Decision Tree Questionnaire.

For the victims

Section 1: About you

1 Name (Optional)

Personal identifier:

(It’s a protected password you will be able to use each time you would

like to send us relevant information concerning what you are going

through.)

If you don’t have a personal identifier leave it blank

Date of birth:

Contact details:

Email:

Phone;

Address:

2 Age group

-under 18

18-24

25-34

35-44

45-64

65+

3. Gender:

Male

Female

Other: open text box

4. Sexuality

Heterosexual

homosexual

Bisexual

Transexual

Other: text box

5. Location

City

Country

Section 2: Incident

Did you experience an incident because of your:

-race

-gender

-age

-sexual orientation

-Physical traits

-other: text section

What happened?

Choose all that apply:

i. Violence

1. Physical abuse

2. Sexual abuse , including rape

3. Forced into “gay cure” therapies

4. Forced/ pressured heterosexual marriage and pregnancies

5. Kidnap and torture

ii. Intimidation and Abuse

1. Arrests and detention

2. Blackmail

3. Media outings and incitement to violence

4. Hate-speech and incitement by religious and public figures

iii. Education, Employment, Housing and Health

1. Denial of housing and evictions

2. Bullying and expulsion at school

3. Lack of access to health services

iv. Psycho-Social Impact

1. Family abandonment

2. Asylum

3. Suicide

Other: (FT)

Please tell us more about what happened:

Where did it take place?

-Home

-School

-Workplace

-public area

-police station

-other (ft)

Address: free text

Who did it?

-Family or relatives

\*-Someone I know

-stranger

-Law enforcement

-other (ft)

When did it happen?

Date:

A week ago

A month ago

Within the last year

Within the last five years:

Did someone else witness the event?

-Family or relative

-Someone I know

-Stranger

-No one

Are you still experiencing the incident? Yes/no

Are you feeling threatened? Yes/no

How long did the incident last?

Please describe in hours/days or mention if it’s ongoing: (ft)

Is there anything else you would like to add: (free text)

Section 3: Follow-up

Would you like to get in touch with a local NGO?

For information on available support, please check “our website”.

\*Where are you based? – updated with relevant ngos

Witnesses

Section 1: About you

1 Name (Optional)

Personal identifier:

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like to send us relevant information concerning what you are going

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If you don’t have a personal identifier leave it blank

Date of birth:

Contact details:

Email:

Phone;

Address:

2 Age group

-under 18

18-24

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35-44

45-64

65+

3. Gender:

Male

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Other: open text box

4. Sexuality

Heterosexual

homosexual

Bisexual

Transexual

Other: text box

5. Location

City

Country

Section 2: Incident

Victim’s name:

What is your relationship with the victim:

-Family member

-Friend

-School teacher

-Healthcare provider

-Other (ft)

How did you find out?

I wasn’t there but the victim told me

I wasn’t there but someone else (other than the victim) told me.

I was there.

Did the victim experience an incident because of their:

-race

-gender

-age

-sexual orientation

-Physical traits

-other: text section

What happened?

Choose all that apply:

i. Violence

1. Physical abuse

2. Sexual abuse , including rape

3. Forced into “gay cure” therapies

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5. Kidnap and torture

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iv. Psycho-Social Impact

1. Family abandonment

2. Asylum

3. Suicide

Other: (FT)

Please tell us more about what happened:

Where did the incident take place?

-Home

-School

-Workplace

-public area

-police station

-other (ft)

Address: free text

Who did it?

-Family or relatives

-Someone I know

-stranger

-Law enforcement

-other (ft)

Do you know the aggressor?

Yes/no

When did it happen?

Date:

A week ago

A month ago

Within the last year

Within the last five years:

Is the victim still experiencing the incident? Yes/no

Are you feeling threatened? Yes/no

How long did the incident last?

Please describe in hours/days or mention if it’s ongoing: (ft)

Is there anything else you would like to add: (free text)

Section 3: Follow-up

Would you like to get in touch with a local NGO?

Scroll down for countries based on the country, the contact information

will show up.

For information on available support, please check “our website”.