

All of us who work on the helpline are deeply committed to the work we do. Tell us what you think so we can:

- Improve the service
- Get funding to ensure the line continues.

Print this document and send it anonymously to:
SAL, PO Box 325, Exeter EX1 1WQ
Or send it as an email attachment to:
sal@sal-devon.co.uk

Your answers are anonymous

Section One

You are under no obligation to complete all the questions.

1. Are you female or male ?
2. Do you ring / have you rung the line to talk about
yourself somebody else ?
3. Please tell us your reasons for contacting the line? Have you - or the person you are
calling to talk about - experienced:
(Tick more than one box if this is relevant)
rape? childhood sexual abuse?
domestic abuse? adult sexual abuse?

4. What has been the most helpful thing about using the helpline?

(Please tick no more than 3 boxes.)

- | | |
|---|--------------------------|
| Feeling less alone? | <input type="checkbox"/> |
| Helping you make sense of what happened to you? | <input type="checkbox"/> |
| Knowing that the call was anonymous? | <input type="checkbox"/> |
| Being given information that was helpful? | <input type="checkbox"/> |
| Being listened to without judgement? | <input type="checkbox"/> |
| Being believed? | <input type="checkbox"/> |
| Feeling understood? | <input type="checkbox"/> |
| Feeling safe to talk? | <input type="checkbox"/> |
| Supporting you in reporting your attacker to the police? | <input type="checkbox"/> |
| Helping you take the first step on a journey of recovery? | <input type="checkbox"/> |
| Other (please explain) | |

RSAL Questionnaire

5. How many times have you used the listening support offered by the helpline?

once 2-5 times 6 - 10 times over 10 times

6. How would you rate the quality of the listening support you have received from volunteers on the helpline?

1. not very helpful 2. helpful 3. very helpful

Please tell us if you have anything more to say about the quality of the listening support:

7. As a result of using the line, have you experienced any of the following: (Please tick the relevant box[es])

	Yes	No
Feeling calmer and more able to cope?		
Having fewer or less intense flashbacks?		
Feeling less alone?		
Feeling improvements in self-esteem?		
Feeling more positive?		
Other (please explain)		

As a result of using the line, have you done, or felt you would like to do, any of the following: (Please tick the relevant box[es])

	I've done this	I would like to do this
Talk with a counsellor?		
Disclose to a family member or a friend?		
Contact the police?		
Address alcohol or drug use?		
Leave a damaging relationship?		
Other (please explain):		

RSAL Questionnaire

8. How do you feel about talking with a listener of the opposite sex?

1. comfortable 2. OK about it 3. uncomfortable

Have you ever hung up because a listener of the opposite sex has answered the phone? yes no

9. We understand that it can be difficult and painful to talk about an experience that really affects us. It would help us to have some understanding of how you have felt using the helpline to talk about such an experience:

How do / did you feel *before* calling?

How do / did you feel *during* the call?

How do / did you feel *after* the call?

10. How many times do you have to ring the line, approximately, before you are able to speak with someone?

- once twice 2 to 3 times over 3 times

If you have had to ring more than once, have you ever 'given up'?

- yes, regularly yes, sometimes no

Please turn to Section Two: General Questions

Section Two:

(Only answer the questions you want to answer)

1. What is your ethnic origin? _____
2. How old are you?
-16 17-25 26-35 36-45 46-60 60+
3. What is your nationality? _____
4. Are you disabled? yes no
5. If you are disabled, is your disability a physical or a learning one ?
6. Are you employed or not employed ?
7. Are you unable to work because of a disability / illness? yes no
8. Do you have caring responsibilities (that is, do you care for children, relatives, somebody who is sick)? yes no
9. If you have a religion or faith, what is it? _____
10. Are you lesbian ? gay ? transgender ?

THANK YOU FOR YOUR TIME

we really appreciate your help and hope we can continue to support you in ways that are helpful to you