

You are Enough™ pre-questionnaire

Mandatory questions are marked with a star (*)

Information

The purpose of collecting this pre-questionnaire is to better understand impact of crimes of sexual violence on children and their families, to evaluate You are Enough™ peer support groups, and to develop and improve further the groups.

This survey is to be completed prior to starting the You are Enough™ peer support group. There are 38 questions, and it will take approximately 15-20 minutes to complete.

After your participation in the You are Enough™ peer support group, you will be asked to complete a post-group survey and a feedback form.

Responding to this survey is completely anonymous. All data of this survey will be done in respect of your privacy. Neither you nor your child can be identified based on your answers.

Answering this survey may evoke overwhelming and difficult feelings. In case you experience distress of any kind whilst answering, please pause your participation and seek support from your local health care providers or crisis services.

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1. Please confirm that you have read and understood the information above, you are over the age of 18, and you voluntarily take part in responding to this survey *

I have read and understood the information above. I confirm that I am over the age of 18 and I voluntarily take part in responding to this survey.

This survey is for collecting information and to measure change in well-being before and after the You are Enough™ peer support group.

Instructions:

In case more than one of your children has fallen victim to a sexual crime, please provide an average or general response or consider one of the children (whose wellbeing is perhaps the most relevant reason related to your attendance to You are Enough™ group).

In case your child has fallen victim to multiple cases of sexual crime, please provide an average or general response or consider the most relevant case related to the reasons you have attended to You are Enough™ group when responding.

2. I agree that the responses I submit can be used in the future for developing the You are Enough™ groups, a manual and for communicating about the groups. All communication is done respecting your privacy, completely anonymously, and neither you nor your child can be identified based on your answers. *

- Yes
- Not at this time

3. Please come up with a personal code (for example by combining two words, places or numbers that are important to you) and write it in the box below and in a safe place for yourself so that you can find it when responding to the post questionnaire. Do not share the code with others. Using the same code in the pre and post questionnaires makes it possible to measure change anonymously without anyone from the research team identifying the respondent. (Tip: If you want, you can e-mail the code you've come up with to yourself and add subject Personal code, so you can find it easily when you fill out the post questionnaire at the end of the group)

4. You are attending the You are Enough™ group in the following country: *

- Finland
- Sweden
- Ireland
- The UK
- Other country, which?

5. The proximity of the offender to you in the case of sexual crime against your child was:

- A close one (e.g. family member, relative, friend or other person you consider as a close one)
 - An outsider (You might know them, or they might be close to your child, but you do not consider them a close one to you)
 - Online acquaintance
 - Other, who?
-

6. Was there an online element included in the sexual crime against your child? (By this we mean grooming process online, the sexual violence happening partly or wholly online, sexual violence happening offline but images/videos of it being shared offline)

- Yes
 - No
 - I don't know. Please tell us more
-

7. (if answered yes) What was the online element of the crime against your child?

- Grooming process online
 - Sextortion (= the practice of extorting money or sexual favours by threatening to reveal evidence of their sexual activity)
 - Part of the sexual violence happened online (and part of it offline)
 - All parts of sexual violence against my child happened online
 - The sexual violence happened offline but video/image material of it has been circulated online
 - Something else, what?
-

8. Have any video material /images of sexual crime against your child been circulated online?

- Yes
- No
- I don't know

9. If you answered yes or I don't know, tell us how this has affected your child, yourself or other family members?

10. How would you rate your own overall mental wellbeing (on a scale from 1-5, where 1 means extremely poor and 5 means extremely good)

	1	2	3	4	5	
Extremely poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely good

11. Have you experienced any of the following symptoms since you found out the crime against your child? (Check all that apply)

- Anxiety
- Depression
- Panic attacks
- Acute stress reaction, PTSD type of symptoms or other similar symptoms such as racing heart, sweating, feeling jumpy
- Fears or phobias
- Sleep problems such as difficulty sleeping or nightmares
- Substance abuse
- Mood swings, behavior changes, or difficulty coping in general
- Difficulty concentrating or remembering
- Somatic problems such as aches and pains
- Social withdrawal
- Feeling strong emotions (such as guilt or shame)
- Loss of interest in activities that they used to enjoy
- Emotional numbness

Appetite changes

Other, please describe

12. How are you coping in everyday life as a parent (on a scale from 1-5, where 1 means extremely poorly and 5 means extremely well)

	1	2	3	4	5	
Extremely poorly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely well

13. How hopeful do you feel about the future (on a scale from 1-5 where 1 means not hopeful at all and 5 means extremely hopeful)

	1	2	3	4	5	
Extremely hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely hopeful

14. How would you rate your ability to support your child/ren who has/have become victim of crime? (on a scale from 1-5, where 1 means extremely difficult and 5 means extremely easy)

	1	2	3	4	5	
Extremely difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely easy

16. How would you rate your ability to support your other child/children who are not the victim? (on a scale from 1-5, where 1 means extremely difficult and 5 means extremely easy)

1 Extremely difficult

2 Difficult

3 Neutral

4 Easy

5 Erittäin helppona

Not applicable

22. Have you spoken with any of the following about what has happened to your child/ren? If yes, please rate their attitude in terms of empathy and support you felt from them on a scale from 1 to 5 where means no empathy/support felt and 5 means lots of empathy/support felt

	1 No empathy /support	2 Almost no empathy / support	3 Neutral	4 Some empathy /support	5 Lots of empathy / support
Police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal assistant(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health care professional(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychotherapist(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher / other school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relative(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Explain the previous answers further (You can also tell about attitudes related to people who were not mentioned above)

24. How old (in years) was your child when they fell victim to sexual violence for the first time? ?

- 0
- 1
- 2

- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

25. How old (in years) was your child when you found out about the sexual crime against them?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16

26. What is the current stage of the criminal case regarding sexual crime against your child? (choose the most relevant one)

- No report to police made
 - Has been reported to police, but no action taken yet
 - Has been reported to police but police won't proceed to investigation
 - Has been reported to police, no further action due to offender being under the age of criminal liability
 - Pretrial investigation in process by police (For example child and/or parent been interviewed, waiting for other action)
 - Pretrial investigation completed, not proceeding to trial
 - Pretrial investigation completed, proceeding to trial or currently in trial
 - Criminal case/trial completed; offender found guilty
 - Criminal case/trial completed; offender found not guilty
 - Trial completed (found not guilty); case proceeding to court of appeal
 - Trial completed (found guilty); case proceeding to court of appeal
 - Court of appeal completed (found not guilty); case proceeding to supreme court
 - Court of appeal completed (found guilty); case proceeding to supreme court
 - Other, please explain
- I don't know, please tell more

27. How would you rate your child's (victim) current wellbeing? (on a scale from 1-5, where 1 means extremely poor and 5 means extremely good)

	1	2	3	4	5	
Extremely poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely good

28. Which of the following symptoms has your child experienced since falling victim to sexual violence (Check all that apply)

- Anxiety
- Depression
- Panic attacks

- Acute stress reaction, PTSD type of symptoms or other similar symptoms such as racing heart, sweating, feeling jumpy
 - Fear or phobias
 - Sleep problems such as difficulty sleeping or nightmares
 - Obsessive- compulsive thinking or behaviour (OCD type of symptoms e.g. washing hands frequently or other repetitive behaviours or obsessive thoughts)
 - Suicidal thoughts
 - Suicide attempt(s)
 - Substance abuse
 - Mood swings, behavior changes, or difficulty coping in general
 - Difficulty concentrating or remembering
 - Somatic problems such as aches and pains
 - Social withdrawal or friendship problems
 - Feeling strong emotions (such as guilt or shame)
 - Loss of interest in activities that they used to enjoy
 - Emotional numbness
 - Appetite changes
 - Running away from home
 - Revictimization (falling victim to sexual violence again)
 - Other, please describe
-

29. Did your child have any of these symptoms before you found out about the crime?

- Yes
- No
- Not sure

30. If you answered yes or not sure, please tell us more about the symptoms

31. How did you find out about the crime against your child?

- My child told me
 - Police told me
 - School counselor or other school staff member told me
 - Social worker told me
 - My child's friend told me
 - I found out other way, please tell us how
-

32. When did you find out about the sexual crime against your child?

- More than 5 years ago
- 3-5 years ago
- 1-3 years ago
- 6-12 months ago
- 0-6 months ago

33. Tell us about your experience of getting support for your child since they have fallen victim to sexual crime?

34. Tell us how your child's social life has been impacted since falling victim to sexual violence?

35. Tell us how your child's school/studies have been impacted since falling victim to sexual violence?

36. How would you rate the whole family's current wellbeing and situation at the time of answering? (on a scale from 1-5, where 1 means extremely poor and 5 means extremely good).

	1	2	3	4	5	
Extremely poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely good

37. If applicable, how has sexual violence against your child/ren impacted your relationship with your partner?

38. If applicable, how has sexual violence against your child impacted your other children's (non-victims) wellbeing?

39. Would you like to tell us something else we have not asked yet or to clarify some of your previous answers?

In case you experience distress whilst answering, please seek support from your local health care providers or crisis services.