

Gloucestershire LGBTQ+¹ Community Sexual Violence Service Needs Assessment

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¹ LGBTQ+ means Lesbian, Gay, Bisexual, Transgender and Queer Plus and is used here as a shorthand for the QUILTBAG community (Queer, Undecided, Intersex, Lesbian, Transgender, Bisexual, Asexual and Gay).











Introduction

This research project was conducted on behalf of Gloucestershire Rape and Sexual Abuse Centre (GRASAC), a charity that provides support services for women who have experienced sexual violence. The service works with over 700 women and girls in the county each year. As part of their regular review of activities, they asked for a project which would focus on identifying the sexual violence service needs of the Gloucestershire LGBTQ+ community including identifying any barriers in accessing sexual violence services.

Literature & Service Provision Review

In 2015 1.7% of the population in the UK identified themselves in the Office of National Statistics survey as lesbian, gay or bisexual with the largest population group between the ages of 16-25 (Office for National Statistics, 2016).

Each year, in England and Wales approximately 85,000 women and 12,000 men are victims of rape and sexual assault (Ministry of Justice, 2016 p.6) which constitutes 19.9% of women and 3.8% of men having experienced some form of sexual assault since the age of 16 according to the Crime Survey England & Wales (2016). As the statistics above demonstrate, women are far more likely to experience rape and sexual assault, however there is no accessible UK data, and very little service provision², disaggregated by LGBTQ+ status or addressing the specific needs of the LGBTQ+ community. A meta-analysis of statistics (Rothman *et al* 2011) from the US suggests:

		General Population Women	Lesbian or Bisexual Women	General Population Men	Gay or Bisexual Men
Lifetime prevalence sexual assault		11-17%	18-85%	2-3%	12-54%
		19.5%		3.8%	
Child sexual abuse		21.7%	15-76%	3.3%	4-59%
		7.8% contact only		2.8% UK Contact only	
Adult sexual violence		23.3%	11-53%	6.7%	11-45%
		19.9%		3.6%	
Intimate Partner Sexual Assault		7.7%	2-45%	0.3%	10-57%
		20%		3%	
Sexual assault as a hate crime		/	1-12%	/	3-20%
		/		/	

² Services identified are patchy at best across the UK but include the national charity Galop (although not a sexual violence specialist) and helpbooks by LGBTFoundation (Manchester) (<http://lgbt.foundation/information-advice/sexual-violence/>); an LGBT ISVA in Birmingham (RSVP) and specific web page by Aberdeen (<https://rasaberdeen.wordpress.com/lgbt-information/>), Additionally SafeLives has produced a useful factsheet on engaging LGBT people within domestic abuse work (<http://www.safelives.org.uk/sites/default/files/resources/LGBT%20practice%20briefing%20for%20ldvas%20FINAL.pdf>).

Similarly, Paulk (2014) identifies that 64% of transgender people report sexual violence over their lifetime. Grant *et al* (2011) found that LGBTQ+ young people who were also American Indian, Asian, Black and multiracial experienced higher rates of sexual violence than white LGBTQ+ young people did. Additionally for LGBTQ+ people experiencing intimate partner violence, 41% reported being forced to have sex with an abusive partner and 10% being forced to have sex with someone else (Heintz & Melendez 2006). Additionally respondents who reported being forced to have sex were 10.3 times more likely to report they used no safer sex practices because of their fear of their partner's response if they began safer sex negotiations (Heintz & Melendez 2006). Whilst we cannot uncritically assume that US statistics are absolutely translatable to the UK context (particularly given that UK general population lifetime prevalence statistics are higher than the US rates as noted above), it is a clear indication that there is a need to be met where specific issues (such as sexuality) are being overlooked. For example in the UK, Guasp & Taylor (2012, p5) estimated that 9% of gay and bisexual men had been forced into unwanted sex.

There are currently 44 organisations providing services in fifty- six locations, primarily designed for women with a small number of providers also providing support for male sexual violence survivors (Rape Crisis England & Wales, 2017a). However, as Footnote [2] shows, little has been done which specifically addresses LGBT need in the UK. The nearest research into the area found was Harvey *et al*'s (2014) study for the Welsh government which found that LGBTQ+ people felt services for sexual violence did not cater for them and service providers acknowledged that there was a significant lack of outreach for LGBT people.

Whilst, the barriers preventing legal equality for the LGBTQ+ community in the UK have mainly been removed (Cant, 2009), negative societal attitudes remain strong (Stonewall 2015) and histories of discrimination and abuse impede recourse to generic or heteronormative services. Within the LGBTQ+ community, sexual violence is rarely discussed (Harvey 2014; Todahl *et al* 2009) and LGBTQ+ people face higher rates of stigma and victimization increasing the risk of becoming a victim of sexual assault (Human Rights Campaign, 2017) and decreasing the likelihood of reporting to the Police or seeking medical or emotional support (Davies, Rogers and Bates, 2008). LGBTQ+ people also face sexual violence as part of homophobic, lesbophobic, biphobic and transphobic hate crimes. Stonewall found that 7% of their respondents had experienced unwanted sexual touching as part of hate crimes (Guasp 2013) whilst Harvey *et al* (2014) noted the same including threats of corrective rape against lesbians.

Angiolini's (2015) review found that men that had been raped experienced a sense of isolation and gay and trans men experienced barriers to accessing services in part due to fear of not being believed or that their sexuality would become the main focus. Issues surrounding their masculinity as well as societal attitudes and assumptions of male victims of rape and sexual assault were also

highlighted. For some gay men there are particular vulnerabilities in accessing sexual violence support services in relation to the use of CHEMSEX (Mbar, 2016). For the transgender population, there has been a recent rise of 53% of violent crime including sexual assault against transgender people (Young, 2016). Additionally LGBTQ+ members of BAME communities seem particularly vulnerable to sexual violence used as a form of 'honour' based violence to reassert control over them (Harvey 2014).

This means LGBTQ+ survivors are caught between LGBTQ+ invisibility in generic sexual violence service provision and LGBTQ+ community silence on sexual violence. Todahl *et al* (2009) found that LGBTQ+ people reported concerns about negative stereotyping as a barrier to reporting sexual violence experience whilst lesbian and bisexual women also reported service providers who were resistant to the idea of a female sexual violence perpetrator (Harvey *et al* 2014). Whilst services have long advocated for women victims of sexual violence who are not believed based on their gender (Dodd and Bengtsson, 2016), they often remain locked into gendered attitudes about who can be sexual violence perpetrators. Stonewall research into service needs of the LGBTQ+ community have found they are often overlooked in healthcare service provision with many experiencing hostility, discrimination and poor treatment (Guasp and Taylor, 2012).

Women's services are extremely effective, but this results in a gap in practice for victims who fall outside the gendered norm of feminist informed provision (Ristock, 2002). As Harvey *et al* (2014) note, generic and even women-only service providers, in good faith, tend to assume that their services are equally accessible (to LGBTQ+ or to LBQ women) but fail to take into account LGBTQ+ peoples experiences of discrimination (as a group) in either setting (a finding echoed by Gentlewarrior & Fountain 2009). As previously noted, the number of organisations specifically addressing LGBTQ+ people's needs in terms of sexual violence is small. Support services therefore have a unique opportunity to engage more directly with the LGBT community (Cant, 2009) however Harvey *et al* (2014) advised a number of ways in which services could become more LGBTQ+ (or LBQ) friendly including

- awareness-raising
- improving mainstream services
- joint working the LGBTQ+ services
- introducing specialist services and programmes;
- including routine enquiry about sexuality in initial meetings
- recognising sexual violence as a form of hate crime.

Harvey *et al* (2016) developed the following definitions of an LGBTQ+ supportive service provision:

Active LGBT targeting

Flexible and confidential access

LGBT-inclusiveness

Informed and diverse staff

Show LGBT people in promotional materials or use the rainbow flag.	Option to access non face-to-face support e.g. online, telephone	Promotion of services - inclusive language and partnership-working between D/SV and LGBT sectors	Staff understand LGBT people's specific experiences of D/SV
Outreach at LGBT events	Drop-in service or convenient appointment times		Staff understand the diversity of sexual orientations and gender identities
Monitoring LGBTQ+ referrals	Addresses concerns about confidentiality	Awareness-raising of LGBT people's experiences of victimisation	Staff do not assume that everyone is heterosexual or have stereotypical attitudes about LGBT people
		Equal access to mainstream services	
		Specialist LGBT D/SV provision available	Staff members are diverse in terms of sexual orientation and/or gender identity

Methods

To gather the information required, it decided to design and distribute an online survey. These are cost effective in terms of financial and human resources; allow for a greater audience to be reached with minimum effort and ensure participant anonymity. However, this approach tends to have disadvantages such as low response rates and limitations of target populations including internet access, disability, and literacy (Hoonakker & Carayon, 2009; Gomm, 2004; Kumar, 2014; Hakim, 2000). The survey contained a mixture of both closed and open questions. Open ended questions allow participants to answer in their own terms, and are useful for exploring new areas (Bryman, 2016); however they also require greater effort from participants to complete, there greater variability in the answers and coding of data can be time consuming. Closed questions have the advantage of being easier to process, easier for participants to complete, have greater comparability of answers and less variability but there is a loss of spontaneity, lack of interpretation of what is being asked, and can also be irritating if a participant does not fit into the given categories (Bryman, 2016).

To reach the target population a search conducted to identify lesbian, gay, bisexual and transgender organisations that operate within Gloucestershire identifying the gatekeepers to the organisations and their clients. Gatekeepers are typically individuals or institutions that have the power to grant or withhold access to the research population (Crowhurst and Kennedy-Macfoy, 2013). An introductory email was then sent (Evans & Mathur, 2005; see Appendix A) giving a brief synopsis of the research organisation and an explanation of the reasons for the research, and what it wished to achieve and including a survey URL hyperlink. The initial response rate to the

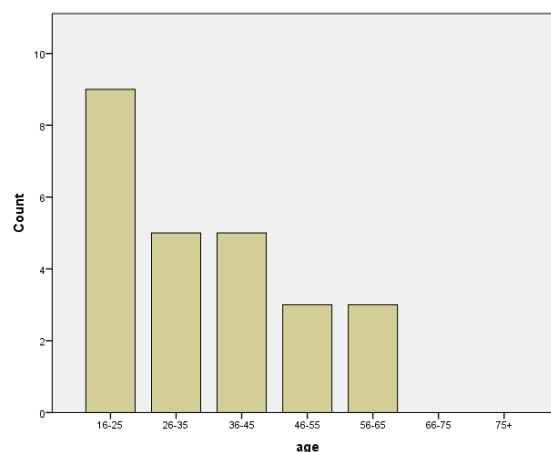
introductory email was low, which prompted email reminders to be sent out after a period of two weeks of the survey being open. Response rates according to Tse et al. (1995) can vary from 6% to 75%, compared to other methods such as postal mail.

In order to analyse the data from the online survey, SPSS exec.24 was used to input the data, with each participant specifically coded to produce an identifiable marker. Each stage of the survey that required participants to mark set answers was binary coded so all data could be inputted and then answers calculated. This also enabled graphs and pie charts to be formulated based on participants answers.

Findings

Thirty- five participants completed the survey and consented to take part. However n=10 identified as heterosexual females and were therefore excluded from the analysis at this point (n=25). Of this sample the gender identities were: 17 cis-gendered women, four cis-gendered men, two transgender women and two non-binary. Sexual identities were: 9 lesbians; 4 gay men; 8 bisexual, 3 other and one indicated they would rather not say (but was a part of the LGBTQ+ community). Of this remaining sample of 25, 3 identified as not being resident within Gloucestershire. It was decided to retain them in the analysis sample because they were all part of the LGBTQ+ community and their views remain representative of the community.

The majority of the sample were aged 16-25 years old (n=9) which is in line with the Office for National Statistics (2015) survey (see above) finding that the 16-25 age group accounted for the largest population group of LGBTQ+ identifying people. Five were aged 26-35 years old and the same number aged 36-45 years old. Three were aged 46-55 years old and the same number were aged 56-65 years old.



In response to the question (3) about awareness of sexual violence services in Gloucestershire, 52% of the total sample reported some awareness of sexual violence services in Gloucestershire;

by gender identity cis-women and non-binary people had greater than average awareness³ and by sexuality, bisexuals had a greater than average awareness. For GRASAC the overall awareness was 36% with non-binary people and gay men having a greater awareness than average. Just over a third of cis women and just over 20% of lesbian women knew about GRASAC. If knowing about and having heard of are combined then 68% of the total sample were aware of GRASAC with transgender women, non-binary people and bisexuals all having a higher than average awareness of the service.

There was greater awareness of the SARC than of GRASAC across the whole sample with 60% having heard of or knowing about them although more cis-women knew about GRASAC (64% for GRASAC, 59% for the SARC) as would be expected for a women-only service. This appears to be related to greater awareness amongst bisexual women (88% for GRASAC and 50% for the SARC) as Lesbian's awareness of GRASAC was only 44% compared to 55% for the SARC. This is in line with the findings elsewhere that LGBTQ+ sexual violence received less emphasis than heterosexual sexual violence leading to sexual violence services not focusing direct specialised support and services (Snyder et al., 2016). Awareness of the national service which Galop offers was very low (16% overall).

³ For some groups numbers in the sample as so small as to make percentages largely meaningless and so care should be taken in understanding what these figures actually show.

Total n=25	Total	Cis Women	Cis Men	Transgender Women	Non-Binary	Lesbian	Gay	Bisexual	Other
Some awareness of sexual violence services in Gloucestershire	52% 13	59% 10	25% 1	- 0	100% 2	44% 4	50% 2	63% 5	33% 1
GRASAC – Know about	36% 9	35% 6	25% 1	- 0	100% 2	22% 2	50% 2	38% 3	33% 1
GRASAC – Heard of	32% 8	29% 5	25% 1	100% 2	- 0	22% 2	25% 1	50% 4	33% 1
GRASAC – not heard of	32% 8	35% 6	50% 2	- 0	- 0	55% 5	25% 1	13% 1	33% 1
SARC – Know about	40% 10	35% 6	25% 1	50% 1	100% 2	33% 3	50% 2	25% 2	67% 2
SARC – Heard of	20% 5	24% 4	25% 1	- 0	- 0	22% 2	25% 1	25% 2	- 0
SARC – Not heard of	40% 10	41% 7	50% 2	50% 1	- 0	44% 4	25% 1	50% 4	33% 1
Galop – Know about	8% 2	6% 1	- 0	- 0	50% 1	- 0	25% 1	13% 1	- 0
Galop – heard of	8% 2	12% 2	- 0	- 0	- 0	11% 1	- 0	13% 1	- 0
Galop – not heard of	84% 21	82% 14	75% 3	100% 2	- 0	88% 8	50% 2	63% 5	100% 3

In terms of the open-ended question asking about what people knew about GRASAC and the SARC, 12 out of 25 correctly identified key factors about GRASAC and 13 out of 25 correctly identified key factors about the SARC:

- 3 respondents identified GRASAC as a support service for girls, women and relatives only
- 6 suggested the service was for all people of rape and sexual violence with no gender specified
- 9 identified it as providing therapeutic services, friendship groups, emotional support, telephone and email services, and signposting for STI testing and therapy contacts.
- 6 identified the SARC in relation to the criminal justice system for gathering evidence, support through court proceedings, interactions with and reporting to the police and support during case management
- 7 identified the SARC as a support service for victims including counselling, walk -in emergency out of hours services and access to sexual violence advisors;
- 2 identified the SARC as health screening, support and STI testing
- 1 knew only of the SARCs location
- 1 thought of the SARC as a referral service only

LGBT Specific Service Provision

92% (n=23) of the sample thought GRASAC should provide an inclusive service for LGBTQ+ individuals with one saying no and one saying they didn't know. 68% said they would feel more comfortable accessing a service that was LGBTQ+ specific, 24% said they might feel more comfortable accessing an LGBTQ+ specific service. 52% said LGBTQ+ identified workers would make them feel more comfortable, whilst 36% did not think this would help them feel more comfortable. Bisexuals and respondents aged 16-25 years old felt more strongly about this issue than other sexualities and age groups. There was no significant difference by gender. The Welsh government's research into LGBT services advises that there is value in providing specialist support workers for LGBT victims (Harvey et al., 2014).

There were mixed feelings as to whether the lack of LGBTQ+ specific services was a barrier to reporting. 40% of the overall sample thought it was whilst 32% thought it wasn't. Gay men (3 out of 4) and the 16-25 year old age group (5 out of 9) particularly reported that they thought this was a barrier to reporting. In the open ended question about factors which were barriers or prevented accessing sexual violence services produced a variety of answers:

- feelings of shame, fear, judgement, anxiety and stigma around sexual violence in general but also in being LGBTQ+
- fear of homophobia from the police
- fear of homophobia in accessing services

- lack of gender specific services
- lack of knowledge about services and how to access them

As the Human Rights Campaign (2017) highlight, discrimination by gender and/or sexuality influences reporting and seeking medical, emotional support from rape crisis centres and previous studies on sexual violence service needs for LGBTQ+ people indicate that they do not cater for LGBTQ+ needs and reject some of the LGBTQ+ community from accessing services (NATCEN, 2014). Additionally Stonewall suggests that many LGBTQ+ victims experience discrimination, hostility and poor treatment (Guasp and Taylor, 2012).

One participant who disclosed sexual violence by a male was not told by their GP of any special services for rape victims and when assaulted a second time by the same male they felt there was no point in seeking help. Another participant who identified as transgender, feared judgement from service providers in relation to their transgenderism⁴. As the LGBT Foundation (2017) suggests discrimination and transphobia face by individuals make them reluctant to seek support and increase feelings of shame and vulnerability. Transwomen find it extremely difficult in seeking a support service that will recognise their needs and one transwoman participant felt that a female run LGBTQ+ specialist sub-group based within an already existing service provider would be the least intimidating in accessing services.

In terms of the type of support that LGBTQ+ individuals would most like to receive if sexual violence were to occur (open-answer question):

- 22 said emotional support and accessing counselling, trauma therapy, contact with other survivors, support groups, practical advice and support.
- 3 said support in criminal prosecution
- 96% felt it was important to offer support to partners and other family members if LGBTQ+ victims of sexual violence.
- 4 (of 25) stated that partner and family support should be offered but that offer should be guided by the survivor.

Limitations

The sample size for the survey was smaller than hoped and recruitment lacked momentum after the initial release. Part of the reason for this was low buy-in by gatekeeper organisations in sending out the survey link to their members. This suggests that greater groundwork is needed with gatekeeper organisations to ensure their support for developing LGBTQ+ informed LGBTQ+ targeted services in Gloucestershire. The use of a video introduction by the researchers and a

⁴ The survey did not ask for previous experiences of sexual violence or service access, participants who did disclose did so voluntarily and uninvited.

synopsis of the project would have personalised the approach and promoted greater collaboration between gatekeeper organisations and the researchers.

Greater collaboration between GRASAC and the researchers on promoting the project and contacting gatekeeper organisations would have added greater credibility and importance to the project. This could also have led to enhancing the questionnaire to meet the needs of gatekeeper organisations in highlighting LGBTQ+ equality and inclusion within sexual violence services.

The sample was also unbalanced with much greater representation of lesbian women (68%) and bisexuals (32%) compared to other genders and sexualities. This must be kept in mind when reflecting on the results presented.

Recommendations

For the County Sexual Violence Task & Finish Group

- Gloucestershire sexual violence services in general should explore targeted LGBTQ+ service provision which addresses all LGBTQ+ groups.
- Part of this exploration should include addressing LGBTQ+ fears around sexuality and gender based discrimination and stigmatisation. It should also take into account the levels of shame and fear around reporting which LGBTQ+ respondents identified as a barrier to reporting.
- Account should be made for the sexual violence aspect of domestic abuse reported in LGBTQ+ relationships and work should ensure that this, and the sexual health aspects of this, are explicitly addressed in County.
- A focus on the development of strategic partnerships with LGBTQ+ organisations to include training to make them more sexual violence aware should be developed to ensure LGBTQ+ input into the SV Strategy for the County.
- Additionally there should be development of strategic partnerships with LGBTQ+ supportive BAME organisations to because of the additional vulnerability to sexual violence this group appears to experience.
- Consideration should be given as to whether at least part of one ISVA role should be dedicated to LGBTQ+ work.
- Assurance should be undertaken that all sexual violence training across the county includes awareness of LGBTQ+ population needs and addresses gendered ways of thinking (without discounting the evidence that women are targeted more often than men).

For GRASAC

- A focus on the development of strategic partnerships with LGBTQ+ organisations to include training to make them more sexual violence aware should be developed to ensure LGBTQ+ input into the SV Strategy for the County.
- GRASAC should consider how it provides a service that is more inclusive of lesbian, bisexual and queer women survivors of sexual violence.
- GRASAC should monitor LGBTQ+ referral rates to see whether they a. reflect the general LGBTQ+ population ratios and b. for any trends in rates for the service particularly post-LGBTQ+ specific initiatives.
- GRASAC should determine whether it is the right service to host an expanded LGBTQ+ targeted service for survivors of sexual violence. McLean & L'Heureux (2007) highlighted that services which promote themselves as LGBTQ+ inclusive tend to congregate in metropolitan areas, which means that GRASAC has a unique opportunity to reach out and work with the LGBTQ+ community within Gloucestershire.
- There is the possibility of providing a specialist sub-group for the LGBTQ+ community within the existing service which would:
 - increase inclusivity
 - enhance the promotion of the service within the wider community
 - create opportunities to increase diversify the volunteer body to include (and to acknowledgement existing) LGBTQ+ community volunteers whilst addressing some of the barriers that are expressed as concerns by the participants.
 - Thought could be given to the online service offered and whether this could be additionally, specifically promoted to LGBTQ+ people given the evidence that they are more comfortable with online services because of the anonymity they offer.
- Some of the support services identified as being valued are in line with what GRASAC already offers including emotional support for survivors and partners/family members under guidance by the victims.
- Some of the support services identified as being valued would be an extension of what GRASAC already offers, particularly, counselling and therapy
- A strategy needs to be developed to address the fact that currently Lesbian women appear to be unaware of GRASAC and its services
- GRASAC could consider forming a LGBTQ+ survivors group for LGBTQ+ survivors to connect and talk about their experiences. This would assist in breaking down fears of accessing services due to homophobia, judgement and stigma, but provide a support network that has emotional support.

Recommendations for the SARC

- Support in dealing with the criminal justice system, prosecution and case management was highlighted by the LGBTQ+ respondents. Promoting a stronger working alliance between the SARC and LGBTQ+ organisations would help address some of the fears around dealing with the criminal justice system for the Gloucestershire LGBTQ+ community.
- A strategy needs to be developed to address the fact that currently Lesbian women appear to be unaware of the SARC and its services

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Appendix A - Email to organisations

Dear....

My name is Donna Bradbury I am currently a student at the University of Gloucestershire undertaking a master's degree in criminology. I am working on a research project with two other students, on behalf of Gloucestershire Rape and Sexual Abuse Centre (GRASAC*). This project will:

Find out from the LGBTQ+ community what their needs are around sexual violence

- **Do they feel able to access current sexual violence services such as GRASAC? If not – why?**
- **If members of the LGBTQ+ community feel unable to access existing sexual violence services such as GRASAC, what would a service look like for them?**
- **What are the main barriers for any member of the LGBTQ+ community in accessing any services related to sexual violence such as the Police, Sexual Assault Referral Centres, GP's etc.**

The research team will make recommendations based on all of the above about what Gloucestershire should and should not be doing to best meet the needs of this community. We appreciate that this topic is a very sensitive one, but as a gay woman and part of the LGBTQ+ community in Gloucestershire as a whole, I support GRASAC's intention to fully support the LGBTQ+ in the best possible way.

Our research methods are to ask relevant organisations and groups within Gloucestershire to provide a link on their websites and mailing lists for members to complete a confidential and anonymous short survey to identify how best they would feel supported if they would ever need to use such services. No-one will be asked whether they have been victim of rape or sexual assault, but the survey will contain links to support and advice in the event that a person completing it has been a victim.

- Link to research survey - [Rape and Sexual Abuse Services for LGBTQ+ Individuals in Gloucestershire](#)

If your organisation is able to assist in any way we would be very grateful, I can provide further information if required and am happy to arrange a meeting to discuss any details in more depth. I can be contacted on the above email address or by telephone on 07821730565.

This work is being overseen by Dr Louise Livesey (llivesey@glos.ac.uk, 01242 714603).

Thank you for your time and I hope and look forward to hearing from you.

Donna Bradbury

* GRASAC is a charitable organisation which offers support (face to face, telephone, practical support or advocacy for victims) in a confidential and safe environment. The organisation works within the community to raise awareness of issues around rape, sexual assault and abuse, and to empower survivors in addressing the impact of sexual violence.

They support victims regardless of race, sexuality, ethnicity, age and other discriminatory factors and promote equality and diversity through their dedicated team of staff and volunteers. They endeavour to provide the necessary and important information for survivors of sexual violence by working together with survivors, their families, friends and external agencies and help to make referrals to other support services if needed.

Organisations contacted

Gloucestershire Pride

Gay-Glos

Gay-Glos Youth

Gloucestershire Gay and Lesbian Community

Gloscats

The Eddystone Trust (South West)

University of Gloucestershire LGBT Society

Terence Higgins Trust (South west Region)

Proudstart Gloucestershire Youth Service

Beaumont Society (Transsexual, Transvestite and cross dress)

Gloucestershire Domestic Abuse Support Service

Gender identity research and Education Society (GIRES)

Appendix B - Survey

Rape and Sexual Abuse Services for LGBTQ+ Individuals in Gloucestershire

Hello, we are University of Gloucestershire researchers who have been asked by Gloucestershire Rape and Sexual Abuse Centre (GRASAC) to explore sexual violence support services for LGBTQ+ individuals. Our aim is to provide the information gathered from this survey to enable GRASAC to guide development of services for LGBTQ+ individuals, promote inclusion and create greater awareness of services for individuals within the Gloucestershire LGBTQ+ community.

We would be extremely grateful for 5 minutes of your time to complete our questionnaire. All questions are optional and all answers are anonymous. Once submitted answers will be held in a password-protected file and seen only by the research team. They will be held for a maximum of 12 months before being destroyed. This work is being overseen by Dr Louise Livesey (llivesey@glos.ac.uk, 01242 714603).

Page 2: Informed Consent Form

1a Do you understand that we have asked you to participate in research?

Yes

No

1b Have you read the above information

Yes

No

1c Do you understand that you are free to contact the research supervisor to ask questions and discuss this study?

Yes

No

1d Do you understand that you are free to refuse participation, without consequence?

Yes

No

1e Do you understand that we will keep your data confidential?

Yes

No

1f Do you understand who will have access to your information?

Yes

No

1g I wish to take part in this study:

Yes

No

2. Do you live in Gloucestershire?

- Yes
- No

3. How aware are you of sexual violence services available in Gloucestershire?

- Don't know of any
- Not very aware
- Have heard of some
- Have heard of some and know about them

4. Have you heard/do you know anything about the following service?

	Gloucestershire Rape and Sexual Abuse Centre (GRASAC)	Sexual Assault Referral Centre (SARC) at Hope House	Galop
Heard of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What do you know about the services that GRASAC provides?

6. What do you know about the services that SARC at Hope House provides?

7. Do you feel that sexual violence services like GRASAC provides or should provide a service that is inclusive to LGBTQ+ individuals?

- Yes
- No
- Don't Know

8. If sexual violence were to happen to you, would you feel more comfortable accessing a service specifically for LGBTQ+ individuals?

- Yes
- No
- Maybe

9. Does a lack of specialist LGBTQ+ support make you feel less able to report sexual violence?

- Yes
- No
- Maybe
- I Don't Know

10. If sexual violence were to happen to you, what do you think might prevent you from accessing sexual violence services?

11. If sexual violence were to happen to you, what support do you think you would most like to receive from a support service?

12. Do you think it is important for sexual violence support services to offer support to partners and family members of LGBTQ+ people who have been victimised?

12.a. Partners

- Yes
- No

12.b. Other family members

- Yes
- No

13. If sexual violence were to happen to you, would you feel more comfortable if support workers were from the LGBTQ+ community?

- Yes
- No
- Maybe

14. How would you describe your gender identity?

15. How do you describe your sexuality?

16. Age Range

- 16-25
- 26-35
- 36-45

- 46-55
- 56-65
- 66-75
- 75+

End of Research Questionnaire

Thank you for taking the time to help develop our understanding of LGBTQ+ support needs around sexual violence services. If you want to talk to someone about your experiences of sexual violence please find helpline numbers below:

Galop 0207 704 2040, referrals@galop.org.uk

GRASAC (women only) 01452 526770

Sexual Assault Referral Centre at Hope House: 01452 754390 (Mon-Fri 9am - 5pm) Out of hours 0845 090 1234

Samaritans 116 123