IMPACT QUESTIONNAIRE

—----------

Living With a Person Affected by Historical Abuse

Purpose:
This questionnaire is intended to support the claimant's witness statement by describing the impact that their past abuse has had on their daily life, relationships and family. Please answer only what you feel able to. Give specific examples where possible.

—----------

1. About You

Full name:
Relationship to the claimant:
How long have you known or lived with the claimant?
How often do you currently see or support them?

2. Your Knowledge of the Abuse

When did you first become aware that the claimant had experienced abuse in childhood or while in care?

How did you become aware of it?

Has the claimant spoken to you about what happened? If so, how difficult do they find it to discuss?

3. Changes You Have Observed

What emotional or behavioural difficulties have you observed in the claimant?

For example:

- Anxiety, depression or low mood
- Anger, irritability or emotional withdrawal
- Difficulty trusting others
- Shame, guilt or low self-worth
- Flashbacks, nightmares or disturbed sleep
- Panic, fear or becoming overwhelmed
- Self-harm, suicidal thoughts or comments about not wanting to live
- Alcohol, substance use or other addictive behaviours

Please describe any specific examples.

4. Day-to-Day Impact

How does the claimant's past affect their everyday life?

Do they struggle with ordinary activities such as sleeping, leaving the house, attending appointments, socialising, managing money or caring for themselves?

Are there particular places, dates, people, smells, sounds or situations that trigger a strong reaction?

What happens when the claimant is triggered or distressed?

5. Impact on Relationships and Family Life

How has the claimant's trauma affected your relationship with them?

Has it affected communication, affection, intimacy, trust or the ability to resolve disagreements?

Has the claimant ever become emotionally distant, angry, fearful or difficult to reassure?

How has this affected children, relatives or other people living in the household?

6. Support You Provide

What support do you provide to the claimant?

For example:

- Reassurance during periods of anxiety or distress
- Attending appointments
- Managing medication or practical responsibilities
- Supporting them after nightmares, flashbacks or panic
- Encouraging them to leave the house or socialise
- Monitoring their safety or wellbeing

How often is this support required?

Have there been occasions when you were concerned that the claimant might harm themselves, misuse substances or be unable to keep themselves safe?

7. Wider Impact

Has the claimant's past affected their education, employment, finances, housing or ability to maintain friendships?

Has the claimant avoided opportunities or activities because of fear, low confidence or poor mental health?

Has the claimant required medication, counselling, therapy or other support?

8. Impact on You

How has living with and supporting the claimant affected you emotionally, physically or financially?

Have you experienced worry, stress, exhaustion, disrupted sleep, isolation or difficulties in your own relationships or employment?

What has been the most difficult part of supporting the claimant?

9. Overall Impact

In your own words, how would you describe the effect that the historical abuse continues to have on the claimant's life?

What do you believe the claimant's life may have been like had the abuse not occurred?

Is there one particular incident or example that best demonstrates the lasting impact of the abuse?

Declaration

I believe that the information provided in this supporting statement is true to the best of my knowledge and recollection.

Name:
Signature:
Date: