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VIP (Victim Improvement Package) Trial: helping older victims of crime with chronic symptoms of depression and or anxiety using a therapist delivered victim improvement package

Submission date
19/02/2016

Recruitment status
No longer recruiting

Registration date
03/08/2016

Overall study status
Completed

Last Edited
28/07/2025

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Being the victim of common crime can affect people deeply, with many going on to develop mental health issues such as depression and anxiety. The social and physical problems associated with old age increase vulnerability, meaning that older victims are twice as likely to die or require residential care than people of the same age who have not been a victim of crime. Since 85% of depressed older people do not receive any specific treatment, this lack of care is also likely to apply to older victims of crime. Metropolitan Police reports suggest that over 26,000 common crimes were committed against older people in seven London boroughs between 2009 and 2010. In a previous study (Helping Aged Victims of Crime (HAVoC) study), older victims of crime were surveyed and it was found that a high proportion were suffering from anxiety and/or depression, which continued long after the crime took place. This led to the development of a Victim Improvement Package (VIP) for treating this type of distress. The aim of this study is to investigate the effectiveness of the VIP. This involves identifying older victims within a month of a crime who have significant psychological distress and directing them to sources of help, then to see if they have accessed any help and those who still have significant distress at 3 months after the crime are offered the opportunity to take part in a trial to see if we can prevent ongoing symptoms using a victim improvement package.

Who can participate?
Victims of reported common serious crime aged 65 years or more, living in selected London boroughs, with depression and/or anxiety.

What does the study involve?
Participants are randomly allocated to one of two groups. Those in the first group continue to receive treatment as usual for the duration of the study. Those in the second group receive treatment as usual but also take part in the victim improvement package (VIP). The VIP package consists of up to 10 sessions of CBT which will involve talking about the crime that the participant experienced, being asked to keep a mood diary to identify unhelpful thoughts and

behaviour related to the crime and then tackling them so that they no longer cause distress. All participants complete a number of questionnaires three months after the crime (baseline) and then six and nine months after the crime to measure anxiety/depression levels.

What are the possible benefits and risks of participating?
Not provided at time of registration.

Where is the study run from?
University College London (UK)

When is the study starting and how long is it expected to run for?
April 2014 to February 2024

Who is funding the study?
National Institute for Health Research (UK)

Who is the main contact?
Dr Marc Sertaty, m.serfaty@ucl.ac.uk

Study website
https://www.ucl.ac.uk/Victim-Improvement-Package-Trial

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number

ClinicalTrials.gov number

Nil known

Secondary identifying numbers
NIHR-PHR Project:13/164/32

Study information

Scientific Title
The VIP trial: a randomised controlled trial of the clinical and cost effectiveness of a Victim Improvement Package (VIP) for the reduction of chronic symptoms of depression or anxiety in older victims of common crime

Acronym
VIP

Study objectives
A Victim Improvement Package plus treatment as usual is more clinically and cost effective at preventing chronicity of symptoms, of depression and/or anxiety, than treatment as usual in victims of common crime, aged 65 years or more.

Ethics approval required
Old ethics approval format

Ethics approval(s)
UCL Research Ethics Committee, 17/03/2016, ref: 6960/001

Study design
Assessor-blinded randomized controlled trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Community

Study type(s)
Prevention

Participant information sheet
Not available in web format, please use the contact details to request a participant information sheet

Health condition(s) or problem(s) studied
Depression and anxiety in older victims of crime

Interventions

Three months post crime, a web-based randomisation by an independent clinical trials unit will allocate participants to either Treatment as Usual (TAU) or TAU plus up to 10 sessions of a CBT informed Victim Improvement Package, delivered over 3 months.

Control group: Participants continue to receive treatment as usual (TAU) alone of the duraction of the study.

Intervention group: Participants receive the victim improvement package (VIP) in addition to treatment as usual. The VIP will consist of up to 10 manualised, individual sessions of modified CBT, delivered over 3 months in community based Mind facilities using a VIP manual. The VIP, tailored to the main presenting symptoms and used flexibly, will cover:
Session 1: A narrative of the crime, underlying beliefs, behaviours and how these have changed
Session 2: Psycho-education about crime and an introduction to CBT
Sessions 3-8: Mood diaries to identify unhelpful thinking and behaviours; guided discovery to challenge beliefs about crime, personal vulnerability and safety; behavioural experiments to challenge unhealthy avoidance
Sessions 9-10: Relapse prevention

Participants will be assessed at 6 months (post intervention) and 9 months (follow-up) post crime.

Intervention Type
Mixed

Primary outcome measure
1. Depression is measured using the Beck Depression Inventory-II (BDI-II) at baseline (3 months post crime), 6 and 9 months post-crime
2. Anxiety is measured using the Beck Anxiety Inventory (BAI) at baseline (3 months post crime), 6 and 9 months post-crime

Secondary outcome measures
1. Presence of a diagnosis of depression and/or anxiety is measured at baseline (3 months post crime), 6 months post-crime (post intervention)
2. Social functioning is measured using the Euroqol 5-D at baseline (3 months post crime), and post intervention and followup (6 and 9 months post-crime) respectively
3. Economic measures are collected using a modified Client Services Receipt Inventory (CSRI) will be collected at baseline (3 months post crime), and post intervention and followup (6 and 9 months post-crime) respectively

Overall study start date
01/04/2014

Completion date
29/02/2024

Eligibility

Key inclusion criteria

1. Aged 65 years and over
2. Living in participating London boroughs
3. A MINI (Sheehan et al., 1998) DSM-IV diagnosis of depression (with or without anxiety) or anxiety attributed to the crime

Participant type(s)
Other

Age group
Senior

Lower age limit
65 Years

Sex
Both

Target number of participants
226

Total final enrolment
131

Key exclusion criteria
1. MINI diagnosis of schizophrenia, bipolar disorder and/or alcohol or drug dependency
2. Receipt of CBT in the last 6 months
3. Inability to participate in CBT because of language difficulties and/or Mini Mental State Score of <24 (significant cognitive impairment)

Date of first enrolment
01/02/2017

Date of final enrolment
02/08/2022

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
University College London
6th Floor
Maple House
149 Tottenham Court Road
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Sponsor information

Organisation
University College London

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Sponsor type
University/education

ROR
https://ror.org/02jx3x895

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan
Findings will be distributed to key partners/stakeholders efficiently and expeditiously, maximising impact by informing local and national service planning and health policy making. A working group of key partners attached to the TSC will work on a definitive national dissemination strategy:

1. Involvement of Public Health England (PHE): The mental health team within PHE's Health and Wellbeing Directorate will guide around modes of presentation of findings on a national basis (e. g. national workshop, web-formats, stakeholder distribution); the Association of Directors of Public Health (and through the ADPH to local directors of public health and council -based Health and Wellbeing Boards) will be used to ensure effective promulgation of findings locally.
2. Public Organisations: Public Health, the NHS, the Ministry of Justice department, PHE, the NHS /Clinical Commissioning groups; the Ministry of Justice and the Police
3. Conferences: Public organisations: PHE, the Police Federation. Charit ies: national and local Mind, Age UK, Victim Support. Medical conferences: Coordinated through the Royal Colleges; Psychiatry, GPs. Associations: BPS, BABCP, the New Savoy Partnership, APA. Providers of healthcare: R&D departments or clinical commissioning groups.
4. Journals: Reporting will adhere to CONSORT guidelines (http://www.consort -statement.org/), aim for high ranking national and international peer-reviewed journals: public health, primary care, psychology, psychiatry, criminology, including free UK publications to GPs, the BABCP and the Police Federation.
5. Clinicians: Co-applicants have links with Royal Colleges of GPs and Psychiatrists and the BABCP and the IAPT community.
6. NICE: Feedback to NICE could ensure updated guidelines on the management of Depression and Anxiety which are associated with crime.
7. Service users: Service users will advise on the best way to circulate results to users and including Mind, Anxiety UK and Depression Alliance
8. Public: Campaigning to raise awareness of the impact of crime in older people encouraging those with symptoms to come forward for effective treatment. This will involve UCLs press office which connects with a variety of bodies, promoting research and teaching globally.
9. Websites linked to: UCL, relevant service user organisations, PHE, NHS Choices (http://www. nhs.uk/News/Pages/NewsIndex.aspx) and Patients like Me (http://www.patientslikeme.com) and the NIHR-PHR.

Intention to publish date
30/08/2024

Individual participant data (IPD) sharing plan
Not provided at time of registration

IPD sharing plan summary
Other

Study outputs

Output	Date	Date	Peer	Patient-

type	Details	created	added	reviewed?	facing?
Protocol article	protocol	16/04/2020	20/04/2020	Yes	No
Other publications	Cross-agency working when conducting a pragmatic RCT for older victims of crime: our experiences and lessons learned	15/01/2025	20/01/2025	Yes	No
Results article		25/07/2025	28/07/2025	Yes	No