

After Sexual Harm: Mapping The Journeys Of Victim-Survivors' In Accessing Support

## About This Survey

# About This Survey

### Welcome and Thank You

Thank you for considering taking part in this survey. My name is Jenny Evans, and I'm a PhD student at the International Policing and Public Protection Research Institute (IPPPRI) at Anglia Ruskin University (ARU).

If you are aged 18 or older and have been subjected to sexual harm in England or Wales, you are warmly invited to participate.

Your participation will contribute to my PhD, by helping build a first-hand understanding of what happens after someone is subjected to sexual harm.

▶  **What this research explores**

▶  **Research Approach**

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▶  **Your Participation Matters**

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▶  **What to Expect**

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## ► Eligibility Details

### Survey Consent

Please confirm you have read and understood the following:

- ☐ I have read the [Participant Information Sheet](#) and the [Participant Consent Form](#) and would like to participate.

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## ► Response Options

### Demographics

## Demographics

To help me understand the diverse perspectives of participants, please answer the following questions.

You can skip any question that feels uncomfortable.

## How Old Are You?

I am:

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> 18-24 years old | <input type="radio"/> 55-64 years old   |
| <input type="radio"/> 25-34 years old | <input type="radio"/> 65-74 years old   |
| <input type="radio"/> 35-44 years old | <input type="radio"/> 75+ years old     |
| <input type="radio"/> 45-54 years old | <input type="radio"/> Prefer not to say |

## How Do You Identify?

Please select the option that best describes your gender identity.

I am:

- |  |  |
|--|--|
| <input type="radio"/> Female             | <input type="radio"/> Non-binary             |
| <input type="radio"/> Transgender female | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Male               | <input type="radio"/> Prefer not to say      |
| <input type="radio"/> Transgender male   |  |

Other (please specify):

## What Is Your Sexual Orientation?

I am:

- |   |  |
|---|--|
| <input type="radio"/> Heterosexual/Straight | <input type="radio"/> Gay                    |
| <input type="radio"/> Lesbian               | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Bisexual              | <input type="radio"/> Prefer not to say      |

Other (please specify):

## What Is Your Ethnic Background?

Please select all that apply.

I am:

- |  |   |
|--|---|
| <input type="checkbox"/> White                                       | <input type="checkbox"/> Asian or Asian British |
| <input type="checkbox"/> Black, Black British, Caribbean, or African | <input type="checkbox"/> Other (please specify) |

☐ Mixed or Multiple Ethnic Groups

☐ Prefer not to say

Other (please specify):

## **Your Story: Your Voice**

# **Your Story: Your Voice**

This space is yours to reflect on and share your journey in the way that feels right for you.

Your responses are anonymous, and you can pause or skip questions at any time.

### **► How You Might Choose to Share**

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### **► What is Sexual Harm?**

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### **► Definitions of Sexual Harm Types**

## What Type(s) Of Sexual Harm (If Any) Have You Been Subjected To?

*Please see the definitions above if you would like more information about any of the terms.*

Please select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Rape  | <input type="checkbox"/> Sexual exploitation  |
| <input type="checkbox"/> Sexual assault by penetration                 | <input type="checkbox"/> Trafficking for sexual exploitation  |
| <input type="checkbox"/> Sexual assault                                | <input type="checkbox"/> Child sexual abuse   |
| <input type="checkbox"/> Image-based sexual abuse (e.g., revenge porn) | <input type="checkbox"/> Another form of sexual harm (Even if you are unsure whether it is covered by UK legislation) |

## Rape

Thinking About The Rape(s) You Were Subjected To, When Did They Occur And How Many Times Did It Happen? [?].

If you're not sure, please answer as best you can.

Please tick all that apply.

Yes I was raped:

- |  |   |
|--|---|
| <input type="checkbox"/> As A Child (Under 18 Years Old) | <input type="checkbox"/> Significantly More Than Once |
|--|---|

- |  |  |
|--|--|
| <input type="checkbox"/> As An Adult (Over 18 Years Old) | <input type="checkbox"/> Prefer Not To Say |
| <input type="checkbox"/> Once                            | <input type="checkbox"/> N/A               |
| <input type="checkbox"/> More Than Once                  |  |

## Sexual Assault By Penetration

Thinking About The Sexual Assault(s) By Penetration That You Were Subjected To, When Did They Occur And How Many Times Did It Happen? [?]

If you're not sure, please answer as best you can.

Please tick all that apply.

Yes I was sexually assaulted by penetration:

- |  |   |
|--|---|
| <input type="checkbox"/> As A Child (Under 18 Years Old) | <input type="checkbox"/> Significantly More Than Once |
| <input type="checkbox"/> As An Adult (Over 18 Years Old) | <input type="checkbox"/> Prefer Not To Say            |
| <input type="checkbox"/> Once                            | <input type="checkbox"/> N/A                          |
| <input type="checkbox"/> More Than Once                  |   |

## Sexual Assault

Thinking About The Sexual Assault(s) That You Were Subjected To, When Did They Occur And How Many Times

Did It Happen? [?]

If you're not sure, please answer as best you can.

Please tick all that apply.

Yes I was sexually assaulted:

- |  |   |
|--|---|
| <input type="checkbox"/> As A Child (Under 18 Years Old) | <input type="checkbox"/> Significantly More Than Once |
| <input type="checkbox"/> As An Adult (Over 18 Years Old) | <input type="checkbox"/> Prefer Not To Say            |
| <input type="checkbox"/> Once                            | <input type="checkbox"/> N/A                          |
| <input type="checkbox"/> More Than Once                  |   |

## Image-Based Sexual Abuse

Thinking About The Image-Based Sexual Abuse That You Were Subjected To, When Did It Occur And How Many Times Did It Happen? [?]

If you're not sure, please answer as best you can.

Please tick all that apply.

Yes I was subjected to image-based sexual abuse:

- |  |   |
|--|---|
| <input type="checkbox"/> As A Child (Under 18 Years Old) | <input type="checkbox"/> Significantly More Than Once |
| <input type="checkbox"/> As An Adult (Over 18 Years Old) | <input type="checkbox"/> Prefer Not To Say            |



☐ Once

☐ N/A

☐ More Than Once

## Sexual Exploitation

Thinking About The Sexual Exploitation That You Were Subjected To, When Did It Occur And How Many Times Did It Happen? [?]

If you're not sure, please answer as best you can.

Please tick all that apply.

Yes I was sexually exploited:

☐ As A Child (Under 18 Years Old)

☐ Significantly More Than Once

☐ As An Adult (Over 18 Years Old)

☐ Prefer Not To Say

☐ Once

☐ N/A

☐ More Than Once

## Trafficked for Sexual Exploitation

Thinking About Being Trafficked for Sexual Exploitation, When Did It Occur And How Many Times Did It Happen? [?]

If you're not sure, please answer as best you can.

Please tick all that apply.

Yes I was trafficked for sexual exploitation:

- |  |   |
|--|---|
| <input type="checkbox"/> As A Child (Under 18 Years Old) | <input type="checkbox"/> Significantly More Than Once |
| <input type="checkbox"/> As An Adult (Over 18 Years Old) | <input type="checkbox"/> Prefer Not To Say            |
| <input type="checkbox"/> Once                            | <input type="checkbox"/> N/A                          |
| <input type="checkbox"/> More Than Once                  |   |

## Child Sexual Abuse

Thinking About the Child Sexual Abuse That You Were Subjected To, When Did It Occur And How Many Times Did It Happen? [?]

If you're not sure, please answer as best you can.

Please tick all that apply.

Yes I was subjected to child sexual abuse:

- |  |   |
|--|---|
| <input type="checkbox"/> As A Child (Under 18 Years Old) | <input type="checkbox"/> Significantly More Than Once |
| <input type="checkbox"/> As An Adult (Over 18 Years Old) | <input type="checkbox"/> Prefer Not To Say            |
| <input type="checkbox"/> Once                            | <input type="checkbox"/> N/A                          |

☐ More Than Once

## Another Form of Sexual Harm (Undefined)

Thinking About The Harm You Identified As Another Form Of Sexual Harm (Even If You Are Unsure Whether It Is Covered by UK Legislation), When Did It Occur And How Many Times Did It Happen? [?].

If you're not sure, please answer as best you can.

Please tick all that apply.

Yes I was subjected to undefined sexual harm:

- |  |   |
|--|---|
| <input type="checkbox"/> As A Child (Under 18 Years Old) | <input type="checkbox"/> Significantly More Than Once |
| <input type="checkbox"/> As An Adult (Over 18 Years Old) | <input type="checkbox"/> Prefer Not To Say            |
| <input type="checkbox"/> Once                            | <input type="checkbox"/> N/A                          |
| <input type="checkbox"/> More Than Once                  |   |

## Sexual Harm Overview

If you feel comfortable, please provide an overview of what happened to you.

You can write as much or as little as feels right.

You may also write 'prefer not to say' or 'N/A'.

If you would rather share an audio or video recording, you can upload one here.

## **How Are You Feeling Right Now?**

This survey covers sensitive and personal topics, and your well-being is important to me.

Is there anything you'd like to share about how you're feeling right now regarding this survey, its content, or the process of completing it?

If you would rather share an audio or video recording, you can upload one here.

## **Terminology**

## **Terminology**

Throughout this survey, terms like "victim-survivor", "perpetrator", and "sexual harm", are used.

These words may not reflect how you see yourself or describe what happened. Your responses will help ensure that this research uses language that is respectful and inclusive.

Some questions may bring up difficult memories. You are free to skip any question or answer only what feels right. You can also pause or take breaks at any time.

## **How Do You Identify?**

How do you describe your identity in this context?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Victim          | <input type="checkbox"/> Survivor               |
| <input type="checkbox"/> Strong person   | <input type="checkbox"/> Powerful person        |
| <input type="checkbox"/> Victim-survivor | <input type="checkbox"/> Weak person            |
| <input type="checkbox"/> Complainant     | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Defendant       | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Accuser         |   |

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

## Emotional Reactions

This section asks about your emotional reactions to the incident(s). You may skip any questions or timeframes

you're not comfortable answering. Please answer as much or as little as you feel able.

Have you experienced any emotional reactions to the sexual harm you were subjected to, either during or after the incident(s)? [?]

- |   |  |
|---|--|
| <input type="checkbox"/> Yes – I had feelings related to fear or shame                | <input type="checkbox"/> No – I have not had any emotional reactions               |
| <input type="checkbox"/> Yes – I had feelings related to anger or confusion           | <input type="checkbox"/> I'm not sure, but I would like to reflect on this further |
| <input type="checkbox"/> Yes – I had feelings related to responsibility or detachment | <input type="checkbox"/> Prefer not to say   |

## **Fear or Shame**

Did you experience any of the following emotions related to fear or shame, during or after the incident(s)?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Scared      | <input type="checkbox"/> Humiliated             |
| <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Ashamed                |
| <input type="checkbox"/> Guilty      | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Dirty       |   |

Would you like to say more about when you experienced these feelings? [?]

If you would rather share an audio or video recording, you can upload one here.

## Anger or Confusion

Did you experience any of the following emotions related to anger or confusion, during or after the incident(s)?

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Angry    | <input type="checkbox"/> Numb                   |
| <input type="checkbox"/> Vengeful | <input type="checkbox"/> Detached               |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Other (Please specify) |

Would you like to say more about when you experienced these feelings? [?]



If you would rather share an audio or video recording, you can upload one here.

## **Responsibility or Detachment**

Which of the following emotions related to responsibility or detachment best describe how you felt during and after the incident(s) of sexual harm?

☐ Responsible

☐ Other (Please specify)

☐ Lack of feeling

Would you like to say more about when you experienced these feelings? [?]

If you would rather share an audio or video recording, you can upload one here.

## Physical and Behavioural Reactions

These questions explore any physical or behavioural reactions you may have had during or after the incident(s) of sexual harm. [?]

Have you experienced any physical or behavioural responses to the sexual harm you were subjected to, either during or after the incident(s)? [?]

Please select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Yes – I had immediate coping responses (e.g., freezing, carrying on as normal, feeling unaware or resigned) | <input type="checkbox"/> Yes – I experienced isolation or distrust (e.g., withdrawing from people, feeling silenced or unable to trust others) |
| <input type="checkbox"/> Yes – I had emotional reactions to pressure or judgment (e.g., feeling judged, disbelieved, or betrayed)    | <input type="checkbox"/> No – I have not experienced any physical or behavioural responses   |
| <input type="checkbox"/> Yes – I had fear and anxiety responses (e.g., panic, hypervigilance, feeling out of control)                | <input type="checkbox"/> I'm not sure, but I would like to reflect on this further   |

- Yes – I had health or self-  
☐ destructive responses (e.g., physical illness, self-harm, suicidal feelings) ☐ Prefer not to say

## Immediate Coping Responses

Which of the following best describe your immediate coping responses during and after the incident(s)?

- |  |   |
|--|---|
| <input type="checkbox"/> Carried on as normal (e.g., trying to act like nothing was happening) | <input type="checkbox"/> Resigned (e.g., feeling like you had no choice, unable to resist or stop it - sometimes called "freezing") |
| <input type="checkbox"/> Disassociated (e.g., feeling numb, disconnected, or spaced out)       | <input type="checkbox"/> Unconscious  |
| <input type="checkbox"/> Don't make a scene (e.g., trying to stay quiet or unnoticed)          | <input type="checkbox"/> Unaware (e.g., did not fully register or understand what was happening at the time)                        |
| <input type="checkbox"/> Incredulous (e.g., could not believe it was happening)                | <input type="checkbox"/> Other (Please specify)   |

Would you like to say more about when you experienced these feelings? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Emotional Reactions to Pressure or Judgement**

Which of the following best describe feelings related to pressure, betrayal, or judgment during and after the incident(s)?

- |  |  |
|--|--|
| <input type="checkbox"/> Betrayed (e.g. someone I trusted harmed me)     | <input type="checkbox"/> Disbelieved (e.g. not taken seriously, called a liar) |
| <input type="checkbox"/> Judged (e.g. felt blamed or morally criticised) | <input type="checkbox"/> Other (Please specify)                                |
| <input type="checkbox"/> Pressured (e.g. felt coerced or forced)         |  |

Would you like to say more about when you experienced these feelings? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Fear and Anxiety Responses**

Which of the following best describe feelings of fear or anxiety during and after the incident(s)?

- |  |  |
|--|--|
| <input type="checkbox"/> Fearful for my life (e.g. thought I might die)                        | <input type="checkbox"/> Panic attacks (e.g. rapid heartbeat, shaking, difficulty breathing)   |
| <input type="checkbox"/> Out of control (e.g. could not think clearly or respond how I wanted) | <input type="checkbox"/> Traumatized (e.g. deeply shaken, overwhelmed, or emotionally injured) |
| <input type="checkbox"/> Anxious (e.g. tense, panicked, or on edge)                            | <input type="checkbox"/> Other (Please specify)  |

Would you like to say more about when you experienced these feelings? [?]

If you would prefer to describe when you felt the emotions related to fear or anxiety via audio or video, you may upload a recording here.

## Health and Self-Destructive Responses

Which of the following best describe health-related or self-destructive responses you felt during and after the incident(s)?

- |  |   |
|--|---|
| <input type="checkbox"/> Physical health problems (e.g. illness, pain, or fatigue)         | <input type="checkbox"/> Suicidal (e.g. thoughts or feelings of wanting to end your life) |
| <input type="checkbox"/> Mental health problems (e.g. depression, flashbacks, nightmares)  | <input type="checkbox"/> Other (Please specify)   |
| <input type="checkbox"/> Self-destructive behaviour (e.g. drinking heavily, risky actions) |   |

Would you like to say more about when you experienced these feelings? [?]

If you would rather share an audio or video recording, you can upload one here.

## Isolation and Distrust

Which of the following best describe feelings of isolation or distrust during and after the incident(s)?

- |  |  |
|--|--|
| <input type="checkbox"/> Isolated (e.g. felt alone, cut off, or like no one understood)            | <input type="checkbox"/> Silenced (e.g. unable or afraid to speak or be heard) |
| <input type="checkbox"/> Distrustful (e.g. struggled to trust people, including those close to me) | <input type="checkbox"/> Other (Please specify)                                |

Would you like to say more about when you experienced these feelings? [?]

If you would rather share an audio or video recording, you can upload one here.

## Describing the Incident(s)

Which of the following terms would you use to describe the incident(s) of sexual harm you were subjected to?

Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Victimised     | <input type="checkbox"/> Taken advantage of     |
| <input type="checkbox"/> Forced         | <input type="checkbox"/> Disinterested          |
| <input type="checkbox"/> Terrorised     | <input type="checkbox"/> Sexually assaulted     |
| <input type="checkbox"/> Non-consensual | <input type="checkbox"/> Raped                  |
| <input type="checkbox"/> Subjected to   | <input type="checkbox"/> Put through            |
| <input type="checkbox"/> Threatened     | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Abused         | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Exploited      | <input type="checkbox"/> N/A                    |

Other (please specify):



If you would rather share an audio or video recording, you can upload one here.

## **Describing the Perpetrator**

How would you describe the person(s) responsible for the sexual harm you were subjected to? [?]

Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Perpetrator                    | <input type="checkbox"/> Culprit                |
| <input type="checkbox"/> Sexual abuser                  | <input type="checkbox"/> Trafficker             |
| <input type="checkbox"/> Someone I trusted              | <input type="checkbox"/> Husband                |
| <input type="checkbox"/> Wrongdoer                      | <input type="checkbox"/> wife                   |
| <input type="checkbox"/> Offender                       | <input type="checkbox"/> Groomer                |
| <input type="checkbox"/> Sexual offender                | <input type="checkbox"/> Monster                |
| <input type="checkbox"/> Not a bad person               | <input type="checkbox"/> Boyfriend              |
| <input type="checkbox"/> Betrayer                       | <input type="checkbox"/> girlfriend             |
| <input type="checkbox"/> Criminal                       | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Rapist                         | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> He seemed like such a nice guy | <input type="checkbox"/> N/A                    |
| <input type="checkbox"/> Deceiver                       |   |

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

## **How Are You Feeling Right Now?**

This survey covers sensitive and personal topics, and your well-being is important to me.

Is there anything you'd like to share about how you're feeling right now regarding this survey, its content, or the process of completing it?

If you would rather share an audio or video recording, you can upload one here.

## **Who Subjected You To Sexual Harm?**

## **Who Subjected You To Sexual Harm?**

Please indicate who subjected you to the incident(s) of sexual harm.

These are broad categories, you'll have the opportunity to describe your relationship with the person(s) in more detail later.

You can hover over the question marks for examples.

A family member [?]

A friend or acquaintance [?]

Someone you were romantically involved with [?]

Someone in the context of sexual exploitation [?]

Someone in the context of trafficking for sexual exploitation [?]

Someone in a position of trust [?]

A health or social care professional [?]

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> A family member   | <input type="checkbox"/> Someone in a position of trust       |
| <input type="checkbox"/> A friend or acquaintance                                      | <input type="checkbox"/> A health or social care professional |
| <input type="checkbox"/> Someone you were romantically involved with                   | <input type="checkbox"/> Other (please specify)               |
| <input type="checkbox"/> Someone in the context of sexual exploitation                 | <input type="checkbox"/> Prefer not to say                    |
| <input type="checkbox"/> Someone in the context of trafficking for sexual exploitation |   |

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

**A Family Member Subjected Me to Sexual Harm**

If a family member subjected you to sexual harm, who were they?

- |  |   |
|--|---|
| <input type="checkbox"/> My mother       | <input type="checkbox"/> My half-brother        |
| <input type="checkbox"/> My father       | <input type="checkbox"/> My grandmother         |
| <input type="checkbox"/> My sister       | <input type="checkbox"/> My grandfather         |
| <input type="checkbox"/> My brother      | <input type="checkbox"/> My aunt                |
| <input type="checkbox"/> My step-mother  | <input type="checkbox"/> My uncle               |
| <input type="checkbox"/> My step-father  | <input type="checkbox"/> My cousin (female)     |
| <input type="checkbox"/> My step-sister  | <input type="checkbox"/> My cousin (male)       |
| <input type="checkbox"/> My step-brother | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> My half-sister  |   |

Would you like to say more about how close you were to the person who subjected you to sexual harm? ☐ [?]

If you would rather share an audio or video recording, you can upload one here.

## A Friend or Acquaintance Subjected Me to Sexual Harm

If a friend or acquaintance subjected you to sexual harm, who were they?

- |   |   |
|---|---|
| <input type="checkbox"/> My friend (female)       | <input type="checkbox"/> My colleague (male)    |
| <input type="checkbox"/> My friend (male)         | <input type="checkbox"/> My employee (female)   |
| <input type="checkbox"/> A family friend (female) | <input type="checkbox"/> My employee (male)     |
| <input type="checkbox"/> A family friend (male)   | <input type="checkbox"/> A stranger (female)    |
| <input type="checkbox"/> My boss (female)         | <input type="checkbox"/> A stranger (male)      |
| <input type="checkbox"/> My boss (male)           | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> My colleague (female)    |   |

Would you like to say more about how close you were to the person who subjected you to sexual harm? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Someone I was Romantically Involved with Subjected Me to Sexual Harm**

If someone you were romantically involved with subjected you to sexual harm, who were they?

- |  |   |
|--|---|
| <input type="checkbox"/> My wife       | <input type="checkbox"/> My date (female)       |
| <input type="checkbox"/> My husband    | <input type="checkbox"/> My date (male)         |
| <input type="checkbox"/> My girlfriend | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> My boyfriend  |   |

Would you like to say more about how close you were to the person who subjected you to sexual harm? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Someone in the Context of Sexual Exploitation Subjected Me to Sexual Harm**

If someone subjected you to sexual harm in the context of sexual exploitation, who were they?

- |   |   |
|---|---|
| <input type="checkbox"/> A pimp (female)            | <input type="checkbox"/> Someone facilitating the exploitation (female) |
| <input type="checkbox"/> A pimp (male)              | <input type="checkbox"/> Someone facilitating the exploitation (male)   |
| <input type="checkbox"/> A paying customer (female) | <input type="checkbox"/> Other (please specify)                         |
| <input type="checkbox"/> A paying customer (male)   |   |

Would you like to say more about how close you were to the person who subjected you to sexual harm? [?]



If you would rather share an audio or video recording, you can upload one here.

## **Someone in the Context of Trafficking for Sexual Exploitation Subjected Me to Sexual Harm**

If someone subjected you to sexual harm in the context of trafficking for sexual exploitation, who were they?

- |   |  |
|---|--|
| <input type="checkbox"/> A trafficker (female)                            | <input type="checkbox"/> A facilitator (e.g., manager, handler) (female) |
| <input type="checkbox"/> A trafficker (male)                              | <input type="checkbox"/> A facilitator (e.g., manager, handler) (male)   |
| <input type="checkbox"/> A recruiter (female)                             | <input type="checkbox"/> A paying customer (female)                      |
| <input type="checkbox"/> A recruiter (male)                               | <input type="checkbox"/> A paying customer (male)                        |
| <input type="checkbox"/> Someone involved in transport/logistics (female) | <input type="checkbox"/> Other (please specify)                          |
| <input type="checkbox"/> Someone involved in transport/logistics (male)   |  |

Would you like to say more about how close you were to the person who subjected you to sexual harm?

If you would rather share an audio or video recording, you can upload one here.

## Someone In a Position of Trust Subjected Me to Sexual Harm

If someone in a position of trust subjected you to sexual harm, who were they?

- |  |   |
|--|---|
| <input type="checkbox"/> Religious leader (female) | <input type="checkbox"/> University lecturer (female) |
| <input type="checkbox"/> Religious leader (male)   | <input type="checkbox"/> University lecturer (male)   |
| <input type="checkbox"/> School teacher (female)   | <input type="checkbox"/> Other (please specify)       |
| <input type="checkbox"/> School teacher (male)     |   |

Would you like to say more about how close you were to the person who subjected you to sexual harm?

If you would rather share an audio or video recording, you can upload one here.

## **When a Health or Social Care Professional Subjected Me to Sexual Harm**

This section asks about the health or social care professional who subjected you to sexual harm. To make this easier, the questions are grouped based on the type of professional.

Which of the following best describe the type(s) of health or social care professional who harmed you?

Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> A care or social worker   | <input type="checkbox"/> A sexual health clinic professional |
| <input type="checkbox"/> A mental health professional (e.g., psychiatrist, counsellor, psychologist) | <input type="checkbox"/> Other (Please specify)              |

- ☐ A medical professional (e.g., doctor, nurse, healthcare assistant) ☐ Prefer not to say

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

## Care and Social Workers

If a care or social worker subjected you to sexual harm, who were they?

- |   |   |
|---|---|
| <input type="checkbox"/> A social worker (female) | <input type="checkbox"/> A care worker (male)   |
| <input type="checkbox"/> A social worker (male)   | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> A care worker (female)   |   |

Would you like to say more about how close you were to the person who subjected you to sexual harm? [?]

If you would rather share an audio or video recording, you can upload one here.

## Mental Health Professionals

If a mental health professional subjected you to sexual harm, who were they?

- |   |  |
|---|--|
| <input type="checkbox"/> A mental health nurse (female) | <input type="checkbox"/> A psychologist (male)   |
| <input type="checkbox"/> A mental health nurse (male)   | <input type="checkbox"/> A psychiatrist (female) |
| <input type="checkbox"/> A counsellor (female)          | <input type="checkbox"/> A psychiatrist (male)   |
| <input type="checkbox"/> A counsellor (male)            | <input type="checkbox"/> Other (please specify)  |
| <input type="checkbox"/> A psychologist (female)        |  |

Would you like to say more about how close you were to the person who subjected you to sexual harm? [?]

If you would rather share an audio or video recording, you can upload one here.

## Medical Professionals

If a medical professional subjected you to sexual harm, who were they?

- |  |   |
|--|---|
| <input type="checkbox"/> An accident & emergency (A&E) doctor (female)               | <input type="checkbox"/> A General Practitioner (GP) doctor (male)  |
| <input type="checkbox"/> An accident & emergency (A&E) doctor (male)                 | <input type="checkbox"/> A General Practitioner (GP) Nurse (female) |
| <input type="checkbox"/> An accident & emergency (A&E) nurse (female)                | <input type="checkbox"/> A General Practitioner (GP) Nurse (male)   |
| <input type="checkbox"/> An accident & emergency (A&E) nurse (male)                  | <input type="checkbox"/> An occupational therapist (female)         |
| <input type="checkbox"/> An accident & emergency (A&E) healthcare assistant (female) | <input type="checkbox"/> An occupational therapist (male)           |

- ☐ An accident & emergency (A&E) healthcare assistant (male) ☐ Other (please specify)
- ☐ A General Practitioner (GP) doctor (female)

Would you like to say more about how close you were to the person who subjected you to sexual harm? [?]

If you would rather share an audio or video recording, you can upload one here.

## Sexual Health Clinic Professionals

If a sexual health clinic professional subjected you to sexual harm, who were they?

- ☐ A sexual health clinic doctor (female) ☐ A sexual health clinic nurse (male)
- ☐ A sexual health clinic doctor (male) ☐ Other (please specify)

☐ A sexual health clinic nurse  
(female)

Would you like to say more about how close you were to the person who subjected you to sexual harm? [?]

If you would rather share an audio or video recording, you can upload one here.

## How Are You Feeling Right Now?

This survey covers sensitive and personal topics, and your well-being is important to me.

Is there anything you'd like to share about how you're feeling right now regarding this survey, its content, or the process of completing it?



If you would rather share an audio or video recording, you can upload one here.

## **What Does Justice Mean To You?**

### **What Does Justice Mean to You?**

Justice can mean different things to different people.

- ▶ **What could justice involve?**
- ▶ **Why am I being asked this?**
- ▶ **Will I be asked this again?**

How Would you Define Justice in the Context of What Happened to You? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Who Was Told?**

## **Who Was Told?**

After being subjected to sexual harm, some people choose to tell someone, while others do not. In some cases, someone else might find out and tell someone on the victim-survivor's behalf.

I am interested in understanding your journey, whether or not, you or someone else, told someone about the incident(s). Your lived-experience underpins this research.

Some of these questions may bring up difficult memories. You can choose not to answer any question or state only what feels right for you. You can also pause or take breaks at any time.

## **Was Anyone Told About the Incident(s) of Sexual Harm?**

This helps us understand your experience and guide you to the right follow-up questions.

You'll be able to share more detail about who you told on the next page.

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, I told someone                    | <input type="checkbox"/> No one was told   |
| <input type="checkbox"/> Yes, someone told someone on my behalf | <input type="checkbox"/> Prefer not to say |

## **Who Was Told About the Incident(s) of Sexual Harm?**

Please indicate below whether each person or service was told about the incident(s) by yourself or someone else. These are broad categories, and you'll be able to provide more details afterward.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> A family member          | <input type="checkbox"/> A health or social care professional |
| <input type="checkbox"/> A friend or acquaintance | <input type="checkbox"/> A charity or other support service   |

☐ Someone you were romantically involved with

☐ Someone in the context of being sexually exploited

☐ Someone in the context of being trafficked for sexual exploitation

☐ Someone in a position of trust

☐ A Sexual Assault Referral Centre (SARC)

☐ The Police

☐ Other (Please specify)

☐ Prefer not to say

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

☐ Immediately after the incident(s) of sexual harm.

☐ Years after the incident(s) of sexual harm.

- ☐ Within days/weeks of the incident(s) of sexual harm.
- ☐ Months after the incident(s) of sexual harm.
- ☐ Prefer not to say.

## A Family Member

Which family member(s) were told about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

My mother

My father

My sister

My brother

My stepmother

My stepfather

My stepsister

My stepbrother

My half sister

My half brother

My grandmother

My grandfather

My aunt

My uncle

My cousin (female)

My cousin (male)

Other (Please specify)

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |
| <input type="checkbox"/> Months after the incident(s) of sexual harm.         |  |

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

## A Friend or Acquaintance

Which friend or acquaintance(s) were told about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

My friend (female)	<div></div>
My friend (male)	<div></div>
A family friend (female)	<div></div>
A family friend (male)	<div></div>
My boss (female)	<div></div>
My boss (male)	<div></div>
My colleague (female)	<div></div>
My colleague (male)	<div></div>
My employee (female)	<div></div>
My employee (male)	<div></div>
A stranger (female)	<div></div>
A stranger (male)	<div></div>
Other (Please specify)	<div></div>

Other (please specify):



If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |
| <input type="checkbox"/> Months after the incident(s) of sexual harm.         |  |

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

**Someone You Were Romantically Involved With**

Which romantic partner(s) were told about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

My wife	<div></div>
My husband	<div></div>
My significant other (gender not specified)	<div></div>
My girlfriend	<div></div>
My boyfriend	<div></div>
My date (female)	<div></div>
My date (male)	<div></div>
My date (gender not specified)	<div></div>

Other (Please specify)

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

## **When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?**

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |

☐ Months after the incident(s) of sexual harm.

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Someone in the Context of Sexual Exploitation**

Whom was told in the context of sexual exploitation about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

A pimp (female)

A pimp (male)

A paying customer (female)

A paying customer (male)

Someone facilitating the exploitation  
(female)

Someone facilitating the exploitation  
(male)

Other (Please specify)

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

**When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?**

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |
| <input type="checkbox"/> Months after the incident(s) of sexual harm.         |  |

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

**Someone in the Context of Being Trafficked for Sexual Exploitation**

Whom was told in the context of being trafficked for sexual exploitation about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

A trafficker (female)	<div></div>
A trafficker (male)	<div></div>
A recruiter (female)	<div></div>
A recruiter (male)	<div></div>
Someone involved in transport/logistics (female)	<div></div>
Someone involved in transport/logistics (male)	<div></div>
A facilitator (e.g., manager, handler) (female)	<div></div>
A facilitator (e.g., manager, handler) (male)	<div></div>
A paying customer (female)	<div></div>
A paying customer (male)	<div></div>
Other (Please specify)	<div></div>

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |
| <input type="checkbox"/> Months after the incident(s) of sexual harm.         |  |

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]



If you would rather share an audio or video recording, you can upload one here.

## Someone in a Position of Trust

Which person in a position of trust was told about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

Religious leader (female)

Religious leader (male)

School teacher (female)

School teacher (male)

University lecturer (female)

University lecturer (male)

Other (Please specify)

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |

☐ Months after the incident(s) of sexual harm.

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

## **A Health or Social Care Professional**

This section asks about the health or social care professionals who were told about the sexual harm you were subjected to. To make this easier, the questions are grouped based on the type of professional.

Which of the following best describe the type(s) of health or social care professional who were informed about the

sexual harm you were subjected to?

Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> A care or social worker   | <input type="checkbox"/> A sexual health clinic professional |
| <input type="checkbox"/> A mental health professional (e.g., psychiatrist, counsellor, psychologist) | <input type="checkbox"/> Other (Please specify)              |
| <input type="checkbox"/> A medical professional (e.g., doctor, nurse, healthcare assistant)          | <input type="checkbox"/> Prefer not to say                   |

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- ☐ Immediately after the incident(s) of sexual harm.
- ☐ Years after the incident(s) of sexual harm.
- ☐ Within days/weeks of the incident(s) of sexual harm.
- ☐ Prefer not to say.
- ☐ Months after the incident(s) of sexual harm.

**A Care or Social Worker**

Which care or social workers(s) were told about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

A social worker (female)	<div></div>
A social worker (male)	<div></div>
A care worker (female)	<div></div>
A care worker (male)	<div></div>
Other (Please specify)	<div></div>

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |
| <input type="checkbox"/> Months after the incident(s) of sexual harm.         |  |

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did

You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

**A Mental Health Professional**

Which mental health professional(s) were told about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

A mental health nurse (female)	<div></div>
A mental health nurse (male)	<div></div>
A counsellor (female)	<div></div>
A counsellor (male)	<div></div>
A psychologist (female)	<div></div>

A psychologist (male)

A psychiatrist (female)

A psychiatrist (male)

Other (Please specify)

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |



☐ Months after the incident(s) of sexual harm.

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

## **A Medical Professional**

Which medical professional(s) were told about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

An accident & emergency (A&E) doctor (female)	<div></div>
An accident & emergency (A&E) doctor (male)	<div></div>
An accident & emergency (A&E) nurse (female)	<div></div>
An accident & emergency (A&E) nurse (male)	<div></div>
An accident & emergency (A&E) healthcare assistant (female)	<div></div>
An accident & emergency (A&E) healthcare assistant (male)	<div></div>
A General Practitioner (GP) doctor (female)	<div></div>
A General Practitioner (GP) doctor (male)	<div></div>
A General Practitioner (GP) Nurse (female)	<div></div>
A General Practitioner (GP) Nurse (male)	<div></div>
An occupational therapist (female)	<div></div>
An occupational therapist (male)	<div></div>
Other (Please specify)	<div></div>

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |
| <input type="checkbox"/> Months after the incident(s) of sexual harm.         |  |

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

**A Sexual Health Clinic Professional**

Which sexual health clinic professional(s) were told about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

A sexual health clinic doctor (female)	<div></div>
A sexual health clinic doctor (male)	<div></div>
A sexual health clinic nurse (female)	<div></div>
A sexual health clinic nurse (male)	<div></div>
Other (Please specify)	<div></div>

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |
| <input type="checkbox"/> Months after the incident(s) of sexual harm.         |  |

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

## A Charity or Support Service

Which charity or support service(s) were told about the incident(s) of sexual harm, and who informed them?

Please indicate who was told and whether it was you or someone else who informed them.

Victim Support

Rape Crisis

The Survivors Trust

National Male Survivor Helpline and Online Service

Galop - for members of the LGBT+ community

NAPAC (National Association for People Abused in Childhood)

An Independent Sexual Violence Advisor (ISVA)

▼

A University Sexual Violence Advocacy Service representative

▼

Other (Please specify)

▼

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- ☐ Immediately after the incident(s) of sexual harm.
- ☐ Years after the incident(s) of sexual harm.
- ☐ Within days/weeks of the incident(s) of sexual harm.
- ☐ Prefer not to say.

☐ Months after the incident(s) of sexual harm.

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

## A Sexual Assault Referral Centre (SARC)

If a SARC was told about the incident(s) of sexual harm, who informed them?

When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?



Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |
| <input type="checkbox"/> Months after the incident(s) of sexual harm.         |  |

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

**The Police**

If the police were told about the incident(s) of sexual harm, who informed them?

## When Were They Told About the Incident(s) of Sexual Harm that You Were Subjected Too?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Immediately after the incident(s) of sexual harm.    | <input type="checkbox"/> Years after the incident(s) of sexual harm. |
| <input type="checkbox"/> Within days/weeks of the incident(s) of sexual harm. | <input type="checkbox"/> Prefer not to say.                          |
| <input type="checkbox"/> Months after the incident(s) of sexual harm.         |  |

If Someone Else Told Them About the Incident(s) on Your Behalf, Who Told Them, How Did it Happen, and How Did You Feel About it? [?]

If you would rather share an audio or video recording, you can upload one here.

## **How Are You Feeling Right Now?**

This survey covers sensitive and personal topics, and your well-being is important to me.

Is there anything you'd like to share about how you're feeling right now regarding this survey, its content, or the process of completing it?




If you would rather share an audio or video recording, you can upload one here.

**Thank You For Your Responses So Far**

# Thank You For Your Responses So Far

Based on your answers, the next section will focus on what happened after someone was told about the incident(s) of sexual harm. This includes situations where you or someone else shared this information with another person or service.

Each page will focus on a specific person or service you mentioned, as reactions can differ. While the structure of these pages will be similar, this is intentional to capture detailed feedback on each response.

- ▶  **What to Expect in This Section**
- ▶  **Important Note**
- ▶  **Trigger Warning**

## Why I Didn't Tell Anyone

## Why I Didn't Tell Anyone

This section focuses on your decision not to tell anyone about the incident(s) of sexual harm you were subjected to.

Your insights will help me understand the challenges faced by those who choose not to share their experience,

what might have influenced this decision, and what might have helped.

Some of these questions may bring up difficult memories. You are free to skip any question or share only what feels right for you.

## **What Were The Reasons Behind Your Decision Not To Tell Anyone About The Incident(s) Of Sexual Harm?**

People choose not to tell others about experiences of sexual harm for many different reasons [?].

Please tick all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> I was afraid I wouldn't be believed                   | <input type="checkbox"/> I tried to forget or move on                                 |
| <input type="checkbox"/> I felt ashamed or embarrassed                         | <input type="checkbox"/> I was protecting someone else                                |
| <input type="checkbox"/> I thought it was my fault                             | <input type="checkbox"/> I didn't think anything would change if I told               |
| <input type="checkbox"/> I feared being judged or blamed                       | <input type="checkbox"/> I wasn't ready to talk about it                              |
| <input type="checkbox"/> I felt it wasn't serious enough to tell anyone        | <input type="checkbox"/> I didn't trust the people around me                          |
| <input type="checkbox"/> I didn't know if it was actually a crime              | <input type="checkbox"/> I was too young to understand what was happening at the time |
| <input type="checkbox"/> I was worried it would cause trouble for someone else | <input type="checkbox"/> Other (please specify)                                       |
| <input type="checkbox"/> I was afraid of retaliation or further harm           | <input type="checkbox"/> Prefer not to say  |

- ☐ I didn't have the words to describe what happened

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

Did Any Personal Factors Influence Your Decision Not To Tell Anyone?

Do you think any of the following factors impacted your decision to stay silent and not tell anybody about the sexual harm you were subjected to [?].

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender             | <input type="checkbox"/> Disability           |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Attire or appearance |

☐ Ethnicity or cultural background

☐ Communication style

☐ Age

☐ Relationship status

☐ Pregnancy or maternity

☐ Religion or belief

☐ Sexual history

☐ Other (please specify)

☐ Prefer not to say

☐ N/A

In what ways do you feel your personal characteristics influenced your decision?

If you would rather share an audio or video recording, you can upload one here.

## Looking Back

Even if you haven't told anyone about the sexual harm you were subjected to, do you have any thoughts on how you would hope someone might respond, if you ever chose to tell them? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Telling My Family: How They Responded And What It Meant To Me**

### **Telling My Family: How They Responded and What it Meant to Me**

This section asks about what happened after you (or someone else) told a family member about the sexual harm. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

## **What You Hoped For**



When you (or someone else) told a family member about the sexual harm you were subjected to, what were you hoping they would do or say?

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

Would You Like To Share More About What You Hoped For When Disclosing To A Family Member And How Your Family Member(s) Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## **What You Were Scared Of**

When you (or someone else) told a family member about the sexual harm you were subjected to, what were you scared they would do or say?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

## **What They Actually Did**

And what did they actually do or say in response?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

Would you like to share more about any fears you had when disclosing to your family member(s) and how things actually turned out? [?]

If you would rather share an audio or video recording, you can upload one here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how your family member(s) responded to you [?]

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Attire or appearance   |
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Pregnancy or maternity           |   |

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Helpful or Supportive Moments**

Thinking about your interactions with your family, were there any moments that felt particularly helpful or supportive?

If you would rather share an audio or video recording, you can upload one here.

## **Unhelpful or Challenging Moments**

Were there any moments with your family that felt unhelpful or challenging [?].

A large, empty rectangular text box with a thin grey border, intended for a user to write their response to the question above. A small cursor icon is visible in the bottom right corner.

If you would rather share an audio or video recording, you can upload one here.

## Looking Back

Looking back, do you have any suggestions for how family members could respond more supportively when someone tells them about sexual harm?

A large, empty rectangular text box with a thin grey border, intended for a user to write their suggestions. A small cursor icon is visible in the bottom right corner.

If you would rather share an audio or video recording, you can upload one here.

## **Telling A Friend Or Acquaintance: How They Responded And What It Meant To Me**

### **Telling a Friend or Acquaintance: How They Responded and What it Meant to Me**

This section asks about what happened after you (or someone else) told a friend or acquaintance about the sexual harm. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

#### **What You Hoped For**

When you (or someone else) told a friend or acquaintance about the sexual harm you were subjected to, what were you hoping they would do or say?

Please tick all that apply.

☐ Listen without judgment

☐ Keep the disclosure confidential



- |   |   |
|---|---|
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential                                     |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                               |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority              |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves |

- |   |   |
|---|---|
| <input type="checkbox"/> Provide information about my options             | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                     | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                 | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me     | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent |   |

Would You Like To Share More About What You Hoped For When Disclosing To Your Friend(s) or Acquaintance(s) and How They Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## What You Were Scared Of

When you (or someone else) told a friend or

acquaintance about the sexual harm you were subjected to, what were you scared they would do or say?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                          | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me  | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response                                     | <input type="checkbox"/> Other (please specify)                                 |

- |  |  |
|--|--|
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A               |
| <input type="checkbox"/> Not take me seriously   |  |

Would you like to share more about any fears you had when disclosing to your friend(s) or acquaintance(s) and how things actually turned out? [?]

If you would rather share an audio or video recording, you can upload one here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how your friend(s) or acquaintance(s) responded to you [?].

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Attire or appearance   |
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Pregnancy or maternity           |   |

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## Helpful or Supportive Moments

Looking back, were there any specific moments when a

friend or acquaintance responded in a way that felt helpful or supportive?

If you would rather share an audio or video recording, you can upload one here.

## **Unhelpful or Challenging Moments**

Looking back, were there any moments when a friend or acquaintance responded in a way that felt unhelpful or made things more difficult for you?

If you would rather share an audio or video recording, you can upload one here.

## Looking Back

Looking back, do you have any suggestions for how friends or acquaintances could respond more supportively when someone tells them about sexual harm?

If you would rather share an audio or video recording, you can upload one here.

**Telling Someone I Was Romantically Involved With:  
How They Responded And What It Meant To Me**

**Telling Someone I Was  
Romantically Involved With: How**

# They Responded And What It Meant To Me

This section asks about what happened after you (or someone else) told someone you were romantically involved with about the sexual harm. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

## What You Hoped For?

If you or someone else told a romantic partner about the incident(s) of sexual harm you were subjected to; you may have hoped for a particular kind of response.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |



- |   |  |
|---|--|
| <input type="checkbox"/> Report the incident on my behalf                 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Take action to stop the person who harmed me     | <input type="checkbox"/> N/A               |
| <input type="checkbox"/> Respect my wishes and not act without my consent |  |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |

- ☐ Respect my wishes and not act without my consent

Would You Like To Share More About What You Hoped For When Disclosing To A Romantic Partner and How They Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## What You Were Scared Of

If you or someone else told a romantic partner about the incident(s) of sexual harm you were subjected to; you may have feared a particular kind of response.

Please tick all that apply.

- ☐ Dismiss or minimise what I shared ☐ Tell other people without my permission

- |  |   |
|--|---|
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

Would you like to share more about any fears you had when disclosing to your romantic partner and how things actually turned out? [?]

If you would rather share an audio or video recording, you can upload one here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how your romantic partner(s) responded to you [?].

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Attire or appearance   |
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |

☐ Relationship status

☐ Prefer not to say

☐ Pregnancy or maternity

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## Helpful or Supportive Moments

Looking back, were there any moments when someone you were romantically involved with responded in a way that felt helpful or supportive?

If you would rather share an audio or video recording, you can upload one here.

## **Unhelpful or Challenging Moments**

Looking back, were there any moments when someone you were romantically involved with responded in a way that felt unhelpful or made things more difficult for you?

If you would rather share an audio or video recording, you can upload one here.

## **Looking Back**

Looking back, do you have any suggestions for how

romantic partners could respond more supportively when someone tells them about sexual harm?

If you would rather share an audio or video recording, you can upload one here.

## **Speaking Up In The Context Of Sexual Exploitation: Their Response And Its Impact On Me**

### **Speaking Up In The Context Of Sexual Exploitation: Their Response And Its Impact On Me**

This section focuses on what happened when you tried to speak up about sexual harm in the context of sexual exploitation. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

## What You Hoped For?

If you or someone else told someone in the context of sexual exploitation about the incident(s) of sexual harm you were subjected to; you may have hoped for a particular kind of response.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

## What They Actually Did



And what did they actually do or say in response?

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

Would You Like To Share More About What You Hoped For When Disclosing To Someone in the Context of Sexual Exploitation and How They Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## **What You Were Scared Of?**

If you or someone else told someone in the context of sexual exploitation about the incident(s) of sexual harm you were subjected to; you may have feared a particular kind of response.

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

Would you like to share more about any fears you had when disclosing to someone in the context of sexual exploitation and how things actually turned out? [?]

If you would rather share an audio or video recording, you

can upload one here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how the person in the context of sexual exploitation responded to you [?].

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Attire or appearance   |
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Pregnancy or maternity           |   |

In what ways do you feel your personal characteristics influenced the response you received? [?].

If you would rather share an audio or video recording, you can upload one here.

## **Helpful or Supportive Moments**

Looking back, were there any moments when someone connected to the context of sexual exploitation responded in a way that felt helpful or supportive?

If you would rather share an audio or video recording, you can upload one here.

## Unhelpful or Challenging Moments

Looking back, were there any moments when someone connected to the context of sexual exploitation responded in a way that felt unhelpful or harmful?

If you would rather share an audio or video recording, you can upload one here.

## Looking Back

Looking back, do you have any reflections or suggestions about how someone in the context of sexual exploitation responded when they learned about the harm?

If you would rather share an audio or video recording, you can upload one here.

## **Speaking Up In The Context Of Trafficking For Sexual Exploitation: Their Response And Its Impact On Me**

### **Speaking Up In The Context Of Trafficking For Sexual Exploitation: Their Response And Its Impact On Me**

This section focuses on what happened when you tried to speak up about sexual harm in the context of trafficking for sexual exploitation. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

#### **What You Hoped For?**

If you or someone else told someone in the context of trafficking for sexual exploitation about the incident(s) of sexual harm you were subjected to; you may have hoped

for a particular kind of response.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Listen without judgment | <input type="checkbox"/> Keep the disclosure confidential |
|--|---|



- |   |   |
|---|---|
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

Would You Like To Share More About What You Hoped For When Disclosing To Someone in the Context of Trafficking for Sexual Exploitation And How They Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## What You Were Scared Of?

If you or someone else told someone in the context of trafficking for sexual exploitation about the incident(s) of sexual harm you were subjected to; you may have feared a particular kind of response.

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

Would you like to share more about any fears you had when disclosing to someone in the context of trafficking for sexual exploitation and how things actually turned out? [?]

If you would rather share an audio or video recording, you can upload one here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how the person in the context of trafficking for sexual exploitation responded to you [?].

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Attire or appearance   |
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Pregnancy or maternity           |   |

In what ways do you feel your personal characteristics influenced the response you received? [?].

If you would rather share an audio or video recording, you can upload one here.

## **Helpful or Supportive Moments**

Looking back, were there any moments when someone connected to the context of being trafficked for sexual exploitation responded in a way that felt helpful or supportive?

If you would rather share an audio or video recording, you can upload one here.

## Unhelpful or Challenging Moments

Looking back, were there any moments when someone connected to the context of being trafficked for sexual exploitation responded in a way that felt unhelpful or harmful?

If you would rather share an audio or video recording, you can upload one here.

## Looking Back

Looking back, do you have any reflections or suggestions about how someone in the context of being trafficked for sexual exploitation responded when they learned about the harm?

If you would rather share an audio or video recording, you can upload one here.

## **Telling Someone In A Position Of Trust: How They Responded And What It Meant To Me**

# **Telling Someone In A Position Of Trust: How They Responded And What It Meant To Me**

This section asks what happened after you (or someone else) told someone in a position of trust about the harm. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

## **What You Hoped For?**

If you or someone else told someone in a position of trust about the incident(s) of sexual harm you were subjected to; you may have hoped for a particular kind of response.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

## What They Actually Did

And what did they actually do or say in response?



Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

Would You Like To Share More About What You Hoped For When Disclosing To Someone in a Position of Trust and How They Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## **What You Were Scared Of?**

If you or someone else told someone in a position of trust about the incident(s) of sexual harm you were subjected to; you may have feared a particular kind of response.

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

Would you like to share more about any fears you had when disclosing to someone in a position of trust and how things actually turned out? [?]

If you would rather share an audio or video recording, you

can upload one here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how the person in a position of trust responded to you [?]

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Attire or appearance   |
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Pregnancy or maternity           |   |

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Helpful or Supportive Moments**

Looking back, were there any moments when someone in a position of trust responded in a way that felt helpful or supportive?

If you would rather share an audio or video recording, you can upload one here.

## Unhelpful or Challenging Moments

Looking back, were there any moments when someone in a position of trust responded in a way that felt unhelpful or made things harder for you?

If you would rather share an audio or video recording, you can upload one here.

## Looking Back

Looking back, do you have any suggestions for how people in positions of trust (e.g. teachers, religious leaders) could respond more supportively when someone tells them about sexual harm?

If you would rather share an audio or video recording, you can upload one here.

## **Telling A Health Or Social Care Professional: How They Responded And What It Meant To Me**

### **Telling A Health Or Social Care Professional: How They Responded And What It Meant To Me**

This section asks what happened after you (or someone else) told a health or social care professional about the harm. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

### **What You Hoped For?**

If you or someone else told a health or social care professional about the incident(s) of sexual harm you were subjected to; you may have hoped for a particular kind of response.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Listen without judgment | <input type="checkbox"/> Keep the disclosure confidential       |
| <input type="checkbox"/> Believe me              | <input type="checkbox"/> Just be there for me / show they cared |



- |   |   |
|---|---|
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

Would You Like To Share More About What You Hoped For When Disclosing To A Health or Social Care Professional and How They Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## What You Were Scared Of

If you or someone else told a health or social care professional about the incident(s) of sexual harm you were subjected to; you may have feared a particular kind of response.

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Dismiss or minimise what I shared | <input type="checkbox"/> Tell other people without my permission |
|--|--|

- |  |   |
|--|---|
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

Would you like to share more about any fears you had when disclosing to a health or social care professional and how things actually turned out? [?]

If you would rather share an audio or video recording, you can upload one here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how the health or social care professional responded to you [?]

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Attire or appearance   |
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Pregnancy or maternity           |   |

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## Helpful or Supportive Moments

Looking back, were there any moments when a health or social care professional responded in a way that felt helpful or supportive?

If you would rather share your experience by speaking instead of writing, you can upload an audio or video recording here.

## Unhelpful or Challenging Moments

Looking back, were there any moments when a health or social care professional responded in a way that felt unhelpful or harmful?

If you would rather share an audio or video recording, you can upload one here.

## **Looking Back**

Looking back, do you have any suggestions for how health or social care professionals could respond more supportively when someone tells them about sexual harm?



If you would rather share an audio or video recording, you can upload one here.

## **Telling A Charity Or Other Support Service: How They Responded And What It Meant To Me**

# Telling A Charity Or Other Support Service: How They Responded And What It Meant To Me

This section asks what happened after you (or someone else) told someone in a charity or support service about the harm. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

## What You Hoped For?

If you or someone else told a charity or other support service about the incident(s) of sexual harm you were subjected to; you may have hoped for a particular kind of response.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential                                     |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                               |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority              |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves |

- |   |   |
|---|---|
| <input type="checkbox"/> Provide information about my options             | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                     | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                 | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me     | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |



- ☐ Take action to stop the person who harmed me ☐ N/A
- ☐ Respect my wishes and not act without my consent

Would You Like To Share More About What You Hoped For When Disclosing To A Charity or Other Support Service and How they Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## **What You Were Scared Of**

If you or someone else told a charity or other support service about the incident(s) of sexual harm you were subjected to; you may have feared a particular kind of response.

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |

☐ Not take me seriously

Would you like to share more about any fears you had when disclosing to a charity or support service and how things actually turned out? [?]

If you would rather share an audio or video recording, you can upload one here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how a charity or support service responded to you [?].

Please tick all that apply.

☐ Gender

☐ Sexual orientation

☐ Disability

☐ Attire or appearance

- |   |   |
|---|---|
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Pregnancy or maternity           |   |

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## Helpful or Supportive Moments

Looking back, were there any moments when a charity or support service responded in a way that felt helpful or supportive?

If you would rather share an audio or video recording, you can upload one here.

## **Unhelpful or Challenging Moments**

Looking back, were there any moments when a charity or support service responded in a way that felt unhelpful or disappointing?

If you would rather share an audio or video recording, you can upload one here.

## Looking Back

Looking back, do you have any suggestions for how charities or support services could respond more supportively when someone tells them about sexual harm?

If you would rather share an audio or video recording, you can upload one here.

## **Telling A Sexual Assault Referral Centre (SARC): How They Responded And What It Meant To Me**

### **Telling A Sexual Assault Referral Centre (SARC): How They Responded And What It Meant To Me**

This section asks what happened after you (or someone else) told someone at a SARC about the harm. You can skip any questions that feel too difficult or repetitive.

## What You Hoped For?

If you or someone else told a Sexual Assault Referral Centre (SARC) about the incident(s) of sexual harm you were subjected to; you may have hoped for a particular kind of response.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |

- ☐ Respect my wishes and not act without my consent

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |



Would You Like To Share More About What You Hoped For When Disclosing To A Sexual Assault Referral Centre (SARC) and How they Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## What You Were Scared Of?

If you or someone else told a Sexual Assault Referral Centre (SARC) about the incident(s) of sexual harm you were subjected to; you may have feared a particular kind of response.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                          | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me  | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |

- |  |   |
|--|---|
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A                    |
| <input type="checkbox"/> Not take me seriously   |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

Would you like to share more about any fears you had when disclosing to a Sexual Assault Referral Centre (SARC) and how things actually turned out? [?]

If you would rather share an audio or video recording, you can upload one here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how a Sexual Assault Referral Centre (SARC) responded to you [?]

Please tick all that apply.

- ☐ Gender
- ☐ Sexual orientation
- ☐ Ethnicity or cultural background
- ☐ Communication style
- ☐ Age
- ☐ Relationship status
- ☐ Disability
- ☐ Attire or appearance
- ☐ Religion or belief
- ☐ Sexual history
- ☐ Other (please specify)
- ☐ Prefer not to say

☐ Pregnancy or maternity

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## Helpful or Supportive Moments

Looking back, were there any moments when someone at a Sexual Assault Referral Centre (SARC) responded in a way that felt helpful or supportive?

If you would rather share an audio or video recording, you can upload one here.

## **Unhelpful or Challenging Moments**

Looking back, were there any moments when someone at a Sexual Assault Referral Centre (SARC) responded in a way that felt unhelpful or distressing?

If you would rather share an audio or video recording, you can upload one here.

## **Looking Back**

Looking back, do you have any suggestions for how a Sexual Assault Referral Centre (SARC) could respond

more supportively when someone tells them about sexual harm?

If you would rather share an audio or video recording, you can upload one here.

## **Telling Someone Else: How They Responded And What It Meant To Me**

### **Telling Someone Else: How They Responded And What It Meant To Me**

This section asks what happened after you (or someone else) told someone about the harm. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

## What You Hoped For?

If you or someone else told someone about the incident(s) of sexual harm you were subjected to; you may have hoped for a particular kind of response.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Listen without judgment                                      | <input type="checkbox"/> Keep the disclosure confidential   |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Just be there for me / show they cared                                     |
| <input type="checkbox"/> Offer emotional support                                      | <input type="checkbox"/> Encouraged reporting to the police or another authority                    |
| <input type="checkbox"/> Offer practical support (e.g., help with forms, daily tasks) | <input type="checkbox"/> Report the incident(s) to the police or another authority themselves       |
| <input type="checkbox"/> Provide information about my options                         | <input type="checkbox"/> Seek support from health, social care, or specialist services on my behalf |
| <input type="checkbox"/> Refer me to support services                                 | <input type="checkbox"/> Other (please specify)   |
| <input type="checkbox"/> Report the incident on my behalf                             | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Take action to stop the person who harmed me                 | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Respect my wishes and not act without my consent             |   |

Would You Like To Share More About What You Hoped For When Disclosing To Someone Else and How they Actually Responded? [?]



If you would rather share an audio or video recording, you can upload one here.

## **What You Were Scared Of?**

If you or someone else told a someone about the incident(s) of sexual harm you were subjected to; you may have feared a particular kind of response.

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Dismiss or minimise what I shared                                   | <input type="checkbox"/> Tell other people without my permission                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Pressure me to stay silent                             |
| <input type="checkbox"/> Act angry or confrontational toward the person responsible          | <input type="checkbox"/> React in a way that made me feel unsafe or unsupported |
| <input type="checkbox"/> Do nothing in response  | <input type="checkbox"/> Other (please specify)                                 |
| <input type="checkbox"/> Act without my consent (e.g., report or disclose against my wishes) | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Not take me seriously   |   |

Would you like to share more about any fears you had when disclosing to someone else and how things actually turned out? [?]

If you would rather share an audio or video recording, you

can upload one here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how the other organisation/person responded to you [?]

- ☐ Gender
- ☐ Sexual orientation
- ☐ Ethnicity or cultural background
- ☐ Communication style
- ☐ Age
- ☐ Relationship status
- ☐ Pregnancy or maternity
- ☐ Disability
- ☐ Attire or appearance
- ☐ Religion or belief
- ☐ Sexual history
- ☐ Other (please specify)
- ☐ Prefer not to say

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Helpful or Supportive Moments**

Looking back, were there any moments when someone else (not described above) responded in a way that felt helpful or supportive?

If you would rather share an audio or video recording, you can upload one here.

## **Unhelpful or Challenging Moments**

Looking back, were there any moments when someone

else (not described above) responded in a way that felt unhelpful or harmful?

If you would rather share an audio or video recording, you can upload one here.

## Looking Back

Looking back, do you have any suggestions for how the person or people you told (not already listed above) could respond more supportively when someone tells them about sexual harm?

If you would rather share an audio or video recording, you can upload one here.

## **Reflections and How Are You Feeling Now?**

# **Reflections and How Are You Feeling Now?**

Before moving on, this page invites you to reflect on your experiences so far and how you're feeling right now. You're welcome to answer in writing, audio, or video, or to skip any question that doesn't feel right.

## **What Does Justice Mean to You?**

You answered a question earlier about what justice means to you. Based on what you've just shared about disclosing to different people or services, do your thoughts or feelings about justice remain the same, or have they changed in any way [?]

You're welcome to reflect on what justice means to you in this specific context.

If you would rather share an audio or video recording, you can upload one here.

## **How Are You Feeling Right Now?**

This survey covers sensitive and personal topics, and your well-being is important to me.

Is there anything you'd like to share about how you're feeling right now regarding this survey, its content, or the process of completing it?

If you would rather share an audio or video recording, you can upload one here.

## **Your Journey With The Police And The Criminal Justice System**

### **Your Journey with the Police and the Criminal Justice System**

Reporting to the police, whether you did so yourself or someone else did on your behalf, can be a significant moment. This section asks about what happened after the incident(s) were reported.

Your answers will help improve understanding of how the justice system works (or doesn't) for those subjected to sexual harm.

- ▶ **What Will This Section Cover?**
- ▶ **Why Some Questions Might Feel Familiar**
- ▶ **What's Next?**

### **Stages Of The Criminal Justice Process**

Which of the following stages did your case reach after



the incident(s) of sexual harm were reported to the police?

Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> The incident(s) were reported to the police          | <input type="checkbox"/> The court case (trial) was completed                   |
| <input type="checkbox"/> The police investigated the incident(s)              | <input type="checkbox"/> I am unsure what stage my case got to (please specify) |
| <input type="checkbox"/> The case reached the charge/pre-trial hearings stage | <input type="checkbox"/> Prefer not to say                                      |
| <input type="checkbox"/> A court case (trial) began                           |   |

I am unsure what stage my case got to (please specify):

If you would rather share an audio or video recording, you can upload one here.

**How Are You Feeling Right Now?**

This survey covers sensitive and personal topics, and your well-being is important to me.

Is there anything you'd like to share about how you're feeling right now regarding this survey, its content, or the process of completing it?

If you would rather share an audio or video recording, you can upload one here.

## **Reporting The Incident(s) Of Sexual Harm To The Police**

### **Reporting the Incident(s) of Sexual Harm to the Police**

This section focuses on what happened when the incident(s) were reported to the police. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

## What You Hoped For When Reporting The Incident(s) of Sexual Harm

If you or someone else told the police about the incident(s) of sexual harm that you were subjected to; you may have hoped for a particular kind of response.

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Treat me with dignity and respect                      | <input type="checkbox"/> Take legal action against the person who harmed me       |
| <input type="checkbox"/> Listen without judgment                                | <input type="checkbox"/> Hold the person who harmed me accountable                |
| <input type="checkbox"/> Believe me   | <input type="checkbox"/> Help prevent this happening to others                    |
| <input type="checkbox"/> Make me feel safe and protected                        | <input type="checkbox"/> Keep what I said confidential (within limits of the law) |
| <input type="checkbox"/> Take the incident(s) seriously                         | <input type="checkbox"/> Keep me updated about what was happening                 |
| <input type="checkbox"/> Provide clear information about my rights and options  | <input type="checkbox"/> The process to be trauma-informed                        |
| <input type="checkbox"/> Support me emotionally                                 | <input type="checkbox"/> I didn't have any particular hopes or expectations       |
| <input type="checkbox"/> Refer me to support services (e.g., ISVA, counselling) | <input type="checkbox"/> Other (please specify)                                   |
| <input type="checkbox"/> Let me make a report without pressure to continue      | <input type="checkbox"/> Prefer not to say  |

☐ Give me control over what happened next

☐ N/A

☐ Investigate what happened

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

☐ Treat me with dignity and respect

☐ Take legal action against the person who harmed me

☐ Listen without judgment

☐ Hold the person who harmed me accountable

☐ Believe me

☐ Help prevent this happening to others

☐ Make me feel safe and protected

☐ Keep what I said confidential (within limits of the law)

☐ Take the incident(s) seriously

☐ Keep me updated about what was happening

☐ Provide clear information about my rights and options

☐ The process to be trauma-informed

☐ Support me emotionally

☐ I didn't have any particular hopes or expectations

☐ Refer me to support services (e.g., ISVA, counselling)

☐ Other (please specify)

☐ Let me make a report without pressure to continue

☐ Prefer not to say

☐ Give me control over what happened next

☐ N/A

☐ Investigate what happened

Would You Like To Share More About What You Hoped For When Disclosing To The Police and How they Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## **What You Were Scared Of When You Reported The Incident(s) Of Sexual Harm To The Police?**

If you or someone else told the police about the incident(s) of sexual harm that you were subjected to; you may have feared a particular kind of response.

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Not believe me   | <input type="checkbox"/> Tell other people without my permission   |
| <input type="checkbox"/> Not take me seriously  | <input type="checkbox"/> Question my credibility (e.g., because of my age, gender, mental health, previous experience, background) |
| <input type="checkbox"/> Dismiss or minimise what I shared  | <input type="checkbox"/> Treat me like I was the problem   |
| <input type="checkbox"/> Blame or judge me  | <input type="checkbox"/> Make things worse for me  |
| <input type="checkbox"/> Pressure me to withdraw or stay silent   | <input type="checkbox"/> Not emotionally or practically support me through the process   |
| <input type="checkbox"/> Act without my consent (e.g., share information, start an investigation, contact the person who harmed me) | <input type="checkbox"/> Make me lose control over what happened next  |
| <input type="checkbox"/> Act in a way that made me feel unsafe or unsupported   | <input type="checkbox"/> Other (please specify)  |
| <input type="checkbox"/> Act aggressively or confront the person who harmed me in a way that escalated risk                         | <input type="checkbox"/> Prefer not to say   |
| <input type="checkbox"/> Do nothing in response   | <input type="checkbox"/> N/A   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Not believe me | <input type="checkbox"/> Tell other people without my permission |
|---|--|

- |   |  |
|---|--|
| <input type="checkbox"/> Not take me seriously  | <input type="checkbox"/> Question my credibility (e.g., because of my age, gender, mental health, previous experience, background) |
| <input type="checkbox"/> Dismiss or minimise what I shared  | <input type="checkbox"/> Treat me like I was the problem   |
| <input type="checkbox"/> Blame or judge me  | <input type="checkbox"/> Make things worse for me  |
| <input type="checkbox"/> Pressure me to withdraw or stay silent   | <input type="checkbox"/> Not emotionally or practically support me through the process   |
| <input type="checkbox"/> Act without my consent (e.g., share information, start an investigation, contact the person who harmed me) | <input type="checkbox"/> Make me lose control over what happened next  |
| <input type="checkbox"/> Act in a way that made me feel unsafe or unsupported   | <input type="checkbox"/> Other (please specify)  |
| <input type="checkbox"/> Act aggressively or confront the person who harmed me in a way that escalated risk                         | <input type="checkbox"/> Prefer not to say   |
| <input type="checkbox"/> Do nothing in response   | <input type="checkbox"/> N/A   |

Would you like to share more about any fears you had when disclosing to the police and how things actually turned out? [?]

If you would rather share an audio or video recording, you

can upload one here.

## What Happened Next

What did the police do after they were told about the incident(s) of sexual harm?

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> They listened to what I had to say                       | <input type="checkbox"/> They decided not to investigate |
| <input type="checkbox"/> They took a formal statement                             | <input type="checkbox"/> They made an arrest             |
| <input type="checkbox"/> They asked detailed or sensitive questions               | <input type="checkbox"/> They took no further action     |
| <input type="checkbox"/> They provided information about my rights or the process | <input type="checkbox"/> Other (please specify)          |
| <input type="checkbox"/> They referred me to support services                     | <input type="checkbox"/> Prefer not to say               |
| <input type="checkbox"/> They started an investigation                            |  |

Other (please specify):



If you would rather share an audio or video recording, you can upload one here.

## **Did Any Personal Factors Influence How You Were Treated?**

Do you think any of the following factors affected how the police responded to you [?].

Please tick all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Attire or appearance   |
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Pregnancy or maternity           |   |

In what ways do you feel your personal characteristics influenced the response you received? [?].

If you would rather share an audio or video recording, you can upload one here.

## **Supportive Moments**

Looking back, were there any moments during the process of reporting the incident(s) to the police that felt supportive or validating to you? [?].

If you would rather share an audio or video recording, you can upload one here.

## Unhelpful or Challenging Moments

Were there any moments during this process that felt unhelpful, distressing, or difficult to navigate? [?]

If you would rather share an audio or video recording, you can upload one here.

## Suggestions for Improvement

Do you have any suggestions for how police could respond more supportively when someone reports sexual harm?

If you would rather share an audio or video recording, you can upload one here.

## **The Police Investigation Into The Incident(s) Of Sexual Harm**

### **The Police Investigation Into The Incident(s) Of Sexual Harm**

This section focuses on what happened during the police investigation. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

### **What You Hoped For During The Police Investigation?**

If the police opened an investigation into what happened, you may have hoped for a certain kind of experience.

Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Treat me with dignity and respect         | <input type="checkbox"/> Give me space to decide how involved I wanted to be     |
| <input type="checkbox"/> Listen without judgment                   | <input type="checkbox"/> Involve me in decisions where possible                  |
| <input type="checkbox"/> Believe me                                | <input type="checkbox"/> Support me emotionally or refer me to someone who could |
| <input type="checkbox"/> Take what happened seriously              | <input type="checkbox"/> Follow a trauma-informed approach                       |
| <input type="checkbox"/> Investigate thoroughly                    | <input type="checkbox"/> I did not have any particular hopes or expectations     |
| <input type="checkbox"/> Keep me informed about what was happening | <input type="checkbox"/> Other (please specify)                                  |
| <input type="checkbox"/> Respect my wishes throughout              | <input type="checkbox"/> Prefer not to say                                       |
| <input type="checkbox"/> Be honest and clear about what to expect  | <input type="checkbox"/> N/A   |
| <input type="checkbox"/> Take steps to protect me                  |  |

## What Actually Happened During The Police Investigation?

If the police opened an investigation into what happened, you may have hoped for a certain kind of experience.

Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Treat me with dignity and respect | <input type="checkbox"/> Give me space to decide how involved I wanted to be |
| <input type="checkbox"/> Listen without judgment           | <input type="checkbox"/> Involve me in decisions where possible              |

- |  |  |
|--|--|
| <input type="checkbox"/> Believe me                                | <input type="checkbox"/> Support me emotionally or refer me to someone who could |
| <input type="checkbox"/> Take what happened seriously              | <input type="checkbox"/> Follow a trauma-informed approach                       |
| <input type="checkbox"/> Investigate thoroughly                    | <input type="checkbox"/> I did not have any particular hopes or expectations     |
| <input type="checkbox"/> Keep me informed about what was happening | <input type="checkbox"/> Other (please specify)                                  |
| <input type="checkbox"/> Respect my wishes throughout              | <input type="checkbox"/> Prefer not to say                                       |
| <input type="checkbox"/> Be honest and clear about what to expect  | <input type="checkbox"/> N/A   |
| <input type="checkbox"/> Take steps to protect me                  |  |

Would You Like To Share More About What You Hoped For When The Police Investigated the Incident(s) of Sexual Harm and How they Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## What You Were Scared Of During The Police Investigation?

If the police investigated the incident(s) of sexual harm, you may have felt afraid or anxious about how they would respond.

Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> Share information without my permission   |
| <input type="checkbox"/> Not take me seriously   | <input type="checkbox"/> Question my credibility (e.g., due to my age, gender, background, or mental health) |
| <input type="checkbox"/> Dismiss or minimise what I shared   | <input type="checkbox"/> Treat me like I was the problem   |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Make things worse for me  |
| <input type="checkbox"/> Pressure me to withdraw or stay silent  | <input type="checkbox"/> Offer little or no support during the process                                       |
| <input type="checkbox"/> Act without my consent (e.g., start an investigation, contact the person who harmed me) | <input type="checkbox"/> Take away my sense of control   |
| <input type="checkbox"/> Make me feel unsafe or unsupported  | <input type="checkbox"/> Other (please specify)  |
| <input type="checkbox"/> Escalate risk by confronting the person who harmed me without protecting me             | <input type="checkbox"/> Prefer not to say   |
| <input type="checkbox"/> Do nothing  | <input type="checkbox"/> N/A   |

## What They Actually Did

And what did they actually do or say in response?

Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Not believe me  | <input type="checkbox"/> Share information without my permission   |
| <input type="checkbox"/> Not take me seriously   | <input type="checkbox"/> Question my credibility (e.g., due to my age, gender, background, or mental health) |
| <input type="checkbox"/> Dismiss or minimise what I shared   | <input type="checkbox"/> Treat me like I was the problem   |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Make things worse for me  |
| <input type="checkbox"/> Pressure me to withdraw or stay silent  | <input type="checkbox"/> Offer little or no support during the process                                       |
| <input type="checkbox"/> Act without my consent (e.g., start an investigation, contact the person who harmed me) | <input type="checkbox"/> Take away my sense of control   |
| <input type="checkbox"/> Make me feel unsafe or unsupported  | <input type="checkbox"/> Other (please specify)  |
| <input type="checkbox"/> Escalate risk by confronting the person who harmed me without protecting me             | <input type="checkbox"/> Prefer not to say   |
| <input type="checkbox"/> Do nothing  | <input type="checkbox"/> N/A   |

Would you like to share more about any fears you had during the police investigation and how things actually turned out? [?]



If you would rather share an audio or video recording, you can upload one here.

## What Happened Next

During the investigation, what did the police do?

- |  |  |
|--|--|
| <input type="checkbox"/> They interviewed me.  | <input type="checkbox"/> They provided updates about the progress of the case.                         |
| <input type="checkbox"/> They interviewed the person who subjected me to harm.                     | <input type="checkbox"/> They imposed protective measures (e.g., bail conditions, restraining orders). |
| <input type="checkbox"/> They collected physical evidence (e.g., forensic evidence, CCTV footage). | <input type="checkbox"/> They referred me to support services (e.g., advocacy, counselling).           |
| <input type="checkbox"/> They interviewed witnesses.   | <input type="checkbox"/> They did none of the above.   |
| <input type="checkbox"/> They requested medical records or reports.                                | <input type="checkbox"/> Prefer not to say.  |
| <input type="checkbox"/> They explained the investigation process clearly.                         | <input type="checkbox"/> Other (please specify)  |

Other (please specify):

If you would prefer to reflect on what the police did after they were told via audio or video, you may upload a recording here.

Did Any Personal Factors Influence How You Were Treated?

Do you think any of the following factors affected how the police treat you during the investigation? [?]

Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Attire or appearance   |
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |

☐ Pregnancy or maternity

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## Supportive Moments

Looking back, were there any moments during the police investigation that felt supportive or validating to you? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Unhelpful or Challenging Moments**

Were there any moments during the police investigation that felt unhelpful, distressing, or difficult to navigate? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Suggestions for Improvement**

Do you have any suggestions for how police could

respond more supportively during the police investigation?

If you would rather share an audio or video recording, you can upload one here.

## **What Happened After the Police Investigation: The Charge And Pre-Trial Hearings**

### **What Happened After the Police Investigation: The Charge And Pre-Trial Hearings**

This section asks about what happened if charges were filed and pre-trial hearings took place. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

## The Charge

Were you informed about the charges?

Please select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, the police told me                  | <input type="checkbox"/> No, I wasn't informed |
| <input type="checkbox"/> Yes, the prosecutor told me              | <input type="checkbox"/> Prefer not to say     |
| <input type="checkbox"/> I found out another way (please specify) |  |

I found out another way (please specify):

If you would rather share an audio or video recording, you can upload one here.

Did you understand what the charges meant?

If you would rather share an audio or video recording, you can upload one here.

## **Involvement In Pre-Trial Hearings**

Were you involved in any way during the pre-trial hearings? [?].

If you would rather share an audio or video recording, you can upload one here.

How were you kept informed about what was happening during the pre-trial process?

Please select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Police updates            | <input type="checkbox"/> I wasn't kept informed |
| <input type="checkbox"/> Contact from a prosecutor | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Victim support services   | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Court staff               |   |

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

## Impact Of The Process

How did the pre-trial process affect you? [?]



If you would rather share an audio or video recording, you can upload one here.

## What You Hoped For During The Charge and Pre-Trial Hearings?

If the person who harmed you was charged or taken to court, you may have had particular hopes about how this part of the process would be handled.

Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Treat me with dignity and respect         | <input type="checkbox"/> Respect my views on whether or not to proceed       |
| <input type="checkbox"/> Keep me informed and updated              | <input type="checkbox"/> Provide support or refer me to someone who could    |
| <input type="checkbox"/> Take the case seriously                   | <input type="checkbox"/> Follow a trauma-informed approach                   |
| <input type="checkbox"/> Keep me physically and emotionally safe   | <input type="checkbox"/> I did not have any particular hopes or expectations |
| <input type="checkbox"/> Involve me in decisions where appropriate | <input type="checkbox"/> Other (please specify)                              |

- |   |  |
|---|--|
| <input type="checkbox"/> Ensure the person who harmed me was held accountable | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Minimise delays and avoid unnecessary stress         | <input type="checkbox"/> N/A               |
| <input type="checkbox"/> Explain the process clearly                          |  |

## What Actually Happened During The Charge and Pre-Trial Hearings?

If the person who harmed you was charged or taken to court, you may have had particular hopes about how this part of the process would be handled.

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Treat me with dignity and respect                    | <input type="checkbox"/> Respect my views on whether or not to proceed       |
| <input type="checkbox"/> Keep me informed and updated                         | <input type="checkbox"/> Provide support or refer me to someone who could    |
| <input type="checkbox"/> Take the case seriously                              | <input type="checkbox"/> Follow a trauma-informed approach                   |
| <input type="checkbox"/> Keep me physically and emotionally safe              | <input type="checkbox"/> I did not have any particular hopes or expectations |
| <input type="checkbox"/> Involve me in decisions where appropriate            | <input type="checkbox"/> Other (please specify)                              |
| <input type="checkbox"/> Ensure the person who harmed me was held accountable | <input type="checkbox"/> Prefer not to say                                   |
| <input type="checkbox"/> Minimise delays and avoid unnecessary stress         | <input type="checkbox"/> N/A   |

☐ Explain the process clearly

Would You Like To Share More About What You Hoped For At The Charge/Pre-Trial Hearing Stage and How they Actually Responded? [?]

If you would rather share an audio or video recording, you can upload one here.

## **What You Were Scared Of During The Charge and Pre-Trial?**

If the person who harmed you was charged or there were pre-trial hearings, you may have had fears about how the process would be handled.

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Not take me or the case seriously                                | <input type="checkbox"/> Move forward without clear communication          |
| <input type="checkbox"/> Dismiss or minimise what happened                                | <input type="checkbox"/> Share personal details without my permission      |
| <input type="checkbox"/> Blame or judge me  | <input type="checkbox"/> Treat me as a witness, not a person               |
| <input type="checkbox"/> Act without including me in decisions                            | <input type="checkbox"/> Cause unnecessary stress or confusion             |
| <input type="checkbox"/> Make choices that ignored my wishes                              | <input type="checkbox"/> Offer little or no emotional or practical support |
| <input type="checkbox"/> Make me feel invisible or sidelined                              | <input type="checkbox"/> Other (please specify)                            |
| <input type="checkbox"/> Fail to protect me from further harm                             | <input type="checkbox"/> Prefer not to say                                 |
| <input type="checkbox"/> Let the person who harmed me out on bail without safeguarding me | <input type="checkbox"/> N/A   |

## What Actually Happened During The Charge and Pre-Trial Stage?

If the person who harmed you was charged or there were pre-trial hearings, you may have had fears about how the process would be handled.

Please tick all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Not take me or the case seriously | <input type="checkbox"/> Move forward without clear communication     |
| <input type="checkbox"/> Dismiss or minimise what happened | <input type="checkbox"/> Share personal details without my permission |
| <input type="checkbox"/> Blame or judge me                 | <input type="checkbox"/> Treat me as a witness, not a person          |

- |   |  |
|---|--|
| <input type="checkbox"/> Act without including me in decisions                            | <input type="checkbox"/> Cause unnecessary stress or confusion             |
| <input type="checkbox"/> Make choices that ignored my wishes                              | <input type="checkbox"/> Offer little or no emotional or practical support |
| <input type="checkbox"/> Make me feel invisible or sidelined                              | <input type="checkbox"/> Other (please specify)                            |
| <input type="checkbox"/> Fail to protect me from further harm                             | <input type="checkbox"/> Prefer not to say                                 |
| <input type="checkbox"/> Let the person who harmed me out on bail without safeguarding me | <input type="checkbox"/> N/A   |

Would you like to share more about any fears you had during the charge/pre-trial hearing and how things actually turned out? [?]

If you would rather share an audio or video recording, you can upload one here.

**Did Any Personal Factors Influence How You Were Treated?**

Do you think any of the following factors affected how you were treated during the charge and/or pre-trial hearings? [?]

Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Attire or appearance   |
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Pregnancy or maternity           |   |

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Supportive Moments**

Looking back, were there any moments during the charge/pre-trial hearings stage that felt supportive or validating to you? [?].

If you would rather share an audio or video recording, you can upload one here.

## **Unhelpful or Challenging Moments**

Were there any moments during the charge and/or pre-trial hearings stage that felt unhelpful, distressing, or difficult to navigate? [?].

If you would rather share an audio or video recording, you can upload one here.

## **Suggestions for Improvement**

Do you have any suggestions for how they could respond more supportively during the charge and/or pre-trial hearings stage?

If you would rather share an audio or video recording, you can upload one here.



## What Happened During The Court Case

# What Happened During The Court Case

This section focuses on what happened if the case went to court. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

## Involvement In The Court Case

In what ways were you involved in the court case?

Please select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> I gave evidence in person                      | <input type="checkbox"/> I wasn't involved in the court case |
| <input type="checkbox"/> I provided a written statement                 | <input type="checkbox"/> Other (please specify)              |
| <input type="checkbox"/> I submitted a victim impact statement          | <input type="checkbox"/> Prefer not to say                   |
| <input type="checkbox"/> I attended the trial but did not give evidence |  |

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

## Support During The Court Case

Did you receive any support while the court case was ongoing?

Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Emotional support (e.g., from family, friends, support workers)                            | <input type="checkbox"/> No support received    |
| <input type="checkbox"/> Practical support (e.g., help with attending court, understanding legal processes)         | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Support from a legal professional  | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Support from a victim support service (e.g., Independent Sexual Violence Advisor, charity) |   |

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

## What You Hoped For During The Court Case

If your case went to court, you may have had hopes for how things would be handled in the courtroom.

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Treat me with dignity and respect                                | <input type="checkbox"/> Support me before, during, or after I gave evidence     |
| <input type="checkbox"/> Protect me from having to face the person who harmed me          | <input type="checkbox"/> Minimise retraumatisation                               |
| <input type="checkbox"/> Provide special measures (e.g., separate waiting areas, screens) | <input type="checkbox"/> Be sensitive to the emotional impact of giving evidence |
| <input type="checkbox"/> Help me feel emotionally safe                                    | <input type="checkbox"/> Follow a trauma-informed approach                       |
| <input type="checkbox"/> Ensure my voice was heard  | <input type="checkbox"/> I did not have any particular hopes or expectations     |

- |  |   |
|--|---|
| <input type="checkbox"/> Prevent unnecessary delays                | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Take my evidence seriously                | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Make the process clear and understandable | <input type="checkbox"/> N/A                    |

## What Actually Happened During The Court Case

If your case went to court, you may have had hopes for how things would be handled in the courtroom.

Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Treat me with dignity and respect                                | <input type="checkbox"/> Support me before, during, or after I gave evidence     |
| <input type="checkbox"/> Protect me from having to face the person who harmed me          | <input type="checkbox"/> Minimise retraumatisation                               |
| <input type="checkbox"/> Provide special measures (e.g., separate waiting areas, screens) | <input type="checkbox"/> Be sensitive to the emotional impact of giving evidence |
| <input type="checkbox"/> Help me feel emotionally safe                                    | <input type="checkbox"/> Follow a trauma-informed approach                       |
| <input type="checkbox"/> Ensure my voice was heard  | <input type="checkbox"/> I did not have any particular hopes or expectations     |
| <input type="checkbox"/> Prevent unnecessary delays                                       | <input type="checkbox"/> Other (please specify)                                  |
| <input type="checkbox"/> Take my evidence seriously                                       | <input type="checkbox"/> Prefer not to say                                       |
| <input type="checkbox"/> Make the process clear and understandable                        | <input type="checkbox"/> N/A   |

Would You Like To Share More About What You Hoped For During the Court Case and How they Actually Treat You?  
[?]

If you would rather share an audio or video recording, you can upload one here.

## **What You Were Scared Of During The Court Case Stage?**

If your case went to court, you may have feared certain experiences in the courtroom.

Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Not take me seriously             | <input type="checkbox"/> Cause delays or confusion that made things harder     |
| <input type="checkbox"/> Dismiss or minimise my experience | <input type="checkbox"/> Ignore my rights or requests                          |
| <input type="checkbox"/> Blame or judge me                 | <input type="checkbox"/> Offer little or no support before or during testimony |

- |  |  |
|--|--|
| <input type="checkbox"/> Force me to see or interact with the person who harmed me | <input type="checkbox"/> Focus more on the person who harmed me than on my wellbeing |
| <input type="checkbox"/> Treat me harshly during questioning                       | <input type="checkbox"/> Treat me as just evidence, not a person                     |
| <input type="checkbox"/> Share personal details publicly                           | <input type="checkbox"/> Other (please specify)                                      |
| <input type="checkbox"/> Make me feel unsafe in the courtroom                      | <input type="checkbox"/> Prefer not to say   |
| <input type="checkbox"/> Disbelieve my evidence                                    | <input type="checkbox"/> N/A   |

## What Actually Happened During The Court Case?

If your case went to court, you may have feared certain experiences in the courtroom.

Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Not take me seriously                                     | <input type="checkbox"/> Cause delays or confusion that made things harder           |
| <input type="checkbox"/> Dismiss or minimise my experience                         | <input type="checkbox"/> Ignore my rights or requests                                |
| <input type="checkbox"/> Blame or judge me   | <input type="checkbox"/> Offer little or no support before or during testimony       |
| <input type="checkbox"/> Force me to see or interact with the person who harmed me | <input type="checkbox"/> Focus more on the person who harmed me than on my wellbeing |
| <input type="checkbox"/> Treat me harshly during questioning                       | <input type="checkbox"/> Treat me as just evidence, not a person                     |
| <input type="checkbox"/> Share personal details publicly                           | <input type="checkbox"/> Other (please specify)                                      |
| <input type="checkbox"/> Make me feel unsafe in the courtroom                      | <input type="checkbox"/> Prefer not to say   |

☐ Disbelieve my evidence

☐ N/A

Would you like to share more about any fears you had during the court case and how things actually turned out? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Did Any Personal Factors Influence How You Were Treated?**

Do you think any of the following factors affected how you were treated during the court case? [?]

Please select all that apply.

☐ Gender

☐ Disability

☐ Sexual orientation

☐ Attire or appearance

- |   |   |
|---|---|
| <input type="checkbox"/> Ethnicity or cultural background | <input type="checkbox"/> Religion or belief     |
| <input type="checkbox"/> Communication style              | <input type="checkbox"/> Sexual history         |
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relationship status              | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Pregnancy or maternity           |   |

In what ways do you feel your personal characteristics influenced the response you received? [?]

If you would rather share an audio or video recording, you can upload one here.

## Outcome Of The Court Case

What was the outcome of the court case?

Please select all that apply.



- |   |   |
|---|---|
| <input type="checkbox"/> The perpetrator received a custodial sentence (prison)                                 | <input type="checkbox"/> The perpetrator was found not guilty |
| <input type="checkbox"/> The perpetrator received a non-custodial sentence (e.g., community service, probation) | <input type="checkbox"/> The case was dismissed before trial  |
| <input type="checkbox"/> The perpetrator was acquitted, and no further action was taken                         | <input type="checkbox"/> The perpetrator pleaded guilty       |
| <input type="checkbox"/> There was an appeal  | <input type="checkbox"/> I am not sure                        |
| <input type="checkbox"/> The perpetrator was found guilty of all charges  | <input type="checkbox"/> Other (please specify)               |
| <input type="checkbox"/> The perpetrator was found guilty of some charges but not others                        | <input type="checkbox"/> Prefer not to say                    |

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

## Supportive Moments

Looking back, were there any moments during the Court Case Stage that felt supportive or validating to you? [?]

If you would rather share an audio or video recording, you can upload one here.

## Unhelpful or Challenging Moments

Were there any moments during the court case that felt unhelpful, distressing, or difficult to navigate? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Suggestions for Improvement**

Do you have any suggestions for how they could respond more supportively during the court case stage?

If you would rather share an audio or video recording, you can upload one here.

## **What Happened After The Court Case**

### **What Happened After The Court Case**

This section focuses on what happened after the court case ended. You can skip any questions that feel too difficult or repetitive.

► [More about this section](#)

## The Outcome's Impact On You

In what ways did the court case outcome affect you?

Please select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> I felt a sense of justice.              | <input type="checkbox"/> I felt heard and validated.          |
| <input type="checkbox"/> I felt relief.                          | <input type="checkbox"/> I felt retraumatised by the process. |
| <input type="checkbox"/> I felt disappointed.                    | <input type="checkbox"/> No impact.                           |
| <input type="checkbox"/> I felt unsafe.                          | <input type="checkbox"/> Other (please specify).              |
| <input type="checkbox"/> I felt that the process was incomplete. | <input type="checkbox"/> Prefer not to say.                   |

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

## What kind of support did you receive after the court case?

Did you receive any support after the court case ended and if so what kind?

Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Emotional support (e.g., from family, friends, support workers).           | <input type="checkbox"/> Victim support services (e.g., ISVA, charity support). |
| <input type="checkbox"/> Practical support (e.g., help with accessing services, housing, finances). | <input type="checkbox"/> No support received.                                   |
| <input type="checkbox"/> Ongoing legal support or advice.   | <input type="checkbox"/> Other (please specify).                                |
| <input type="checkbox"/> Mental health support (e.g., counselling, therapy).                        | <input type="checkbox"/> Prefer not to say.                                     |

Other (please specify):

If you would rather share an audio or video recording, you can upload one here.

Was the support you received after the court case ended helpful?

If you would rather share an audio or video recording, you can upload one here.

## **Reflections On The Criminal Justice Process: Supportive Moments**

Looking back, were there any moments during the Criminal Justice Process that felt supportive or validating to you? [?]

If you would rather share an audio or video recording, you can upload one here.

## **Reflections On The Criminal Justice Process: Unhelpful or Challenging Moments**

Were there any moments during the Criminal Justice Process that felt unhelpful, distressing, or difficult to navigate? [?].

If you would rather share an audio or video recording, you can upload one here.

## **Reflections On The Criminal Justice Process: Suggestions for Improvement**

Do you have any suggestions for how they could respond more supportively throughout the Criminal Justice Process?

If you would rather share an audio or video recording, you can upload one here.

## **Reflections and How Are You Feeling Now?**

## **Reflections and How Are You Feeling Now?**

Before moving on, this page invites you to reflect on what



you have shared so far and how you are feeling right now. You're welcome to answer in writing, audio, or video, or to skip any question that doesn't feel right.

## **What Does Justice Mean to You?**

You answered a question earlier about what justice means to you. Based on what you've just shared about disclosing to different people or services, do your thoughts or feelings about justice remain the same, or have they changed in any way [?]

You're welcome to reflect on what justice means to you in this specific context.

If you would rather share an audio or video recording, you can upload one here.

## **How Are You Feeling Right Now?**

This survey covers sensitive and personal topics, and your well-being is important to me.

Is there anything you'd like to share about how you're feeling right now regarding this survey, its content, or the process of completing it?

If you would rather share an audio or video recording, you can upload one here.

**Thank you**

**Thank You**

Thank you for sharing your journey so far. Your insights will contribute to a better understanding of support systems for victim-survivors of sexual harm.

## Optional: Receiving Research Findings

Would you like to receive a summary of the overall research findings?

if so, please provide an email address below

- Your individual responses will remain confidential.
- The summary will reflect the collective insights shared by all participants.

Email address

### Support Resources

If you need additional support, consider reaching out to these services:

- **Rape Crisis England & Wales:** [www.rapecrisis.org.uk](http://www.rapecrisis.org.uk) | 0808 802 9999
- **Samaritans:** [www.samaritans.org](http://www.samaritans.org) | 116 123
- **Victim Support:** [www.victimsupport.org.uk](http://www.victimsupport.org.uk) | 0808 168 9111