

Questionnaire: Gender-based violence

Do you consider gender-based violence as a problem at your institution?

- Yes No Not sure Prefer not to say

Gender Identity

- A Non-binary person An Agender person A woman A man
 None of the above

Gender Identity: Is your gender the same as the sex you were assigned at birth?

- Yes No Prefer not to say

Between which years were you born

- 1950 – 1970 1971 – 1990 1991 – 2000 2001 – 2010

In which position are you at this institute?

- Student scientific staff (PhD student, postdoc) non-scientific staff professor

Do you consider yourself to be a member of a minority ethnic group?

- Yes No Prefer not to say

Do you consider yourself to have a disability or chronic illness?

- Yes No Prefer not to say

Do you consider yourself to be heterosexual?

- Yes No Prefer not to say

GENDER-BASED VIOLENCE

Gender-based violence is violence directed towards a person because of their gender or violence that affects persons of a specific gender disproportionately. It is not limited to violence against women, and it may affect all people. Some of the wording used in this survey is explicit and some people may find it uncomfortable or distressing. It is important that we ask the questions in this way so that it is clear what we mean. You have the option to skip questions if you do not feel comfortable answering them. Information on how to get help, if you need it, is given at the end of the survey.

Physical Violence

We would like to ask you about your experiences of physical violence with persons connected with this institute. Since you started at this institute, has someone ever done any of the following to you?				
<input type="checkbox"/> prefer not to say				
<input type="checkbox"/> yes Threatened to hurt you physically				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Pushed or shoved you, slapped you, grabbed or pulled your hair				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Threw a hard object at you, beat you with a fist or a hard object, or kicked you				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Tried to suffocate or strangle you, cut or stabbed you, or shot at you				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
Since you started at this institute, have you ever seen that someone else was physically abused?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say				

Psychological Violence

In the next set of questions, we would like to ask you about your experiences of psychological violence and harassment with persons connected with this institute. Since you started at this institute, has someone ever done any of the following to you?				
<input type="checkbox"/> prefer not to say				
<input type="checkbox"/> yes Directed abusive comments towards you (e.g., demeaning, humiliating, offensive or ridiculing comments)				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say

<input type="checkbox"/> yes Made threatening comments towards you				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Gave you hostile looks, stares, or sneers				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Interrupted you, spoke over you or addressed you in disrespectful terms in front of others				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Unfairly rated you lower than you deserve in an evaluation or assessment				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Ignored you or did not speak to you				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Subjected you to an outburst of anger				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
If you said yes above at least once: Who in this institute did this to you? (Please choose all that apply.)				
<input type="checkbox"/> A superior or supervisor <input type="checkbox"/> A colleague or co-worker <input type="checkbox"/> A junior staff or assistant to you <input type="checkbox"/> A student <input type="checkbox"/> A teacher, trainer or coach <input type="checkbox"/> unknown				
If you said yes above at least once: Where did this incident take place? (Please choose all that apply.)				
<input type="checkbox"/> Break room, canteen or cafeteria <input type="checkbox"/> Classroom, lecture theatre, seminar or meeting room <input type="checkbox"/> Library <input type="checkbox"/> In the lab or a staff office <input type="checkbox"/> committee meetings <input type="checkbox"/> Toilets <input type="checkbox"/> Lift, stairs or corridor <input type="checkbox"/> At a conference (only pertaining to persons from this institute) <input type="checkbox"/> In connection with a study or work-related activity in the evening <input type="checkbox"/> Online, e.g., threats via social media, email, messages, or virtual learning platforms <input type="checkbox"/> At another place or in a situation other than those listed above <input type="checkbox"/> Prefer not to say				

Sexual Violence

In the next set of questions, we would like to ask you about your experiences of sexual violence with persons connected with this institute. Since you started at this institute, has someone ever done any of the following to you?				
<input type="checkbox"/> prefer not to say				
<input type="checkbox"/> yes Attempted to extort sexual favours from you in exchange for something within their power to grant or withhold, e.g. a grant, a contract, a promotion, a grade				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Extorted sexual favours from you in exchange for something within their power to grant or withhold, e.g. a grant, a contract, a promotion, a grade				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Attempted to force you into sexual intercourse by holding you down or hurting you in some way				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Forced you into sexual intercourse by holding you down or hurting you in some way				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Made you take part in any form of sexual activity when you did not want to or you were unable to refuse or you were afraid of what might happen if you refused				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Made you take part in any form of sexual activity when you could not consent because you were asleep, drunk or drugged				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
If you said yes above at least once: Who in this institute did this to you? (Please choose all that apply.)				
<input type="checkbox"/> A superior or supervisor <input type="checkbox"/> A colleague or co-worker <input type="checkbox"/> A junior staff or assistant to you <input type="checkbox"/> A student <input type="checkbox"/> A teacher, trainer or coach <input type="checkbox"/> unknown				

If you said yes above at least once: Where did this incident take place? (Please choose all that apply.)			
<input type="checkbox"/> Break room, canteen or cafeteria	<input type="checkbox"/> Classroom, lecture theatre, seminar or meeting room	<input type="checkbox"/> Library	
<input type="checkbox"/> In the lab or a staff office	<input type="checkbox"/> committee meetings	<input type="checkbox"/> Toilets	
<input type="checkbox"/> Lift, stairs or corridor	<input type="checkbox"/> At a conference		
<input type="checkbox"/> In connection with a study or work-related activity in the evening			
<input type="checkbox"/> Online, e.g., threats via social media, email, messages, or virtual learning platforms			
<input type="checkbox"/> At another place or in a situation other than those listed above			<input type="checkbox"/> Prefer not to say

Sexual Harassment

In the next set of questions, we would like to ask you about your experiences of sexual harassment with persons connected with this institute. Since you started at this institute, has someone ever done any of the following to you?				
<input type="checkbox"/> prefer not to say				
<input type="checkbox"/> yes Asked intrusive questions about your private life				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Stared or leered inappropriately at you				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Made sexually suggestive comments or jokes				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Made intrusive comments about your physical appearance				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Made inappropriate invitations to go out on dates				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Indecently exposed themselves to you				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Made you watch or look at pornographic material against your wishes				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Touched, hugged or kissed you in an unwelcome manner				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say

If you said yes above at least once: Who in this institute did this to you? (Please choose all that apply.)			
<input type="checkbox"/> A superior or supervisor	<input type="checkbox"/> A colleague or co-worker	<input type="checkbox"/> A junior staff or assistant to you	<input type="checkbox"/> A student
<input type="checkbox"/> A teacher, trainer or coach	<input type="checkbox"/> unknown		
If you said yes above at least once: Where did this incident take place? (Please choose all that apply.)			
<input type="checkbox"/> Break room, canteen or cafeteria	<input type="checkbox"/> Classroom, lecture theatre, seminar or meeting room	<input type="checkbox"/> Library	
<input type="checkbox"/> In the lab or a staff office	<input type="checkbox"/> committee meetings	<input type="checkbox"/> Toilets	
<input type="checkbox"/> Lift, stairs or corridor	<input type="checkbox"/> At a conference		
<input type="checkbox"/> In connection with a study or work-related activity in the evening			
<input type="checkbox"/> Online, e.g., threats via social media, email, messages, or virtual learning platforms			
<input type="checkbox"/> At another place or in a situation other than those listed above			<input type="checkbox"/> Prefer not to say

Online Violence

In the next set of questions, we would like to ask you about your experiences of online violence with persons connected with this institute. Since you started at this institute, has someone ever done any of the following to you?				
<input type="checkbox"/> prefer not to say				
<input type="checkbox"/> yes Unlawfully photographed or recorded you				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say

<input type="checkbox"/> yes Distributed sexual images or texts of you without your consent				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Bullied, threatened or attacked you online, e.g. via social media				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
<input type="checkbox"/> yes Made offensive or threatening comments on learning or collaborative work platforms				
<i>If yes, how often has this been done to you since you started at this institute?</i>	<input type="checkbox"/> once	<input type="checkbox"/> 2 – 5 times	<input type="checkbox"/> 6 times or more	<input type="checkbox"/> prefer not to say
If you said yes above at least once: Who in this institute did this to you? (Please choose all that apply.)				
<input type="checkbox"/> A superior or supervisor <input type="checkbox"/> A colleague or co-worker <input type="checkbox"/> A junior staff or assistant to you <input type="checkbox"/> A student <input type="checkbox"/> A teacher, trainer or coach <input type="checkbox"/> unknown				
Since you started at this institute, have you yourself harassed someone online, e.g., via social media, email, messages, or virtual learning platforms?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say				
Since you started at this institute, have you ever noticed someone else being harassed online, e.g., via social media, email, messages, or virtual learning platforms?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say				

Reporting Incidents

Thinking now of the incident(s) of violence that you have experienced since you started at this institute, did you report it/any of them?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Why did you not report the incident(s)? Was it for any of the following reasons? (Please choose all that apply.)	
<input type="checkbox"/> I was unsure if the behaviour was serious enough to report. <input type="checkbox"/> At the time I did not recognise the behaviour as violence. <input type="checkbox"/> I did not know whom to tell. <input type="checkbox"/> I was concerned that I would not be able to continue my studies or work. <input type="checkbox"/> I was discouraged from filing a complaint.	<input type="checkbox"/> I was uncomfortable talking about the experience. <input type="checkbox"/> I was afraid no one would believe me. <input type="checkbox"/> I didn't think anything would happen even if I reported it. <input type="checkbox"/> I was concerned that my harasser would retaliate against me. <input type="checkbox"/> I was concerned that the complaints process would be hard for me <input type="checkbox"/> None of the above
Since you started at this institute, have you ever been in a situation where someone...	
<input type="checkbox"/> ...put you down or was condescending to you in some way? <input type="checkbox"/> ... ignored or excluded you from the group or team? <input type="checkbox"/> prefer not to say	<input type="checkbox"/> ...paid little attention to a statement you made or showed little interest in your opinion? <input type="checkbox"/> ... Ignored you or failed to speak to you?
Do you think that gender-based violence is a problem at this institute?	
<input type="checkbox"/> Not at all <input type="checkbox"/> To a very small extent <input type="checkbox"/> To a small extent <input type="checkbox"/> To a large extent <input type="checkbox"/> To a very large extent <input type="checkbox"/> Can't say	

Should you want to talk about something, you can call 030 2093 82008 (Women's Representative of the Physics department) or send an email to frauenbeauftragte@physik.hu-berlin.de. If you would rather talk to someone outside the institute, you can find various external counselling services listed at <https://frauenbeauftragte.hu-berlin.de/de/beratung/sexualisierte-diskriminierung/externe-beratungsstellen>.