



Somerset & Avon
rape & sexual abuse support



SouthmeadProject

Bristol Sexual Violence Support & Recovery Consortium

Annual report for Safer Bristol

April 2015 to March 2016



www.survivorpathway.org.uk

The gateway website of the services available and the referral pathways for rape and any kind of sexual abuse or assault across Bristol, Somerset, North Somerset, Bath and North East Somerset and South Gloucestershire.

Introduction

The Bristol Sexual Violence Support Consortium receive an annual grant of £115,000 from Bristol City Council Community Safety Department to deliver support and recovery services for survivors of sexual violence with a consortium of agencies including: SARSAS, Womankind, the Green House, Barnardo's BASE, The Southmead Project and Something to Tell You. Located across these existing SV specialist organisations, the consortium provides added value by recognising the specialisms of consortium members and ensuring that the needs of victims/survivors are met across the City.

This innovative Consortium are sharing learning and exceeding targets. The outcomes for the first year are positive and presented in this report. The data presented in this report includes the services contracted by Bristol City Council and some added value one to one support services by SARSAS match funded by the Ministry of Justice.

Summary of 2015/2016

Over 90% of survivors are women. More young people and more men are contacting our services.

The complexity of the needs of female and male survivors contacting our services is high and includes poor mental health, drug and alcohol misuse, language barriers, trafficked women, young people leaving care without enough resources and severe post traumatic stress.

There are high numbers of safeguarding concerns reported verbally by the consortium members in quarterly meetings. An example of the volume is 73 safeguarding records were written up by SARSAS. The number of Bristol survivors over the age of 13 requesting structured ongoing specialist support has increased this year from last year by 63% from 43 between January to March 2015 to 70 between January to March 2016.

Without additional funding and a solution focused approach to reducing waiting times and improving the services for our service users; the experience and quality of sexual violence support services will reduce. The survivor pathway website developed by SARSAS will become the front door to the Sexual Violence Support Services in Bristol and the surrounding areas

In person specialist structured support and counselling

408 sessions of counselling were provided across Bristol by consortium services to 26 women and 14 men
914 in person specialist support and solution focused therapy sessions and advocacy and liaison interventions were provided in Bristol to 71 women

Sexual Exploitation Transitions Service

21 referrals were received for young people aged 18 – 25. 13 cases are open; 6 cases are actively open

Helpline and e mail support

2086 calls were answered and made by the helpline from known Bristol or anonymous survivors
455 e mails were responded to from known Bristol or anonymous survivors

Outcomes

Service users reported improvements across all three key outcomes: 1) Improvements in health and well-being (52% improvement, 31% stable); 2) Building resilience (48% improvement, 44% stable), and 3) maintaining relationships and re-integration (45% improvement, 27% stable).

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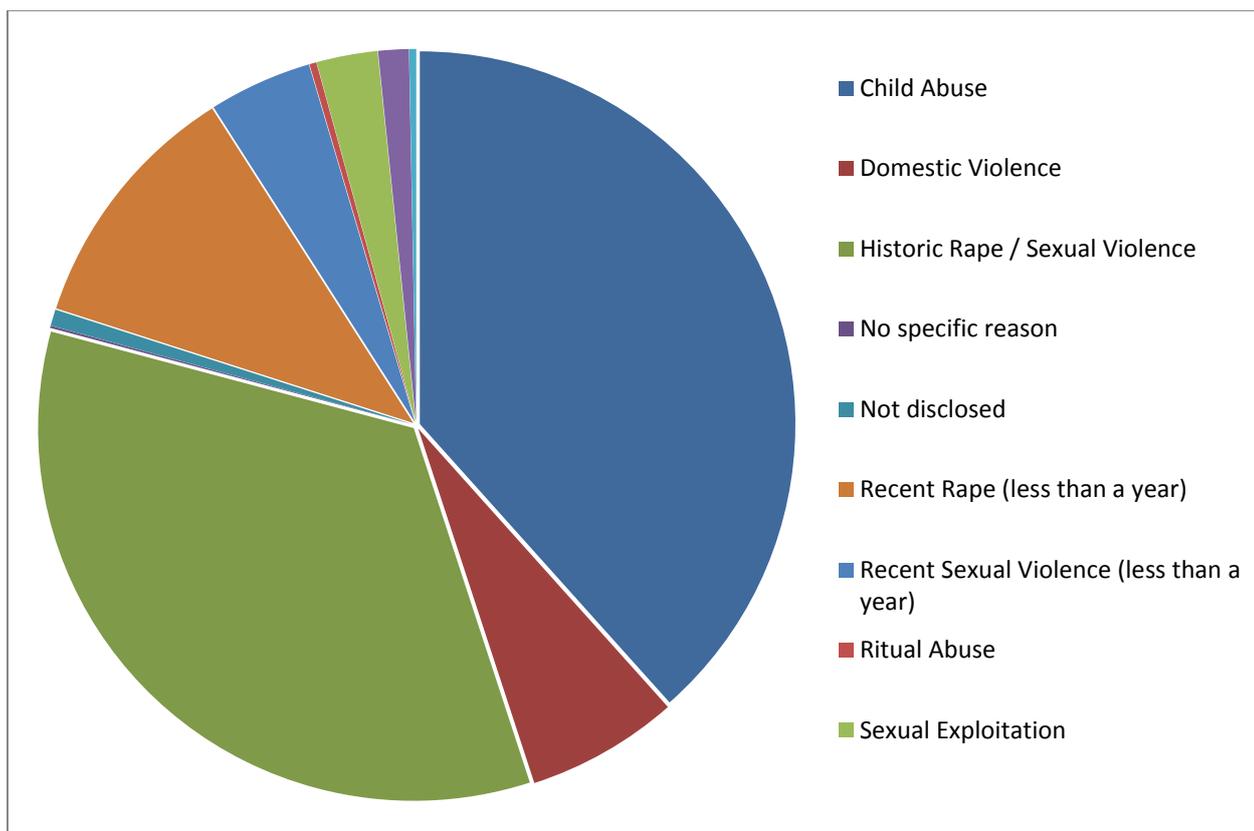
Evaluation of Bristol Consortium

“I want to say thankyou to [...] the consortium for being so great to work with. Your services do incredible and tireless work. I honestly can’t think of a service that offers so much to survivors of rape and sexual assault/abuse let alone work so well in a collection of services with the same goal.” *Bristol Crime Reduction Project Officer; Prevention of Violence against women and children March 2016*

Who uses our services?

The vast majority of our service users are women and girls. 85% of our clients are survivors of child sexual abuse or rape and sexual assault that happened over a year ago. We always refer to and work alongside the SARC and the ISVA service if the sexual violence happened within the last year or the survivor is working with the police.

Referral reasons 2014 –2016



Referral reason	Count of Referral reasons	Percentage
Child Abuse	380	38%
Domestic Violence	65	7%
Historic Rape / Sexual Violence	338	34%
No specified reason	1	0.1%
Not disclosed	7	0.7%
Recent Rape (less than a year)	109	11%
Recent Sexual Violence (less than a year)	44	4.5%
Ritual Abuse	3	0.3%
Sexual Exploitation	26	2.5%
Sexual Harassment	13	1.3%
Stalking	3	0.3%
Grand Total	989	100%

"I have learned so much and cannot find the words to express how much you have helped me through one of the darkest periods of my life." Service User 2015

74% of our service users experienced multiple assaults. This can result in increased trauma symptoms, more complex needs and a longer recovery time.

92% of our service users knew the person who assaulted them.

Increase in demands for services

SARSAS have seen a 485% increase in the number of women and girls approaching services across Avon & Somerset since 2013. 151 individuals in 2013/2014 compared to 884 known and named individuals (plus 435 anonymous) in 2015/2016

In Bristol alone:

SARSAS have seen an increase in survivors of rape, sexual assault and childhood sexual abuse approaching our services. We have 305 named individuals from Bristol who are on one of the partners' database and have been referred or used services within the last year.

Within Quarter 4 of 2015 – 2016 SARSAS have experienced a 63% rise in both self and professional referrals for Bristol compared to last year. This increase has an impact on the consortium as referrals increase and we inform service users of the consortium services available.

	Jan – March 2015	Jan - March 2016	Percentage increase by location
Bristol	43	70	63%
Banes	9	27	200%
Somerset	24	54	125%
South Gloucestershire	0	9	
Unknown	6	16	167%
North Somerset	18	27	50%
	100	203	103%

Young people

We have had a significant increase in young people using our services from six 13-17 year olds in 2013/2014 up to 85 in 2015/2016. We prioritise young people, knowing that early interventions are essential so they can avoid entrenched problematic coping strategies.

Men and Boys

55 men are recorded as contacting the consortium in 2015/16. Please see table 1 below. 24 of them were from an unknown area which implies they used the helpline or e mail support service on an ad hoc basis without choosing to give their name or location.

16 were named and known to be from Bristol. They used the helpline, e mail support, were assessed by the initial service for support and referred to the the relevant consortium partner for counselling.

484 contacts did not have their gender recorded

One of the consortium specialist providers have offered 13 men counselling sessions during this last year as part of the Consortium work.

Table 1 Gender of individuals using SARSAS

Area	Female	Male	Other	Transgender	Not recorded	Total
Bath and North East Somerset	124	4			14	142
Bristol	244	16	1	2	43	306
Mendip	32	1			4	37
North Somerset	119	3		1	15	138
Not Known	1					1
Other	4					4
Sedgemoor	37				5	42
South Gloucestershire	32	1			7	40
South Somerset	75	3			8	86
Taunton Deane	67	2			9	78
Unknown	229	24			378	631
West Somerset	12	1			1	14
Total	976	55	1	3	484	1519

“You gave me the opportunity to work through the most horrific time in my life. Without their support I do not know where I would be today.” Consortium service user 2015

Equality & Diversity of Service Users in Bristol 2015/2016

The following data comes from individuals who have been assessed by consortium members.

We provide anonymity for ad hoc service users on the helpline and e mail as part of a key engagement and safety strategy. Our e mail service is encrypted. We collect the following demographics information when they are known to us and start a structured rather than an ad hoc service with us.

Age Bands	%	Referral Agency		%	Ethnic Origin	%
13-17	5.2	Self-referral	80	36%	White	42.9
18 - 25	20.5	SARC	39	17%	White European	2.8
26 - 45	47	STTY	0	0%	Mixed/multiple ethnic groups	3.1
46-55	10.5	ISVA	49	21%	Asian/Asian British	3.5
56-75	3.8	Drug and Alcohol	11	5%	Black/African/Caribbean/Black British	3.5
75 and over	0	Mental Health	5	2%	Other	0.7
Prefer not to say	0	Barnardo's BASE	5	2%	Unknown	43.5
Unknown	12.9	CYPS	7	1%	Transgender	%
Sexual Orientation	%	Health	12	5%	Yes	0.3
Lesbian	0.3	Education	3	1%	No	99.7%
Gay	0	Police	4	1%	Prefer not to say	
Bisexual	3.8	Other	26	11%	Gender	%
Heterosexual	37.3	Unknown	2	0%	Male	5.2%
Prefer not to say/other	3.8	Total	243		Female	80.1
Unknown	54.7	Religion		%	Unknown	13.9
Disability Status	%	No religion		21.6		
Disabled	11.5	Christian		12.1		
Non-disabled	9	Buddhist		0.34		
Unknown /other	77.3	Hindu /Jewish		0		
		Muslim		1.4		
		Sikh		0.7		
		Atheist		0.7		
		Other		3.1		
		Prefer not to say		2		
		Unknown		57.8		

Bristol Outputs April 2015 – March 2016:

Referrals

We record the referral source for survivors who were referred to SARSAS or contacted us themselves to find out about our structured support and counselling services. SARSAS operates the significant route into consortium services and as such it is important to see where those referrals come from. We do not always have the referral source for helpline and e mail support service users who want ad hoc support and information.

Referrer by general area and by county	Number by Referrer	Significant Percentage
Non area specific. Avon & Somerset wide		
Self	193	34%
The Bridge (SARC)	90	16%
Safe Link ISVA	68	12%
GP	14	2.5%
Children's Social Care	9	1.5%
Lighthouse Victim & Witness Care	9	1.5%
Friend/ Family/ Third Party	8	1.5%
Housing/Hostels	8	1.5%
Avon Partnership Occupational Health Service	1	
Domestic Abuse Services	4	
Family Support Worker	3	
GUM Clinic	1	
Health Visitor	3	
Mental Health Trust	5	
Midwife	2	
NSPCC	1	
Northhamptonshire Rape Crisis	1	
Police	5	
School / College	4	
Substance Misuse	2	
Support Worker	2	
Victim Liaison Team - National Probation Service	1	
Bristol known referrals		
Bristol Drugs Project	9	
Brook Advisory Service	2	
Golden Key	3	
LIFT	1	
Link House	2	
Missing Link	1	
Nextlink Domestic abuse services	5	
Bristol Mental Health Team	13	
Barnardo's BASE	1	
Second Step	3	
STEPS Eating Disorder Service	1	
WomanKind	3	
University Of The West Of England	1	
Unseen (RIO)Service	3	
Total	567	

193 survivors from Bristol self referred to SARSAS or were referred by another agency looking for information, support or counselling in 2015/2016. This compares to 65 women and girls in 2014/2015. The majority of our referrals are self referrals (34%). This is followed by the SARC (16%) and the ISVA service (12%)

Mental Health Services & Drug and Alcohol services make up 14.5% (82 referrals)

Domestic abuse services 5% (27 referrals)

Primary health care services across all areas make up 3.5% (20 referrals). We know many self referrers initially heard about SARSAS from their GP.

Bristol Assessments

161 people were booked in for a needs assessment in Bristol

79 people attended the assessment (49%)

96 people were offered 1-1 support or counselling with consortium partners

16 men and boys known to be from Bristol self referred or were referred by another agency looking for information, support or counselling in 2015/2016.

24 men and boys from an unknown area contacted the consortium for information or ad hoc support

BRISTOL Attended assessments.

	DNA	Attended	Booked
Quarter 1	17	15	32
Quarter 2	10	10	20
Quarter 3	32	31	63
Quarter 4	23	23	46
All quarters	82	79	161

Specialist support & Solution Focused Therapy

58 individual women and girls from Bristol received a care planned, trauma informed specialist support service between April 2015 and March 2016.

25 women and girls from Bristol received solution focused therapy services

Sessions

914 in person specialist support and solution focused therapy sessions and advocacy and liaison interventions were provided in Bristol to 71 women.

12 women received both specialist support and solution focused therapy services.

413 in person sessions of specialist support and solution focused therapy were provided across Bristol

325 telephone sessions of specialist support and solution focused therapy were provided across Bristol

164 administration/text and post interventions were delivered

Please see Table 2 below

Counselling

408 sessions of counselling were provided across Bristol by consortium services to 26 women and 14 men

“Fantastic help and support, invaluable.”

“Coping much better – no more thoughts of suicide, no flashbacks, no nightmares, reduced fear”

Sexual Exploitation Transitions Support Work for 18 – 25 year olds

6 young people aged 18 - 25 engaged and received in person support from the sexual exploitation transitions worker. A further 7 young people received advocacy and liaison services and are still in the process of being engaged.

“the level of risk and need identified within the cohort of young adults referred to the service has meant that making contact, engaging and retaining and overseeing meaningful, non-crisis led work has been challenging. The project worker continues to work utilising the Barnardo’s 4 A (Access, Assertive Outreach, Attention & Advocacy) evidence based model of practice in all the cases she is involved in to ensure wherever possible that vulnerable young adults can enter, engage and be supported by the service.” Barnardo’s BASE Service Manager

Helpline

1113 calls were answered from the consortium helpline from either a Bristol resident or from a survivor from an unknown area. 973 calls were made from the helpline workers as a call back. 2650 hang ups and silent calls were made to the helpline. Our total of relevance to the consortium is 4736

We know 196 women and girls from Bristol used our helpline services. A further 799 helpline calls and 180 call backs were from and to anonymous survivors who did not disclose where they live.

We know 5 men from Bristol called our helpline and 15 called without saying what area they lived in. We also called back 10 men from Bristol and 1 from an unknown area. Data tables for all areas covered by the helpline can be found in the appendix.

Calls made or received on the helpline				
Area	Call Backs	Helpline	Silent Callers /hang Ups	Total
Bristol	793	314		1107
Unknown	180	799	2650	3629
Grand Total	973	1113	2650	4736

Something to Tell You – STTY – male information and advice line

STTY is staffed by Jonathan Charlesworth; a trainer in male rape across the UK for the police and NHS. The STTY phone line is available every Friday evening from 5pm – 7pm.

STTY has had a low uptake of male callers in this first year. This is in part due to a lack of resources available for promoting the phone line.

Number of calls: 6

Example of calls:

Case study 1:

Male client phoning STTY to secure advice regarding his son who'd two years previously been the target of sexual assault

Case study 2:

Male client phoning STTY for advice as to which services could provide him with the information he needed to report male rape

Bristol E mail support

25 individuals who we know live in Bristol used the e mail service

84 individuals using our e mail service were from an unknown area

154 e mails responded to from a known Bristol resident

254 anonymous e mails responded to from an unknown area

"Thank you once again for all your help, this was the first step on a difficult journey and your help has been invaluable"

Total e mail service across Avon & Somerset between April 2015 and March 2016

148 individuals used our e mail support service

575 e mails were received and responded to by our e mail support service

In October 2015 we reviewed how many people over the last 6 months came to our services via e mail and then went on to get one to one support.

Of the 85 individuals who used our e mail support service 58% received information, 17% were signposted to other services and 30% went on to receive counselling or 1-1 structured support.

Email service snapshot review across Somerset & Avon April 2015 to October 1st 2015

Total individuals who corresponded via email : 85

Total individuals who were booked in or offered assessments : 43

Total individuals who attended assessments: 33

Total individuals who were offered counselling or F2F sessions: 31

Total individuals who attended counselling: 10

Total individuals who attended F2F: 16

Total individuals who were provided with information: 50

Total individuals who were sent information in the post: 17

Total individuals who were referred or signposted to other services: 15

***“Thank you so much for your reply -
it was exactly what I needed it to
be.” E mail service user 2015***

Outcomes monitoring for 2015-2016

Measuring changes and progression

Each consortium agency uses their own outcome measuring tools. For example, The Green House and Womankind use CORE; Barnardo's transitions service uses a bespoke young persons progression tool; and SARSAS used outcome ladders until July 2015 and have now changed to a more comprehensive Key Performance Indicator questionnaire based on the outcomes required by Safer Bristol and the evaluation and monitoring toolkit for sexual violence projects devised by Rape Crisis England and Wales.

We continue, as a consortium, to look at ways to streamline the collection of data about outcomes, and this is discussed in more detail in the report section on future developments.

In order to demonstrate outcomes across the consortium we have amalgamated the raw data from across services agencies (Appendix 1 & 2) to demonstrate change across the consortium outcome objectives. Whilst the indicators for measuring changes might differ across consortium partners all are working towards the key outcome objectives which are:

1. Improvements in Health & Well-Being
2. Building resilience
3. Maintaining relationships and re-integration

Table **: Consortium Client Outcomes

	OUTCOME	IMPROVEMENT	STABLE
1	Improvements in health & well-being	52%	31%
2	Building resilience	48%	44%
3	Maintaining relationships & re-integration	45%	27%

Note: This collated data is based on clients who engaged with the service and provided information. Details of specific indicators and a breakdown of outcomes is provided in appendix 1 and appendix 2.

Above and beyond the quantifiable outcomes of the consortium partner activities are the testimonies of service users. Some of these are presented here:

"I feel more present in reality which makes me feel better as a mum".

"I understand why I have panic attacks and what triggers dark thoughts and feelings of depression. This in turn allows me to prevent these negative feelings to surface and to analyse my sometimes unusual responses to normal things leaving me more in control".

"I now exercise 5 times per weeks and drink less alcohol".

"Coping much better – no more thoughts of suicide, no flashbacks, no nightmares, reduced fear".

"I no longer visit the GP and have returned to work. Thank you!"

"Eating well"

"More energy for work and exercising all the time walking dogs"

"More relaxed, no arguments"

"I have managed to obtain more work and feel less anxious".

Thank you for the time and effort you as a service provide. Keep up the good work, you are all lovely and deserve gold medals.

Further examples of service user feedback can be found in appendix **.

Feedback and Service user involvement

Every consortium agency collects feedback from their service users in order to learn, increase their responsiveness and improve what they do.

All service provision agencies use feedback methods such as an anonymous feedback form at assessment, comments boxes, an end of service feedback form sent out to service users with a stamped addressed envelope, message boards in waiting areas, consultation meetings and phone calls with managers and staff, website feedback and e mail feedback.

On the helpline and e mail we record when we have provided information, when they report improved wellbeing, feeling safer, more empowered and after every session we record if there was any feedback given to us.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Outcome measurement recorded
244	61	74	360	739	No. of individuals report feeling satisfied with the service provided by Consortium

Examples of Service User Involvement from the Consortium

Service users helped to recruit the Sexual Exploitation transitions worker

In January 2016 the consortium contact interviewed and had meetings with service users, volunteer workers and staff to help prioritise workplans for 2016-2017

Service users were invited to meet funders in March 2016 to be able to explain their experiences of sexual violence services and what they felt was needed

What could we have done differently?

Most people answered nothing, and the outcome data suggests that for the majority of service users, the support they receive from the consortium either enables them to stabilize or in the majority of cases, improve their outcomes in relation to health and well-being, building resilience, as well as maintaining relationships and re-integration.

However service users were also able to assist us in developing and improving the consortium by suggesting way to improve the service:

Areas to improve:	What we have/will do:
Sending the self-help guide through the post was a trigger & there was no where to take the emotions that came up.	<i>As a result of this we always talk through more with people what is in the self help guide before sending it out if this is what the survivor requests.</i>
More time to talk through things as I became emotional and struggled to move on to other subjects	<i>We make sure people know that we allow one hour and a half for the assessment</i>
Reassurance that the counsellor would be specialised in the particular field of traumatic relationships came a little late for me. Maybe I should have assumed this from the purpose of [the organisation]	<i>This is a good point and we are looking at having more information about our specialist workers on our website</i>
I completely understand why your waiting times are long, but I had just disclosed and really wanted to see someone	<i>We always now make sure people know about the helpline service and the call back service.</i>
Shorter waiting lists for support (but I know it's not down to you)	<i>We are trying to get more funding to increase our capacity and work in partnership with more people</i>

Annual review of Consortium performance

The Bristol Sexual Violence Consortium meet on a quarterly basis to discuss successes, challenges, learning and performance of the services. Our ambition is for Bristol to be a centre of excellence for survivors of rape, sexual assault and childhood sexual abuse.

The key successes are:

Achieving positive outcomes for service users. Meeting and exceeding the targets.

There is a strong commitment and belief in the consortium from the partners involved

Sharing learning between the consortium agencies on good practice in assessment tools, child and adult safeguarding policies, language, pathways to services, models of delivery, outcome monitoring and feedback.

Keeping each other up to date with local and national information and opportunities

There is considerable added value within this consortium from additional and wrap around services from each agency – eg Complex needs work and solution focused therapy services from SARSAS, refugee and trafficked women counselling services from Womankind, drug and alcohol specialist support work from the Southmead Project and working with young children and families from the Green House.

The key challenges are:

The consortium is subsidised by other funders – for example the Ministry of Justice.

Promoting the Consortium to raise awareness so that every survivor knows about the services available whilst recognising that we already have long waiting lists and need more capacity.

Promoting the new men and boys service and delivering a comprehensive support, information and

signposting service for men and boys with an extremely limited budget.

Establishing the practical pathways that work for service users from initial contact to specialist support and counselling between 5 agencies.

Interpreting costs are rising and the need for them is increasing. This doubles and sometimes triples the cost of counselling and support sessions. This has not been accounted for in the budget.

Barnardo's BASE confirm young people who have experienced considerable abuse and/or exploitation may be chronologically ready to access adult services (by their age) but are not developmentally ready to access them and still require assertive outreach and longer term support.

The main learning is:

The Survivor Pathway website will be the main front door for the Sexual Violence Support and Recovery Consortium in Bristol. SARSAS are meeting with the SARC to ensure there are clear pathways into services from the police, health and other key referrers.

All professionals need to be made aware of this website and help survivors make an informed choice about the service that best meets their needs.

We will be recording waiting times in the future in agreement with Safer Bristol to reflect the truer picture of the demand for sexual violence services

Our demographic recording shows the diversity of service users is still more limited than we think it should be.

There is a significant gap in services available for younger people with complex needs

We have had several family members use our helpline and recognise the need for more structured family support such as a support group

SARSAS carried out an annual internal consultation with service users, staff and volunteer workers in January 2016. Reviews and subsequent improvements will be made across services to ensure we are striving to be a centre of excellence.

A shared database between consortium agencies would cut costs.

Promoting the model to other commissioners as an example of good practice is being planned.

An external evaluation of the consortium is preferred. Funding to be sought.

From October 2016 we will be distributing a men and boys self help guide written by STTY and SARSAS. The launch and publicity for this will contribute to promoting the phone line

Evaluation of the Bristol Sexual Violence Consortium Report 2015-2016.

Following an approach by the Bristol SV Consortium to look at their annual report, the Centre for Gender and Violence Research, University of Bristol, agreed to independently evaluate the content of this report and a contract was issued for that specific task.

Having looked through the report, it is clear that the summary of the achievements of the consortium over the past year are supported by the raw data provided from individual services. The diversity of clients supported and the range of services provided is impressive and demonstrates that the consortium is achieving its objective of utilising the specialism of the consortium members to better meet the therapeutic needs of service users. In addition to the number of clients seen, and the coordination of support offered, the outcomes from the clinical work of the consortium is also impressive. Whilst data is limited, in that it can only ever relate to those clients who engage, the figures are clearly located in the direct services provided, and there is transparency which allows others to see where the overall figures come from.

The greatest changes for individual clients are in outcomes linked to improvements in health and wellbeing, with 52% of engaged clients showing improvements and an additional 31% reporting stability. Clients also report improvements in building resilience, 48%, with a further 44% reporting stability. Finally, there is a 45% improvement, and 27% stability reported in relation to maintaining relationships and re-integration. Whilst the data for this final outcome are lower than the other two, the long term nature of re-integration processes makes this a difficult outcome for the consortium to evidence within its first year.

In addition to accessing the report and the raw data it contains, we were able to offer consortium partners individual telephone meetings for them to raise any concerns anonymously, and we attended one of the quarterly meetings, and the consortium partners development day. On the basis of these observations, it is clear that there is significant good will, enthusiasm, and respect amongst the consortium partners. There is an understanding of the challenges which collaborative working brings, yet a desire to work together as a way to add value to the specialisms which the different partners bring to the consortium itself. Of particular note, is the desire for shared learning, as a way to continue to improve the services which services receive. The consortium has plans to develop their work, subject to continued and extended funding opportunities, and they are well placed to do so. On the basis of the observations and comments above, we are happy to endorse this report and its contents. The consortiums' achievements over the past 12 months are impressive and their claims in this report supported by the service data.

On Behalf of the Centre for Gender and Violence Research,

Dr Emma Williamson.

September, 2016.

Appendix contents

SARSAS Feedback 2015 – 2016

Bristol Consortium Case Studies

About the Consortium

Consortium raw data

Appendix **: SARSAS FEEDBACK 2015 – 2016

Assessment attendance feedback

We ask a number of feedback questions after the assessment including:

What if anything did we do well?

Really supportive and understanding. Explained things very well. Very patient.
Given me very good information
Gave me hope
The service offered was excellent. Warm feelings from staff.
Very good choice of support esp. brain/cognitive functions, very good listener
Listened really well an excellent therapy that I can use with my anxiety
I felt comfortable opening up about what happened to me
The self-help booklets are brilliant
Listened to what I had to say and didn't make me feel like I was being judged
Helped me understand all services provided
made me feel heard, allowed me to speak freely about difficult issues.
listened and been compassionate and not at all judgmental
I was spoken to with sensitivity and care. I felt able to open up and this seldom happens
Deep knowledge related to the subject
Been clear and helpful, not pressuring
I felt heard and I felt validated, as myself.
Really good tips on grounding and safety techniques
Good professional approach, excellent explanation of services available and
a lovely introduction to SARSAS
Lots of things - I found the service very supportive and felt believed
Welcoming, comforting and easy to talk to, very informative and helpful
Very open approachable questioning
Made me feel very comfortable
Supportive, good listening, can talk freely
Quick response, informative, not invasive
Made me feel welcome and relaxed
Explained courses of action thoroughly
Given information about techniques I can use at home
Felt helpful, you believed me and understand. Lovely sweet lady.
Friendly approach, safe environment
Gave me tips to cope
Alice was so lovely and made me feel really comfortable when I was so nervous.
Giving information about techniques I can use at home
They were very appropriate questions for my situation
support from all aspects from SARSAS, the police, ISVA, victim support. If victims have the courage to come forward you/they will be well supported 'looked after'. There is a good network of agencies with well trained staff, who are sympathetic and supportive and understanding. Thank you all.

We ask our service users to complete end of service questionnaires. This is the feedback we received between April 2015 and March 2016

Quarter 1 Specialist Support and counselling feedback

- Being able to connect with the workers here and develop a professional bond. Also being believed
- The professional support I received and the chance to really open up and trust Brenda completely
- Continuity of communication and customer support
- The support area was welcoming, comforting and homely. Alice was friendly, and I felt comfortable to be open with her and to talk freely. She was encouraging, kind, friendly and supportive. I always left feeling that I had accomplished something.
- I felt it was very beneficial and it has given me a more positive outlook to life in general
- I could see improvements from the regular review
- Friendly, non-judgmental, relaxed attitude and believed in what you say
- I am currently in the progress of finishing Uni and the combined stress was a bit too much.
However, my main reason was I found my three sessions to be enough for me and gave me some things to think about and to work on in my own time, with the comfort of knowing the support line is always available.

Quarter 2 Specialist Support and counselling feedback

- I felt welcomed and understood. I received massive support and I'm in a much better place right now.
- They helped me learn what happened wasn't my fault.
- The venue was comfortable and I felt able to skip in and out discretely. I was able to feel anonymous. Also, and mainly, my counsellor was amazing, I felt supported at every level.
- Everyone is so understanding and don't judge you.
- The professional approach throughout, the high level of empathy and wisdom shared.
- SARSAS gave me the opportunity to work through the most horrific time in my life. Without their support I do not know where I would be today.
- The amount of sessions, ensuring that everything was covered and I was feeling much more able to cope.
- Friendly and caring people, especially Jxxxxxxx
- I felt that talking about things made me feel weak and I chose to block it out at that time, but may decide to try again in the future

Quarter 3 Specialist Support and counselling feedback

- Incredibly supportive yet not intrusive, very flexible and able to provide support at my own pace. Honestly do not know what I would have done without SARSAS
- I liked the lack of pressure and judgment and sincerity I felt from everyone.
- My counsellor was incredibly supportive and very understanding. She always kept me informed if she couldn't make it to our appointments. I honestly don't think I would have managed this year without her.
- I felt comfortable, I felt that my counsellor wanted to hear what I had to say and I felt like I was being taken seriously.
- I felt that I was believed and not judged. I felt supported which gave me the confidence to talk about what had happened to me. I never felt that my issue was not as bad as anyone else's and that the way I felt was normal

Quarter 4 Specialist Support and counselling feedback

- All staff were friendly, polite and easy to talk too. I wasn't rushed into anything, it was all at my pace.
I wouldn't have gotten through the things I have if it wasn't for the support I received.
- The lady I had made me feel really calm and I felt I could say and talk about anything (and the Lush cosmetics were really cool)
- Everyone is so friendly and understanding, I didn't feel judged
- The friendly team
- I liked my counsellor, she was friendly and cheerful. I also really appreciate the services being free

Helpline feedback

[When I called the helpline I thought]'this is amazing, finally someone understands. [SARSAS] it's like a warm blanket around me

I called Samaritans and they didn't get me. I called you and it was exactly what I needed, I'm really glad that you answered .

Thank you once again for such a considerate and detailed response. Thank you once again for all your help, this was the first step on a difficult journey and your help has been invaluable.

E mail support service feedback

- Just by being able to send this email feels like it takes a weight off of my shoulders.
- Thanks for such a quick reply, some of the other organisations never got back to me, which was very discouraging. I stopped trying to find help for a while because of this.
- Thank you once again for all your help, this was the first step on a difficult journey and your help has been invaluable (man e support client)
- Thank u for everything, your help and support means a lot
- Thank you for your help, it is really useful.
- Thank you so much for your reply - it was exactly what I needed it to be.
- Thank you for your advice, it has been really helpful

Appendix **: Bristol Consortium case studies 2015 – 2016

SARSAS Specialist Support Service

Case Study

Anja (pseudonym) is in her early 30's, originally from Eastern Europe but fluent in English, married with one child. She was raped in her country of origin at 18 years old and was held for around 6 hours while he abused her and made threats to kill her. He was never convicted and the police appeared to disbelieve her.

She was advised by her GP to refer herself to us after seeking help for many months for depression and anxiety, she has previously had some generic counselling via mental health but said it was with a male counsellor and not helpful as she did not find it specialised enough and there were things she was too ashamed to tell him.

Anja was suffering from nightmares and flashbacks, as well as low self-esteem, low self-confidence anxiety and depression. She may have been suffering from PTSD but this had never been assessed or diagnosed. Anja had 16 sessions with us which she said she found very helpful. We were able to talk about her experience in quite a lot of detail as this was a case that was never going to go to trial. She had some of beliefs about her own role in the incident, about being dirty and cowardly, why didn't she fight back etc. These beliefs were re enforced by the police who kept asking her why she didn't fight back. These beliefs she had about not fighting back, were not dealt with as she did not receive any therapy, and this made what could have been fairly easy to treat something much more complex and ingrained. We did a lot of psychoeducation around why women don't fight back, what fighting back would have achieved, (she could have been killed), how she got through the ordeal using her survival instincts etc. We went through her decision making, to help her understand why she chose to act in a certain way at a certain time, i.e. why didn't she run when she had the chance, etc.

In addition we looked at grounding (safe place, smells, people who make her feel safe).

She found out she was expecting a baby about half way through the work and her PTSD symptoms worsened as she became extremely fearful about giving birth (there are lots of similarities between giving birth and rape, lack of control, pain, blood, feeling exposed etc.). We wrote to the obstetrician with her consent and emphasised the need for extra care, and supported her requests for a caesarean section. This request was successful and knowing that she would be in more control of her birthing experience allowed her to enjoy her pregnancy and focus on bonding with her child.

We ended the work at the start of the third trimester so she could focus on positive thoughts around the baby. She was told she could refer back after the baby was born for more sessions as she did not complete the work. She commented that the work she did helped her enormously, and left some very positive feedback for us. More recently she has asked for some more support as she has given birth and feels the work was unfinished due to becoming pregnant, this is true so she was placed back on the waiting list recently. If she has not been given support, I believe her pregnancy and birthing experience could have re traumatised her. This could have had huge consequences for both her and her family. She may have been more at risk of Post-natal depression, women who have been sexually abused and not received support can sometimes experience issues around bonding with their babies, and this can lead to needing other services such as mental health, social care, A&E – all of which cost money. It can also lead to consequences for the child who may suffer from mental health issues themselves as a result of being cared for by a mother with post-natal depression who is not receiving treatment.

Southmead Project. Consortium counselling for men and women

Case study

S in her late 30's; Sexual, emotional and physical abuse in childhood; 2 children (1 boy & 1 girl) under 5

Presenting issue

A more recent experience – sexual assault – a friend of a friend.

Feelings of shame – 'I am no good' – 'I try to think that it was not my fault, but always end up blaming myself' – 'I am terrified that they will come back and do the same again' –

The recent assault had triggered feelings related to past abuse, further compounding feelings of guilt and shame.

Conflicting feelings of who to talk to, fear of not being believed by friends as perpetrator is known by them. Self-esteem and confidence low, feeling worthless.

24 sessions of one-to-one counselling have been offered.

Feeling more informed

Being able to work with elements of Sian's story regarding the sexual assault, she was able to understand the information about trauma and how it impacts on the brain (engaging the fight, flight or freeze response). Sian was able to understand this through her own lived experience and the most important factor for her was a sense that she could communicate aspects of her story without being judged or blamed.

Safety

The first few sessions were focused on safety. Both what this means for the client and putting some practical stuff in place to actually keep the client safe. It is at this stage that the therapeutic space and relationship are made. Working on this together started to place a seed of empowerment which became more tangible for the client. We managed to come up with grounding techniques which would be workable for Sian as an individual (e.g. the senses of which visualisation and auditory elements resonated more for her).

Improved well being

Working with feelings of shame and guilt and getting in touch with anger that has never been addressed has led to increased wellbeing as Sian has worked through aspects of her story. The realisation that both the assault and child abuse were not a result of anything she did wrong 'I was not to blame; 'I can see it really wasn't me.'

Coping mechanisms

Certain sounds were identified as relaxing for Sian. We experimented with these in sessions (e.g. the sound of the sea or water in general were workable for her. Whilst travelling on public transport, Sian found that she could listen to these sounds on her head phones and experience a relaxation response (even if there was chaos around her).

Womankind case study. Consortium women's counselling

Case Study

The client was a fifty year old woman who had recently remembered details of an attack, imprisonment and torture over several days, when she had been in her early twenties. At the time she thought she had been raped and responded by leaving the country and forgetting all about it. The man had been a neighbour she and her flat mate knew and spent time with, although she had become frightened of his behaviour and was trying to get away just before the attack.

X was experiencing nightmares and terrifying flashbacks triggered by objects such as needles which had been used in the torture. She was having difficulty in functioning in her work and taking care of herself, although she had felt very helped by a volunteer who had seen her for weekly support at Sarsas for several weeks.

At the beginning of the counselling X felt the need to tell her story. Although this stirred up the terror of the time, it also put into words an experience that could be born witness to and responded to.

Initially X could not see how her early experience in her family was relevant to her what had happened. However it soon emerged that a very frightening step father and a mother unable to hear about her daughter's fears left X feeling there was nobody to turn to, which was particularly relevant after the attack. Internally, she felt her only option was to push it out of her mind, which she effectively did for many years.

In addition, X was in a relationship with a man who was emotionally abusive and left her each time the difficult memories emerged, but then got back together with her later. She was able to make a link between the way she stayed in this unsatisfactory relationship with the way she had been afraid of and tried to placate her step father. She successfully ended the relationship during the counselling and felt very freed by that action.

She made improvements all round. Her emotional health increased dramatically, feeling confident and positive about herself and her achievements. She was self employed and her work took off, becoming very busy and successful. She planned a holiday for the first time in years. She had for a long time used Buddhist beliefs to help her and these continued to be very important to her as the counselling came to an end.

Barnardo's Sexual Exploitation transitions case study

Susie had lived with her foster carers for 8 years but as she approached her 18th birthday the placement broke down. Susie went to live in a children's home where she was groomed and sexually exploited within the community by a man in his 50's who she went on to live with. Whilst she was able to escape this situation she was sadly placed temporarily within women's refugee's and homeless shelters for adult women. During her time in these settings Susie was financially and sexually exploited and assaulted by some of the other adult residents. BASE referred Susie to the transitions service and weekly sessions have been provided to Susie focusing on issues including consent, grooming, health relationships and self-injury and mental health. Alongside structured support sessions, safety planning work and advocacy with Susie's professional network has been key in order to reduce the risks she faced. The consistent support on offer to Susie has supported her to rebuild her relationship with her foster carers and she has returned to live with them. She is keeping her-self safe and her mental wellbeing has improved dramatically. Due to Susie's early childhood experiences she will continue to be vulnerable to sexual exploitation but with continuous support and empowerment we are confident that her risks will continue to reduce.

Tommy was referred to the Transitions service by a homelessness agency where he was placed after spending 6 months in a psychiatric hospital. Tommy disclosed that he had spent many years being sexually abused by his father and as a result was placed in foster care at the age of 15. Tommy is extremely ambitious and was studying Law at University until he became very mentally unwell and was diagnosed with Border Line Personality Disorder. When Tommy initially started to see his worker he was very unwell and was making frequent suicide attempts and regularly drug using. Tommy was being sexually exploited online through 'working' as an escort with an online agency and identified himself as a 'sex worker'. The service has provided weekly sessions with Tommy and has spent much time making internal and external stabilisation plans around his housing and planning for the future. Work around safety planning, understanding sex work and the law, consent and healthy relationships, the grooming process, sexual health, and building resilience has all been overseen. Although Tommy continues to be sexually exploited he has made great progress in understanding the risks he is taking and making suitable plans to keep himself safe. More recently Tommy has become more reflective and has started to talk about his desire to stop 'working' in the sex industry and return to his studies. Through the support of the service Tommy is now regularly attending the sexual health clinic, and there has been a dramatic decrease in his drug use. He is also able to better identify and understand issues relating to 'power and control' and how they contribute to his levels of exploitation. Our work will continue to provide a 'pre-therapeutic' process to prepare Tommy to be able to engage in mental health support and sexual abuse recovery counselling.

The Green House. Consortium counselling for men case study

Steven is a 35 year old man. His father, a violent alcoholic, left when he was around four, leaving him to live alone with his mother who suffered from chronic depression, and who eventually herself turned to drink. Life for Steven was extremely confusing. As his mother's addiction took hold, he could never be entirely sure whether he would be received affectionately by her, if he would need to take care of her, or if she would turn violent and persecutory. In the evenings while his mother went out drinking he had a string of babysitters, at least two of whom sexually abused him.

When Steven came to TGH his marriage was at the point of collapse. His physical relationship with his wife had completely broken down, and although he loved his wife he had no real idea of intimacy or how to engage fully in a relationship with her. Having learned eventually as a child that it was 'dangerous to be close' and that he could rely on nobody but himself, his ability to relate, or to regulate his feelings and bodily sensations had been completely compromised.

Steven's defensive stance and rigid posture was apparent in the early sessions of counselling. He also drew as far back in the chair as he could, as I leaned forward in mine, and backed away from me when standing.

In order to establish trust I began by introducing choice, and permission to say no to anything in the session that his was uncomfortable with, starting with how far away he would like his chair to be from mine. He found it very hard at first to say no to me, so to begin with we used cards with pictures of stop and go signs that he could hold up, whenever he started to feel overwhelmed.

I had noticed and fed back to him that although he expressed a clear wish for intimacy with his wife, every time this topic came up his already defensive body language would become exaggerated. We continued by working with breathing, relaxation and mindfulness techniques, first to help Steven notice what was happening in his body, and later to be able to regulate these threat responses more effectively.

In later sessions we experimented further with physically reaching out, and with setting and testing out of physical boundaries using a piece of string he laid on the floor to demarcate his space. Learning about what he was and was not comfortable with, how to tolerate better the strangeness of physical and emotional intimacy, and knowing he was able to say no in therapy, allowed Steven to do the same outside, and begin to take small steps in rebuilding his marriage and establishing closeness with his wife.

The Green House Counselling Case Study: Keith

Background

Keith is a 51 year-old male who was abused by a doctor whilst in a borstal, aged 13.

The son of an emotionally cold and often violent father, and an angry, vindictive mother, he grew up in a household in which he couldn't remember ever being held, cuddled, or listened to.

Amongst his three siblings, he was singled out as 'the favourite' which, in this context, meant Keith was given no boundaries, and received no punishment or admonishment from his parents when he was naughty. He found out early that throwing a tantrum or breaking things got him noticed by his parents and often resulted in being given material things in an effort to placate him.

This led to isolation and resentment from his siblings, and as he grew older, an escalation in criminal and violent acts as he tested-out how far he could push his favoured status, and strove to be heard and acknowledged by his parents. Many years of being in trouble with the police followed, his offences including violent assaults which he knew were wrong, but for which he felt no remorse or empathy his victims.

Eventually at age 12, Keith was sent to borstal, or what is now called a 'youth detention centre'. He spent four years in various facilities including the centre where he was sexually abused by a doctor that he trusted and thought would help him with his frequent stomach pains.

Keith did not report the abuse to anyone. The culture within the centre had been constructed so it was every boy for himself, bully or be bullied, and friendships were actively prevented by the staff. Shame prevented him telling his parents and it was only after the death of both of them that he felt able to open up to his GP and later to approach The Green House.

He found out years later via the internet that abuse had been institutionalised at this facility. However when he first came to counselling he felt no connection or empathy with other survivors.

Impact of the Abuse

As violence had come so easily to him in the past he was tortured by the powerlessness he had experienced in the presence of the abuser, it was completely at odds with his self-concept, and with the image of 'hard-man' he'd worked hard to promote in order to survive in the detention centre.

In counselling he presented as fiercely loyal to his parents, his only criticism being that they had been 'too soft'. He believed that what had happened was his fault and being abused was his punishment for being a bad kid.

Keith had an eternally over-trusting nature, and having performed badly at school, was only semi-literate. This had left him vulnerable, and he had suffered many betrayals of trust which led to a view of the world that he was stupid and powerless. Feeling that no one would listen or help him he often resorted to physical violence in an effort to regain some power over the situation, and believed that once roused, his aggressive and violent behaviour was uncontrollable.

Therapy and Outcomes

Much of the work therefore, was about providing a safe space and container for his anger, enabling him to voice his feelings rather than acting on them, and to take responsibility for his anger and its consequences.

We worked using his paternal feelings of love, pride, and protectiveness for his son to promote feelings of compassion and understanding for himself as a child, and then as an adult. As counselling progressed he began to believe that the abuse had not been his fault, and was able to find empathy for other victims of abuse.

Within the counselling relationship Keith was able to test out what it felt like to be listened to, to receive acceptance, and be able to cry. This in turn gave him the courage to open up to close friends and family members, and receive understanding and acceptance from them.

Presenting in the first few sessions as an angry, chauvinistic, promiscuous hard-man, Keith gradually felt sufficiently comfortable to remove these facades and be more congruent.

At the end of counselling Keith reported feeling more confident and able to deal with his feelings and was able to recognise and celebrate his resilience and ability to survive, despite all that he had suffered in his life

Appendix **: The Consortium. About us:

The Consortium members are:

SARSAS –agency contracted by Bristol City Council

- Helplines, E mail, Specialist support

Barnardo's BASE

- Sexual exploitation transitions work (18 – 25)

Womankind Therapy Services

- Counselling for women

The Green House

- Counselling for men

The Southmead Project

- Counselling for either men or women

Something To Tell You

- Men and boys information line

Supervision

All our specialist support workers and counsellors receive line management and clinical supervision in line with BACP ethical practice guidelines.

Bristol Sexual Violence Support Champions

As part of the contract with Safer Bristol SARSAS were commissioned to deliver sexual violence support champion training in Bristol within the first year of starting the consortium.

The champion training scheme recognises not all survivors want to go to a specialist agency like those in the consortium for support. In order to maximise value and increase competence and confidence in key agencies across Bristol; SARSAS recruited 13 front line professionals with backing from their managers to become SARSAS Champions.

They all completed 2 days training in:

- Understanding sexual violence and working with trauma
- Responding safely disclosure
- Pathways and referral routes

The champions cascade good practice throughout their agencies and receive regular updates, access to further SARSAS training and reflective practice and review sessions.

Appendix 1: Raw data

Helpline

Individuals receiving helpline services				
Area	Call Backs	Helpline	Silent Callers/ hang Ups	Total
Bath and North East Somerset	40	30		71
Bristol	132	62		196
Mendip	13	14		27
North Somerset	49	26		75
Other	1	2		3
Sedgemoor	13	10		25
South Gloucestershire	16	10		26
South Somerset	38	13		52
Taunton Deane	31	19		50
Unknown	28	501	2636	3168
West Somerset	8	5		13
Grand Total	369	692	2636	3706

Individuals by gender, postal district and helpline service					
Area and service	Female	Male	Transgender	(blank)	Total
Call Backs	276	16	1	76	369
Bath and North East Somerset	33	1		6	40
Bristol	92	10	1	29	132
Mendip	11			2	13
North Somerset	37	2		10	49
Sedgemoor	11			2	13
South Gloucestershire	11	1		4	16
South Somerset	32			6	38
Taunton Deane	23	1		7	31
Unknown	18	1		9	28
West Somerset	7			1	8
Helpline	336	29		327	692
Bath and North East Somerset	23	3		4	30
Bristol	50	5		7	62
Mendip	12	1		1	14
North Somerset	23	1		2	26
Other	2				2
Sedgemoor	8			2	10
South Gloucestershire	9			1	10
South Somerset	10	2		1	13
Taunton Deane	16	1		2	19
Unknown	179	15		307	501
West Somerset	4	1			5
Silent Callers/hang Ups	23	1		2612	2636
Unknown	23	1		2612	2636
Grand Total	644	46	1	3015	3706

Age by service	BA NES	Bristol	Mendip	North Somerset	Sedgemoor	South Glos	South Somerset	Taunton	Unknown	West Somerset	Total
13 To 17	6	11	2	5	1	4	9	9	8	1	56
Call Backs	4	10	2	4		2	8	6	5	1	42
Helpline	2	1		1	1	2	1	3	2		13
18 To 24	20	35	4	11	8	2	10	5	10	1	109
Call Backs	14	28	3	8	6	1	9	3	5	1	79
Helpline	6	7	1	3	2	1	1	2	4		29
25 To 35	14	60	4	15	4	9	10	7	11	2	136
Call Backs	7	45	2	9	1	8	6	5	3	1	87
Helpline	7	15	2	6	2	1	4	2	8	1	48
36 To 45	12	36	8	14	6	2	9	9	3	2	101
Call Backs	5	22	2	9	2	1	6	7	1	2	57
Helpline	6	13	6	5	4	1	2	2	1		40
46 To 55	11	22	3	12	3	4	5	7	2	4	73
Call Backs	7	13		6	3	2	4	4	1	3	43
Helpline	4	8	3	6		2	1	3	1	1	29
56 To 65		6	4	5	2	1	1	6	1		26
Call Backs		5	3	3	1		1	3	1		17
Helpline		1	1	2		1		3			8
66 To 75		1	1	1		1					4
Call Backs		1		1		1					3
Helpline			1								1
76 To 104								1			1
Helpline								1			1
Unknown	8	25	1	12	1	3	8	6	3133	3	3200
Call Backs	3	8	1	9		1	4	3	12		41
Helpline	5	17		3	1	2	4	3	485	3	523
Silent Callers/ hang Ups									2636		2636
Grand Total	71	196	27	75	25	26	52	50	3168	13	3706

Raw outcome data

SARSAS Outcomes from counselling, specialist support work and solution focused therapy	% Improvement	Comments from service users
<p>Mental and physical health [Outcome 1]</p>	<p>30% Still in support or not completed outcome recording</p> <p>26% stable</p> <p>43% improved</p> <p>Total: 99%</p>	<p>“Has lost some weight and feels positive about her image & self worth”</p> <p>“Mental health has taken a set back due to anxiety after served with eviction notice on long standing home this week.”</p> <p>“Feels great improvement here as developing strategies to deal with unhelpful family members, so dwelling less on negative thoughts.”</p> <p>“Antidepressants are helping and now feeling ok about being on them.”</p> <p>“Grounding techniques are proving useful.”</p> <p>“Feels this has improved as she has recently put on a little weight”</p> <p>“Incidences of suicide attempts, overdose and sectioning much reduced “</p>
<p>Shelter and accommodation [Outcome 2]</p>	<p>28% Still in support or not completed outcome recording</p> <p>46% stable</p> <p>17% improved</p> <p>Total: 91%</p>	<p>“Neighbours are now less of a problem so feels more secure living here.”</p> <p>“M feels less secure around housing because she is planning to leave her boyfriend. Much time was taken in counselling to look at the quality of relationship she has and if being with this partner is her best choice. She feels ready to act towards independence.”</p> <p>“Has cleared house so much happier at home. Had help from someone as felt to be on brink of becoming a "hoarder".”</p> <p>“Feels much more comfortable at home”</p> <p>“Barricades door in Halls of residence.”</p> <p>“The only place feels safe is at home and don't want to move but feels scared and anxious outside of the home particularly nearby.”</p> <p>“Moved in with Grandad and step Grandma a year ago. Feels safer.”</p>
<p>Family, friends and children outcome 3</p>	<p>27% Still in support or not completed outcome recording</p> <p>33% stable</p> <p>34% improved</p> <p>Total : 94%</p>	<p>“Family relationships better. Has several good friends to confide in as well as Jo, her Support Worker.”</p> <p>“Has good friend who she can talk about anything. Starting to make new friends at the 2 jobs she does.”</p> <p>“Have built up a strong support network ready for end of counselling.”</p> <p>“Gaining friends from within work & able to go out to coffee with them, a first for someone who told me very early on that she had never had many friends.”</p> <p>“Trust issues. Difficulties talking to people.”</p> <p>“Communicating more with husband.”</p> <p>“finds it difficult to trust outside of close friends and family”</p>
<p>Education, skills and employment outcome 3</p>	<p>32% Still in support or not completed outcome recording</p> <p>42% stable</p> <p>20% improved</p> <p>Total: 94%</p>	<p>“Courses are going well. Was still positive about her learning despite needing to re-sit a maths exam. Dxxxx was able to deal with this set back without too much stress.”</p> <p>“Has 2 new jobs, both she likes as gives her some space from the house, unemployed son (19) & husband.”</p> <p>“Has recently been for an interview which has boosted her self confidence.”</p> <p>“Off sick but learning new hobbies/skills.”</p> <p>“Started painting again”</p> <p>“now doing some voluntary work”</p>

		<p>"Gained a really good mark on last assignment - this has really helped her self esteem and confidence."</p> <p>"Would like to go to college for qualifications and to get a 'decent job' in the future. Does not feel able to do this now. Life too overwhelming"</p>
Drugs and alcohol abuse outcome 2	<p>33% Still in support or not completed outcome recording</p> <p>47% stable</p> <p>17% improved</p> <p>Total 97%</p>	<p>"Using pain killers to cope."</p> <p>"In recovery."</p> <p>"Difficulties with medication. On sleeping tablets and meds for anxiety but overdoses because of overwhelm."</p> <p>"Frequent overdoses"</p> <p>"Not drinking and getting professional help re laxative misuse."</p> <p>"on a lof of prescribed medication for physical health issues,"</p> <p>"Has used cannabis again recently due to police/CPS stress."</p> <p>"Previous use of varied substances and dependency to heroin and benzodiazepines. Used speed problematically in teenage years. Has been smoking cannabis since age 9 and using this to aid sleep currently 1 - 3 times a week."</p> <p>"Recently has cut down drastically on alcohol."</p>
Finance and benefits outcome 2	<p>33% Still in support or not completed outcome recording</p> <p>37% stable</p> <p>23% improved</p> <p>Total: 93%</p>	<p>"Has been able to pay much of the housing debt that her 19 yr old son got her into. She is really pleased that she has done this."</p> <p>"Now in support group of ESA"</p> <p>"Is going to ask about Working Tax Credits (WTC)."</p> <p>"knows she has some debt issues which she is starting to address."</p> <p>"Feels more in control and has been able to pay some of her loan off, which gave her a great feeling."</p> <p>"at times not able to work as much as before because of being affected by what happened, has good days and bad days."</p> <p>"paper round only."</p> <p>"Supported by Mum"</p> <p>"Purse was stolen this week so had to borrow and in debt because of this"</p> <p>"new job has higher salary"</p> <p>"poor and struggling to make ends meet and Tax Credit will be cut in April. Really wants to earn a decent amount now and this is a priority."</p>
Outlook and attitude outcome 2	<p>28% Still in support or not completed outcome recording</p> <p>24% stable</p> <p>44% improved</p> <p>Total: 96%</p>	<p>"Feels that moving on is now possible."</p> <p>"Starting to get confidence to move on & make decisions for herself."</p> <p>"Feels her life is more together. Going to the court & discussing what would happen was very useful."</p> <p>"stuck and scared."</p> <p>"Felt amazed that her attitude towards her life was so much more positive."</p> <p>"Less stuck. Feeling very positive."</p> <p>"Hard to feel confident about the future until court case behind her."</p> <p>"Knock back, reeling from media coverage."</p> <p>"Counselling has helped as has self help guide."</p>
Social interactions / Sense of control outcome 3	<p>30% Still in support or not completed outcome recording</p> <p>26% stable</p>	<p>"She feels she is not to be blamed for the sexual abuse or physical abuse that took place about a yr ago.By gaining employment she feels she now has time where she is control of her life. Able to see SARSAS, Support Worker & Police believe in what happened to her."</p> <p>"Has just found friend from early childhood via chance photo on Facebook. This has confirmed many things to her & police"</p>

	40% improved Total:96%	<p>have been informed.”</p> <p>“Starting to talk about past.”</p> <p>“feels empowered, but not in control”</p> <p>“Self blaming.”</p> <p>“Proud re handling of recent Sexual Assault incident though.</p> <p>“Service user knows she is not to blame for abuse”</p> <p>“Loss of confidence meaning unable to go out alone.”</p>
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Womankind counselling outcomes April 2015 – March 2016:

Outcome 1: Improved health and well-being

Performance Indicators	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Whether survivors have positive coping skills and strategies for taking care of their emotional well-being [Outcome 1]	0	3	1	3	7/16 44%
Whether survivors are more able to manage mental health and emotions Feeling less anxious Less depressed [Outcome 1]	0	3	1	3	7/16 44%
Whether survivors have positive coping skills and strategies for taking care of their emotional well-being [Outcome 1]	0	3	1	3	7/16 44%
Knowing they are not to blame for the sexual violence [Outcome 2]	0	3	1	4	8/16 50%
Whether survivors experience a reduction in PTSD symptoms e.g. Self harm Flashbacks Nightmares Suicidal thoughts Dissociation Panic attacks [Outcome 1]	0	3	1	3	7/16 44%
Feeling closer to other people who matter to them i.e. family, friends / Whether survivors feel able to trust other people / Being able to be in an intimate relationship if they choose to [Outcome 3]	0	3	1	3	7/16 44%
Looking after their physical health (diet, lifestyle, managing medication, alcohol / drugs) / Reduction in visits to health professionals [Outcome 1]	0	3	1	3	7/16 44%
Feeling more confident in themselves / Having a more positive attitude and hope about the future [Outcome 2]	0	3	1	3	7/16 44%
Whether survivors feel able to manage their use of medication or other substances /Reduction in prescribed medication outcome 2	0	2	1	3	6/16 38%

Performance Indicators	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Increased access to education, training and volunteering opportunities / Whether survivors are using and / or learning skills [Outcome 3]	0	1	0	2	3/16 19%
More able to develop and maintain positive relationships [Outcome 3]	0	3	1	3	7/16 44%
Feel less isolated and increased support network [Outcome 2]	0	3	1	2	6/16 38%
Increased participation in community [Outcome 3]	0	2	0	1	3/16 19%
More able to have enough money to meet their needs / Whether survivors are receiving all the benefits they are entitled to / More manageable finances [Outcome 3]	0	2	1	1	4/16 25%

Outcome 3: Increased safety and perceptions of safety

Performance Indicators	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
More able to trust other people [Outcome 2]	0	3	1	3	7/16 44%
Feel safer at home [Outcome 1]	0	3	1	3	7/16 44%
Feel safer out in public [Outcome 1]	0	3	0	2	5/16 31%
Improved risk assessment score [Outcome 1]	0	3	N/A	2	5/16 31%
Increased perception of safety [Outcome 1]	0	3	0	2	5/16 31%
Less victimisation [Outcome 1]	0	3	1	2	6/16 38%

Outcome 4: Feeling informed

Performance Indicators	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Whether survivor understands how the sexual violence has affected them [Outcome 2]	0	3	1	4	8/16 50%
Whether the survivor knows about resources available to them / Increased knowledge and understanding of services [Outcome 2]	0	3	1	4	8/16 50%
Whether survivors are able to access the support they need [Outcome 2]	0	3	1	4	8/16 50%
Whether survivors are aware of their rights [Outcome 2]	0	3	1	4	8/16 50%
Whether survivors feel they have enough information to engage with the criminal justice system or civil proceedings	0	3	1	4	8/16 50%

if they choose to [Outcome 2]					
Number of survivors signposted or referred to other services [Outcome 2]	0	3	1	3	7/16 44%
Able to decide what they want to do about the sexual violence [Outcome 2]	0	3	1	1	5/16 31%

Outcome 5: Survivors are more in control of their lives

Performance Indicators	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Whether survivors know what options are available to them [Outcome 2]	0	3	1	4	8/16 50%
Increasingly able to assert their rights [Outcome 2]	0	3	1	3	7/16 44%
Whether survivors feel able to decide what they want to do about the sexual violence [Outcome 2]	0	3	1	1	5/16 31%
Whether survivors feel able to make decisions about their future [Outcome 2]	0	3	1	3	7/16 44%
Whether survivors feel able to make everyday decisions [Outcome 2]	0	3	1	3	7/16 44%
Whether survivors feel able to cope with day-to-day life [Outcome 2]	0	3	1	3	7/16 44%

The Southmead Project 2015 - 2016

Outcomes report

Outcome measure	Clients referred	Clients engaged	Positive change	No change
Improvements in health and wellbeing [Outcome 1]	12	6	6	0
Perception of safety [Outcome 2]	12	6	1	5
Feeling informed [Outcome 2]	12	6	2	4
Increased integration [Outcome 3]	12	6	5	1

Barnardo's Transitions Service 2015 – 2016

Outcomes report

Outcome	Number of young people demonstrating positive change	Number of young people demonstrating no change	Number of young people demonstrating negative change
Access to medical care [Outcome 1]	4 (66%)	2 (33%)	0
Reduced/safer consumption of controlled substances [Outcome 1]	2 (33.3)	2 (33.3%)	2 (33.3%)
Recovery from sexual abuse/exploitation [Outcome 2]	6 (100%)	0	0
Ability to describe safety strategies [Outcome 2]	6 (100%)	0	0
Reduced association with risky adults/peers [Outcome 2]	4 (66.7%)	2 (33.3%)	0
Not exposed to domestic abuse/violence [Outcome 2]	5 (83%)	1 (17%)	0
Stable and secure accommodation [Outcome 3]	4 (66%)	1 (16.5%)	1 (16.5%)

The Green House Men's Counselling for Sexual Abuse - 24 sessions offered to each client assessed

Outputs	Q1	Q2	Q3	Q4	Year to Date	Aim
Number of men assessed	3	11	2	8	24	
Number of men in therapy	2	2	5	2	11	
Total number of therapy sessions offered	19	16	42	43	120	120
Number of men who finished therapy with outcomes recorded	0	0	0	5	5	
Number of men who finished therapy with unplanned endings	2	0	2	2	6	

Outcomes	Q1	Q2	Q3	Q4	Year to Date	Aim
Number of men who report improved emotional health and wellbeing [Outcome 1]				5	5	
Number of men who feel more informed [Outcome 2]				5	5	
Number of men who safer [Outcome 1]				5	5	
Number of men who report feeling increased re-integration [Outcome 3]				5	5	
Number of men who found the counselling experience at this service to be very helpful				5	5	

Quarter 1 Commentary

Two men started counselling in Q1 and 3 others have been assessed to start their counselling in Q2. They have all been offered 24 sessions of counselling. The two men who have started counselling both have PTSD symptoms, significant mental health problems for a number of years and have a history of drug taking and alcohol abuse. This is the first time that both of them have engaged with a specialist sexual abuse therapy service.

Quarter 2 Commentary

The 2 clients who started in Q1 did not continue with their counselling through into Q2. Both of them had complex issues involving PTSD and significant mental health issues and although they had 19 sessions of therapy between them they found it very hard to complete. We therefore don't have completed outcomes for them as they were unplanned endings. Two new men have started counselling in Q2 and they have each been offered 24 sessions of counselling. We have delivered 16 sessions to date between them. 11 Men were assessed for the service in Q2 and they will each be offered 24 sessions of therapy in Q3.

Quarter 3 Commentary

5 men started counselling in Q3 and we have delivered a total of 42 amount of sessions. This is a considerable increase since Q1 and Q2 when we delivered 19 and 16 sessions respectively. The men who have started counselling in Q3 have all been offered 24 sessions and therefore we have no outcomes to report at this stage but anticipate Q4 will have some endings which provide these. All of the clients we are currently seeing have experienced childhood sexual abuse and range between the ages of 27 and 49. They have all engaged with the sessions well to date and we have seen considerable progress in their recovery.

Quarter 4 Commentary

We have delivered a total of 43 sessions of therapy in Q4 with 5 men each completing six months of therapy in this time. This has produced our first set of recorded outcomes. 8 further men have been assessed for the service and are on the waiting list for counselling in 16/17.

Quarter 4 Commentary

"I have found the sessions with my counsellor so helpful." "I found The Green House very helpful. It is good to talk to have someone to talk to. I like that you have a lot of sessions rather than not enough because it feels like you have more time to figure out stuff. Everyone here is very helpful and friendly, I would recommend it to anyone who needs this service. I'm very happy that I was able to have this counselling, it has helped a lot."

Appendix 2: Raw figures from which outcome summary ascertained.

OUTCOME	GREEN	AMBER
Improvements in health & well-being	43%; 44%; 44%; 44%; 44%; 44%; 44%; 31%; 31%; 31%; 38%; 100%; 66%; 33%; 100%; 100%	26%; 33%; 33%
Building resilience	17%; 17%; 23%; 44%; 50%; 44%; 38%; 38%; 44%; 50%; 50%; 50%; 50%; 50%; 44%; 31%; 50%; 44%; 31%; 44%; 44%; 44%;17%; 36%; 100%; 67%; 100%; 83%; 100%.	46%; 47%; 37%; 24%; 83%; 67%; 33%; 17%
Maintaining relationships & re-integration	34%; 20%; 40%; 44%; 19%; 44%; 19%; 25%; 83%; 66%; 100%.	33%; 42%; 26%; 17%; 17%.

