formerly CAADA)</td>
<td>National charity dedicated to ending domestic abuse. Policy/evidence, practice support, commissioning support, training.</td>
<td><a href="http://www.safelives.org.uk/">http://www.safelives.org.uk/</a> Email on <a href="mailto:info@safelives.org.uk">info@safelives.org.uk</a> or call main office in Bristol on 0117 317 8750</td>
</tr>
<tr>
<td>Survivors Trauma and Abuse Recovery Trust</td>
<td>PODS: Positive Outcomes for Dissociative Survivors is a project of START. PODS works to make recovery from</td>
<td>Helpline: 0800 181 4420 – Tuesdays 6-8pm or appointments at other times by contacting the</td>
</tr>
<tr>
<td>Name of organisation</td>
<td>Brief details</td>
<td>Website/ email/ contact phone number</td>
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</tbody>
</table>
| (START)                                                       | dissociative disorders a reality through training, informing and supporting.                                                                                                                                    | office  
Email: mail@start-online.org.uk (for START)  
or info@pods-online.org.uk (for PODS)  
Website: www.start-online.org.uk and www.pods-online.org.uk.                                                                 |
02035983898  
info@survivorsuk.org                                                                                                               |
| The National Association for People Abused in Childhood (NAPAC)| NAPAC provides a national freephone support line for adults who have suffered any type of abuse in childhood.                                                                                                   | Call 0800 085 3330 for free from landlines, 3, Orange and Virgin mobile phones.  
Call 0808 801 0331 for free from O2, T-Mobile and Vodafone mobile phones.  
Website: www.napac.org.uk                                                                                                           |
| The Survivors Trust                                           | The Survivors Trust (TST) is a national umbrella agency for over 135 specialist rape, sexual violence and childhood sexual abuse support organisations throughout the UK and Ireland.  
Trustee Board is made up of Managers and Directors of rape and sexual abuse support services. Support and networking for member agencies; accredited training; raises awareness about rape and sexual abuse and its effect on survivors, their supporters and society at large; promotes effective responses to rape and sexual abuse on a local, regional and national level. | www.thesurvivorstrust.org  
Email: info@thesurvivorstrust.org  
Tel: 01788 550554                                                                                                                      |