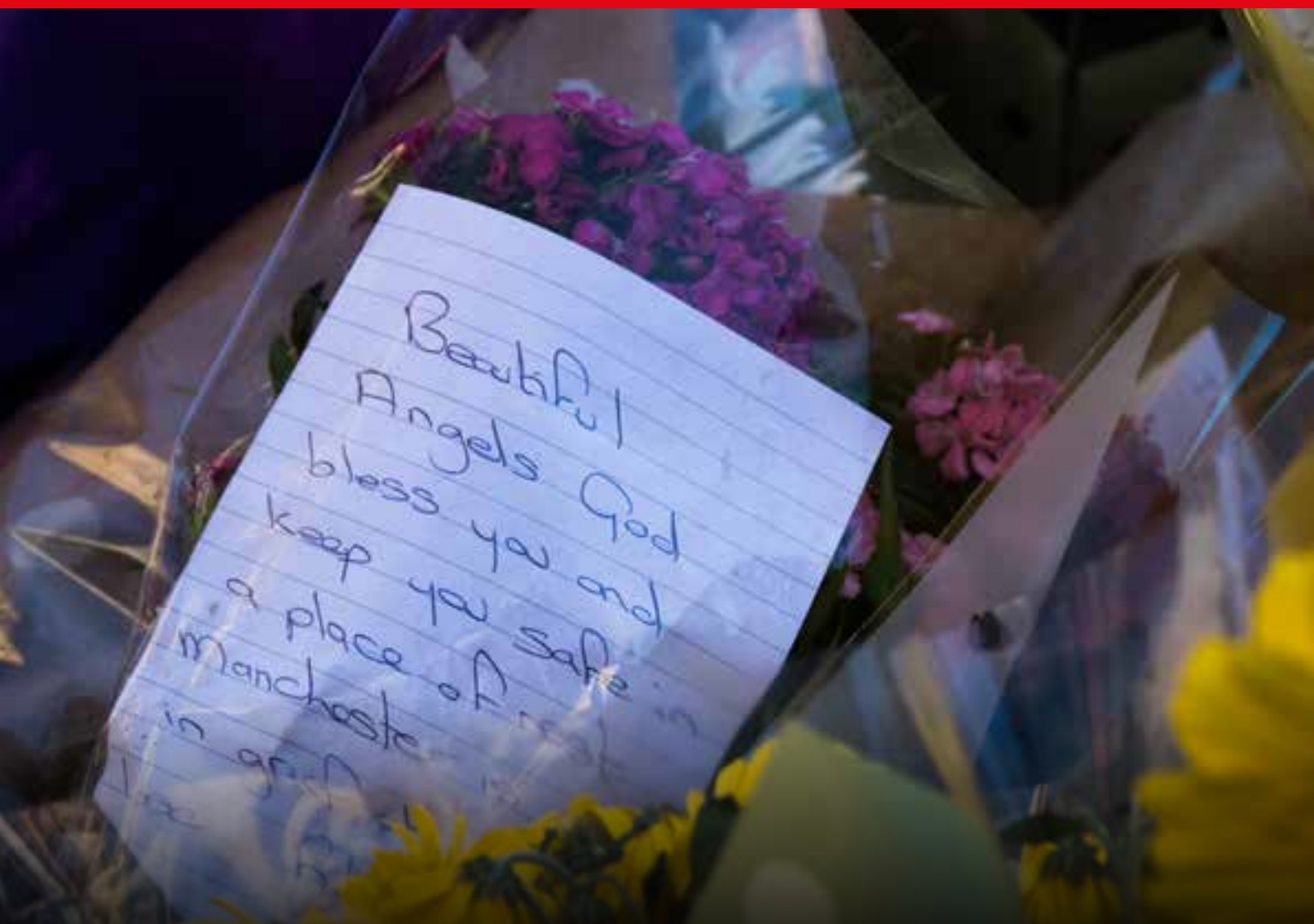


Responding to terror attacks

Providing support to those affected
in England and Wales

Rachel Almeida and Ania Moroz
November 2017





Manchester: A grandmother's view

The concert was finished the music was o'er,
She looked at her phone it said 10:34.
The atmosphere changed as they head for the stair –
A flash and a bang as she flew through the air.
"Run", said their mum. "Run for the door!"
But her and her eldest remained on the floor.

The youngest girl ran as fast as she could,
She ran for the exit as she knew she should.
She needed help for her family who lay on the floor
Covered in shrapnel, blood, guts and gore.
The pain, the fear, the thoughts in their head –
As they lay on the floor they knew people were dead.

We need to get out, flew through their mind
And lucky for them some people were kind.
Three angels appeared – student nurses saw their plight
Girls down from Scotland helped in their flight.
They helped them escape the horror and fears
And got them outside while wiping their tears.

All this had happened while we waited at home.
Our son had spoken to us over the phone:
"Dad," he said as he jumped in his car,
"I have to go and be where they are,
The girls have been injured, things have gone bad."
"Be careful, son," we said to our lad.

We studied the internet, the TV, and phone,
The night was so lonely as we waited at home...
Then on the screen a picture was shown
Of a man and a child as they emerged all alone.
Then another picture appeared on the screen:
Two policewomen supporting our granddaughter
between.

Four months have passed, they're all back on their feet,
Back at school, their wounds healing a treat.
They all appear fine, wounds healed, burns too.
Scars can be hidden, all seems like new...
But deep underneath it will all take some time
For us all to relax and accept life is fine.

In their house there's no anger and blame,
Life carries on despite all the pain.
Should never have happened – should never have been
We can't take away what these children have seen.
Their scars will show what they have been through
And we hope and we pray it won't happen to you.

For people out there it's all over now,
But for our little family it continues somehow.
Appointments, ongoing pain and bad dreams –
Life is not always just as it seems.
On the long road ahead as they physically mend,
We need to be patient and still our love send.

People tell me how lucky they've been
How is this so with what they have seen?
Luck is a bonus – an extra in life,
Not seeing your family surviving this strife.
A thousand thanks to all who were there
With flowers and chocolates, but most of all care.

This is only a grandmother's view
Of her brave family who survived, and got through.

Victim Support was sent this poem by the grandmother of a family we supported following the Manchester attack.
She has given us permission to share it.

Photograph posed by model.

Acknowledgements

We would like to particularly thank the survivors who kindly gave up their time to share their experience with us and the Victim Support (VS) staff and volunteers who completed our survey. Further, a number of VS staff contributed their knowledge and expertise for which we are very grateful, in particular Caroline Birkett, Abdus Choudhry, Emma Stafford, Sara Brown and Skye Ferguson.

We would also like to thank Ellen Miller, Bernadette Keane and Diana Fawcett for their valuable contributions to this report.

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Chris*

What happened?

Chris and his wife Caroline went to the Manchester Evening News (MEN) Arena to collect their four children Chloe, 17, Emily, 12, Megan, 10 and Lauren, 7 who had all been at the Ariana Grande concert on 22 May 2017.

“When we got to the arena I noticed a guy. As the crowds came out he started walking towards them with his massive backpack and then I started to panic more. Next thing I knew there was a massive explosion and a huge flash. I was looking for my kids but I was also looking for him [perpetrator]. I was just stood in the middle of all these bodies and just looking at each one checking it wasn't one of my kids.

“The kids were all injured and covered in blood. They could see all the dead bodies and people crawling around in their own blood and I just wanted to get them out of there.

“We found an ambulance and the paramedics checked the kids over but he [paramedic] told us we wouldn't be able to get to the hospital in an ambulance as there were people with more severe injuries inside.

“We got in the car and headed back to Bradford but they had shut the motorway so it was a two hour ordeal with Megan going in and out of consciousness. When we got there [hospital] they rushed us through to the emergency room. They quickly checked me and my wife over – I was a bit burnt and we were all suffering from shock but no one was treated for the shock.

“The older two kids were discharged but Megan and Lauren had to stay in overnight for operations.”

Impact

“Me and my wife and the three youngest [children] came home and we just barricaded ourselves in the bedroom. We all slept together like that for a month. We were scared to leave the house. You just constantly feel on high alert. I saw him in my bedroom, the bomber. We were all having terrorism nightmares.

"I couldn't take any time off work and went back the week after it happened. Not because I wanted to go back but because I had to and Chloe the oldest works a zero hours contract and she had to go straight back to work too.

"It's continuous. Almost six months on and it's [attack] been on my mind every single day since it happened. In town I've found myself avoiding people with bags. Last week a firework went off in the middle of the night and all the kids were screaming. It's going to have a lasting effect on them."

Support from VS

"It was the police who gave me a leaflet on Victim Support and told me to get in touch.

"Because of the children we had two caseworkers. Me and my wife had a volunteer support worker called Jane from our area, and then a lady called Lucy came from a nearby area to support the girls as she specialised in working with children.

"Victim Support has been really good. They helped us with practical things like forms for compensation from the We Love Manchester Emergency Fund and the government fund. I'm not sure what we would have done without them.

"Jane [VS caseworker] also supported us emotionally and built up a good relationship with all of the family. At first she came once a week to the house and Lucy [VS caseworker] would visit the girls once or twice a week at school. This support has naturally come to an end now."

Support from other services

"During the night at the hospital the police came to see us. I did a three hour video interview the following day with counter terrorism police – at this point I had been awake for over 48 hours but I knew I needed to do it 'cause I'd seen the bomber. They were really nice – absolutely brilliant – always offering me a break and kept in touch after to see if I'm alright.

"We needed counselling and Lucy from Victim Support recommended Assist Trauma. Just four weeks ago Emily started getting counselling as she was experiencing flashbacks. They're really good and have now started treating me, Megan and Lauren as well. Our counsellor comes once a week for a four hour period and we all have an hour's session."

Improvements

"At the hospital, they kept me and my wife in with the two youngest and the eldest got discharged. I'm not sure if they should have been. We were all suffering from shock and none of us got treated for that. Your head is totally messed up and you're on this crazy adrenaline rush.

"From the beginning I didn't know who was who. I got a piece of paper with Victim Support on from the police but I didn't know what they did. I heard CAMHS [Child and Adolescent Mental Health Services] mentioned but didn't know who they were. From the beginning you don't know which way to turn. You should be given some sort of pamphlet to explain who everyone is.

"The kids received tickets for the One Love concert and we even considered going. This was a hard decision to make but we felt we had to show our strength. Then we realised they had only sent tickets for the children. At first we thought it was a mistake. I am very disappointed in the lack of compassion.

"We waited months to receive money from the emergency fund for the kids and we had to beg for it. We still don't know if our children are entitled to anymore and they are scarred for life. If you're working class, self-employed, on a zero hours contract, a student, you're left to fend for yourself.

"I do not want anyone else to go through what we've been through and are still going through."



Executive Summary

Since March 2017 five terror attacks have taken place in London and Manchester leaving 36 people dead,ⁱ around 390 people physically injured and countless others affected emotionally, physically, socially and financially. There have also been other terror attacks elsewhere in Europe, which have affected British residents and British nationals who live abroad, such as in Stockholm and Barcelona. We know from our experience of supporting survivors of, and those bereaved through, terrorist attacks both at home and abroad, that the impact can be wide reaching and for many this will be life changing.

Statutory services including the police, ambulance service, hospitals and local authorities have provided a myriad of services to ensure those affected receive emergency treatment and feel safe. Voluntary organisations and community and religious organisations have also provided much needed support, information and advice to help cope with the aftermath of the attacks. Statutory and non-statutory services have worked closely together. These stakeholders work in both the immediate response and the recovery to help ensure people get the assistance they need.

Victim Support (VS) provides free practical and specialist emotional support to victims of all crimes, including terrorism. We have been in contact with more than 1,400 people affected by the terror attacks in 2017 to offer support, information and advice.ⁱⁱ Our free Supportline has received more than 420 callsⁱⁱⁱ in relation to the incidents and referrals have been received from approximately half of all police forces in England and Wales. The Government-funded National Homicide Service, provided by VS, is working with families bereaved by all four of the attacks where there were fatalities.

This report provides information and insights from our experience in responding to these attacks and highlights the importance of ensuring that those affected get the support they need for as long as they need it. It also includes some first-hand experiences of survivors of the recent terror attacks, which they have wanted to share.

Summary of key findings

- People affected by the five UK terror attacks and those in Stockholm and Barcelona and Cambrils include witnesses, those seriously injured and bereaved.
- People access VS services through different routes either through referrals or signposting by statutory services and other organisations, or by direct contact, known as a self-referral. 45% of service users self-referred, in addition to those who made contact with Supportline for immediate assistance. The odds of self-referring increased for each UK terror attack, regardless of age or gender.
- The second week following the attack is when the highest proportion of people had contact with VS services (22.7%). People continue to seek support from VS for many months after an incident.
- 56.1% of people who contacted Supportline were present at the terror attacks. Of these, all of the children and young people and the vast majority of the adults (87.1%) sought support to deal with psychological effects. People who directly contacted our local VS services were nearly three times more likely to have a recorded psychological or social need than those who accessed our services through other routes.
- The majority of needs of those VS has supported were psychological or social (61%). Of these needs, help to cope was most prominent with 32.9% of all local services and the National Homicide Service users reporting this need, followed by assistance with trauma (9.1%). A greater proportion of needs were psychological for those affected by the attacks in Manchester, London Bridge, and abroad.
- People affected by the terror attacks also needed information and advice (13.1% of needs) and practical or safety needs (12.2%). A smaller proportion of needs related to assistance with financial (8.9%) or physical (3.7%) effects.
- There was a small variation in the number of needs identified in relation to the age and gender of the service user.

ii Number of contacts with VS local services, the National Homicide Service and Supportline relating to the London, Manchester, Barcelona and Cambrils and Stockholm terror attacks in 2017 up to 14/10/17.

iii Number of contacts with VS Supportline relating to the London, Manchester and Barcelona and Cambrils terror attacks in 2017 up to 20/10/17.

- Those who received support from the National Homicide Service were 205% more likely to have a psychological or social need than those receiving support from other VS services. In addition, bereaved families were 5.7 times more likely to have a recorded financial, work or education-related need, regardless of their age, gender, referral route or terror attack.
- As well as the assistance provided by the Supportline, VS local services and the National Homicide Service have delivered more than 800 service interventions. We expect this to rise as we are still providing services to those affected.
- The majority of immediate service interventions relate to psychological and social needs (59.9%), with immediate support and reassurance being the most common. Service interventions for information and advice needs represent nearly a third of the immediate support provided, including signposting to other agencies.
- Longer-term support provided by local VS caseworkers includes developing coping strategies with service users, which represents 23.5% of ongoing service interventions identified. Building confidence, peer support groups and accessing psychological therapies were other prominent service interventions identified relating to psychological and social needs. Some service users have experienced challenges in accessing mental health services, including children and young people.
- VS has provided information about available services, the police investigation and justice system and is likely to continue to need to provide these, as well as advocacy on service users' behalf with statutory agencies.
- There was a slight increase in the proportion of ongoing services that relate to both financial needs, and practical and safety needs compared to immediate interventions. These included help to access compensation, safety planning and subsistence.

Summary of recommendations

- Those who are ordinarily classified as 'witnesses' who were in close proximity to the incident or at the scene shortly after should be considered and treated as survivors by all of the agencies involved in assisting them, and be able to access adequate support services. This is in accordance with obligations under EU law and international norms.
- As acts of terrorism are crimes additional processes, agencies and services are involved in the response, which should be reflected in civil contingency plans to help ensure roles and responsibilities are clear and improve the experience of members of the public who are affected. In addition, informed by the direct experience of survivors of terrorism and their families, efforts should continue to map out a pathway of support that is agreed by all of the agencies involved in assisting them to help provide clarity as to what should be available at what point.
- Victim services, which are commissioned by PCCs, need to be able to provide support for those affected by mass terror attacks in line with the Ministry of Justice (MoJ) Grant Agreements and the Victims Code of Practice. These services should be able to provide interventions that meet the variety of needs of those affected by acts of terrorism, in particular those relating to coping strategies and trauma care, and be available as long as they are needed.

- Proactive activity should be undertaken to reach those who do not have police contact, and to help address any confusion over where people should go to if they need assistance.
- There needs to be a review of the challenges experienced by service users to fully understand areas that require improvement. Part of the review should cover the resilience of the victim services system to ensure suitable support is available wherever someone lives. Evaluation of the response and ongoing partnership working is vital to ensure those affected by any future attacks get the support they need, when they need it.

Dan*

What happened?

Dan, 25, was walking along Westminster Bridge when he was hit by the car driven by Khalid Masood who drove into pedestrians in a terrorist attack that killed four and injured more than 50 people.

Dan was hit from behind and thrown forward, suffering major trauma to his head and leg. He was taken to hospital and spent a week being treated for his injuries.

“I don’t really remember what happened, I heard the vehicle accelerate and that’s all I can recall.”

Impact

Dan suffered a dissection in his carotid artery in his neck and was on intensive blood thinners for six months to reduce the risk of a stroke. One year on from the incident, he will need to go back for a CT scan to check the progress of his injury and until then he is receiving physiotherapy for his leg injury.

Dan was also affected psychologically and emotionally which he is receiving treatment to manage.

“Sometimes I find myself calling it an accident and I have to be reminded – this wasn’t an accident, it’s a crime. Even if I wasn’t targeted specifically, it was a deliberate act intended to hurt people.”

Support from VS

“My family were assigned two Family Liaison Officers (FLO) and it was them who mentioned Victim Support about two weeks after the incident. They asked if they could pass my details on which I agreed to and a few days later I was contacted by my caseworker Kenny. We had our first meeting at my parents’ house where I was staying at the time and to begin with we met every few days. Now we meet every few weeks, and it just varies depending on how I am feeling at the time, but he’s also always on the other end of the phone if I need him.

“Kenny [VS caseworker] has mostly supported me with practical things. My journey has been quite up and down emotionally and when I first engaged with Victim Support I was in quite a good place – I suppose it’s that weird bubble you’re in initially. So Kenny was mostly involved in helping me deal with all the new things arise. Dealing with the police, the media, and helping me sort out the different support I needed, all my appointments I needed to go to, as it was very overwhelming at first.

“It was great to have someone there who isn’t connected to you in such a personal way but has been there from the start and knows exactly what you’re going through. Everything I was dealing with was new, so to have someone experienced in these things was really helpful, and anything that was new to him [VS caseworker] he went away and researched for me.

“He offered the support to bring everything together and give me help and advice on how to deal with all of these things being thrown at me. It was a very reassuring support to have.

“It’s difficult because you initially have so much support but you don’t know when that support should stop or how it will end, but you know there will be a time when it isn’t available anymore. But with Victim Support it feels like the door is always open and support is available for as long as you need it, and that you are in control of when it ends.

“I have ups and downs in terms of how I am responding to what’s happened. In many ways I’m doing really well and I’ve not been affected as badly as I could have been, both mentally or physically. For me it was about getting back on track, getting things back to normal again.”

Support from other services

Dan and his family were assigned two FLOs on the day of the incident who were then engaged with his family for six months.

“While I was in hospital I had a counsellor visit me every day, and then was in touch with them via email once I left.

“I have worked privately with a rehabilitation specialist. They have helped signpost me to different support services and through them I am receiving Cognitive Behavioural Therapy (CBT) treatment and physiotherapy both privately.

“It was through this specialist that I was advised to seek counselling through my GP. The GP hadn’t been informed by the hospital of any of my injuries or the attack itself. I waited around two months for counselling and now receive sessions every two months.

“The counselling is a very open session where we discuss everything, but the CBT is more focussed on the trauma of the incident.”

Improvements

“I feel like what would help would be to raise the profile of the organisation so that people have a more thorough understanding of what Victim Support does to ensure people who need support are engaged and that they are getting the most out of their experience.

“I was vaguely aware of Victim Support, but I really didn’t know the extent of what the charity does or how useful it would be. I had a call from Victim Support in the past when something more minor happened and I thought it was some sort of safeguarding from the police. If I hadn’t been in such an extreme situation and taken all the support I was offered this time, I might not have realised how beneficial the service would be.

“I think it’s important for people to know no matter how they are affected there is support available to them and it can be tailored to address whatever they are going through and that support is available at any stage, even a few months after the attack, when you might only start to realise that you do need help.”



Introduction

Terrorist attacks are sudden, unpredictable and generally calculated to create a climate of fear or terror among the public. For the purposes of this report, terrorism is defined as an action that is used or threatened ‘to influence the government or an international governmental organisation or to intimidate the public’ and ‘made for the purposes of advancing a political, religious or ideological cause’, as set out under the UK Terrorism Act 2000.¹

It is important to learn from the response and take steps to ensure that those responsible for providing vital support to those affected continue to improve reach and delivery, work together collaboratively, and build resilience for any future incidents. This report draws on the experience of VS staff and volunteers who have been directly involved in supporting survivors and those bereaved from the recent UK terror attacks, existing research, and data captured through the provision of services. VS has also provided support to those affected by the recent terror attacks in Europe, which have different pathways and processes that are highlighted in our 2016 report ‘Meeting the needs of survivors and families bereaved through terrorism’.²

Victim Support

VS is committed to providing free and confidential emotional support and practical help across England and Wales for people affected by all types of crime, and do so through our local teams. In addition, we provide a range of specialist services for murder and manslaughter;

violence (including sexual violence); domestic abuse; non-recent sexual abuse; fraud; hate crime; and crimes against vulnerable people including children and young people.

The core of our work will always focus on improving services for victims and witnesses. We continue to build on our deep knowledge of how crime affects people's lives and our experience in championing the rights and interests of victims and witnesses.

Methodology

The aim of this report is to capture VS's experience of supporting people affected by terror attacks and increase understanding of what is available and what people need to help them cope and move on from the impact of the incident.

This report focuses on four key questions:

- Who has used VS services as a result of the terror attacks?
- How and when do people affected by terror attacks access VS services?
- What are the needs of those affected by terror attacks and do they vary?
- What services are frequently provided to survivors of and those bereaved through terror attacks and in what ways could the support and process be improved?

This report is based primarily on analysis of VS quantitative data collected up to 14 October 2017 through the provision of local services and the National Homicide Service to 1,072 people who were affected by the terror attacks in 2017. The data is collected through our bespoke case management system and anonymised.

A quantitative analysis of 412 call summaries and data from the Supportline up to 20 October 2017 was undertaken focusing on the timing and reason for the contact. These calls are all self-referrals and where appropriate service users were either referred or signposted to their local victim services for further support and assistance. Where people have been referred into a VS service their contact will be captured in our case management system, which means that around 100 people are represented in both data sets.

In order to further explore the experience of supporting those affected, a survey was completed by 93 frontline staff and volunteers, and managers directly involved in responding to the attacks. Although this sample is not representative, some observations are included in this report.

Who is affected?

Terrorist attacks can cause physical harm, including fatal injuries, and fear among the public that can lead to an ongoing feeling of insecurity. The impact of the recent terror attacks on survivors, the bereaved, witnesses and the wider community has been enormous, with untold numbers of people affected.

Bereaved

Bereavement is a painful experience for anyone, but losing a loved one to the violent actions of another person can be particularly devastating.^{3,4} As well as coping with sudden loss, the knowledge that it was caused by the conscious actions of another person can be incredibly distressing, and cause strong, sometimes overpowering feelings.⁵ Every person experiences bereavement differently and feelings may change from day to day.

Family and friends who have lost a loved one as a result of a terror attack often require long-term support. Life can fall apart for those left behind, so assistance with everyday things such as dealing with phone calls, letters, as well as funeral and financial arrangements is often needed.

People who have been bereaved by a terror attack can also have been seriously injured or a witness, as they could have been at the incident with their loved one.

Seriously injured

The process of coming to terms with serious injuries can be complex and varied, and may involve a range of reactions and emotions.⁶ Long-term medical treatment may be needed, and recovering from the injuries and psychological effects can cause employment problems and affect a person's independence.⁷

These survivors may require high level support from a dedicated caseworker. Support may need to be delivered within a hospital setting or within the service user's home.

Witnesses and those with minor injuries

Witnesses are often considered to be persons who were present at the scene of an attack and directly saw the crime taking place, whereas persons who suffered physical injury or were killed during the attack can be referred to as 'victims'.⁸ Consequently, someone who was psychologically affected, but did not suffer visible physical injuries may not be seen as a victim and may, as a result, receive different treatment. VS adopts and supports the legal definition of a victim as a 'person who has suffered harm, including physical, mental or emotional harm or economic loss which was directly caused by a criminal offence; or family members of a person whose death was directly caused by a criminal offence and who have suffered harm as a result of that person's death' as defined by the EU Victims' Directive.⁹ This definition is also used in

Terror attacks in Europe during 2017

Paris Louvre attack, France; a soldier was injured as the assailant was stopped entering the Louvre shopping centre carrying a machete and two rucksacks.

2 February

Stockholm attack, Sweden; four people were killed, including a British national, and at least 15 people were injured when a lorry was driven into a busy shopping street.

7 April

Manchester Arena attack, UK; a bomb was detonated in the arena foyer as people were leaving the venue following a music concert. 22 people were killed and more than 250 people were injured. A high proportion of those affected were children and young people. The audience of the concert was predominantly from across the north of England.

22 May



22 March

Westminster Bridge attack, UK; a car was driven into pedestrians on the bridge, injuring more than 50 people and the attacker then stabbed a police officer to death. In total there were five fatal victims of this incident. The demographic of people affected was a mixture of tourists, and residents from within and outside London.

20 April

Paris Champs-Élysées attack, France; the assailant opened fire at police on the Champs-Élysées in Paris, killing one and wounding two officers.

3 June

London Bridge and Borough Market attack, UK; a van left the road on the bridge and struck a number of pedestrians. After the van crashed, its three occupants ran to nearby Borough Market and began stabbing people in and around the restaurants and pubs. Eight people were killed during the attack and 48 people were injured. All but one of the fatal victims were foreign nationals.

Cabinet Office guidance on humanitarian assistance in emergencies¹⁰ and includes those who provided support at the scene to survivors or witnessed the incident and its aftermath.

VS research conducted in 2016 found that acts of terrorism can cause significant psychological harm for witnesses as well as those who have been physically injured or bereaved.¹¹ As well as witnesses, VS has provided support to members of the public who arrived shortly after the recent attacks to aid others, who themselves experienced distressing scenes.

Wider community

As well as those present, terrorist attacks can affect the wellbeing of the wider community. A study into mental health in the US following the 9/11 terrorist attack in New York found symptoms of depression rose nationally during the four weeks following the incident.¹² A survey of 1,010 Londoners conducted 11–13 days following the 7/7 terror attack in London found 31% of Londoners reported substantial stress particularly those who were worried about a loved one, and 46% felt unsafe travelling.¹³

After the recent terror attacks VS has been contacted by family members of those at the incident as well as friends and peers who have been affected by being close to those involved in the incidents or present in the immediate aftermath. A small number of people who were already being supported by VS for another crime have sought assistance following the recent terror incidents due to the impact the attacks have had on their own recovery.^{iv}

Emergency service staff and other professionals may also have experienced effects from being present shortly after the attack occurred or as a result of providing assistance. Research suggests that between 5%–6% of emergency, rescue, and recovery workers develop Post-Traumatic Stress Disorder (PTSD) in the year after terrorist attacks.¹⁴

iv VS contact data from Manchester and Westminster 30/06/17.

Paris Notre-Dame attack, France; an officer was attacked with a hammer outside Notre-Dame Cathedral.

7 June

Brussels Central Station attack, Belgium; a small explosive was detonated in the railway station, though no injuries were reported.

20 June

Turku Attack, Finland; A knifeman stabbed two women to death and injured eight other people, including a British national, in a terrorist related attack.

18 August

Finsbury Park attack, UK; a van was driven into pedestrians near Finsbury Park Mosque. A man who had earlier collapsed and was receiving first aid died at the scene as a result of the attack and ten other people were injured. This attack was on a localised faith community.

19 June

Barcelona and Cambrils Attacks, Spain; a van was driven into tourists and residents on Barcelona's famous Las Ramblas boulevard killing 15 people including an Australian-British national and injuring more than 100. On the same day an Audi A3 ran down three people in Cambrils.

17 August

Parsons Green Attack, UK; A bomb partially exploded on a tube carriage at the station during rush hour, injuring 30 people.

15 September

Who our service users are

Of the 1,072 people who have had contact with VS services excluding those who have used our Supportline only, 7.9% have been supported by the National Homicide Service. Most of those who have been in contact with VS local services and the National Homicide Service were affected by the Manchester Arena terror attack (56.6%). Around one in five people were affected by the London Bridge attack and over one in ten were affected by the Westminster attack. We have also supported around 40 people from both the Finsbury Park and Parsons Green attacks, as well as 17 people affected by the terror attacks in Stockholm and Barcelona and Cambrils. The number of people seeking support from VS continues to increase.

Of the people supported by our local services and the National Homicide Service 32% are male and 68% are female, where the gender is recorded. The higher percentage of female service users compared to male reflects the demographics of service users affected by previous terror attacks. Research into the use of victim support services, suggests males are less likely to engage with support services than females.^{15,16}

As shown in Figure 1, the age of service users varies, with most people being under the age of 54 (59.8%). 14.5% of all our service users are 17 years and under, who have primarily been affected by the Manchester terror attack (around 150 children and young people). The majority of these are female (88.4%). Many of those affected by the Manchester terror attack were also aged between 45 to 54 years, often parents who accompanied their children or were picking them up from the concert. The largest age group of service users for each of the London terror attacks is 25 to 34-year-olds (18.6% for Westminster, 14.9% for London Bridge, 20.5% for Finsbury Park and 28.6% for Parsons Green terror attacks^v). Those we are in contact with following the recent attacks are of a younger demographic than we have supported previously, which is likely to reflect the location and time of the attacks.¹⁷



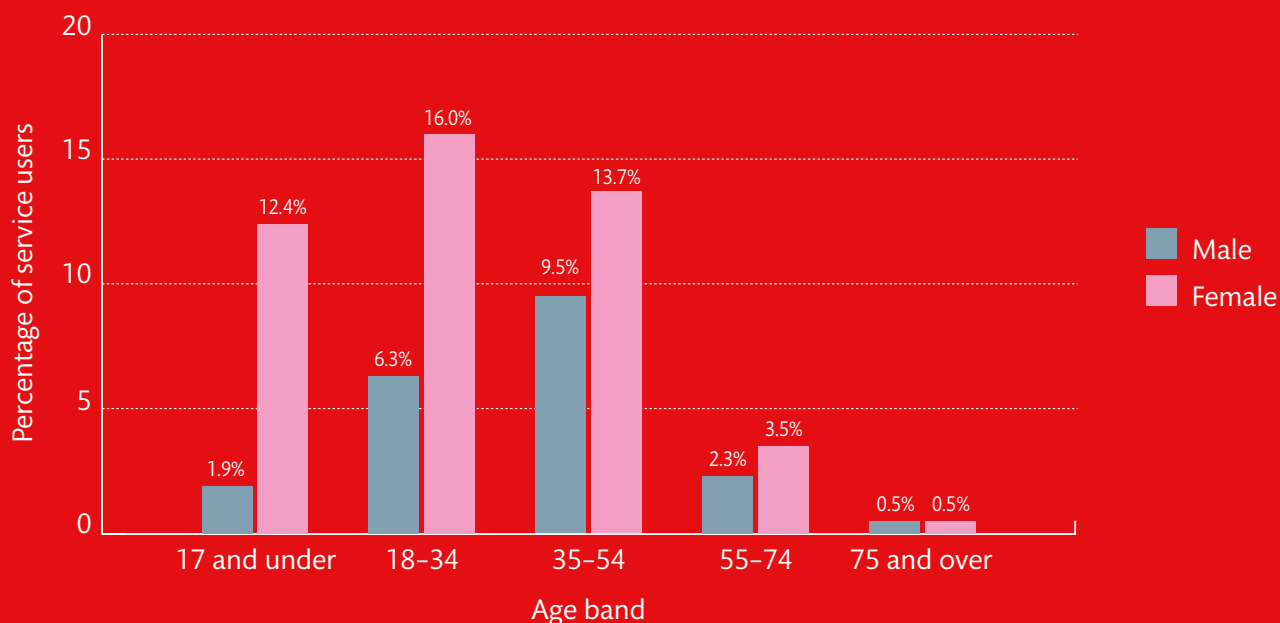


Figure 1: Proportion of total VS local services and the National Homicide Service users by gender in each age band^{vi}

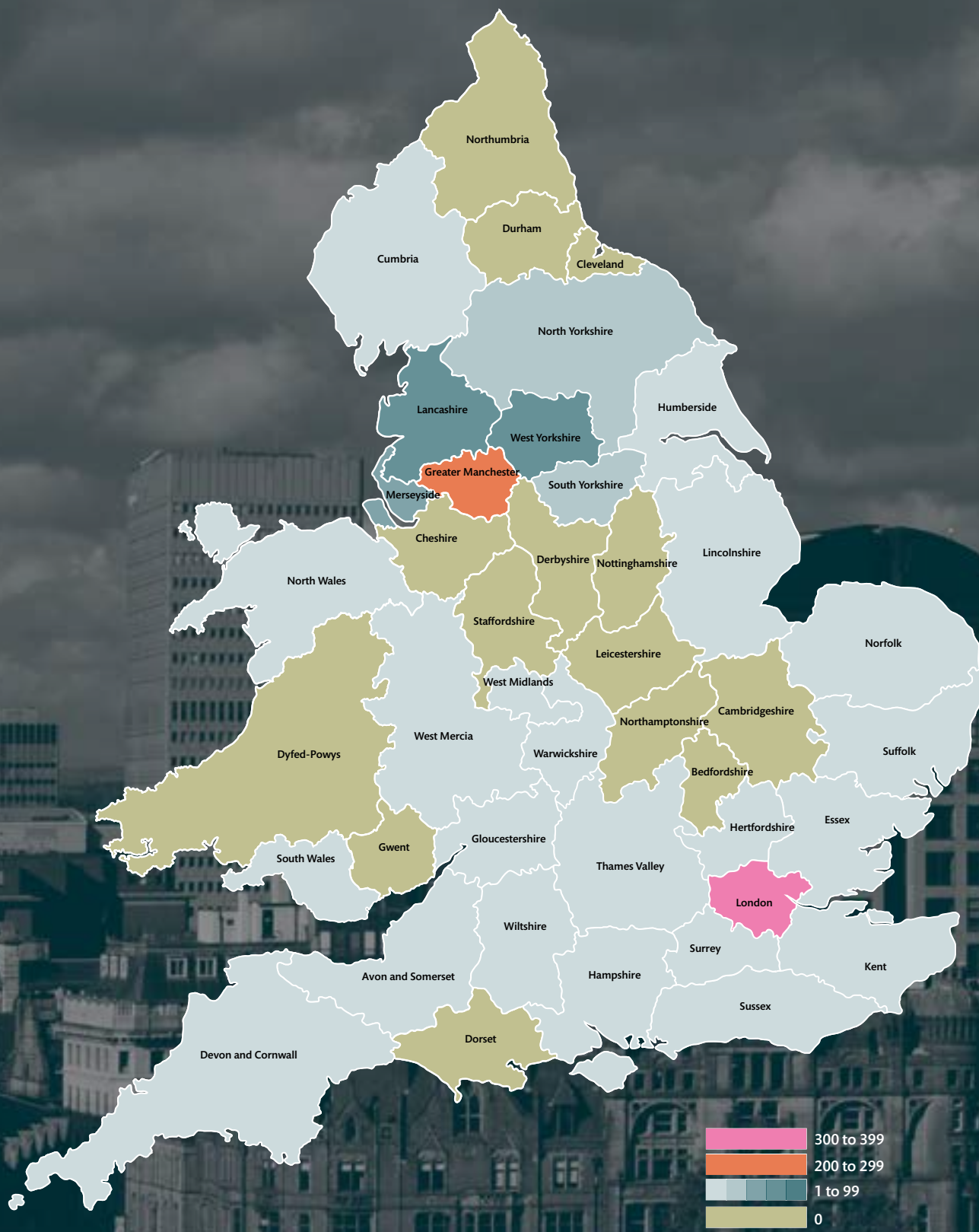
Although the 2017 terror attacks in the UK occurred in two cities, they affected people from across England and Wales, and abroad. Figure 2 indicates the number of people with which VS has had contact in each police force area, excluding those who have been supported by the National Homicide Service and Supportline. As shown, VS services in London, which are commissioned by the Mayor's Office for Policing and Crime (MOPAC), have had the highest number of people who have received support following the recent terror attacks. This is likely to reflect the size of this service and the population it serves.

In contrast, those affected by the Manchester terror attack have received support from VS services in 19 PCC contract areas primarily across the North of England, excluding use of the National Homicide Service. Greater Manchester, West Yorkshire, Lancashire and Merseyside VS services have provided support to the highest number of people from the Manchester incident. However, people have been supported in relation to this attack from VS services as far as Devon and Cornwall.

The National Homicide Service operates in England and Wales. Those who were bereaved by the Westminster, Manchester, London Bridge, Finsbury Park and Stockholm terror attacks this year have lived across England and Wales. The service has also worked with the South Korean and French embassies to aid support for families who live abroad.

vi Results exclude service users where the age and gender are not recorded.

Figure 2: Map of number of the people who have had contact with VS as a result of a 2017 terror attacks by police force area, excluding use of the National Homicide Service and Supportline





Tina

What happened?

Tina Tomlinson and her mother were waiting to collect her daughter Amelia, 17, and her friend from the Ariana Grande concert at Manchester Arena when she received a call from the friend's mum asking where she was as the girls have been in 'an accident'.

"When I received a call saying there had been an accident at first I thought maybe one of them had fallen down the stairs, something like that but then she said 'A bomb's gone off'.

"We were outside the arena but we'd heard nothing. We were trying to call Amelia but couldn't get through. I ran off to try and find them and get help. I kept trying to call. I didn't know if she was dead or alive. I couldn't find her and they wouldn't let us in to the arena to look."

As it turned out, Amelia was just six feet away from the bomb that went off. She had her phone blown out of her hand and was badly injured.

"I got a call from a paramedic about an hour later telling me she was with Amelia. When I finally saw my daughter she was in a terrible state. She had three fingers hanging off her hand, and looked like someone had poured blood all over her. She had pieces of people's bodies all over her top. It was horrific.

"Amelia was initially sent to Manchester Royal Infirmary but it was so busy and chaotic that they offered to transfer us to a hospital in Wigan closer to home."

Impact

Amelia has since had several operations for her injuries. She had two operations to stitch her fingers back on, and several operations on her leg to remove shrapnel from her body. Some of the shrapnel still remains due to difficulties removing it.

She has suffered facial scarring from the impact of the blast and is seeing an NHS specialist for this, as well as having physiotherapy to get the full use of her hand back. Three of her ribs were also injured by the force of the bomb and she is undergoing ultrasounds and physiotherapy to help heal these wounds.

Aside from the physical impact, Amelia has also been seriously psychologically affected by what she experienced.

"She saw dead and distorted bodies on the floor, so many unpleasant things that no one should have to see, especially not a 17-year-old."

Tina herself was diagnosed with PTSD six weeks after the incident.

"At first we were so focussed on Amelia I didn't realise how much I was suffering."

Tina waited around three months for NHS mental health treatment.

Support from VS

It was Tina's Family Liaison Officer (FLO) who initially informed her about Victim Support. She gave her a leaflet and Tina got in touch by phone and shortly after had her first meeting with her caseworker.

"My caseworker was an amazing guy, absolutely amazing. I could see him whenever I wanted to and he would phone me at home even at the weekend to talk through everything. When I told him that Amelia had been studying Animal Care at college but was feeling really low as she hasn't been able to return yet, he arranged for her to have a special animal experience at Chester Zoo. It really cheered her up and took her mind off things for a bit – something so simple that made such a big difference."

Support from other services

Amelia has been supported through the NHS's Child and Adolescent Mental Health Service (CAMHS), which she was engaged with from a few days since she was out of hospital. Through CAMHS Amelia has been receiving counselling and in the last month she has been referred for specialist therapy and is having weekly appointments.

The Manchester resilience hub managed to push for NHS treatment for Tina's PTSD after a three month wait.

Improvements

Tina believes the only improvement she would suggest would be a consistency of service across the board.



What is available for people affected by terrorism in England and Wales?

Statutory, community and voluntary organisations are all involved in the response to acts of terrorism. The emergency services ensure safety and provide assistance, while voluntary and community groups support victims and their communities in cooperation with statutory services.

Government funded support and services

Under the Civil Contingencies Act 2004, Category 1 responders^{vii} such as 'blue-light' emergency services and the NHS are collectively required to have plans in place to prevent as well as respond to emergencies, which includes terror attacks.¹⁸ These plans are primarily developed

vii Category 1 responders: Local Authorities, police forces including the British Transport Police, Fire services, ambulance services, HM coastguard, NHS hospital trusts, NHS foundation trusts, NHS England and Public Health England, port health authorities, Environmental Agency and National Resources Wales.

through Local Resilience Forums – responders must consider how the capabilities of the voluntary sector might contribute to them.¹⁹ The police and ambulance services provide immediate assistance to those present at the attack as well as ensuring their safety.

Civil contingency plans for acts of terrorism should include clear information about rights under the Victims Code of Practice and the role of the Police and Crime Commissioner as these will always be a crime and therefore enact additional processes and services than are available for other major incidents such as floods. Having clear roles and responsibilities is important when responding quickly and working in partnership when terrorist incidents occur. It is also valuable to acknowledge that an attack may have a different impact on groups affected, and the recovery will need some planning as well as the incident response. Some emergency funding may be needed for travel and accommodation and counselling, which will require flexible resourcing.

It is important that pathways of support are mapped out and agreed by all agencies involved in the response, and be informed by the direct experiences of survivors of terrorism and their families. Work to develop clear and appropriate pathways of support has begun with stakeholders, including the Government's Victims of Terrorism Unit, British Red Cross, Samaritans, Cruse Bereavement Care, Peace Foundation and VS, contributing their understanding and outlining areas of responsibility. This work must continue and enable every civil contingency plan to include a comprehensive and informed response in the instance of a terrorist attack.

Victim services

In the days or weeks following an incident, survivors of a major terrorist attack that has occurred in the UK may be able to receive assistance from a Humanitarian Assistance Centre (HAC), which can also be called a Community Assistance Centre (CAC). Whether a HAC or CAC is set up will be decided by the Local Authority Emergency Planning Team or the Humanitarian Assistance Steering Group. For the recent UK terror attacks, a CAC was set up at Southwark Cathedral following the London Bridge terror attack. This is one of many channels into local victim services.

Responsibility for the provision of humanitarian support to victims and witnesses has been devolved from the MoJ to Police and Crime Commissioners (PCCs), who are required to commission victim services. In England and Wales, victims of crimes including terrorism are entitled to victim services under the Victims Code of Practice.²⁰ These services will therefore need to be commissioned to be capable of responding in the event of a mass terror attack. At the scene of a terror attack survivors may give their testimony to the police, and may also visit people in hospital if they have been seriously physically injured. The police are obliged to provide information about, and a referral to, victim support services within two working days of a crime being reported, though people will not report a terrorist attack in the same way as other crimes, affecting this process. Information about victim support services is also provided by dedicated Government web pages.

British families bereaved through terrorism that occurred either in the UK or abroad will, in almost all cases, be offered assistance from a police Family Liaison Officer (FLO). Some survivors who are seriously injured in a terror attack may also be assigned a FLO. The role of the FLO is to assist the family by acting as a single point of contact with the senior

investigating officer involved in their case. They also support the police investigation by collecting evidence and information about the deceased from his or her relatives.²¹

There are a number of government funded services and schemes available to survivors and those bereaved by terrorism. These include health services and assistance with financial costs. Victim services can provide advocacy and assistance with accessing each of these services and schemes.

The Home Office are responsible for victims of terrorism. This year the Government established a Victims of Terrorism Unit within the Home Office to work across different departments. As well as helping coordinate the response, the Home Office has published guidance on helplines and support for terrorism victims, regional services for terrorism victims and for parents, teachers and children explaining what schools and colleges can do to support people affected by terrorism.^{22,23,24}

Mental health services

Some people may require mental health services following a terrorist attack. The NHS Screen and Treat programme was launched by the Department of Health following the Tunisia terror attack to identify survivors and bereaved families who may benefit from mental health treatments available through the NHS. The programme consists of three steps: screening, assessment and treatment. Participants are first screened through a questionnaire to assess whether treatment may be required. If the results suggest that treatment would be beneficial, these individuals are then contacted and assessed by the Psychological Response to Traumatic Events team. Those requiring treatment are referred to a local NHS psychological therapies service.²⁵ Treatment for PTSD is not offered by all NHS mental health trusts in England and waiting times vary.²⁶

Specialist Child and Adolescent Mental Health Services (CAMHS) are NHS mental health services that focus on the needs of children and young people. They are multidisciplinary teams that can include psychologists, nurses and social workers. Accessing CAMHS varies by area.²⁷ Educational Psychologist Support may be available for children and young people, which is accessed from the local authority but provision also varies by area. Educational Psychologists work in schools and local authorities to provide professional advice on children's emotional and educational development.

Specific to the attack at Manchester Arena, a Manchester Resilience Hub has been set up to coordinate the care and support for children, young people and adults whose mental health and/or emotional wellbeing has been affected. Everyone involved in the attack has been invited to complete the online screening programme, regardless of where they live, to assist them in identifying people who need further help and inform future planning.

As well as providing services, the NHS have published a guide for the public in coping with stress following incidents such as a terrorist attack.²⁸

Financial assistance

Under the Criminal Injuries Compensation Scheme (CICS), administered by the Criminal Injuries Compensation Authority (CICA), British citizens are entitled to receive compensation for injuries suffered as a direct result of violent crimes committed in Great Britain including acts of terrorism. Close relatives of British citizens, citizens of the European Union or European Economic Area and persons in the armed forces are also eligible. Payments can be made for physical and clinically diagnosed mental injuries that are considered to impede a person's ability to carry out their usual daily activities. Financial assistance under this scheme includes compensation for loss of earnings for those who are unable to work or have a limited capacity to work and with help with any costs that arise from medical treatment under the NHS. Claims to CICA are affected by civil claims for damages. The Government's Hardship Fund can provide financial reparation for victims on a very low income where the injuries suffered are not considered serious enough to qualify for the CICS.²⁹

If a survivor has been seriously injured, they are able to apply to their local authority for a Disabled Facilities Grant for adaptations to their home to make it suitable for a disabled person. Adaptations can include widening doors, installing ramps and changing facilities to make them more accessible. Grants of up to £30,000 in England or £36,000 in Wales can be awarded, and are calculated taking into consideration household income and savings over £6,000. Disabled children under 18 can receive a grant without their parents' income being taken into account.³⁰

Since April 2017, the Bereavement Service administers claims for Bereavement Support Payments, which can be made up to 12 months after the husband, wife or civil partner has died. Families bereaved by terrorism are able to apply to the scheme depending on their circumstances.

There is some guidance published by the Home Office about charitable funds raised to support victims of terrorism and compensation.^{31,32} These funds are built up by donations from the public and have been administered by specific charities namely the We Love Manchester Emergency Fund and London Emergencies Trust.

Additional assistance for terror attacks abroad

For acts of terrorism abroad, there are additional schemes which are available to British nationals as well as routine consular services for those in distress overseas. The Victims of Overseas Terrorism Compensation Scheme covers people who have been physically or mentally injured as a direct result of an act of terrorism, witnesses and close family members or partners of the deceased. This scheme is only available for designated acts of terrorism overseas which have occurred since November 2012.³³

Exceptional Assistance Measures (EAM) for British nationals affected by terrorism incidents abroad can provide additional practical support, including medical evacuation, payment of immediate medical expenses and repatriation, in exceptional circumstances. The EAM can only be activated by a Ministerial decision as a last resort, where financial or practical assistance is not available through other means, such as from the government of the country where the incident took place, insurance providers or other agencies and organisations.³⁴

Victim Support's services

VS takes a needs-based approach to the provision of all of our services. Our role in the event of a terror attack is to provide humanitarian assistance to survivors, witnesses, family, friends and local communities affected to address their needs. We have significant experience of responding to terrorism incidents such as providing support at the Family Assistance Centre set up in the wake of the 7 July 2005 terror attacks, to witnesses affected by the attack on Fusilier Lee Rigby in 2013, and to more than 150 people personally affected by the attacks in Tunisia on 26 June 2015, Paris on 13 November 2015 and Leytonstone on 5 December 2015. The organisational experience, data analysis and qualitative and quantitative research conducted in 2016 with caseworkers and survivors of, and families bereaved through, terror attacks in the previous year have also shaped our processes and services.³⁵ However, it is valuable to acknowledge that every incident is different and can require a variety of responses.

In the event of a terror attack, VS may receive requests from Category 1 and 2 responders^{viii} to provide humanitarian support to survivors. If a HAC or CAC is set up, VS will routinely provide personnel alongside other voluntary organisations such as British Red Cross and Cruse Bereavement UK.

Local multi-crime services

VS specially trained staff and volunteers respond to the needs of those injured and otherwise affected immediately following exposure to trauma and also provide longer-term support, through our multi-crime services. These services provide ongoing emotional and practical support based on identified needs, as summarised in Figure 3. VS is commissioned to provide local multi-crime services in 32 of the 43 PCC areas, which is around 80%. Where VS is not commissioned to provide victim services we can refer or signpost people into their local services. Staff and volunteers from other VS contracts, for example local authority based contracts, have also supported survivors of the recent terror attacks.

Our staff and volunteers are trained to provide emotional support, give information and undertake advocacy support. They can help people to make sense of what they have been through and discuss the options available to them. While some people can do this with friends and family, this is not possible or suitable for everyone, especially if those around them are affected by the crime too. We can provide a safe, neutral place to voice fears, worries and emotions. This helps people to cope and move on from distressing experiences.

Being a victim of crime can lead to a variety of practical problems. This can range from damage to property to access to a phone or accommodation. While emotional support can help deal with feelings, practical problems often act as reminders of what people have been through and make it harder to get their life back together. VS offers help with sorting out the practical implications of crime. We can help with simple tasks such as filling out forms (for compensation claims, for example), as well as problems such as getting medical treatment or dealing with the criminal justice system. We provide information needed to understand what to expect and can advocate on service users' behalf.

We also work with other organisations and agencies to help our service users access services that we are not able to provide.

National Homicide Service

The National Homicide Service provides free support for families who are resident in England and Wales and who have lost their loved ones in a terror attack anywhere in the world. It is funded by the MoJ and works closely with FLO teams from first contact.

A dedicated caseworker is deployed to a case with the bereaved person's consent. The caseworker acts as a named, consistent contact point and will give the bereaved person help for as long as they need support. Based on the needs of the family, VS caseworkers can provide a range of immediate practical support measures, including assistance with repatriation and funeral arrangements, travel, accommodation and advocacy with a variety of agencies such as employers and health services. Ongoing emotional support is provided as well as provision of trauma therapy, bereavement counselling and legal advice either directly or through commissioning specialist services. Assistance can be given with compensation claims to the CICA. The National Homicide Service caseworkers continue to work closely with FLOs to ensure consistent information is provided.

In the aftermath of the recent terror attacks, the National Homicide Service also provided services to those who were seriously injured.



Figure 3:

Table of support available from VS

Need type	Immediate service interventions available				
	Physical health	Liaison between hospital professionals (psychiatry, nurses, ward staff, doctors)	Initial information about the schemes available, such as the local authority Disabled Facilities Grant		
Psychological or social	Immediate emotional support and reassurance, and providing someone with which to talk through experience	Immediate referral to trauma first aid or Peace Foundation Survivors Assistance Network	Pre arranging a follow up call to check progress and provide additional emotional support	Discuss and identify support networks	Advice on supporting family members, including children, or peers
Practical or safety	Arranging and funding accommodation and travel, and food vouchers	Initial information about safety planning and equipment or support available	Practical information about public transport, geography for people from outside the area	Immediate safeguarding referral	Arranging language support and advocacy with embassies
Information or advice	Information about options of support available from or through VS	Signposting to other agencies and organisation such as Missing People or Casualty Bureau	Initial information on rights, system and case	Advice about handling the media	
Financial	Introduction to the Criminal Injuries Compensation Scheme (CICS) and process to apply	Signposting to charitable donations	Initial financial advice and information		

Needs and risk assessment with immediate needs identified

* Services provided by the National Homicide Service only.



If further needs are identified, a bespoke support plan is delivered by a dedicated caseworker

Ongoing service interventions available

Briefings or updates with medical staff in hospital	Aid application to local authorities Disabled Facilities Grant	Advocacy with GP		
Ongoing one-to-one emotional support provided by a caseworker over the phone or face-to-face. Whole family support can be provided as well as further advice about supporting others, including children	Support in attending coroner's court or through inquest process	Developing coping strategies and toolkits, self-confidence building and developing support networks	Signpost and advocacy with NHS mental health services, and commissioning of psychological therapies*	Peer support groups or referral to Peace Foundation Survivors Assistance Network
Arranging and sourcing funding for accommodation and travel for inquest*, and providing food vouchers	Safety planning, provision of safety equipment, for example personal alarms and providing a 'travel buddy' from a caseworker or referral to Railcare Delivery Group	Advocacy with the local authority about requests to move social housing base on 'reasonable preference' and seeking qualified housing advice through the National Homelessness Advice Service as a registered partner. Advocacy with embassies	Commissioning of cleaning services and removals and security*, sourcing funds for children's birthdays, holidays and other household needs*	Assistance with arrangements for funeral*
Liaising with the police eg about developments in the investigation	Providing advice about victims' rights and criminal court process, support in attending Coroner's Court*, and referral to Witness Service, if relevant	Proofreading forms and providing information about Government scheme and application processes	Signposting and providing information about other agencies and organisations	Signposting to legal services for representation at inquest and information about process*, and assistance with Serious Care Reviews*
Aid application to CICS, either through advice or proofreading or securing assistance from legal firms that provide help pro-bono	Signpost to, and provide advocacy with, charitable funds	Advocacy with school and employer, including providing information about their experience, likely impact or behaviour and advice (including supporting letters)	Aid applications to, and advocacy with, Jobcentre Plus for Jobseekers Allowance and Carer's Allowance	Money management advice and signposting to the Money Advice Service

24/7 Supportline

VS's Supportline offers people in England and Wales an opportunity to talk about their experience of crime including terrorist incidents, anonymously if they choose to do so, in confidence. It is operational 24/7 by specially trained staff and volunteers, and has taken calls in the minutes following terror incidents. The Supportline number has been given out across government departments and locally as the main line for victims to call to access their local victim services.

Supportline can offer immediate emotional support and reassurance over the phone or by email. The team also undertakes full needs assessments and creates referrals for clients which can be forwarded to local VS offices for on-going support, including as a warm transfer during local opening hours to provide seamless support. Immediate referrals can also be made to trauma first aid for a call back from a trained therapist. The service has also helped organise transport, subsistence and accommodation for survivors of terror attacks and their families where required. In addition, call handlers can provide information and advice, and signpost clients to other organisations, when appropriate, including help accessing charitable funds. Staff and volunteers are trained to safeguard vulnerable clients, for example, those who are traumatised or suicidal to help access immediate assistance from emergency services.

As well as providing information, support and advice to survivors and their families, emergency services have used the service to gain advice to aid their response and assistance to the public. Supportline has been used as a point of contact for FLOs who are working with victims of the terror incidents.



Young people specific services

Being a victim of crime, or witnessing a crime, can be a very frightening experience, whether you are a child, a young person or an adult. VS provides services that support children and young people who have been affected by crime and has many bespoke resources specifically designed for children of different ages and young people. We can also support parents and professionals who work with children and young people.

International Visitor Victim Service

The International Visitor Victim Service (IVVS) was set up in 2015, funded by MOPAC, to support foreign victims of crime in London. This service is unique, and offers emotional and practical support to tourists who have been affected by crime while visiting London. It also helps connect them to services on their return home.

Many of the victims of recent terrorist attacks in London were tourists, and the IVVS has supported them in their recovery.

The wider voluntary sector

Charitable funds

The We Love Manchester Emergency Fund is a charity that is responsible for distributing the money raised following the Manchester terror attack, which amounts more than £18 million. Different amounts of money are distributed according to whether someone is bereaved or stayed in hospital, and have been given in phases. Assessments are also made on the seriousness of injuries.³⁶

The London Emergencies Trust is working with the British Red Cross to distribute charitable donations by the public to those directly affected by the terror attacks at Westminster, London Bridge, Finsbury Park and Parsons Green. Application forms are available from Police Family Liaison Officers (FLOs) and VS, who can assist in their completion. Money from this fund has also been distributed to the next of kin of an individual who died or any individual who has been hospitalised for either more than a week or at least six hours.³⁷

Red Cross

The Red Cross Relief Fund provides immediate financial assistance to residents affected by an act of terrorism overseas, which have been declared as such by the FCO. It applies to those who have been seriously injured and/or bereaved as a result of an incident.³⁸

The British Red Cross also supports the police, ambulance and fire services, and local and health authorities, when an emergency occurs such as a terrorist attack in the UK. Their volunteers are often among the first to arrive at the scene, and stay long after the crisis is over. They are trained to provide emotional support for those affected, often at rest centres, while the emergency services get on with their job.³⁹ During the recent terror attacks, the charity has helped raise and distribute funds directly to survivors who are injured and bereaved families.

Peace Foundation^{ix}

The Peace Foundation works nationally to support those affected by terrorism and conflict. The foundation runs the Survivors Assistance Network (SAN), commissioned by the MoJ, which

ix Previously known as Foundation for Peace.

provides free practical and emotional support to individuals and families affected by a terrorist incident. Upon referral, a SAN caseworker is allocated to undertake an initial assessment of needs and in some circumstances, a mental health consultant will work in collaboration with the SAN caseworker to provide specialist recommendations. SAN will then develop a personalised package of care which may include identification of local and national support organisations, information as to how to access these, and access to regular support from the SAN team, including for the inquest process.⁴⁰

The Foundation provides information about educational groups and commemorative events which offer the opportunity to meet others who have been affected by terror attacks. It can assist with accessing compensation and provide guidance on handling the media.⁴¹

Cruse Bereavement Care

Cruse Bereavement Care offers support, advice and information to children, young people and adults when someone dies, including as a result of a major incident such as an act of terrorism or a man-made or natural disaster. Cruse offers face-to-face, telephone, email and website support. Services include a free national helpline and local services, which are provided by 5,000 trained volunteers and are confidential and free.

Samaritans

Samaritans offers confidential emotional support 24/7 to anyone who needs it, whether or not they are suicidal, including after major incidents such as terror attacks. Its twenty thousand trained volunteers are based at 201 branches across the UK and Ireland. They respond by phone, email, text or face-to-face, as well as on the ground following an incident. Samaritans also offers a wide range of outreach services, including in hospitals, schools and prisons. Its volunteers listen without judging to anyone experiencing difficult thoughts or feelings to help them to find a way through.

Phone numbers and email addresses do not show up when people contact Samaritans and its number does not appear on phone bills.

Collaboration

Due to the number of organisations and agencies involved in responding to a terror attack, it is vital that they work collaboratively. This is important to ensure that the pathway for people affected is seamless and helps provide clarity as to who is responsible for different aspects of the response, informed as much as possible by the experience of survivors of terrorism and their families. Mapping the pathway for those affected by terror attacks can also help identify any gaps in the system.

Work has taken place since the terror attacks to build on our understanding of each other's expertise and improve response processes.

VS is working with the Government's Victims of Terrorism Unit alongside the British Red Cross, Samaritans, Peace Foundation and Cruse Bereavement Care to improve the way we work together in response to a major incident, and ensure that clear referral pathways are in place. These efforts are important in ensuring experiences from the recent terrorist attacks are utilised for the improvement of existing processes and understanding of what people need and when they need it.



Lucy*

What happened?

Lucy and her husband, John, had travelled to London for the weekend, leaving their two daughters at their grandparents. They had been out for the evening at a pub and walked back to their hotel across London Bridge.

“We had reached about halfway when I heard people screaming and shouting in front of us, I looked up and saw a van coming towards us on the pavement. We both turned and ran. I can remember being pushed out of the van’s way and then saw my husband lying in the road about 20 metres away after having been hit.

“The scene on the bridge was one of complete chaos and panic. My husband had an obvious head injury and was barely conscious, there was blood everywhere.”

An ambulance arrived on the bridge but the crew were overwhelmed with the number of casualties that required their assistance. Some members of the public stopped to help and remained with the couple.

“People were running past us shouting ‘they are stabbing people’ and a short while later the sound of gunfire was heard.”

Lucy and John were eventually taken to the Royal London Hospital. He was taken for emergency surgery before being taken to intensive care and placed in a medically induced coma, while Lucy was treated for the minor injuries. John remained in intensive care for two weeks due to a major head injury and multiple fractures. He finally returned home after five months.

Impact

“Initially I was distraught and in a sense of shock, how do you compute something so horrific happening to you? During my time in London, I was so focused on my husband’s recovery and travelling home at weekends to be with our children that the full extent of what had happened didn’t hit me until three months later.

“I became very anxious especially in busy places, found myself on edge all of the time and was permanently exhausted. It took a lot for me

to overcome my anxieties surrounding this, as I saw danger in everything and convinced myself terrorists would attack again."

Lucy was off work sick for three and a half months. "It has taken a while to settle back into my job."

She took their two children away on a short break in the summer holidays to give them some much needed time and space together with no interruptions.

"The Barcelona attack resurfaced all the feelings that I had after London Bridge and this alongside a phone call from my caseworker made me realise that I needed to seek additional support for myself and saw my GP who diagnosed me with PTSD and referred me for counselling. I have been having counselling for approximately one month now and am beginning to see the benefits."

Support from VS

"I first met with my caseworker while my husband was in intensive care, she introduced herself to me and was very warm and put me at ease. She clearly explained her role and the types of things she was able to assist with. For me it was so beneficial to have somebody unrelated to the situation to be able to talk to."

VS also provided a caseworker for John's parents as they had travelled down to London to be with him. VS also assisted with arranging somewhere for Lucy to stay on the hospital site.

"As my two children were at home I needed to return to explain to them what had happened and my caseworker was able to arrange transport to get me home as I felt too scared to use public transport. She even accompanied me to the waiting taxi.

"On my return to London, my caseworker checked in on me most days and also arranged for colleagues from the Children and Young Peoples services to visit. They were able to help me in preparing how to explain what was happening to my children and made me aware of services available to support my children.

They provided me with activity books for the children to help them deal with the situation but also information for adults in how to talk to the children about what had happened.

"My caseworker continued to have contact with me in person while I was in London but then continued by phone on my return home. She continually told me to look after myself and to be aware that the enormity of the situation may not hit me straight away, but made sure I was aware of how to access services if I needed them."

Support from other services

"I was assigned a Family Liaison Officer (FLO) who maintained regular contact with me while I was in London. They also arranged train tickets to London so that I could travel home to see my children. My FLO also arranged for my witness statement to be taken at the accommodation where I was staying."

"The intensive care psychologist provided invaluable support in helping me to come to terms with the need to be honest with our daughters about what had happened."

The school has provided pastoral support to their children and continues to do so.

"The accommodation – James Hora House – made a huge difference to me during my three weeks in London as it provided a homely atmosphere and gave me the opportunity to meet with others in similarly stressful situations, as well as the managers who were there on the premises daily."

Improvements

"Initially it felt that I was being bombarded by lots of people who all wanted a bit of my time, when all I wanted to do was be at my husband's bedside. I feel that perhaps one individual should have taken a primary coordinating role bringing in other support services at the appropriate time for the individual, being aware of their needs and balancing this with their need to be with their loved one."



Accessing VS services

It is difficult to determine the total number of people affected by the recent terror attacks, as they occurred in crowded areas and people quickly dispersed, which means that some may never be made known to statutory services. It is therefore important that efforts are made to raise awareness of the support available to help reach those who might need it and encourage people to self-refer into services.

There are a number of factors that may affect whether a victim accesses and engages with the support services available, including their own resilience and support network.⁴² Situational factors include a lack of awareness of availability of the services and how to access them if there is not contact with the police.⁴³ Interaction with the police has been found to increase the likelihood that victims are provided with information about victim services and referral procedures to access these services.⁴⁴ A self-administered VS questionnaire completed by survivors of previous terror attacks, primarily the attack in Sousse in Tunisia, found it was unclear to all participants who they should turn to for support in the days and weeks following the incident.⁴⁵ Proactive activity, for example, leaflets and media coverage, is needed for those who do not have police contact, to address confusion of who people should go to as some would not have had previous experience or reason to have used victim services before.

Trauma symptoms experienced as a result of victimisation^{46,47} can be a barrier to engagement with victim services.^{48,49} The psychological distress following victimisation can make people

feel overwhelmed by receiving contact from different agencies and put off accepting support in the initial period following the incident.⁵⁰ Previous research suggests that people may be more receptive to being offered services after the initial post-victimisation has passed. A 2016 study found that after one month the acute stress phase of victimisation is more likely to have subsided, and as a result people may be more able to identify their needs and accept offered services.⁵¹ It is vital that victim services are properly trained to speak to people experiencing trauma and offer support over time.

Some of the potential barriers to accessing VS services are highlighted by some of our caseworkers below.

“Initially people with little or no physical injuries felt that they are doing well, only to realise a few days or couple of weeks later that they were not coping well regarding the psychological impact. When visiting clients in hospital, they initially didn’t want to talk to anyone and felt inundated with services and family and friends for around two or three days after the incident. However, on day four and five people were more willing to talk to VS.” VS caseworker

“Witnesses, family members and friends can feel reluctant, guilty and ashamed to access VS services because they feel the ones that were at the scene of the incident deserve the support more than they do themselves.” VS caseworker

As well as psychological factors, whether someone is physically injured may affect their use of victim services. Existing research suggests that people with serious physical injuries resulting from victimisation and who are already considered physically and psychologically vulnerable are most likely to engage in face-to-face support from victims services.⁵²

Route into VS services

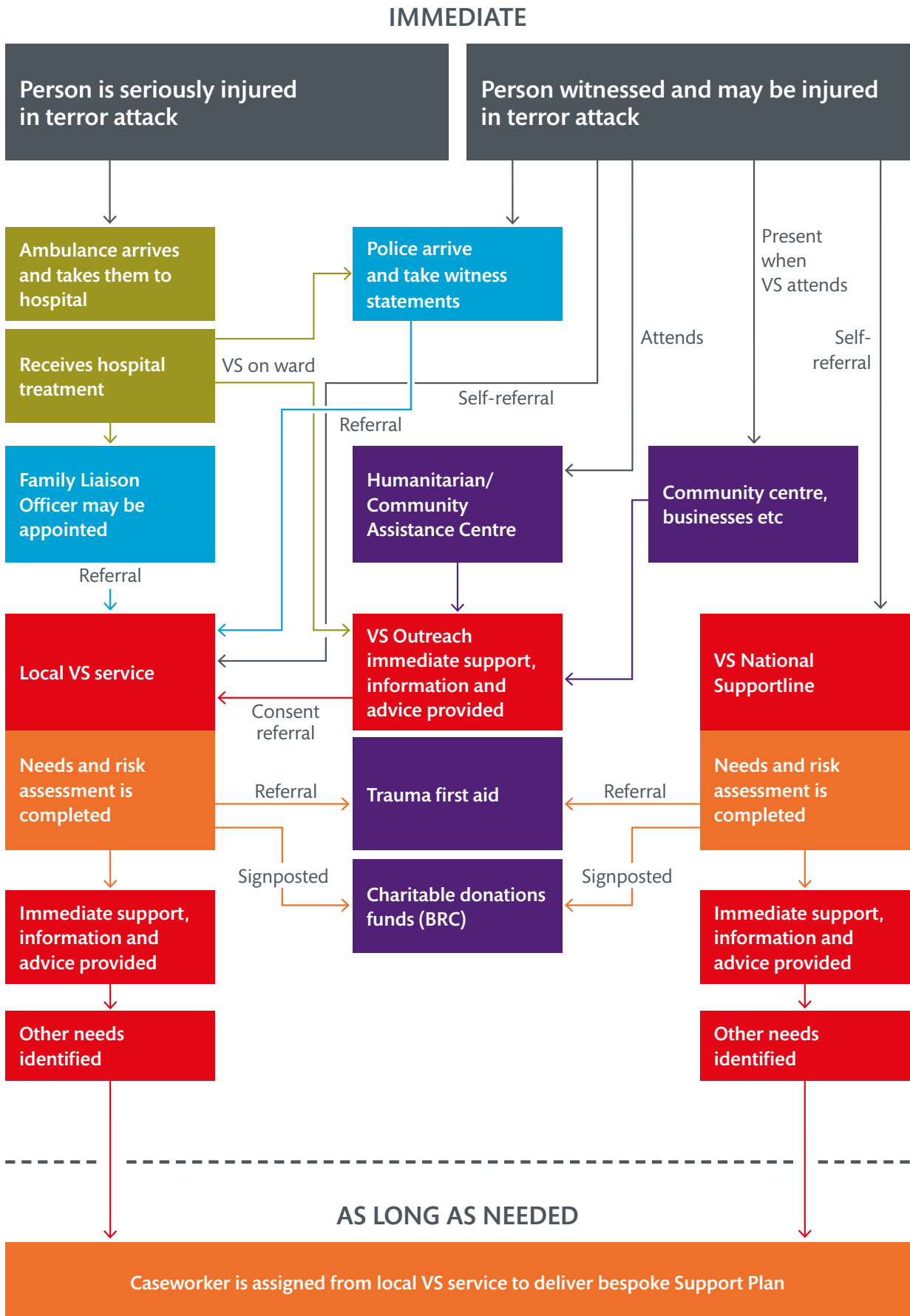
The National Homicide Service is offered to bereaved families by their FLO. Once we have consent from the bereaved family, a homicide caseworker is assigned. VS caseworkers work closely with FLOs and other agencies from first contact with the bereaved person or family.

There are a number of ways survivors of terror attacks access our services, as shown by Figure 4. These are either through referrals or signposting by statutory services and other organisations, or by direct contact. In exceptional circumstances, such as a terrorist incident, consent may not need to be obtained before contact by VS is made.

VS works closely with statutory agencies who play a vital role in referring people to our services. In particular, the police routinely refer people who they are in contact with in relation to terror attacks. To date, we have received referrals from the Metropolitan Police, Surrey Police, Hertfordshire Police, and Thames Valley Police in relation to the London terror attacks and 19 police forces, including Greater Manchester Police, in relation to the Manchester terror attack. More referrals are expected through this route as investigations continue.

For people who have been injured in the terror attacks referrals have been made by FLOs and hospital staff. This has been an effective way to ensure that those who were present and injured during the attacks are able to access the services available.

Figure 4: Pathway of survivors into VS local services



People are able to contact VS directly through a variety of methods, which is termed as a self-referral. VS services can be accessed 24 hours a day, seven days a week by calling our dedicated Supportline. People can contact their local VS team through our secure online form in person, at some VS offices and using local telephone numbers. Live chat is also currently available for people affected by crime in Greater Manchester, Humberside and South Yorkshire, Lancashire, London and West Yorkshire. This service provides an opportunity to talk online safely and in confidence with trained staff from 9am to 5pm, Monday to Friday.

VS has undertaken both online and offline activity to ensure those affected know that services are available and how to get in touch, in particular around our Supportline which is available to anyone. Since the Westminster terror attack in March 2017 through to the most recent terrorist attack in Parsons Green we have actively reached out to all media in the event of a terrorist incident.

To help raise awareness of the support available through the media, we distributed press releases about VS services, along with reactive requests. This helped secure coverage in key national and local media including but not limited to The Telegraph, The Independent, The Sun, The Daily Mail and the Manchester Evening News. We have worked to actively promote our Supportline number, and in cases where VS was mentioned in articles without contact information, we have made requests for this to be added to online articles which journalists have done. VS spokespeople have been interviewed by several broadcast outlets on the topic of terrorism, including Sky News, BBC Radio London, BBC's Victoria Derbyshire programme, BBC North West TV, BBC 5 Live, Talk Radio and BBC Radio Manchester. We also worked closely with the Greater Manchester PCC's office who organised advertising of the support available and contact information on radio stations such as Key 103.

VS was mentioned in coverage of the terror attacks in publications with a combined circulation of more than 56 million, of which 17 million specifically mentioned Supportline. We will continue to seek media opportunities to reach those who might be affected by the recent and previous terror incidents with information about the support we can provide if they need it, when they need it, for as long as they need it.⁵³

Information about VS services has been promoted through our website, social media, online advertising and email channels. Our website homepage banner has helped direct those seeking support to the dedicated web page since the recent attacks. This web page provides information about how to access VS services as well as guides, such as how to deal with the media and how to talk to your children about terrorism. It has been visited by 13,777 people so far.⁵⁴

We have been and continue to publicise the support available through Twitter and our tweets have been retweeted hundreds of times, including by the Mayor of London, Borough Market, British Red Cross, Mayor of Manchester and Manchester Evening News. In addition to our organic social media activity, we have used targeted Facebook advertisements to promote the support we are offering, for example to parents in Manchester, which so far has reached 342,673 people. Through Google advertising we have also reached 304,681 people.

VS has and continues to try to reach those affected by the recent terror attacks through off-line activity. This has included trained staff and volunteers providing support and information at a stand outside the One Love Manchester concert, hospital trauma ward in London, the Salford community assistance centre, and Finsbury Park Mosque.

Promotional off-line activity has involved printing and distributing bespoke leaflets with clear information on how to access support. 30,000 postcards have been distributed in Manchester, with assistance from the local police and the Peace Foundation, and 20,000 leaflets have been distributed in London, with assistance from the Mayor's office. VS has also produced posters for local businesses to display and more detailed leaflets for professionals and other partner organisations.

An important part of providing support for those affected by the recent attacks is working in partnership with local authorities and other organisations involved in the response, including the MoJ and the Home Office. This has included attending regular coordination meetings of groups such as the Humanitarian Assistance Strategic Group (HASG) in London. VS also helps update the Victims of Terrorism Unit and PCCs about the number of people affected and seeking support through regular data reporting in the days and weeks following an incident.

Trends in referrals

Although practical issues are prominent immediately after the attack, it can be in the days, weeks or even months afterwards that the emotional impact of being present at a terrorist incident can be felt. Data collected by the provision of local VS services and the National Homicide Service shows that people access support services over many weeks following an attack.

Figure 5 shows the volume of third party referrals and direct contact with VS local services and the National Homicide Service by people affected by each of the five terror attacks in the UK in the first 28 days following the incident. It highlights the varying level of contact that our services had in the first four weeks by which attack service users were affected.^x

Of the people who have had contact with VS local services or the National Homicide Service 18.6% did so within the first seven days. However, there was a notable decrease in the number of people who had contact on the seventh day or week anniversary. The second week following the attack is when the highest proportion of people had contact with these VS services (22.7% of service users). The volume falls slightly for the third week to 16.2% and falls to 5% in week four. Although data for the fifth week following the Parsons Green attack is not included, there is a slight increase in volume of contact (8.9% for service users). The volume of referrals generally decreases gradually per week from week six onwards, although infrequent days over this period received up to 25 referrals. As can be seen in the Figure 5, many of the people having contact with VS in the second and third week did so in relation to the Manchester and London Bridge attacks, where overall more people were affected.

^x Data relating to the Parsons Green terror attack is only available for the 28 days following the attack due to the time of when the report is written. For the same reason, only data from the 116 days following the Finsbury Park attack, 132 days following the London Bridge attack, 144 days following the Manchester terror attack, and 204 days following the Westminster attack is available.

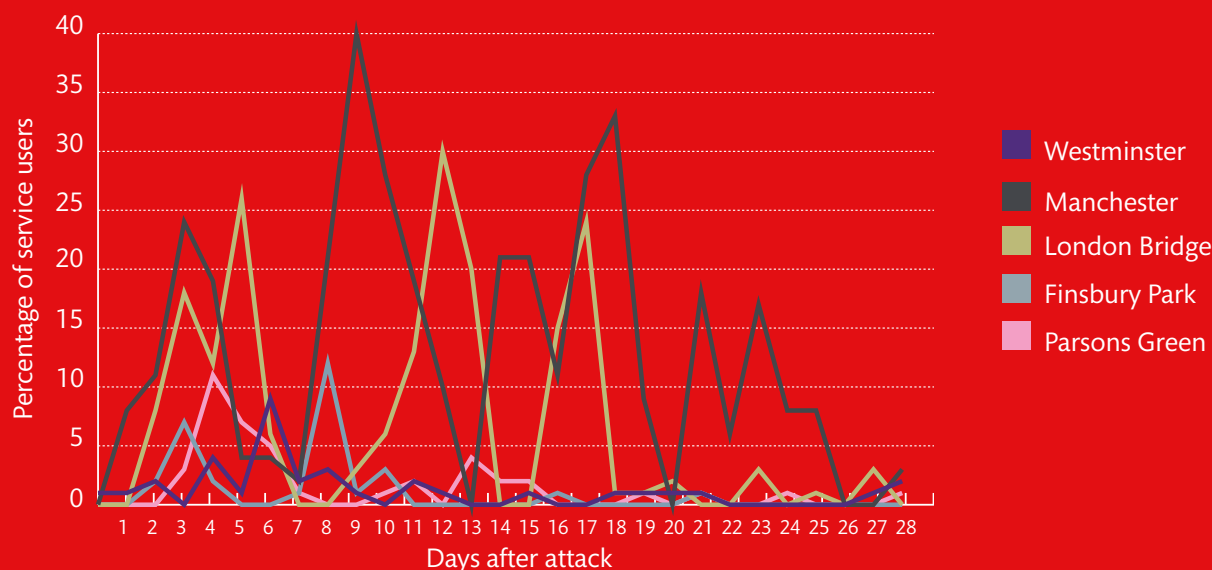


Figure 5: Number of referrals received by VS services and the National Homicide Service in the 28 days following each of the London and Manchester terror attacks

In comparison to contact made with VS local services and the National Homicide Service, Supportline received the highest volume of calls in the first week following a terror attack (53% of calls where the date is recorded).^{xi} Figure 6 highlights that the highest volume of calls were received in relation to the Manchester and London Bridge attacks. However, people continue to make contact over several weeks.

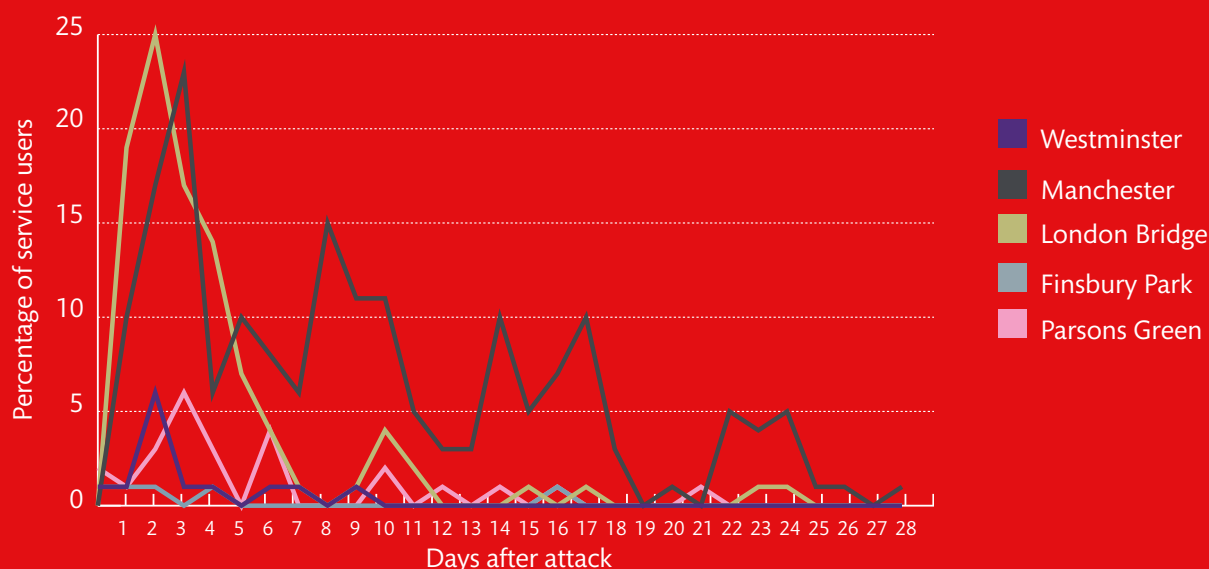


Figure 6: Number of calls received by VS Supportline in the 28 days following the London and Manchester terror attacks by attacks

There are a number of reasons why some of the days have an increase in contact. As Figure 7 suggests, there is a clear distinction between the days VS received contact directly from the person affected and when we received referrals through a different means, primarily the police. It also shows that we continue to receive referrals throughout the 100 days following the attack from the different referral routes.

^{xi} Around one in four people who contacted Supportline were referred into VS local services, and would therefore be included in both sets of data.

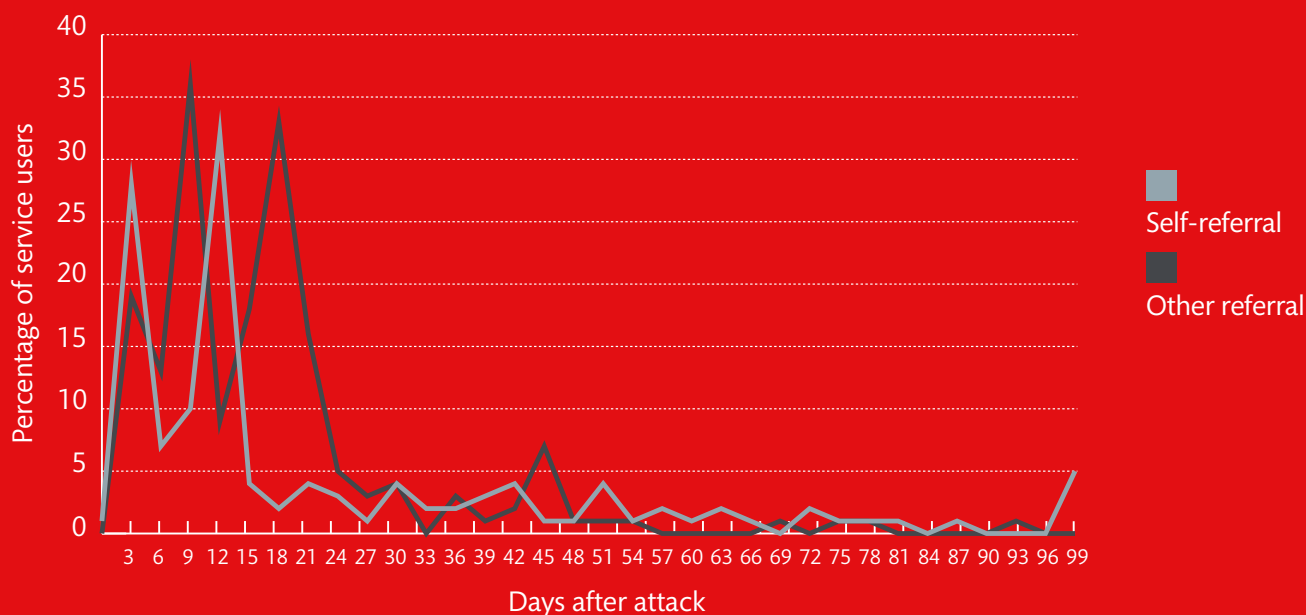


Figure 7: Number of referrals received from Westminster, Manchester, London Bridge and Finsbury Park terror attacks by VS local services and the National Homicide Service in the first 100 days by referral type

One possible variation in time of contact is the day of the week, as our case management data and Supportline call log data suggest that people are most likely to access VS services in the middle of the week. 19.4% of Supportline contact and 27.6% of contact with VS local services and the National Homicide Service occurs on a Thursday. Tuesday (18.1% for local and homicide services and 19.4% of Supportline contact) and Wednesday (19.4% for local and homicide services and 18.1% of Supportline contact) are also frequent days to access Victim Support’s services. Less contact was made with local victim services and the homicide service at the weekend, when there is a reduction in provision in many services, though contact with the Supportline continues.

Events in the external environment may also affect when people make direct contact, with our data showing that fresh terror attacks encouraged some of those affected by previous events to seek support. A small number of people made contact with VS who were affected by the Westminster attack in the days following the London Bridge and Finsbury Park attacks after a period of over 45 days with no new self-referrals. There was a slight increase in self-referrals in relation to the London Bridge attack in the days following the Finsbury Park attack. We have also had former service users make contact in relation to the Manchester terror attack, suggesting they have been re-victimised. VS also received contact from people seeking support in the days following the One Love Manchester concert, which was directly referenced in Supportline calls. In providing services, we are aware that media coverage can have a negative impact on someone trying to cope with the effect of a terror attack, but also people are made aware of the support available, which may relate to an increase in people seeking help at these periods.

Whether someone was seriously injured can affect timing of accessing victim services. VS contact data from the Westminster and London Bridge attacks up to 20 June highlighted that witnesses were most likely to access services in the days following the incident, but those who were injured accessed services at a more continuous rate. This may relate to being in hospital for a number of weeks.

Based on VS Supportline data, the most common time people have called seeking support is midday (10.6% of all calls where the time is recorded) and 9am (10.1%). The majority of calls are received during the day with 7% received between the hours of 10pm and 8am. Reasons for calling during the night include trouble sleeping and the urgent need to speak to someone.

As well as the timing of when people made contact with VS, there were variations in the route used across the different terror attacks. Overall 45% of service users self-referred, of these 75.9% made contact by phone and 10.8% by digital routes. This is in addition to those who made contact with the Supportline.

Police and FLOs contribute significantly to the number of people who access our services. Of the 53.7% of services users who made access through third parties, 69.8% were referred from the police or an FLO. This represents 37.5% of service users, excluding use of VS Supportline.

As shown in Figure 8, the means by which people have accessed VS local services is not consistent across the terror attacks. The majority of people affected by the London Bridge (53.6%) and Parsons Green (60.5%) terror attacks self-referred through calling VS Supportline or local services. However, the most frequent route into VS services for the Westminster and Manchester attacks was through the police or FLOs.

Figure 8: Proportion of VS local service and the National Homicide Service users by route of access and terror attack^{xii}

Access route	Westminster incident (%)	Manchester incident (%)	London Bridge incident (%)	Finsbury Park incident (%)	Parsons Green incident (%)	Total (%)
Self-referral telephone	9.7	32.4	53.6	12.8	60.5	34.2
Self-referral online	0	5	6.4	2.6	13.2	4.8
Self-referral in person	0	1.2	4.5	10.3	0	2.1
Self-referral other	1.4	2.3	8.2	12.8	5.3	4
Referral from parent or guardian	1.4	7.0	0.5	10.3	0	4.6
Other agency referral	4.2	2.3	3.2	23.1	0	3.7
VS internal referral	9.7	12.2	14.0	0	10.5	7.6
Police or FLO	71.7	43.3	9.5	28.2	7.9	37.5

xii N=1072 Chi square significance reported as ***p< 0.001.

To explore further how people access VS services, a direct logistical regression was performed to assess the impact of a number of factors on the likelihood that service users self-referred with a focus on the UK terror attacks. These factors were terror attack incident, age and gender. The results of the regression analysis show the factors contributing most to the likelihood of self-referring when controlling for other variables.^{xiii} The results indicate that service users who were female were 1.7 times more likely to have self-referred to VS than male service users, controlling for the other factors.

The odds of self-referring increased for each terror attack in chronological order, when gender and age are controlled for. Those affected by the Manchester attack were 160% more likely to self-refer than those affected by the Westminster attack. People affected by the London Bridge attack were 420% more likely, and people affected by the Parsons Green attack were 1,050% more likely to self-refer than those affected by the Westminster attack.^{xiv} This may be explained by the increase in activity to raise awareness of the support available for each attack.

Likelihood to self-refer was also affected by age.^{xv} The results indicate that service users aged 18 to 24 years are 3.2 times more likely to self-refer than service users 17 years and under, regardless of their gender or the attack they experienced. Similarly, service users who are 35 to 44 years are nearly twice as likely to self-refer as those who are 17 years or under. However, in contrast, service users who are aged 55 to 64 years were less likely to self-refer than those 17 years and under by 77%, controlling for differences in age and the attacks by which they were affected.

Use of Supportline has also been analysed to understand who uses this service. A quantitative analysis of call summaries found that around 56.1% of people who contacted Supportline were present at the terror attacks. Of these 97.4% were adults. Of all Supportline users, 1.5% were a child or young person who were present at the Manchester terror attack, 17.2% were a family member and 5.6% were a friend of someone affected by a terror attack. Many of the family members and friends were calling on behalf of a loved one, though some called for support or advice for themselves.

Proactive activity should be undertaken to reach those who do not have police contact, and to help address any confusion of who people should go to if they need assistance.

xiii The full model containing all predictors was statistically significant ($\chi^2(11) = 86.555, P=.0005$) indicating that together these variables are able to distinguish between service users who did and did not self-refer. The model as a whole explained between 11.7 (Cox and Snell R Squared) and 15.9 (Nagelkerke R Squared) % of the variance and correctly classified 67.2% of cases. N=693.

xiv Finsbury Park did not make a statistically significant contribution to the model.

xv Three of the six age bands, excluding the reference group of 17 years and under, made a unique statistically significant contribution to the model.



Daren

What happened?

Daren Buckley was at the Manchester Arena with his son on the night of the terrorist attack. He was a first-hand witness to the explosion and provided first aid to some of the most badly injured victims as they waited for the emergency services to arrive.

"I've seen limbs, bodies, sat with people while they died."

Impact

"I'm now on anti-depressants which I was not taking before the attack. I've also had to have the medication for my heart problem changed due to the stress. All I want to do is sleep. I have nightmares every night – I wake up sweating, dreaming that I'm being attacked. I've lost three stone in weight since the attack.

"I'm very nervous and jumpy. Someone dropped their walking stick the other day and I jumped out of my skin – I just heard a bang and didn't know what it was.

"I'm a full time carer for my son who has special needs and my experiences are affecting this as I now don't want to leave the house and I'm finding I'm unable to drive so have less freedom to take him to places.

"I'm still waiting to receive counselling but I feel that even if I had 300, 400, 500 hours of counselling I will never be able to forget what I saw that night. With the constant media reports about Manchester and other attacks I feel like I'm never allowed to forget this as it's a constant reminder."

Support from VS

"A local police officer gave me a leaflet for Victim Support and I got in touch. I then met with my caseworker at my local police station for the first time.

"The best support I have had is from Victim Support. I've had emotional support from my caseworker which has been the most helpful. We still speak over the phone every two weeks."

Support from other services

"I've been told by some organisations that I'm not considered to be a victim because I have no physical injuries.

"I've been told by my doctor I need counselling but I'm still waiting and there's a four month waiting list through the NHS. I just feel like

I am in limbo. There seems to be a lack of counsellors who've been specially trained to deal with victims of terrorism.

"My son who has special needs has not shown many signs of being affected, he was just concerned that when I left him to go and help everyone in the foyer that I wasn't coming back. But there is a lack of specialist support for people with special needs and we have had no support for my son.

"I've had support through the resilience hub but often when you call they tell you no one is available and get someone to call you back which isn't helpful. When I call it's because I want to speak to someone in that moment.

"The online community that we as survivors have created has helped a lot."

Improvements

"Different services are available in different areas so some people don't have access to the support they need, based on where they live.

"There are too many organisations involved. There's a lack of communication between organisations and so I've been receiving different information from different sources and it doesn't always add up.

"I receive updates from Greater Manchester Police (GMP) and sometimes I am unsure of the purpose of these letters. Most recently I received a letter informing me that GMP are sending staff to be trained in terrorism response, but I'm not sure how this affects me now. Other letters I have received have been about having an input into the memorial, about the inquiry which keeps being postponed. But I know that some people who have been affected haven't received any letters at all.

"I'm still waiting to hear back on what financial support will be available from the We Love Manchester Emergency Fund – I feel like my caseworker is also coming up against a brick wall in terms of getting information and doesn't have any updates so can't really help me herself."



Needs of those affected by terrorist attacks

Previous VS research found the consequences of an act of terrorism to be severe in the majority of cases.⁵⁵ Most of the VS frontline staff and volunteers who have supported those affected by the 2017 terror attacks and completed the survey expressed that the terror attacks affected service users' day to day life either quite a bit or extremely. The impact can result in a variety of needs from Victim Support services.

Victims' needs can be influenced by a range of factors including demographics and time.^{56,57} When people have accessed VS services, a needs and risk assessment is conducted so that our services can be tailored accordingly. VS's needs and risk assessment has identified a wide range of needs of those affected by the terror attacks which have been grouped into categories and sub-categories for analysis purposes. The five need categories are physical health, psychological or social, practical and safety, information and advice, and financial. These categories are based on research into the needs of victims of crime,^{58,59,60} and are represented in Figure 9 through colour coding. The needs identified will relate to the impact the terrorist attacks would have had on service users, though may not capture all of the effects it has had on their lives.

Trends in needs

The majority of needs identified were psychological or social, representing 61% of the total needs. The most common need identified in the sub-categories was help to cope with 32.9% of all local services and the National Homicide Service users reporting this need. This was the highest recorded need for those who have accessed VS services in relation to each of the 2017 terror attacks. Assistance with trauma was also represented a common need amongst these service users (9.1%). Other common recorded psychological or social needs across those seeking assistance from VS include help with anxiety (5%), and addressing disruption to eating and sleeping patterns (5%).

Previous VS research found that psychological and emotional effects were most commonly reported by survivors and those bereaved through terrorism (93.5%), including feeling of intense distress when reminded of the incident and outbursts of anger.⁶¹ Other studies found that between 30%–40% of people directly affected by acts of terror are likely to develop PTSD, and at least 20% are likely still to be experiencing symptoms two years later.⁶² According to the National Institute for Health and Excellence guidelines, around 25%–30% of people who have experienced a traumatic event, such as a terrorist attack may develop PTSD.⁶³ Staff and volunteers highlighted in the survey that the people they are supporting in relation to the terror attacks are highly traumatised and need counselling and more intense assistance compared to other victims they have supported.

The data analysis also found that 13.1% of needs related to information and advice and 12.2% were practical or safety needs. Common needs within these categories include access to external services, representing 8% of needs identified, and practical help at 4.8%. A smaller proportion of needs were financial (8.9%) or physical (3.7%). Studies suggest that families who have been bereaved may suffer financial problems due to funeral costs and lost wages. Survivors may also experience financial problems if they are unable to work due to injuries or family members needing to provide care for those injured or traumatised.⁶⁴ The needs of service users by each sub-category are represented in Figure 9.



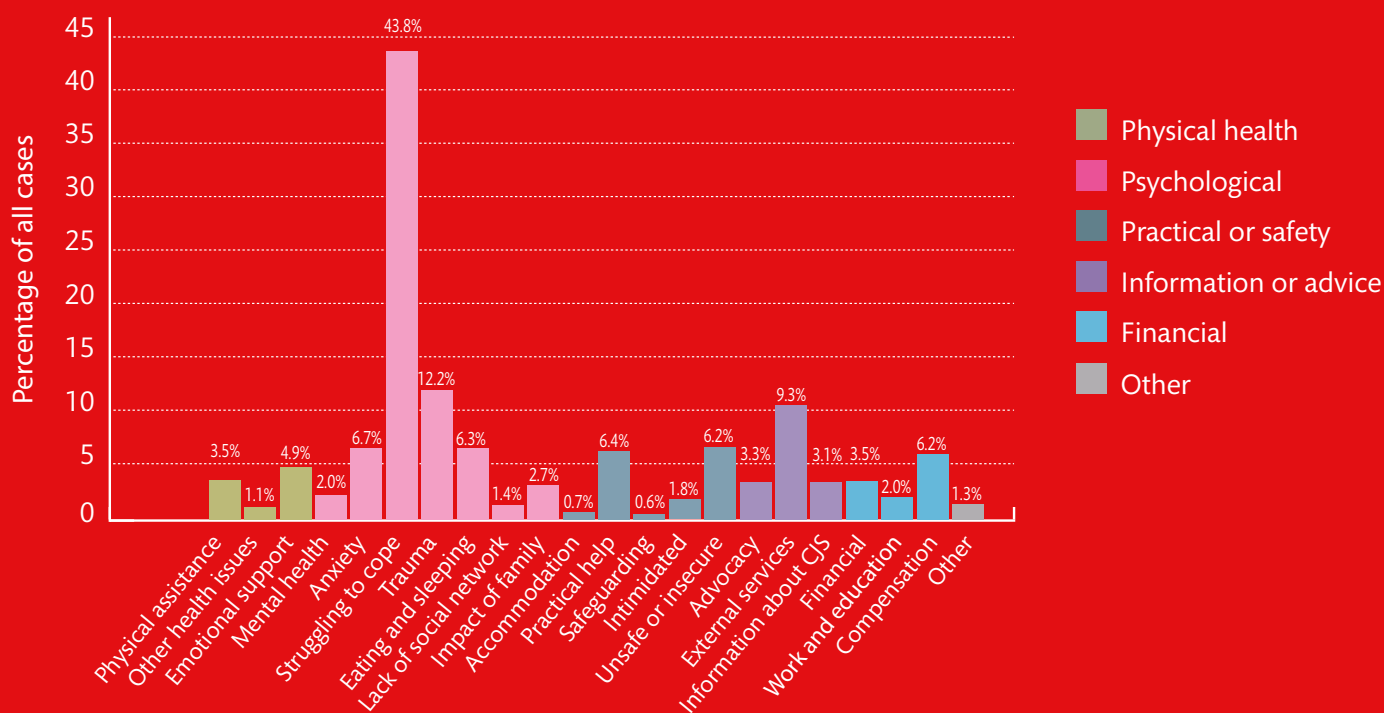


Figure 9: Proportion of needs identified by VS local service and the National Homicide Service users by need sub-category

There were some slight variations in the needs identified and the service users’ age or gender. Between 60%–70% of all needs were those of female service users, which reflects the ratio of service users’ gender. However, a slightly higher proportion of financial needs were identified for male service users compared to the other need categories.

Psychological, practical or safety and information or advice needs were quite evenly distributed across age groups below 54 years of age. There is a divergence within the other need categories. A highest proportion of physical health needs were for service users aged between 45 and 54 years old, followed by 22.6% for service users 17 years and under. A slight increase can be observed in the proportion of 35 to 44-year-olds with financial needs.

Figure 10 indicates the reason for people getting in contact with VS Supportline according to their relationship to the London, Manchester and Barcelona and Cambrils terror attacks. All of the children and young people and the vast majority of the adults (87.1%) who were present when the attacks occurred, or in the immediate aftermath, have sought support to deal with the psychological effects. Many of the adults present also sought assistance on behalf of their child who they were with at the incident. 19.2% of people who contacted Supportline did so on behalf of someone else, 40.5% of these service users also sought support or advice themselves. The results show that those who were not present at the incidents have also sought help with the psychological effects of the attacks; 21.1% of family members and 13% of friends. This suggests a much wider impact on society.

Figure 10: Proportion of Supportline service users for each reason for making contact by whether they were present or their relationship to someone present at the London, Manchester and Barcelona and Cambrils terror attacks

Reason for contact	Child or young person present (%)	Adult present (%)	Family member (%)	Friend (%)	Other (%)	All (%)
Missing people	0	0	12.7	26.1	0	3.6
Psychologically affected	100	87.1	21.1	13.0	26.4	59.0
Advice on how to support someone or info on what available	0	4.4	12.7	30.4	26.4	11.9
Access to support on behalf of another only	0	1.8	46.5	26.1	4.6	11.4
Offering help ^{xvi}	0	0.4	0	0	20.7	4.6
Financial or practical assistance	0	4.0	7.0	4.3	12.6	6.3
Other	0	2.2	0	0	9.2	3.2

Another main reason for contact with VS Supportline was for advice in helping those around them affected by the terrorist attack; 30.4% of friends and 26.4% of other service users, including colleagues, contacted VS for this reason. After the first week had passed, contact with Supportline around financial assistance increased.

The survey with staff and volunteers also found the psychological impact the experience has had on those they supported was considered by frontline staff and volunteers to be related to their proximity to the attack and their personal characteristics. The financial effect of the attack was however considered to be related to service users' psychological wellbeing, physical health and the support provided by their employer.

The frequency of needs in each category over the different terror attacks captured by VS's needs and risk assessment are highlighted in Figure 11. Of the needs identified in each category, although a greater proportion of needs were psychological for most of the attacks, these needs were particularly prominent for those affected by the attacks in Manchester, London Bridge, and abroad. A higher proportion of information and advice needs were identified following the Westminster and Parsons Green attacks, while practical and safety needs represented a higher proportion of needs for those affected by Finsbury Park. A slightly higher number of physical needs were identified in relation to the Manchester attack, which reflects the higher number of people who were seriously injured including shrapnel wounds.

xvi In the initial days following the attacks VS was contacted by people offering assistance with the response and to donate.

Figure 11: Proportion of needs identified of VS local services and the National Homicide Service users by category for each UK terror attack based on VS case data

Terror attack	Physical health (%)	Psychological (%)	Practical or safety (%)	Information or advice (%)	Financial (%)	Other (%)
Westminster	1.2	48.2	14.5	27.7	4.8	3.6
Manchester	4.4	62.5	10.4	12.1	9.6	1.0
London Bridge	2.8	62.7	15.3	13.0	6.2	0
Finsbury Park	3.0	37.0	27.0	17.0	14.0	2.0
Parsons Green	1.8	54.5	9.1	32.7	1.8	0

Many of the needs identified are similar across people bereaved supported by the National Homicide Service, and those supported by our other services. The research published by VS in 2016 found that the difficulties experienced by bereaved family members were similar to those who had been present at the scene of the attack but had not suffered physical injury.⁶⁵

Nevertheless, some distinctions between the National Homicide Service and other VS service users are shown in the data, which will be affected by differences between the services. There was a higher proportion of financial and information or advice needs for service users supported by the National Homicide Service in relation to the number of people using this service; 32.3% of these financial needs and 19.1% of information and advice needs being of people bereaved from the terror attacks despite representing 7.9% of all service users. These results also align to our previous research which found that bereaved family members were particularly affected financially, with almost a third suffering financial difficulties as a direct consequence.⁶⁶ Other differences between the needs of bereaved family members include crisis management, helping sorting out the victim's belonging, and protection from and guidance on dealing with the media.⁶⁷

To disentangle the potential factors affecting the likelihood that service users have particular needs, the relative influence of different factors were explored using logistical regression. Logistical regression analysis found the terror attack, referral route and service type contributed to the likelihood that service users are recorded as having a psychological or social need.^{xvii} Service users who self-referred were nearly three times more likely to have a recorded psychological or social need than those who did not. Those who received support from the National Homicide Service were 205% more likely to have a psychological or social need than those receiving support from other VS services. This may relate to variations between the services.

xvii The logistic regression model was statistically significant, $\chi^2(13) = 105.656$, $P < .0005$. The model explained between 14.6% (Cox & Snell R^2) and 20.1% (Nagelkerke R^2) of the variance in whether a service user had a recorded psychological or social need, and correctly classified 70.6% of cases. $N=670$.

In addition to a psychological or social need, whether a service user had a financial, work or education need was also affected by the service type. Service users who were supported by the National Homicide Service were 5.7 times more likely to have a recorded financial, work or education related need than those who were not, when the other factors in the model are controlled for.^{xviii, xix}

Victim services should be able to provide interventions that meet the variety of needs of those affected by acts of terrorism, in particular those relating to coping strategies and trauma care, and be available as long as it is needed.

xviii A logistic regression was performed to ascertain the effects of age, gender, terror attack, self or other referral and whether service user was supported by the National Homicide Service or not on the likelihood that service users are recorded as having a financial, work or education need. The logistic regression model was statistically significant, $\chi^2(13) = 78.808$, $P < .0005$ ($N = 670$). Between 11.1% (Cox & Snell R^2) and 20.7% (Nagelkerke R^2) of the variability in whether a service user had a recorded a financial, work or education need is explained by this set of variables. The model correctly classified 87.2% of cases. Only the terror attack and whether or not the service user was supported by the National Homicide Service or not made a unique statistically significant contribution to the model.

xix Logistical regressions were also performed on the likelihood that service users recorded as having a physical need, information, advocacy and advice need or practical and safety need but the models were not a good fit.

Patricia*

What happened?

Patricia, 65, was on a bus crossing Westminster Bridge when she witnessed the terrorist attack on 22 March 2017.

"I saw the driver coming down on the inside lane coming very fast. At first I thought the car was out of control, it was plunging into people standing on the pavement of the bridge, but then I saw the driver reverse and then hit more people.

"At the time I was very frightened and didn't know what was happening. I didn't know it was a terror attack. The police were shouting to get off the bus and move away from the area. People were fainting around us, just dropping to the floor. Someone came past saying someone had been shot, but we didn't know who – it was only when I watched the news later I realised what had happened. At the time because of the chaos it was difficult to know what was happening and I thought it was a hit and run."

Impact

"When I went home and saw the news it almost felt more dangerous than it had at the time and it was only in the aftermath I was so disturbed by it [attack]. I suffered from flash backs and had difficulty sleeping. I felt like I wanted to talk about it all the time but people weren't that interested. It was like they couldn't grasp if they hadn't been there. I was telling people they had a glazed look. Fortunately my partner was with me so it helped we could talk about it."

Support from VS

"For a long time I tried to find an organisation that could support me with what I was suffering as a result of the attack. I asked around and spoke to friends to see if they could think of anywhere I could go to get help. I emailed a few places and eventually looked on the MET police website but nothing on there was of any use, so I emailed them directly. They weren't very helpful so I ended up looking up Victim Support myself. I was aware of the charity as I had done some volunteer work for them around 25 years ago. I rang up and spoke to someone to ask if they could help witnesses of terrorist attacks and they referred me to someone from my local Victim Support office. I was contacted by my support worker soon after that, which was the quickest support to come to fruition.

"I had around two or three appointments which were face-to-face. The support worker told me from the start that she wasn't a qualified counsellor and that it wouldn't be that kind of interaction, that it was more emotional support. I felt that I needed more in depth counselling so from the outset I knew my interaction with Victim Support would be limited. It was useful as a stop gap but I needed something more regular, consistent and in depth. After our meetings and once I was engaged with a counsellor, my support worker still kept in touch every few weeks over the phone to see how I was doing."

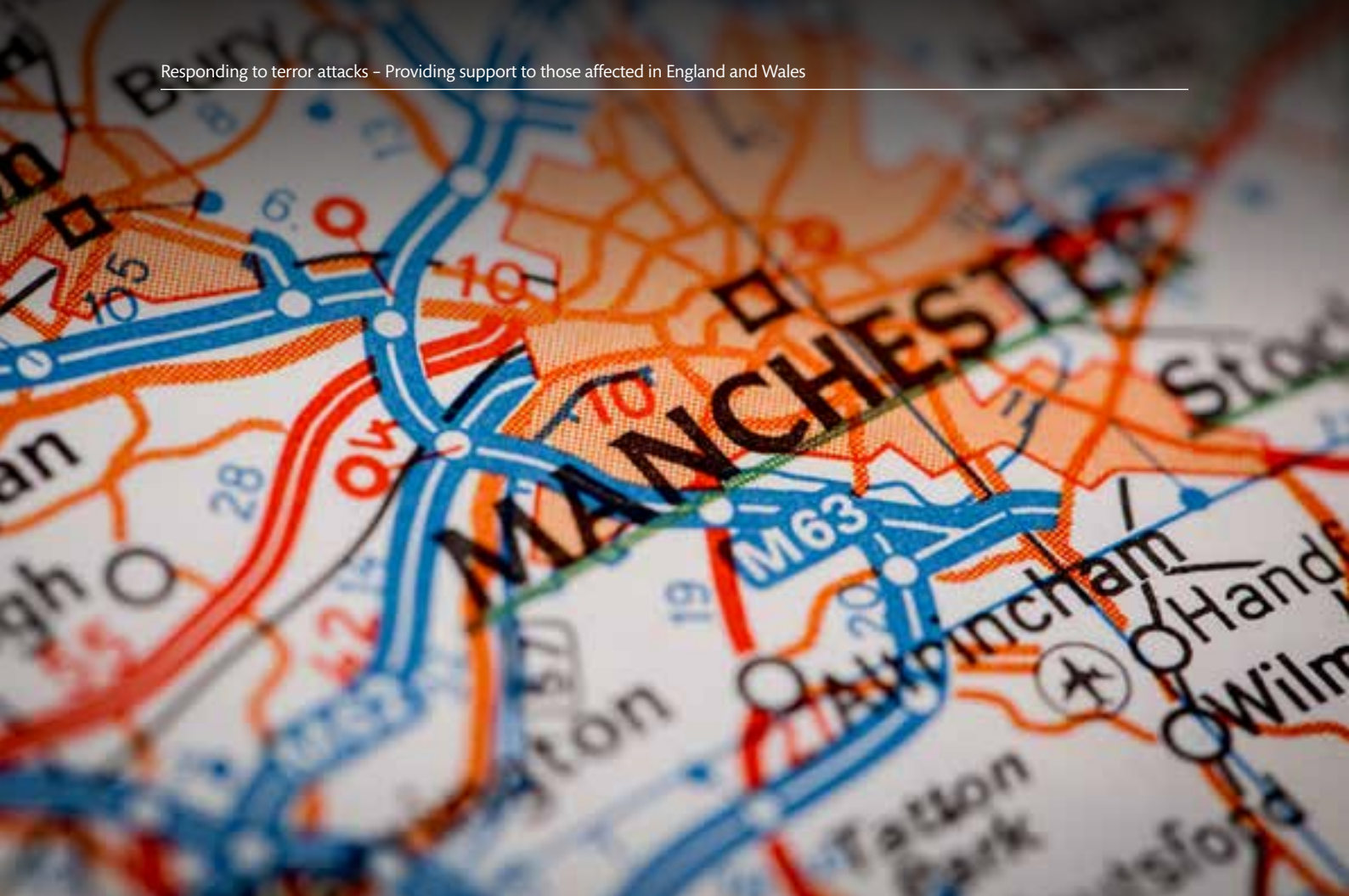
Support from other services

"I visited my GP who noted the incident on my medical record. They recommended a counselling service but they turned out to be dreadful. I had two telephone conversations with people who had no empathy whatsoever. I think I made a formal complaint and didn't have any further contact with them.

"I was then referred to Waterloo Community Counselling by someone I trusted who has a counselling background. I had to apply and get an assessment and then began my sessions. I do pay [for counselling] but it is subsidised and in a community setting. I didn't start my sessions until a couple of months after the attack, but have had regularly weekly sessions which I still attend now."

Improvements

"I wish my support from Victim Support had been more of a counselling situation but I was informed from that start that wouldn't be the case."



Services provided

Support from victim services has been found to have a beneficial effect on victims' recovery following victimisation.^{68,69} Previous research has found that receiving assistance from victim services increases levels of confidence, and perceived voice and perception of their experience being taken seriously by the criminal justice process.^{70,71}

In line with good practice in victim services,^{72,73} VS has a victim-centred, tailored approach to provision. Due to the dynamic nature of needs and evidence that needs evolve,⁷⁴ VS services also track changes in victims' needs over time. Our needs and risk assessment is based on the MoJ's cope and recovery outcomes, and is used to develop a bespoke support plan for each service user. We have developed a comprehensive range of interventions to meet the various needs of service users as summarised earlier in this report, with some additional services commissioned in some contract areas.

Use of services

In addition to the assistance provided by the Supportline through 400 plus calls, over 800 service interventions have already been delivered by VS local services and the National Homicide Service to people affected by the 2017 terror attacks. More than 200 further interventions have been currently identified as part of the provision of ongoing assistance.

There is a variation in the services provided depending on whether the service user needs immediate assistance, often within a single contact, or over time, for example through face-to-face contact with a dedicated caseworker. Of the service interventions provided and identified, 37.9% are for immediate delivery and 62.1% are for ongoing, longer-term support. The ratio of immediate to ongoing support is likely to change as service interventions continue to be delivered, with the latter increasing.

In accordance with the different number of service users across the terror attacks, most of the services delivered or identified for delivery are for those affected by the Manchester terror attack (72.4%), followed by the London Bridge attack (12.7%). There is some difference in the proportion of services provided either immediately or longer-term. Around 40% of services were immediate for those who received a service in relation to the Westminster, Manchester, and London Bridge incidents. However, for Finsbury Park and Parsons Green, between 70%–83% of services were for ongoing support or assistance. This suggests that while much less people are receiving support from VS for these attacks, they need continuing rather than short-term assistance. However, the small sample size reduces the reliability of this finding.

Immediate service interventions

The service interventions delivered relate to the needs of service users and what assistance they want from VS. As well as the immediate support and reassurance provided by the Supportline, local services and the National Homicide Service provide immediate assistance, information and advice across the categories of need, as shown in Figure 12. To help analyse our data due to the significant range of options available, each of the 80 service interventions linked to people affected by the terror attack have been grouped into 33 broader types.

Of the interventions provided or due to be provided immediately, 59.9% relate to psychological and social needs. This includes immediate support and reassurance, which is the most common type of intervention representing 43% of all immediate services. Other types of immediate intervention relating to psychological needs are pre-arranging a call to check progress or provide additional emotional support (12.4%), initial advice to parents about children and family support (2.4%) and discussing support networks (2.1%). Through providing support to those affected by the terror attacks, staff and volunteers have highlighted that the interventions most valued by service users immediately after the attack are reassurance and normalisation and having someone to speak to. This is reflected in the use of our Supportline.

Through all of our services, including Supportline, VS can help people access psychological first aid within 24 hours if required to help those who are experiencing trauma following a major incident such as a terror attack. This immediate support is provided by trauma specialists to manage and reduce likelihood of PTSD developing.

Information and advice needs relate to 29.4% of the service interventions identified for immediate delivery. This includes information about options available to them and their rights (7.9%), as well as immediately signposting them to other agencies (21.5%).

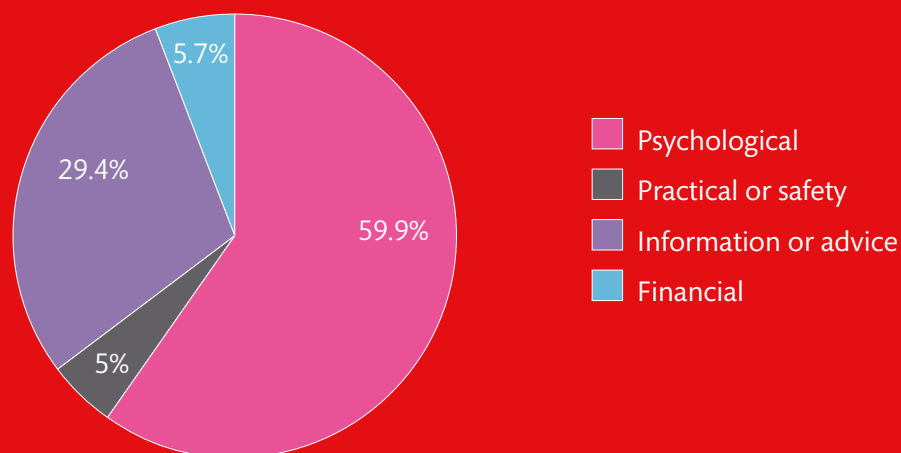


Figure 12: Proportion of type of immediate support identified by local VS services and the National Homicide Service for people affected by the 2017 terror attacks

For the other immediate services, 5.7% relate to financial needs such as an introduction to compensation schemes, and 5% were for practical or safety needs. These include practical assistance (0.5%) for example, through the urgent arrangement of accommodation and travel, in addition to language support for people who need translation services (1.4%). Information and advice about safety planning represents 3.1% of immediate services identified. These results highlight the range of needs of those affected by the terror attacks.

Longer-term service interventions

Our specially trained caseworkers, who are both staff and volunteers, provide long-term support following an incident to help people cope and recover from the trauma they experienced. Support from local VS services and the National Homicide Service can be provided in community locations including hospitals or the work place, as well as at home by a designated caseworker. Research with victims supports a single point of contact model and services where caseworkers are able to develop a trusting relationship.⁷⁵

The majority of the longer-term service interventions identified in relation to those affected by the recent terror attacks relate to psychological and social needs (54.7%). Developing coping strategies with service users represents 23.5% of ongoing service interventions, which is expected given the high level of need for help to cope. Caseworkers have also provided interventions to build people’s confidence and self-esteem (10.6%). As well as one-to-one support, peer support is often valued by victims of crime.⁷⁶ For those receiving a service as a result of acts of terrorism, peer support groups have either been delivered by VS or commissioned (7%). An example of a peer support group delivered in West Yorkshire is included in this report.

Intervention case study: Peer Support Group, West Yorkshire

In West Yorkshire, VS facilitated a peer support group for those present at the Manchester Arena terror attack to provide a safe space to talk to others that have experienced a similar event. The local service aimed to provide a 'victim led' shared space which complemented the one-to-one support work already being provided by VS volunteers and staff. The group consisted of seven people who were all working with the local service.

The peer group ran on Tuesday evenings for six weeks and was facilitated by the Service Delivery Manager with VS trained volunteers. Considerations were made to ensure individuals could leave and get one-to-one support at any time if needed; there was a small break out room downstairs and a discreet way to notify a staff member or volunteer if they needed one-to-one support.

During the first session the group established a 'working together agreement' to help participants feel comfortable and to aid a supportive environment. As a start to discussions a facilitated conversation took place around what the individuals had been experiencing since the attack. This then formed the basis of the topics discussed over the future peer support group sessions.

At the end of the final session a facilitated discussion also took place to gain further information which would help inform any future delivery of peer support groups as well as an opportunity for anonymous feedback. Although some participants were hesitant at the beginning much of the feedback emphasised how coming together with others in a supportive environment was valuable.

"At first difficult, not what I imagined. However once I got to know everyone, coming together was a safe haven for me." Peer support group participant

"Really helped me through meeting others, the content really helped me overcome some issues I struggled with." Peer support group participant

As well as peer support, VS can provide emotional support through a whole-family approach. This includes ongoing advice to parents and guardians relating to their children. These service interventions represent 3.2% of those already identified for people affected by the terror attacks.

Some of the ongoing service interventions build on those provided immediately when contact is made with VS. 3.3% of the longer-term services are to continue to help people build support networks. Although many people will receive the support they need from their caseworker, VS can arrange an onward referral to mental health agencies (3.3% of interventions). The National Homicide Service also commission psychological therapies and some local VS services, such as in Lancashire, have counselling as part of the service model (3.3% of interventions). In our support to people affected by previous terrorist attacks, 38% of service users were referred to trauma counsellors.⁷⁷

As well as providing interventions that are offered to all victims of crime, VS developed some bespoke support for those affected by the 2017 terror attacks, such as, children and young people services. These services have been particularly valuable due to the significant number of children and young people who have experienced trauma as a result of the Manchester terror attack. Previous research on the children affected by the 9/11 New York terrorist attack found in the two or more years since the incident, a substantial number of children developed psychiatric disorders, severe psychological distress, and functional impairment.⁷⁸

To help them cope following their experience, the VS run children and young people service, NEST Lancashire, developed support services for the children and young people for the summer holidays.

Intervention case study: NEST Lancashire Children and Young People's Service

NEST Lancashire provides support specifically designed for young people aged 10–18 who have been affected by crime, including acts of terrorism. It is run by VS and is funded by the PCC for Lancashire. As well as face-to-face emotional support, information about the justice process, and access to sport and other social activities, the service can provide counselling to help young people to come to terms with life following traumatic experiences.

NEST has been working with those affected by the Manchester Arena. Recognising a potential gap in support for young people during the school summer holidays when traditional support systems such as schools are closed, the service delivered a series of half day workshops in five venues across Lancashire throughout July and August 2017. These were offered as an opportunity to people who were already receiving support as well as being open sessions for those who may not have yet received help.

The half day courses were open to children, parents and teachers and attendees were also offered the chance to refer themselves for further one-to-one support. The sessions gave an opportunity to create a sense of peer support and solidarity for those affected and a safe and supportive place for them to share their experiences and explore their emotions around the attack. As part of the day, children worked to contribute to a peace wall, sharing messages of hope and solidarity to those affected across the region.

Participants provided feedback that they had benefited from meeting with people who had similar experiences, as well as feeling better informed about what support was available from NEST and other local services.

Information and advice is continually needed by people as their circumstances change and also alongside developments with the inquest. Providing information about inquiries, the police investigation and justice system has already been provided (1.9%) and is likely to continue, as well as advocacy on service users' behalf with criminal justice agencies such as the police (0.9%). VS works in partnership with a range of other organisations such as the Peace Foundation and Cruse Bereavement Care to meet the often complex needs of those impacted by major incidents. Of the ongoing services provided, 8.4% are for signposting and providing information about other organisations or agencies, and 6.7% are for onward referrals. This is in addition to providing advocacy support with health services and local authorities.

As can be seen by comparing Figures 12 and 13, there is a slight increase in the proportion of ongoing services that relate to both to financial needs, and practical and safety needs compared to immediate interventions. Practical and safety service interventions range from safety planning (3.3%) to food vouchers and subsistence (3.7%) often from the National Homicide Service. The National Homicide Service also provides other financial assistance according to the specific needs of the bereaved family and assists with legal services. VS can also provide financial advice and assistance for example with claiming benefits (1.9% of interventions), as well as aiding people complete applications for compensation from the CICS (4.8%).

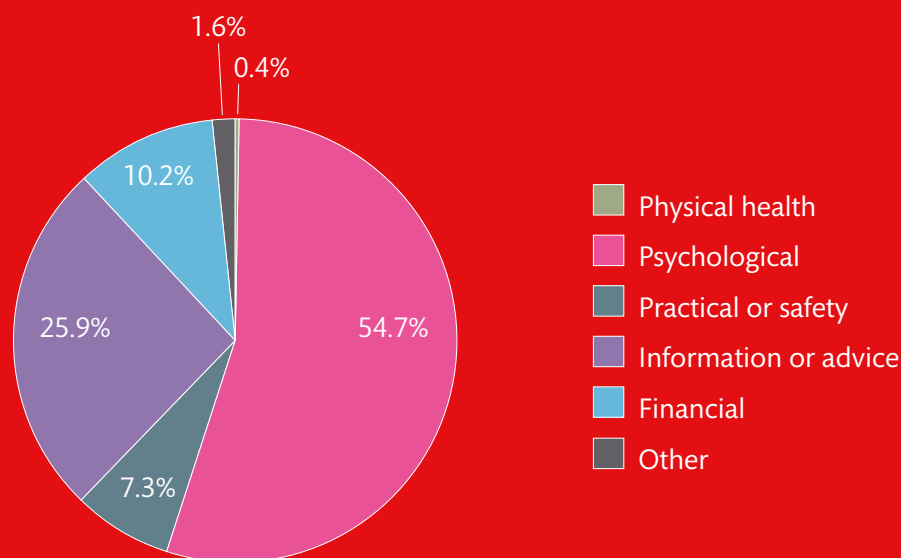


Figure 13: Proportion of type of longer-term support identified by local VS services and the National Homicide Service for people affected by the 2017 terror attacks

Coping with media intrusion is an issue with which a small number of survivors and families bereaved through the acts of terrorism have struggled. The attention received from journalists has been found to be upsetting and can require assistance from our staff and volunteers.

Due to the number of tourists affected by the London terror attacks, it has been valuable to be able to provide services through the IVVS in the capital. As highlighted through the following case study, this service can provide a range of support that directly relates to the needs of foreign nationals, whose support network may primarily be abroad and the processes, agencies and language unfamiliar.

Intervention case study: IVVS

IVVS supported a Korean family following the Westminster attack. The survivor was struck by the vehicle while walking on Westminster Bridge accompanied by her husband, a group of Korean nationals and a tour guide. The incident caused the victim serious life changing injuries, most notably a serious head injury.

IVVS worked with the Metropolitan Police's FLOs and the Korean Embassy to ensure the victim and family had a full support plan in place. There were financial difficulties for the family, so the IVVS arranged a complimentary week for the family in accommodation close to the hospital and continued to provide accommodation for the victims' family for many months. They were also able to provide food vouchers to ease their financial situation. The language barrier was a big concern for the family so the IVVS ensured interpreters were on hand to assist them.

Five months after the incident the victim was able to return home to continue treatment and the IVVS are providing ongoing support to the family even though they have returned home, communicating via email. For example, providing police reports for the family to claim medical expenses in South Korea.

Service use over time

Someone who has suffered psychological and/or physical injuries as a result of being present at the scene of an incident will require our support and services on average for 92 days. This falls only slightly to around 71 days for those who were present in the wider vicinity of an attack. VS 2016 research into support provided to those affected by previous terror attacks found 52.6% of survivors (excluding bereaved family members) were supported for more than one month. 32.2% were supported between two and six months and 20.4% were supported for more than seven months. 57.6% of bereaved family members have been supported more than eight months.^{xx}

Previous findings also suggest that the needs of people affected by terrorism change over time. In the second month after referral to VS, the number of people identified as needing relationship support increased by 167% when compared with the first month.⁷⁹ More than half of the staff and volunteers who participated in our survey thought that the support or interventions needed by service users changed after the first month. There were different changes identified in support needed; some practical needs increased after an initial focus on the psychological impact, while other service users initially focused on practical needs then later needed emotional support as these practical issues were addressed.

“VS initially provided a lot of reassurance and normalisation, this then changed to much more practical aspects such as helping to plan going to big cities again, dealing with panic and lack of sleep.” VS caseworker

“Their needs went from mostly practical to largely emotional. The client was in hospital and had lots of support from NHS and other agencies which has dropped off now she has been discharged and is at home. Now VS support will be more and much needed on an emotional front.” VS National Homicide Service caseworker

Many of the cases for people affected by the terror attacks earlier in 2017 are still receiving support through VS services (34.2%). Of these people, around 80% are being supported by the National Homicide Service. We expect to provide support to the families bereaved through terrorism for around two years.⁸⁰ VS will continue to provide both our local and homicide-specific services to those who need it for as long as it is needed.



Challenges and improvements

A number of challenges have arisen through responding to the many terrorist attacks that have occurred this year. These challenges provide areas for improvement to help ensure the response to terrorist attacks continues to get better and is based on experience.

A key area for improvement is access to psychological therapies with a third of staff and volunteers who completed our survey struggling to help service users access CAMHS and NHS Outreach and Screen.

Notably, some staff and volunteers have experienced difficulties in accessing timely and appropriate mental health services for the many children present at the Manchester terror attack. Studies have found that children who were present at terrorist attacks as well as those who are bereaved, or who are often reminded of the experience, are at significant risk of psychological disorder.^{81,82} The Care Quality Commission's recent review highlights the variation in the availability and quality of services.⁸³

“All these months on we still have victims waiting for counselling” VS caseworker

As highlighted in our 2016 report, it is important that those directly affected by an act of terrorism are not adversely affected by long waiting times to receive counselling from NHS England and NHS Wales. We would support treatment for PTSD being offered by all NHS mental health trusts.

Challenges with accessing disability benefits have also been highlighted by staff and volunteers. Some of our service users have also expressed concerns about accessing charitable funds for those who are psychologically affected rather than physically injured or bereaved.

“[Claiming] benefits was a total nightmare due to having to wait for an appointment for a PIP assessment for up to eight weeks and also processing the application for a blue badge [was challenging] for a young mum who had lost her sister and whose daughter had life changing injuries.” VS caseworker

The frequency of the attacks and the impact they have had on people has also affected our day to day service delivery. Workload increased quite suddenly and the level of support our service users have needed and the intensity of their trauma highlights the importance of internal support structures for our caseworkers. The number of people staff and volunteers have supported has varied, though many have been responsible for one or two people affected by the terrorist attacks, with caseloads monitored by regional managers. To aid VS commitment to continually improve our services we have updated our Major Incidents Plan based on the lessons from the recent attacks. In order to be able to respond consistently in any future attacks, greater resilience is needed within the victim services system.

Due to the devolution of commissioning of victim services, while all PCCs are required to provide support to victims of terrorism there will be variations in what is available to those affected. It is important that victim services commissioning supports the ability of providers to respond quickly to mass terror attacks. Specialist training for staff and volunteers is also extremely important in ensuring those affected are appropriately and effectively supported.

Experience of working on a number of attacks has also meant that improvements in partnership working have been developed. VS has worked closely with the British Red Cross, Peace Foundation, Samaritans and Cruse Bereavement Care to help provide clarity in the services and support available from the voluntary sector. This work continues and is supported by the Government's Victims of Terrorism Unit and MoJ.

As the threat of terrorism both in the UK and abroad persists, it is important that lessons are learned from the experiences of responding to the recent terror attacks to improve the support available as well as building on the partnership working already taking place. There needs to be a review of the challenges experienced by service users to fully understand areas that require improvement. Part of the review should cover the resilience of the victim services system to ensure suitable support is available no matter where someone lives. Evaluation of the response and ongoing partnership working is vital to ensure those affected by any future attacks get the support they need, when they need it.

Natalie

What happened?

Natalie Senior and her two daughters Eve, who was 14 at the time and Emilia, who was 11, were at the Manchester Arena on the night of the terrorist attack. The family, who are from Bradford, were in the foyer of the arena when the bomb went off.

“As soon as I heard it I knew it was a bomb, but in that moment, you don’t know what’s going to happen next.”

Fearing the worst, Natalie told Emilia to run as her physical injuries weren’t as serious and she could make a quicker get away.

Natalie and Eve made their way to the station by the arena where Eve was taken to Royal Manchester Children’s Hospital first as she was in a critical state. Natalie was then taken to the Royal Bolton Hospital where she stayed for three nights, before being transferred to Manchester to be with Eve.

Impact

Both Natalie and Eve underwent several operations to remove shrapnel from their legs. They were both initially discharged in wheelchairs for the first month, then on crutches for two months after that. Both are still undergoing physiotherapy treatment for nerve damage which could affect them for up to two years.

Natalie’s youngest daughter Emilia suffered hearing problems as a result of the blast, which she is still struggling with today.

Natalie said they first found out about the help available from Victim Support when the police visited them in the hospital and were encouraged by their nurses to accept all the support available to them.

Support from VS

“It was very easy to access support from Victim Support. I was referred by Greater Manchester Police to Victim Support in Bradford who soon got in touch to arrange our first session at our home.

“Accessing Victim Support’s services was made simple for us as we were in hospital at the time so had more access and exposure to services available. For those not hospitalised for as long or at all, more leaflets and social media campaigns need to be done and perhaps leaflets in hospitals made available and nursing staff in A&E or other wards briefed on support available.”

Once Natalie accepted the offer of help, they were assigned a Victim Support volunteer to support them.

“Nigel came to visit us once a week – or as often as needed when we were struggling. He built up such a strong relationship with all of the family, and he is still supporting us now. It’s been so helpful to have one consistent person, outside of the family, who’s been there from the start and knows everything that’s happened.”

One of the most significant ways in which Nigel supported the family was when he accompanied Natalie and the girls to the re-opening of the Manchester Arena.

“This was a really difficult and daunting experience and it really helped to have Nigel by our side on the day.”

Nigel also supported the family with practical matters, such as looking into compensation available to the family, especially as Eve was initially in a wheelchair due to the extent of her injuries.

As part of her recovery, Natalie just completed a six week course for survivors of the Manchester attack run by Victim Support.

“We met weekly with Victim Support caseworkers, volunteers and other survivors of the attack. It was really helpful to meet people in a similar position to us that knew exactly what we’d been through.

“From the beginning we were able to give input on what we wanted to get out of these sessions, and we all worked with the team to create a really positive environment which focussed on helping us find ways of coping. We had sessions on managing anxiety, how to sleep better, and dealing with feelings of guilt that many of us had been experiencing.

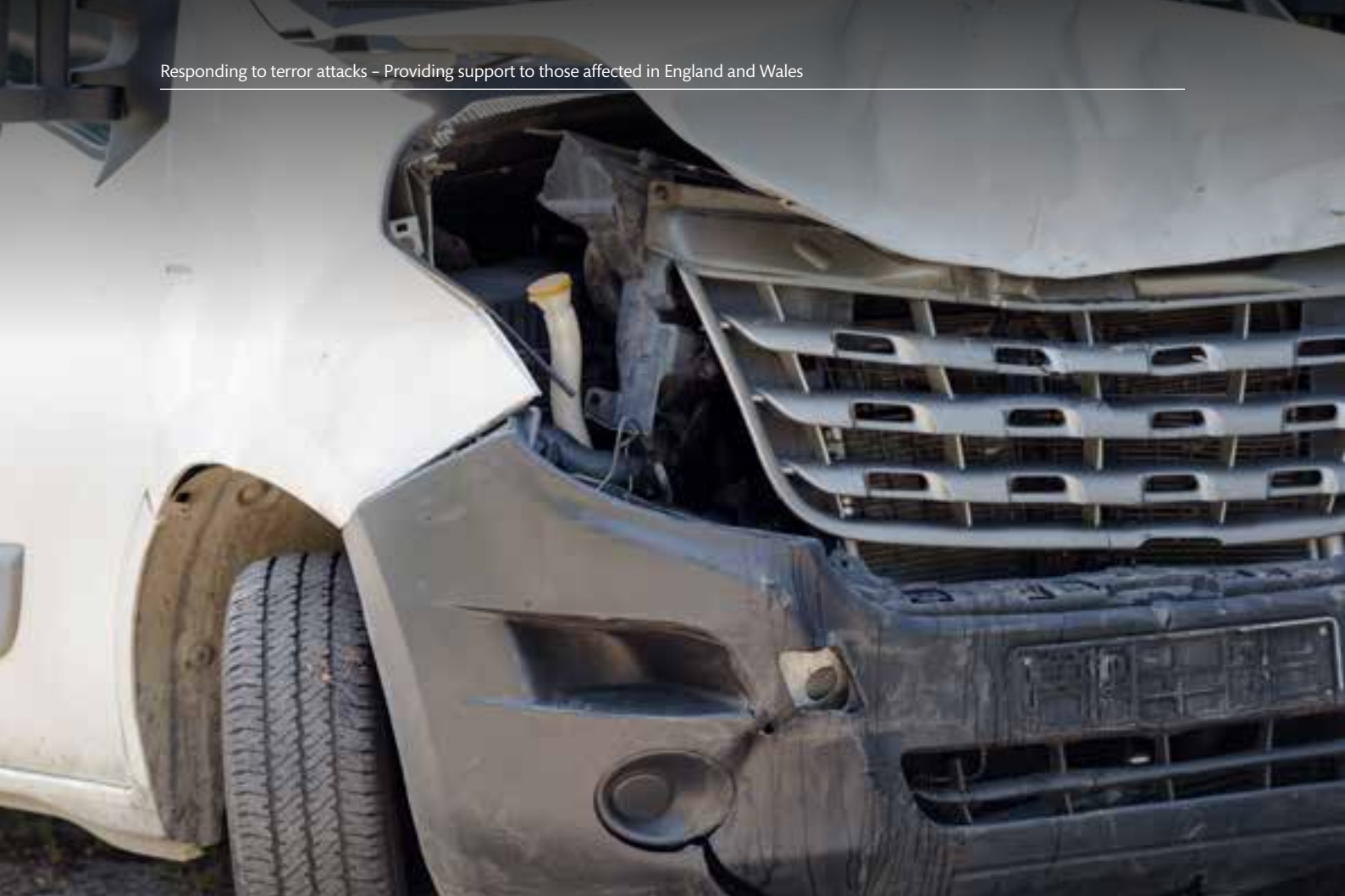
“Victim Support as a whole has been very valuable. I have met three different Victim Support caseworkers and all were very good. Nigel, who is a Victim Support volunteer, is our main point of contact and has had a wealth of knowledge and support that’s helped all the family in many different areas.”

Support from other services

“We have had counselling offered to us via the hospital and doctors but have decided the help we have had from Victim Support has been enough for us as a family as we are all mending well psychologically and physically at the moment.”

Improvements

“As these attacks unfortunately become more frequent I think it is important to keep training up more volunteers and support workers in this particular area that can deal with a whole family both adults and children who have been affected. For us having one person who spoke to each of us within the family and in our own home really helped to build a strong bond and confidence with the whole family.”



Conclusion

We stand up against these acts of horror and in solidarity with the victims and those around them. VS is pleased to share our experience and expertise in providing support to people to help them to rebuild their life.

As this report highlights, terror attacks can have significant impact on witnesses, those seriously injured and bereaved who require a range of support to help them recover from their experience or get their life back. It is important that those who are ordinarily classified as 'witnesses', who were in close proximity to the incident or at the scene shortly after are considered and treated as survivors, and are able to access adequate support services.

VS recommends that all agencies and organisations involved in responding to terror attacks recognise the impact they can have and enable all affected individuals, including witnesses, to receive the support and assistance they need.

There are many agencies and organisations equipped to respond to incidents and contribute to the recovery process. Civil contingency plans are important in helping coordinate the many agencies and organisations involved.

As acts of terrorism are crimes the additional processes, agencies and services, such as the Victims Code of Practice, should be reflected in these plans. It is important that victim services have the capability to provide support for all those affected by terror attacks.

VS recommends that in order to help ensure roles and responsibilities are clear and improve the experience of the public that are affected, the pathway of support should be mapped out and agreed by all of the agencies involved in assisting them, informed by the experiences of these recent attacks. We support the efforts that have already been made to do this, and will continue to work with key stakeholders to improve processes and understanding of the needs of those affected.

It is vital that people are able to access the support available. People access VS services through different routes either through referrals or signposting by statutory services and other organisations, or by direct contact over many months following a terror attack. How people access support is affected by their age, gender and the attack for which they are affected. The increase in self-referrals as each terror attack occurred suggests that more people are aware and interested in accessing the support available from VS services. Understanding how people access support and potential barriers is important in making improvements to survivors' pathway.

VS recommends that proactive marketing activity should be undertaken to reach those who do not have police contact, and to help address any confusion of who people should go to if they need assistance. This activity should be included in local plans and the mapping of pathways of support as part of ensuring people affected by an incident can easily find who can assist them.

Terror attacks impact people in many ways. The majority of needs of those VS has supported were psychological or social (61%). Of these needs, help to cope was most prominent with 32.9% of all local services and the National Homicide Service users reporting this need, followed by assistance with trauma (9.1%). A greater proportion of needs were psychological for those affected by the attacks in Manchester, London Bridge, and abroad. People affected by the terror attacks also needed information and advice (13.1% of needs) and practical or safety needs (12.2%). A smaller proportion of needs were financial (8.9%) or physical (3.7%).

It is important that support services are able to provide support based on the needs of the service user which are likely to vary in relation to their age, gender, the attack by which they were affected and whether they were bereaved. There was a small variation in the number of needs identified in relation to the age and gender of the service user. Those who received support from the National Homicide Service were 205% more likely to have a psychological or social need. In addition, bereaved families were 5.7 times more likely to have a recorded financial, work or education related need, regardless of their age, gender, referral route or terror attack. These differences will relate to differences between the National Homicide Service and local VS services.

VS believes that victim services should be able to provide interventions that meet the variety of specific needs of those affected by acts of terrorism, in particular those relating to coping strategies and trauma care, and be available as long as it is needed.

Supportline provides a very valuable service to those affected by acts of terrorism who need immediate assistance no matter where they live and when they need it. Around 56.1% of people who contacted Supportline were present at the terror attacks. People who directly contacted our local VS services were nearly three times more likely to have a recorded psychological or social need than those who accessed our services through other routes.

As well as the assistance provided by the Supportline, VS local services and the National Homicide Services have delivered over 800 service interventions with more due to be

provided. The majority of immediate service interventions relate to psychological and social needs (59.9%), with immediate support and reassurance being the most common. Service interventions for information and advice needs represent nearly a third of the immediate support provided, including signposting to other agencies.

Longer-term support provided by local VS caseworkers include developing coping strategies with service users, which represents 23.5% of ongoing service interventions identified. Building confidence, peer support groups and accessing psychological therapies were other service interventions identified relating to psychological and social needs. Some service users have experienced challenges in accessing mental health services, including children and young people.

VS has provided information about available services, the police investigation and justice system and is likely to continue, as well as advocacy on service users' behalf with statutory agencies. There was a slight increase in the proportion of ongoing services that relate to both financial needs, and practical and safety needs compared to immediate interventions. These included help to access compensation, safety planning and subsistence.

Although this report provides some insight into the needs of those affected by the recent terrorist attacks and the use of victim services, further research is needed into the experiences of survivors and those bereaved including use of services other than those provided by VS. A number of challenges have been identified through the provision of support services that require improvement.

VS recommends that there is a wider review of the challenges experienced by survivors of, and those bereaved through, terrorism to fully understand areas that require improvement. Part of the review should cover the resilience of the victim services system to ensure suitable support is available no matter where someone lives. Evaluation of the response and ongoing partnership working is vital to ensure those affected by any future attacks get the immediate and longer-term support they need, when it is needed.

Chiara

What happened?

On the evening of 3 June, Chiara and her partner David were on the south side of London Bridge making their way towards the steps leading down to the Thames when they heard a loud bang and an engine accelerating.

"We looked up and saw a van cross the middle of the road and heading for the oncoming traffic. It hit someone, who went flying really high into the air before hitting the ground. The van headed right towards us but it was unable to mount the pavement because of food vans, so it sharply turned and crossed the road again hitting another person, who was crushed under the vehicle. This all occurred within seconds. Then everyone just started screaming and running.

"I just felt sick and quiet. Everything seemed to completely slow down, as if in slow motion. Everyone around us was completely hysterical, and I just thought, no one is calling the police. Then my partner grabbed me and we started running down the stairs. I called 999 but people must have called them already as they arrived immediately.

"After speaking to the police we were deciding whether to leave or return to see if the two victims were ok and if we could possibly help, when heard more and more sirens.

"We returned to the bridge, where we saw the two victims still lying on the ground surrounded by paramedics and other witnesses. There was a stream of blood pouring down the pavement from the injured people. The paramedics were using a defibrillator on one of them and cutting open the other's clothes to, I assume, also use a defibrillator. I couldn't watch any longer so we left and began walking towards the tube station.

"In the middle of the street by the van there was a policeman and he was hysterically shouting to everyone to 'run!'. Then we could see people just screaming and running out of Borough Market, wide eyed and covered in blood. It was mass hysteria."

Impact

"Following the attack, I was struggling a lot with anxiety and trauma.

"Talking to family and friends was stressful and I would get upset and feel sick and very anxious."

Support from VS

"Because I called the police they phoned me the next day as they wanted to interview my partner and I. Over the phone they mentioned Victim Support. The officers that visited us in our house also mentioned Victim Support again and encouraged us to get in touch.

"I called Victim Support and within a week I had my first meeting with my caseworker. She offered me emotional support in terms of coping techniques. It was tremendously helpful to have a safe environment specifically to discuss what I had been through and witnessed. I can't imagine not having had this support.

"I didn't want to talk to my family and friends about what happened. Even with my partner, we didn't feel able to discuss it. The police had advised us to talk about it as much as possible to process it but every time we tried it was brief, uncomfortable and stressful. So if I hadn't had my caseworker to talk to I don't think I would have talked to anyone at all.

"I met with my caseworker once a week for the first few months after the incident and now I see her about once every three weeks. She was really extraordinary – so supportive, patient and helpful and always went above and beyond to support me."

Support from other services

"I had previously suffered other traumatic experiences but never spoken to anyone before and this had come up when talking to my caseworker. Because of this she offered to refer me to a trauma specialist. I have now had my first consultation with psychiatric nurse who is referring me to see a trauma specialist to deal with what I experienced this summer and the past trauma.

"The police that came to our house – there were two officers who came in the following days and one who visited about a month after the incident – and they were all very patient and understanding and very kind."

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