Rape Crisis Midwest

Rape Crisis Midwest

Strategic Plan Review - 2025-2028

September 2025

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List of Abbreviations

RCM – Rape Crisis Midwest
DSGBV – Domestic, Sexual & Gender Based Violence
AGS – An Garda Síochana
RCI – Rape Crisis Ireland
FME – Forensic Medical Exam
SATU – Sexual Assault & Treatment Unit

1. Introduction

The purpose of our existence in Rape Crisis Midwest (RCM) is to support and advocate with and for all survivors of sexual violence and to expose and challenge rape culture. Our services are survivor-centred, therefore the experiences of survivors and how they frame their truth and name their needs is central to our trauma informed model of support. This Strategic Plan refocuses RCM on our vision and mission. We are reminded of the feminist ethos that underpins our work, pledging to support all survivors of sexual violence with compassion, dignity and commitment to their empowerment.

This Strategic Plan (2025-2028) lays out a developmental map for RCM to guide our work for the next three years. The motivation to undertake such a review, at this time, has been influenced by a number of factors. Amongst these are: the increasing demand for our services; the complexity of client needs; recent changes in staff and leadership within the organisation and our new working relationship with Cuan as our primary funding agency. This plan clarifies our strategic objectives and drills down into the operational goals, targets and outcomes that will evidence our progress over time.

This plan has been developed through collaboration between key stakeholders within and outside RCM. This collaboration has been steered within the organisation by the Executive Director, Siobhan O'Leary, staff, survivors, volunteers and trustees have contributed valuable insights and strong evidence to support the priorities that inform this Strategic Plan. On behalf of RCM I am grateful to each and every one of you for your engagement in and contribution to the process. The review also engaged external stakeholders, such as partner organisations, to contribute an external perspective and provide valuable feedback. Sincere thanks to you for your time and contributions.

Finally, but not least of all, we thank Just Economics for conducting the strategic review, on our behalf. Your professionalism was a welcome steer and the congruence of your ethos with our own established a very positive and constructive working relationship during the gestation of the plan. Our hope is that this Strategic Plan provides clarity of purpose and a strategic and operational guide to enhance our capacity, in the context of our human and other resources, to strengthen our services and to better respond to the needs of survivors of sexual violence.

Mary Kelly
Chairperson

2. Foreword

My name is Siobhán O Leary and I am the Executive Director here at Rape Crisis Midwest (RCM), I have been in the post since March 2024. Since this time RCM and the wider Domestic Sexual & Gender Based Violence (DSGBV) sector have undergone significant change. I want to firstly thank my predecessors Miriam Duffy, who was in the role over twenty years and Karen O Donnell O Connor for their commitment and work with the organisation.

It was clear to me from when I started in the role that the sector was in a time of change and evolution. With the introduction of Cuan the national DSGBV agency, the national commitment to addressing the life altering impacts of DSGBV was clear. The establishment of a committed government agency that is solely focussed on confronting and tackling DSGBV is a welcomed and crucial step toward the eradication of violence in our society and especially toward the eradication of violence against women and girls.

2024 has been a transformative time in RCM with significant changes in the team and introductions of new roles. Given these changes internally and externally in the sector, it was an opportune time to review the RCM strategic plan. The vison and mission of RCM remains steadfast and committed to a society free of sexual violence where all people impacted by sexual violence have the means to heal and recover.

RCM is a survivor centred organisation and continues to uphold and practice the values of empowerment, compassion and inclusivity. The intention of the strategic goals and objectives set out below are to firstly sustain our current services, secondly expand services to meet the needs of a diverse society and lastly innovate to ensure that all whom require support are able to access this support freely and without barriers.

Thank you to Eilís, Eva and Niamh from Just Economics for supporting us to conduct the review. I want to thank the staff team, board of management, stakeholders and partner organisations for participating in this strategic review. It is my intention to continue to foster strong and collaborative relationships across the sector to improve services for survivors in the Midwest and nationally.

To the survivors that participated in this review, thank you for your time, commitment and most of all your powerful testimonies and input. RCM would not be able to continue the work we do without your valuable and important contributions.

As I look forward to the coming three years, I am motivated to see the organisation develop and grow. I am committed to sustaining and supporting the excellent team here in Rape Crisis Midwest and improving access and supports available to survivors of sexual violence.

Siobhán O Leary
Executive Director

3. Statement of Values

Rape Crisis Midwest (RCM) works to protect and support all people from all forms of sexual violence. RCM primarily supports survivors of sexual violence through free and confidential support, advocacy and counselling, working from an intersectional feminist framework. RCM is a non-judgemental inclusive organisation that welcomes the diversity and differences in our society and works with the intention of providing services to any person that may need support.

The ethos of RCM is based on operating a recovery model which is fundamentally different in its approach to a clinical / medical model. The core of this difference is that the structure of service delivery, the models of support and counselling in place and the recruitment and training of staff and volunteers, are all informed by understanding the nature of power and the abuse of power implicit in the perpetration of sexual violence.

RCM responds to the needs of survivors of all forms of sexual violence – both recent and historical. Using a feminist analysis of violence, and bringing the voice, experience and expertise of individual survivors. RCM also works to inform changes in legislation, education, policy development and societal attitudes on a local, regional and national level, to benefit all society.

RCM services utilise a survivor-centred and trauma-informed service delivery model.

This model operates from the knowledge that survivors have the capacity to grow and heal and that they are the experts in what they need. Survivor identified indicators of recovery and healing inform the way in which the delivery model is shaped.

Delivering a trauma-informed model means services begin from the understanding that a survivor's reactions are a normal response to trauma. RCM believes that responding to sexual violence in our society and holding perpetrators to account starts with supporting survivors in ways that are respectful of their dignity, healing and choices. RCM works to hold perpetrators accountable for their behaviour and to counteract rape culture and victim blaming.

4. Background

1.1. About Rape Crisis Midwest

Rape Crisis Midwest (RCM) was established as the Limerick Rape Crisis Centre in 1980, it later expanded its services to the entire Midwest of Ireland region. This covers the counties of Clare, North Tipperary and the city and county of Limerick, with a combined population of over half a million people.[1]

The headquarters for Rape Crisis Midwest services is in Limerick with satellite services in both Ennis and Nenagh. The service delivery includes crisis counselling; long term therapy; Garda and court accompaniment; advice, to both survivors, and their supporters; and sexual violence training to individuals and organisations. RCM works nationally in partnership with Rape Crisis Ireland (RCI) and are funded by Cuan –the Domestic, Sexual & Gender Based Violence Agency.

A note on language

The term 'survivor' is used by staff and volunteers at RCM to describe people that have been subjected to sexual violence. However, we recognise that not all service users will use this term or identify with it.

RCM aims to provide a range of timely, relevant and effective services to survivors of sexual violence and historical childhood abuse and their supporters. It also advocates for a society free from sexual violence. RCM is a survivor-led organisation that is underpinned by feminist principles.

RCM services include:

- Counselling for survivors of sexual violence
- Accompaniment to attend for a forensic medical exam (FME) after a report of a recent rape or sexual assault is submitted to An Garda Síochana (AGS)
- Garda accompaniment
- Court accompaniment
- Caller helpline/information service

RCM counsellors are accredited psychotherapy professionals that specialise in trauma and sexual violence. Accompaniment support services are provided by trained volunteers. RCM also liaise with regional partner organisations in the wider DSGBV sector via the Local Area Network.

1. CSO 2020

1.2. About this plan

In January 2025, RCM commissioned Just Economics to provide support with developing a new strategic plan. This was prompted by several developments. Most notably, RCM had appointed a new Executive Director in 2024 and the domestic, sexual and gender-based violence coordinating body – Cuan - was established within the Department of Justice.

As well as reflecting the priorities of survivors, this new plan aligns with Cuan's strategic aims for sexual violence, which are themselves underpinned by the principles in the Istanbul Convention.[2]

1.3. Methodology

The plan was developed in partnership with RCM and its stakeholders, including survivors. Several workshops and meetings took place with the Executive Director, RCM staff, trustees and volunteers. In addition, interviews were conducted with survivors, partner organisations and other key stakeholders (e.g. Cuan).

The plan is laid out as follows:

- **Section 2:** Mission, vision, and values
- **Section 3:** Strategic goals and related objectives
- **Section 4:** Monitoring and evaluation
- **Section 5:** Timeline and conclusion

The RCM Theory of Change is provided in the Appendices.

2. The Council of Europe's Convention on preventing and combating violence against women and domestic violence

5. Mission, vision, and values

5.1. Vision and Mission

Vision

The Vision of Rape Crisis Midwest is for a society where all adults and children live free from sexual violence

Mission

The mission of Rape Crisis Midwest is to improve the lives of those who have been impacted by sexual violence or abuse and to work towards the elimination of sexual violence and abuse in our society.

5.2. Values

RCM is a **survivor-centred** organisation.

RCM work to promote **compassion**, **empowerment** and **dignity**.

RCM aim to be **non-judgemental**, **informed** and **fearless.**

RCM advocates for structural societal change, informed by feminist principles, to create an **inclusive**, **fair** and **non-violent** society.

5.3. Added Values

RCM is the only dedicated sexual violence support service in the Midwest of Ireland. While counselling sits at the core of the supports offered to survivors, a range of other vital support services are delivered. Those being accompaniment services (Court, Garda & FME service), information and advocacy services and awareness campaigns. These services aim to add value throughout the delivery model and are delivered by specialist, highly-trained support staff and volunteers. These services and supports align with the four Istanbul pillars – Protection, Prevention, Prosecution and Policy Co-ordination. [3]

Findings from interviews with survivors provide some evidence for the added value of free of charge, specialist support and the expert knowledge of a dedicated sexual violence support service.

> ***With others [therapists] they never got to the root cause. She's hitting where she is supposed to, ...and has made me open my eyes to [the abuse], no matter what you can't lie in here***
>
> ***This is a very specific service, that is why it is so important.***
>
> ***The basis of my problems all my life was sexual abuse. A brilliant counsellor can see the red flags. It has been so hard but so good for me.***
>
> ***I don't think I would have been here, I wouldn't have been able to, I'm a single parent, financially I wouldn't have been able to afford counselling.***

Interviewees also spoke of the quality/ appropriateness of the service and the bond that they developed with their counsellors:

> ***Counselling was exactly what I needed. I was lucky I bonded with my counsellor from the get go***
>
> ***She's an amazing person, just brilliant***
>
> ***The counsellors are completely there for you***

They also spoke of the longer-term benefits, and in some cases described transformative changes.

> ***I started learning about how the trauma affected me. It changed my relationships with people, it gave me a voice that I can't stop using... I'm a better human because of it.***

3. https://www.coe.int/en/web/istanbul-convention/key-facts

6. Strategic Objectives

6.1. High-level Objectives

RCM has identified five strategic objectives to guide their work over the next three years.

These objectives reflect in some areas a continuation and refinement of current work (e.g. counselling and court accompaniment) as well as strengthening areas that have had less focus (e.g. ancillary services).

To achieve these objectives, RCM need to build organisational capacity to ensure staff are adequately supported and able to communicate and collaborate effectively with stakeholders.

The high-level objectives are:

1. Continue to deliver high-quality, specialist services for survivors and supporters and reduce waitlist times for accessing support.

2. Diversify services to include ancillary supports for survivors and supporters and strengthen the legal service offering.

3. Refine and deliver a high-quality education and training programme that has the potential to become income-generating over time.

4. Engage in policy and advocacy work on issues relevant to survivors, communicate more effectively with stakeholders and support longer-term campaigns to tackle structural inequalities in society.

4. Build organisational capacity to promote staff wellbeing, meet demand and improve communications.

Each high-level objective is accompanied by a series of sub-objectives that provide more detail on how RCM plans to achieve the overarching objective.

In the following sections, we discuss different aspects of the service that relate to each sub-objective. Tables 1-5 provide a summary of the sub-objectives for each.

Objective 1: Continue to deliver high-quality, specialist services for survivors and supporters and reduce waitlist times for accessing support

RCM offers specialist counselling to survivors. While this is of high-quality, the wait time is currently 9-12 months. This has negative impacts on survivors and negatively impacts staff morale. There is also evidence linking extended wait times to longer time in therapy, suggesting it is not cost-effective.[4] [5] Reducing waiting time is a key priority of this Strategic Plan. It will be achieved not just by increasing counselling hours but also through enhanced strategic management of the waiting list and diversifying the service offer. This recognises that counselling is not the right route for every survivor or at every point in a survivor's journey.

> ***There were no supports for the first four months. Four months felt like a year. I was left in limbo. There was only my GP but he was very old-school. It was all very taboo even when I was in counselling, when all it is someone helping you to grow in your body and your mind.***

Evidence from interviews highlighted the need for step-down services, which could play an important role in smoothing the transition out of counselling and managing the pipeline of new clients. For example, one interviewee talked about struggling when their counsellor was sick, highlighting the need for other kinds of supports to be available.

> ***When [my counsellor] got sick I really struggled, I found myself thinking 'what am I going to do now'. That Monday was the only reason to get me out of bed, but I got through it. I have researched other support, but with therapy, it is important you are not talking to someone different every time...***

Better waiting list management will ensure that:

a) Counselling is the right offer for those that are waiting for it,

b) Other services and/or referral options are in place for those that are waiting or where counselling is not the right service offer, and

c) The length of time survivors receive counselling is optimised.

4. Hahn, H., Oransky, M., Epstein, C., Smith Stover, C., & Marans, S. (2016). Findings of an early intervention to address children's traumatic stress implemented in the child advocacy center setting following sexual abuse. *Journal of Child & Adolescent Trauma*, *9*(1), 55-66.

5. Oosterbaan, V., Covers, M. L., Bicanic, I. A., Huntjens, R. J., & de Jongh, A. (2019). Do early interventions prevent PTSD? A systematic review and meta-analysis of the safety and efficacy of early interventions after sexual assault. *European journal of psychotraumatology*, *10*(1), 1682932.

Achieving this objective will require service transformation. RCM aim to build out the service offer to include alternative therapeutic supports, and group supports (see Objective 2) and to put in place a more effective system of onward referrals. A new counselling wait time goal will be set after the review of the waiting list has been completed.

The service transformation process will also consider the role of the helpline. The helpline number currently connects to the office and is only answered during office hours. This is acknowledged as sub-optimal for both the caller and the staff member that answers the call. Furthermore, analysis of the helpline data from the past three years shows a decline in the number of calls to the service and an increase in the number of text messages. A significant proportion (38%) of callers are seeking information, rather than counselling, suggesting that their needs could be met in another way.

Whilst the merits of a dedicated helpline for the Midwest have been considered, the Board have decided to redesign how the helpline is delivered. This reflects in part the changing nature of how people prefer to communicate (online and via messaging, rather than by phone) as well as the resource requirements of such a service. Instead of accessing an RCM helpline, callers can be directed to the national helpline, which is staffed 24-hours and funded to provide crisis support.

RCM plan to support this process by liaising with the national helpline to provide them with resources specific to the Midwest and by investing in RCM's website and communications to ensure that survivors, supporters and the general public are able to access the information they need more easily (see Objective 5). During the strategic planning process, several areas that required specialisation were identified (e.g. young people, migrants, people with disabilities, survivors of childhood sexual abuse, sex workers). RCM propose to conduct a skills audit of staff to identify gaps. Due to a growing number of referrals from direct provision centres and requirements for languages other than English, this will explore best practice in meeting these needs (e.g. the use of assistive technology). This may require the recruitment, over time of counsellors with second languages and/or better use of volunteers with such skills (see Objective 5).

Finally, RCM will use this strategic period to review its Forensic Medical Exam (FME) Midwest accompaniment service. Currently, volunteers are recruited to accompany survivors in three contexts. Firstly, to court, secondly, the FME Midwest service and thirdly, Garda appointments. FME trainings are carried out over four weekends (eight days in total) and take place several times a year. Trainings can have up to fifteen potential volunteers. However, the conversion rate from training to active volunteer has reduced significantly in recent years and volunteers lost during the pandemic have not been replaced. Moreover, some volunteers have never received an FME callout. Work is required to identify ways in which volunteers that express interest in volunteering with RCM can be utilised to help deliver this strategic plan.

Table 1: Objective 1: sub-objectives

Objective	Areas covered by this objective	Sub-objectives
Continue to deliver high quality, specialist services for survivors and their supporters.	**Service transformation**	1.1 Build out the service offer to include alternative therapeutic supports and an effective system of inward/outward referrals (see SOs 1.2-1.6 and Objective 2)
	Waiting List	1.2 Initiate a review of the waiting list and put in place a system of waiting list management to ensure that length of wait for support is minimised and survivors' needs are met optimally. 1.3 Set a wait time target to be achieved by 2028 (following review of the waitlist and implementation of the new system of waitlist management). 1.4 Compile an evidence briefing on the cost of late intervention to make a case for expanding supports in service of sub-objective 1.2.
	Helpline	1.5 Assess what role different communication channels can play in meeting the needs of survivors and supporters, and adapt accordingly (supported by sub-objective 4.2) 1.6 Stop promoting the office number as a helpline and proactively direct disclosures/crisis calls to the National Helpline number. Introduce a triage system to direct callers – either automatically or via staff member – to the correct location. Work with the National Helpline to ensure that local resources and knowledge are readily available to volunteers.
	Specialisation	1.7 Identify the key target groups that requires specialist support e.g. young people, migrants, people with disabilities, survivors of childhood sexual abuse, sex workers. 1.8 Conduct skills audit of existing staff and volunteers and how they fit with needs of clients and the new service delivery model.

Objective 2: Diversify services to include ancillary supports for survivors and supporters and strengthen the legal service offering.

A key goal for the coming years is to develop RCM into a holistic sexual violence support service, where counselling is a significant part of a wider array of supports. This requires the development of ancillary supports (e.g. art/music therapy, life coaching/personal development, group work).

> ***It would have been great to have support for my grown-up sons – to be in a room with someone who has had the same experience…with people who don't judge you.***

> ***I'd love to have it to keep going if I'm honest. I was very aware when I came that I don't want to be taking a place for somebody else. I might feel like I'm here too long maybe they want me to go, but if I'm honest, it's my life line.***

The importance of ancillary supports was highlighted by survivors in interviews, particularly step-down services to ease the transition out of counselling and an offer for family members who often lack access to support.

> ***If there was provision for family members, for supporters, my husband that would have been very helpful.***

Survivors also talked about the benefits of peer support – those who had and some expressed interest in offering this type of support themselves, as well as the importance of preventative work with wider society.

> ***If clients knew that there are healing services, it would be a huge help. I think it has to be someone who has walked the walk.***

Ancillary services can operate in several ways:

- As an alternative service to counselling for individuals where counselling is not the right option.
- As a step-up services for people on the waiting list.
- As a complementary support for people in therapy.
- As move-on options for clients who have been in therapy for some time.
- As a suite of services aimed directly at supporters who are currently not receiving any service at RCM.

Some of these services are already offered by other women's or men's organisations locally. Rather than reinventing these, RCM will set out to develop collaborations that can lead to effective cross-organisational referrals (in and out). Although RCM is present at the Local Area Network, there is a gap where connections made at those meetings are not translating into practical opportunities for collaboration and referral.

The legal service provided by RCM currently comprises court accompaniment. This is provided by volunteers and does not have any dedicated funding, apart from expenses for volunteers. It can be time-consuming and is emotionally demanding for volunteers and staff. There is also a gap in relation to the availability of free and/or subsidised legal aid. RCM aim, therefore, to develop a more robust legal offering to survivors and supporters. Part of this involves ensuring that counsellors and other staff/volunteers have a good understanding of the legal process and can advise accordingly.

Table 2: Objective 2: Diversify Services

Objective	Areas covered by this objective	Sub-objectives
Diversify Services	**Ancillary supports**	2.1 Identify gaps in ancillary service provision in the wider context (including step-up, maintained and step-down services) and identify the best ways of meeting these (i.e. partners or in-house). 2.2 Develop effective collaborations with partner organisations such as Rape Crisis Centres across the country, domestic violence services and services targeted at men. 2.3 Put in place a system of 'warm handovers' for referrals.[6] 2.4 Develop formal service offer for supporters (e.g. group work).
	Legal services	2.5 Establish a monthly legal clinic.[7] 2.6 Fundraise and recruit for a paid role that coordinates volunteers who provide court accompaniment (link to SO 5.1). 2.7 Ensure a good understanding of the legal process amongst counselling staff.

Objective 3: Refine and deliver a high-quality education and training programme that has the potential to become income-generating over time.

Education and training were mentioned by survivors as an area that required investment. Specifically, information such as the likelihood that the abuser will be someone you know and how to recognise predatory behaviour. In addition, there was mixed experiences of engaging with the Gardaí and the importance of professional training was highlighted.

> ***It's all about awareness, about consent which is not really spoken about at primary school. There needs to be more awareness and more education, teaching kids how to say no to anything that makes them feel uncomfortable***

> ***Things like the statistic that it is not a stranger who will do this to you***

Historically, RCM delivered training modules on sexual violence awareness, handling disclosures, and consent to a range of audiences. These materials were developed to a high standard and were in the process of being accredited by a third-level institution, a process that has since stalled. RCM are aiming to recruit a staff member to update and deliver these materials and pursue accreditation of the materials.

This will address significant training needs on disclosures amongst first responders, voluntary organisations, prison staff and other public servants. Teachers also require support with delivering consent training. In addition, young people and the public have training needs in relations to sexual violence awareness and consent.

As well as supporting the protection and prevention pillars, training has the potential to become income-generating over time, affording RCM a source of unrestricted funds.

Table 3: Objective 3: Training and awareness

Objective	Areas	Sub-objectives
Training and Awareness	**Develop training suite**	3.1 Recruit a training and development officer to review and update current training material held by RCM. 3.2 Update and develop specific training modules in relation to Sexual Violence Awareness, Handling Disclosures and Consent Education. 3.3 Establish a relationship with an accrediting body and/or a third-level level institution to formalize and accredit the level 8 training course in Sexual Violence.
	Expand training services	3.4 Establish relationships with voluntary and statutory services with a view to providing in-house training relating to Sexual Violence Awareness, Handling Disclosures and Consent Education (e.g. Gardaí, hospitals, schools, and Universities). 3.5 Develop a best-practice training model that delivers impact and generates income.

Objective 4: Engage in policy and advocacy work on issues relevant to survivors, communicate more effectively with stakeholders and support longer-term campaigns to tackle structural inequalities in society.

This objective speaks to how RCM communicates with its internal and external stakeholders and how it uses its influence to support and amplify a range of policies and campaigns. Survivors were very aware of what they perceive to be biases towards perpetrators in the legal system and how disempowering and discouraging this can be. They also talked about the significant barriers to reporting sexual violence.

> ***A Garda said to me, the law is on the perpetrators side until he is convicted. Things need to change, they need to be changed in schools, including those who knew about this. They could become teachers, they could repeat the same behaviour. There was nobody to tell them what he did was wrong.***

> ***It shouldn't be down to the predator, whether he shows up in court or not.***

This objective is segmented into three areas: policy, communication, and campaigns.

In respect of policy, the goal is to work with partner organisations, to advance policy asks relating to the courts and judicial process. These include prohibiting the use of counselling notes, the use of "honest belief" defence in sexual violence cases and the use of character references in criminal cases.

In respect of communications, significant development is required to ensure that RCM is impactful. The first step will be developing a communications strategy that identifies how to best use scarce resources to communicate effectively, both internally and externally. A key part of this will be the development of a fit-for-purpose website that provides comprehensive information about RCM and sexual violence support in the Midwest and that includes include mobile optimization and a web chat function. This is key to RCM providing timely information to survivors and supporters.

In respect of campaigns, RCM are somewhat limited as a small organisation. Rather than running their own campaigns, RCM plans to add their voice to the campaigns of others to support the elimination of DSGBV and other forms of gender inequality.

Table 4: Objective 4: Policy, communications and campaigning

Objective	Areas covered by this objective	Sub-objectives
Policy, communications and campaigning	**Policy and advocacy**	4.1 Collaborate with local and national bodies for the development of effective policy change to support survivors of DSGBV.
	Communications	4.2 Develop a communications strategy. 4.3 Recruit communications expertise to RCM. 4.4 Update and modernize RCM's online presence.
	Campaigning	4.5 Collaborate with Cuan and other RCCs/RCI across the country on national and local campaigns to ensure one voice and one mission of zero tolerance. 4.6 Lend RCM's voice to campaigns that seek to reduce structural inequalities, which are the root causes, and remove violence from society.

Objective 5: Build organisational capacity to promote staff wellbeing, meet demand and improve communications.

Financial sustainability is key to RCM delivering on its objectives. There is a need to grow unrestricted funding. During this period, RCM will develop a new fundraising strategy, considering how best to generate unrestricted funds to support its objectives. The findings from this strategy will inform what fundraising resources are needed. RCM will also draw on its board to help support this objective.

RCM is also keen to strengthen its delivery outside of Limerick. RCM have satellite services in Ennis, Nenagh and Limerick prison and this will be continued so that RCM is able to provide services to survivors closer to where they live. The importance of having a warm, welcoming environment was identified by survivors in interview; plants, lighting, pictures would help to reduce the clinical feel and make it feel less daunting. However, others found the space very welcoming.

> ***It can be daunting coming into a service, there's a fear of authority, so a bit more of a relaxed appeal, more plants, there an unconscious thing going on, like the waiting room was like a doctor's waiting room***

The wellbeing of staff is of critical importance to RCM. To further this, RCM will seek to expand supervision capacity, develop external group supervision for the counselling team, and maintain CPD provision.

Volunteers are also a key part of RCM. During this strategic period, RCM will develop a new volunteer strategy. This will be informed by a survey of volunteers attending the SATU training and aim to ensure that volunteers are used effectively and have the appropriate support in place for a positive experience of volunteering at RCM. The volunteer strategy will include:

- A plan for on boarding and ongoing engagement (e.g. peer support groups, refresher sessions).
- Volunteer feedback loops to understand drop-off and re-engagement opportunities.
- Clarity on safeguarding, emotional support, and recognition practices.
- Engagement with national volunteering guidelines and networks.

Finally, RCM commits to upholding the Charities Governance Code and all relevant provisions under the Charities (Amendment) Act 2024, including transparency, fundraising ethics, and effective board oversight.

Table 5: Objective 5: Organisational capacity

Objective	Areas covered by this objective	Sub-objectives
Organisational capacity	**Fundraising**	5.1 Develop a fundraising strategy targeting local and national donors.
	Satellite services	5.2 Expand Ennis services to meet demand and address waiting list. 5.3 Finalise purchase of Nenagh property and establish centre in Nenagh. 5.4 Expand services in Limerick prison.
	Staff wellbeing	5.5 Maintain levels of supervision for staff and expand, if possible. 5.6 Develop quarterly external group supervision for counselling team. 5.7 Maintain provision of CPD days for whole staff team at a minimum of 2 days per year.
	Volunteers	5.8 Develop a new volunteer strategy.

7. Monitoring and Evaluation

In this section, we set out how the delivery against the strategic delivery can be monitored via key performance indicators (KPIs) linked to each of the sub-objectives.

This plan is linked with three other key documents, which will require separate monitoring:

- Volunteer Strategy
- Resourcing and fundraising strategy
- Governance strategy

7.1. Monitoring and Evaluation

Monitoring and evaluation will consist of:

1) Grouping of KPIs by quarter and initiating regular monitoring of these. Although these KPIs are shared across the organisation, including new staff identified in the plan, their delivery will be ultimately the responsibility of the CEO who reports to the board against progress.

2) One-off evaluations of aspects of the strategy, especially new initiatives like the wait list management system and ancillary services. These opportunities have been flagged above as KPIs.

However, this is not an exhaustive list, and additional evaluation may be required. Criteria for commissioning additional evaluation are as follows:

- Importance and relevance to strategic goals
- Requirement for learning and improvement
- Requirement for accountability (e.g. to board, regulators or donors)
- Availability of resources

Evaluations will be designed to focus on processes, outcomes or both, depending on scope and purpose and will be informed by the principle of ‘measuring what matters’.

7.2. Key Performance Indicators

Objective 1: Continue to deliver high-quality, specialist services for survivors and supporters and reduce waitlist times for accessing support

Sub-objectives	Actions	Targets	Key Performance Indicator
1.1 Build out the service offer to include alternative therapeutic supports and an effective system of inward/outward referrals (see SOs 1.2-1.6 and Objective 2)	1. Identify needs for alternative supports	Q4 2025	• Number of sessions of alternative support provide- 1-5 • Average satisfaction rating of alternative support provision – survey to be delivered with users • Number of inward referrals received – 1-5 • Number of outward referrals made – 1-5
	2. Put alternative supports in place (aligned with ancillary supports/volunteer strategy)	Q2 2026	
	3. Evaluate effectiveness of alternative supports and course correct	Ongoing	
1.2 Initiate a review of the waiting list and put in place a system of waiting list management to ensure that length of wait for support is minimised and survivors' needs are met optimally.	4. Identify skills/personnel required for waiting list review	Q3 2025	
	5: Conduct waiting list review	Q4 2025	
1.3 Set a wait time target to be achieved by 2028 (following review of the waitlist and implementation of the new system of waitlist management).	6: Initiate new wait list management system	Q1 2026	• Number of individuals on waiting list – reduction by 20% • Average wait time before service receipt – reduction by 20%
	7: Review implementation of new waitlist system	Q1 2026	
	8: Set new 2028 waitlist target	Q2 2026	
	9: Review and monitor progress towards target	Ongoing	
1.4 Compile an evidence briefing on the cost of late intervention to make a case for expanding supports in service of sub-objective 1.2.	10: Scope requirements for evidence briefing	Q3 2025	• Evidence briefing completed
	11: Conduct/commission evidence briefing	Q4 2025	
1.5 Assess what role different communication channels can play in meeting the needs of survivors and supporters, and adapt accordingly (supported by sub-objective 4.2)	12: Conduct communications assessment	Q3 2025	• Website analytics, including visitors and bounce rate • Social media analytics • Communication strategy complete by Q2 2026
	13: Develop new communications strategy	Q4 2025	
	14: Implement new communications strategy	Ongoing	
1.6 Restructure helpline offer **Stop promoting the office number as a helpline and proactively direct disclosures/crisis calls to the National Helpline number.** **Introduce a triage system to direct callers – either automatically or via staff member – to the correct location.** **Work with the National Helpline to ensure that local resources and knowledge are readily available to volunteers.**	15: Connect with national helpline to share plans and provide resources to volunteers	Q3 2025	• Helpline evaluated and efficacy reviewed. • Text based support explored for website and social media channels
	16: Identify new triage system and staff accordingly (align with volunteer strategy)	Q4 2026	
	17: Adjust communications regarding helpline (align with communications strategy)	Q4 2026	
1.7 Conduct skills audit of existing staff and volunteers and how they fit with needs of clients and the new service delivery model.	18. Conduct skills audit (to inform volunteer strategy)	Q3 2026	• Skills audit complete by Q1 2026

Objective 2: Diversify services to include ancillary supports for survivors and supporters and strengthen the legal service offering

Sub-objectives	Actions	Targets	Key Performance Indicator
2.1 Identify gaps in ancillary service provision in the wider context (including step-up, maintained and step-down services) and identify the best ways of meeting these (i.e. partners or in-house).	19. Conduct review of service provision in Limerick and identify gaps	Q3 2025	• Review to take place in Q3 2025 – complete by Q4 2025 • Participation in local and national campaigns with identified agencies
2.2 Develop effective collaborations with partner organisations such as Rape Crisis Centres across the country, domestic violence services and services targeted at men.	20. Create formal partnerships with local and national organisations to support better cross-organisational referrals.	Q4 2025	
2.3 Put in place a system of 'warm handovers' for referrals.[8]	21. Identify what would be involved in the journey towards 'warm handovers' and build into service design. 22. Evaluate effectiveness of 'warm handovers'	Q3 2025 2026	• Number of warm handovers provided – 1-10
2.4 Develop formal service offer for supporters (e.g. group work).	Achieved via action 2		• Explore the feasibility of establishing a peer support group
2.5 Establish a monthly legal clinic.	23. Establish clinic	Q4 2025	• Number of service users accessing the legal clinic – 5-10 each quarter • Service user satisfaction with the legal clinic – 5 - 10 surveys complete by Q1 2026
2.6 Fundraise and recruit for a paid role that coordinates volunteers who provide court accompaniment (link to SO 5.1).	24. Fundraise for new role (align with fundraising strategy) 25. Develop job description and recruit to new role	Q1 2026 Q2 2026	• Court accompaniment coordinator in place in place by Q3 2026
2.7 Ensure a good understanding of the legal process amongst counselling staff.	26. As per skills audit (KPI 19), identify needs and deliver relevant training	Q4 2025	• Counsellors' self-rated understanding of legal process – survey completed by Q1 2026

8. This could involve accompanying survivors/supporters to first appointments, having informal follow-ups, having service time tables and availability to hand, and being on familiar terms with contacts in partner organisations that we refer in to.

Objective 3: Refine and deliver a high-quality education and training programme that has the potential to become income-generating over time.

Sub-objectives	KPIs	Targets	Key Performance Indicator
3.1 Recruit a training and development officer to review and update current training material held by RCM.	27. Develop job description for training and development officer and advertise	Q3 2025	• Role in place by end Q3 2026
	28. Recruit to new role	Q4 2025	
3.2 Update and develop specific training modules in relation to Sexual Violence Awareness, Handling Disclosures and Consent Education.	29. Training and Development Officer to update and develop modules	Q1 2026	Number of training modules offered by RCM – 1-3 modules available; • Sexual Violence Awareness • Consent Education & Training • Handling Disclosures
3.3 Establish a relationship with a third-level level institution to formalize and accredit the level 8 training course in Sexual Violence.	30. Build on existing relationships to achieve this objective	Q1 2026	• Liaise with third level bodies to discuss partnership in training delivery and accreditation • Develop micro credential online modules
3.4 Establish relationships with voluntary and statutory services with a view to providing in-house training relating to Sexual Violence Awareness, Handling Disclosures and Consent Education (e.g. Gardaí, hospitals, schools, and Universities).	31. Develop CRM database of potential customers	Q1 2026	• Liaise with voluntary and statutory agencies to discuss training delivery for staff teams
	32. Set-up meetings with potential customers	Q1 2026	
3.5 Implement best-practice training model that delivers impact and generates income.	33. Implement training	Q2 2026	• Deliver training to 50-100 participants • Annual training income – implement a self-sustaining model • Assess average satisfaction rating of training by survey
	34. Evaluate training	Ongoing	

Objective 4: Engage in policy and advocacy work on issues relevant to survivors, communicate more effectively with stakeholders and support longer-term campaigns to tackle structural inequalities in society

Sub-objectives	Actions	Targets	Key Performance Indicator
4.1 Collaborate with local and national bodies for the development of effective policy change to support survivors of DSGBV.	35. Identify key policy moments for 2026-2028 relevant to DSGBV, especially local opportunities	Q1 2026	• Number of advocacy actions taken (e.g. letters, petitions, meetings) – 10 -20
	36. Identify Key collaborations and engage with relevant stakeholders	Ongoing	
4.2 Develop a communications strategy.	37. Develop communications strategy	Q3 2025	• Website analytics (as above) • Social media (analytics) • Service user satisfaction with communications
4.3 Recruit communications expertise to RCM.	38. Develop job description	Q4 2025	• Role active by Q1 2026
	39. Recruit to role	Q1 2026	
4.4 Update and modernize RCM's online presence.	40. Develop website spec	Q1 2026	• Website analytics – review efficacy of website reach • Social media – review efficacy of social media reach • Service user satisfaction with communications
	41. Commission new website	Q2 2026	
4.5 Collaborate with Cuan and other RCCs/RCI across the country on national and local campaigns to ensure one voice and one mission of zero tolerance.	See above	Ongoing	
4.6 Lend RCM's voice to campaigns that seek to reduce structural inequalities, which are the root causes, and remove violence from society.	See above	Ongoing	

Objective 5: Build organisational capacity to promote staff wellbeing, meet demand and improve communications.

Sub-objectives	Actions	Targets	Key Performance Indicator
5.1 Develop a fundraising strategy targeting local and national donors.	42. Develop fundraising strategy	Q4 2025	• Annual fundraising income from non-statutory sources – increase of 20%
5.2 Expand Ennis services to meet demand and address waiting list.	43. Expand Ennis service	Q2 2026	• Add additional counselling hours to Ennis service – half day – 3.5 hours • Number of active service users at Ennis – increase by 10% • Number on waitlist at Ennis – decrease by 20% • Average time on waitlist at Ennis - decrease by 20%
5.3 Finalise purchase of Nenagh property and establish centre in Nenagh. **5.4 Expand services in Limerick prison.**	44. Finalise purchase of Nenagh 45. Establish Centre 46. Expand in Limerick prison (what is involved here)	Q3 2025 Q1 2026 Q1 2026	• Address building issues – prepare for commercial use • Add additional counselling hours – 2 days • Decrease waiting time by 40% • Number of active service users at Nenagh – increase by 20%
5.5 Maintain levels of supervision for staff and expand, if possible.	47. Maintain levels of supervision 48. Review levels of supervision with view of expanding	Ongoing Q3: 2026	• Number of staff supervision sessions provided per year – 1 per month, per staff member
5.6 Develop quarterly external group supervision for counselling team.	49. Develop quarterly group supervision	Q4: 2026	• Number of group supervision sessions provided – between 8-10 per year
5.7 Maintain provision of CPD days for whole staff team at a minimum of 2 days per year.	50. Maintain provision of CPD days	Ongoing	• Number of CPD days provided per year – 1 or 2 per year
5.8 Develop a new volunteer strategy.	51. Develop volunteer strategy	Q4: 2025	• Number of active volunteers – increase by 20% • Volunteers satisfaction rating – 1-20 surveys completed

8. Appendix

Context	CUAN pillars	Stakeholder	RCM Activities	Short-term change	Medium-term change	Long-term change
• Needs • Lifetime prevalence of sexual violence is 40%* • Although disproportionately affects women, 15% of service users are male, (survivors of childhood sexual abuse and increasing number of referrals from adult male rape • Sexual violence is linked to long-term adverse health and psychosocial outcomes • Increased availability of harmful online material (violent and misogynistic) • 9-12 month RCM counselling • Changing language/communication needs (ESL/ISL and referrals from direct provision) • Other groups with specialist needs (e.g. older people, people with disabilities etc.)	Prevention	Frontline workers that may receive disclosures, including: First Responders Gardaí Hospital staff Mental Health Services Homeless Services Prison staff GPs Nursing home staff	Develop and deliver best practice training	• Improved awareness of best practice • Increased confidence when responding to SV disclosures	• Improved skills and capacity to respond to SV disclosures	• More detection and reporting of SV • Survivors experience best practice when they report SV • More effective institutional responses to sexual violence • SV awareness and training is mainstreamed in education • A cultural shift towards zero tolerance for sexual violence • Greater equality in gender relationships • Training is self-financing with potential to develop new source of unrestricted finance.
		Other professionals (e.g. social landlords, legal professionals, council staff, political staff)	Develop and deliver best practice training	• Improved awareness of best practice • Improved confidence in delivering intervention	• Improved skills and capacity to respond to SV disclosures • Reduced stigma associated with victimisation • Reduced tolerance of SV • Reduced incidence of sexual violence in the Midwest • Improved internal policies around SV disclosures and safeguarding	
		Teachers, university staff, youth workers, coaches and career guidance counsellors	Develop and deliver a) best practice training around relationships curriculum and b) train the trainer	• Improved awareness of best practice in school-based training on SV, relationships, and consent • Improved confidence in delivering such training • Improved capacity to teach others	• More teachers providing better quality education and training on consent, relationships and SV • Reduced stigma associated with victimisation • Reduced tolerance of SV • Reduced incidence of sexual violence in the Midwest • Better informed young people	

		Young people	• Develop and deliver training for young people (consent, relationships and sexual violence)	• Increased awareness of concepts such as consent, healthy sexual relationships • Increased awareness of support available to survivors • Improved digital literacy and less engagement with harmful online content	• Reduced stigma associated with victimisation • Increased likelihood that survivors will seek help • Reduced tolerance of SV • Reduced incidence of sexual violence in the Midwest • Fewer misogynistic attitudes	
	Protection	• Survivors	• Safe and confidential space is available • Continue to provide high -quality specialised services • Provide alternative therapy modalities	• Timely, appropriate supports are available ensuring that all survivors can access the most appropriate therapy	• Survivors feel validated and believed • Improved emotional well-being • Survivor is empowered to manage aftermath of assault as they see fit • Survivor is empowered to go through the CJS	• Improved health and wellbeing outcomes for survivors • Improved health and wellbeing outcomes for supporters • Improved health and wellbeing outcomes for counsellors
		• Clients on waiting list	• Range of ancillary supports • More effective referrals to partner services	• Access to timely practical support and advice	• Survivors feel supported while waiting access to specialist services, thereby improving outcomes	
		• Supporters of SV survivors	• Range of ancillary supports • More effective referrals to partner services	• Access to timely practical support and advice	• Increased confidence to provide support to SV survivor • Increased capacity for self-care	

		• Counsellors	• Provide training for counsellors & therapists to specialise • Ongoing provision of high quality supervision (1:1 and group) for team • Funded CDP days every quarter	• Counsellors. Have sufficient training in key specialisms • Awareness of and opportunities for self-care • Staff feel supported in their role and professionally safe	• Increased confidence to provide a high-quality service • Increased capacity for self-care •	
• 65% of assaults not reported • Around 1 in 5 cases lead to a charge or summons	• Prosecution	• Survivors	• Professionalise court accompaniment service • Provide monthly legal clinic	• Every survivor has access to court accompaniment if they want it • Legal advocate available from the beginning of the court journey • Access to high-quality, timely legal advice	• Increase in % of assaults that are reported • Increase in % of convictions • Improved experience of CJS for survivors	• Increased accountability for perpetrators • CJS acts as a deterrent for perpetrators
• Some evidence of improvement in attitudes to consent but significant education gaps remain • Survivors often face stigma, lack of support, and barriers to justice • Access to violent and misogynistic material and tolerance of SV online • Lack of interagency approach • Inadequate legal framework for survivors • New national strategy for sexual violence • Funding remains inadequate	Policy Coordination	Survivors	Campaign with others on: • Specialist legal advocate in Midwest • Use of counselling notes in court	Contribution towards: • Strengthened legal frameworks to support survivors	• Fewer barriers to disclosing SV • Reduced stigma associated with victimisation	• More effective institutional responses to sexual violence • Reduced incidence of sexual violence in the Midwest
		Justice system	Campaign with others on: • Improve judicial process	• Strengthened legal frameworks to hold perpetrators to account	• Increased accountability for perpetrators • CJS acts as a deterrent for perpetrators	• A cultural shift towards zero tolerance for sexual violence

		Policymakers	Campaign with others on: • Whole-of-government approach • Sustainable funding	Contribution towards: • Better interagency coordination (health, justice, Tusla etc.)	• Reduced access to harmful online content • Reduced tolerance of sexual violence • Reduced prevalence of misogynistic attitudes • Sustainable funding?	
• Staff currently overworked and at risk of burn out • RCM not operating progressive employer policy in line with values • Organisational effectiveness linked to staff wellbeing and morale	Organisational Health	Staff	• Internal updates to organisational policies, including progressive employer policy • Introduction of Domestic Violence Leave, hybrid working, family-friendly employment policy • Diversify funding sources	• Improved staff wellbeing/morale • RCM is consistent with its values • Increased funding to support strategic plan	• RCM continues to attract high quality staff • RCM increased ability to retain staff • RCM staff able to provide best quality service to stakeholders	• Stakeholders receive better quality service • Improved health and wellbeing of RCM staff