

## ABUSE AND HARASSMENT

1. Have you ever been called abusive names in the last year because of:

a. your physical behaviour/walk/dress

no <input type="checkbox"/> 1	yes, once <input type="checkbox"/> 2
yes, 2-5 times <input type="checkbox"/> 3	yes, 6 or more times <input type="checkbox"/> 4

b. your sexual behaviour

no <input type="checkbox"/> 1	yes, once <input type="checkbox"/> 2
yes, 2-5 times <input type="checkbox"/> 3	yes, 6 or more times <input type="checkbox"/> 4

2. If yes, which of the following groups was responsible (please tick as many as possible)

	a	b		a	b				
unknown group	<input type="checkbox"/>	1	<input type="checkbox"/>	2	unknown individual	<input type="checkbox"/>	3	<input type="checkbox"/>	4
parents/family	<input type="checkbox"/>	5	<input type="checkbox"/>	6	fellow students	<input type="checkbox"/>	7	<input type="checkbox"/>	8
neighbours	<input type="checkbox"/>	9	<input type="checkbox"/>	10	work colleagues	<input type="checkbox"/>	11	<input type="checkbox"/>	12
police	<input type="checkbox"/>	13	<input type="checkbox"/>	14	clients	<input type="checkbox"/>	15	<input type="checkbox"/>	16
other	<input type="checkbox"/>	17	<input type="checkbox"/>	18					

If other, please state \_\_\_\_\_

3. What did they call you? Please give examples

4. Have you ever been harassed in the last year because of your:

a. physical behaviour/walk/style of dress

graffitti about you	<input type="checkbox"/>	1	vandalism	<input type="checkbox"/>	2
hate mail	<input type="checkbox"/>	3	threats/blackmail	<input type="checkbox"/>	4
other	<input type="checkbox"/>	5			

Please state other \_\_\_\_\_

b. your sexual behaviour

graffitti about you	<input type="checkbox"/>	1	vandalism	<input type="checkbox"/>	2
hate mail	<input type="checkbox"/>	3	threats/blackmail	<input type="checkbox"/>	4
other	<input type="checkbox"/>	5			

Please state other \_\_\_\_\_

5. If you have experience harassment, which of the following groups was responsible (please tick as many as possible)

	a	b		a	b				
unknown group	<input type="checkbox"/>	1	<input type="checkbox"/>	2	unknown individual	<input type="checkbox"/>	3	<input type="checkbox"/>	4
parents/family	<input type="checkbox"/>	5	<input type="checkbox"/>	6	fellow students	<input type="checkbox"/>	7	<input type="checkbox"/>	8
neighbours	<input type="checkbox"/>	9	<input type="checkbox"/>	10	work colleagues	<input type="checkbox"/>	11	<input type="checkbox"/>	12
police	<input type="checkbox"/>	13	<input type="checkbox"/>	14	clients	<input type="checkbox"/>	15	<input type="checkbox"/>	16
other	<input type="checkbox"/>	17	<input type="checkbox"/>	18					

If other, please state \_\_\_\_\_

**VIOLENCE**

6. Have you ever experience violence in the past year because of:

a. physical behaviour/walk/style of dress

beaten up	<input type="checkbox"/>	1	objects thrown	<input type="checkbox"/>	2
assaulted with a weapon	<input type="checkbox"/>	3	hit punched or kicked	<input type="checkbox"/>	4
none	<input type="checkbox"/>	5	other	<input type="checkbox"/>	6

If other, please state \_\_\_\_\_

b. your sexual behaviour

beaten up	<input type="checkbox"/>	1	objects thrown	<input type="checkbox"/>	2
assaulted with a weapon	<input type="checkbox"/>	3	hit punched or kicked	<input type="checkbox"/>	4
none	<input type="checkbox"/>	5	other	<input type="checkbox"/>	6

If other, please state \_\_\_\_\_

7. How many people attacked you?

	a	b		a	b				
one	<input type="checkbox"/>	1	<input type="checkbox"/>	2	two	<input type="checkbox"/>	3	<input type="checkbox"/>	4
three	<input type="checkbox"/>	5	<input type="checkbox"/>	6	four or more	<input type="checkbox"/>	7	<input type="checkbox"/>	8

8. Where did the attack take place

	a		b
in or near park/cruising ground	<input type="checkbox"/>	1	<input type="checkbox"/>
on public transport	<input type="checkbox"/>	3	<input type="checkbox"/>
at home	<input type="checkbox"/>	5	<input type="checkbox"/>
near your home	<input type="checkbox"/>	7	<input type="checkbox"/>
at work, school or college	<input type="checkbox"/>	9	<input type="checkbox"/>
other	<input type="checkbox"/>	11	<input type="checkbox"/>

If other, please state \_\_\_\_\_

9. Were you alone or with others?

	a		b		a		b	
alone	<input type="checkbox"/>	1	<input type="checkbox"/>	2	with a partner	<input type="checkbox"/>	3	<input type="checkbox"/>
with a friend	<input type="checkbox"/>	5	<input type="checkbox"/>	6	with friends	<input type="checkbox"/>	7	<input type="checkbox"/>
with relatives	<input type="checkbox"/>	9	<input type="checkbox"/>	10				

10. Who attacked you?

	a		b		a		b	
unknown group	<input type="checkbox"/>	1	<input type="checkbox"/>	2	unknown individual	<input type="checkbox"/>	3	<input type="checkbox"/>
parents/family	<input type="checkbox"/>	5	<input type="checkbox"/>	6	fellow students	<input type="checkbox"/>	7	<input type="checkbox"/>
neighbours	<input type="checkbox"/>	9	<input type="checkbox"/>	10	clients	<input type="checkbox"/>	11	<input type="checkbox"/>
work colleagues	<input type="checkbox"/>	13	<input type="checkbox"/>	14	police	<input type="checkbox"/>	15	<input type="checkbox"/>
other	<input type="checkbox"/>	17	<input type="checkbox"/>	18				

If other please state \_\_\_\_\_

11. What effect did the incident have on you?  
(please tick as many as apply)

	a		b
I needed medical attention	<input type="checkbox"/> 1		<input type="checkbox"/> 2
I needed time of work	<input type="checkbox"/> 3		<input type="checkbox"/> 4
I had nightmares	<input type="checkbox"/> 5		<input type="checkbox"/> 6
stress/fear	<input type="checkbox"/> 7		<input type="checkbox"/> 8
other	<input type="checkbox"/> 9		<input type="checkbox"/> 10
none	<input type="checkbox"/> 11		<input type="checkbox"/> 12

If other, please state \_\_\_\_\_

12. Did you report the attack to the police?

	a		b
yes	<input type="checkbox"/> 1		<input type="checkbox"/> 2
no	<input type="checkbox"/> 3		<input type="checkbox"/> 4

**SEXUAL VIOLENCE**

13. Have you ever experience sexual violence or have been raped in the past year

Yes  1

No  2

14. Describe what happened

15. Where did the attack take place

- in or near park/cruising ground  1
- on public transport  2
- at home  3
- near your home  4
- at work, school or college  5
- other  6

If other, please state \_\_\_\_\_

16. Were you alone or with others?

- alone  1
- with a friend  3
- with relatives  5
- with a partner  2
- with friends  4

17. Who attacked you?

- unknown group  1
- parents/family  3
- neighbours  5
- work colleagues  7
- other  9
- unknown individual  2
- fellow students  4
- clients  6
- police  8

If other please state \_\_\_\_\_

18. What effect did the incident have on you?  
(please tick as many as apply)

I needed medical attention  1

I needed time of work  2

I had nightmares  3

stress/fear  4

other  5

none  6

If other, please state \_\_\_\_\_

19. Did you report the attack to the police?

a

yes  1

no  2