

Reference

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Annexures

Street survey questionnaire

Do you feel you can answer questions on women's safety in this area?

It will take less than 10 minutes.

1. How long have you lived in this city?

Longer than 5 years

1-5 years

Less than 1 year

Just arrived to the city

2. Why you come to the city today?

On the way to home

On the way to work place

On the way to study

For shopping

To meet someone

3. How often have you been to this area in the past one year?

Just once or rarely

Occasionally

Frequently or daily

4. What kind of personal safety risks do you feel when you are in this area.

(Tick all that apply)

None, I have no concerns

Sexual harassment, hassling, "eve teasing",

Stalking, touching, staring

Sexual assault or rape

Robbery or having money or possessions stolen

Murder

Other (Specify)

5. In this area which factors contribute you to feel unsafe?
Tick all that apply.

Poor lighting

Lack of way finding information

Poor maintenance of open public spaces

Crowded public transport systems

Lack of clean and safe public toilets

Lack of people in certain area

Lack of visibility

Alcohol drunk or drugs taken men

Lack of respect from men

Other (Specify)

☐☐☐☐☐☐☐☐☐

6. Do any of these factors affect on your personal safety in this area?
Tick all that apply.

Being a woman

Being of a certain religion

Being of a certain race

Being from another country

Sexual orientation

Other (Specify)

☐☐☐☐☐☐

7. What kind(s) of sexual harassment/ assault have you faced in public places?
Tick all that apply.

Verbal (comments, whistling etc.)

Physical (touching, feeling up, etc.)

Visual (staring, leering)

Violent physical attack

Other (Specify)

None

☐☐☐☐☐☐

8. What kind(s) of sexual harassment/ assault have you faced in public transportation? Tick all that apply.

Verbal (comments, whistling etc.)	<input type="checkbox"/>
Physical (touching, feeling up, etc.)	<input type="checkbox"/>
Visual (staring, leering)	<input type="checkbox"/>
Violent physical attack	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>
None	<input type="checkbox"/>

9. How often have you experienced such incidents in this area in the past year?

Just once	<input type="checkbox"/>
2-5 times	<input type="checkbox"/>
More than 5 times	<input type="checkbox"/>

10. At what time of the day did these occur?

Day time	<input type="checkbox"/>
After dark	<input type="checkbox"/>
Both	<input type="checkbox"/>

11. What do you do any of the following to avoid sexual harassment? Tick all that apply.

Avoid certain public spaces completely	<input type="checkbox"/>
Avoid going out alone completely	<input type="checkbox"/>
Avoid public transportation	<input type="checkbox"/>
Avoid going out alone after dark	<input type="checkbox"/>
Avoid going to crowded places	<input type="checkbox"/>
Avoid going to secluded places	<input type="checkbox"/>
Avoid wearing certain clothes	<input type="checkbox"/>
Carry items to protect myself	<input type="checkbox"/>
No, I don't do anything	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>



