

What do YOU Think?

SURVEY PREVIEW

This survey is being run by the Mayor of London and the Mayor's Office for Policing and Crime (MOPAC) to help us understand the experiences of young people aged 11 to 16 in London.

The survey asks you for your views on crime and policing, including whether you have ever been a victim of crime and what you think about the police. The results will help us to understand more about what is important to young people in London and will help to tell us how to keep young Londoners safe.

Everything you say in this survey will be kept anonymous (that means we don't ask your name) and confidential (that means we won't share your answers).

The survey should take around 20 minutes to complete. Please make sure that you have permission from your teacher or your parent/guardian before taking part.

If you don't want to answer a question you don't have to. You can leave the question blank or click 'I don't want to say'. You can go forwards and backwards by pressing the arrow buttons at the bottom of each page.

Thank you for your help with this important work.

Your data will be used by MOPAC solely for the purpose of improving the service you receive and will never be shared or published in a way in which people will be able to know who you are. By filling in this survey you agree that we will process your data in line with MOPAC's privacy policy. For more information, please go to www.london.gov.uk/mopac-privacy-policy or contact MOPAC at enquiries@mopac.london.gov.uk.

Any information that you provide will be processed in line with the requirements of the UK Data Protection Act and the UK General Data Protection Regulation (GDPR).

If you have any problems completing the survey, you can contact us at evidenceandinsight@mopac.london.gov.uk.

Please note that this document is a PREVIEW of the questionnaire and is not intended for completion. The survey is available at www.londonvoice.org.uk/whatdoYOUthink

Questions in blue are asked to ALL respondents.

Questions in purple are ROUTED and asked only to some respondents.

About You

Firstly, please tell us a little bit about yourself.

A.1. Please can you tell us which London borough you live in?

If you aren't sure, please choose 'I don't know' at the end of the list.

If you don't live in London please choose 'I live outside of London'.

< Select from list of London Boroughs >

A.2. Which London borough do you go to school in?

If you aren't sure, please choose 'I don't know' at the end of the list.

If you don't go to school in London please choose 'I go to school outside of London'.

< Select from list of London Boroughs >

A.3. Which year group are you in at school?

- | | |
|---------|--------------------------|
| Year 7 | <input type="checkbox"/> |
| Year 8 | <input type="checkbox"/> |
| Year 9 | <input type="checkbox"/> |
| Year 10 | <input type="checkbox"/> |
| Year 11 | <input type="checkbox"/> |

A.4. How old are you?

- | | |
|---------------------|--------------------------|
| 11 years old | <input type="checkbox"/> |
| 12 years old | <input type="checkbox"/> |
| 13 years old | <input type="checkbox"/> |
| 14 years old | <input type="checkbox"/> |
| 15 years old | <input type="checkbox"/> |
| 16 years old | <input type="checkbox"/> |
| I don't want to say | <input type="checkbox"/> |

A.5. Are you?

- | | |
|---------------------|--------------------------|
| Male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| I don't want to say | <input type="checkbox"/> |

A.6. How would you describe your ethnicity?

- | | |
|---------------------|--------------------------|
| Asian | <input type="checkbox"/> |
| Black | <input type="checkbox"/> |
| Mixed Ethnicity | <input type="checkbox"/> |
| White British | <input type="checkbox"/> |
| White Other | <input type="checkbox"/> |
| Other Ethnic group | <input type="checkbox"/> |
| I don't want to say | <input type="checkbox"/> |

A.7. Would you say that you have a disability?

A disability is a physical or mental problem that makes it difficult or impossible for a person to walk, see, hear, speak, learn, or do other important things. Some disabilities are permanent, or last forever. Others are temporary, or last for only a short time.

- Yes
- No
- I don't know
- I don't want to say

Your Views about the Police

B.1. Overall, would you say that you have a GOOD or a BAD opinion of the police?

- Good opinion
- Bad opinion
- No opinion
- I don't know

B.2. Do you agree or disagree with the following statements about the police?

	Agree	Neutral	Disagree	I don't know
The police do a good job in the area where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police listen to the concerns of young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police will be there when I need them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police deal with the things that matter to young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police can protect me from crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And do you agree or disagree that...?

	Agree	Neutral	Disagree	I don't know
The police are helpful and friendly towards young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police treat everyone fairly, whatever their skin colour or religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police have the same sense of right and wrong as I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Metropolitan Police Service is an organisation that I can trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Metropolitan Police Service are currently changing for the better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Crime and Safety Priorities

B.3. What do YOU think are the TOP THREE things that the police should be dealing with in London?

Please write one thing in each box

Open text

Open text

Open text

Contact with the Police

C.1. In the last year, have you spoken to or had contact with a police officer in London?

- | | |
|--------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| I don't know | <input type="checkbox"/> |

Go to C2

Go to C4

Go to C4

Please think about THE LAST TIME you spoke to or had contact with a police officer in London.

C.2. In your own words, please tell us what happened?

Please do not include your name or anything that tells us who you are.
Remember that your answer will be kept confidential, so please be honest.

Open text

C.3. Overall, would you say that this experience was...

- | | |
|--------------|--------------------------|
| Positive | <input type="checkbox"/> |
| Mixed | <input type="checkbox"/> |
| Negative | <input type="checkbox"/> |
| I don't know | <input type="checkbox"/> |

Improving the Police Service

C.4. Sometimes, young people in London can look at what the police are doing and give them feedback to help them improve their service.

For example, young people might look at information held by the police to make sure they are using their powers fairly and treating people well.

Do you think this is...

- | | |
|--------------|--------------------------|
| A good idea | <input type="checkbox"/> |
| A bad idea | <input type="checkbox"/> |
| Neither | <input type="checkbox"/> |
| I don't know | <input type="checkbox"/> |

C.5. How likely would YOU be to get involved in this?

- | | |
|-------------------|--------------------------|
| Very likely | <input type="checkbox"/> |
| Fairly likely | <input type="checkbox"/> |
| Not very likely | <input type="checkbox"/> |
| Not at all likely | <input type="checkbox"/> |
| I don't know | <input type="checkbox"/> |

PREVIEW

Safety where you Live

D.1. In general, how safe do you feel in the area where you live?

Please think about the area within 15 minutes' walk from your home.

Very safe	<input type="checkbox"/>
Fairly safe	<input type="checkbox"/>
Not very safe	<input type="checkbox"/>
Not at all safe	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

D.2. How safe do you think the area where you live is for...

	Very safe	Fairly safe	Not very safe	Not at all safe	I don't know
Women and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men and boys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children and young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D.3. How IMPORTANT do you think it is for the police to deal with the following things in the area where you live.

Please think about the area within 15 minutes' walk from your home.

	Very important	Fairly important	Not very important	Not at all important	I don't know
People using or dealing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People carrying knives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being violent or hurting each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People stealing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People joining gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(by 'gangs', we mean groups of people who think of themselves as a gang, probably with a name, and who are involved in violence or other crime)</i>					
Hate crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(crimes that are committed against people in real life or online because of their ethnicity, religion, sexuality, disability or transgender identity)</i>					

If you are worried about your safety, please speak to your parents/guardians, teacher, or another adult that you trust. You can also phone Childline to talk to someone about anything that is worrying you, on 0800 1111 or by going to <http://www.childline.org.uk/>

Safety in your School

E.1. In general, how safe do you feel in your school?

Very safe	<input type="checkbox"/>
Fairly safe	<input type="checkbox"/>
Not very safe	<input type="checkbox"/>
Not at all safe	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

E.2. How IMPORTANT do you think it is for the police to deal with the following things in and around your school?

	Very important	Fairly important	Not very important	Not at all important	I don't know
People using or dealing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People carrying knives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being violent or hurting each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People stealing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People joining gangs <i>(by 'gangs', we mean groups of people who think of themselves as a gang, probably with a name, and who are involved in violence or other crime)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate crime <i>(crimes that are committed against people in real life or online because of their ethnicity, religion, sexuality, disability, or transgender identity)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being mean or disrespectful about girls, or treating them unfairly because of their gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are worried about your safety, please speak to your parents/guardians, teacher, or another adult that you trust. You can also phone Childline to talk to someone about anything that is worrying you, on 0800 1111 or by going to <http://www.childline.org.uk/>

Your Experiences of Crime

F.1. In the last year, have YOU personally been a victim of crime?

- | | | |
|---------------------|--------------------------|------------|
| Yes | <input type="checkbox"/> | Go to F.2. |
| No | <input type="checkbox"/> | Go to G.1. |
| I don't know | <input type="checkbox"/> | Go to G.1. |
| I don't want to say | <input type="checkbox"/> | Go to G.1. |

Please think about the LAST TIME you were the victim of a crime and tell us a bit more.

F.2. Which of the following BEST DESCRIBES what happened to you?

- Select ONE
- | | | |
|---|--------------------------|----------------------|
| Someone said nasty things about you or insulted you | <input type="checkbox"/> | Go to F.4. |
| Someone ruined, broke or damaged something that belonged to you | <input type="checkbox"/> | Go to F.5. |
| Someone stole something from YOU | <input type="checkbox"/> | Go to F.3. then F.5. |
| Someone broke into or stole something from your HOME | <input type="checkbox"/> | Go to F.5. |
| Someone hurt you or tried to hurt you | <input type="checkbox"/> | Go to F.5. |
| Someone pretended to be you or scammed you | <input type="checkbox"/> | Go to F.4. |
| Something else | <input type="checkbox"/> | Go to F.4. |
| I don't know | <input type="checkbox"/> | Go to F.6. |
| I don't want to say | <input type="checkbox"/> | Go to F.6. |

F.3. When they stole something from you, did they also hurt you or threaten to hurt you?

- | | |
|---------------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| I don't know | <input type="checkbox"/> |
| I don't want to say | <input type="checkbox"/> |

F.4. Did this crime happen ONLINE?

For example, on the internet, social media, gaming or messaging apps (e.g. WhatsApp)?

- | | |
|---------------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| I don't know | <input type="checkbox"/> |
| I don't want to say | <input type="checkbox"/> |

F.5 Do you think this crime happened BECAUSE OF WHO YOU ARE, for example your ethnicity, religion, sexuality, disability, or transgender identity?

- Yes
- No
- I don't know
- I don't want to say

F.6. Did you tell the police about this crime?

- | | |
|--|-------------------|
| Yes <input type="checkbox"/> | Go to F.7. |
| No <input type="checkbox"/> | Go to G.1. |
| I don't know <input type="checkbox"/> | Go to G.1. |
| I don't want to say <input type="checkbox"/> | Go to G.1. |

F.7. Were you happy or unhappy with the way the police dealt with this crime?

- Happy
- Mixed
- Unhappy
- I don't know

F.8. Do you feel the police...

	Yes	No	I don't know
Listened to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained things in a way you could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated you well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took the crime seriously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safer Schools Partnerships

The police in London often work together with schools to help keep young people safe, and to reduce crime and anti-social behaviour.

G.1. How IMPORTANT do you think it is for the police to work together with schools?

- Very important
- Fairly important
- Not very important
- Not at all important
- I don't know

G.2. The list below shows some things that police officers might do in and around schools. For each one, would it make you feel MORE safe, LESS safe, or NO DIFFERENT? [DISPLAY RANDOMISED]

	More safe	Less safe	No different	I don't know
Investigate crimes that happen to young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search young people if they think they may be carrying things like drugs, knives or other weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help find the right support for young people who are having difficulties in school or at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be available for young people and school staff to report crimes, ask for advice, or discuss problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present assemblies or lessons to teach young people about crime and how to keep safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with young people who commit crime in and around school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patrol the area around school to help keep young people safe when travelling to/from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.3. As far as you know, does a police officer regularly work with YOUR SCHOOL?

- Yes
- No
- I don't know

Go to G.4.

Go to H.1.

Go to H.1.

G.4 Overall, does this police officer make you feel...

- More safe at school
- Less safe at school
- No different
- I don't know

Stop and Search

‘Stop and Search’ allows a police officer to search a person if they think they might be carrying something illegal, like weapons, drugs or things that have been stolen. This may involve the officer searching their coat, pockets or bag to find the item.

H.1. Do you agree or disagree that...

	Agree	Neutral	Disagree	I don't know
The police should carry out Stop and Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police use their Stop and Search powers fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Stop and Search will help to stop people from carrying knives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safer knowing the police can use Stop and Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H.2. Have YOU ever been ‘Stopped and Searched’ by the police in London?

Yes	<input type="checkbox"/>	Go to H.3.
No	<input type="checkbox"/>	Go to H.5.
I don't know	<input type="checkbox"/>	Go to H.5.
I don't want to say	<input type="checkbox"/>	Go to H.5.

H.3. How many times have you been ‘Stopped and Searched’ by the police in London?

Once	<input type="checkbox"/>
Twice	<input type="checkbox"/>
Three times	<input type="checkbox"/>
More than three times	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

H.4. Please think about the LAST TIME you were ‘Stopped and Searched’ by the police in London. Would you say that the police...

	Yes	No	I don't know
Were polite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained why they stopped and searched you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Metropolitan Police Service have written a ‘Stop and Search Charter’. This is a document that sets out how, why and when they will use Stop and Search.

H.5. Have you ever heard of the ‘Stop and Search Charter’ before taking part in this survey?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

Violent Crime and Gangs

The next questions ask you about your experiences of violence, gangs and knife crime in London. All your answers are anonymous, so no one will know who you are, so please be honest when answering.

I.1. Do you KNOW ANYONE...

	Yes	No	I don't know	I don't want to say
I.1.a. Who is in a gang? <i>(by 'gangs', we mean groups of people who think of themselves as a gang, probably with a name, and who are involved in violence or other crime)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.1.b. Who has carried a knife with them, for example just in case they get into a fight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I.2. Have you ever been ASKED OR PRESSURED by someone else to...

	Yes	No	I don't know	I don't want to say
I.2.a. Carry or hide a knife for them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.2.b. Carry or sell drugs for them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I.3. Have YOU ever...

	Yes	No	I don't know	I don't want to say
I.3.a. Been threatened or hurt by someone with a knife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.3.b. Belonged to a gang?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.3.c. Carried a knife with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.3.d. Carried another type of weapon with you, or something you had intended to use as a weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Only if YES to I.3.c.]

I.4. In your own words, WHY did you carry a knife with you?

Please do not include your name or anything that might tell us who you are. Remember that your answer will be kept confidential, so please be honest.

Open text

Online Safety

These next questions ask you about your experiences online using the internet, social media, or instant messaging. This includes things like Snapchat, WhatsApp, TikTok, Instagram or Facebook.

J.1. Overall, how safe do you feel when you are ONLINE?

Very safe	<input type="checkbox"/>
Fairly safe	<input type="checkbox"/>
Not very safe	<input type="checkbox"/>
Not at all safe	<input type="checkbox"/>
I don't use the internet or social media	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

Go to J.2.

Go to J.2.

Go to J.2.

Go to J.2.

Go to K.1.

Go to J.2.

J.2. In the last year, have you seen these things when ONLINE or on social media?

This includes things like Snapchat, WhatsApp, TikTok, Instagram or Facebook.

	Yes, often	Yes, sometimes	No, never	I don't know	I don't want to say
J.2.a. Posts, photos or videos that show violence? <i>(for example people fighting or hurting each other)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.2.b. Posts, photos or videos that show hatred or racism? <i>(for example mean things about someone's race, beliefs or ideas)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.2.c. Posts, photos or videos that are mean or disrespectful about women or girls because of their gender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J.3. In the last year, has anything happened to you ONLINE that made you feel upset or worried in some way?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know	<input type="checkbox"/>
I don't want to say	<input type="checkbox"/>

J.4. In the last year, have you been threatened or hurt IN REAL LIFE because of something that happened online?

- | | |
|---------------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| I don't know | <input type="checkbox"/> |
| I don't want to say | <input type="checkbox"/> |

If something has happened to you online that made you feel unsafe, scared or worried, you can report this to a special police team called CEOP, by going to <http://www.ceop.police.uk/>.

You can also talk to someone at Childline on 0800 1111 or by visiting <http://www.childline.org.uk>

Young people in school years 7 to 9 skip straight to N.1.

Young people in school years 10 and 11 continue to K.1.

PREVIEW

Healthy Relationships

[Please note that this section is ONLY asked to those in school years 10 and 11]

If you prefer not to answer these questions, please select 'I don't want to say' or press the 'next' button at the bottom of your screen.

K.1. The following list contains behaviours that might be displayed by some people when they fancy someone, or when they are in a relationship with someone (their girlfriend/boyfriend or partner).

Do you think it is ALWAYS ok, SOMETIMES ok, or NEVER ok for people to do these things?

	Always ok	Sometimes ok	Never ok	I don't know	I don't want to say
Staring or wolf-whistling at people you fancy as they walk past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making sexual comments or jokes about what someone is wearing, or the way they look.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trying to dance with someone you fancy at a party, even if they say they don't want to dance with you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking your partner's phone or social media account to see what they've been up to or who they've been talking to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showing your friends intimate or nude pictures of your partner without their permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telling your partner not to hang out with certain friends because you don't like them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saying nasty things to your partner during an argument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hitting or pushing your partner during an argument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Experiences of Sexual Harassment

[Please note that this section is ONLY asked to those in school years 10 and 11]

These next questions ask you about your own experiences of sexual harassment or unwanted attention.

If you prefer not to answer these questions, please select 'I don't want to say' or press the 'next' button at the bottom of your screen.

L.1. In the last year, have YOU personally experienced any of the following things?

	Yes	No	I don't know	I don't want to say
L.1.a. Someone wolf-whistled at you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.1.b. Someone stared at you in a way that made you feel uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.1.c. Someone made jokes or taunts of a sexual nature about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.1.d. Someone made unwanted sexual comments about you, for example about the way you look or what you were wearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[If L.1.a.- L.1.d = YES]

Please think about your MOST RECENT experience and tell us a bit more about what happened.

L.2. Was the person (or people) who did this to you an adult or a young person?

- Adult (18+)
- Young person (under 18)
- Both
- I don't know/ I'm not sure
- I don't want to say

[If L.1.a.- L.1.d = YES]

L.3. Were they male or female?

- Male
- Female
- Both
- I don't know/ I'm not sure
- I don't want to say

[If L.1.a.- L.1.d = YES]

L.4. And were they a stranger or someone you knew?

A stranger is someone that you don't know well or that you have never met before.

Someone you know may be a friend, someone from your school, or a friend-of-a-friend.

- | | |
|----------------------------|--------------------------|
| A Stranger | <input type="checkbox"/> |
| Someone you knew | <input type="checkbox"/> |
| Both | <input type="checkbox"/> |
| I don't know/ I'm not sure | <input type="checkbox"/> |
| I don't want to say | <input type="checkbox"/> |

[If L.1.a.- L.1.d = YES]

L.5. Did you speak to anyone about this experience, or seek any support or help?

- | | | |
|---------------------|--------------------------|-------------------|
| Yes | <input type="checkbox"/> | Go to L.6. |
| No | <input type="checkbox"/> | Go to L.7. |
| I don't know | <input type="checkbox"/> | Go to M.1. |
| I don't want to say | <input type="checkbox"/> | Go to M.1. |

L.6. Who did you speak to, or seek support from?

Check any that apply.

- | | |
|--|--------------------------|
| Your family or friends | <input type="checkbox"/> |
| The police | <input type="checkbox"/> |
| Your school or a teacher | <input type="checkbox"/> |
| A support organisation or charity (e.g. Childline) | <input type="checkbox"/> |
| I don't want to say | <input type="checkbox"/> |
| Someone else (please write in) | <input type="checkbox"/> |

L.7. Why did you not speak to anyone or seek help for your experience?

Check any that apply.

- | | |
|---|--------------------------|
| I didn't feel that I needed to | <input type="checkbox"/> |
| I didn't think it was important or serious enough | <input type="checkbox"/> |
| It happens too often | <input type="checkbox"/> |
| It's normal for these things to happen/it's just banter | <input type="checkbox"/> |
| I didn't know who to speak to | <input type="checkbox"/> |
| I felt ashamed, or didn't feel comfortable talking about it | <input type="checkbox"/> |
| I was frightened or worried about the consequences | <input type="checkbox"/> |
| I didn't know who did it | <input type="checkbox"/> |
| I didn't think about talking to anyone | <input type="checkbox"/> |
| I don't want to say | <input type="checkbox"/> |
| Something else (please write in) | <input type="checkbox"/> |

Your Online Experiences

[Please note that this section is ONLY asked to those in school years 10 and 11]

These next questions ask you about things you may have experienced when using the internet, your phone, social media, or instant messaging. This includes things like Snapchat, WhatsApp, TikTok, Instagram or Facebook.

If you prefer not to answer these questions, please select 'I don't want to say' or press the 'next' button at the bottom of your screen.

M.1. In the last year, have YOU personally experienced any of the following things?

	Yes	No	I don't know	I don't want to say/not applicable
M.1.a. Someone sent you unwanted sexual messages or nude pictures/selfies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M.1.b. Someone asked you to send them nude pictures/selfies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M.1.c. Someone shared your nude pictures/selfies in a way that you did not want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M.1.d. Someone sent you or showed you 'deepfake' nude pictures or videos <i>(created using artificial intelligence (AI) or an app).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M.1.e. Someone made 'deepfake' nude pictures or videos of you <i>(created using artificial intelligence (AI) or an app).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[If M.1.a.- M.1.e = YES]

Please think about your MOST RECENT experience and tell us a bit more about what happened.

M.2. Was the person (or people) who did this to you an adult or a young person?

Adult (18+)	<input type="checkbox"/>
Young person (under 18)	<input type="checkbox"/>
Both	<input type="checkbox"/>
I don't know/ I'm not sure	<input type="checkbox"/>
I don't want to say	<input type="checkbox"/>

[If M.1.a.- M.1.e = YES]

M.3. Were they male or female?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Both	<input type="checkbox"/>
I don't know/ I'm not sure	<input type="checkbox"/>
I don't want to say	<input type="checkbox"/>

[If M.1.a.- M.1.e = YES]

M.4. And were they a stranger or someone you knew?

A stranger is someone that you don't know well or that you have never met before.

Someone you know may be a friend, someone from your school, or a friend-of-a-friend.

- A Stranger
- Someone you knew
- Both
- I don't know/ I'm not sure
- I don't want to say

[If M.1.a.- M.1.e = YES]

M.5. Did you speak to anyone about this experience, or seek any support or help?

- Yes **Go to M.6.**
- No **Go to M.7.**
- I don't know **Go to N.1.**
- I don't want to say **Go to N.1.**

M.6. Who did you speak to, or seek support from?

Check any that apply.

- Your family or friends
- The police
- Your school or a teacher
- A support organisation or charity (e.g. Childline)
- A social media provider or platform
- I don't want to say
- Someone else (please write in)

M.7. Why did you not speak to anyone or seek help for your experience?

Please tick all that apply.

- I didn't feel that I needed to
- I didn't think it was important or serious enough
- It happens too often
- It's normal for these things to happen/it's just banter
- I didn't know who to speak to
- I felt ashamed, or didn't feel comfortable talking about it
- I was frightened or worried about the consequences
- I didn't know who did it
- I didn't think about talking to anyone
- I don't want to say
- Something else (please write in)

A Bit More About You...

Finally, please could you tell us a little bit more about yourself?

N.1. Below are some statements about your feelings and thoughts. How often would you say you feel...

	All of the time	Most of the time	Sometimes	Not often	Never	I don't know
Happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like you are not good enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried or anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N.2. Have you EVER...

	Yes	No	I don't know	I don't want to say
Gone missing or ran away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended a Pupil Referral Unit (PRU)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been excluded or suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N.3. Have you thought about working for the Metropolitan Police Service when you leave school?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

[ONLY ASKED TO SCHOOL YEARS 10 & 11]

N.4. Are you currently in the Police Cadets?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

Thank you for taking the time to fill in this survey.

The results will help us to understand more about what is important to young people in London and will feed into the work we do to help keep young Londoners safe.

If you are upset or worried about any of the issues raised in the survey, there are some details below for organisations that can help.

Young Londoners' Victim Service

The London Victim and Witness Service provides the **Young Londoners' Victim Service** to support young people who have been affected by a crime that has happened directly to the young person or to someone else.

Phone: 0808 168 9291

Online live chat available via website

Visit the Young Londoners' Victim Service site

Childline

Childline offer a free, private and confidential service where you can talk about anything.

Phone: 0800 1111

Visit the Childline website

Shout

Shout provides free, 24/7 text support for young people across the UK experiencing a mental health crisis.

Text: 85258

Safer London

Safer London's Violence & Exploitation Support Service (VESS) provides help and support for young people who are at risk of violence or criminal/sexual exploitation.

Visit the Safer London VESS website

The Mix

The Mix provide non-judgmental support and information for young people under 25 on a variety of issues including mental wellbeing, sex & relationships, exam stress, money, drugs and self-harm.

Webchat available.

Visit The Mix website

The Cybersmile Foundation

The Cybersmile Foundation offers support, advice and guidance to people of all ages who have been affected by cyberbullying and online hate campaigns.

Visit The Cybersmile Foundation website

FRANK

FRANK provides a confidential service to anyone wanting information, advice or support about any aspect of drugs.

Phone: 0300 123 6600

Online chat facility (2-6pm weekdays)

Visit the Talk to Frank website

Galop

Galop provides free, confidential and independent support for LGBT+ young people aged 13 to 25 who are experiencing or worried about abuse.

LGBT+ Hate Crime Helpline: 0800 999 5428/ help@galop.org.uk.

Visit the Galop site

Fearless (Crimestoppers)

Fearless is a site for young people providing non-judgemental information and advice about crime and criminality, alongside a safe place to report information about crime completely anonymously.

Visit the Fearless site

PREVIEW