

Metropolitan Police Service Survey Amongst Lesbian/Gay Bi Women and Transgender People in London

The **Metropolitan Police Service** is carrying out a survey amongst lesbian/gay and bi-sexual women and transgender people (both male to female and female to male) in London. The Metropolitan Police Service wants to gain a better understanding of the extent of **homophobic** and **transphobic** incidents experienced and the effect this has on peoples' lives.

By **homophobic incidents** we mean the range of abuse directed at lesbian/gay or bisexual women (or women who are assumed to be) because of their sexuality.

Transphobic incidents are those directed against people on account of their transgender identity.

This study has been commissioned by the Metropolitan Police Service, in partnership with Galop and London Lesbian and Gay Switchboard, and will be carried out by Stormbreak Research and Consultancy who specialise in researching the lesbian, gay, bisexual and transgender (LGB&T) community.

This research is **strictly confidential** and you do not need to give us your name or any contact details. But you are welcome to provide contact details if you are willing to take part in future pieces of research in this area. Please provide this information at the end of the questionnaire.

Information about a variety of support organisations for women and trans. people who have experienced homophobic or transphobic incidents is provided. You may wish to contact them if you have experienced violence or abuse.

If it would be more convenient for you to complete an emailed version of the questionnaire or to be interviewed by one of our interviewers over the 'phone, we are happy to arrange this.

Many thanks for taking part.



1 **Do you feel a part of the general local community in the area where you live?**

PLEASE TICK ONE BOX ONLY

- Very much part of the community
- To some extent
- Not particularly
- Not at all

2 **Are you in contact with lesbian, gay, bisexual or trans (LGB&T) people in the area where you live?**

Yes No

3 **How safe do you feel from homophobic or transphobic incidents being directed against you? (By 'homophobic and transphobic incidents' we mean verbal, physical and other types of abuse directed against you because of your transgender identity or because you are - or assumed to be - a lesbian/gay or bisexual woman.)**

FOR EACH OF THE FOLLOWING, PLEASE TICK ONE BOX ONLY

	Very safe	Quite safe	Not very safe	Not safe at all	Does not apply
In and near my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my local neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the areas of London where I socialise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my place of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school, college or place of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other public places (e.g. cinema, shops, council offices etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 **How, if at all, do you change your behaviour and/or appearance to avoid homophobic/transphobic incidents?**

PLEASE TICK 'I don't' OR EXPLAIN HOW YOU CHANGE YOUR APPEARANCE/BEHAVIOUR

I don't change my appearance/behaviour

By 'homophobic' and 'transphobic' incidents we mean all types of abuse, violence and other offences directed against you because you are transgender or are (assumed to be) a lesbian/gay or bisexual woman

5a *Have you ever experienced an incident that you felt was homophobic or transphobic?*

Yes No

5b *Have you ever experienced general negative reaction directed against you that you felt was because you are a lesbian/gay, bi or trans person?*

Yes No Not Sure

6 *Have any of your friends, relatives or other people you know experienced incidents due to their connection with you as a lesbian/gay, bi or trans. person?*

PLEASE TICK 'NO' OR ANY THAT APPLY

No/Don't Know My children My parents Other family members
 A heterosexual (ex-)partner Straight friends Work colleagues
 Students at my place of study Other people (not listed above)

IF YOU HAVE NEVER PERSONALLY EXPERIENCED ANY HOMOPHOBIC OR TRANSPHOBIC INCIDENTS OR YOU ARE NOT SURE (AT QUESTION 5a), PLEASE CONTINUE TO QUESTION 46, SECTION 6 (page 16). OTHERWISE, CONTINUE TO QUESTION 7.

7 *Which types of homophobic/transphobic incidents have you ...*

*a) Ever experienced? b) Experienced in the last 12 months?
 c) Which was the last incident committed against you?*

PLEASE LEAVE BLANK ANY BOXES THAT DO NOT APPLY

	a) Ever	b) Last 12 months	c) Last incident
Verbal abuse and/or harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats/intimidation/bullying/stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical violence/assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grievous Bodily Harm (GBH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempted murder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft, fraud or other ways of stealing your money/possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mugging/robbery (i.e. violent theft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blackmail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE WRITE IN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8

Please write in the number of times, if any, you have experienced any of the following homophobic or transphobic incidents in the past 12 months?

PLEASE GIVE YOUR BEST ESTIMATE. LEAVE BLANK ANY BOXES THAT DO NOT APPLY.

None in past 12 months

	No. of times in past 12 months	No. of times in past 12 months
Verbal abuse and/or harassment	<input type="checkbox"/>	Other sexual violence <input type="checkbox"/>
Threats/intimidation/bullying/stalking	<input type="checkbox"/>	Theft, fraud or other ways of stealing your money/possessions <input type="checkbox"/>
Physical violence/assault	<input type="checkbox"/>	Mugging/robbery (i.e. violent theft) <input type="checkbox"/>
Grievous Bodily Harm (GBH)	<input type="checkbox"/>	Burglary <input type="checkbox"/>
Attempted murder	<input type="checkbox"/>	Blackmail <input type="checkbox"/>
Rape	<input type="checkbox"/>	
Other (PLEASE WRITE IN)	<input type="checkbox"/>	

9

In which area(s) have you ...

- a) Ever experienced homophobic/transphobic incidents?**
- b) Experienced homophobic/transphobic incidents in the past 12 months?**
- c) In which area did the last homophobic/transphobic incident occur?**

PLEASE LEAVE BLANK ANY BOXES THAT DO NOT APPLY

	a) Ever	b) In past 12 months	c) Last incident		a) Ever	b) In past 12 months	c) Last incident
Outside of London	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hillingdon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside of UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hounslow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barking and Dagenham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Islington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kensington and Chelsea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bexley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kingston	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lambeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bromley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lewisham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Merton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of London/ The City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Newham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croydon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Redbridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Richmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enfield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Southwark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greenwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sutton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hackney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tower Hamlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hammersmith and Fulham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waltham Forest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haringey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wandsworth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Westminster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Havering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

The following questions are about the last homophobic/transphobic incident you experienced

10 *At approximately what time of the day did the last homophobic/transphobic incident you experienced occur?*

PLEASE TICK ONE BOX ONLY

- | | | | |
|---------------------------|--------------------------|-------------------------------|--------------------------|
| Morning 6.01am-12pm(Noon) | <input type="checkbox"/> | Evening 6.01pm-11.59pm | <input type="checkbox"/> |
| Afternoon 12.01pm-6pm | <input type="checkbox"/> | Night-time 12am(Midnight)-6am | <input type="checkbox"/> |
-

11 *Where did the incident occur?*

PLEASE TICK ONE BOX ONLY

- | | | | |
|---|--------------------------|---|--------------------------|
| In my home | <input type="checkbox"/> | When using community services (e.g. swimming pool/community centre) | <input type="checkbox"/> |
| Near my home | <input type="checkbox"/> | When using health services (e.g. GP surgery) | <input type="checkbox"/> |
| In another person's home | <input type="checkbox"/> | At a place of worship | <input type="checkbox"/> |
| In residential/supported housing | <input type="checkbox"/> | At work | <input type="checkbox"/> |
| At or around a lesbian/gay/trans friendly pub or club | <input type="checkbox"/> | In school/college/place of study | <input type="checkbox"/> |
| At or around a 'straight' pub/club | <input type="checkbox"/> | On a bus or tube | <input type="checkbox"/> |
| In the street | <input type="checkbox"/> | On a train (i.e. overground) | <input type="checkbox"/> |
| In another public place (e.g. shopping area, cinema etc.) | <input type="checkbox"/> | | |
| On council or government premises (e.g. social security office) | <input type="checkbox"/> | | |

Other (PLEASE WRITE IN)

12 *Who committed the last homophobic/transphobic incident against you?*

PLEASE TICK THE ONE THAT BEST APPLIES

- | | | | |
|---------------------------------|--------------------------|-----------------------------------|--------------------------|
| Neighbour(s) | <input type="checkbox"/> | Carer/support worker | <input type="checkbox"/> |
| Work colleague(s) | <input type="checkbox"/> | Other person(s) known to me | <input type="checkbox"/> |
| Student(s) at my school/college | <input type="checkbox"/> | Young person(s) I knew | <input type="checkbox"/> |
| Member(s) of my family | <input type="checkbox"/> | Young person(s) I didn't know | <input type="checkbox"/> |
| Heterosexual partner/ex-partner | <input type="checkbox"/> | (Other) person(s) not known to me | <input type="checkbox"/> |
| A partner's relative(s) | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |

Other (PLEASE WRITE IN)

13 *Were you on your own?*

Yes No

14 *Was the incident against you carried out by one person, a couple of people or a group of people?*

PLEASE TICK ONE ONLY

1 Person Couple of people Group of people

The following questions are about homophobic/transphobic incidents you have ever experienced

15 *Please describe the types of words that have been used towards you during any of the homophobic/transphobic incidents you have experienced.*

PLEASE WRITE IN

16 *Have any weapons or objects ever been used against you in any homophobic/transphobic incidents you have experienced?*

Yes CONTINUE TO 17 No CONTINUE TO 18a

17 *Please record the weapons or objects that have been used against you*

PLEASE WRITE IN

18a *Have you experienced repeated homophobic/transphobic incidents over a period of time carried out by the same person or people?*

Yes No Not Sure

18b *Did any homophobic or transphobic incidents you have experienced also involve other reasons for the abuse directed against you (possibly because of your race, age, being a disabled person etc.)*

Yes CONTINUE TO 18c No CONTINUE TO 19 Not Sure CONTINUE TO 19

18c *What were these other reasons?*

19 *What kind of impact have homophobic/transphobic incidents you have experienced had on you?*

PLEASE TICK ONE BOX ONLY

A long term impact on me

CONTINUE TO 20

A short term impact, but not long term

CONTINUE TO 20

No particular impact

CONTINUE TO 21 (Section 3 – Next page)

20 *In what ways have homophobic/transphobic incidents you have experienced affected you?*
PLEASE WRITE IN

- 21** *On how many occasions, if any, have you reported incidents to the police you have experienced that you felt were homophobic/transphobic to the police?*
(YOU DO NOT NEED TO HAVE MENTIONED TO THE POLICE THAT THE INCIDENT(S) WERE HOMOPHOBIC/TRANSPHOBIC)

None	1	2	3	4	5	6	7	8	9	10+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE NEVER REPORTED ANY HOMOPHOBIC OR TRANSPHOBIC INCIDENTS TO THE POLICE, PLEASE CONTINUE TO QUESTION 38, SECTION 4 (page 12). OTHERWISE CONTINUE TO QUESTION 22.

- 22** *Which types of homophobic or transphobic incident have you ...*

- a) Ever reported to the police?*
b) Which was the last incident you reported?

PLEASE LEAVE BLANK ANY BOXES THAT DO NOT APPLY

	a) Ever reported TICK ALL THAT APPLY	b) Last incident TICK ONE ONLY
Verbal abuse and/or harassment	<input type="checkbox"/>	<input type="checkbox"/>
Threats/intimidation/bullying/stalking	<input type="checkbox"/>	<input type="checkbox"/>
Physical violence/assault	<input type="checkbox"/>	<input type="checkbox"/>
Grievous Bodily Harm (GBH)	<input type="checkbox"/>	<input type="checkbox"/>
Attempted murder	<input type="checkbox"/>	<input type="checkbox"/>
Rape	<input type="checkbox"/>	<input type="checkbox"/>
Other sexual violence	<input type="checkbox"/>	<input type="checkbox"/>
Theft, fraud or other ways of stealing your money/possessions	<input type="checkbox"/>	<input type="checkbox"/>
Mugging/robbery (i.e. violent theft)	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>
Blackmail	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE WRITE IN)	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about the last homophobic/transphobic incident you reported to the police.

23 *On the last occasion that you reported a homophobic/transphobic incident to the police, how was contact first established with them?*

PLEASE TICK ONE BOX WHICH BEST APPLIES

- | | | | |
|---|--------------------------|---|--------------------------|
| Went to a police station | <input type="checkbox"/> | Person I know contacted the police | <input type="checkbox"/> |
| Phoned the police | <input type="checkbox"/> | Member of the public I didn't know contacted the police | <input type="checkbox"/> |
| Used the internet to report to police | <input type="checkbox"/> | Police arrived on the scene | <input type="checkbox"/> |
| Contacted an organisation who got in touch with the police for me | <input type="checkbox"/> | | |
| Other (PLEASE WRITE IN) | <input type="checkbox"/> | | |

24 *Did you decide to tell the police that the incident was homophobic/transphobic?*

Yes No

25 *Did the police officer make you feel 'comfortable' about mentioning the incident was homophobic/transphobic (whether you decided to mention it or not)?*

Yes No

26 *Did the police officer ask the right questions to establish if the incident was homophobic/transphobic?*

Yes No Not applicable

27 *Would you have felt more comfortable reporting the incident as homophobic/transphobic to a police officer especially trained in dealing with lesbian, gay, bi and transgender incidents. These are known as LGBT liaison officers?*

Yes No Not Sure

28 *Would you have felt more comfortable reporting the incident as homophobic/transphobic to an LGB&T organisation instead of the police?*

Yes No

IF YOU DID NOT TELL THE POLICE OFFICER THE INCIDENT WAS HOMOPHOBIC/TRANSPHOBIC, PLEASE CONTINUE TO QUESTION 33. OTHERWISE, PLEASE CONTINUE TO QUESTION 29.

29 *How supportive was the police officer on being told the incident was homophobic/transphobic?*

PLEASE TICK ONE BOX ONLY

Very Supportive Fairly Supportive
Not very supportive Not at all supportive

30 *Did the officer actually record the incident as homophobic/transphobic?*

Yes No Don't Know

31 *Was an LGBT liaison officer involved at any point?*

Yes CONTINUE TO 32 No CONTINUE TO 33 Don't Know CONTINUE TO 33

32 *In what ways was the LGBT officer helpful or unhelpful?*

PLEASE WRITE IN

33 *What kind of action was taken by the police on the last occasion you reported a homophobic/transphobic incident?*

PLEASE TICK ONE BOX ONLY

No action taken CONTINUE TO 36
Caution CONTINUE TO 36
Charges pressed CONTINUE TO 34
Police action caused homophobia to stop CONTINUE TO 36
Case continues CONTINUE TO 36
Don't know as no follow up CONTINUE TO 36
Other (PLEASE WRITE IN) CONTINUE TO 36

34 *Did charges pressed result in a conviction?*

Yes No

35 *How satisfied were you with the outcome of charges being pressed?*

PLEASE TICK ONE ONLY

Very satisfied Fairly satisfied Mixed views
Fairly dissatisfied Very dissatisfied

36 *For each of the following statements, please tick the box to indicate your level of agreement or disagreement. Please comment on the last incident you reported.*

	Agree strongly	Agree	Mixed views	Disagree	Disagree strongly	Does not apply
The police were supportive and reassured me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police took the incident seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police were fast to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police kept me informed of the various stages of the investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police offered information about support organisations I could contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37 *Taking everything into account, are you satisfied, dissatisfied or neither with the service provided by the police on the last occasion when you reported a homophobic/transphobic incident to them?*

PLEASE TICK ONE ONLY

Completely satisfied	<input type="checkbox"/>	Fairly dissatisfied	<input type="checkbox"/>
Very satisfied	<input type="checkbox"/>	Very dissatisfied	<input type="checkbox"/>
Fairly satisfied	<input type="checkbox"/>	Completely dissatisfied	<input type="checkbox"/>
Neither satisfied not dissatisfied	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

**IF YOU HAVE REPORTED ALL HOMOPHOBIC/TRANSPHOBIC INCIDENTS EXPERIENCED TO THE POLICE,
PLEASE CONTINUE TO QUESTION 42, SECTION 5 (page 14).
OTHERWISE, PLEASE CONTINUE TO QUESTION 38**

38

What were your reasons for deciding not to report one or more of the homophobic/transphobic incidents you have experienced to the police?

**PLEASE RECORD YOUR ONE MAIN REASON IN THE FIRST COLUMN
AND ALL YOUR OTHER REASONS IN THE SECOND COLUMN**

	One Main reason TICK ONE ONLY	Other reasons TICK ALL THAT APPLY
Fearful of revenge by the abuser(s)	<input type="checkbox"/>	<input type="checkbox"/>
Wanted advice and support (not police action)	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to be able to talk through the incident with a sympathetic person	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to speak to another lesbian/gay/trans person	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want to give my name or contact details to the police	<input type="checkbox"/>	<input type="checkbox"/>
Fearful of being named in the media(e.g. local paper/radio)	<input type="checkbox"/>	<input type="checkbox"/>
Don't trust the police	<input type="checkbox"/>	<input type="checkbox"/>
Didn't think the police would do anything	<input type="checkbox"/>	<input type="checkbox"/>
I wasn't interested in a conviction	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want my sexuality/gender identity known to the police	<input type="checkbox"/>	<input type="checkbox"/>
Police are homophobic/transphobic	<input type="checkbox"/>	<input type="checkbox"/>
Don't trust the police as a woman	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want to have to deal with police procedures	<input type="checkbox"/>	<input type="checkbox"/>
Didn't think the police would be sympathetic	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want to go to court	<input type="checkbox"/>	<input type="checkbox"/>
It wasn't serious enough to report to the police	<input type="checkbox"/>	<input type="checkbox"/>
Worried about other people finding out if the police were involved	<input type="checkbox"/>	<input type="checkbox"/>
Other PLEASE WRITE IN	<input type="checkbox"/>	<input type="checkbox"/>

39 *What could be done to encourage you to report a homophobic/transphobic incident in the future?*

PLEASE WRITE IN

40 *How good a job do you think the police in London as a whole are doing to protect LGB&T people from homophobic/transphobic incidents?*

PLEASE TICK ONE BOX ONLY

Very good job Fairly good Mixed views
Fairly poor Very poor Don't know

41 *What do you think could be done to reduce homophobic/transphobic incidents against lesbian/gay and bi women and transgender people?*

PLEASE WRITE IN

42 *Who have you ever told about homophobic/transphobic incidents you have experienced?*

PLEASE TICK ALL THAT APPLY

No-one

Personal contacts (e.g. partner/friend)

Person responsible at work or place of study (e.g. manager/personal tutor/student union)

Victim Support

Women's organisation/group

PLEASE WRITE IN THE NAME

Lesbian, gay, bisexual or trans (LGB&T) organisation/group

PLEASE WRITE IN THE NAME

Other organisation/group

PLEASE WRITE IN THE NAME

Health professional (e.g. GP)

Council housing dept./
housing association

Social Services

Community organisation/group

IF YOU HAVE NEVER MENTIONED ANY HOMOPHOBIC/TRANSPHOBIC INCIDENTS YOU HAVE TO EXPERIENCED TO ANY OF THE ABOVE, PLEASE CONTINUE TO QUESTION 46 (SECTION 6 – Page 16) OTHERWISE, PLEASE CONTINUE TO QUESTION 43.

43 *What were your main reasons for contacting these people or organisation(s) following a homophobic/transphobic incident?*

PLEASE RECORD YOUR ONE MAIN REASON IN THE FIRST COLUMN AND OTHER REASONS IN THE SECOND COLUMN

	Main reason	Other reasons
Wanted them to tell the police for me	<input type="checkbox"/>	<input type="checkbox"/>
Wasn't interested in a conviction	<input type="checkbox"/>	<input type="checkbox"/>
Fearful of revenge by the abuser	<input type="checkbox"/>	<input type="checkbox"/>
Wanted advice and support	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to talk to a sympathetic person	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to talk to another lesbian/gay person	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want to give my name or contact details to the police	<input type="checkbox"/>	<input type="checkbox"/>
Don't trust the police	<input type="checkbox"/>	<input type="checkbox"/>
Didn't think the police would do anything	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want my sexuality/gender identity known by the police	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want to have to deal with police procedures	<input type="checkbox"/>	<input type="checkbox"/>
Police are homophobic	<input type="checkbox"/>	<input type="checkbox"/>
Don't trust the police as a woman	<input type="checkbox"/>	<input type="checkbox"/>
Worried about other people finding out if the police were involved	<input type="checkbox"/>	<input type="checkbox"/>
Fearful of being named in the media (e.g. local paper/radio)	<input type="checkbox"/>	<input type="checkbox"/>
Didn't think the police would be sympathetic	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want to go to court	<input type="checkbox"/>	<input type="checkbox"/>
It wasn't serious enough to report to the police	<input type="checkbox"/>	<input type="checkbox"/>
Other PLEASE WRITE IN	<input type="checkbox"/>	<input type="checkbox"/>

44 *For each listed below that you may have contacted, please indicate how satisfied you were with the level of support you were offered.*

IF YOU HAVE NEVER CONTACTED ANY LISTED BELOW ABOUT A HOMOPHOBIC OR TRANSPHOBIC INCIDENT, PLEASE LEAVE BLANK AND CONTINUE TO QUESTION 46, SECTION 6 (page 16)

	Very Satisfied	Fairly satisfied	Mixed views	Fairly dissatisfied	Very dissatisfied	Not Applicable
Personal contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person responsible at work or place of study (e.g. manager/tutor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council housing dept. /housing association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGB or T group/organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's group/organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45 *Please explain how you were helped and what was good and not good about the overall support you received.*

46 *Have you ever experienced any abusive, violent or other offensive incident(s) that you felt were not homophobic/transphobic?*

Yes CONTINUE TO 47

No CONTINUE TO P1 (PAGE 19)

47 *Which of the following incidents have you ...*

Ever experienced?

Experienced in the past 12 months?

PLEASE TICK ALL INCIDENTS EXPERIENCED

	Ever	Past 12 Months
None experienced	<input type="checkbox"/>	<input type="checkbox"/>
Verbal abuse and/or harassment	<input type="checkbox"/>	<input type="checkbox"/>
Threats/intimidation/bullying/stalking	<input type="checkbox"/>	<input type="checkbox"/>
Physical violence/assault	<input type="checkbox"/>	<input type="checkbox"/>
Grievous Bodily Harm (GBH)	<input type="checkbox"/>	<input type="checkbox"/>
Attempted murder	<input type="checkbox"/>	<input type="checkbox"/>
Rape	<input type="checkbox"/>	<input type="checkbox"/>
Other sexual violence	<input type="checkbox"/>	<input type="checkbox"/>
Theft, fraud or other ways of stealing your money/possessions	<input type="checkbox"/>	<input type="checkbox"/>
Mugging/robbery (i.e. violent theft)	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>
Blackmail	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE WRITE IN)	<input type="checkbox"/>	<input type="checkbox"/>

48 *Do you think that being a woman had anything to do with any of the incidents you have experienced?*

PLEASE TICK ONE ONLY

Definitely Probably Possibly
Probably not Definitely not

49

Who, if anyone, did you tell about any of the incidents you have experienced that were not homophobic ...

a) Ever?

b) In the past 12 months?

	a)Ever	b) Past 12 months
No-one	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>
Personal contacts (e.g. partner/friend)	<input type="checkbox"/>	<input type="checkbox"/>
Person responsible at work or place of study (e.g. manager/personal tutor/student union)	<input type="checkbox"/>	<input type="checkbox"/>
Victim Support	<input type="checkbox"/>	<input type="checkbox"/>
Health professional (e.g. GP)	<input type="checkbox"/>	<input type="checkbox"/>
Council housing dept./housing association	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>
Community organisation/group	<input type="checkbox"/>	<input type="checkbox"/>
Women's organisation/group <input type="checkbox"/>		
PLEASE WRITE IN THE NAME		
Lesbian, gay, bisexual or trans (LGB&T) organisation/group <input type="checkbox"/>		
PLEASE WRITE IN THE NAME		
Other organisation/group <input type="checkbox"/>		
PLEASE WRITE IN THE NAME		

IF YOU DECIDED NOT TO TELL THE POLICE ABOUT ONE OR MORE OF THE INCIDENTS YOU HAVE EXPERIENCED, PLEASE CONTINUE TO QUESTION 50. IF YOU TOLD THE POLICE ABOUT EVERY INCIDENT YOU HAVE EXPERIENCED, PLEASE CONTINUE TO P1 (PAGE 19)

Why did you decide not to tell the police about all incidents you have experienced?

PLEASE RECORD YOUR ONE MAIN REASON IN THE FIRST COLUMN AND ALL OTHER REASONS IN THE SECOND COLUMN

	Main reason	Other reasons
Wanted someone else to tell the police for me	<input type="checkbox"/>	<input type="checkbox"/>
Wasn't interested in a conviction	<input type="checkbox"/>	<input type="checkbox"/>
Fearful of revenge by the abuser	<input type="checkbox"/>	<input type="checkbox"/>
Wanted advice and support	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to talk to a sympathetic person	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to talk to another lesbian/gay person	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want to give my name or contact details to the police	<input type="checkbox"/>	<input type="checkbox"/>
Don't trust the police	<input type="checkbox"/>	<input type="checkbox"/>
Didn't think the police would do anything	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want my sexuality/gender identity known to the police	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want to have to deal with police procedures	<input type="checkbox"/>	<input type="checkbox"/>
Police are homophobic	<input type="checkbox"/>	<input type="checkbox"/>
Don't trust the police as a woman	<input type="checkbox"/>	<input type="checkbox"/>
Worried about other people finding out if the police were involved	<input type="checkbox"/>	<input type="checkbox"/>
Worried about the incident being reported in the (local) media (e.g. paper/radio)	<input type="checkbox"/>	<input type="checkbox"/>
Didn't think the police would be sympathetic	<input type="checkbox"/>	<input type="checkbox"/>
Didn't want to go to court	<input type="checkbox"/>	<input type="checkbox"/>
It wasn't serious enough to report to the police	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE WRITE IN)	<input type="checkbox"/>	<input type="checkbox"/>

P1 *Your age*

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

P2 *Your sexual orientation*

- Lesbian/gay
- Bi-sexual
- Heterosexual
- Other (PLEASE WRITE IN)

P3*Your gender*

- Female
- Trans woman (Male to Female)
- Trans man (Female to Male)
- Other gender (PLEASE WRITE IN)

P4

Please tick the borough or boroughs where you
a) Live b) Work or study
c) Socialise

- | | a) Live | b) Work | c) Socialise |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| Outside of London | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barking and Dagenham | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barnet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bexley | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bromley | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camden | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| City of London/
the City | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

a) Live b) Work c) Socialise

- | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|
| Croydon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ealing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enfield | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Greenwich | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hackney | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hammersmith and Fulham | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Haringey | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harrow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Havering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hillingdon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hounslow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Islington | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kensington and Chelsea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kingston | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lambeth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lewisham | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Merton | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Newham | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Redbridge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Richmond | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Southwark | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sutton | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tower Hamlets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waltham Forest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wandsworth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Westminster | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside of London | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE RECORD THE FIRST PART OF YOUR POSTCODE
E.G. S.E.23 OR N.12
(WHICH MEANS YOU REMAIN COMPLETELY ANONYMOUS)

RECORD POSTCODE ____ ____ ____ ____

P5a Which of the following best describes the accommodation where you live?
PLEASE TICK ONE BOX ONLY

- Own outright
- Own with a mortgage
- Live in parent's home
- Live in a friend's home
- Privately rented
- Rented from housing association
- Rented from council
- Sheltered/supported housing
- Student accommodation
- Room provided with job
- Homeless
- Other (PLEASE WRITE IN)

P5b Do you live on a large housing estate?

- Yes
- No

P6 How many people, including yourself, live in your home?
IF YOU LIVE ON YOUR OWN,
PLEASE TICK 1

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5+ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

P7 Your occupation
PLEASE WRITE IN YOUR OCCUPATION

If you are a student, unemployed, retired or a homeworker, please let us know.

P8 Your income
PLEASE TICK your yearly personal income (before tax)

- Under £10,000
- £10,000-£14,999
- £15,000-£19,999
- £20,000-£29,999
- £30,000-£39,999
- £40,000-£49,999
- £50,000-£59,999
- £60,000 or more

P9 Please tick one box that best describes your ethnic identity

White

- British
- Irish
- Other white background

PLEASE WRITE IN

Black or Black British

- Caribbean
- African
- Any other Black background

PLEASE WRITE IN

Asian or Asian British

- Indian
- Pakistani
- Bangladesh
- Other Asian background

PLEASE WRITE IN

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Mixed other

Chinese or other ethnic group

- Chinese
- Other ethnic group

PLEASE WRITE IN

P10 *Are you a disabled person?*

Yes No

P11 *Do you have a long-term illness or health condition*

Yes No

P12 *Which, if any, of the following faiths do you follow?*

None Jewish
Buddhist Muslim
Christian Sikh
Hindu
Other (PLEASE WRITE IN)

P13 *Do you have a long term partner?*

Yes No

P14 *Are you a parent?*

Yes No

P15 *How regularly do you go to lesbian/gay/trans firendly pubs and clubs?*

PLEASE TICK ONE BOX ONLY

More than once a week
About once a week
About once every fortnight
About once a month
About once every 2-3 months
About twice or 3 times a year
About once a year
Less often
Never

P16 *Do you belong to any social groups for lesbian/gay, bi or trans people*

Yes No

P17a *In which of the following areas are you generally 'out' about your sexuality or transgender identity?*

PLEASE TICK ALL THAT APPLY

Work Friends
School Neighbours
College Not applicable
Family

P17b *To what extent are you 'out' as a lesbian/gay or bi woman or trans. person?*

To (practically) everyone
To most people
To some people
To hardly anyone
Not out at all
Not applicable

Would you be willing to take part in further research at a later date?

We are hoping to do some more research in this area at a later date. If you would like to participate, please record your email address or (mobile) 'phone number below. It would be held in strictest confidentiality.

First name _____

(Mobile) 'phone number _____

Email _____

Do you have straight friends or families members who have been abused because of their connection with you who may be willing to take part?

We are also hoping to include straight friends and relatives of lesbian/gay or bi women and trans. people in the survey who have been abused just because of their connection with a member of the LGB&T community.

If you can think of someone who you think would be happy to take part, please provide **your** (not their) contact details, and we will follow this up with you over the next few days.

First name _____

(Mobile) 'phone number _____

Email _____

Please use the space below to record any other further thoughts you may have about homophobia/transphobia and reporting these incidents.

Thank you for your help