**Cambridge Rape Crisis Feedback Form**

We aim to provide support that meets your needs and expectations. We would therefore be very grateful if you could take a few minutes to complete this form so that we are able to take your views into consideration. All the information you give us will be treated confidentially and can be given anonymously. Please do not feel that you have to answer any questions that you are not comfortable with.

How did you find out about Cambridge Rape Crisis?

What area were you contacting us from?

If you used the helpline, how many attempts did it take to get through?

What were your expectations of the service? Did it meet your needs?

What did you find particularly helpful?

What did you find unhelpful?

Which of our support services did you use?

Helpline

Email

Both

Were you able to talk freely about how you felt?

Did the service feel safe and confidential?

Did you feel that the way you were treated was respectful and non-judgemental?

What would you like to see us do differently?

Were you aware that the helpline and email services are run by and for women?

Are there any other comments you would like to make about the helpline and/or email support service?

Did you report what happened to you to the police or any other authorities? If so which one/s?

Were they:

helpful  understanding  informative  dismissive

Any comments about how you were treated?

**Before contacting us for support: *(tick as many as apply, if any):***

Never spoken about this before

Low self esteem

Unable to work

Unable to have good relationships

Isolated

Flashbacks

Depressed

Self-harming

Eating problems

Drinking too much

Suicidal

**How do you feel now? (*tick as many as apply)***

Same as before

Slightly better

A lot better

More able to cope

Able to make a decision about future

Able to work

More self-confident

Worse than before

Self harming less

More in control

Like myself more

Less isolated

**Anything else, not mentioned above?**

**It is sometimes useful for us to be able to pass on survivors’ comments to funders to help them to understand the impact and importance of our work. We always ensure that comments are anonymous. Would you agree to us using your comments for this purpose?**

**Please don’t feel any obligation to agree to this!**

I agree that my comments can be used. / I do not want my comments to be used**.**

It would help us if you were able to answer the following questions to help us to make our services supportive to women and girls of all backgrounds and social groups. If you would prefer not to answer any or all of the questions please feel free to leave them blank.

1. **Age**

Please select your age range from the below:

10 and under

11-15

16-17

18-24

25-34

35-44

45-54

55-64

65-74

75+

1. **Disability**

Do you consider yourself to have a disability? (This includes physical or mental health disabilities)

Yes  No

1. **Ethnicity**

Please select the ethnic group or background which best describes you from the below:

**White**

English / Welsh / Scottish / Northern Irish / British

Irish

Gypsy or Irish Traveller

Any other White background\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed / multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed/multiple ethnic background\_\_\_\_\_\_\_\_

**Asian / Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**African / Caribbean / Black / Black British**

Caribbean

African

Any other African / Caribbean / Black background\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other ethnic group**

Arab

Any other ethnic group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Religion or Belief**

Please select your Religion or Belief from the below:

Buddhist

Christian

Hindu

Jew

Muslim

Sikh

Other Religion or Belief (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No Religion

1. **Gender**

Would you describe yourself as:

Male

Female

Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Gender Identity**

Have you ever identified as a transgender person?

Yes  No

1. **Sexual Orientation**

What is your sexual orientation?

Bisexual

Gay Woman / Lesbian

Heterosexual / Straight

Other

1. **Marriage/Civil Partnership Status**

Please select your marriage/civil partnership status from the below:

Married

In a registered same-sex civil partnership

Not married or in a registered same-sex civil partnership

1. **Pregnancy/Maternity**

Please select all that apply:

I am pregnant

I am caring for a child up to 6 months old

I am caring for other children

I have other caring responsibilities

None of the above

**Thank you for your feedback. Please return this form by email to** [**contact@cambridgerapecrisis.org.uk**](mailto:contact@cambridgerapecrisis.org.uk) **or by post to:**

**Cambridge Rape Crisis**

**Box R**

**12 Mill Road**

**Cambridge**

**CB1 2AD**