

### Overview

This survey is about social life and bullying in public or subsidized residential communities for elderly and people with disabilities in Massachusetts. This research will be used to help create a count of the absence or presence of bullying in public and multifamily housing; the conditions that enable or stop bullying, and to find ways to reduce and eliminate bullying in these residential communities.

This survey seeks to measure the impact and prevalence of bullying. Thus, we want to capture both experiences with bullying as well as feedback from people who live in healthy, positive situations free from any type or form of bullying.

#### **DEFINITION:**

**Bullying is the intentional, repeated attempt by one or more persons to impose wrongful (lacking the appropriate role or authority), harmful control over one or more other persons.**

**Bullying tactics include gossip and actions that demean, disrespect, and devalue the other, and can include disrupting the victim's social relations, excluding them from joining activities, and even lead to shunning and isolation.**

**Bullying can occur due to someone's disability or membership in a particular group, such as race, color, religion, national origin, ancestry, sex, gender identity, age, sexual orientation, marital status, children, past involvement in a discrimination complaint, veteran status, or status as a recipient of public assistance.**

**The questions focus on your experience with the residential community where you live or work now. We do not ask for your name or any personal identifying information, and we ask only for the location and zip code of the community so we can map the answers statewide.**

**Note: If there is only a single public or subsidized residential community in your locality or zip code, you may omit this information so as not to identify the development.**

**No information to identify any respondent or any specific housing development will be collected.**

## Bullying of Tenants in Public and Subsidized Multi-Family Housing

### Personal Experience

\* 1. Have you as **a resident or in your official capacity** (i.e., property managers, maintenance staff, resident services coordinator, board member/commissioner, etc.) at your residential community been treated unfairly or differently than others and bullied?

Yes

No **IF NO, SKIP TO QUESTION #13.**

## Bullying of Tenants in Public and Subsidized Multi-Family Housing

### Personal Experience Details

#### 2. IF BULLIED: Please identify the nature of this treatment (**select all that apply**)

- I have been bullied because of my disability
- I have been bullied because of my group identity
- I have been bullied by someone who demanded unwanted sex in exchange for my housing rights
- I have been bullied, but for other reasons, not for my group identity or disability status
- I have been bullied because they say I am a bad, immoral person
- I have been bullied because of my mental health challenges
- I have been bullied as retaliation because I complained about management, staff, or resident service coordinator
- I have been bullied as retaliation because I complained about another resident or group of residents
- I have bullied because of my official role within the residential community (e.g., property manager, maintenance staff, etc.)

#### 3. IF BULLIED: Why do you feel you were targeted for bullying? (**select all that apply**)

- |   |   |
|---|---|
| <input type="checkbox"/> Race/Ethnicity         | <input type="checkbox"/> Disability   |
| <input type="checkbox"/> Religious Affiliation  | <input type="checkbox"/> Sexual Orientation   |
| <input type="checkbox"/> Age                    | <input type="checkbox"/> Source of Income   |
| <input type="checkbox"/> Gender                 | <input type="checkbox"/> Position as management, maintenance staff, board member/commissioner, etc. |
| <input type="checkbox"/> Other (please specify) |   |

**4. IF BULLIED:** Who did the bullying to you? (**select all that apply**)

- |   |   |
|---|---|
| <input type="checkbox"/> Resident (or a group of residents) | <input type="checkbox"/> Social service providers   |
| <input type="checkbox"/> Housing management                 | <input type="checkbox"/> Leaders of the tenants association or the resident board member/commissioner |
| <input type="checkbox"/> Housing staff                      | <input type="checkbox"/> Resident Services Coordinator  |
| <input type="checkbox"/> Visitors                           | <input type="checkbox"/> Board member(s)/board commissioner(s) (non-resident)                         |
| <input type="checkbox"/> Other (please specify)             |   |

**5. IF BULLIED:** What type(s) of bullying did you experience? (**select all that apply**)

- Verbal harassment
- Physical harassment
- Intimidation
- Exclusion from common area spaces or social activities in common areas

Other (please specify)

**6. IF BULLIED:** Did you know where to get help?

- Yes
- No

**7. IF BULLIED:** Were you aware of legal rights (i.e. laws, reporting) regarding the laws prohibiting the unfair treatment and bullying due to disability or membership in a particular group, such as race, color, religion, national origin, ancestry, sex, gender identity, age, sexual orientation?

- Yes
- No

**8. IF BULLIED:** Did you seek help?

- Yes
- No

9. **If you selected NO in #8, please share why you did not seek help:**

10. **If sought help**, where did you go to for help? **(select all that apply)**

- Other tenants, or the tenants' association
- Manager or the maintenance staff
- Resident services coordinator
- Landlord: the private owner of the building or the Local Housing Authority
- HUD or MassHousing; Department of Housing and Community Development
- Local senior center
- The elder services agency
- The independent living center
- Police
- Legal help: legal aid, private attorney, a court
- Leaders and elected officials of the municipality or state
- Other (please specify)

11. **If sought help; Was this issue successfully addressed?**

- Yes
- No

If no, please explain why?

12. **If the issue was successfully addressed, Who was ultimately helpful? (select only one)**

- Other tenants, or the tenants' association
- Manager or the maintenance staff
- Resident services coordinator
- Landlord: the private owner of the building or the Local Housing Authority
- HUD or MassHousing; Department of Housing and Community Development
- Local senior center
- The elder services agency
- The independent living center
- Police
- Legal help: legal aid, private attorney, a court
- Leaders and elected officials of the municipality or state
- Other (please specify)

Witness Experience

\* 13. Have you **ever witnessed someone** in your residential community being treated unfairly or differently than others and bullied?

Yes

No **IF NO, SKIP TO QUESTION #25.**

## Bullying of Tenants in Public and Subsidized Multi-Family Housing

### Witness Experience Details

14. **IF WITNESSED BULLYING:** Please identify the nature of this treatment (**select all that apply**)

- The person was bullied because of a disability
- The person was bullied because of a group identity.
- The person was bullied by someone who demanded unwanted sex in exchange for housing rights
- The person was bullied, but for other reasons, not for group identity or disability status
- The person was bullied because they said the person was a bad, immoral person
- The person was bullied because of mental health challenges
- The person was bullied as retaliation because they complained about management, staff, or resident service coordinator
- The person was bullied as retaliation because they complained about another resident or group of residents
- The person was bullied because of their official role within the residential community (e.g., property manager, maintenance staff, etc.)

15. **IF WITNESSED BULLYING:** Why do you feel they were targeted for bullying? (**select all that apply**)

- |  |   |
|--|---|
| <input type="checkbox"/> Race/Ethnicity        | <input type="checkbox"/> Disability   |
| <input type="checkbox"/> Religious Affiliation | <input type="checkbox"/> Sexual Orientation   |
| <input type="checkbox"/> Age                   | <input type="checkbox"/> Source of Income   |
| <input type="checkbox"/> Gender                | <input type="checkbox"/> Position as management, maintenance staff, board member/commissioner, etc. |

Other (please specify)



16. **IF WITNESSED BULLYING:** What type(s) of bullying did you witness? (**select all that apply**)

- Verbal harassment
- Physical harassment
- Intimidation
- Exclusion from common area spaces or social activities in common areas

Other (please specify)

17. **IF WITNESSED BULLYING:** Who did the bullying you witnessed? (**select all that apply**)

- Resident (or a group of residents)
- Housing management
- Housing staff
- Visitors
- Other (please specify)
- Social service providers
- Leaders of the tenants association or the resident board member/commissioner
- Resident Services Coordinator
- Board member(s)/board commissioner(s) (non-resident)

18. **IF WITNESSED BULLYING:** Did this person know where to get help?

- Yes
- No
- Don't know

19. **IF WITNESSED BULLYING:** Was this person aware of legal rights (i.e. laws, reporting) regarding the laws prohibiting the unfair treatment and bullying due to disability or membership in a particular group, such as race, color, religion, national origin, ancestry, sex, gender identity, age, sexual orientation?

- Yes
- No
- Don't know

20. **IF WITNESSED BULLYING:** Did this person seek help?

Yes

No

Don't know

21. **If this person didn't seek help:** Please share why this person did not seek help (**if you know**):

22. **If this person did seek help:** Where did this person go to for help? (**if you know**):

Other tenants, or the tenants' association

The elder services agency

Manager or the maintenance staff

The independent living center

Resident services coordinator

Police

Landlord: the private owner of the building or the Local Housing Authority

Legal help: legal aid, private attorney, a court

HUD or MassHousing; Department of Housing and Community Development

Leaders and elected officials of the municipality or state

Local senior center

Don't know

Other (please specify)

23. **If this person did seek help:** Was this issue successfully addressed?

Yes

No

If no, please explain:

24. **If this person did seek help:** who was ultimately helpful?

- |   |   |
|---|---|
| <input type="checkbox"/> Other tenants, or the tenants' association                                 | <input type="checkbox"/> The elder services agency                                  |
| <input type="checkbox"/> Manager or the maintenance staff   | <input type="checkbox"/> The independent living center                              |
| <input type="checkbox"/> Resident services coordinator  | <input type="checkbox"/> Police   |
| <input type="checkbox"/> Landlord: the private owner of the building or the Local Housing Authority | <input type="checkbox"/> Legal help: legal aid, private attorney, a court           |
| <input type="checkbox"/> HUD or MassHousing; Department of Housing and Community Development        | <input type="checkbox"/> Leaders and elected officials of the municipality or state |
| <input type="checkbox"/> Local senior center  | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Other (please specify)   |   |

## Bullying of Tenants in Public and Subsidized Multi-Family Housing

### Bullying Reported to Staff/Management

\* 25. Are you a staff and/or management member (i.e., property managers, maintenance staff, resident services coordinator, board member/commissioner, etc.) within your residential community?

Yes

No **IF NO, SKIP TO QUESTION #31.**

## Bullying of Tenants in Public and Subsidized Multi-Family Housing

### Bullying Reported to Staff/Management

26. **STAFF AND/OR MANAGEMENT MEMBER ONLY:** In your capacity within your residential community, have you received a formal or informal complaint from a resident who reported being bullied or from a witness of someone being treated unfairly or differently than others and bullied?

Yes

No **IF NO, SKIP TO QUESTION #31.**

Bullying Reported to Staff/Management

**27. STAFF AND/OR MANAGEMENT MEMBER WHO RECEIVED BULLYING REPORT ONLY:** Please identify the nature of this reported treatment? (**select all that apply**)

- The person was bullied because of a disability
- The person was bullied because of a group identity.
- The person was bullied by someone who demanded unwanted sex in exchange for housing rights
- The person was bullied, but for other reasons, not for group identity or disability status
- The person was bullied because they said the person was a bad, immoral person
- The person was bullied because of mental health challenges
- The person was bullied as retaliation because they complained about management, staff, or resident service coordinator
- The person was bullied as retaliation because they complained about another resident or group of residents
- The person was bullied because of their official role within the residential community (e.g., property manager, maintenance staff, etc.)

**28. STAFF AND/OR MANAGEMENT MEMBER WHO RECEIVED BULLYING REPORT ONLY:** Based on the report (verbal or written), why did the resident or witness of the resident feel they were targeted for bullying? (**select all that apply**)

- Race/Ethnicity
- Religious Affiliation
- Age
- Gender
- Disability
- Sexual Orientation
- Source of Income
- Other (please specify)

29. **STAFF AND/OR MANAGEMENT MEMBER WHO RECEIVED BULLYING REPORT ONLY:** What type(s) of bullying did the resident or witness of the resident report? (**select all that apply**)

- Verbal harassment
- Physical harassment
- Intimidation
- Exclusion from common area spaces or social activities in common areas
- Other (please specify)

30. **STAFF AND/OR MANAGEMENT MEMBER WHO RECEIVED BULLYING REPORT ONLY:** Based on the report, who was the source of the bullying? (**select all that apply**)

- |   |   |
|---|---|
| <input type="checkbox"/> Resident (or a group of residents) | <input type="checkbox"/> Leaders of the tenants association or the resident board member/commissioner |
| <input type="checkbox"/> Housing management                 | <input type="checkbox"/> Social service providers   |
| <input type="checkbox"/> Housing staff                      | <input type="checkbox"/> Resident Services Coordinator  |
| <input type="checkbox"/> Visitors                           | <input type="checkbox"/> Board member(s)/board commissioner(s)  |
| <input type="checkbox"/> Other (please specify)             |   |

## Bullying of Tenants in Public and Subsidized Multi-Family Housing

### Community Resources

\* 31. **ALL RESIDENT RESPONDENTS:** Does your residential community have a local tenant organization, resident group, or resident advisory board?

- Yes
- No
- Don't know

\* 32. **ALL RESIDENT RESPONDENTS:** Does your local tenant organization, resident group, or resident advisory board represent all the tenants fairly?

- Always
- Sometimes
- Never
- Don't know
- Do not have a local tenant organization, resident group, or resident advisory board

\* 33. **ALL RESIDENT RESPONDENTS:** Do you have official house rules and policies that are posted in a common area?

- Yes
- No
- Don't know

\* 34. **ALL RESIDENT RESPONDENTS:** Is management present on-site at your building?

- Yes
- No
- Don't know

\* 35. **ALL RESIDENT RESPONDENTS:** Does management help to create a welcoming and inclusive environment?

- Always
- Sometimes
- Never
- Don't know



\* 36. **ALL RESIDENT RESPONDENTS:** Is there a resident services coordinator who works on-site in your community?

- Yes
- No
- Don't know

\* 37. **ALL RESIDENT RESPONDENTS:** Does the resident services coordinator create a welcoming and inclusive environment?

- Always
- Sometimes
- Never
- Don't know

\* 38. **ALL RESIDENT RESPONDENTS:** Does the local tenant association, resident group, or resident advisory board create a welcoming and inclusive environment?

- Always
- Sometimes
- Never
- Don't know

## Bullying of Tenants in Public and Subsidized Multi-Family Housing

### Demographics

39. **ALL RESPONDENTS:** In what ZIP code is the housing located? (enter 5-digit ZIP code; for example, 00544 or 94305)

\* 40. **ALL RESPONDENTS:** Please identify the Geographic Region in which you reside:

- |   |   |
|---|---|
| <input type="radio"/> Northeastern (Essex and Middlesex)                  | <input type="radio"/> Central (Worcester)                               |
| <input type="radio"/> Boston area (Norfolk and Suffolk)                   | <input type="radio"/> Pioneer Valley (Franklin, Hampshire, and Hampden) |
| <input type="radio"/> Southeastern (Bristol and Plymouth)                 | <input type="radio"/> Western (Berkshire)                               |
| <input type="radio"/> Cape and Islands (Barnstable, Dukes, and Nantucket) |   |

41. **ALL RESPONDENTS:** If applicable, please identify any disability or impairment you may have (select all that apply)

- Blind (serious difficulty seeing, even when wearing glasses or contact lenses)
- Deaf (serious difficulty hearing)
- Ambulatory impairment (e.g., serious difficulty walking or climbing stairs)
- Cognitive impairment (serious difficulty concentrating, remembering, learning, or making decisions)
- Developmental disabilities
- Individuals with disabilities related to substance use disorder
- Intellectual disability
- Mental health disorder
- Physical disability
- Self-care impairment (e.g., difficulty dressing or bathing)
- Traumatic or acquired brain injury

42. **ALL RESPONDENTS:** Do you receive services and accommodations that help you to live independently with your disability or functional care needs or impairment?

- Yes
- No
- Don't know

43. **ALL RESPONDENTS:** If applicable, please identify the type of housing in which you live, managed or are a board member/commissioner of

- State-Aided Public Housing (elderly/handicapped—c. 667, family—c. 200 or 705)
- Assisted living
- Federal Public Housing for elderly and disabled
- Other Multifamily Managed Housing
- HUD-subsidized, Privately Owned, Multifamily Housing for elderly and disabled

44. **ALL RESPONDENTS:** Please identify how many apartment units are in this residential development

- Small, up to 50 units
- Medium, 51-100 units
- Large, 101 or more units
- Don't know

\* 45. **ALL RESPONDENTS:** Please identify your primary role at the housing development:

- Resident
- Family Member of a resident
- Management
- Friend of a resident
- Resident Services Coordinator
- Non-resident board member/commissioner
- Resident board member/commissioner
- Service Provider working with resident
- Officer of the tenants' association
- Other (please specify)

\* 46. **ALL RESPONDENTS:** Please identify your race:

White

Latino/Latina

African-American

Native American

Asian/Pacific Islander

Other (please specify)

\* 47. **ALL RESPONDENTS:** Please identify your gender:

Male

Female

Non-binary

Prefer not to say

\* 48. **ALL RESPONDENTS:** Please identify your age:

18-25

56-65

26-35

66-75

36-45

76 or older

46-55

49. **ALL RESPONDENTS:** If a resident, please identify the number of years you've lived in your current housing:

Less than a year

1-3 years

4-7 years

8+ years

Thank you for your completion of the survey. Your response will be instrumental to help the members of the Commission better gauge the presence of bullying in public and multifamily housing, the conditions that enable or stop bullying, and to find ways to reduce and eliminate bullying in these residential communities.

Please send completed surveys by mail to:

**Bullying of Tenants in Public and Subsidized Multi-Family Housing Survey c/o  
Executive Office of Health and Human Services  
1 Ashburton Place  
Boston, MA 02108**