

**Spotlight on**

# **SEXUAL VIOLENCE AND ABUSE SERVICES IN THURROCK**

*Survey Report  
2019*



**healthwatch**  
Thurrock



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## About Healthwatch

Healthwatch Thurrock is the independent Health and Social Care Services champion for the people of Thurrock. We gather and represent views of local residents in order to build a picture of services that are doing well and where they can be improved. Our aim is to advocate the voices of the local people to aid in identifying the need for change, considerations before commissioning of service and to support best practice across services.

Residents are encouraged and invited to “speak out” via online as well as through targeted surveys, conversations and face to face engagement within the community. Along with consultation work, Healthwatch Thurrock also provides an information, guidance and signposting service.

## Background

Over 150,000 sexual offences were recorded by police last year with 1 in 5 women having experienced some type of sexual assault in their lifetime and a 200 % increase in the number of men and boys accessing support\*

*\*The Crime Survey for England and Wales estimated that 20% of women and 4% of men have experienced some type of sexual assault since the age of 16, equivalent to an estimated 3.4 million female victims and 631 male victims.*

**[[www.gov.uk/government/news](http://www.gov.uk/government/news) - 7 November 2018]**

Healthwatch Thurrock had been made aware of changes to the commissioning of current sexual violence support provision. On the basis of this information, conversations were had with commissioners and providers around the impact of changes to the victims and survivors within Thurrock and surrounding areas. The result of these discussions were taken to the Health, Overview and Scrutiny Committee which prompted an independent review that would feed into an understanding of needs to direct future commissioning.

To ensure independence, Healthwatch Thurrock was commissioned by Thurrock Public Health to collect the views and experiences of victims and survivors of sexual violence and abuse and the professionals they may come into contact with. Throughout the report, providers of services have been anonymised.

Through this piece of work, Healthwatch Thurrock were able to provide “voices” of experience supporting the newly created Joint Strategic Needs Assessment around Sexual Violence and Abuse support.

Within this report, the term “Specialist Service” refers to providers of Sexual Abuse and Violence support and/or counselling

## **Summary of findings**

- Victims and survivors of sexual violence tend to initially disclose to a family or friend (36 from 78 respondents)
- Disclosure experience was positive for over half of individuals
- A large group of individuals reported negative disclosure experience (47%)
- Waiting times for a quarter of individuals was one week for appointment to a specialist service or support following disclosure
- Some individuals reported a wait of up to six months or more to see a support service
- The impact on an individual's mental health was the highest reported impact following sexual violence and/or abuse (45%)
- Mental Health issues is the reason most individuals sought support, even if this was years after the sexual violence and/or abuse
- Waiting times for Mental Health Services were the main barrier to support.

### **Healthwatch Thurrock Observations**

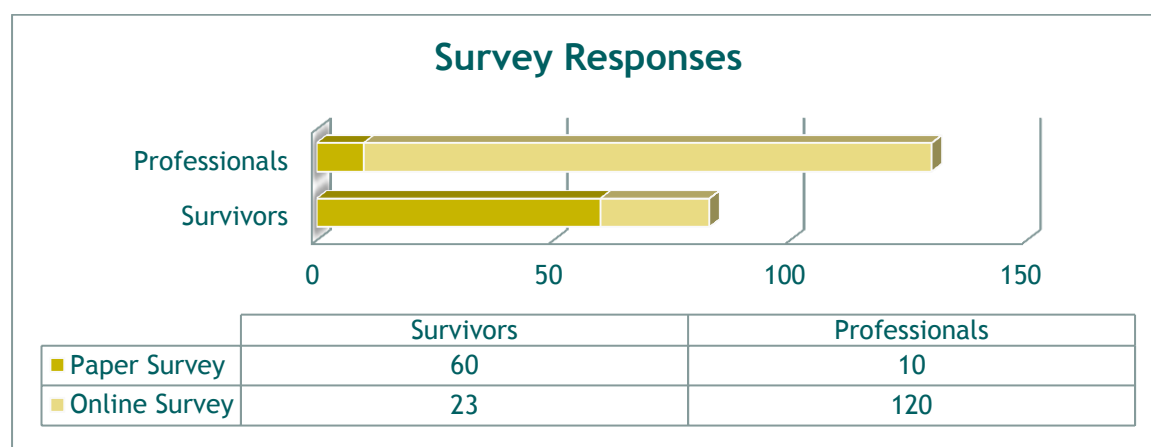
The value of specialist services with experienced professionals that understand both the support required and the wider impact of sexual violence was a constant theme from both professionals and victims and survivors. The names of SERICC, SARC and IAPT were mentioned numerous times throughout responses as a place of signposting and favourable support. From individual's voices there was an overarching theme that suggested it was only when they had contact and sessions from a specialist service did they feel support for both the trauma and effects on their wider wellbeing. Several voices told us that this was impactful to the point it had "saved their life" and were able to move forward.

## Methodology

Two separate surveys were used to gather information. One survey for victims and survivors of sexual abuse asked about disclosures and experience of services they interacted with. The second survey questioned professional's knowledge of specialist services, what their process were when a disclosure is heard as well as how supportive they felt those services are.

Surveys were accessible online and in a paper format. Both methods secured confidentiality and offered a phone option if responders wanted to talk to a Healthwatch representative directly.

A total of 213 surveys were completed with a mixture of both online and paper:



Victim's responses indicated a mixture of those who had suffered sexual abuse as children, those who had experienced adult sexual violence and some who had suffered both.

Professionals from social care, specialist services, medical professionals, police, school staff and wider community support services completed surveys.

This report seeks to understand not only people's experiences of initial disclosure, but also the ongoing support needed, along with how services are provided, experienced or could be improved.

## Victims and Survivors Responses

This survey aimed to enable respondents to provide as much or as little information as they wished and questions covered their experiences in three key areas:

1. Disclosure of sexual violence or/and abuse
2. Impact of sexual violence or/and abuse on life
3. Experience of requesting support from health, social care and voluntary sector services

Apart from questions gathering demographic information, the remainder of the questions were open, resulting in personalised responses and Victims and Survivors Voices, therefore this report is based mainly on themes identified.

From the paper copies received, we were able to track which organisations had provided service users with surveys.

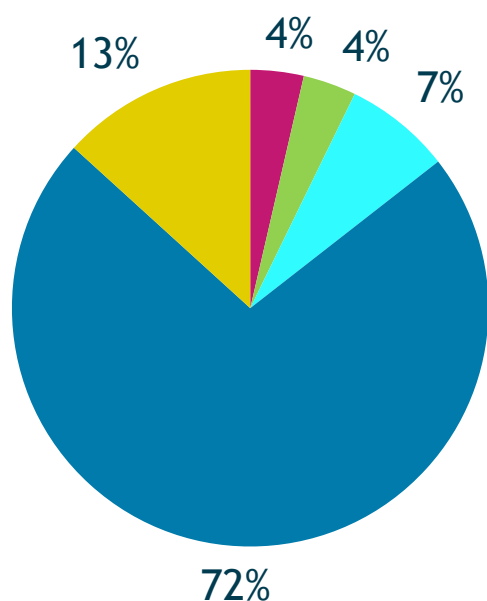
### Gender, age and ethnicity of responders

Male	Female	Transgender	Undisclosed
6 (7%)	65 (79%)	1 (1%)	11 (13%)

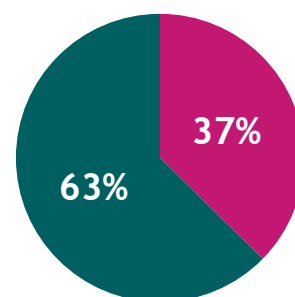
Under 18	18-25	2-35	36-45	46-55	56+	Undisclosed
3 (4%)	12 (15%)	15 (18%)	16 (19%)	18 (22%)	7 (8%)	12 (14%)

### Ethnicity

- Asian or Asian/British
- Black or Black British
- Undisclosed
- European
- White British



### Disability or Support Need



- Yes
- No or unanswered

## Disclosure experiences

These questions covered to whom victims and survivors first disclosed. The highest number (46%) was to a friend or family member. Notably when the disclosure was first made to a professional, respondents stated they disclosed first to their mental health Worker (17%) which indicates a pre-existing support in place.



<i>“My boyfriend, now my husband, age 16”</i>	<i>“My wife, it was a really long time after”</i>	<i>“A worker at school. She is the Mental Health Worker”</i>
<i>“A friend, during the ongoing abuse. My friend tried to stop me brushing the ‘rapes’ under the carpet and convinced me that I was strong enough to report to Police with I did”</i>	<i>“Family”</i>	<i>“My son disclosed to me and the next day we contacted NSPCC who got in touch with the Police and Social Services”</i>
<i>“I first told my GP a few months after I was raped”</i>	<i>“I first opened up about my abuse to Inclusion Thurrock”</i>	<i>“The Police, abuse was over a week and it was the last day when he left the house I was able to call the Police”</i>

## How long after the incident or abuse did you first disclose?

The majority of victims and survivors reported the incident / abuse immediately. However, others did not disclose for many years after. Not everyone answered this question or was vague in their response e.g.: a long time after.



*“My mum about 2 years later. I didn’t tell a service for a little while after that”*

*“First disclosed to my partner after 12 years”*

*“The Police straight after”*

*“Health Visitor, a week”*

*“My best friend and ex-boyfriend 30 years after it happened”*

*“I told my psychiatrist a couple of years later”*

*“My friends, the next day”*

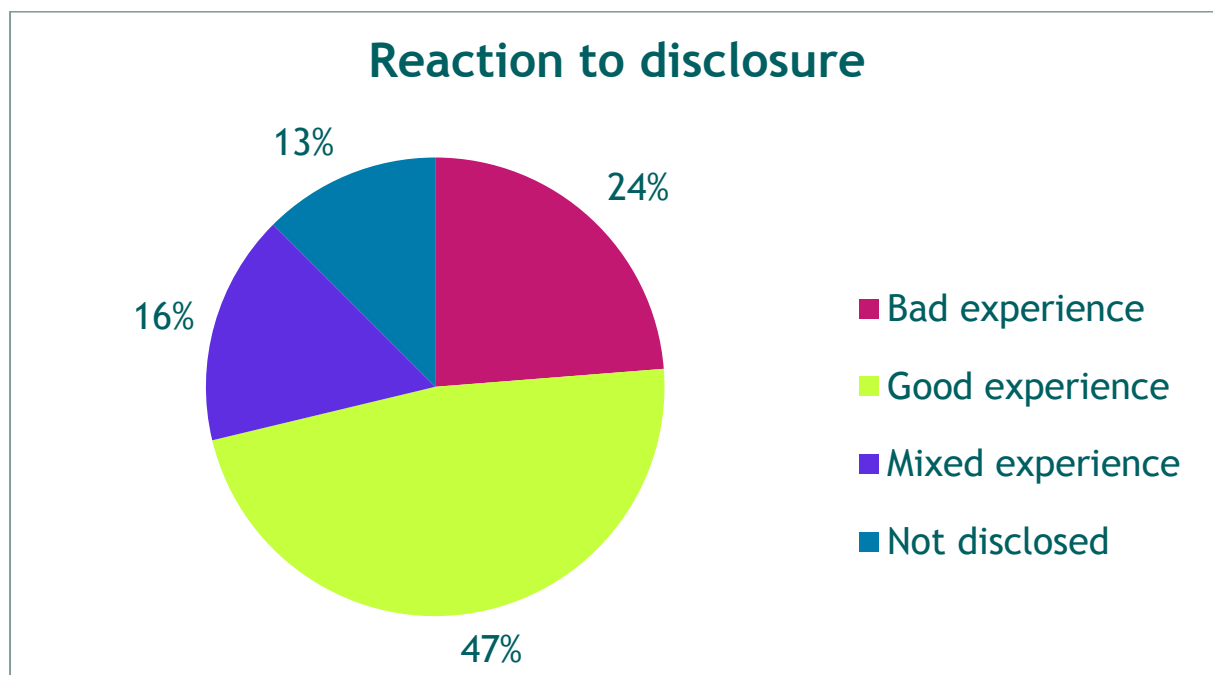
*“It was within 6 months and to my boyfriend”*

*“The first person I told was my Doctor approximately 35 years after the abuse stopped”*



## Responses to disclosures

Responses to disclosures were generally more positive with just under half (47%) experiencing a good response from the individual they chose to disclose to. There was just less than a quarter (24%) with a bad experience. The reasons for citing a bad experience ranged from people not listening to the impact to them individually or to family members. Common themes around responses were mainly due to services not understanding individual's experiences and therefore not signposting or identifying how an individual wants to be supported.



*“She believed me and was very supportive”*

*“They were really supportive and sent officers to see me the same day who took me to have forensics taken”*

*“He was angry; he asked what did the perpetrator’s wife say? The wife was not around. He suggested I talk with the perpetrators’ wife”*

*“The GP counsellor wasn’t very good, she made me feel as if I was boring her and she didn’t input, she just sat there. I didn’t feel understood”*

*“She was very shocked and told me to contact the Police”*

*“They told me to pull myself together and forget it”*

*“When I was younger no-one did anything, I think they always get off of doing things to me”*

*“The only response was to put me in care; no one spoke to me ever about the sexual abuse. The police didn’t take any action until most recent rape at 34”*

*“She told Social Services and the Police. They investigated and he went to prison”*

There were a number of mixed responses (16%) where encounters from different services reacted differently or not in the way the individual wanted.

*“Friend was very supportive. Police were horrendous! From start to finish of police investigation, I was made to feel like the one in the wrong. Personal information was shared with my attacker by the officer”*

*“I would need to tell my parents or they would have to report it to the Police”*

### When you disclosed, what went well and what could have been better?

For different people, their experiences were varied and there was no stand out themes apart from support from specialist providers with the 21 individuals reporting that this support could not have been better. Being listened to and shown empathy featured in 10 individuals responses and another 6 said other services such as the Police, GP and Mental Health workers were very supportive.

What did not go so well was a mixture also with 6 individuals feeling that ‘everything’ could have been better including support from Police, School, GPs and initial signposting.

There were 2 respondents said that they felt particularly let down by specialist Police units and another reported breaches of confidentiality when asking for help. One young woman who disclosed to her Head of Year at school said:

*“They (school staff member) started crying and told my parents and loads of others who didn’t need to know”*

*"It would have been better if I was sent to the right place at first. Mental health, after the assessment, said they couldn't help me and sent me to somewhere else. It was a huge waste of time. The GP could have just sent me to the service"*

A number of people felt they had not been referred directly to the appropriate support:

*"I was listened to but it was difficult to talk about what happened"*

*"The mental health services are so overrun, they need more places like 'provider'"*

*"The only thing that went well was being referred to 'provider'. Everything could have been handled better from my school to the Police"*

*"She listened to me"*

*"Nothing went well until my work with 'provider'. My children are no longer open to Social Care"*

*"'Provider' have been very supportive, no improvement needed"*

*"A space in the refuge would have got me out of the abuse - I stayed two years longer because I had nowhere to go"*

*"Nothing went well, I had to wait in a room while a decision was made, they told me they would report it and that was it"*

*"When I disclosed, I was a child so I had no say in anything"*

*"Nothing positive from disclosure except finding 'provider' who has been a literal life saver. All aspects of the Police investigation could be better"*

*"My GP could have been more empathetic at the time of disclosure but referring me to 'provider' was the best thing he did"*

*"The Counsellor at the GP didn't have a bloody clue about sexual abuse"*

*"School needs more training on notifying parents and delivery of news"*

*"Not being sexually abused when I went into care would have been better"*

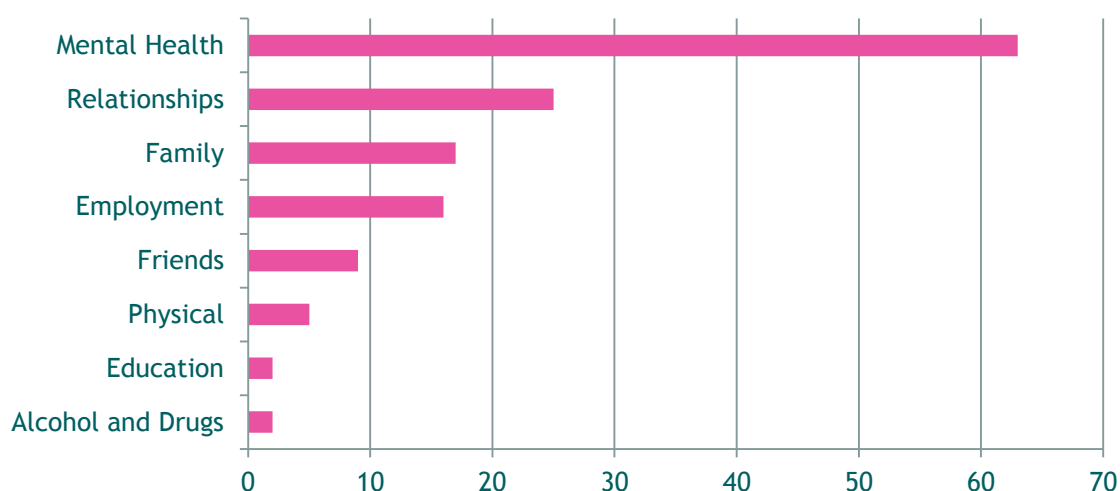
*"Having someone believe you and being extremely supportive. Wishing I would have known more than I did"*

What went well, and what could be better at first disclosure

## Impact of Sexual Violence

The overwhelming impact of suffering sexual violence or/and abuse reported is mental health issues, from anxiety and depression to suicidal ideation (45%). However, many respondents described a range of impacts, including intimacy, family relationships, friendships and employment. Just over (12%) of people struggled to still maintain employment and (18%) had difficulty with intimate relationships at the point of completing the survey. The graph below shows how individuals feel sexual abuse and violence have affected different areas of their life. Some cited more than 1 impact which is why there is not a 100% total of responses.

### Impact of Sexual Violence and Abuse



*“I suffer from anxiety, depression, and low self-esteem. I have been on my own since leaving home at 17 and subjected to abuse, rape, stabbing and I feel lost”*

*“Mental health has been terrible. I don’t have or now want another relationship; I can’t get a job as no longer trust anyone. Sometimes I struggle to get in Job Centre when lots of men are outside”*

*“I am 48 years old and to this day I am suffering from the effects of childhood sexual abuse at the hand of my father. I have no contact with my mother, who did not support me. I have spent most of my life alone and not believed. It has affected my relationships as I feel unworthy of love. I am paranoid of men. I make poor choices in men”*  
*“Provider’ have been very supportive, no improvement needed”*

*“Everything., My mental health, my physical health, every relationship I have or have ever had, my day to day living and also my family”*

*“I let people use me”*

## Reasons for seeking support

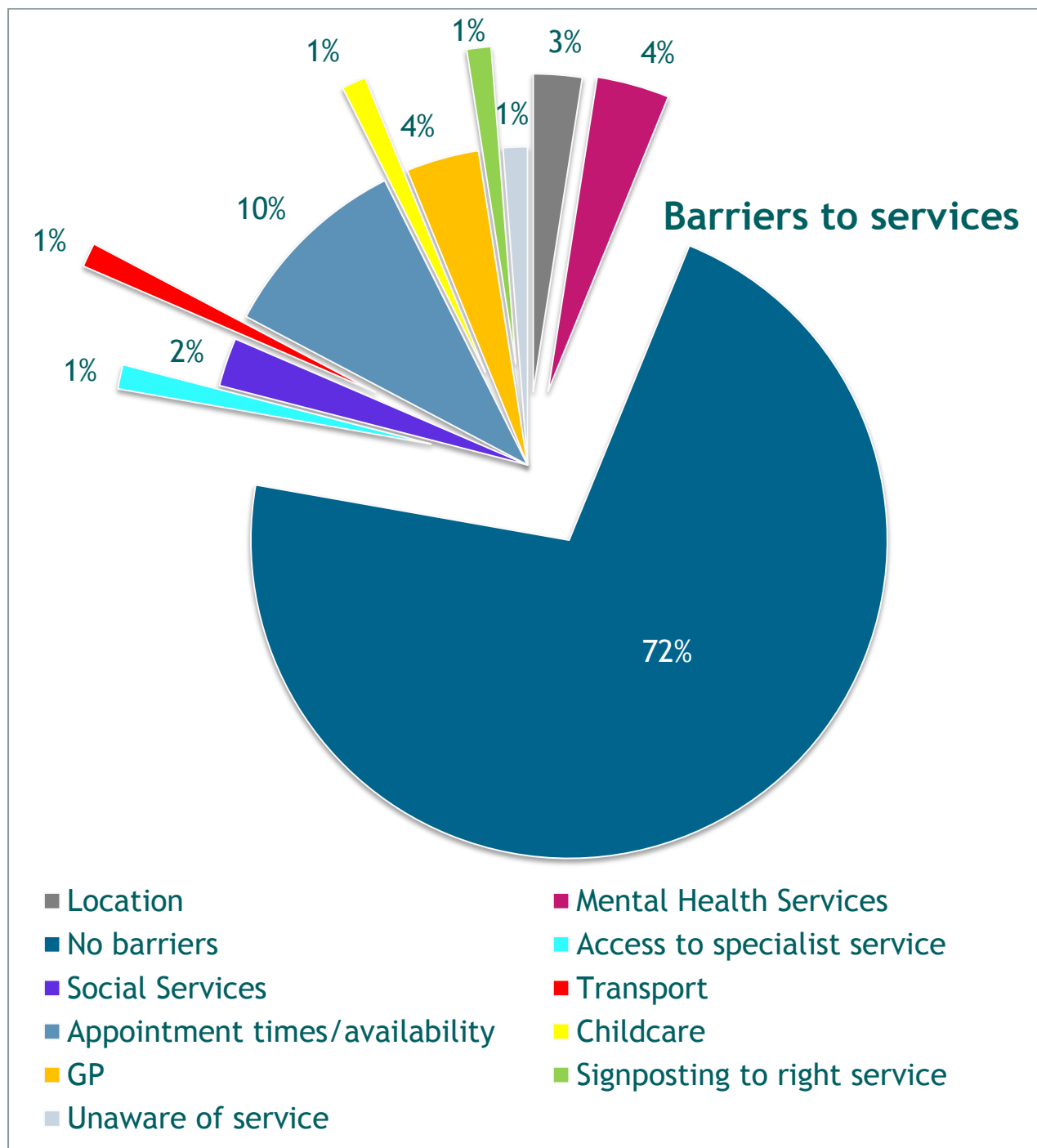
Mostly it was family members or friends encouraging respondents to seek support, often due to concerns about mental health. Some victims and survivors waited a long time before they felt ready to do so. A number of respondents were signposted to support by professional staff such as social workers, counsellors or the Police.

The majority of people first sought help as they had identified they needed to talk to someone or were encouraged/signposted by a professional or family member.

<i>"I went to the GP because I was depressed and having trouble sleeping. He sent me to mental health and they refused to help and sent me to "provider"</i>	<i>"I was living with my friends and they convinced me to try, because I was in a bad mental health state and it helps me a lot"</i>
<i>"The police told me about "provider" and they have really helped"</i>	<i>"My mum wanted me to and EWMHS sent me to "provider". They were fantastic"</i>
<i>"Serious concerns over attachment with baby not being able to form as baby was a result of rape"</i>	<i>"Wanted support to stop these effects on my life"</i>
<i>"I was in hospital, I had a breakdown and staff advised me to contact 'provider'. I went onto their website and found out about the services and sent an email asking for contact"</i>	<i>"My daughter found 'provider' because I had spoken to her and felt I could finally talk about the abuse"</i>
<i>"I needed help. Angry at everyone and everything, but I would always revert to my bad mood"</i>	<i>"I approached my GP who gave me an appointment with social prescribing team that then referred me to 'provider'"</i>

### Barriers to accessing services

The majority of respondents (72%) said they did not encounter any barriers although most were referring to barriers regarding specialist services rather than other or wider services.



The largest barrier was reported as appointment times (10%) and this referred both to the wait and availability to suit individuals.

## Barriers to Services - Voices

*"I am on a long waiting list for therapy at Grays Hall, which is very hard, but "provider" is helping until I get that"*

*"I am unable to go out in the dark alone, so need appointments when it is light - I have been given appointments to suit this need"*

*"Being passed from pillar to post to get the right help - I don't think I would have used the first place I was sent to anyway as they weren't very understanding, they didn't get it"*

*"The waiting list was long but it has been worth it"*

*"None, straight away"*

*"I didn't find any barriers with 'provider'"*

*"No barriers, I've even texted when the office is closed. Knowing she is there is reassuring"*

*"Very few services for men or childhood sexual abuse. They were mostly for boys, girls or women. Only one I found was in London"*

*"Evening appointments would help. A very long waiting list/time before the service began"*

*"Haven't had any (barriers) at the moment"*

*"I was very lucky and didn't face any barriers. My only comment is I didn't know it existed without the referral"*

*"Working around school - distance"*

Specialist services were generally considered as being very helpful and a significant source of support.

*"The "provider" counsellor was professional, understanding and supportive. I felt for the first time that I have finally found someone that truly understands the pain and suffering I have endured for over 40 years"*

## Waiting time for appointment / support

Contact times are relatively short following disclosure or before support are provided. Not all answers gave a tangible time beyond “not very long” or “just a short time”; however of those respondents that did, the majority were contacted within 1 week. There was one occurrence where a period of 12-18 months was spent waiting for an appointment, however, although the wait was longer, the comments were still very positive.

The general consensus was that any wait individuals had, was reasonable.



*“The service phoned within 2 days, and I started counselling within 2 weeks”*

*“I waited 3 months to see the GP counsellor, then was told they couldn’t see me - when I got in touch with the service, they saw me within 2 weeks”*

*“A few weeks. In hindsight yes, this is reasonable, however, when in crisis and making the decision to reach out, the waiting list is hard to swallow”*

*“It was a few weeks but it’s understandable. I’m glad I waited”*

*“It was well worth the wait! About a year-18 months. Yes, as I had been trying to deal with this for the past 30 years”*

*“I was given an appointment only days later. I was amazed and thought myself very fortunate”*



## Agencies working well together

We asked respondents who had accessed more than one agency for support how well the organisations had worked together to support them. Responses varied between positive and negative, but generally the feeling was that once the survivor reached the specialist service things went well.

The general theme from this question was that it was one particular provider that facilitated and supported other meetings rather than worked together well as most individuals worked with only one service at a time.

<p><i>“GP counselling - wasn’t very good, they didn’t understand what I was going through</i></p> <p><i>Social Prescribers - were brilliant and referred me really fast</i></p> <p><i>‘provider’ - really good, the service changed my life</i></p>	<p><i>“My counsellor and advocate have supported me with other services and professionals. ‘provider’ have sorted out my debt, bus pass, social services meetings, legal meetings and housing. I would not have been able to attend a lot of these without support from ‘provider’”</i></p>
<p><i>“‘Provider’ contacted my mental health support worker to ensure support was in place”</i></p>	<p><i>“Not very well”</i></p>
<p><i>“The mental health service, when they discovered that I was attending ‘provider’ told me to leave them and come back to be assessed when I left”</i></p>	<p><i>“As I mentioned, I was put in contact with this service via my mental health therapist so felt really supported”</i></p>
<p><i>“Extremely well, giving me the support and guidance I need. ‘provider’ and ‘provider’ have been brilliant”</i></p>	<p><i>“‘provider’ and Police worked well, they supported me”</i></p>

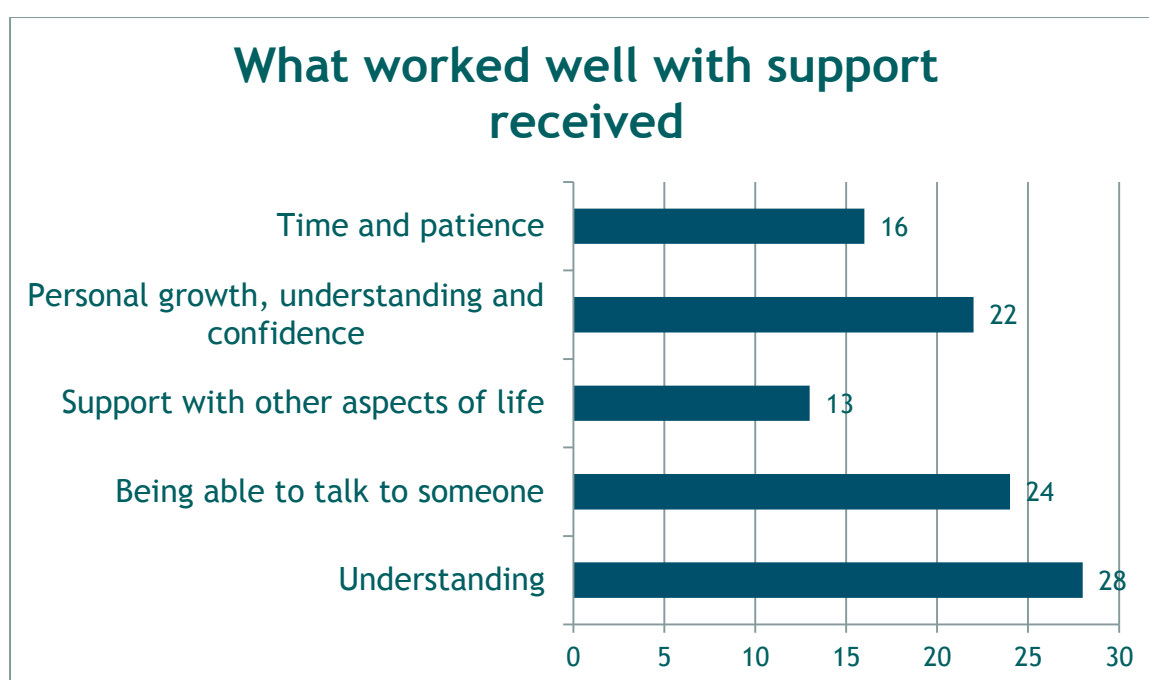
## What worked well with the support you received?

To this question, many of the respondents talked of various ways a service supported them. This question was answered mostly from the perspective of a specialist service i.e.: Sexual Violence and Abuse support/counselling.

Apart from initial time, patience and space to talk about their experience many received support with wider aspects of their life. This included support with housing, Police investigations, financial and social care with regard to children.

The most common elements of their responses reported the benefits of having someone to talk to that not only understood, but were knowledgeable and gave them unpressurised time and space to talk.

Respondents also told us about personal growth and development, describing increased confidence or understanding of their own feelings.



*“Provider’ supported me with attending my meetings with social care. This helped so much”*

*“Just being able to talk to someone and be able to build back my confidence”*

*Counselling: I am able to find the woman in me, growing in confidence, mentally stable and achieving goals”*

*“Being in a space with no men, having the same counsellor and not putting a time limit on my support”*

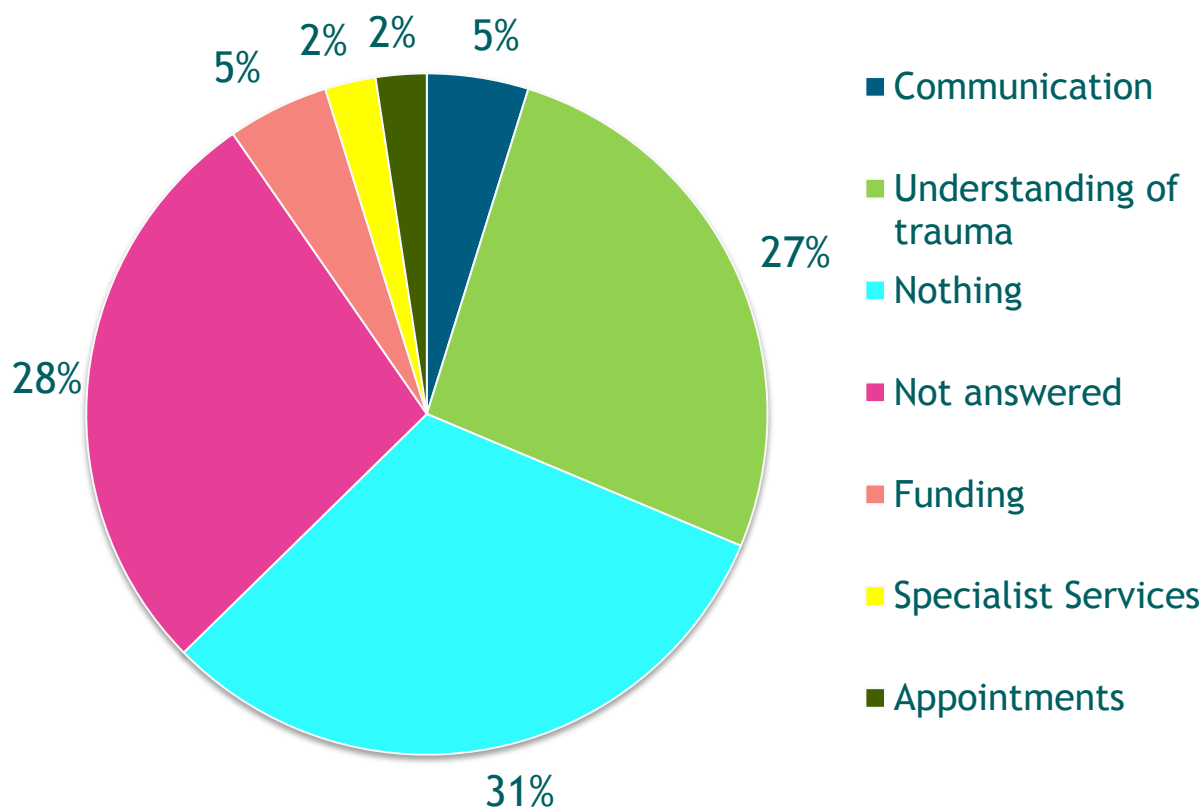
*“Counselling has given me strategies which have led to building my self-confidence”*

*“Talking and realising that what happened was not my fault. The support I’ve received has been invaluable”*

## What has not worked so well and how services could improve

The majority of comments were positive about their experience of support and many (31%) voiced that no improvement was required. From the remainder, the strongest areas to improve was around other services knowing more about trauma (27%) although a larger amount chose not to answer the question (28%).

### Improvements to services



There were a small amount of individuals (5%) that felt funding was an area to consider for improvement, with half citing that support groups had closed due to reduced funds.

*“Social groups closing down due to no funding”*

*“I think ‘provider’ is an excellent service. It can be improved by having more funding to allow more victims of incest to receive this much needed support”*

## What has not worked so well and how can services be improved?

*"If my mental health worker actually knew anything about trauma it would be helpful - they are so judgemental and didn't understand what I was going through"*

*"More people knowing about "provider" so they don't have to go through everywhere else to get there"*

*"Services need to understand about rape and sexual abuse and how it affects people's whole lives"*

*"Being told I had to go to the Police when I never had to did scare me and I did try to kill myself as I was scared"*

*Housing did not help and were not supportive. I was nearly homeless and they did not care"*

*"The various drug and alcohol supporter services I have used have not always proved helpful, particularly for vulnerable people like myself. There are often violent and dominant people there who are using the services who in my experience have then targeted myself and other vulnerable users of the service"*

*"Housing worker does not keep in contact and it has changed numerous times without me being informed"*

*"To expand and develop services like "provider" - trained, skilled specialist in sexual violence and abuse is essential, only effective long-term therapy I have ever received"*

*More contact and ongoing support - easing off slowly not dumped"*

*"More provisions for men of childhood sexual abuse"*

*"For children it needs to be more catered for them"*

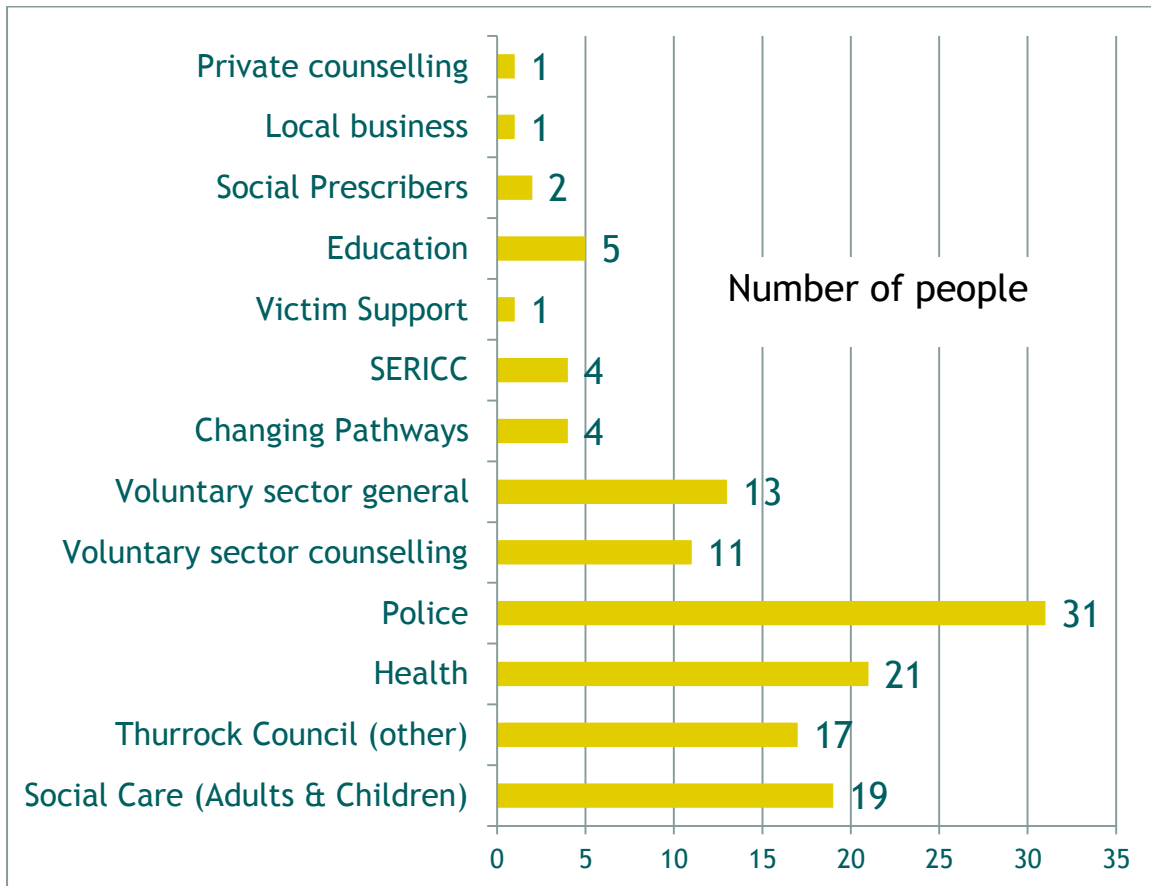
*"The frequency of appointments"*

*"The only downside has been getting myself to go to appointments, but this is not something anyone else can control"*

# Professional's responses

## What organisation do you work for?

We received responses from a wide range of professionals and services:



## Awareness of specialist support services

Professionals were mainly well-informed about local services and positive about ensuring that victims and survivors were referred or signposted to specialist support. By far the highest awareness was of specialist agency South Essex Rape and Incest Crisis Centre (105), followed by Changing Pathways (32). However, some still felt there was a lack of awareness by some professionals of agencies providing specialist support:

*"I know that some areas run support for abused people so that it builds their self- confidence etc. Not sure if this is the same in Thurrock"*

*"The difficulty I think is that there is still a lack of awareness of support services and worryingly not all professional are aware of some of the services or what they do"*

It was clear that many professionals identified the importance of signposting the survivor to the Police (31) and Sexual Abuse Referral Centre (SARC) (18).

Some professionals identified the need to make victims and survivors aware that they may wish to consider their health and many were signposted to their GP.

### Supporting clients when they disclose

Generally, responses from professionals were sensitive and supportive, ensuring the survivor was safe but leaving them in control and promoting empowerment:

*“Don’t panic, allow discussion, ask what they would like to happen next and make the most appropriate referral”*

*“I tried to ensure that I had control of my body language and facial expression, and that I projected a calm exterior. My aim was to be empathetic but not direct the conversation, and provide a platform for the individual to speak in a ‘safe space’”*

*“Explore with the client what they would like to do, giving them the options i.e. reporting to Police, visiting the SARC - and then support this process - I would offer referrals to “provider” if this was wanted and if I felt it was a safeguarding concern I would explain the need to make the appropriate referrals to Social Care”*

*“I would follow safeguarding protocols if that person was under 18 and alert my manager who would know what the next steps are”*

*“I ask them what they want to do, and depending on them, support them to report it, connect with counselling services, advocacy and women’s refuges. I would also potentially report this to the Police”*

*“Ask them what action they want to take and encourage them either to report or seek help and signpost as appropriate”*

*“I would listen carefully to what the patient is telling me. I would then explain that I was concerned and feel that I should speak to another person about this. If patient agrees I would then raise concerns with my Line Manager or Lead Nurse”*

*“Seek advice from the safeguarding team and depending on the severity call the Police”*

*“Listen to client’s experience and respect what they want and need”*

*“Report immediately to my line manager and safeguarding team”*

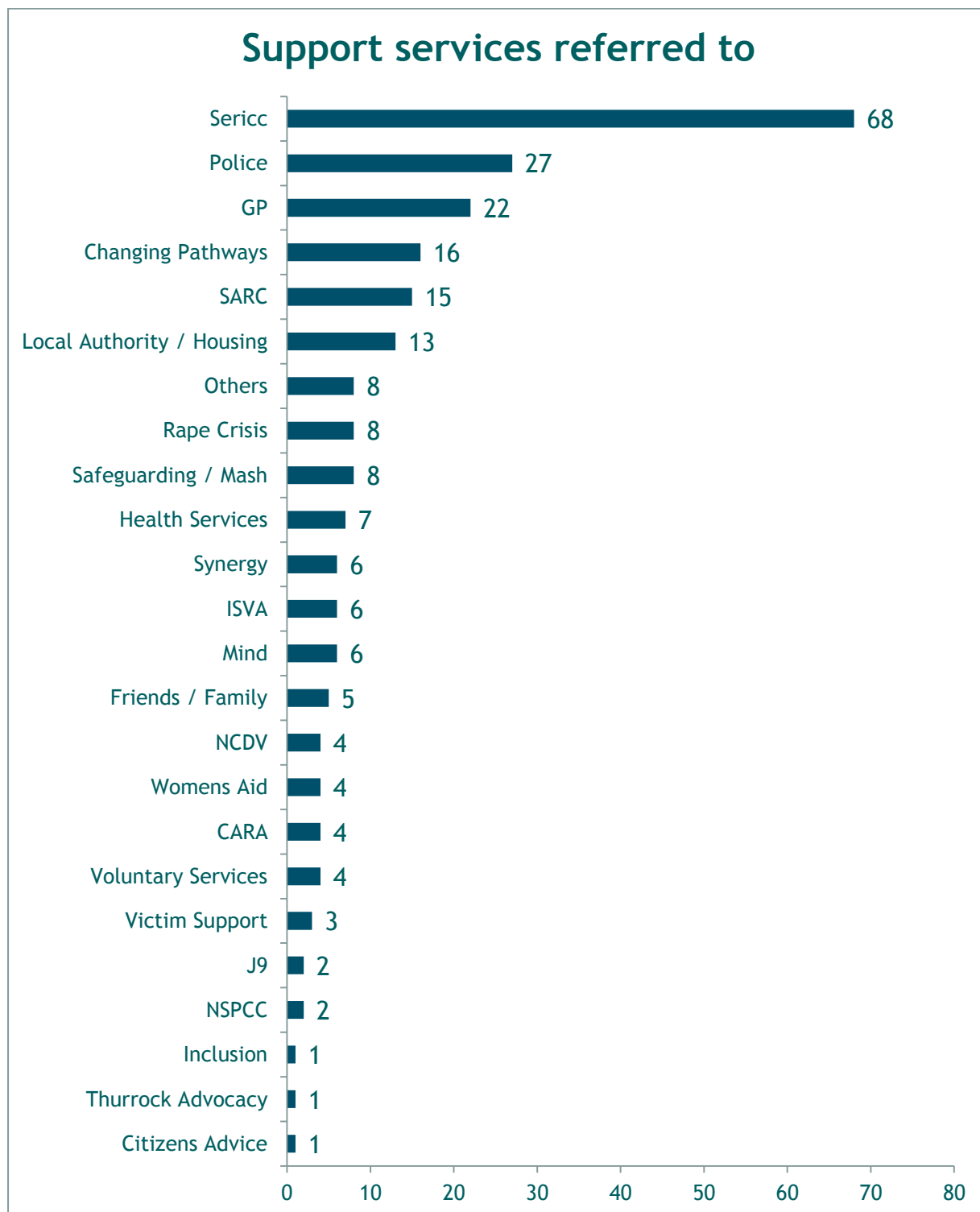
*“If a client was to disclose sexual violence/abuse, I would have to notify the client’s 1-2-1 worker and my manager”*

*“Pass it on to CP”*

### Where would you suggest they seek support if they wish to do so?

Professionals were asked who they would refer to and most respondents gave more than one answer to cover various situations depending on the abuse/violence. The most mentioned service was SERICC (68 mentions) followed by Police (27 mentions) and GP (22 mentions).

There were nine submissions that left this question blank.



How easy do you think it is for the person disclosing to access the support services?

The line of enquiry revealed that 52 professionals considered that access to support services was easy, however

Of the 'Easy to access' group, many recognised that the survivor needs to be ready to accept support or that the signposting agency can help the process by offering to refer or assist with self-referrals.

*“Having helped clients with online referrals and telephone referrals in the past, I am aware they have found it very simple and straightforward”*

*“Some will be easier than others; in the main they are approachable and engaging”*

*“Once they are ready it can be fairly easy to access this support”*

*“It is becoming easier as other agencies can make referrals into “provider”*

Respondents who believed it was difficult to access support mostly put this down to the emotional well-being and readiness of the survivor. Some felt it was due to the amount of knowledge of services the professional possessed as well as the need for victims and survivors to have to repeat their story to yet another professional:

*“The services are there. Much depends on the knowledge of the person being disclosed to”*

*“I imagine it may be difficult for them to at first access services as they may not want to relive the events and may feel like they just want to forget it ever happened”*

*“Not easy at all. They may find it physically difficult to access a service due to location. They may find it emotionally strenuous as they will have to repeat details of their disclosure again”*

*“If they self-refer this maybe tougher as they may not want to explain their story multiple times”*



One respondent highlighted concern that people with a learning disability would find it difficult to access specialist support:

*“Extremely hard / impossible for people with LD in Thurrock - there is no clear pathway nor signposting - such sensitivities that it feels like “provider” does all the work in a confidential world without proper funding”*

*“People are only just getting used to the fact that adults with LD have a sex life let alone one that goes wrong”*

Concerns about the length of waiting lists were varied.

*“Not easy given the waiting times for some services and the lack of appropriate services, especially for the under 18 age group”*

*“Easy to access but waiting lists are too long”*

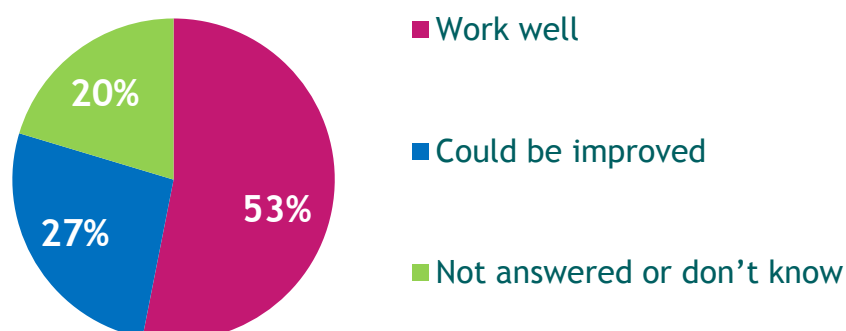
*“Relatively easily to access police and children’s services support but SERICC can have a longer waiting list in my experience”*

*“Due to resources etc., I am not sure that they would be seen straight away, I think that there would be a wait for them to access support”*

### Support Services working together

Generally, the consensus was that services were working well together, but over a quarter (27%) believed there was much room for improvement.

#### Services working well together



*"I feel that Thurrock services have a really strong sexual abuse support unit and I have found them very helpful when I have needed information"*

*"I think they could improve but realistically need more funding to do so, for example with shorter waiting times"*

*"I can only speak regarding my work with these services and believe it is working well"*

*"I think there is a lot of room for improvement; both within referral processes and providing longer term support."*

*"Yes there are very good support services in Thurrock and they work together (ISVA/SARC/Police) however there are still gaps such as mental health/social care/GPs who do not always offer correct support or who do not work with other agencies"*

*"Yes, I have referred to and work with changing pathways, domestic violence worker, 'provider's and have found the process very smooth"*

*"Not particularly, confidentiality makes it difficult to work together for particular clients, and there are very few surveys like this one to find out about other services'*

*"Could improve to include under 18 service and male specific services"*

One of the highlighted areas for improvement related to information sharing, 2-way working and communication:

*"I feel support services should be more well-known and in contact with my organisation and similar, even after special training"*

*"Although as a service we work well with "provider", I do feel that some follow up or outcome to referrals would be good"*

*"No - too much confidentiality and lack of information sharing"*

*"I think the major issue is in communication with all services"*

*"They could improve with working collaboratively and with information sharing. Also it would help to build professional relationships"*

## Attendance at Training

Respondents reported having accessed specialist training including safeguarding and child protection, delivered either through specialist agency or as part of professional development courses. There were, however, some who had not attended any training including safeguarding. Specialist training was used to describe specific sexual violence and abuse training. Some of the training named that was identified as particularly useful were Challenging Myths, REAL conference and the J9 Domestic Abuse training.



*"I attended training, Challenging Myths...the training helped me a lot and gave me knowledge on how to approach a disclosure in the most effective and sensitive way"*

*"provider" training and REAL conference...helped me respond confidently and sensitively"*

*"Have attended awareness raising sessions at "provider"...very helpful and I also feel confident about being able to contact "provider" to ask for advice/guidance"*

Some respondents felt that the generic Safeguarding training did not offer sufficient information on how to deal with disclosures and felt this was a gap that required addressing:

*"Safeguarding mentions sexual violence in passing but has no clarity on what to do after disclosure - it's kind of a 'hand over to your manager and the safeguarding team"*

*"I would not deal with disclosures...I do feel this is a gap and a significant piece of training is required across a number of partners including schools"*

*“Adult Safeguarding Training,  
Children's Safeguarding  
Training...enough to broach, but more  
training needed”*

*“No training (I have attended) ever  
mentions “provider” as a resource”*

Within the last question to Professionals asking for any other comments, some (5%) asked for additional training to help support their practice.

### **Final Note**

Data in this report can give a better understanding of the needs and support required for individuals. The data can also be instrumental in informing how services are shaped.

Data alone, however, cannot give a true account of an individual's experience and it is only by hearing the voices of individuals can you gain a sense of what it really feels like.

Healthwatch Thurrock would like to thank every individual who participated in bringing this report to life by allowing us to share their voice.

Every quote given is from a real conversation from someone who has experienced trauma and bravely allowed us to share it.

Thank you

## Appendix A - Questions to Victims and Survivors

<b><i>We are keen to hear about the experiences of the first time people shared their experience of sexual violence and abuse</i></b>
Who did you first disclose to and how long after the incident or abuse was it?
How did the service or person respond?
When you disclosed, what went well and what could have been done better?
We would like to understand if/how sexual violence and abuse has affected the lives of victims and survivors, e.g. mental health, relationships, employment. Would you tell us more about your experiences if you feel able to?
<b><i>We would like to find out more about what you think of the services that provide support to victims and survivors of sexual violence or abuse.</i></b>
What made you decide to try and access support and how did you find out about services that may be able to help?
What barriers did you face accessing services (e.g. appointment times, location etc.)?
Once you made contact with a service, how long did you have to wait before support was provided and did this seem reasonable to you?
If you have received support from a number of services (e.g. mental health service and a specialist sexual violence service), how well have they worked together to support you?
What worked well for you with the support you received?
What has not worked so well and how can services be improved?
If you would be interested in attending a focus group please add your contact details below:

## Appendix B - Questions to Professionals

***We are keen to find out how aware you are of the range of services available to victims and survivors of sexual violence and abuse, as well as how you provide support to victims and survivors or enable them to access support.***

What organisation do you work or volunteer for and what is your role?

What sexual violence support services for Thurrock residents are you aware of in both the statutory and voluntary sector?

When someone discloses sexual violence and/or abuse to you what action do you take?

Where would you suggest they seek support if they wish to do so?

How easy do you think it is for the person disclosing to access the support services?

Do you think support services work well together to provide a range of support to victims and survivors or could they improve?

***We are keen to find out what levels of training are available to professionals and if further training is required.***

Have you attended training to enable you to respond to disclosures of adult or child sexual violence and abuse and if so, what was the training?

Did the training help you feel confident to respond appropriately and sensitively to disclosures?

***Thank you for taking the time to complete this survey. If there is anything further you would like to add please do so below:***

Healthwatch Thurrock

The Beehive

West Street

Grays

Essex RM17 6XP

01375 389883

[admin@healthwatchthurrock.org](mailto:admin@healthwatchthurrock.org)

[twitter.com/HealthwatchThrk](https://twitter.com/HealthwatchThrk)

[facebook.com/HealthwatchThrk](https://facebook.com/HealthwatchThrk)

