**North London Rape Crisis Service**

North London Rape Crisis (NLRC) is a specialist service which supports women and girls aged 13 and over who are survivors of sexual violence and live, work or study in Westminster, Kensington & Chelsea, Islington, Camden, Enfield, Haringey and Barnet. We work from a person-centred, trauma-informed and feminist perspective and offer a range of services:

* **ISVA** – Independent Sexual Violence Advocacy – provide support for women and girls aged 13+ who are currently going through or wanting support to go through the Criminal Justice System (CJS) in relation to an experience of sexual violence.
* **Counselling** –longer term counselling (4-6 months) for survivors who are not currently engaged Criminal Justice System (CJS) and up to 6 weeks of counselling for women going through the CJS.
* **Groups** – we run a range of women’s support groups which include both talking support and body therapies
* **Helpline** – our NLRC Helpline is open 21 hours per week and offers up to one hour per week of emotional telephone listening support for survivors of sexual violence. We also offer support and information to friends and family members.

If you are looking to refer to our services, please complete the attached referral form with as much information as you are able to provide. Following this a member of our helpline team will contact you to confirm the referral and information provided and pass this on to the relevant service.

**For Counselling & Groups Referrals Only:**

* **Survivors referred for our counselling or support groups must be:**
* Able to commit to regular sessions on a weekly basis. We have the provision to provide childcare and interpreters.
* Able to manage their own safety in terms of coping with anxiety and emotional distress that can come up during the therapeutic process without this posing a risk to their well-being.
* Psychologically well enough to engage with the therapeutic process and maintain contact for the duration of the time agreed
* Not be currently accessing counselling elsewhere or about to start soon (for counselling service only)

Our service’s suitability to meet the survivor’s needs depends on our counsellors recommendations following our counselling assessment process. Where there is a reasonable level of concern that you or another person might be at risk we will speak to you first, where possible, and work with you to try and find a safe solution to the issue. In some safeguarding situations we have a duty of care to inform other relevant agencies.

* + - * In some cases we may need to ask you if we can work in collaboration with other relevant professionals e.g. referrer, GP, support worker, mental health team to ensure that sufficient support is in place for you to undertake counselling at that time.
      * Our counselling service is unable to provide crisis intervention or emergency appointments if a woman is going through an immediate psychological crisis and is at risk as a result of this. Please refer to the local Community Mental Health Team (CMHT) or GP if this is the case.
      * As per the Crown Prosecution Service (CPS) guidelines, survivors who are currently going through the CJS are not recommended to access full counselling support however we can offer up to six sessions of pre-trial therapy.

North London Rape Crisis Referral Form

Please send this completed form to [rapecrisis@solacewomensaid.org](mailto:rapecrisis@solacewomensaid.org)

or call our helpline on 0808 801 0305. The helpline is open Mondays and Fridays 10am-2pm, Tuesdays 10am-1pm and 6pm-8pm and Wednesdays and Thursdays 1pm-5pm

Please ensure the information that you give is accurate and up to date. Any inaccuracies or incomplete information may cause delays to the survivor receiving support.

Please read the attached information sheet to ensure the client is eligible for the service.

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| **CONSENT** |

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| Has the service user provided explicit verbal/written consent for a referral to NLRC Services at Solace Women’s Aid and for her details to be shared with us? **This information must be completed in order for the referral to be processed.** |  |

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| **SERVICE REQUIRED (please tick relevant services)** | |
| Independent Sexual Violence Advocacy – support for women going through the CJ process – **please complete sections A and B** |  |
| 1:1 Counselling – **please check criteria and complete sections A and C** |  |
| Group Support – see groups leaflet for further information - **please check criteria and complete sections A and C** |  |

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| **FOR NORTH LONDON RAPE CRISIS ONLY** | | | |
| Date: |  | Taken By: |  |

Section A

Please make sure all sections of Section A is completed

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| SERVICE USER’S DETAILS | | | |
| Full name: |  | Borough: |  |
| D.O.B: |  | | |
| Do you require an interpreter? *If so, which language?* |  | | |
| Address: |  | | |
| Is it safe to send letters? |  | | |
| Home No: |  | Is it safe to call? |  |
| Safe to leave messages? |  |
| Mobile No: |  | Is it safe to call? |  |
| Safe to leave messages (text and/or voicemail)? |  |
| Email Address: |  | Is it safe to email? |  |
| Preferred form of contact: |  | | |
| \*GP name, address and contact details: |  | | |

\* GP information is needed as we need to know that you have access to medical support should you need it and in case of emergency with your consent we may contact your GP

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| REFERRERS DETAILS | |
| Self-referral/Referral Agency |  |
| Referrer Name: |  |
| Telephone Number: |  |
| Email: |  |
| Date referral made: |  |

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| CHILDREN – This section can be completed if your child(ren) are involved with Social Care. You do not have to give details of your children to access our services. | | | |
| Do you have children? *If so, do they live with you?* | |  | |
| Are you pregnant? | |  | |
| Children’s names | DOB/EDD | | Gender |
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| Do you have a social worker working with you? Please provide name and contact details | |  | |

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| INFORMATION ABOUT ABUSE EXPERIENCED | |
| What is the experience which has brought you to us? *If other, please provide details.* | Choose an option |
| When did this take place? | Choose an option |
| Where did this take place? | Choose an option |
| Did you know the person(s) who abused you? |  |
| Do you think the perpetrator(s) might harm you again? |  |
| Have you told anyone else about what happened to you? |  |
| Did you report your experience to the police? |  |

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| RISK AND NEEDS ASSESSMENT | |
| Are there any other agencies working with you at present? *For example GP, CMHT, social worker, support worker etc.* |  |
| Do you have any disabilities or chronic health problems we should be aware of? |  |
| Have you been diagnosed with any mental health conditions? |  |
| Do you have any concerns about your use of drugs or alcohol? |  |
| Have you experienced suicidal thoughts or ever attempted to take your own life? *If yes, please provide more details.* |  |
| Have you ever self-harmed? *If yes, please provide more details.* |  |

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| **OTHER RELEVANT INFORMATION**  Please provide any other information that you feel is relevant to this referral or that you would like our service to know about. |
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**Monitoring Information**

Solace Women’s Aid is committed to providing equal opportunities and working towards a fairer society by avoiding unlawful discrimination in the provision of its services. In order to ensure equality of opportunity for service users, we would be grateful if you could answer the following questions.

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| **Where did you hear about our service?** | Choose an option |
| **How would you describe your ethnicity?** | Choose an option |
| **How would you describe your gender?** | Choose an option |
| **Do you identify as trans?** | Choose an option |
| **What is your religion/faith (if any)?** | Choose an option |
| **How would you define your sexual orientation?** | Choose an option |
| **What is your immigration status?**  **Do you have recourse to public funds?** | Choose an option |

**Section B – for ISVA Referrals Only**

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| SUPPORT NEEDS | |
| Do you require any support with:   * Forensic/evidence collection * Sexual Health Check-up * Any other medical assistance?   *If yes to any of the above, have you referred to the Havens? If so, which Haven and what date was this?* |  |
| Do you think you might be pregnant as a result of the abuse? *If yes, do you want any support around this?* |  |
| Have you reported this incident to the police already? *If so, please provide Crime Ref. No. and SOIT Contact details, police station where reported* |  |
| Have you completed a VRI (video interview) with the police? *If so, what date was this?* |  |
| Are you interested in accessing pre-trial therapy?\* *Please complete the counselling section below if you would like to be referred for counselling* |  |

\*CPS guidelines state that women who are currently going through the criminal justice process should not have certain types of talking therapies due to the concerns around possible “coaching” and the impact of this on evidence. NLRC instead can offer a maximum of 6 sessions of “pre-trial” therapy where a counsellor will explore feelings and support with the development of coping strategies and grounding techniques.

**Section C – for Counselling and Group Referrals Only**

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| ADDITIONAL INFORMATION | |
| Have you previously accessed counselling? *If so, when, how long ago/for and what service was this?* |  |
| Do you have a diagnosed mental health condition? *If so, what support do you have in place? E.g. CMHT, Care coordinator, medication* |  |
| Have you been prescribed any medication to support you with mental health needs? *If so, what medication do you take and how often?* |  |
| Do you require childcare during sessions? |  |
| REASONS FOR REFERRAL  Please provide a brief summary of the reasons you would like to access counselling and/or group support and what are you hoping to gain from the counselling process? | |
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