

1. Introduction

The Santa Fe Coordinated Community Response Council (CCRC) seeks to improve services to victims of domestic or sexual violence and stalking. We are looking at how agencies and systems in the area can improve services to the LGBTQI community. Please help us assess the existing situation by taking a few moments to answer some questions. Your identity will remain confidential. THANK YOU.

2. Gender Identity

1. How do you define your gender?

- Male
- Female
- Intersex
- Transgender (M->F)
- Transgender (F->M)
- Androgynous
- Other (you may specify)

3. Sexual Orientation

1. How do you define your sexual orientation?

- Lesbian
- Gay
- Bisexual
- Trans
- Queer
- Other (you may specify)

4. Age

1. What is your age?

- 15 to 19 years
- 20 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 or more years

5. Ethnic Identity

1. How do you identify ethnically and/or culturally? (check all that apply)

- American Indian
- Asian
- Black or African American
- Hispanic or Latino
- Mexican
- Middle Eastern
- Native Hawaiian and Other Pacific Islander
- White
- Other/Additional Identification(s)

6. Economic Status

1. What is your household income?

- Less than \$10,000
- \$10,000-\$25,000
- \$25,000-\$50,000
- \$50,000-\$75,000
- \$75,000-\$100,000
- more than \$100,000

7. Have you ever felt unsafe?

1. Have you ever felt unsafe in an intimate (i.e. romantic) LGBTQI relationship?

Yes

No

8. Relationship Incidents

1. How many relationships have you felt unsafe in?

1

2

3

4

5 or more

9. Threats to Safety

1. Thinking of all of your relationship experiences, what kinds of threats to your safety have you experienced? (check all that apply)

- Experienced stress/fear
- Partner restricted choice, autonomy, mobility
- Humiliation/insults/embarrassment
- Alcohol Abuse
- Substance Abuse
- Control of financial resources
- Threats of physical harm
- Pressure to engage in unwanted sexual activities
- Threats to kill
- Property damage
- Unwanted attention
- Spying, surveillance, following, monitoring
- Pushed, shoved, restrained
- Verbal abuse
- Hit, punched, kicked
- Slap, spit-at, scratch
- Forced to engage in unwanted sexual acts
- Choked, strangled
- Attempted to kill

2. Without using identifying information for any person or persons involved, please describe any additional factors or experiences that would help us understand the situation(s) you have faced.

10. When was it experienced?

1. How long ago was your most recent experience of violence and or lack of safety in an intimate relationship?

- Currently experiencing an unsafe intimate relationship
- Within the last year
- 1-2 years ago
- 2-5 years ago
- 5-10 years ago
- more than 10 years ago

2. How old were you when you had your first experience of violence and/or lack of safety in an intimate relationship?

- 15 or younger
- 15-29
- 20-24
- 25-34
- 35-44
- 45 or older

11. Resources for Getting Help

1. Who (if anyone) did you contact for help? (Please check all that apply)

- Friend(s)
- Family member(s)
- Counselor/Therapist
- Medical Care Provider
- Teacher
- Faith Leader
- Neighbor
- CYFD (Children Youth and Families Department)
- Law Enforcement/911
- Attorney
- Domestic Violence Agency (e.g. Esperanza Shelter)
- Sexual Assault Agency (ex. Santa Fe Rape Crisis & Trauma Treatment Center)
- Social Services (e.g. LifeLink, Southwest Care Network)

Other (please specify)

2. What did you consider when choosing whom to contact?

3. Did you get the help you needed?

4. If not, what barriers did you face in getting the help you needed?

12. Know of Unsafe Relationships

1. Has anyone you know ever experienced violence or felt unsafe in an intimate (i.e. romantic) LGBTQI relationship?

Yes

No

2. If yes, what kinds of threat to their safety do you know about? (check all that apply)

- Experienced stress/fear
- Partner restricted choice, autonomy, mobility
- Humiliation/insults/embarrassment
- Control of financial resources
- Threats of physical harm
- Pressure to engage in unwanted sexual activities
- Threats to kill
- Property damage
- Unwanted attention
- Spying, surveillance, following, monitoring
- Pushed, shoved, restrained
- Verbal abuse
- Hit, punched, kicked
- Slap, spit-at, scratch
- Forced to engage in unwanted sexual acts
- Choked, strangled
- Attempted to kill

3. Please add any other non-identifying information that may help us understand the risks this person felt to their safety as a result of the intimate relationship.

13. Future Use of Services

1. If you felt unsafe in an intimate relationship in the future, how likely would you be to contact the following people/agencies?

	Very Likely	Likely	Unlikely	Very Unlikely	Don't Know Enough About This
Friends	jn	jn	jn	jn	jn
Family Members	jn	jn	jn	jn	jn
Counselor/Therapist	jn	jn	jn	jn	jn
Medical Care Provider	jn	jn	jn	jn	jn
Teacher	jn	jn	jn	jn	jn
Faith Leader	jn	jn	jn	jn	jn
Neighbor	jn	jn	jn	jn	jn
Law Enforcement/911	jn	jn	jn	jn	jn
Children Youth & Families (CYFD)	jn	jn	jn	jn	jn
Social Services	jn	jn	jn	jn	jn
Domestic Violence Agency (Esperanza)	jn	jn	jn	jn	jn
Sexual Assault Agency (Santa Fe Rape Crisis & Trauma Treatment Center)	jn	jn	jn	jn	jn

14. Concerns and Perceptions about Service Providers

1. What concerns, if any, would you have about contacting LAW ENFORCEMENT/911 if you felt unsafe in a relationship?

2. What concerns, if any, would you have about speaking with your MEDICAL CARE PROVIDER if you felt unsafe in a relationship?

3. What concerns, if any, would you have about contacting a DOMESTIC/SEXUAL VIOLENCE AGENCY HOTLINE (such as Esperanza Shelter or the Santa Fe Rape Crisis Center) if you felt unsafe in a relationship?

4. What concerns, if any, would you have about speaking with your FAITH LEADER if you felt unsafe in a relationship?

15. Other Stories

1. Have you ever experienced discrimination based on your sexual identity?

Yes

No

2. Please take a moment to tell us about these experiences.

16. Thank You

THANK YOU very much for participating in this survey. We value your time, and will make the most of the information gathered in this survey to help improve the community response to violence in our community.

1. If we may contact you with follow-up questions, please leave your email or phone number. Please know that your contact information is highly confidential and will be shared only with the one professional of the CCRC LGBTQI workgroup who will contact you. That person will share the information you provide with other members of the group who are trying to improve the system for all of us in the LGBTQI community, but not your name or other identifying information.

Name:

Email Address:

Phone Number: