

Long-Term Support Needs of Adult Sexual Assault Survivors

Thank you for agreeing to complete a questionnaire.

The questionnaire consists of three sections (A-C). Please try and answer all of the questions as honestly as possible. However, if there are any you cannot answer or do not feel comfortable doing so, please feel free to leave them blank.

Please enter your Personal Identification Number (PIN) included in the email sent to you

SECTION A: ABOUT YOU

1. Which of the following are true for you? *(Tick all that apply)*
 - I am married and living with my spouse
 - I am living with a partner, we are not married
 - I am in a relationship with someone I don't live with
 - I am single
 - I am divorced
 - I have been widowed
 - I am separated from my spouse

2. Have you been pregnant at any time in the last 6 months? *(Tick one box only)*
 - Yes, I am currently pregnant
 - Yes, I am not pregnant not but have been in past 6 months
 - No
 - Not sure
 - Not applicable (male)

3. Do you have children?
 - No
 - Yes (please specify ages of each child below)
 - _____ Child 1 (oldest)
 - _____ Child 2
 - _____ Child 3
 - _____ Child 4
 - _____ Child 5
 - _____ Child 6

4. Which of the following best describes where you live? *(Tick one box only)*
 - Own my home (with or without mortgage)
 - Rent privately
 - Rent from Council or Housing Association
 - Lodge with friends or relatives
 - In sheltered accommodation or refuge
 - Homeless

	Less than 3 months	3 months to 1 year	1 to 5 years	More than 5 years	All my life
5. How long have you lived at your current address?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How long have you lived in your current neighbourhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How long have you lived in the North West of England?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How long have you lived in the UK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Which of the following qualifications do you have? *(Tick all that apply, and leave blank if you have none)*

- O levels /CSEs/ GCSEs
- NVQ, GNVQ, Basic Skill/City and Guilds Craft, BTEC First/ General Diploma, RSA diploma, apprenticeship or other vocational qualifications.
- A or AS levels/VCEs, Higher School Certificate, Progression, Advanced Diploma
- Undergraduate Degree (for example BA, BSc)
- Higher degree (for example MA, PhD, PGCE)
- Professional qualifications
- Other qualifications

10. Currently are you: *(Tick all that apply)*

- Unemployed
- Employed full-time
- Employed part-time
- Studying
- Caring for children
- Retired
- Long-term sick/unable to work
- Doing voluntary work

11. Which of the following represents your MONTHLY income after any deductions for tax or national insurance? *(Tick one box only)*

- Under £100
- £101-£200
- £201-£400
- £401-£1,000
- £1,001 -£2,000
- £2,001-£3,000
- £3,001- £4,000
- £4,001 - £5,000
- Over £5,001

12. How many times in your life have you been sexually assaulted? *(Tick one box only)*

- Once
- 2-5 times
- 6-10 times
- More than 10 times

13. In the consent form you completed earlier, did you agree to us linking your questionnaire responses with your St Mary's record?

- Yes (jump to SECTION B – you do not have to answer the remaining questions in this section)
- No (please complete the remaining questions in this section)

14. What age were you at your last birthday?

15. How would you define your ethnic group?

- Arab
- White – British
- White – Gypsy or Irish traveller
- White – Irish
- White and Asian
- White and Black African
- White and Black Caribbean
- White – other
- Black – African
- Black – Caribbean
- Black – other
- Chinese
- Bangladeshi
- Indian
- Pakistani
- Asian – other
- Other mixed
- Other not listed
- Not sure

16. How would you define your gender?

- Woman (including trans woman)
- Man (including trans man)
- Non-binary
- Another way
- Prefer not to say

17. Are you a transsexual?

- Yes
- No
- Prefer not to say

18. How would you define your sexual orientation?

- Heterosexual (straight)
- Lesbian/Gay
- Bisexual
- Other not listed
- Not sure
- Prefer not to say

19. In the month before the assault for which you attended Saint Mary's SARC, were you: *(Tick all that apply)*

- Unemployed
- Employed full-time
- Employed part-time
- Studying
- Caring for children
- Retired
- Long-term sick/unable to work
- Doing voluntary work

SECTION B: SUPPORT

1. In the last 3 months, which organisations have you been in contact with as a direct or indirect result of the assault you reported to Saint Mary's? *(Tick all that apply)*

	Tick if 'Yes'	If yes, how satisfied were you with the way they dealt with you?				
		Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
The Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctors/GP (General Practitioner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident & Emergency/ Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Court (Magistrates or Crown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape Crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Aid or other Women's Refuge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survivors Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saint Mary's SARC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solicitor/Legal Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim/Witness support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services/ psychotherapist/ counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other services or helplines. Please Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to make comments about the response you received, add them here:

2. In the last 3 months, have you told any of the following people about the sexual assault you reported to Saint Mary's SARC?

	Tick if 'Yes'	If yes, how satisfied were you with the way they dealt with you?				
		Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family member(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer/boss/line manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other work colleague(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutor/academic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to make comments about the response you received, add them here:

3. How important is it for you to get the following now or in the near future? *(Tick one option for each statement)*

	Unimportant	Important	Very important	Essential
A restraining order against the perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal support during the court process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about my case in the criminal justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological support (therapy and counselling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The chance to listen to other victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The chance to share experiences with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of children while attending support services or criminal justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial support to cover expenses related to the assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help to come back into work or studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language support (translation services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with dealing with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional security and access to emergency services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support with stopping further online, text or phone harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support with stopping further verbal or emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support with stopping further physical or sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: IMPACT

The next set of questions asks you about your wellbeing.

1. How often have you experienced the following as a result of the assault you recently reported to St Mary's?

	Not at all	A little	A lot	Not applicable
Fear of being assaulted again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear for your safety of your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of being trapped in an abusive relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of personal or private information about you being shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict with your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties with sexual intimacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinterest in sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding sex painful/physically uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding travelling alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding being home alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties caring for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict at work or your place of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about your appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger about the assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in use of substances (e.g. alcohol, drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half days	Nearly every day
Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being so restless that it is hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half days	Nearly every day
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4. Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month regarding the assault you reported to St Mary's.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Having upsetting dreams that replay part of the experience or are clearly related to the experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being "super-alert" or watchful or on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling jumpy or easily startled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4a. In the past month how much have the above problems:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Affected your relationships or social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affected your work or ability to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affected any other important part of your life such as parenting, or school or college work, or other important activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Below are problems that people who have had stressful or traumatic events sometimes experience. The questions refer to ways you typically feel, ways you typically think about yourself and ways you typically related to others. Answer the following, thinking about how true each statement is for you.

How true is this of you?	Not at all	A little bit	Moderately	Quite a bit	Extremely
When I am upset, it takes a long time to calm down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel numb or emotionally shut down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel distant or cut off from people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it hard to stay emotionally close to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 5a. In the past month, have the above problems in emotions, in beliefs about yourself and in relationships:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Created concern or distress about your relationships or social life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affected your work or ability to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affected any other important part of your life such as parenting, or school or college work, or other important activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You have reached the end of the questionnaire, thank you very much for completing it.

To help us further understand the long-term needs of sexual assault survivors, we would like to find out how you are doing in the future: in 6, 12 and 24 months time. Would you be willing for us to contact you using the contact details you have already provided to complete a similar questionnaire at one or more of these time points?

- Yes
- No

If, as a result of answering the questions, you feel you need further support from St Mary's or would like to explain your answers in more detail, please email Dr Rabiya Majeed

Email: Rabiya.Majeed@mft.nhs.uk

We hope that completing this questionnaire has not caused you any distress. If you feel you need some help, the following can offer support:

- Samaritans <https://www.samaritans.org>
- The Manchester Action on Street Health (MASH) <http://www.mash.org.uk>
- Men's Room <https://mroom.co.uk/contact-us/>
- Survivors Manchester <https://www.survivorsmanchester.org.uk>
- Rape Crisis <https://www.manchesterrapecrisis.co.uk>
- Women's Aid <https://pankhursttrust.org/manchester-womens-aid/get-help>