

Yes No

Residents Engagement Survey



Thank you for completing this form; there is no way for us to know who you are, so please be as honest as you can be and answer the questions that you are comfortable answering. We are gathering information to try to ensure that services reflect the needs of those who are supporting someone, living in a family, or who are directly experiencing domestic abuse, female genital mutilation (FGM), forced

marriage and honour-based violence or who might be in an unhealthy relationship. Please complete the survey by Friday 31st May 2019. Q1 What do you think of when you hear the phrase domestic abuse? The current UK government defines domestic abuse as "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional." Q2 Is this something that you have experienced? (please select one) Yes No If yes, how old were you when you first experienced domestic abuse? Q3 Q4 If you have experienced domestic abuse, please tell us about it (you do not need to provide specific details): Has a member of your family or a friend experienced domestic abuse? (please select one) Q5

If yes, please tell us about it:					
Have you ever asked for help for the abuse? (please select one)					
Yes					
No					
If yes, what service did you go to for help?					
If yes, what support did the service give you?					
If no, what stopped you seeking help?					
Have you ever tried to access any services but found it difficult because of your gender, ethnicity, sexual orientation, culture, religion, or disability? (please select one)					
Yes					
□ No					
If yes, please provide details:					
Would you challenge a friend who you thought was abusive to her/his partner or family					
members? (please select one)					
☐ Yes ☐ No					
If yes, please tell us why you would challenge this behaviour.					

Q15	Are you (or have you) been worried about your own abusive behaviour? (please select one)
	Yes
	□ No
Q16	If yes, please tell us more detail:
Q17	Did you seek help for your behaviour? (please select one)
	Yes
	□ No
Q18	If yes, what service did you go to for help?
Q19	If no, what stopped you seeking help?
A1 () (
make sure	OU on is about you. The following information will help us when considering your opinions and to that we're getting views of a cross-section of the community. The answers will not be used to by individual. You can read more about why we ask these questions on our website.
Q20	Do you have any children under 18 years of age (if you do not have any children, please select no)? (please select one)
	Yes
	No No
Q21	Do your children live with you? (please select one)
	Yes
	□ No
Q22	Are you: (please select one)
	Male
	Female

Q23	What is your age? (please select one)					
	Under 16 yrs					
	16-19 yrs					
	20-29 yrs					
	30-44 yrs					
	45-59 yrs					
	60- 64 yrs					
	65-74 yrs					
	75+ yrs					
004		ot on a)				
Q24	Do you consider yourself disabled? (please sele Under the Equality Act 2010 a person is conside mental impairment which has a sustained and lo out normal day to day activities.	ered to have a disability if they have a physical or				
	Yes					
	No					
Q25	To which of these groups do you consider you b	elong? (please select one)				
	White British	,				
	Black or Black British					
	Asian or Asian British					
	Mixed ethnicity					
	Other ethnic group					
	If other, please specify:					
Q26	How would you define your sexual orientation? (please select one)					
	Gay	Heterosexual				
	Lesbian	Other				
	Bisexual	Prefer not to say				
	If other, please specify:					
Q27	What is your religion or belief? (please select or	ne)				
-,	Buddhist	Muslim				
	Christian	Sikh				
	Hindu	No religion				
	Jewish	Other				
	If other, please specify:	Other				
	ii otilor, piedoe opeony.					
Q28	Is your gender identity the same as the gender y	you were assigned at birth? (please select one)				
	Yes	Prefer not to say				
	□ No	<u> </u>				

If you would like to receive alerts for any new consultations, please provide your email addr below to be added our database, this will not be used or shared in any other capacity:				
		•	•	

Thank you.

If you have been affected by completing this response form you can contact the Domestic Abuse website https://bedsdv.org.uk/ or call Bedfordshire Signpost Hub on 0800 0282 887 or the 24 hour National Domestic Abuse helpline 0808 2000 247

Please return your completed form by Friday 31st May 2019 to:
Freepost RSJS GBBZ SRZT (you do not need a stamp)
Residents engagement survey
Central Bedfordshire Council
Priory House, Monks Walk
Chicksands, Shefford
SG17 5TQ

Data Protection Act 2018

Please note that your personal details supplied on this form will be held and/or computerised by Central Bedfordshire Council for the purpose of this survey. The information collected may be disclosed to officers and members of the Council and its' partners involved in this survey. Summarised information from the forms may be published, but no individual details will be disclosed under these circumstances. Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes. If you do not wish to have your personal details retained for the purposes given, please contact consultations@centralbedfordshire.gov.uk who will arrange for their removal and deletion. We will only be able to locate your data for removal if you have provided us with a personal identifier, such as your email address.