



# NATIONAL INMATE SURVEY



Conducted by the Bureau of Justice Statistics and RTI International

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## SECTION A

Please answer the question in the space provided or mark your answer in the box, like this . To protect your privacy, do not put your name on this questionnaire.

**1. On what date were you admitted to this facility?**  
If you cannot remember the exact date, please write down whatever you can remember, such as the year and the month.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**2. How old are you?**  
Age: \_\_\_\_\_

**3. Are you of Hispanic, Latino, or Spanish origin?**  
Yes .....  1  
No .....  2

**4. Which of these categories describes your race?**  
*Mark one or more.*  
White .....  1  
Black or African American .....  2  
American Indian or Alaska Native .....  3  
Asian .....  4  
Native Hawaiian or other Pacific Islander .....  5

**5. Are you currently being held in this facility for any of the following:**

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
A violent offense, such as physical or sexual assault, rape, robbery, manslaughter, attempted murder, or murder?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
A drug offense, such as possessing, selling, or manufacturing drugs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
A property offense, such as burglary, larceny, auto theft, bad checks, fraud, forgery, or grand theft?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Any other offense?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**6. How long have you been in this facility?**

- Less than 1 month.....  1
- At least 1 month but less than 6 months .....  2
- At least 6 months but less than 1 year .....  3
- At least 1 year but less than 5 years.....  4
- At least 5 years but less than 10 years .....  5
- 10 years or more.....  6

**7. This question is about wanted or voluntary sex or sexual contact you have had with other inmates in this facility. In the past 12 months, did you do any of the following:**

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
Touch another inmate's body in a sexual way or have your body touched in a sexual way?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Give or receive a handjob from another inmate at this facility?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have oral sex (blowjob) with another inmate at this facility?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have anal sex with another inmate at this facility?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

These next questions ask about unwanted sex or sexual contact you have had with other inmates in this facility. By unwanted, we mean sex or sexual contact that you did not want to happen.

**8. In the past 12 months, did another inmate use physical force to make you do any of the following:**

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
Touch their body in a sexual way or have your body touched in a sexual way?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Give them a handjob or receive a handjob from them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have oral sex (blowjob) with them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have anal sex with them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**9. In the past 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to do any of the following:**

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
Touch their body in a sexual way or have your body touched in a sexual way?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give them a handjob or receive a handjob from them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**10. In the past 12 months, how many times altogether were you physically forced, pressured, or made to feel like you had to have sex or sexual contact with another inmate?**

- 0 times ..... <sub>1</sub> → Go to SECTION B, page 3  
 1 - 2 times ..... <sub>2</sub>  
 3 - 5 times ..... <sub>3</sub>  
 6 - 10 times ..... <sub>4</sub>  
 11 or more times ..... <sub>5</sub>
- } Continue to item 11  
↓

**11. In the past 12 months, when you were physically forced, pressured, or made to feel that you had to have sex or sexual contact with another inmate, did it ever happen during any of the following times:**

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
Between 6:00 in the morning and noon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
After noon but before 6:00 in the evening?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
After 6:00 in the evening but before midnight?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
After midnight but before 6:00 in the morning?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**12. In the past 12 months, when you were physically forced, pressured, or made to feel that you had to have sex or sexual contact with another inmate, did it ever happen:**

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
In your own cell, room, or sleeping area?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In the cell, room, or housing unit of another inmate?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In a shower or bathroom?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In the yard or recreation area?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In a classroom or library?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In a workshop, kitchen, or other workplace?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In a closet, office, or other locked room?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Somewhere else in the facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Off facility grounds?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**13. In the past 12 months, when you were physically forced, pressured, or made to feel that you had to have sex or sexual contact with another inmate, were you ever:**

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
Persuaded or talked into it?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given a bribe or blackmailed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Offered protection from other inmates?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Threatened with harm or a weapon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically held down or restrained?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically harmed or injured?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**14. In the past 12 months, when you were physically forced, pressured, or made to feel that you had to have sex or sexual contact with another inmate, did you ever:**

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
Receive knife or stab wounds?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive broken bones?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive anal tearing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have your teeth chipped or knocked out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive internal injuries?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Get knocked unconscious?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive some other injury?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**15. In the past 12 months, when you were physically forced, pressured, or made to feel that you had to have sex or sexual contact with another inmate, did you report it to any of the following people:**

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
A correctional officer?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
An administrative staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A medical or healthcare staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
An instructor, teacher, or counselor?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A volunteer?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Some other facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**SECTION B**

These next questions are about wanted or unwanted sex or sexual contact you have had with staff at this facility. By staff, we mean the employees of this facility and anybody who works as a volunteer in this facility.

**16. In the past 12 months, have you willingly had sex or sexual contact with any staff at this facility?**

- Yes ..... <sub>1</sub>  
 No ..... <sub>2</sub>

**17. In the past 12 months, did a facility staff person use physical force to make you have sex or sexual contact with them?**

- Yes ..... <sub>1</sub>  
 No ..... <sub>2</sub>

**18. In the past 12 months, did a facility staff person, without using physical force, pressure you or make you feel that you had to have sex or sexual contact with them?**

- Yes ..... <sub>1</sub>  
 No ..... <sub>2</sub>

**19. In the past 12 months, how many times altogether have you had any type of wanted or unwanted sex or sexual contact with staff at this facility?**

- 0 times ..... <sub>1</sub> → *Go to item 28 on page 4*  
 1 - 2 times ..... <sub>2</sub>  
 3 - 5 times ..... <sub>3</sub>  
 6 - 10 times ..... <sub>4</sub>  
 11 or more times ..... <sub>5</sub>
- } *Continue to item 20*

**20. Which of the following types of sex or sexual contact did you have with a facility staff person?**

<i>Mark <input type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
You touched a facility staff person's body in a sexual way or had your body touched in a sexual way.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
You gave or received a handjob.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
You gave or received oral sex.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
You had vaginal sex.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
You had anal sex.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**21. In the past 12 months, when you had sex or sexual contact with facility staff, did any single incident ever involve more than one facility staff person?**

- Yes ..... <sub>1</sub>  
 No ..... <sub>2</sub>

**22. In the past 12 months, when you had sex or sexual contact with facility staff, did it ever happen during any of the following times:**

<i>Mark <input type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
Between 6:00 in the morning and noon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
After noon but before 6:00 in the evening?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
After 6:00 in the evening but before midnight?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
After midnight but before 6:00 in the morning?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**23. In the past 12 months, when you had sex or sexual contact with facility staff, did it ever happen:**

<i>Mark <input type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
In your own cell, room, or sleeping area?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In the cell, room, or housing unit of another inmate?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In a shower or bathroom?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In the yard or recreation area?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In a classroom or library?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In a workshop, kitchen, or other workplace?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In a closet, office, or other locked room?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Somewhere else in the facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Off facility grounds?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**24. In the past 12 months, when you had sex or sexual contact with facility staff were you ever:**

<i>Mark <input type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
Persuaded or talked into it?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given a bribe or blackmailed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Offered protection from other inmates?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Threatened with harm or a weapon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically held down or restrained?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically harmed or injured?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**END QUESTIONNAIRE**

These last two questions are about your experience with this questionnaire.

**25. In the past 12 months, when you had sex or sexual contact with facility staff, was it ever with the following:**

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
Male facility staff?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Female facility staff?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**26. In the past 12 months, when you had sex or sexual contact with facility staff, did you ever:**

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
Receive knife or stab wounds?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive broken bones?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive anal tearing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have your teeth chipped or knocked out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive internal injuries?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Get knocked unconscious?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Some other injury?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**27. In the past 12 months, when you had sex or sexual contact with facility staff, did you ever report it to any of the following people:**

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
A correctional officer?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
An administrative staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A medical or healthcare staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
An instructor, teacher, or counselor?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A volunteer?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Some other facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**28. How upsetting did you find it to answer questions about your own experiences with sex and sexual assault in this facility?**

- Not upsetting at all ..... <sub>1</sub>
- Somewhat upsetting ..... <sub>2</sub>
- Very upsetting ..... <sub>3</sub>

**29. How accurate are the answers you gave in this questionnaire?**

- Not very accurate ..... <sub>1</sub>
- Fairly accurate ..... <sub>2</sub>
- Very accurate ..... <sub>3</sub>

**After you have completed the survey, please put it in the envelope and seal it before you turn it in. Thank you!**