



Hate crime and abuse survey

Questions



1. What do you think about it?

- ☐ Good
☐ Bad
☒ Not sure



About this survey



We would like to ask you about any **crime** that has happened to you.

A **crime** is when someone breaks the law. There are different types of **crime**.



One type of **crime** is **verbal offences**.

Verbal offences are when someone says they will hurt you or when they say bad words to you.



One type of **crime** is **physical offences**.

Physical offences are when someone hits you, pushes you or hurts you.



One type of **crime** is **sexual offences**.

Sexual offences can be when someone touches you when you do not want them to. It can be when someone makes you touch them in a way you do not want to.



One type of crime is **material offences**.

Material offences can be someone stealing from you. This could be someone breaking things you own. This could be someone making you give them things you do not want to.



We would like to ask you about any **abuse** that has happened to you.



Abuse means unpleasant things that can happen to you. These are things like being bullied, being called names or being left out of things.



We want to ask you these questions so we can help people with learning disabilities and autism to be safe.



If any of the questions make you feel upset you can speak to someone you trust about it.



We will not let anyone know your answers.



About you



These questions are all about you.



Question 1

Please tick the one that is about you

☐

I have a learning disability

☐

I have autism

☐

I have both a learning disability and autism



Question 2

Has a **crime** or **abuse** ever happened to you?

☒

Please tick the right answer

☐

Yes

☐

No

If you have ticked 'yes' please go to the 'What I think about **crime** and **abuse**' section.

If you have ticked 'no' please go to the '**feeling safe where I live**' section.



What I think about **crime** and **abuse**



These questions are about when a **crime** or **abuse** has happened to you.

You only need to answer these questions if a **crime** or **abuse** has happened to you.



If a **crime** or **abuse** has happened to you more than once, please tick the answer that is right for most of them.



Question 3

Please tell us if you agree with what is written below.



Please tick the answer you think is right.

People think I am an easy target for crime or abuse.

I agree

☐

I'm not sure

☐

I disagree

☐

Abuse or a crime has happened to me because people see me as different.

☐
☐
☐



Question 4

Please tell us if you agree with what is written below.



Please tick the answer you think is right.

I agree

I'm not sure

I disagree

Abuse or crime has happened to me by people who know I have a disability.

☐☐☐

Abuse or crime has happened to me because I have a disability.

☐☐☐

If I did not have a learning disability or autism then the crime or abuse would not have happened to me.

☐☐☐

Question 5

Did you know the person or people who did the crime or abuse?



Please tick the answer you think is right.

☐

Yes

☐

No



Question 6



If you told anyone about what happened, please tick who you told.

☐

The police

☐

Someone in your family

☐

A friend

☐

Someone who supports you



Question 7

Please tell us about the crime or abuse that has happened to you. What happened? How did it make you feel? What happened to the person or people who did it?





Question 8

Was the person or people who did the crime or abuse arrested?



Please tick the answer you think is right.



Yes



No



I do not know



Question 9

If the person or people who did the crime or abuse were arrested, were they found guilty?



Please tick the answer you think is right.



Yes



No



I do not know



Feeling safe where I live



The questions in this section are about if you feel safe.

The questions are also about the things you do to make you feel safe.



Question 10

Have you ever worried that crime or abuse will happen to you?



Please tick the answer you think is right.

☐

Yes

☐

No



Question 11

Please tell us if you agree with what is written below.



Please tick the answer you think is right.

I agree

I'm not sure

I disagree

I do things to try and keep safe so abuse or crimes do not happen to me.

☐
☐
☐

Being worried about crime or abuse has stopped me doing something I want to do.

☐
☐
☐

I think people who care about me are worried that crime or abuse will happen to me.

☐
☐
☐

I would get good support and help if abuse or a crime happened to me.

☐
☐
☐



Question 12

Sometimes you might do things to make you feel safer.



Can you tick if you do any of these things to make you feel safer.


☐

I do not talk to strangers

☐

I travel on routes I know well

☐

I do not travel at certain times. This could be when it is dark or when it is busy.

☐

When I go to new places I go with someone I know and trust.

☐

I do not go to places that are not safe.

☐

I do not go out on my own.

☐

If I am out somewhere on my own I find out where I can go for help.

☐

I stay at home a lot as it is safer.



If you do anything else to feel safe please write it here





Question 13

If there is anything else you want to tell us please write it here



Question 14

Please tell us what town or city you live in. We will not share this with anyone



How we can contact you



We might want to speak to you about some of your answers to get some more information.



If you are happy for us to speak to you please tell us how we can get in contact with you.



My phone number is



My email address is



Thank you for answering the questions.