Breaking the Silence
Breaking the Barriers

Rape Crisis
Tyneside and Northumberland

Breaking the Silence, Breaking the Barriers
Analysis of Survey and Focus Group Data

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Rape Crisis Tyneside and Northumberland

We offer confidential counselling, advocacy, helpline, email support, specialist information, ISVA and Group work services.

Rape Crisis Tyneside and Northumberland (RCTN) is a charity that provides services to women and girls who live, work or study in Tyne & Wear and Northumberland.

We are completely independent of the criminal justice system including the police. Our services are free and confidential.

We are here for women and girls over 13 who have experienced any form of sexual violence at any time in their lives.

We are for all women including, but not limited to, women who identify as Lesbian, Bi, Trans and/or Questioning; Black and Minoritised women, Refugee women; and disabled women. Our definition of women-only includes Trans women and non-binary people who identify that women's services are right for them.

We won't judge, we don't criticise, we listen.

www.rctn.org.uk

Registered charity: 1138149

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Aims and Purpose of the Report

Rape Crisis Tyneside and Northumberland (RCTN)'s volunteer Activist Group secured a small pot of money to support them in developing and delivering a campaign in 2025.

The Activists plan to explore the impact that women's intersecting identities have on their ability to identify with the following terms: *survivor, trauma, healing* and *recovery*. They will also draw links between this and the hierarchy of sexual violence and the hierarchy of victim-survivors.

The campaign will aim to reach women and girls, specifically those who have experienced sexual violence or are supporting those women and girls, either formally or informally. The Activists are aiming to ensure that the campaign reaches Black and global majority women, and other less heard women, such as LGBTQIA+ people and women with disabilities.

The Activists carried out a public online survey and focus groups with staff, volunteers and clients from three specialist services, to collect data to inform the above campaign.

This report was commissioned to:

- Analyse the findings from the survey and focus groups

- Identify messaging for;
  - An awareness-raising campaign for the public
  - An awareness-raising event for professionals
  - Internal service development and promotion

Key Findings

Multiple experiences of sexual violence

The majority of survey respondents who had experienced sexual violence, had experienced sexual violence more than once. Some cohorts of respondents – including those who identified that they held a religion or belief, and those who identified as non-binary – were even more likely to have experienced sexual violence on more than once occasion.

Terminology

Of the various terminologies presented to online survey respondents and focus group participants – victim, survivor, trauma, healing and recovery – the language of 'trauma' appeared slightly more favourable. However, there was no consensus on relating to, or preferring, any of these terms across or among different demographics. Each term was spoken about both favourably and unfavourably, by various participants in the research.

It is difficult to draw conclusions, due to the relatively small respondent sample size, and the fact that those who have endured sexual violence, even where they share certain characteristics – age, class, sexual orientation etc. – are not a homogenous group.

However, certain observations were made when analysing the data:

Victim

Online survey respondents were not asked about this term, though some did comment on it as the perceived (and less preferable) alternative to the term 'survivor'. Focus groups were asked about their thoughts on the term 'victim' and overwhelmingly the feedback was negative. Participants spoke about connotations of weakness and powerlessness; association of the term to the criminal justice system; how it is meaningless to those in crisis who will not be focussed on their experience of sexual violence; and the temporal limits of the term. However, there was also discussion about the utility of the term 'victim' in certain contexts, for example in facilitating access to services.

Survivor

Younger respondents and respondents who identified their sexual orientation as something other than 'heterosexual' were slightly less likely to relate to this term. Respondents who considered themselves to be disabled and those who held a religion or belief were slightly more likely to relate to this term. Free text survey responses and focus group discussions elaborated on feelings around the term 'survivor', which ranged from consideration of the term as 'empowering', to the 'toxic positivity' attached to it, and the inability of certain

client groups (including women who sell sex and asylum-seeking women) to relate to the term in the context of the other issues they face.

Trauma

Respondents in the middle age bracket (35-49) and respondents who considered themselves to be disabled related more to the statement '*I have experienced trauma*'. Research participants spoke about the term being factual and validating, useful in conveying the gravity of an experience, and sometimes helpful in assisting with recovery and understanding in some contexts. However, focus group participants also highlighted issues with the term, such as the tendency of some professionals to use the term 'trauma' out of context, which makes it feel like just another label.

Healing

Respondents with a disability/medical condition, and respondents who identified their sexual orientation as something other than 'heterosexual' were less likely to relate to the statement *'I have experienced healing'*. Research participants spoke about the term being used more in the context of physical harm than mental harm and the ability of the term to make people feel like they are failing, if they do not engage with the healing 'process', or fail to 'heal'. Others discussed the partial nature of healing, which raises questions about what we mean by this term in the context of sexual violence – discussed further in the body of the report.

Recovery

A minority of respondents (39%) agreed with the statement '*I have recovered from my experience'.* Respondents who identified that their last experience of sexual violence was longest ago (between 11 and 20 years ago and more than 21 years ago) were slightly more likely to relate to this statement. Research participants spoke about the importance of receiving support in the context of their ability to 'recover', and the ongoing nature/process of recovery. Focus group participants also spoke about the association of the term to substance use, rather than sexual violence.

Telling others about experiences of sexual violence

The majority of survey respondents (92%) had told another person about their experience – most commonly, respondents shared their experience with friends (78%), family members (59%) and support professionals (57%).

A range of different factors made it difficult for respondents to tell others about their experience(s)– personal barriers (including shame, embarrassment and guilt); concern about how others would react (e.g. fear of not being believed, or of being blamed or judged); barriers related to the perpetrator (e.g. fear of repercussions);

practical barriers (e.g. not being aware that what they had experienced was sexual violence); concerns about the impact on family and friends and societal barriers (e.g. awareness of a victim-blaming culture).

These barriers were common across demographic groups and not exclusive to certain cohorts of respondent. However, focus group participants representing asylum seeking/refugee/migrant women, asylum-seeking LGBTQIA+ people, and women who have been exposed to exploitation/involved in survival sex or sex work also spoke about specific barriers that their clients faced to disclosing their experience(s) – e.g. a lack of family support, fear of impacting asylum claims, fear of being 'outed', not having any 'positive peers' and fear of prosecution and/or social service involvement.

Accessing support services

Only 57% of survey respondents had accessed support services to help them to cope and recover from their experience(s) of sexual violence. Those who identified that they have a disability/medical condition, those who identified that they have a religion/belief, and those who identified their sexual orientation as something other than 'heterosexual', were more likely to have accessed support services.

Those that had accessed support services identified certain factors which helped them to do so, including friend and family encouragement, signposting from other services, facilitation by the RCTN helpline and other services, and the accessibility of support services (e.g. the option to access counselling online).

Research participants identified numerous barriers to accessing support services. Many of these were similar to the barriers that respondents identified to telling others about their experience(s) (above) – including personal barriers (e.g. shame) and concerns about the impact on family, including children. In addition, respondents identified specific things that made it difficult to access support services, including not feeling ready; not feeling that what happened to them was bad enough; practical barriers (e.g. accessibility); concerns about the support on offer and concerns based on previous poor experiences with services.

Barriers were common across demographic groups, however focus group participants did identify some specific barriers related to the service users they represent – asylum seeking/refugee/migrant women, asylum-seeking LGBTQIA+ people, and women who have been exposed to exploitation/involved in survival sex or sex work. For example: language barriers, fear of being reported to social services/police for their own illegal activity (selling sex), and the need for very specific support services that may not be available to them.

Recommendations

Recommended considerations for future messaging/campaigns

Friends and family members were often the people that respondents told about their experiences. It is therefore recommended that messaging from RCTN about sexual violence, its impact, and how to access support is aimed at these supporters, as well as those who have experienced sexual violence.

Several respondents found out about RCTN services via other support services. It is therefore recommended that RCTN (continue) to ensure that other local services are aware of the support they can offer.

Several respondents spoke about accessing support only when they 'hit rock bottom' or became 'desperate'. Others spoke about not seeing support services as 'for them', as their experience didn't seem 'bad enough'. It is recommended that RCTN (continue to) make clear in any messaging that they are there for anybody who has experienced any form of sexual violence, or think they have, and that people do not have to wait until their mental health has declined to access services. Messaging around the benefit/possibility of accessing support at any stage after any experience of sexual violence could be helpful in reassuring those who feel otherwise. Messaging addressing hierarchies of survivors would also be useful for those who think their experience is not as bad and those that feel that they should leave support services for those who have 'had it worse'. This is particularly important at a time when the funding crisis faced by Rape Crisis services is in the mainstream media.[1]

Several respondents spoke about shame, stigma, and embarrassment, as well as fears of being disbelieved and judged by those they disclose their experience(s) to. It is recommended that RCTN (continue to) address these personal barriers to help-seeking, and normalise these feelings.

Some participants spoke about concerns about the impact on their friends and family members, including children, if they were to access services or share their experiences with others. Others spoke about fear of repercussions from perpetrators. It is recommended that RCTN include in their messaging the confidential and flexible nature of support, making clear that survivors can access support without others needing to know, if that is their preference.

Several respondents spoke about not telling anybody about their experience(s) because they did not know at the time that what had happened to them was sexual violence. It is important therefore that RCTN (continue to) educate people on what sexual violence is - in all its forms - whilst of course being mindful that this content can be difficult for some people to encounter.

Some respondents spoke about not knowing what the process of accessing support services looked like, feeling embarrassed at their lack of knowledge, or not realising

[1] See, for example: 'Victim support services have repeatedly over the years been asked to do more with less' - Mirror Online.

that they needed support at the time. It could therefore be helpful for RCTN to consider messaging around exactly what support is on offer, and what it the process looks like, so that potential service users feel fully informed and armed with the knowledge they need to access support.

Some respondents identified concern at the offer of short-term support, concerns that support could not be accessed at the times of day they would be available, and fears about how their counsellor/support workers would respond to them (i.e. not understanding their trauma, or responding in negative ways, based on experience with other – usually statutory - services). Messaging could be aimed at addressing some of these concerns and highlighting the unique nature of support RCTN can offer.[2]

General messaging addressing all of the barriers to help-seeking could be considered.

Focus group participants spoke about their service users (asylum seekers, refugee women, migrant women, LGBTQIA+ asylum-seekers and women who have experienced exploitation or been being involved in survival sex/sex work) not being aware of the specialist sexual violence services available to them. Whilst there was also agreement across these focus groups that these individuals were usually more focussed on other aspects of their experience(s) which they considered more traumatic and immediate – such as asylum-applications and gaining safety from abusers - RCTN should consider messaging which reminds these potential service-users that we are there for them whenever they are ready.

There was no consensus on the preferred terminology – victim/survivor/trauma/recovery/healing – to be used when speaking about sexual violence, however a number of interesting points were raised that could be considered by RCTN in future messaging/campaigns, for example:

- The partial nature of recovery/healing and the fact that it is perhaps impossible to return to the pre-sexual violence 'self'.
- The concept of recovery/healing as an ongoing process/journey, unique to every person.

[2] For further context on the unique features of specialist Rape Crisis services and the difference between specialist and generic/statutory services, see: Rape Crisis England & Wales. (2024). 'A Real Safe Space: How Rape Crisis Centres Support Children and Young People Who Have Experienced Child Rape and Sexual Abuse (CRaSA)'. Whilst this report focusses on the support provided to children and young people, the report describes the unique elements of Rape Crisis centres, which apply also to adult services.

Recommendations for future research

Whilst rich in many ways, the data provided by the focus groups and online surveys was not able to tell us about the opinions of individuals from many demographics – for example, individuals who are from non-White ethnic backgrounds. Further research might be considered to capture the views of a wider range of individuals.

The data was able to tell us opinions on certain things that were asked – e.g. certain terminology – but participants were not asked about the language that they prefer. Further research could be considered here, to see how individuals would prefer to be spoken about/to, if these preferences exist.

Note: Whilst there was no consensus on the terminology used to refer to those who have experienced sexual violence, I will predominantly use the term ‘survivor’ in this report. This is in-keeping with current Rape Crisis messaging.

Analysis of Online Survey Responses

Context

The online survey was open to members of the public, but aimed at those who have endured sexual violence (SV).

The survey comprised 24 questions:

Q1. Do you consent to taking part in this survey? This means that you are giving permission for us to use your anonymised responses in our campaign.
Q2. Have you experienced sexual violence?
Q3. Have you experienced sexual violence more than one time?
Q4. How long ago was the last time you experienced sexual violence?
Q5. If you have experienced sexual violence, please tell us how you feel these statements relate to you. - I am a Survivor - I have experienced trauma - I have experienced healing - I have recovered from my experience
Q6. Have you ever told anyone about any of your experiences?
Q7. Who did you tell?
Q8. Did you access support services to help cope and/or recover from your experiences? W*hat helped you to use support services?*
Q9. What (if anything) made it difficult for to tell someone about what happened to you?
Q10. What (if anything) made it difficult for you to use support services?
Q11. Age
Q12. Deafness
Q13. Disability & Medical Conditions
Q14. Do you consider yourself to be disabled?
Q15. Ethnicity
Q16. Gender
Q17. Do you identify as Trans?
Q18. Is your gender identity the same as the sex you were assigned at birth?
Q19. Religion or belief
Q20. Sexual Orientation
Q21. Are you now or have you ever sold sex?
Q22. Do you consider yourself to fall within one of the below social class identities?
Q23. Status (British Citizen, Immigration Status etc.)
Q24. Please use this space to share anything else you would like to.

In total, 110 people engaged with the survey. However, not all of these respondents completed the survey. Response rates to individual questions varied from to 18 to 100. Response rates are included for each question cited throughout the report (n).

This report splits the analysis of the survey responses into two parts: analysis of 'demographic' questions (highlighted green above) and analysis of 'core questions' (highlighted purple above). Where possible, analysis of core question by demographics has been included. However, given the low response rates from certain demographic populations, this has not always been possible (explored further below).

Hyperlinks have been inserted into each of the questions in the above list to facilitate quick access to specific questions in this report.

Respondent Demographics

Age (Q11)

Most of the 60 respondents who answered this question identified that they are between 25 and 49. However, some respondents were outside of this age range (see below).

Answer Choices	Responses	
18 to 24 years	6.67%	4
25 to 34 years	31.67%	19
35 to 49 years	35.00%	21
50 to 64 years	16.67%	10
65 to 79 years	8.33%	5
80 years and over	0.00%	0
Prefer not to say	1.67%	1
	Answered	**60**
	Skipped	**50**

Deafness (Q12)

2 respondents identified that they are hearing impaired. 58 respondents also answered this question, identifying that they have no hearing impediment.

Disability and medical conditions (Q13)

Of the 39 respondents who answered this question, a range of physical and mental disabilities/medical conditions were identified. A number of respondents identified more than one condition.

The majority of respondents (54%) identified a mental health condition. Of the 3 respondents who selected 'other', one stated that they had no disability or medical condition, one identified chronic pain, and one answered 'anxiety' which can be considered within the 'mental health condition' option. See full responses below.

Q13. Disability & Medical Conditions Please select all that apply

Answer Choices	Responses	
Blind or Visually impaired	2.56%	1
Physical disability	10.26%	4
Additional learning needs	0.00%	0
Neurodiverse (diagnosed or undiagnosed)	30.77%	12
Mental health condition (diagnosed or undiagnosed)	53.85%	21
A chronic illness	28.21%	11
Prefer not to say	17.95%	7
Other (please specify)	7.69%	3
	Answered	**39**
	Skipped	**71**

Identifying as 'disabled' (Q14)

59 respondents answered Q14 ('do you consider yourself to be disabled?') 12 respondents (21%) answered 'yes'.

43 (73%) answered 'no' and 4 (7%) answered 'prefer not to say'.

Ethnicity (Q15)

Of the 60 respondents who answered Q15, the majority (80%) identified themselves as White (English, Welsh, Scottish, Northern Irish or British). 4 respondents identified as 'White: Other' and 5 respondents identified as non-White – see breakdown below.

Answer Choices	Responses	
Arab	0.00%	0
Asian (South) or South Asian British (e.g. Bangladeshi, Indian, Pakistani)	0.00%	0
Asian (South East) or South East Asian British (e.g. Chinese, Thai, Indonesian)	0.00%	0
Asian or Asian British: Other Asian	0.00%	0
Black or Black British: African	0.00%	0
Black or Black British: Caribbean	1.67%	1
Black or Black British: Other Black	0.00%	0
Mixed or Multiple ethnic groups: White and Arab	0.00%	0
Mixed or Multiple ethnic groups: White and South Asian	3.33%	2
Mixed or Multiple ethnic groups: White and South East Asian	0.00%	0

Mixed or Multiple ethnic groups: White and Black	1.67%	1
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	1.67%	1
White: English, Welsh, Scottish, Northern Irish or British	80.00%	48
White: Roma, Gypsy or Irish Traveller	0.00%	0
White: Other White	6.67%	4
Prefer not to say	5.00%	3
Other (please specify)	0.00%	0
	Answered	**60**
	Skipped	**50**

Gender (Q16)

Of the 60 respondents who answered Q16, 85% (51) identified as a 'woman', 8% (5) as 'non-binary', 1 respondent selected 'prefer to self-describe' ('queer'), and 3 respondents selected 'prefer not to say'.

Trans identity (Q17)

59 respondents answered Q17 ('do you identify as Trans?') 97% (57 respondents) selected 'no' and 3% (2 respondents) selected 'prefer not to say'.

Gender identity (Q18)

59 respondents answered Q18 ('is your gender identity the same as the sex you were assigned at birth?'). 85% answered 'yes', 8% (5 respondents) selected 'no' and 7% (4) answered 'prefer not to say'. Of the 5 respondents who selected 'no', 4 previously identified at Q16 that they identify as non-binary and 1 previously identified as 'queer'.

Religion/belief (Q19)

58 respondents answered this question. The majority (38 respondents/66%) stated that they have no religion or belief. 10 respondents (17%) identified that they are Christian. One respondent identified as 'Pagan' and one as 'Spiritual', in the free text box. The 8 remaining respondents answered 'prefer not to say'.

Sexual orientation (Q20)

48% of the respondents (28) who answered this question identified as heterosexual/straight.

26% (15) answered 'bisexual'.

9% (5) answered 'member of the LGBTQIA+ community but prefer to self-describe' (4 self-described as 'queer' and one as 'pan').

12% (7) answered ‘prefer not to say’.

5% (3) selected ‘gay woman/lesbian’.

Selling sex (Q21)

93% of the 58 respondents who answered Q21 (‘are you now or have you ever sold sex’) selected ‘no’. 7% (4 respondents) answered ‘prefer not to say’.

Social class (Q22)

25/58 (43%) respondents identified as working class, 29% as middle class, 2% (1) as upper class, 2% (1) as ‘no class’, 14% (8) answered ‘don’t know’ and 10% (6) preferred not to say.

Immigration status (Q23)

54/58 respondents (93%) identified as British Citizens. 3% (2) stated that they are on a student visa, 1 respondent identified settled (EU) status and 1 respondent selected ‘prefer not to say’.

Analysis: Demographics

In the main, survey respondents were white, cis, non-religious, women, aged 25-49, who have never sold sex and hold British citizenship. Where possible, I have provided an analysis of the core survey questions (below) based on certain demographic categories – age, disability/medical condition, identifying as disabled, gender, religion/belief, sexual orientation and social class. However, due to the homogenous answers to some demographic questions, this has not been possible for other demographic categories surveyed – deafness, Trans identity, those who have sold sex, immigration status.

Any analysis based on demographics below should be viewed as anecdotal only, as the numbers of respondents are too low to be representative of entire communities/groups.

Core Question Analysis

This section considers responses to questions 2-10 - the 'core' questions. These questions aimed to elicit responses regarding respondents' experiences of sexual violence, their relation to certain statements associated with the aftermath of sexual violence, experiences of, and barriers to, help-seeking.

Experience of sexual violence (Q2)

76 respondents (76%) identified that they have experienced sexual violence. 20% stated that they have not. 4% preferred not to say (n=100). The 20 respondents who answered 'no' to this question did not answer any further questions.

3 of the 4 respondents who selected 'prefer not to say' for Q2 went on to answer some of the other questions. I have included their responses in a separate section (Appendix A), as we do not know if they answered the questions as victims/survivors or not. However, some of these respondents' answers to later questions would suggest that they have experienced sexual violence and their later responses may therefore be interesting to the Activist Group in terms of showing us why these respondents did not wish to disclose that they have experienced sexual violence.

The remainder of this core analysis section considers only the answers of those who answered 'yes' to this question.

Multiple experiences of sexual violence (Q3)

63 respondents (87.5%) identified that they have experienced sexual violence more than once. 11% (8) identified that they have not experienced sexual violence on more than one occasion. 1% answered 'don't know'.

Respondents who identified that they have a disability or medical condition were slightly more likely to have experienced sexual violence more than once (94%), as

were those who considered themselves disabled (92%) and those who identified their sexual orientation as something other than heterosexual at Q20 (91%).

6 respondents identified as something other than ‘woman’ when asked about gender (Q16) (5 identified as non-binary and one as queer). 100% of these respondents had experienced sexual violence more than once – though the sample size is very small. 100% of respondents who identified that they hold a religion or belief also identified that they had experienced sexual violence more than once.

Most recent experience of sexual violence (Q4)

The most common timeframe for respondents’ most recent experience of sexual violence was between 1 and 5 years ago (36%). However, as shown below in Table 1, responses varied from between ‘within the last year’ to ‘more than 21 years ago’.

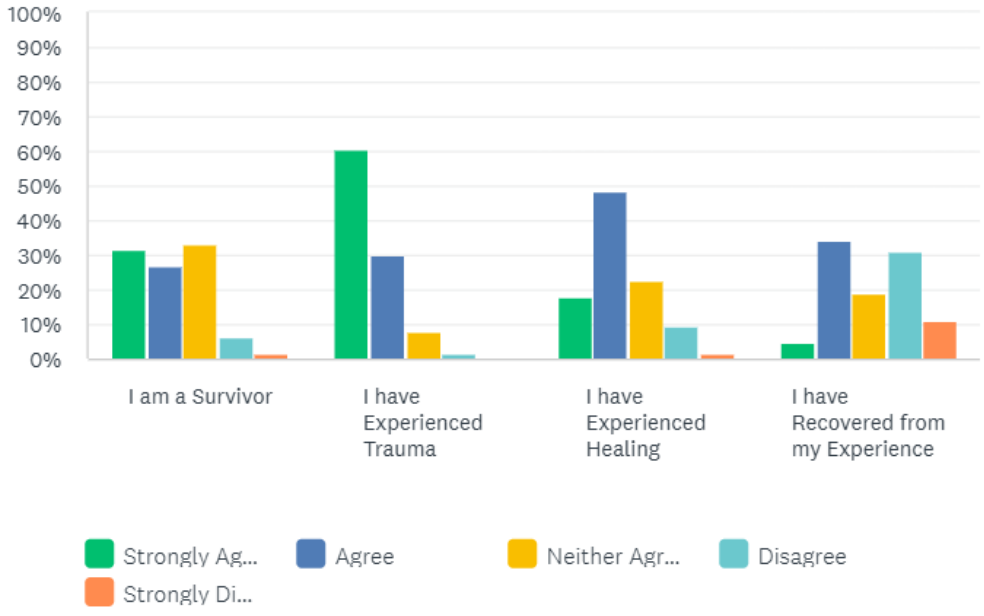
Table 1:

Within the last year	6.94%	5
Between 1 year and 5 years ago	36.11%	26
Between 6 and 10 years ago	22.22%	16
Between 11 and 20 years	15.28%	11
More than 21 years	15.28%	11
Don't know	2.78%	2
Prefer not to say	1.39%	1

Relating to certain statements (Q4)

64 respondents answered this question about how they relate to four statements. Table 2 shows the breakdown of responses.

Table 2:



"I am a Survivor"

- 59% of respondents agreed or strongly agreed with this statement; 8% disagreed or strongly disagreed; 33% neither agreed nor disagreed (n=66).

- Age had a slight impact on whether respondents related to this statement. Those in the younger age brackets (18-24 and 25-34) related slightly less to it (43% agreed or strongly agreed that they related to the statement) compared to those in the older age brackets (71% of those aged 25-49 and 73% of those aged 50-64 or 65-79 strongly agreed or agreed with the statement).

- Respondents who identified their sexual orientation as something other than heterosexual (see Q20) were also less likely to relate to this statement – 47% agreed or strongly agreed.

- Respondents who consider themselves to be disabled (Q14) were much more likely to relate to this statement than those who do not – 92% of respondents who considered themselves to be disabled agreed or strongly agreed with this statement (though the sample size is small – 12 respondents).

- Respondents who identified that they held a religion or belief were also more likely to agree or strongly agree with this statement (67%). None of these respondents disagreed, but 33% selected 'neither agree nor disagree'.

- Answers to this question did not vary significantly depending on how long has passed since respondents' last experience of sexual violence (Q4).

Respondents offered free text responses to elaborate on their agree/disagree responses. However, the survey did not provide a separate free text boxes underneath each statement. Instead, one free text box was provided underneath the four statements. Therefore, it was not always clear which statement respondents were talking about in their free text comments. Where it was clear, I have included analysis below:

- One respondent, who answered 'agree' to this question, clarified that by relating to this statement, she means she relates to being a survivor of sexual violence specifically:

  "I think in terms of survivor, it has to be survivor of sexual violence".

  This suggests that this respondent perhaps views different connotations of the word 'survivor' when not used in the context of sexual violence.

- One respondent, who answered 'agree' to this statement, explained:

"I much prefer the term Survivor to Victim, but I rarely feel like I have survived the experiences. That feels like a term celebrating and having overcome everything, whereas the only way I sometimes feel I have survived is by still being alive. My entire previous world/life/self did not survive".

This would suggest that although the respondent relates to the term 'survivor', and prefers it over the perceived only other option ('victim'), they still have issues with the connotations of the word 'survivor' in that it suggests that she has fully come through the experience of sexual violence unscathed, which she makes clear she did not. She views herself as a 'survivor' only in that she is still alive.

- Another respondent, who answered 'agree' to this question, added:

"Survivor feels more empowering than victim".

Again, this respondent suggests that they perceive there to be only two possible terms – survivor or victim – and 'survivor' appears to them the most palatable, rather than a term they embrace.

- One survivor, who disagreed that she related to this statement but agreed or strongly agreed that she related to all 3 others, said:

"After receiving counselling for childhood sexual violence, I have began to grow but I still feel the effects of trauma in my everyday life and how I react to things."

It is unclear however if she identifies feeling the effects of trauma in her life as a reason not to feel like she is a survivor.

- Focus groups were conducted with three local specialist services to obtain further thoughts on how people relate to the term 'survivor'. Analysis of the focus groups can be found below.

"I have experienced trauma"

- 90% of respondents agreed or strongly agreed that they related to this statement; 2% (1 respondent) disagreed or strongly disagreed; 8% neither agreed nor disagreed (n=63).

- Notably, 100% of respondents in the middle age bracket (35-49) either agreed or strongly agreed with relating to this statement.

- 100% of respondents who consider themselves to be disabled (Q14) related to this statement, either agreeing or strongly agreeing.

- One respondent added: *"This is factual and validating".*

- The one respondent who disagreed with relating to this statement did not provide any free text comments.

- Focus groups were conducted with three local specialist services to obtain further thoughts on how people relate to the term 'trauma'. Analysis of the focus groups can be found below.

"I have experienced healing"

- 66% of respondents agreed or strongly agreed that they related to this statement; 11% disagreed or strongly disagreed; 23% neither agreed nor disagreed (n=62).

- Age did not have much of an impact on whether respondents agreed or strongly agreed with this statement. However, notably, no respondents aged in the older age groups (50-64 and 65-79) said that they 'strongly agreed' with relating to this statement (though 57% agreed).

- Respondents who identified that they have a disability or medical condition were less likely to relate to this statement than those who did not – only 50% agreed or strongly agreed. Those who considered themselves disabled were also less likely to relate – 46% agreed or strongly agreed.

- Respondents who identified their sexual orientation as something other than heterosexual (see Q20) were also less likely to relate to this statement – 30% agreed or strongly agreed.

Several respondents added additional free text responses to explain their answer to this question:

- Respondents who disagreed with this question said:

"I find *my* past experiences have led to great mistrust and I tend to avoid *dating. I find it hard to open up so haven't been able to fully heal".*

"I hate this term. I h*ave not experienced healing at all and it feels uncomfortable to say. I would not say this to anyone else either".*

- One respondent, who answered 'neither agree nor disagree' to this question, explained:

"I have had multiple experiences over my lifetime, some I have healed from others present as ongoing healing".

- One respondent, who agreed that she related to this statement, explained that she feels healed after receiving education which challenged the shame and self-blame she initially felt. However, whilst she states that she has experienced healing, interestingly she notes that she is too scared to go out actively looking for a one-night stand again (the situation she was in when she experienced sexual violence). This suggests that her perception of healing is about how she perceives the experience (no longer blaming herself) – her mental state – rather than having fully returned to the 'self' that she was prior to her experience of sexual violence – i.e. returning to activities that she would have taken part in before she endured sexual violence. This raises interesting questions about what we mean when we talk about 'healing'.

"I think I may have had a drink spiked and been a victim of a non-consensual, sexually violent experience. For many years I felt deep shame around this and also fear, it was the last time I went out actively looking for a one-night stand and I am too

scared to do this again. I have experienced healing through education and the knowledge and understanding that this was not my "fault"".

- Similarly, another respondent, who strongly agreed with relating to this statement, also caveated her answer:

"I am healing from my trauma as I am learning that it was not my fault. However I do still get flashbacks to the way everything occurred and wonder what my relationships now would be like if it had never happened".

This response again raises questions about what we mean by healing. For example, is it about fully returning to the 'self' that we were pre-sexual violence. Is this even possible? Do those who experience sexual violence ever expect to return to who they were before their experiences or do they consider being 'healed' as something different – more about being able to accept what happened and move forward in some way – i.e. learning to live with some comfort regarding what happened to them, as a changed person?

- Focus groups were conducted with three local specialist services to obtain further thoughts on how people relate to the term 'healing'. Analysis of the focus groups can be found below.

"I have recovered from my experience"

- 39% of respondents agreed or strongly agreed that they related to this statement; 42% disagreed or strongly disagreed; 19% neither agreed nor disagreed. (n=64)

- Age did not have much of an impact on whether respondents agreed or strongly agreed with this statement. However, notably, 0% of respondents aged in the lower age brackets (18-24, 25-35 and 35-49) strongly agreed with this statement. The 2 respondents who selected 'strongly agree' were aged 50-64 and 65-79.

- Respondents who identified that their last experience of sexual violence was longest ago (between 11 and 20 years ago and more than 21 years ago) were slightly more likely to relate to this statement – 45% agreed or strongly agreed. This could suggest that recovery takes time.

- Respondents who identified that they have a disability or medical condition were less likely to relate to this statement – 23% agreed or strongly agreed and 52% disagreed or strongly disagreed. Those who considered themselves to be disabled were even less likely to relate – only 8% of these respondents agreed or strongly agreed.

- Respondents who stated that they have a religion or belief were also much less likely to agree or strongly agree with this statement (only 2 out of 12 respondents - 17%). 50% disagreed or strongly disagreed and 33% neither agreed nor disagreed.

Several respondents added additional free text responses to explain their answer to this question:

- One respondent, who agreed that she relates to this statement as well as the previous statement regarding healing, said:

"After years of therapy where I felt I was just re-living the trauma, I had EMDR and it really felt I'd turned a corner".

This would suggest that she attributes her healing and recovery to the support she received, however this is not explicitly stated.

- Another respondent, who disagreed with this statement, as well as the previous statement regarding healing, commented: *"No consistent support".* It is not clear if this is an explanation for her answers to these two statements, but it appears likely. If so, this is another respondent who appears to identify the presence or absence of support as a contributing factor to feelings around healing and recovery.

- One respondent, who answered 'strongly disagree' to this question, explained:

"As above [respondent commented that they 'hate' the term 'healing']. I do not like the term "recovery" when talking about sexual violence and/or trauma".

- One respondent, who neither agreed or disagreed with this statement, or the statement above regarding healing, elaborated:

"I don't feel like I will ever fully recover or heal, but maybe this is OK. My life is different now, my thoughts and experiences now are different. I recognise sexual violence more and I take more steps to keep myself safe. In the wider world I know this is really rubbish, and that we should take steps to end sexual violence but it is my way of coping and existing".

Interestingly, this comment suggests that the respondent views 'recovery' and 'healing' as a return to life before sexual violence. As commented on above, this raises questions about what we mean by these terms.

- One respondent, who disagreed with relating to this statement, but agreed that she related to the above statement regarding healing, explained:

"I am still affected by experiencing child sexual abuse as an adult particularly relating to trust and feeling stuck".

This again raises questions about how those who have experienced sexual violence define the terms healing and recovery. Whilst all other respondents (6/7) who disagreed with relating to the statement about healing also disagreed with relating to this statement regarding being recovered, this respondent did not. This would suggest that she clearly sees a difference between the two terms, and her answer suggests that perhaps she sees 'experiencing healing' as partial, and even ongoing, but 'recovery' as final – i.e. you cannot be recovered from your experience if you are still affected by it, which she identifies that she still is.

- One respondent who disagreed with this statement, commented:

  “learned to live with it”.

  Another, who also disagreed with relating to this statement, said:

  “The repercussions last a lifetime”.

  As the free text box for this question covers all four statements, it is not clear which of the four statements these respondents are explaining their answers to, if any in particular. However, if these comments are in relation to this statement (which appears likely as it is the last on the list) this answer would again suggest that some people who have experienced sexual violence view ‘recovery’ as something which is unobtainable when viewed as a return to a pre-sexual violence self. I.e. one cannot be ‘recovered’ if they are still affected by their experience, or it is still present in their life, as these respondents suggest.

- 15 of the 27 respondents who disagreed or strongly disagreed with relating to this statement, agreed or strongly agreed that they related to the previous statement ‘I have experienced healing’.

- Focus groups were conducted with three local specialist services to obtain further thoughts on how people relate to the term ‘recovery’. Analysis of the focus groups can be found below.

NB: Respondents answers to the above four statements did not vary significantly depending on their social class.

Telling others about experiences of sexual violence (Q6 & Q7)

- 64 respondents answered Q6 ('Have you ever told anyone about any of your experiences?') 92% answered yes and 8% answered no.

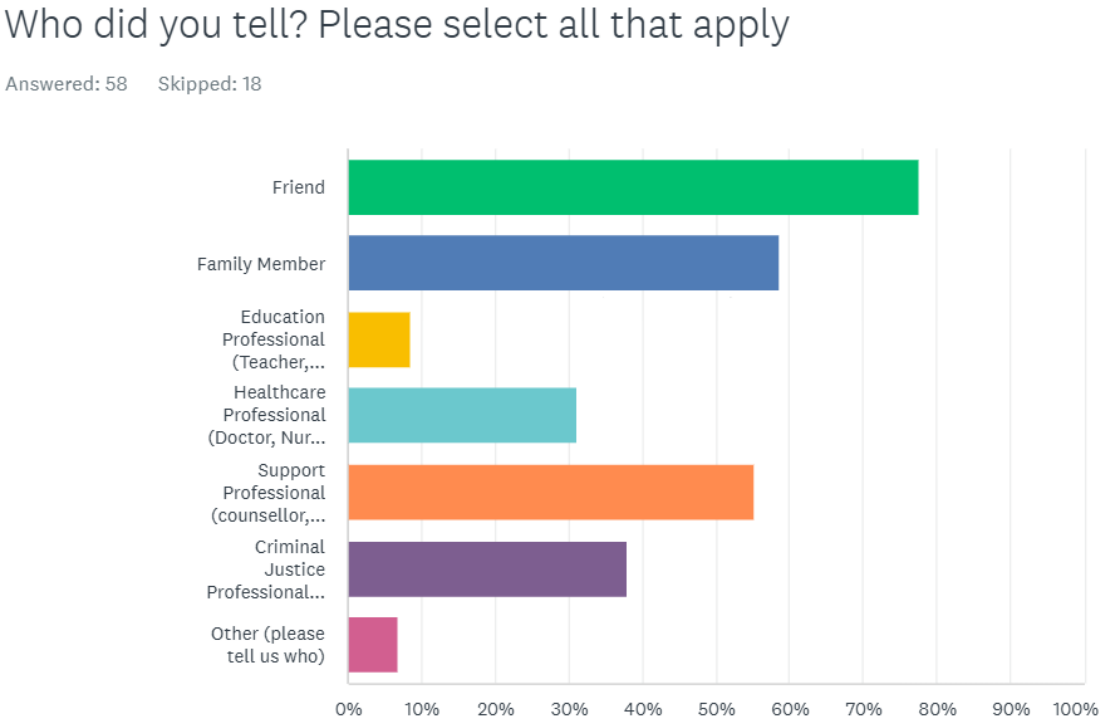
- Notably, 100% of younger respondents (18-24 or 25-34) answered yes, as did 100% of respondents who stated that they have a religion or belief.

- 58 respondents identified who they told (Q7) – see table 3. The most popular answer was 'friend' (78% of respondents selected this answer), followed by family member (59%) and support professional (57%[3]). 'Other' people identified were:
  - Oncology nurse: *"I mentioned it to my oncology nurse when explaining why I do not understand any circumstances want male medics being involved with my intimate health care".*

  - Partner

- Notably, 0% respondents in the older age groups (50-64 and 65-79) told an education professional, suggesting that this either was not an option for them if they experienced sexual violence as a younger person, or that their experience was later in life, after they had exited education. Older respondents were also less likely to have told a support professional, criminal justice professional or healthcare professional.

Table 3:



[3] Note: 32 respondents selected this answer, but 1 other identified a support worker (their Rape Crisis counsellor) in 'other', so I have adjusted the percentages to include this response.

Difficulty in telling people about experiences of sexual violence (Q9)

47 respondents offered free text responses to the question '*what (if anything) made it difficult for to tell someone about what happened to you?'*

Responses were wide-ranging and have been grouped into 6 themes (table 5), many of which overlap, as discussed below. In summary, respondents spoke about:

1. **Personal barriers**
    - Respondents cited feelings of shame, embarrassment and guilt as things that made it difficult for them to tell someone what had happened to them. Some stated that their perceptions were shaped by the perpetrator and so could also be considered under theme 3 (barriers related to the perpetrator). For example, one respondent said:

"Fear of not being believed, as this is what the perpetrator told me".

- Some respondents spoke about their own perceptions of the sexual violence they endured, as barriers to disclosure. For example, viewing their experience as too 'minor' to speak about, or struggling to come to terms with it themselves and therefore being unable to articulate it to others. For example, one respondent said:

"I felt like my experiences were minor in comparison to other people as all occurred in public and all only happened once so felt it was not worthy of reporting".

One respondent, who identified as a gay woman/lesbian at Q20, said:

"feeling like my experiences are not as bad as other women".

However, we do not know whether this respondent felt like this due to her sexuality, or indeed the gender identity of the perpetrator. However, if the perpetrator was a woman, it is possible that this is the reason this respondent didn't think her experience was as bad, and this could be considered in future RCTN messaging.

- Other personal 'issues' were also cited as barriers, including mental health issues and trust issues.

2. **Others' reactions as a barrier**
    - Many respondents told us that their assumptions about how others would respond made it difficult for them to tell anyone.

- Some respondents identified that these assumptions were influenced by previous responses they had received when they had disclosed their experience. One respondent said:

"One of my sisters didn't believe me. My mum & other sister can't deal with it. My dad told me he wanted me to be able to speak to him about it but he was worried what his actions would be towards my ex. All this made me feel like it was causing everyone else distress".

Another shared:

"When I did tell my doctor that I was raped aged 14 they did nothing. Then a counsellor years later asked me what I did that made me a victim. Trusting others with that info after that was hard. It always felt like my fault".

3. Barriers related to the perpetrator

- Four respondents identified that the nature of their relationship to the perpetrator made it difficult for them to tell anyone. For example, one respondent said:

"I could not tell my parents when the sexual abuse started, as it was my adored grandfather's best friend".

This respondent does not elaborate on why they could not, but it could be assumed that they wanted to protect family dynamics and therefore this could also be considered a protective barrier to disclosure (theme 5, below).

- Another said: *"Embarrassment, shame, fear of my abuser, breaking up my family (it was a family member who abused me)".*

- One respondent identified that the status of the perpetrator made it difficult for her tell anyone – he was and still is a police officer.

- Others spoke about the context of the abuse from the perpetrator being a barrier to telling anyone, stating:

"experienced domestic abuse and became isolated and was too busy just coping with daily life".

- Three respondents said that they feared the perpetrator and this was a barrier to disclosure.

4. Practical barriers

- Six respondents identified that they did not know or were not sure that what had happened to them was sexual violence and this made it difficult to tell anyone.

  One respondent said: *"Shame, unclear, unaware of what 'counted".*

  Another said: *"I didn't know it was sexual abuse at the time. I blamed myself".*

5. Protective barriers

- Whilst these responses could also be considered under theme 2 (others' reactions as a barrier), a few respondents spoke very specifically about not wanting to upset, or be a burden on friends or family members, as something that made it difficult for them to tell others about their experience. One respondent said*:*

  "Fear of pressure I would put on my family to help me".

  Another said: *"Didn't want to upset family and friends, but told them anyway".*

6. Societal barriers

- Some respondents cited societal issues as barriers to speaking out. For example, one said:

"Culture of silencing. Sexual crimes are taboo in society. I was punished as a child for talking about sexual violence". Another said: "A culture that blames victims".

Table 4:

	# respondents[4]
Barriers relating to personal feelings/views/characteristics	
Shame	18
Embarrassment	12
I felt responsible/blamed myself	7
Fear	6
Guilt	4
Shock	2
Felt my experience was minor compared to others and not worth speaking about	2
Humiliation	1
Mental health issues	1
Trust issues	1
Trauma	1
I was unable to accept it myself	1
Telling someone makes it real	1
Struggled to come to terms with 'sexual' element of the abuse	1
Others' reactions as a barrier	
Felt I wouldn't be believed	13
Previous poor response	7
Felt I would be judged	4
Stigma	3
Felt I'd be blamed	3
Feared repercussions	2
Worried about negative responses	2
Felt I wouldn't be supported	1

[4] NB: Some respondents gave more than one answer, so the number of responses in this table doesn't equal the number of respondents who answered the question.

Feared losing my job	1
Worried what people would think	1
Worried others would take the perpetrator's side	1
Felt people would think I consented (alcohol was involved)	1
Feared being seen as a failure	1
Felt people wouldn't understand my decision not to report	1
Didn't want to be seen as weak/vulnerable	1
Fear of being dismissed	1
Feared losing autonomy	1
Barriers related to the perpetrator	
The nature of my relationship with the perpetrator	4
Fear of abuser/reprisal	3
Others knew the perpetrator	2
Isolated by domestic abuse	1
Perpetrator is/was a police officer	1
Too busy coping with daily life (domestic abuse) – the sexual violence element of the abuse wasn't a priority	1
Practical barriers	
Didn't know/wasn't sure that it was sexual violence, at the time	6
Lack of evidence	1
Protective barriers	
Worried about affect on family members/family relationships	4
Didn't want to be a burden on family and friends	2
Societal barriers	
Our culture blames victims	2
Ours is a culture of silencing and taboo	1

Free text answers did not vary significantly according to the demographics of respondents.

Barriers to telling others about experiences of sexual violence were also discussed in the focus groups. Analysis can be found below.

Accessing support services (Q8)

57% of respondents answered 'yes' to Q8 '*did you access support services to help cope and/or recover from your experiences?'* 43% said no (n=58).

Respondents who identified that they have a disability or medical condition were more likely to have accessed support services (72%) (n=29). As were respondents who stated they have a religion or belief (75%) (n=12). Respondents who identified their sexual orientation as something other than heterosexual (see Q20) were also slightly more likely to have accessed support services – 64% (n=22), as were respondents who identified as middle or upper class (67%) (n=16).

18 respondents gave free text responses to Q8 ('*what helped you to use support services?*') Responses to this question varied – some gave general comments about the support they received, others talked about their mental state being the reason for reaching out, others talked about the encouragement of/signposting by friends,

family and other services, and a few spoke about practical things that helped them get support. Answers are themed below in table 4.

Table 5:

Theme	Respondent comments
Friend and family encouragement	*Other women who could see the trauma when others were pretending not to be able to tell the difference.*
	My mam found RCTN online after I confided my trauma to her and reached out to them to see how they would be able to help me. I have since been through the process of being through counselling with RCTN and have 4 sessions left - I am extremely grateful for my therapist!
	My family deal with it by ignoring it, my friend (now husband) urged me to get mental health support
Signposting by other services	*Counsellors advised to go to a specialised support service*
	I found Rape Crisis initially through searching for resources online, and then the police provided me with ISVA support, and she helped me with further resources such as counselling
Facilitated by RCTN services	*Your services*
	RCTN and their helpline
Own knowledge around mental health	*My own counselling training and previous mental health support.*
(Worsening) mental state	*I was desperate & needed to talk to someone who would understand.*
	When things hit rock bottom sadly
Practical things that helped them access support	*Accessibility e.g. Online counselling*
General comments on the support accessed and how useful it was	*I have accessed support at various times, but the usefulness hasn't always been the best...quite often because I was not in the right place or frame of mind to appreciate and understand.*
	university
	Rape Crisis
	The counselling on the NHS was abysmal and if I hadn't paid for private counselling who knows where I would have ended up.
	Northumbria university's support services-They offered me counselling in the aftermath. I talked more about my anxiety causing me to drink which meant I was in a more vulnerable position, less about the actual event

Free text answers did not vary significantly according to the demographics of respondents.

What (if anything) made it difficult for you to use support services? (Q10)

45 respondents provided free text responses to this question. 4 respondents said 'nothing' made it difficult for them to use support services. 4 respondents provided transphobic comments which have been included in a separate report for the RCTN leadership team. The remaining 37 responses have been summarised in table 6, below.

Responses were similar to those provided to Q9 ('*what (if anything) made it difficult for to tell someone about what happened to you?'),* particularly where the responses given related to personal feelings. However, some responses were more specific to support services. As above, answers have been grouped into themes –

1. **Barriers relating to personal feelings/views** – for example, two respondents identified feelings of self-blame as something that made it difficult for them to access services.

2. **Barriers relating to readiness** – whilst also personal feelings, these responses specifically spoke to a lack of readiness on the part of respondents to access support services at the time they needed them. Three respondents said that they did not realise what had happened to them was sexual violence, at the time. Three respondents spoke about not being able to admit or face what had happened to them. Three respondents did not feel that what had happened to them was bad enough to require support.

3. **Barriers relating to external factors/considerations** - Two respondents identified concerns about the impact on others as a barrier to accessing support – one identified concerns for their children, and another on family dynamics more broadly. Another respondent identified that they were a child when they were abused, and they therefore had to rely on others to advocate for them, making it difficult for them to access support services.

4. **Barriers/perceived barriers relating to services** – the majority of responses focussed on support services specifically. These responses have been further grouped into 4 sub-themes:

    a. **Practical difficulties** – including availability, lengthy waiting lists, lack of knowledge about how and where to get support, and accessibility.

    b. **Emotional difficulties –** such as feeling a lack of trust towards support services, and feeling anxious/embarrassed to access support services due to a lack of knowledge about how they 'worked'.

    c. **Concerns about the support on offer** – including concerns that support services would not believe respondents, would blame them, or would further traumatise them. One respondent also identified that they didn't think support services were for them, and another identified that they did not think that support services would understand the cultural specificity of their experience. Two respondents did not think that

support services could help them. One respondent identified that they were put off by the short-term nature of the support on offer.

d. **Difficulties relating to previous experience** - two respondents identified that they were put off from seeking support due to previous negative experiences. One respondent tried to access support but had a bad experience. It should be noted that this respondent said that she had accessed a helpline and experienced the *"helpline volunteers assuming the perpetrator is male"*. This was identified as a barrier to further accessing support. We do not know if this was the RCTN helpline or another. One respondent was accessing support through CAMHS, but had this withdrawn when they turned 18[5].

Table 6:

Barriers relating to personal feelings/views/characteristics	
Felt responsible/blamed myself *"Feeling like I somehow "deserved" it and that services were there for "real" victims"*	2
Wanted to move on	1
Did not want to	1
Fear	1
Felt stupid	1
Barriers relating to readiness	
Did not realise what I had experienced was SV *"It's taken me a very long time to realise that it was abuse. I am working through it myself and don't feel I can access additional support at this time. In the future I think counselling might be helpful"*	3
Wasn't able to admit/face what had happened at time	3
Didn't think it was serious/bad enough	3
Did not realise I needed them at the time *"I did not realise how much I had been affected by it and did not think that I needed support services. I got counselling for something unrelated and then ended up talking about and processing what happened in that space".*	1
Couldn't tell anyone at the time	1
Difficulty communicating my feelings and emotions	1
Barriers relating to external factors/considerations	
Concerned about impact on my children "My experiences either didn't appear serious enough or happened within my marriage which would have impacted my children if I'd acted"	1
Had to rely on my family to advocate for me (I was a child)	1

[5] The transition between child and adult statutory mental health services is known to be a difficult time for survivors accessing those services. See, for example: Improving transition from children to adult mental health services. The benefit of accessing specialist sexual violence services, such as Rape Crisis centres, who provide support to children and adults, is that this difficult transition period can be avoided. See, for example: : Rape Crisis England & Wales. (2024). 'A Real Safe Space: How Rape Crisis Centres Support Children and Young People Who Have Experienced Child Rape and Sexual Abuse (CRaSA)'..

Concern about impact on family dynamics	1
Barriers/perceived barriers relating to services	
Practical difficulties	
Availability/waiting lists *"There weren't any support services when I was a child (as far as I knew). As an adult I knew an excellent support group funded and hosted by a charity. It ran for many years and was life changing. The funding was cut. That was tragic".*	5
I didn't know how/where to access support	4
Accessibility *"Times of support available - when I did eventually have a breakdown - lots of the support available was during the day which meant I had to take time of work (difficult as I was a teacher at the time) and having to return immediately to a class of 30 11 year old after quite emotional and distressing sessions was really hard".*	3
Didn't know what support I needed	1
Emotional difficulties	
Lack of trust	2
Anxiety about how it worked - embarrassed	1
Concerns about the support on offer	
Scared I'd be blamed *"Went to the police a few years ago and gave a statement but not his name, the police told me I was allowing him to do it to others as I wasn't giving his name. I didn't want to be blamed even more for what my ex-boyfriend had done to me"*	3
Didn't think support services could help *"Not something I feel support services could do anything about unfortunately (not criticising them just not required in my experiences)"*	2
Didn't think that support services were for me *"Didn't think I 'counted', space for other women".* *"Sexual assault from help, trust, not seeing self in person them not seeing me. Geography, trust. Cliques in charities knowing each other. No safeguard and safeguard".*	2
Concern that they wouldn't understand cultural elements of my experience	1
Short term nature of support is off-putting *"Short term counselling - I totally understand this due to limits of funding however I take a long time to build trust so would not use counselling sessions to the best potential".*	1
Worried that professionals wouldn't understand the effects of the trauma I'd experienced	1
Did not see support service as a good fit	1
Worried I wouldn't be believed	1
Fear of further traumatisation	1
Previous experiences presented difficulty	
Put off by previous bad experience(s) of support	2

"Had accessed some support who broke trust. Didn't think historical abuse was serious enough". *"The waiting lists for the NHS were months long and when I actually did get an appointment for counselling I was just passed around to different people and never got a designated counsellor. I was also a minor when I told my family so I had to rely on them to advocate for me".*	
Tried to access but bad experience *"Helpline volunteers assuming the perpetrator is male, waiting lists and feeling like it was not bad enough to use support service already overrun".*	1
Support withdrawn *"I was 17 on reporting and after I left CAMHS at 18 I had no support despite this being the time of the trial for my abuser. This has left me with BPD and complex PTSD".*	1

Answers did not vary significantly by age, however one respondent in the older age group (50-79) did comment on the lack of support services available to her as a child, and another stated "*didn't think historical abuse was serious enough*" – this latter comment could be considered in any future RCTN messaging.

Barriers to accessing support services were discussed in the focus groups. Analysis can be found below.

Further comments (Q24)

The final question asked respondents if there was anything else they would like to share. 18 respondents provided a response. 13 respondents provided comments that related to the inclusion of Trans women in our services. These comments have been included in a separate report for the RCTN leadership team. The 5 remaining comments are included below. 4 thank RCTN for our work, 2 speak about the funding crisis faced by specialist Rape Crisis services[6]:

"The criminal justice system is totally flawed, and at a point when cases go to court there is not enough support for victims."

"Rape Crisis do such an important job but I know they are chronically under funded and often short-staffed. I hope the results of this survey demonstrate the extent of the need for this wonderful organisation."

"Again, I would just like to thank RCTN. I don't think I would have ever gotten through a lot of my traumatic experiences, especially the sexual harassment and violence I encountered, if it wasn't for my therapist helping me to process all of the emotions I was feeling. I'm still wary of reporting to the police, however I'm in a place now where I know a year ago I would have never even considered it, and now I'm aware that I am not to blame for any of it. So thank you, from the bottom of my heart."

"Thank you to RCTN for the services they provide and the consideration they give to how they support. It is invaluable."

"Thank you Rape Crisis for being there for me."

[6] For more on the Rape Crisis funding crisis, see: RCEW. (2024). The Rape Crisis Funding Crisis: A survey of Managers and Directors 2024.

Analysis of Focus Groups

Context

Focus groups were carried out with three local (North East) specialist services:

1. Action Foundation: a charity supporting refugees, asylum seekers and other migrants.
2. Rainbow Home: a charity supporting lesbian, gay, bisexual and transgender people seeking asylum in the North East.
3. Changing Lives GAP Project: a service supporting individuals who have been exposed to exploitation and/or those involved in survival sex or sex work.

A summary of focus group discussions were provided to the author. Focus groups were led by staff contracted by RCTN and mainly involved staff members from the above charities. The focus group with Rainbow Home involved 4 clients as well as 2 members of staff. The focus groups with Action Foundation and Changing Lives involved 4 members of staff and 6 staff, respectively.

The following questions were discussed with each focus group:

1. How do you think the people who use your services feel about/connect with the terms:
    a. Victim
    b. Survivor
    c. Healing
    d. Trauma
    e. Recovery

2. What barriers exist for the people using your services from seeking support from:
    a. Friends
    b. Family
    c. Specialist Services
    d. Statutory Services

These questions correspond with questions 5, 9 and 10 of the public survey (however there was no corresponding question about the language of ‘victim’ in the online survey):

Notes on data limitations

Full transcripts of focus group conversations were not provided; therefore, the analysis relies on summaries made by RCTN staff. This may affect the accuracy of the data.

With the exception of the focus group with Action Foundation, focus groups were held with staff members, rather than service users. Views are therefore of staff members on behalf of their clients and may again affect the accuracy of the data.

Analysis of Focus Group Conversations

Q1: Relation to the terms 'victim', 'survivor', 'healing', and 'trauma'

Victim

Predominantly negative connotations

In the main, the focus group participants were clear that service users do not like the term 'victim'. Participants reflected on the term holding connotations of powerlessness, helplessness, weakness, sympathy rather than empathy, and a term which would change how others see them – as the 'victim type'. Focus group summaries stated:

"It's not a good word for them as it connotes weakness"
Rainbow Home focus group

"It's worse when someone else gives them the label victim"
Rainbow Home focus group

"Victim suggests sympathy and not empathy"
Rainbow Home focus group

"Victim suggests someone who doesn't have any power"
Rainbow Home focus group

"A very "get on with it" attitude in Nigerian and similar cultures, everyone looks at you like that's the one that it happened to. Their perception of you changes once they see you as a victim""
Rainbow Home focus group

Interestingly, the following was reported by the Action Foundation focus group:

"Victim" could make them feel bad and powerless, so it's to put it in the context of their experience e.g. "victim of rape" not just "victim" – the terms carry different connotations when they hear it used as "victim of [a crime" rather than a standalone term of just "victim""

A similar point came through in the online survey when respondents consider the term 'survivor' – that it is important to be clear of the context of sexual violence and not use the term in isolation, as this appears to carry different connotations.

"Clients may feel like this is a self-fulfilling prophecy "I'm the 'victim' type"
GAP focus group

"The term can be restrictive – doesn't allow for any kind of growth "I will always be a victim""
GAP focus group

"They feel that clients can't connect with "victim" as it has connotations of weakness'"

GAP focus group

*"*Clients don't like using the term as it gives connotations of being 'weak' & 'helpless''

GAP focus group

Relation to the criminal justice system

Participants in two of the three focus groups spoke about how the term 'victim' is related to the Criminal Justice System (CJS) and would not be used outside of this context by service users.

As the CJS is widely known and accepted to be a hostile place for those who have endured sexual violence, particularly those who are demonised by society (sex workers, asylum seekers etc.), it is perhaps unsurprising that there are negative feelings towards it. However, it is not clear whether negativity towards the term 'victim' comes from its associations with the CJS directly, or if this is an additional point of discomfort.

"They believe there is a connection with the term to the CJS"

Action Foundation focus group

"Used mostly in CJS and certain professionals"

GAP focus group

"There is often more of an association with the CJS rather than how a client would see themselves"

GAP focus group

Utility in certain contexts

Whilst predominantly negative about the term 'victim', participants across the three focus groups did identify some utility to its use in certain contexts and for some people:

"It can change from person to person, some may feel more comfortable using the term than others"

Rainbow Home focus group

"It is quite a powerful word, it's remembering that the effect of sexual assault is with that person for life"

Rainbow Home focus group

"Can be validating in some instances – if I am a "victim" then something has happened to me"

GAP focus group

"The group feel that some clients can identify with the term "victim! But this can feel restrictive after a while"

GAP focus group

"Some younger clients are able to be more comfortable with the use of the term opposed to the older clients"

GAP focus group

"Sometimes it can be a matter of proximity to the word, they may only use the word "victim" as they've seen it around, it doesn't necessarily be the term they want to use but instead use it as a tool, often resulting from additional language barrier – it may be the closest term they can use at the time"

Action Foundation focus group

Meaningless when in crisis

Staff from the GAP project spoke about how their service users would not notice or consider themselves a 'victim' when they are in crisis, as they have lots of other, often more immediate, issues to deal with:

"If a client is in a crisis they won't notice about being a "victim" of SV a there are a lot of other issues that they are currently facing. However, when the crisis has ended they won't use the term "victim" rather they would use "survivor" as this can feel more empowering to the client "I have survived this now""

"Clients often don't realise that they have been a "victim" of SV until much later. This is often due to a lot of the clients still being in abusive relationships and the physical abuse outweighs SV and will often only realise that their experiences are SV after leaving the abusive relationship"

Temporal limits

There was discussion in the Rainbow Home focus group about the recency of the incident(s) of sexual violence, and the impact this can have on service users identifying as a 'victim' –

'It feels like a spectrum of where you are to be seen as a victim, and the further away you are from the incident the less of a victim you are'.

This sentiment was also expressed in the discussions within this focus group about the term 'survivor':

'Survivor seems like where you've gotten to at the end, whereas victim means you're still going through it'.

It appears then that 'victim' is seen to describe someone in the immediate aftermath of an experience of sexual violence, and 'survivor' is seen as more suitable at a later point.

Hierarchy of 'victim'hood

The Rainbow Home focus group participants stated**:**

'It can depend on the client's experiences of SV, if there was only 1 incident they are less likely to use the term "victim" rather than if there has been repeat victimisation'.

This links to comments made in the online survey, about people who have endured sexual violence not thinking it was 'bad enough' to warrant support.

Survivor

More positive connotations than 'victim'
In two of the three focus groups, there were discussions about how the term 'survivor' is preferred to 'victim'. However, mirroring comments in the online survey, these discussions suggest that people perceive these two terms as the only two that we have available to refer to somebody who has endured sexual violence – often learned from others. There perhaps needs to be consideration and further research into preferred alternative language. However, notably, in the Action Foundation focus group, participants spoke about the preference among their clients to use more descriptive language to convey what happened to them – e.g. saying that they have been 'raped' or 'assaulted', as opposed to describing themselves as a 'survivor'. It is unclear whether this is due to language barriers, the cultural significance of the terms 'victim' and 'survivor' among certain nationalities, or preference. More research is needed to establish whether this is a preference for others.

'The feeling is safe and a sense of security, it's a good feeling as someone else knows what you've been through'

Rainbow Home focus group

'Feeling empowered when they see someone else use the word but personally they don't want to be called a victim'

Rainbow Home focus group

'This word feels more powerful'

Rainbow Home focus group

'This term is more empowering'

GAP focus group

'The group discussed that this term can help make people feel stronger and not 'labelled as much"

GAP focus group

'The word gives clients as sense of empowerment, when they are using it along with support they receive from a service – but this isn't a word they would use themselves if they weren't receiving support'

GAP focus group

'"Survivor" does 'sit' better with some clients as most can't believe that they have survived'

GAP focus group

"Most of my clients use the term survivor, they prefer this to victim as they feel they have survived the worst and it give them strength to carry on. They very much connect with this term"

GAP focus group

Toxic positivity

Two focus groups discussed the toxic positivity associated to the term 'survivor' by service-users, leading to their discomfort in using it. There was a feeling that the word is perhaps overused and can often symbolise strength and recovery, which not all service-users can relate to. This might be considered in future RCTN messaging – the way we portray what being a survivor means in terms of feeling 'better' (or not):

'Some feel uncomfortable with the term as it can sometimes be used in too much of a positive sense i.e. "I can't be a survivor because I haven't gotten better"'

Rainbow Home focus group

'Can lead into 'toxic-positivity' for those struggling with more mental health issues like suicidal ideation – they can't identify themselves as a survivor because they feel forced to feel "better"'

GAP focus group

'Social media is having an influence on the use of the term. This can have a negative effect on clients as they can use it as a comparison for their own experiences "they see people on social media using the word and looking like everything is great but they can't see themselves in that so therefore they are not a survivor"'

GAP focus group

Prioritisation in the context of other traumatic experiences

There was discussion in all three focus groups about the extent to which service-users prioritise seeing themselves as a survivor of sexual violence, when they have other issues to deal with, such as ongoing abusive relationships, asylum applications, homelessness and substance use. There seemed to be a general feeling that no matter what terminology is used to speak about sexual violence, clients of these three services had other things to focus on (at the time of engaging with these services at least) which were more pressing:

'Where they are in their journey also reflects how they see themselves e.g. in 20 years they may be ok with being called a survivor but at this moment they are reluctant to use the term, especially in reflection of the asylum status & journey because that journey they may be able to see as "traumatic" and something they have "survived" sexual violence is lower in severity of things to survive'

Action Foundation focus group

'Asylum seekers are more likely to see themselves as they are survivors of going through the journey of seeking asylum'

Rainbow Home focus group

'Some clients have said they don't want to be either a "victim" or "survivor" because it's not the priority for people at that time, they are often facing a crisis'

GAP focus group

'The term is preferred to "victim" but doesn't always match up well with how they are perceive their current situation i.e. if the abuse is ongoing'

GAP focus group

Trauma

Similar sentiments were discussed as with the above terms. Focus group participants spoke about:

- 'Trauma' being **a term that service users learn** in the UK, and especially after engagement with services, rather than it being their preferred language (Action Foundation and Rainbow Home). However, participants in the GAP focus group explained that even though this is a term that may be learned after engagement with services, some service users do then find it useful as it does help them to understand what has happened to them.

- Using the term as a 'tool' or 'trigger word' to **obtain access to certain services** (Action Foundation).

- **The trauma of sexual violence not being a priority**, in the context of other issues that service users have to deal with, such as escaping war, ensuring that their family members and friends can escape war, and asylum claims (Action Foundation). Similarly, focus group participants discussed their service users not seeing the sexual violence element of their experience as the 'trauma', in relation to other experiences (GAP and Action Foundation). One participant in the GAP focus group said:
  "Some do connect with [trauma] others however live in daily trauma, stating surviving by living in hypervigilance and have never known anything else".

Focus group participants did however also speak about the language of 'trauma' being preferred to language such as 'victim' and 'survivor' and many agreed that the term 'trauma' is used more. This was examined from several angles:

- **Distance from the self:**
  '[Clients have] *similar reactions to saying they have survived but are not a survivor. They would say they feel that something was traumatic but wouldn't necessarily say they're traumatised'*
  Action Foundation focus group

  'They would use more practical language to describe what has happened "I was raped" rather than "I have experienced trauma"'
  GAP focus group

- **Conveying the gravity of an experience:** Focus group participants said that the term 'trauma'

'gives an idea of intensity to what has happened – not just an 'incident' it was a 'trauma', some clients can feel that they are now able to explain what has happened because it has been recognised as a trauma'
GAP focus group

Another said
'words have meaning, "a bad experience" doesn't have the same meaning or weight as "traumatic experience" it escalates the meaning of the situation'
Rainbow Home focus group

However, whilst many saw the term ‘trauma’ as useful in conveying the gravity of an experience, participants in the Rainbow Home focus group also spoke about this the acknowledgment of the gravity of the situation being overwhelming and therefore unhelpful:

‘It makes them unable to talk about any problem and makes them want to cry with no control’; ‘Emotional trauma feels harder to heal from than physical, if something triggers you you’re back in that place, again and again’.

Rainbow Home focus group

- **Assisting recovery and understanding**
  Focus group participants said:

“I think that they understand trauma and the effect it can have on the mind and body. I think that it helps them to be kinder and more patient and understanding towards their behaviour when it is self-destructive rather than increasing shame and guilt”

GAP focus group

‘Clients don’t see “trauma” or realise that their behaviours & emotions or reactions to different things, stem from the trauma they have experienced once they are told what the word means and how it can appear in some people, they begin to understand their reactions to things both past & historic’

GAP focus group

‘Once “trauma” has been explained to them they are able to become more mindful about themselves and their emotions or reactions to certain situations’

GAP focus group

However, these more positive sentiments were caveated, especially by the GAP focus group, and in part by the Rainbow Home focus group, where participants spoke about the need to be specific about what ‘trauma’ means, and give context, rather than using it as a blanket term or another label.

The GAP focus group said:

‘Some clients feel like this is just another “label” if it not given in correct context’

‘They feel like this is a term used by GP & mental health workers as a “patch” to label certain symptoms “you have trauma therefore this is how we treat it” rather than exploring what the term means for that person and how it affects them’

‘Used by some professionals as a blanket term for a lot of different things and it’s not often given context as to why it’s being used at that time’

‘Clients don’t connect with the term because they see it as something that’s used more in the media and doesn’t apply to them. They can’t relate what has happened to them as trauma, when the word is used so often to describe “truly traumatic events like war & floods etc.”’

In addition, participants in the Rainbow Home focus group also spoke about the hierarchy of trauma for some service users, with mental trauma being viewed as less serious than physical trauma –

'Physical trauma is taken more seriously than mental trauma, as you can see it'.

'Mental trauma is seen as more as part of life and normal in certain cultures. They will go through negative experiences that have a mental toll that they're told to get on with, or it is simply the part of the life e.g. the journey to seek asylum. Unless you were physically harmed it's not seen as bad'.

Healing

Physical connotations

As with the language of 'trauma', focus group participants in all three groups spoke about 'healing' being associated with physical pain, more than mental pain.

The Action Foundation and Rainbow Home groups discussed this in the context of cultural backgrounds:

'Service users feel a complete disconnect with doctors and mental health professionals so they'll see a doctor for physical ailments rather than mental health. The group discussed the fact that they feel this most likely due to cultural backgrounds. They see healing being a physical thing even if it is in relation to mental health i.e. they would link treating depression with pills & tablets as opposed to therapy or group work'

Action Foundation focus group

'This cultural context of healing from a physical accident/physical wounds not mental healing. E.g. if you cut yourself you can see the wound heal but you can't see it mentally'

Rainbow Home focus group

The GAP focus group spoke about service users seeing themselves as healing very literally, only in terms of their physical wounds:

'Some clients only use this term when they can see a physical healing taken place "I've been beaten but the bruises have healed"'

Setting clients up for failure

Participants spoke about the gravity of the term for some service users who may not be ready to engage in 'healing', or feel like they cannot 'achieve' it –

'It can seem like an impossible thing to connect with as it can feel like it is never going to be achieved and is an ongoing battle'

GAP focus group

'It can put distance between the client & other professionals as if they are not progressing with their "healing" then they are failing and feeling trapped'

GAP focus group

'The term "healing" can have too big of a meaning and they may feel too "damaged" and mean there's a lot of work to do now, i.e. going through a long healing journey that they may not be prepared for'

Action Foundation focus group

Responsibilisation

Linked to the previous point, the Action Foundation group also spoke about the connotations of 'strength' associated to the term 'healing' and how its use can make them feel like their experience was their own fault.

Notes from the focus group state: 'The group explored the use of the term "strong" in relation to "healing" & "recovery" however they have found resistance to this word as they don't want to be called "strong" or have the onus of strength to be placed on them. It makes them feel like it is their fault, that they were strong so they shouldn't have let it happen to them. Also implies that if they don't seek help then they are "weak", doubling down on needed to put up a strong front'.

However, participants in the Action Foundation group did also identify 'healing' as a more positive word which is used more than the other terms discussed, despite the points made above.

Recovery

Substance use

All three focus groups expressed the view that service users relate the term 'recovery' more to drug and alcohol use, than sexual violence. Participants in the GAP focus group were clear that their service users would not use the term in the context of sexual violence as they do not see the connection with sexual violence.

Recovery as a process

Participants in the Rainbow Home and GAP focus groups spoke about recovery being a non-linear process, not an end-point, and as recovery as a journey. Participants in both of these focus groups spoke about recovery as a permanent state. However, this was seen as positive and helpful for some service-users:

'There is a sense of safety if you're in the process of recovering, you're doing the work'

Rainbow Home focus group

'It denotes a place to get to – 'to be "recovered" is to get to the end. Being on a 'path to recovery' can give a sense of pride to clients as it is something that they have needed to work for'

GAP focus group

However, by contrast, the Action Foundation group spoke about service users viewing the term less positively. One participants said the term '*can bring out "something is wrong with me" because they need to "recover" from something'.*

Spiritual healing
Participants in the Action Foundation group explained that some of their clients will view the terms 'recovery' and 'healing' in relation to spirituality, which can help them to relate to the terms, but not necessarily understand the intention behind their use by specialist support services:

'clients see these terms sometimes in relation to spiritual healing & recovering they are more likely to seek support from religious healing and do not feel as negative response to this kind of support'.

Q2: Barriers to seeking support

Friends and Family

When asked about what might make it difficult for people who have endured sexual violence to disclose to friends and family, a range of barriers were identified:

- **Lack of family** – Focus group participants spoke about service users not having family to support them as they are not in the UK with them (Action Foundation and Rainbow Home) and also because service users do not have family for other reasons (GAP) –

'Many clients have lost family due to a variety of reasons, from substance use, childhood abuse, stigma from family'

GAP focus group

- **Fear of impacting asylum claims**

'Some are afraid to get help [from family] as they are worried it'll effect their refugee claim because of certain additional uncertainties - Will more people get involved? Will I lose my status? Will I need to inform the police?'

Action Foundation focus group

- **Fear of friends and family knowing what's happened and their reactions**

'Some learn not to bring up certain topics in case their family find out – particularly an opinion found in 13-18 year olds'

Action Foundation focus group

'Family are also not often an option due to fear of 'honour' in their community'

Action Foundation focus group

'They don't want to be ostracised from what is already a marginalised community'

Action Foundation focus group

'Cultural acceptance over the situation e.g. if their family won't support them in case it brings their family shame'

Rainbow Home focus group

'Cultural consequences in terms of family turning their back on you'
Rainbow Home focus group

'Fear of rejection from families is common with clients, especially those who have been involved in sex work because they already feel judged because of this'
GAP focus group

- **Lack of knowledge among friends and family**

'They're more likely to engage with people [family/friends] who understand their experience or are from the same background. This also applies to specialist services they trust they're more likely to go back to a certain service for support with SV/Domestic Abuse if they have received support for something else previously'
Action Foundation focus group

'The idea that anyone can be abused not just people without privilege e.g. if you were from the UK, there's this idea that it doesn't happen there whereas if they came from West Africa it would be seen as the norm and therefore not important'
Rainbow Home focus group

'There is also additional problems faced by women accessing the service of having a lack of 'positive peers'. Those who will explain to them that they can access support and validate what they have experienced – a lot of their peers are in very similar situations and don't understand trauma themselves'
GAP focus group

- **Fear of being 'outed' –** This barrier was discussed in the context of being LGBTQIA+ (Rainbow Home focus group) but also in terms of service users who sell sex being 'outed' as sex workers (GAP focus group) –

'Clients won't disclose to family or friends due to wanting to keep 'that part of their life' separate from their loved ones. If they are engaging in sex worker and experience SV they would prefer to keep everything to do with sex work away from other areas of their personal life'
GAP focus group

- **Fear of not being believed, stigma and prejudice**

'Many of the barriers clients face are around disclosing to friends or family due to not being believed, facing extra prejudice & stigma'.
GAP focus group

'Some clients that have disclosed to friends have had negative responses because of their engagement in sex work "you're lying" "that can't have happened"'
GAP focus group

- **Fear of social service involvement**

'For family, it can present additional barriers if the disclosure could lead to social services becoming involved and potentially losing access to their children'
GAP focus group

Specialist services

Focus group discussion asked specifically about barriers to accessing specialist support services (such as RCTN). Issues included:

- **Lack of knowledge about how to access specialist services:**

'Additional barriers were lack of knowledge of services, unless they have been involved with a service before and they have been signposted, they wouldn't know where to go for support from specialist services'

Action Foundation focus group

'Being surprised that a service exists for different situations e.g. RCTN'

Rainbow Home focus group

'Lack of knowledge about knowing the services exist – feel the need to go through other channels to find out about these i.e. they told a mental health worker who has then signposted them onto the services'

GAP focus group

- **Language barriers[7] (this was also cited as a barrier to accessing statutory services, below)**

'Translation of not having a shared language e.g. they may need a translator'

Rainbow Home focus group

Statutory services

Focus group participant also discussed barriers to accessing statutory support services. Issues included:

- **A postcode lottery of services**

'many live in areas where they can't access these, 'postcode lottery' if anything is available'

GAP focus group

- **Fear of being reported to the police or social services**

'fear of further repercussions – if it gets reported to the police they fear about losing children, being prosecuted for illegal activity themselves'

GAP focus group

- **Previous poor experiences[8]**

[7] For further information about language and communication barriers to minoritised survivors' access to services, see: RCEW et al. (2024). LISTEN TO US! Communication barriers: How statutory bodies are failing black, minoritised, migrant, deaf and disabled women and girls victim/survivors of VAWG'.

[8] For further information about the issues facing minoritised survivors of sexual violence, see: Imkaan. (2022). Reclaiming Voice: Minoritised Women and Sexual Violence.

'if the client has already had a negative experience before with services there is more of a reluctance to engage any further'

GAP focus Group

- **Impersonal services**

"they feel that when they interact with services they are just on a 'conveyor belt' service to 'tick boxes' rather being given an individual service'

GAP focus group

Interestingly, many of these barriers were cited by respondents to the online survey, however they take on extra meaning for some groups of service users, e.g. women who sell sex, and LGBTQIA+ people, due to the additional stigmas attached to them.

Appendix A: Survey responses of respondents who preferred not to say whether they have experienced sexual violence

Q2. Have you experienced sexual violence?

Answer Choices	Responses	
Yes	0.00%	0
No	0.00%	0
Prefer not to say	100.00%	4
	Answered	**4**
	Skipped	**0**

Q3. Have you experienced sexual violence more than one time?

Answer Choices	Responses	
Yes	0.00%	0
No	25.00%	1
Don't know	0.00%	0
Prefer not to say	75.00%	3
	Answered	**4**
	Skipped	**0**

Q4. How long ago was the last time you experienced sexual violence?

Answer Choices	Responses	
Within the last year	0.00%	0
Between 1 year and 5 years ago	0.00%	0
Between 6 and 10 years ago	33.33%	1
Between 11 and 20 years	0.00%	0
More than 21 years	0.00%	0
Don't know	0.00%	0
Prefer not to say	66.67%	2
	Answered	**3**
	Skipped	**1**

Q5. If you have experienced sexual violence, please tell us how you feel these statements relate to you.

	Strongly Agree		Agree		Neither Agree or Disagree		Disagree		Strongly Disagree		Total
I am a Survivor	0.00%	0	66.67%	2	33.33%	1	0.00%	0	0.00%	0	3
I have Experienced Trauma	33.33%	1	66.67%	2	0.00%	0	0.00%	0	0.00%	0	3
I have Experienced Healing	0.00%	0	33.33%	1	33.33%	1	33.33%	1	0.00%	0	3
I have Recovered from my Experience	0.00%	0	33.33%	1	33.33%	1	33.33%	1	0.00%	0	3
									Answered		**3**
									Skipped		**1**

Q6. Have you ever told anyone about any of your experiences?

Answer Choices	Responses	
Yes	33.33%	1
No	66.67%	2
Prefer Not to Say	0.00%	0
	Answered	**3**
	Skipped	**1**

Q7. Who did you tell? Please select all that apply

Answer Choices	Responses	
Friend	100.00%	1
Family Member	0.00%	0
Education Professional (Teacher, Lecturer etc.)	0.00%	0
Healthcare Professional (Doctor, Nurse etc.)	0.00%	0
Support Professional (counsellor, helpline, support worker, ISVA etc.)	0.00%	0
Criminal Justice Professional e.g. Police	0.00%	0
Other (please tell us who)	0.00%	0
	Answered	**1**
	Skipped	**3**

Q8. Did you access support services to help cope and/or recover from your experiences?

Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	1
Prefer Not to Say	0.00%	0
What helped you use support services?		0
	Answered	**1**
	Skipped	**3**

Q9. What (if anything) made it difficult for to tell someone about what happened to you?

Answered **3**
Skipped **1**

Responses
I thought people would judge
in the 1980's it was not unusual and I felt people would dismiss it as being nothing or a bit of fun.
Large waiting lists and not enough sessions.
I wanted face to face support.

Q10. What (if anything) made it difficult for you to use support services?

Answered **3**
Skipped **1**

did not feel it was significant enough and would be dismissed, minimised or laughed off

See above

Q11. Age

Answer Choices	Responses	
18 to 24 years	0.00%	0
25 to 34 years	0.00%	0
35 to 49 years	100.00%	2
50 to 64 years	0.00%	0
65 to 79 years	0.00%	0
80 years and over	0.00%	0
Prefer not to say	0.00%	0
	Answered	**2**
	Skipped	**2**

Q12. Deafness

Answer Choices	Responses	
Deaf	0.00%	0
Hearing impaired	0.00%	0
None	100.00%	2
Prefer not to say	0.00%	0
	Answered	**2**
	Skipped	**2**

Q13. Disability & Medical Conditions Please select all that apply

Answer Choices	Responses	
Blind or Visually impaired	0.00%	0
Physical disability	0.00%	0
Additional learning needs	0.00%	0
Neurodiverse (diagnosed or undiagnosed)	0.00%	0
Mental health condition (diagnosed or undiagnosed)	0.00%	0
A chronic illness	50.00%	1
Prefer not to say	50.00%	1
Other (please specify)	0.00%	0
	Answered	**2**
	Skipped	**2**

Q14. Do you consider yourself to be disabled?

Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	2
Prefer not to say	0.00%	0
	Answered	**2**
	Skipped	**2**

Q15. Ethnicity

Answer Choices	Responses	
Arab	0.00%	0
Asian (South) or South Asian British (e.g. Bangladeshi, Indian, Pakistani)	0.00%	0
Asian (South East) or South East Asian British (e.g. Chinese, Thai, Indonesian)	0.00%	0
Asian or Asian British: Other Asian	0.00%	0

Black or Black British: African	0.00%	0
Black or Black British: Caribbean	0.00%	0
Black or Black British: Other Black	0.00%	0
Mixed or Multiple ethnic groups: White and Arab	0.00%	0
Mixed or Multiple ethnic groups: White and South Asian	0.00%	0
Mixed or Multiple ethnic groups: White and South East Asian	0.00%	0
Mixed or Multiple ethnic groups: White and Black	0.00%	0
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	0.00%	0
White: English, Welsh, Scottish, Northern Irish or British	100.00%	2
White: Roma, Gypsy or Irish Traveller	0.00%	0
White: Other White	0.00%	0
Prefer not to say	0.00%	0
Other (please specify)	0.00%	0
	Answered	**2**
	Skipped	**2**

Q16. Gender

Answer Choices	Responses	
Woman	50.00%	1
Non-binary	0.00%	0
Prefer not to say	50.00%	1
Prefer to self-describe	0.00%	0
	Answered	**2**
	Skipped	**2**

Q17. Do you identify as Trans?

Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	2
Prefer not to say	0.00%	0
	Answered	**2**
	Skipped	**2**

Q18. Is your gender identity the same as the sex you were assigned at birth?

Answer Choices	Responses	
Yes	50.00%	1
No	0.00%	0
Prefer not to say	50.00%	1
	Answered	**2**
	Skipped	**2**

Q19. Religion or belief

Answer Choices	Responses	
Buddhist	0.00%	0
Christian	0.00%	0
Hindu	0.00%	0
Jewish	0.00%	0
Muslim	0.00%	0

Sikh	0.00%	0
None	100.00%	2
Prefer not to say	0.00%	0
Other (please specify)	0.00%	0
	Answered	**2**
	Skipped	**2**

Q20. Sexual Orientation

Answer Choices	Responses	
Bisexual	0.00%	0
Gay woman / Lesbian	0.00%	0
Heterosexual / Straight	0.00%	0
Prefer not to say	100.00%	2
Member of the LGBTQIA+ Community but prefer to self-describe	0.00%	0
	Answered	**2**
	Skipped	**2**

Q21. Are you now or have you ever sold sex?

Answer Choices	Responses	
Yes currently	0.00%	0
Yes in the past but not now	0.00%	0
No	100.00%	2
Prefer not to say	0.00%	0
Don't know	0.00%	0
	Answered	**2**
	Skipped	**2**

Q22. Do you consider yourself to fall within one of the below social class identities?

Answer Choices	Responses	
Working class	50.00%	1
Middle class	0.00%	0
Upper class	0.00%	0
No class	0.00%	0
Don't know	50.00%	1
Prefer not to say	0.00%	0
Other (please specify)	0.00%	0
	Answered	**2**
	Skipped	**2**

Q23. Status (British Citizen, Immigration Status etc.)

Answer Choices	Responses	
Asylum Seeker	0.00%	0
British Citizen	100.00%	2
Family visa	0.00%	0
Indefinite Leave to Remain	0.00%	0
Refugee Status	0.00%	0
Student visa	0.00%	0
Settled (EU)	0.00%	0

Work related via	0.00%	0
Prefer not to say	0.00%	0
Other (please specify)	0.00%	0
	Answered	**2**
	Skipped	**2**