

Discrimination Together Against Hate Crime Survey



Levels of hate crime and related incidents are at their highest since records began. Usdaw would like to find out more about how hate crime affects our members. Would you please spare a couple of minutes to fill in this survey? We will use the information to raise awareness of hate crimes and how to report them. You do not have to provide personal details if you don't want to. Thank you.

1. Gender:

Male Female Another gender identity

2. Age:

16-24 25-39 40-49 50+

3. Ethnic Origin:

Black

African Caribbean

African

Asian

Other (please specify)

White

European

Other (please specify) _____

4. Do you know what a hate crime is?

Yes No

(A hate crime is a crime committed against someone because of their disability, transgender-identity, race, religion or belief, or sexual orientation).

5. Have you experienced any of the following in the last 12 months? (tick all that apply):

Verbal abuse like name-calling and offensive jokes

Bullying or intimidation by children, adults, neighbours or strangers

Threats of violence

Hoax calls, abusive phone or text messages, hate mail

Online abuse, for example on Facebook or Twitter

Harm or damage to things such as your home, pet, vehicle

Graffiti

Arson

Continued overleaf ...



Continued ...

Together Against Hate Crime Survey

6. If so, in your own personal opinion, was the 'incident(s)' in any way related to any of the following?

| | | | | | |
|----------------------|--------------------------|--------------------|--------------------------|--|--------------------------|
| Disability | <input type="checkbox"/> | Race | <input type="checkbox"/> | Religion | <input type="checkbox"/> |
| Transgender identity | <input type="checkbox"/> | Sexual orientation | <input type="checkbox"/> | Other personal characteristic (please specify) | <input type="checkbox"/> |

7. Did you report the 'incident(s)' to the police?

Yes No

If not, can you briefly say why not?

8. Would you be willing to be contacted by a member of the Equalities Section at Usdaw's Central Office in Manchester, to discuss your experience in more detail?

Yes No

9. Are you an Usdaw member?

Yes No

10. If not, would you like to join?

Yes No

Name:

Address:

Postcode:

email:

Contact Tel No:

**Thanks for taking the time to complete this survey.
On completion, return it, free of charge, by writing
FREEPOST USDRAW on an envelope and putting it in
the post.**

The data you are providing us will be used for statistical purposes in supporting our campaign as well as updating any contact details held on your membership record (if you are an Usdaw member). This is in pursuit of the Union's legitimate activities stated in the Objects in the Rule Book and in order to fulfil our contractual obligations to you as a member. This processing involves your personal data and special personal data. The data that we collect about you here will be stored securely. The survey responses will be retained for the duration of the campaign and the membership record will be retained for the duration of your membership plus 20 years in line with our membership record retention schedule. For further information visit www.usdaw.org.uk/privacy

Usdaw

**Campaigning
For Equality**

Usdaw
Union of Shop, Distributive
and Allied Workers

