



at the UNIVERSITY of CHICAGO

Officer Safety in Correctional Facilities-- Correctional Officer Survey

NORC at the University of Chicago, with funding from the National Institute of Justice (NIJ) is conducting a study to look at the use, care and maintenance of body armor by correctional officers. This study has a "Privacy Certificate" from the National Institute of Justice. This means that the information you provide is for research purposes only and will not be released even if a court or lawyer requests it. Please complete and return this form using the pre-paid envelope, by faxing it to: XXXX or by completing the survey at <https://XXXXXXXX>. This voluntary form will take approximately 30 minutes to complete. Please contact NORC at **NUMBER HERE** or OfficerSurvey@norc.org if you have any questions or concerns.

Background

1. What is your gender?

- 1 Female
- 2 Male

2. Are you currently married, widowed, divorced, separated, never married, or living with a partner?

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 6 Living with a partner
- 7 Don't know

3. What is the highest grade of school you completed, or the highest degree you have received?

- 1 High school graduate
- 2 GED or equivalent

- 3 Some college, no degree
- 4 Associate degree
- 5 Bachelor's degree (example: BA, AB, BS, BBA)
- 6 Master's degree (example: MA, MS, MEng, MEd, MBA)
- 7 Professional school degree (example: MD, DDS, DVM, JD)
- 8 Doctoral degree (example: PhD, EdD)
- 9 Refused
- 10 Don't know

4. Are you Hispanic or Latino?

- 1 Yes
- 2 No

5. What is your race? (Please mark all that apply.)

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White
- 6 Multiracial
- 7 Other, please specify _____

6. Please think about your health status. In general, would you say your health is...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair or
- 5 Poor?

7. How is your health, in general, compared to 12 months ago? Is it:

- 1 Much better
- 2 Somewhat better

- 3 About the same
 4 Somewhat worse or
 5 Much worse?

In general, how much time during <i>the past month</i> ...	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
8. Have you felt particularly nervous?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
9. Have you felt so down in the dumps nothing could cheer you up?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
10. Have you felt calm and peaceful?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
11. Have you felt downhearted and blue?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
12. Have you been happy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, <i>in the past month</i> , you...	Yes	No
13. Have had nightmares about it or thought about it when you did not want to?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
14. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
15. Were constantly on guard, watchful, or easily startled?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
16. Felt numb or detached from others, activities, or your surroundings?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

17. How much do you weigh without clothes or shoes? [*If you are currently pregnant, How much did you weigh before your pregnancy?*]

Weight in pounds: _____

18. How tall are you without shoes? {Enter height in feet and inches}

|__|__| ENTER NUMBER OF FEET

AND

|__|__| ENTER NUMBER OF INCHES

Employment

19. What is your current rank?

- 1 Trainee (still in academy)
- 2 Correctional Officer Recruit (probationary officer)
- 3 Correctional Officer
- 4 Senior Correctional Officer
- 5 Sergeant
- 6 Lieutenant
- 7 Captain
- 8 Chief or above
- 9 Other (please describe): _____

20. How many years of correctional officer experience do you have in this facility?

- 1 0-1 year
- 2 2-5 years
- 3 6-10 years
- 4 11-20years
- 5 21 or more years

21. How many years of active military service have you had? (Round to the nearest year)

- | | | |
|------------------------------------|------------------------------------|--|
| 1 <input type="checkbox"/> None | 5 <input type="checkbox"/> 4 years | 9 <input type="checkbox"/> 8 years |
| 2 <input type="checkbox"/> 1 year | 6 <input type="checkbox"/> 5 years | 10 <input type="checkbox"/> 9 years |
| 3 <input type="checkbox"/> 2 years | 7 <input type="checkbox"/> 6 years | 11 <input type="checkbox"/> 10 or more |
| 4 <input type="checkbox"/> 3 years | 8 <input type="checkbox"/> 7 years | |

22. Mark the response that best describes your current duty assignment.

- 1 Recruit
- 2 Correctional Officer directly supervising inmates
- 3 Correctional Officer supervisor overseeing officers who directly supervise inmates
- 4 Correctional Officer in Administrative Assignment
- 5 Correctional Officer supervisor in Administrative Assignment
- 6 Tactical team
- 7 Command staff
- 8 Other, please specify: _____

23. How long have you been assigned to your current duty? (Round to the nearest year)

- | | | |
|---|------------------------------------|--|
| 1 <input type="checkbox"/> Less than 1 year | 5 <input type="checkbox"/> 4 years | 9 <input type="checkbox"/> 8 years |
| 2 <input type="checkbox"/> 1 year | 6 <input type="checkbox"/> 5 years | 10 <input type="checkbox"/> 9 years |
| 3 <input type="checkbox"/> 2 years | 7 <input type="checkbox"/> 6 years | 11 <input type="checkbox"/> 10 or more |
| 4 <input type="checkbox"/> 3 years | 8 <input type="checkbox"/> 7 years | |

24. Typically, how often do you have contact with inmates during your work shift?

- 1 At all times
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 None

25. In what part of the correctional facility are you currently assigned?

{Mark all that apply}

1 Armory/Key Control

2 Central Control

3 Perimeter security.

4 Segregation

5 Health/medical facility

6 Kitchen

7 Recreation

8 Visitation

9 Transportation

10 Administration

11 Yard

12 Utility/Escort

13 Roving

14 Intake/Property

15 Housing/Block

16 Industrial shop

17 Other Work Detail

18 Education

19 Laundry

20 Administrative/office

21 Other _____

Body Armor Use

26. Have you ever worn body armor as a correctional officer?

- 1 Yes
2 No → {skip to Q55}

27. Do you currently have access to body armor?

- 1 Yes
2 No → {skip to Q55}

28. Which of the following statements best describes your current access to body armor?

- 1 I have body armor dedicated to my personal use.
2 Body armor is readily available for me from a shared supply.
3 I have limited access to body armor.
4 Other _____

29. Do you currently wear body armor at any time during your duty hours?

- 1 No →
2 Yes → {skip to Q31}

30. Why do you not use body armor during your duty hours? *{Mark all that apply}*

- 1 I don't feel I need it. → {skip to Q55}
2 It's uncomfortable. → {skip to Q55}
3 Limits my mobility. → {skip to Q55}
4 Feels heavy. → {skip to Q55}
5 Gets too hot. → {skip to Q55}
6 Doesn't fit well. → {skip to Q55}
7 Don't like the look. → {skip to Q55}
8 Other _____ → {skip to Q55}

Protection/Protective Capabilities: Bullet-Resistant Armor

31. Do you ever wear bullet-resistant body armor?

- 1 Yes
2 No → {skip to Q38}

32. Do you know what level of bullet-resistant body armor you wear?

- 1 Yes
2 No → {skip to Q34}

33. What level of bullet-resistant body armor do you wear?

{If you are unsure, you may check the inner ballistic panel label for this information. For more information, see <http://www.nij.gov/pubs-sum/223054.htm>}

- 1 Type IIA (protection from 9 mm; .40 S&W)
2 Type II (protection from 9 mm; .357 Magnum)
3 Type IIIA (protection from .357 SIG; .44 Magnum)
4 Type III (protection from Rifles)
5 Type IV (protection from Armor Piercing Rifle)
6 Don't know

34. For your bullet-resistant armor, do you use an internal (i.e., you wear body armor under your uniform shirt) carrier?

- 1 All of the time
2 Some of the time
3 None of the time

35. For your bullet-resistant armor, do you use an external (i.e., you wear body armor over your uniform shirt) carrier?

- 1 All of the time
2 Some of the time
3 None of the time

36. Does your bullet-resistant armor utilize both front and back ballistic panels?

- 1 Front panel only

- 2 Back panel only
- 3 Both front and back panels
- 4 Don't know

37. Do you use any optional trauma/ballistic plates with your bullet-resistant armor?

- 1 Yes
- 2 No

Protection/Protective Capabilities: Stab-Resistant Armor

38. Do you ever wear stab-resistant body armor?

- 1 Yes
- 2 No ➡ {skip to Q44}

39. Do you know what level of stab-resistant body armor you wear?

- 1 Yes
- 2 No ➡ {skip to Q41}

40. What level of stab-resistant body armor do you wear?

{If you are unsure, you may check the inner ballistic panel label for this information. For more information, see <http://www.nij.gov/pubs-sum/183652.htm>}

- 1 Level I (low energy threats)
- 2 Level II (medium energy threats)
- 3 Level III (high energy threats)
- 4 Don't know

41. For your stab-resistant armor, do you use an internal (i.e., you wear body armor under your uniform shirt) carrier?

- 1 All of the time
- 2 Some of the time
- 3 None of the time

42. For your stab-resistant armor, do you use an external (i.e., you wear body armor over your uniform shirt) carrier?

- 1 All of the time

- 2 Some of the time
- 3 None of the time

43. Does your stab-resistant armor utilize both front and back ballistic panels?

- 1 Front panel only
- 2 Back panel only
- 3 Both front and back panels
- 4 Don't know

Body Armor Use (Continued)

Typically, how much of the time do you wear...	At all times	Most of the time	Some of the time	Rarely	None of the time
44. Stab-resistant body armor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
45. Bullet-resistant body armor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

46. Which type of body armor do you wear most of the time, stab-resistant or bullet-resistant armor?

- 1 Stab-resistant armor
 2 Bullet-resistant armor

For the remaining questions on this survey, please refer to the body armor that you wear most of the time, either stab-resistant or bullet-resistant armor.

Please indicate your level of agreement or disagreement with the following statements:

	strongly agree	agree somewhat	uncertain	disagree somewhat	strongly disagree
47. The fit of my body armor is comfortable.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
48. I feel uncomfortably warm when I wear body armor.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
49. Body armor restricts my physical movement on the job.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
50. My body armor feels too heavy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

51. Why do you wear body armor? {Mark all that apply.}

- 1 Critical for safety
 2 Worker's compensation issues
 3 Facility policy requires it
 4 Pressure from family members
 5 Other (specify): _____

52. In which of the following situations has your body armor protected you?

{Mark all that apply.}

- 1 Protection from knife or other edged weapon assault (e.g. spike, puncture, slash, stab)
- 2 Protection from punch/kick or other blunt trauma
- 3 Protection from the discharge of a firearm
- 4 Other (specify): _____
- 5 Not applicable: I have never been in a situation where my body armor was required to protect me

Facility Body Armor Policy

Instruction: Please refer to the body armor that you wear most of the time (stab or bullet-resistant) when answering these questions.

Please indicate your level of agreement or disagreement with the following statements:

	strongly agree	agree somewhat	uncertain	disagree somewhat	strongly disagree
53. My supervisor(s) strongly encourage body armor use at all times.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
54. My supervisor(s) strongly encourage body armor use for specific assignments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

55. Does your facility have a policy requiring you to wear body armor?

- 1 Yes
- 2 No ➡ {Skip to Q60}
- 3 Don't know

56. Are you required to wear body armor...

- 1 At all times when on duty (i.e., mandatory at all times)
- 2 At most times when on duty (i.e., mandatory with exceptions)
- 3 Under special circumstances (e.g., when working with inmates or when assigned to SWAT)
- 4 Other (please describe): _____

57. Have you ever violated your facility's body armor policy?

- 1 Yes

2 No ➡ {Skip to Q60}

58. Have you ever received some form of discipline for a body armor policy violation?

1 Yes

2 No ➡ Skip to Q60}

59. For your most recent violation of the body armor policy, what was the most serious disciplinary action against you?

1 Suspension

2 Written reprimand

3 Verbal reprimand

4 Fined

5 Sent to retrieve and wear body armor

6 Policy is not enforced

7 Other (please specify): _____

Selection/Acquisition

Instruction: Please refer to the body armor that you wear most of the time (stab or bullet-resistant) when answering these questions.

60. How did you obtain your body armor?

1 Issued by the facility ➡ {Skip to Q62}

2 Inherited it / Hand-me-down ➡ {Skip to Q62}

3 Pooled/Shared supply within the facility ➡ {Skip to Q70}

4 You purchased it yourself

61. What factors were important to you in selecting your body armor? {Mark all that apply.}

1 Protection level

2 Warranty

3 Price

4 Comfort

5 Confidence in brand

6 Referrals

7 Recommended by facility staff

8 Meets NIJ standard

9 Other (please describe):

62. When did you first receive the body armor that you currently wear?

- 1 Less than one year ago
- 2 More than a year but fewer than two years ago
- 3 More than two years but fewer than three years ago
- 4 More than three years but fewer than four years ago
- 5 More than four years but fewer than five years ago
- 6 More than five years but fewer than six years ago
- 7 Six or more years ago

63. How did you end up with the size body armor that you have?

- 1 Fitted formally, with a measuring tape or sizing template.
- 2 Received body armor that approximated my body size (e.g., small, medium, large, etc.)
- 3 Brought my measurements from another source.
- 4 Used same measurements as my colleague / someone of a similar size.
- 5 Assessed the fit myself.

64. Who assessed the fit of your body armor?

- 1 Representatives from the manufacturer/supplier.
- 2 Internal facility representatives.
- 3 Both the manufacturer AND facility representatives.
- 4 I did myself.
- 5 Other _____
- 6 None of the above

65. Has your body armor fit been re-checked in the past year? (That is, a measuring tape or sizing template was used to re-check the fit of your current armor.)

- 1 Yes
- 2 No

Maintenance, Training and Inspection

Instruction: Please refer to the body armor that you wear most of the time (stab or bullet-resistant) when answering these questions.

66. Where do you generally store your body armor when you are not working?

{Mark all that apply.}

- 1 Locker
- 2 Gear bag
- 3 In vehicle (interior)
- 4 In vehicle (trunk)
- 5 At home

67. When not in use, how do you store your body armor? *{Mark all that apply.}*

- 1 Lie it flat
- 2 Hang it up on standard hanger/hook
- 3 Fold it up
- 4 Use specialized device/container to hold armor for storage
- 5 Other (please specify): _____

68. Do you clean your body armor carrier?

- 1 Yes
- 2 No **➡** {Skip to Q70}

69. How do you clean your body armor carrier? *{Mark all that apply.}*

- 1 Soap and water
- 2 Laundry detergent
- 3 Professional cleaning
- 4 Fabric deodorizer (e.g., Febreze)
- 5 Other (please specify): _____

The following questions are about body armor education and training:

How were you educated or trained regarding... {Mark all that apply.}	70. Benefits and limitations of body armor	71. Body armor care and maintenance
a. Manufacturer-provided literature/manuals	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Department-provided literature/manuals	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Supervisory staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Manufacturer/supplier representative	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. In-service/specialized training	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Academy	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Firearms training	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Roll call	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. No materials or training were provided	1 <input type="checkbox"/>	2 <input type="checkbox"/>

72. If your body armor that you primarily use were damaged, would your facility have temporary replacement body armor available for you to use?

- 1 Yes
- 2 No
- 3 Don't know

Risk Assessment

My chance of being assaulted with one of the following weapons is...	High	Medium	Low	None
73. Edged weapon	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
74. Spike	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
75. Club or other blunt weapon	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
76. Firearm	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Please indicate your level of agreement or disagreement with the following statements:

	Strongly agree	Agree somewhat	Uncertain	Disagree somewhat	Strongly disagree
77. A correctional officer in this facility stands a good chance of getting hurt.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
78. There is really not much chance of getting hurt in my job.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
79. I work in a dangerous job.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
80. A lot of people I work with get physically injured in the line of duty.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
81. My job is a lot more dangerous than other kinds of jobs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Assault History

82. In your experience as a correctional officer, have you ever been assaulted in the line of duty with a weapon?

Yes

No



This is the end of the survey.

End Time: _____

Please return this form using the postage paid envelope provided.

How many times have you been assaulted... <i>{If none, mark Never.}</i>	Never	1	2	3	4	5	6	7	8	9	10 or more times
83. ...with an edged or spiked weapon?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
84. ...with a firearm?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
85. ...with a club/sap/other blunt object?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
86. ...other? Specify: _____ _____	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

87. Did any of these assaults happen in the facility where you currently work?

1 Yes

2 No

88. When did the most recent of this/these assaults occur?

1 Within past year

2 2 to 5 years ago

3 6 to 10 years ago

4 11 or more years ago

89. What was the extent of your injuries from the most serious of these assaults?

- 1 No injury
- 2 Superficial injury requiring first aid
- 3 Injury requiring medical treatment with no subsequent time off/disability
- 4 Injury requiring medical treatment with subsequent time off/disability

90. What was the context of the most serious of these assaults?

- 1 Assault occurred during a prepared effort (e.g. cell extraction)
- 2 Assault was spontaneous (e.g. during my rounds)

91. In the most serious of these assaults, which of the following weapons were used?

{Mark all that apply.}

- 1 Dagger / knife (manufactured blade)
- 2 Shank / sharpened personal item
- 3 Writing implement / nail/ other spiked object
- 4 Razor
- 5 Club / sap
- 6 Firearm
- 7 Other, specify: _____

End Time: _____

Please send your completed form to NORC using the enclosed postage paid envelope.
You may also return the completed survey by faxing it to: