


Gender and Landscape: Renegotiating morality and space Dowler, Lorraine, Jospehine Carubia, and Bonj Szczygiel (2005)


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.)
- Physical (touching, feeling up, etc.)
- Visual (staring, leering)
- Violent physical attack
- Other (Specify)
- None

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

- Just once
- 2-5 times
- More than 5 times

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

- Day time
- After dark
- Both

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

- Avoid certain public spaces completely
- Avoid going out alone completely
- Avoid public transportation
- Avoid going out alone after dark
- Avoid going to crowded places
- Avoid going to secluded places
- Avoid wearing certain clothes
- Carry items to protect myself
- No, I don’t do anything
- Other (Specify)