**SARSVL Counselling Self-Referral Form**

Our Specialist Counselling service at SARSVL is confidential, free and independent from the police or statutory bodies. The Counselling service offers a holistic approach to recovery and provides a variety of counselling options and therapeutic services in a women-only safe space, to women over the age of 18 who have experienced any form of sexual violence, at any time in their lives. For more information visit http://supportafterrapeleeds.org.uk/services/counselling

To refer yourself for Counselling please complete all sections of this form. When we have received a completed referral form we will be in touch with details of next steps. Please make sure your preferred contact details are correct and that you provide your GP details. We will not be contacting your GP without your consent, unless you ask us to or there is a serious risk to your life.

SARSVL uses the information you give us for contacting you and for monitoring and reporting purposes. We keep your information securely stored in our office and; we do not share information with anyone else unless we are concerned about a safeguarding issue such as risk to you and/or others or risk to a child.

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| Do you consent to SARSVL holding information about you and contacting you regarding this referral? *If you are not able to respond “Yes” to this question we will be unable to accept your referral.* | | | | | | | | | | | | | | **YES/NO** | | | |
| Do you consent to SARSVL processing the information provided anonymously and in strict confidence for monitoring purposes and for funding applications? *If you are not able to respond “Yes” to this question we will be unable to accept your referral.* | | | | | | | | | | | | | | **YES/NO** | | | |
| If we haven’t heard anything from you for 6 months after we offered you the first appointment, your personal details will be deleted. | | | | | | | | | | | | | | | | | |
| NAME: | | | | | DATE OF REFERRAL: | | | | | | | | | | | | |
| Contact number: | | | | | Ok to leave voicemail? | | | | | | | **YES** | | | | **NO** | |
| Email address: | | | | | Ok to send text? | | | | | | | **YES** | | | | **NO** | |
| Address :  Postcode: | | | | | Ok to send letters to home address? | | | | | | | **YES** | | | | **NO** | |
| Ok to send letters with SARSVL logo? | | | | | | | **YES** | | | | **NO** | |
| Date of Birth: | | | | | Ok to send email? | | | | | | | **YES** | | | | **NO** | |
| Interpreter required? | | | | | | | | | | | | | | | | | |
| Name and address of GP practice:  GP phone number: | | | **YES/NO** | | | If yes, please specify which language: | | | | | | | | | | | |
| Please tell us why you would like to access support now from our specialist sexual violence counselling service: | | | | | | | | | | | | | | | | | |
| Types of abuse experienced as a child | | | | | | | | Types of abuse experienced as an adult | | | | | | | | | |
| Childhood sexual abuse | | | |  | | | | Rape | | | | | | |  | | |
| Childhood sexual exploitation | | | |  | | | | Sexual abuse/exploitation | | | | | | |  | | |
| Physical abuse | | | |  | | | | Domestic abuse | | | | | | |  | | |
| Emotional abuse | | | |  | | | | Ritual abuse | | | | | | |  | | |
| Witness of or experience of domestic abuse | | | |  | | | | Forced marriage | | | | | | |  | | |
| Female Genital Mutilation | | | |  | | | | Exploitation for prostitution | | | | | | |  | | |
| Are you seeking support for an incident the of sexual violence that happened in last 12 months? | | | | | | | | | | | Yes | | No | | | | |
| Have you suffered more than one experience of sexual violence | | | | | | | | | | | Yes | | No | | | | |
| Have you told anyone else about your experience/experiences of sexual violence (eg: police, social care services, friends, family)? If so, who? | | | | | | | | | | | | | | | | | |
| Please tell us about any consequences or distress that you have noticed as a result of the sexual violence you have experienced (eg: low mood, anxiety, nightmares, flashbacks, difficulty leaving the house): | | | | | | | | | | | | | | | | | |
| Are you taking any prescribed medication to help you with how you are currently feeling? | | | | | | | | | | | | | | | | | |
| Have you been given a medical diagnosis as a result of the distress you are experiencing? | | | | | | | | | | | | | | | | | |
| Do you ever use alcohol or drugs to manage how you are feeling? If so, how often? | | | | | | | | | | | | | | | | | |
| Are there any additional factors (eg: housing, finances, isolation, relationships) increase that impact on how are feeling? | | | | | | | | | | | | | | | | | |
| Do you experience discrimination in any areas of your life? | | | | | | | | | | | | | | | | | |
| Tell us about what support networks you currently have? (eg: friends, family, support worker) | | | | | | | | | | | | | | | | | |
| Are you currently accessing support from another agency? If yes, please provide details below: | | | | | | | | | | | | | | | | | |
| What is your main occupation? Please mark with an X | | | | | | | | | | | | | | | | | |
| Employed/self-employed |  | Student | | | | |  | | Carer for young  children |  | Carer for friend/family member | | | | | |  |
| Unemployed |  | Home Keeper | | | | |  | | Voluntary Work |  | Other | | | | | |  |

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| **Counselling Services Available at SARSVL**  **We are currently able to offer face to face and remote access online counselling sessions.**  **However, the wait for face to face sessions is likely to be significantly longer.**  **Please indicate below your preference:** | | | |
| I can only access face to face session | Yes | | No |
| I prefer face to face sessions, but would consider remote sessions | Yes | | No |
| I prefer remote sessions/can only access remote sessions | Yes | | No |
| I do not have a preference | Yes | | No |
| **Types of counselling contracts offered at SARSVL:**  We offer **8 sessions of Short Term therapy** for women who want to concentrate on coping strategies and improving their ability to function on a daily basis.  We also offer a longer contract of **20 sessions of Counselling** for women who are ready to explore in more depth what has happened to them, or where women are experiencing high levels of distress and difficulty.  Women who have reported their experience of sexual violence to the police, where there is likely to be a court case, or women who are considering reporting to the police, are advised to access our **Pre-trial Therapy**, consisting of eight sessions of counselling, that focuses on the impact of the incident and coping strategies. Pre-trial therapy is specifically designed so as not to impact on the outcome of criminal justice proceedings.  For more information about our Counselling services visit <http://supportafterrapeleeds.org.uk/services/counselling/>  **Please select ONE of the below options:** | | | |
| 8 sessions of Short-Term Counselling | | **YES/NO** | |
| 8 sessions of Pre-Trial Therapy | | **YES/NO** | |
| 20 sessions of Counselling | | **YES/NO** | |

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| Unfortunately, once your referral has been accepted, there is likely to be a wait for you to access counselling. SARSVL is piloting a new scheme offering emotional support calls to women to help manage the wait for counselling.  *Support calls will happen on a Thursday afternoon between 2-4pm on a monthly basis. You can have up to 4 calls whilst you wait. You will be supported by a trained helpline volunteer for up to 50 minutes, who will provide a safe space to explore how you are feeling.* | **YES/NO** |

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| **Monitoring Information**  We have to provide certain information anonymously for our funders. Could you please fill in the monitoring information below. We do not share your personal information with any of our funders. | | |
| **Do you identify as a woman:** | **Sexuality:** | **Religion:** |
| **Ethnicity:** | **Relationship status:** | **Employment status:**  *If studying, where do you study?* |
| **Do you have a disability?** | **What is your disability?** | **What support are you currently receiving, if any?** |
| **Socio-Economic Status** | **Low**  **Middle**  **High**  **Prefer not to say** |  |
| **Mental health?** | *e.g. depression* |  |
| **Physical disability?** | *e.g. hearing impairment* |  |
| **Learning difficulty?** | *e.g. dyslexia* |  |
| **Long term illness?** | *e.g. epilepsy* |  |
| **How did you find out about SARSVL?** | | |

**Please send this completed referral to** [**counselling@sarsvl.org.uk**](mailto:counselling@sarsvl.org.uk) **or to SARSVL Counselling, PO Box 827, Leeds, LS1 9PN.**