



STRATHCLYDE  
**POLICE**

# 'Have Your Say'

## **DOMESTIC ABUSE Service Delivery Feedback Questionnaire**

**Strathclyde Police is committed to providing a professional, sensitive and consistent approach to victims of Domestic Abuse.**

**Your feedback is important to us and it will assist with our continuous drive for improvement. We would appreciate if you could take time to complete this questionnaire and add your comments.**

*Working Together - Building Safer Communities*

# We want to hear your views.

## SECTION 1

### Question 1: Are you?

- a) Male
- b) Female
- c) Other

### Question 2: Have you ever identified as transgender?

- a) Yes
- b) No
- c) Prefer not to say

### Question 3: Which age group are you in?

- a) Under 18
- b) 18-24
- c) 25-44
- d) 45-60
- e) Over 60

### Question 4: How would you describe your ethnic origin?

- a) Prefer not to say
- b) White Scottish
- c) White Irish
- d) Other White British
- e) Other White Background
- f) Pakistani
- g) Indian
- h) Chinese
- i) Caribbean
- j) African
- k) Bangladeshi
- l) Other Black Background
- m) Other Asian Background
- n) Other Ethnic Background
- o) Mixed Background

Other details about your ethnicity: \_\_\_\_\_

**Question 5: If you have experienced Domestic Abuse, have you ever reported it to the police?**

- a) Yes (go to **SECTION 2**)
- b) No (go to **SECTION 3**)

**SECTION 2**

**Question 6: How would you rate your experience of the following? (1 Indicates extremely dissatisfied and 10 indicates extremely satisfied)**

	1	2	3	4	5	6	7	8	9	10
Initial police response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow up police response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall police response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 7: Is there any way in which your experience of the police could have been made better?**

- a) Yes
- b) No

If Yes, can you explain in what way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Question 8: Would you report a Domestic Abuse incident, where you have been the victim, to the police again?**

a) Yes  Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) No  Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**>> PLEASE NOW COMPLETE SECTION 4**

**SECTION 3**

**Question 9: What were your concerns about reporting a Domestic Abuse Incident to the police?**

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**>> PLEASE NOW COMPLETE SECTION 4**

**SECTION 4**

**Question 10: Which of the following methods did you know were available to you for reporting an incident of Domestic Abuse to the police?**

- a) Going to a police office
- b) Telephoning the police
- c) With the assistance of LGBT Youth Scotland
- d) Through other identified outside agencies
- e) Online

**Question 11: Can you suggest ways in which the police could encourage people from within the LGBT community to report Domestic Abuse?**

- a) Yes
- b) No

If Yes, please provide details \_\_\_\_\_

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**Question 12: Can you suggest ways in which the police could improve their overall service to victims of Domestic Abuse within the LGBT community?**

- a) Yes
- b) No

If Yes, please provide details? \_\_\_\_\_  
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\_\_\_\_\_  
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**General Comments:**

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**On completion of this questionnaire, please post to:**

**Domestic Abuse Coordination Unit  
Pegasus House  
375 West George Street  
Glasgow  
G2 4LW**