**Guidance for self-referring to the Independent Sexual Violence Advisors (ISVAs)**

*This is not exhaustive, but intended as a guide before you give us any personal information.*

**THE ROLE OF THE ISVA:**

The ISVAs at Survivors’ Network are specially-trained workers who can provide practical information and support to **anyone** 14 or over who has experienced recent or non-recent sexual violence or abuse. We cover Brighton & Hove and East Sussex.

The focus of our work largely centres around the criminal justice process, which can include: explaining what your options may be in terms of making a report, facilitating initial contact with the police, passing on anonymous information from you to the police about a sexual crime that has taken place, providing police liaison throughout an investigation if you have made a report, information and support in the lead up to a trial, attending a visit to a court room to look around in advance of a trial and offering support at court.

Because sexual violence and abuse can have wide-ranging and profound impacts on a person’s life, we will also work with you to create a plan of support to consider the ways in which you have been affected by what has happened, outside of the criminal justice process. This may involve referring on/signposting to other specialist agencies, such as housing teams.

**CONFIDENTIALITY:**

We have a comprehensive confidentiality statement that will be explained to you when we make contact. However, before passing over any information to us, we feel it is important that you are aware that under certain circumstances we may have a duty to share information with the relevant agencies (such as the police or social services). Situations where this may occur are:

* Where there are concerns about a child or vulnerable adult's safety.
* If we know of information that gives us concerns that you or another person may be at risk of serious harm.
* If we are ordered by a court of Law to breach confidentiality
* If we gain knowledge regarding certain crimes, such as a possible terrorist threat or drug dealing activity.

**Should it be necessary to breach confidentiality, we will attempt to discuss our concerns with you first, and we will try to involve you as much as possible.** If you have any concerns about this, you can call us to chat about this before submitting a referral form.

**INFORMATION WE NEED:**

We ask for certain information on the form, including a bit about the sexual violence and/or abuse you have experienced. Please only give information that you feel comfortable sharing at this stage. It can help us feel better equipped to best support you if we know roughly what may have happened, how long ago, and who the perpetrator(s) was, but do appreciate this can be difficult information to disclose, so do not feel you have to go into great detail.

If you are able to give us anything else that may help us support you better, such as an idea of what it is you would like from the service, any particular needs you may have and safe contact details, then there is space for all of this on the form.

**WHAT YOU CAN EXPECT AFTER MAKING A REFERRAL:**

We will attempt to make contact via the details given within a week of us receiving a referral. We will only leave messages, email or post if we know it is safe to do so. Upon contacting you, we will complete an ‘Initial assessment’ with you, to gain more of a sense about what is going on for you and how we may be able to support you and then discuss how your case will be managed from there.

Date of referral: SN #

|  |  |  |  |
| --- | --- | --- | --- |
| **CLIENT DETAILS** | **Name:** | | D.O.B: |
| **Address:** | | | |
| **Phone no:** (please indicate the best time to call) | | | |
| **Email:** | | **Safe to:** Post Text Email Voicemail | |
| **Preferred method of contact:** | | **Where did you hear about the Advocacy Service?** | |

**The Advocacy team at Survivor’s Network provide signposting and practical advocacy support for people over the age of 14 who have experienced sexual violence and are thinking about reporting to the police, or who have an open police investigation, or who have concerns about a case that has previously been reported to the police.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Background for referral**  (knowing this may help us support you better) | | Recent rape or sexual violence? Yes / No  Non-recent rape or sexual violence? Yes / No  Childhood sexual abuse? Yes / No  Any further information you feel comfortable to provide: | | |
| **Has this been reported to the Police or the Saturn Centre?** | | Yes/Date reported to police:  Yes/Date reported to Saturn Centre:  No/considering reporting: | | |
| **Officer in charge:** |  | | **Tel/email:** |  |

|  |
| --- |
| **If you have reported to the police already, is there any further information you can give us about this:** |
| **What are your concerns? What support might you need from an Independent Sexual Violence Advisor?** |
| **Do you have any concerns about your safety?** Please give details.  -If you or someone else is in immediate risk of harm please call 999- |
| **Do you have any needs/special requirements** (such as child care, learning difficulties, interpreting, accessibility needs, contact at specific times of day, relevant mental health issues, potential risks to staff or yourself) (Please note that we work Monday to Friday during office hours) |
| **Is there anything else you think would be helpful for us to know in order to best support you**: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What age are you?** | | | | ……… years  🞎 Prefer not to say | | |
| **What gender are you?** | | | | 🞎 Female 🞎 Male  🞎 Other – please state ….…………........  🞎 Prefer not to say | | |
| **Do you identify as the gender you were assigned at birth?** For people who are trans\*, the gender they were assigned at birth is not the same as their own sense of their gender. | | | | 🞎 Yes 🞎 No  🞎 Prefer not to say | | |
| **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | | | | 🞎 Yes a little  🞎 Yes a lot  🞎 No (do not answer the next question)  🞎 Prefer not to say (do not answer the next question) | | |
| **If you answered ‘yes’, please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark ‘other’ and write an answer in.** | | | | | | |
| 🞎 Physical Impairment 🞎 Long-standing Illness  🞎 Sensory Impairment 🞎 Mental Health Condition  🞎 Learning Disability/Difficulty 🞎 Developmental Condition  🞎 Other (please state) ……………………………………………………………………… | | | | | | |
| **How would you describe your ethnic origin?** | | | | | | |
| **White**  🞎 English / Welsh / Scottish /  Northern Irish / British  🞎 Irish   * Gypsy or Irish Traveller * Any other White back-ground (please give details)   ……………………………  **Asian or Asian British**  🞎 Bangladeshi  🞎 Indian  🞎 Pakistani  🞎 Chinese  🞎 Any other Asian background (please give details).................. | | **Black or Black British**  🞎 African  🞎 Caribbean  🞎 Any other Black background (please give details)  ………………………………  **Mixed**  🞎 Asian & White  🞎 Black African & White   * Black Caribbean &White   🞎 Any other mixed  background (please give  details) …………………………… | | | | **Other Ethnic Group**   * Arab   🞎 Any other ethnic group (please give details)  ……………………………...  🞎 Prefer not to say |
| **Which of the following best describes your sexual orientation?** | | | | | | |
| 🞎Heterosexual  🞎 Lesbian/ Gay woman  🞎 Homosexual/Gay man  🞎 Bisexual  🞎 Other (please state) …………………………………………………………..  🞎 Prefer not to say | | | | | | |
| **What is your religion or belief?** | | | | | | |
| 🞎 I have no particular religion  🞎 Buddhist  🞎 Christian  🞎 Hindu  🞎 Jain  🞎 Jewish  🞎 Muslim | 🞎 Pagan  🞎 Sikh  🞎 Agnostic  🞎 Atheist  🞎 Other (please state)  ……………………………. | | | | 🞎 Other philosophical belief (please state)  ………………………..............  🞎 Prefer not to say | |
| **Are you a carer?**  A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems. | | | 🞎 Yes  🞎 No  🞎 Prefer not to say | | | |
| **If yes, do you care for a…….?** | | | 🞎 Parent  🞎 Child with special needs  🞎 Other family member  🞎 Partner / spouse  🞎 Friend  🞎 Other (please give details) ………………………………………… | | | |