

**SURVEY ON TACKLING**  
**VIOLENCE/ABUSE**  
**AGAINST TEACHERS IN**  
**SCHOOLS**

May 2010

## SECTION 1 - CONTEXTUAL INFORMATION

(Teachers on temporary/substitute contracts should answer questions 1 – 3 based on the school in which they currently work the majority of their hours.)

1. In which education and library board area do you work?

Belfast Education and Library Board	<input type="checkbox"/>
North Eastern Education and Library Board	<input type="checkbox"/>
South Eastern Education and Library Board	<input type="checkbox"/>
Southern Education and Library Board	<input type="checkbox"/>
Western Education and Library Board	<input type="checkbox"/>

2. In which type of school do you work?

Nursery	<input type="checkbox"/>
Primary	<input type="checkbox"/>
Secondary	<input type="checkbox"/>
Grammar	<input type="checkbox"/>
Special	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Please Specify below**

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3. In which management type of school do you work?

Controlled	<input type="checkbox"/>
Voluntary	<input type="checkbox"/>
Catholic Maintained	<input type="checkbox"/>
Other Maintained	<input type="checkbox"/>
Controlled Integrated	<input type="checkbox"/>
Grant Maintained Integrated	<input type="checkbox"/>

4. In total, how many years have you worked as a teacher?

Less than 1 year	<input type="checkbox"/>
Between 1 and 5 years	<input type="checkbox"/>
Between 6 and 10 years	<input type="checkbox"/>
Between 11 and 20 years	<input type="checkbox"/>
Between 21 and 30 years	<input type="checkbox"/>
More than 30 years	<input type="checkbox"/>

5. Which of these best describes the **terms of your employment?**

Full-time permanent	<input type="checkbox"/>
Full-time temporary	<input type="checkbox"/>
Part-time permanent	<input type="checkbox"/>
Part-time temporary	<input type="checkbox"/>
Substitute teacher	<input type="checkbox"/>

6. Which of these best describes your **job?**

Classroom teacher	<input type="checkbox"/>
Vice-principal: teaching	<input type="checkbox"/>
Vice-principal: non-teaching	<input type="checkbox"/>
Principal: teaching	<input type="checkbox"/>
Principal: non-teaching	<input type="checkbox"/>

7. Which of these best describes any **additional responsibilities of your post?**

Member of Senior Management Team	<input type="checkbox"/>
SENCO	<input type="checkbox"/>
Head of Department	<input type="checkbox"/>
Head of Key Stage	<input type="checkbox"/>
Head of Year	<input type="checkbox"/>
Subject co-ordinator	<input type="checkbox"/>
Other	<input type="checkbox"/>

*Please specify below*

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8. Please state your gender?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

9. Please indicate to which age band you belong?

21 - 30	<input type="checkbox"/>
31 - 40	<input type="checkbox"/>
41 - 50	<input type="checkbox"/>
51 - 60	<input type="checkbox"/>
60+	<input type="checkbox"/>

10. Are you a teacher union representative?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

11. How would you describe the quality of your health generally?

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>

12. Do you feel safe in your workplace?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

**Please go to Section 2**

***Please answer Q13***

13. Why do you not feel safe in your workplace?

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## SECTION 2 - INCIDENTS YOU HAVE PERSONALLY EXPERIENCED

14. Have you, personally, **ever** been the victim of any type of violence/abuse in connection with your employment as a teacher?

Yes		<input type="checkbox"/>
No		<input type="checkbox"/>

*Please go to Section 3*

15. What type of violence/abuse did you experience?

*Please tick **all** that apply*

a	Use of Offensive language	<input type="checkbox"/>
b	Personal comments of an insulting or abusive manner	<input type="checkbox"/>
c	Undermining behaviour	<input type="checkbox"/>
d	Unwanted physical contact	<input type="checkbox"/>
e	Offensive texts, images or e-mails	<input type="checkbox"/>
f	Offensive material placed on a website	<input type="checkbox"/>
g	Isolation and exclusion	<input type="checkbox"/>
h	Unsolicited sexual advances	<input type="checkbox"/>
i	Other – <i>Please specify the nature of abuse below</i>	<input type="checkbox"/>

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16. Who was the main perpetrator of the abuse?

*Please tick **all** that apply*

	a	b	c	d	e	f	g	h	i
Principal									
Vice Principal									
Line Manager									
Classroom Teacher									
Pupil									
Governor									
Parent									
Other – <i>Please specify below</i>									

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17. When was the most recent incident of violence/abuse you experienced?

Less than 6 months ago	<input type="checkbox"/>
Between 6 months and 1 year ago	<input type="checkbox"/>
Between 1 and 2 years ago	<input type="checkbox"/>
Between 2 and 3 years ago	<input type="checkbox"/>
Over 3 years ago	<input type="checkbox"/>

18. Have you reported all incident(s) of violence/abuse against you?

*Please tick **one** that applies*

Yes – I've reported every incident	<input type="checkbox"/>
Yes – I've reported some of these incidents	<input type="checkbox"/>
No – I've never reported any of these incidents	<input type="checkbox"/>

*Please go to Question 20*

*Please go to Question 20*

*Please answer Question 19*

19. Why did you not report the incident(s)?

*Please tick **one** that applies*

Could not be bothered	<input type="checkbox"/>
Fear of repercussions for the perpetrator	<input type="checkbox"/>
Fear of repercussions for myself	<input type="checkbox"/>
Did not think anything would be done about it	<input type="checkbox"/>
Did not know to whom to report the incident	<input type="checkbox"/>
Advised not to	<input type="checkbox"/>
Other – <i>Please specify below</i>	<input type="checkbox"/>

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20. Having been the victim of violence/abuse, what level of advice and support do you feel that your school gave you?

*Please tick **one** that applies.*

Extensive advice/support	<input type="checkbox"/>
Good advice/support	<input type="checkbox"/>
Adequate advice/support	<input type="checkbox"/>
Poor advice/support	<input type="checkbox"/>
No advice/support at all	<input type="checkbox"/>
I never sought advice/support from the school	<input type="checkbox"/>

21. Have you ever had to take time off school due to the effects of violence/abuse?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

*Please answer Question 22*

*Please go to Section 3*

22. How long were you off school for? (***Please record the longest period of absence relating to one incident***)

Up to 3 days	<input type="checkbox"/>
More than 3 days but less than 1 week	<input type="checkbox"/>
Between 1 and 2 weeks	<input type="checkbox"/>
More than 2 weeks but less than a month	<input type="checkbox"/>
Between 1 and 6 months	<input type="checkbox"/>
More than 6 months	<input type="checkbox"/>

### **SECTION 3 - INCIDENTS YOU HAVE WITNESSED**

23. Have you **ever** witnessed any types of violence/abuse against another member(s) of school staff?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

*Please go to Section 4*

24. What type(s) of violence/abuse did you witness against another member(s) of school staff?

*Please tick **all** that apply*

a	Use of Offensive language	<input type="checkbox"/>
b	Personal comments of an insulting or abusive manner	<input type="checkbox"/>
c	Undermining behaviour	<input type="checkbox"/>
d	Unwanted physical contact	<input type="checkbox"/>
e	Offensive texts, images or e-mails	<input type="checkbox"/>
f	Offensive material placed on a website	<input type="checkbox"/>
g	Isolation and exclusion	<input type="checkbox"/>
h	Unsolicited sexual advances	<input type="checkbox"/>
i	Other – <b><i>Please specify the nature of abuse below</i></b>	<input type="checkbox"/>

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25. Who was the perpetrator of the abuse?

**Please tick all that apply.**

	a	b	c	d	e	f	g	h	i
Principal									
Vice Principal									
Line Manager									
Classroom Teacher									
Pupil									
Governor									
Parent									
Other – <b><i>Please specify below</i></b>									

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26. When was the most recent incident of violence/abuse you witnessed?

Less than 6 months ago	<input type="checkbox"/>
Between 6 months and 1 year ago	<input type="checkbox"/>
Between 1 and 2 years ago	<input type="checkbox"/>
Between 2 and 3 years ago	<input type="checkbox"/>
Over 3 years ago	<input type="checkbox"/>

27. Have you reported all the incident(s) of violence/abuse that you have witnessed?

*Please tick **one** that applies*

Yes – I've reported every incident	<input type="checkbox"/>
Yes – I've reported some of these incidents	<input type="checkbox"/>
No – I've never reported any of these incidents	<input type="checkbox"/>

***Please go to Section 4***

***Please go to Section 4***

***Please answer Question 28***

28. Why did you not report the incident(s)?

*Please tick **one** that applies*

Could not be bothered	<input type="checkbox"/>
Fear of repercussions for the perpetrator	<input type="checkbox"/>
Fear of repercussions for myself	<input type="checkbox"/>
Did not think anything would be done about it	<input type="checkbox"/>
Did not know to whom to report the incident	<input type="checkbox"/>
Advised not to	<input type="checkbox"/>
Other – <b><i>Please specify below</i></b>	<input type="checkbox"/>

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## **SECTION 4 - REPORTING ARRANGEMENTS**

29. Are you aware of your school's arrangements for recording and reporting violence/abuse?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

30. Does your school publish a report of assaults to the Board of Governors?

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

The **reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1997)**, known as **RIDDOR 97**, impose a statutory framework for the reporting of serious health and safety matters in a workplace.

31. Have you ever heard of the RIDDOR 97 regulations?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

32. Have you ever made a RIDDOR 97 Report?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

33. Have you ever contacted the Health and Safety Executive for Northern Ireland (HSENI) in respect of reporting or recording a violent incident?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

34. What level of advice and support do you feel is available from within the school for staff who suffer an abusive/violent incident?

Extensive support	<input type="checkbox"/>
Good support	<input type="checkbox"/>
Adequate support	<input type="checkbox"/>
Poor support	<input type="checkbox"/>
No support at all	<input type="checkbox"/>

## SECTION 5 - TRAINING

35. Has your employer provided training in any of the following areas?

		<b>No, I've never received training</b>	<b>Yes, I've received training in the last 12 months</b>	<b>Yes, I've received training, but more than 12 months ago</b>
36.	Behaviour management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Coping with violence in schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Health and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Recording and reporting of violent incidents/assaults/battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 6 - POLICIES AND PROCEDURES

40. Does your school have a policy on violence/abuse towards teaching staff?

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

41. Does the school handbook address the issue of violence/abuse against teaching staff?

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

42. In the past twelve months, has the school issued any guidance to parents in respect of violence/abuse towards teaching staff?

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

43. Does your school have any display or public signage indicating the consequences of violence/abuse towards teaching staff?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

44. Have you ever been provided with a copy of the guidance document issued jointly by the Department of Education and Employing Authorities, "Regional / Policy Framework on the use of Reasonable Force / Safe Handling?"

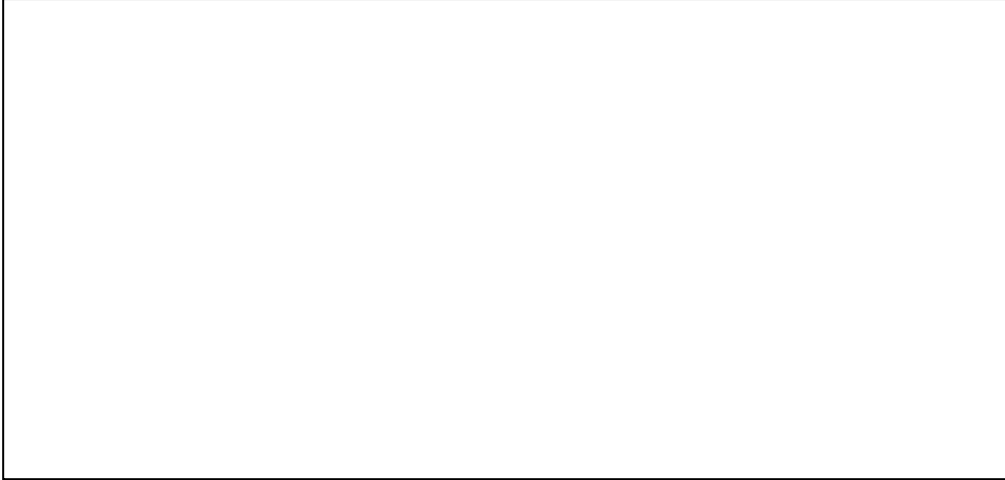
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

45. Have you ever been provided with training in respect of the guidance document named in Question 44 ("Regional / Policy Framework on the use of Reasonable Force / Safe Handling")?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

## **SECTION 7 - OTHER COMMENTS**

46. Please list any further comments you have which you feel may be relevant to this survey.

A large, empty rectangular box with a thin black border, intended for the respondent to write their additional comments.

**Thank you for taking the time to complete this survey. The results will be vitally important in developing a strategy to minimise the threat of teacher abuse/violence and determine how best to support such teachers. Your participation is greatly appreciated.**

**Please return the survey using the enclosed prepaid envelope.**