

Attachments

Attachment C: ACASI Survey – Combined Version

Attachment D: Full Study ACASI Consent Form & Script

Attachment E: PAPI Questionnaires

Attachment F: Full Study PAPI Consent Form & Script

Attachment G: Facility Questionnaire

Attachment C: ACASI Survey – Combined Version

National Inmate Survey: Year 4

With 11/30/22 Revisions

Intro

Question ID: INTERVIEW_LANGUAGE

LANGUAGE OF INTERVIEW

- 1 English
- 2 Spanish

Question ID: INTRO1

INTERVIEWER: IF RESPONDENT ASKS ANY QUESTIONS ABOUT OMB APPROVAL FOR THIS STUDY, YOU MAY READ THE INFORMATION BELOW. OTHERWISE PRESS 1 AND ENTER TO GO TO THE NEXT SCREEN.

Notice: Public reporting for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-xxxx.

Question ID: I3

IS THIS INMATE BEING OFFERED AN INCENTIVE?

- 1 YES
- 2 NO

PROGRAM NOTES: Show this question ONLY IF FRTS value shows that the facility allows an incentive. If the facility does not allow an incentive, then DO NOT DISPLAY I3 - fill in I3 value as 'missing'.

CAPI DEMOGRAPHICS (A)

Question ID: A2

In what year were you born?

4-DIGIT YEAR: _____

DK/REF

Box ID: PB_A1

DEFINE TEMPAGE:

TEMPAGE = AGE CALCULATED BY SUBTRACTING A2 YEAR FROM CURRENT YEAR.

IF A2 NE (DK OR RF), CONTINUE TO A3, ELSE GO TO PB_A2

Question ID: A3

Are you TEMPAGE - 1 or TEMPAGE?

1 TEMPAGE - 1

2 TEMPAGE

DK/REF

Box ID: PB_A2

UPDATE RESPAGE:

IF A3 = 1 THEN RESPAGE = TEMPAGE - 1

ELSE IF A3=2, THEN RESPAGE = TEMPAGE

ELSE RESPAGE= BLANK

IF (A2=DK OR RF) OR A3=DK OR RF, CONTINUE TO A4, ELSE GO TO PB_A3

Question ID: A4

How old are you?

AGE: _____

DK/REF

Box ID: PB_A3

UPDATE RESPAGE:

IF A4 NE BLANK OR DK OR REF THEN RESPAGE = A4

IF A4 = DK OR RF THEN RESPAGE = ROSTER_AGE

IF (RESPAGE < 18 AND FacCons1617 = 2 (NO)) OR (RESPAGE < 16) CONTINUE TO A4A, ELSE GO TO B1.

Question ID: A4a

Thank you for your willingness to participate, but we cannot interview anyone who is younger than [16 / 18] for this study.

PRESS 1 AND ENTER TO END INTERVIEW AND ALERT CORRECTION OFFICER THAT INMATE IS FINISHED.

[IF RESPAGE < 16] DISPLAY ABOVE, FILL = "16"

[IF RESPAGE < 18 AND FacCons1617 = 2 (NO)] DISPLAY ABOVE, FILL = "18"

PROGRAM NOTES: Note to Programmers: Route these cases to M20. Apply status code 829 for "Inmate under age"

Question ID: B1

How old were you the **first time** you were arrested or taken into custody for any offense?

AGE: _____

DK/REF

NOTES: [RANGE: 6 - RESPAGE]

Question ID: A5

When were you admitted to this facility?

Question ID: A5a

2-DIGIT MONTH: _____

DK/REF

Question ID: A5b

2-DIGIT DAY: _____

DK/REF

Question ID: A5c

4-DIGIT YEAR: _____

DK/REF

Box ID: PB_A3a

IF A5a = DK/REF AND A5c NE DK OR REF CONTINUE TO A6, ELSE GO TO PB_A4

Question ID: A6

What time of year was it? Was it winter, spring, summer, or fall when you were admitted to this facility?

- 1 WINTER
- 2 SPRING
- 3 SUMMER
- 4 FALL
- DK/REF

Box ID: PB_A4

DEFINE CALCTIME:

IF A6 NE Null AND A5b = DK/RF, then DOA =

- If A6 = Winter, then DOA = FEB 1st + A5c
- IF A6 = Spring, then DOA = MAY 1st + A5c
- IF A6 = Summer, then DOA = AUG 1st + A5c
- IF A6 = Fall, then DOA = NOV 1st + A5c

IF A6 NE Null AND A5b NE DK/RF, then DOA =

- If A6 = Winter, then DOA = FEB + A5b + A5c
- IF A6 = Spring, then DOA = MAY + A5b + A5c
- IF A6 = Summer, then DOA = AUG + A5b + A5c
- IF A6 = Fall, then DOA = NOV + A5b + A5c

DISPLAY: IF CALCTIME >1 year DISPLAY: "That means you have been here for about [CALCTIME] years."

IF CALCTIME =1 year DISPLAY: "That means you have been here for about [CALCTIME] year."

IF CALCTIME <1 year AND >= 2 months DISPLAY: "That means you have been here for about [CALCTIME] months."

IF CALCTIME < 2 months DISPLAY: "That means you have been here for about [CALCTIME] days."

IF CALCTIME = 1 day DISPLAY: "That means you have been here for about [CALCTIME] day."

CALCTIME = CALCULATED BY "SUBTRACTING" DATE OF INCARCERATION FROM DATE OF INTERVIEW AND THEN ROUNDING. (less than 2 months report as days; 2 - 11 months, report as months (round down); 12 months or more round to nearest year)

IF ROSTER_DOA = EMPTY, JUMP TO A8

DEFINE DOAFILL1:

If facility admission date is at least 12 months ago then DOAFILL1 = During the past 12 months

If facility admission date is less than 12 months ago then DOAFILL1 = Since you arrived at this facility

DEFINE DOAFILL2:

If facility admission date is at least 12 months ago then DOAFILL2 = during the past 12 months

If facility admission date is less than 12 months ago then DOAFILL2 = since you arrived at this facility

IF CALCTIME NE 0 DAYS CONTINUE TO A7, ELSE GO TO PB_A4a

Question ID: A7

That means you have been here for about [CALCTIME]. Is that correct?

- 1 YES
- 2 NO

Box ID: PB_A4a

IF(A5a OR A5b OR A5c=DK OR RF) OR CALCTIME=0 DAYS OR A7=2 CONTINUE TO A8, ELSE GO TO PB_A5

Question ID: A8

How long have you been in this facility?

INTERVIEWER: PROBE THOROUGHLY TO AVOID A DK OR REFUSE RESPONSE IF AT ALL POSSIBLE.

- 1 LESS THAN 1 WEEK
 - 2 AT LEAST 1 WEEK BUT LESS THAN 1 MONTH
 - 3 AT LEAST 1 MONTH BUT LESS THAN 2 MONTHS
 - 4 AT LEAST 2 MONTHS BUT LESS THAN 6 MONTHS
 - 5 AT LEAST 6 MONTHS BUT LESS THAN 1 YEAR
 - 6 AT LEAST 1 YEAR BUT LESS THAN 5 YEARS
 - 7 AT LEAST 5 YEARS BUT LESS THAN 10 YEARS
 - 8 10 YEARS OR MORE
- DK/REF

Box ID: PB_A5

UPDATE DOAFILL1:

IF A8 = 1 - 5 THEN DOAFILL1 = Since you arrived at this facility

IF A8 = 6 - 8 , THEN DOAFILL1 = During the past 12 months

IF DK OR REF AND ROSTER_DOA NE EMPTY, THEN DETERMINE DOAFILL1 BASED ON ROSTER_DOA

IF ROSTER_DOA = EMPTY THEN DOAFILL1 = During the past 12 months

UPDATE DOAFILL2:

IF A8 = 1 - 5 THEN DOAFILL2 = since you arrived at this facility

IF A8 = 6 - 8, THEN DOAFILL2 = during the past 12 months

IF DK OR REF AND ROSTER_DOA NE EMPTY, THEN DETERMINE DOAFILL2 BASED ON ROSTER_DOA

IF ROSTER_DOA = EMPTY, THEN DOAFILL2 = during the past 12 months

RANDOMIZATION: PROGRAMMER, PLEASE IMPLEMENT RANDOMIZING ROUTINE 95/5.

Question ID: A9a

Did you spend last night in disciplinary or administrative segregation, or solitary confinement?

- | | |
|-----------|-----------|
| 1 YES | GO TO A9b |
| 2 NO | GO TO A9c |
| -- DK/REF | GO TO A9c |

Question ID: A9b

How many days have you been in disciplinary or administrative segregation, or solitary confinement?

- 1 1 day or less
 - 2 More than 1 day but less than 7 days
 - 3 At least 7 days but less than 14 days
 - 4 At least 14 days but less than 30 days
 - 5 30 days or more
- DK/REF

Question ID: A9c

Which of the following best describes the [housing unit /housing unit in disciplinary or administrative segregation, or solitary confinement] where you spent last night?

IF A9a=2 OR DK OR RF, DISPLAY FILL= "housing unit"

IF A9a=1, DISPLAY FILL= "housing unit in disciplinary or administrative segregation, or solitary confinement"

- 1 An open dorm
 - 2 A dorm with cubicles
 - 3 A unit with cells
 - 4 A unit with rooms
 - 5 An area not originally intended as housing, such as a gym, classroom, or day room
 - 6 NONE OF THESE
- DK/REF

Question ID: A10

How tall are you?

Feet: _____
Inches: _____
DK/REF

TUTORIAL (C)

Question ID: C1

Thanks for agreeing to participate in the survey! Before we begin, we want to show you how to use this computer. The computer will ask a series of questions. You answer each question by touching your answer on the screen. After you answer a question, you move on by touching the NEXT button in the lower right hand corner of the screen. Try touching that button now to move on.

Question ID: C2

Here is an example of a question that allows for only one answer.

Do you like ice cream?

Try pressing YES now to enter an answer.

- 1 Yes
- 2 No
- DK
- RF

Question ID: C3

If you want to change your answer, you can touch the ERASE button located under the list of answer choices and enter your answer again. Touch the ERASE button and enter your answer again.

Do you like ice cream?

- 1 Yes
- 2 No
- DK
- RF

Question ID: C4

Sometimes you will be asked a question with a number answer.

For example, how many meals have you eaten today?

The screen will display a number pad. Touch the numbers to answer the question and that number will appear in the answer box.

Number pad

- DK
- RF

Question ID: C5

If you want to skip a question, touch the NEXT button without answering the question. The computer will say you didn't answer the question and will ask you why you didn't answer. Try touching the NEXT button now, without answering the question below to see how this works.

Do you like ice cream?

WHEN INMATE PRESSES "NEXT" BUTTON SHOW THE DK/REF SCREEN THAT ASKS INMATE TO CONFIRM IF THE SKIP WAS INTENTIONAL:

You did not answer the previous question. Please select...

I really meant to answer.

I'd rather not answer.

I don't know the answer.

1 Yes

2 No

DK

RF

Question ID: C6

Sometimes, you will be asked to answer "Yes" or "No" to several questions that appear one after another on the same screen. After you answer one question, another question will appear on the screen.

To answer each question, touch the "Yes" or "No" button next to each question. If you want to skip a question, touch the NEXT button that appears at the bottom of the screen. When you get to the end of the screen, you will be asked to press the NEXT button.

To see how this works, answer the first question below and then you'll see how the next questions appear on the screen.

Box ID: PB_C7

DISPLAY items C7a, C7b, and C7c on the same screen

DISPLAY ALL ITEMS ON SAME SCREEN BUT ONE ITEM AT A TIME.

Question ID: C7a

Has a doctor or other health care provider **ever** told you that you are allergic to pollen?

1 Yes

2 No

DK

RF

Question ID: C7b

Has a doctor or other health care provider **ever** told you that you are allergic to dust?

- 1 Yes
- 2 No
- DK
- RF

Question ID: C7c

Has a doctor or other health care provider **ever** told you that you are allergic to mold?

- 1 Yes
- 2 No
- DK
- RF

Question ID: C8

Some questions will appear in a grid format that allows you to select only one answer per row. For example:

Box ID: PB_C9

DISPLAY C8, stem question C9, and items C9a, C9b, C9c, C9d on the same screen

DISPLAY ALL ITEMS ON SAME SCREEN IN A GRID FORMAT.

Question ID: C9

To what extent do you agree or disagree with the following statements. Please select one answer in each row.

Question ID: C9a

I like cold weather

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- RF

Question ID: C9b

I like hot weather

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- RF

Question ID: C9c

I like dogs

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- RF

Question ID: C9d

I like cats

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- RF

Question ID: C10

You do not have to wait for the computer to read all the answers before selecting your answer. Once you touch the screen, the computer will stop reading.

Question ID: C11

To hear a question again, touch the question on the screen once the computer has stopped reading.

For example, to hear this instruction again, touch any of the words on this screen.

Question ID: C12

To go back to a previous question, touch the BACK button in the lower left hand corner of the screen. You use the BACK button if you want to go back and change or look at your answer to an earlier question.

Question ID: C13

If there is anything that you do not understand, if you need to stop the interview or if you have any problems during the interview, please raise your hand and ask the monitor to help you.

You have finished answering the practice questions and are ready to start the actual survey. Touch the NEXT button to begin.

ACASI DEMOGRAPHICS (A)

Question ID: A11
Are you of Hispanic, Latino, or Spanish origin? 1 Yes 2 No DK/REF

Question ID: A13
Which of these categories describes your race? You may answer yes to one or more of these categories. items A13a-A13e should be displayed on the same screen as much as space allows

Question ID: A13a
White? 1 Yes 2 No DK/RF

Question ID: A13b
Black or African American? 1 Yes 2 No DK/RF

Question ID: A13c
American Indian or Alaska Native? 1 Yes 2 No DK/RF

Question ID: A13d
Asian? 1 Yes 2 No DK/RF

National Inmate Survey: Year 4

Question ID: A13e

Native Hawaiian or other Pacific Islander?

- 1 Yes
- 2 No
- DK/RF

Question ID: A16

How much do you **currently** weigh in pounds?

CURRENT WEIGHT: _____

DK/REF

NOTES: [RANGE: 50 - 700]

Question ID: A17

Did you graduate from high school?

- 1 Yes GO TO A18
- 2 No GO TO A19
- DK/REF

Question ID: A18

Did you receive a high school diploma or a GED for finishing high school?

- 1 A high school Diploma GO TO PB_A7
- 2 A GED GO TO PB_A7
- DK/REF GO TO PB_A7

Question ID: A19

Did you receive a GED?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_A7

IF A17=1 OR A19=1, CONTINUE TO A20, ELSE GO TO PB_A8

National Inmate Survey: Year 4

Question ID: A20

What is the highest level of school you have completed?

- 1 High school or GED
 - 2 Some college but you did not receive a degree
 - 3 Associate Degree
 - 4 Bachelor's Degree
 - 5 An advanced degree such as a Master's, MBA, or PhD
- DK/REF

Box ID: PB_A8

IF A17=2 AND A19=2, CONTINUE TO A21, ELSE GO TO V1

Question ID: A21

Did you attend high school?

- 1 Yes
 - 2 No
- DK/REF

Question ID: V1

Have you **ever** served in the United States Armed Forces?

- 1 Yes GO TO V4
 - 2 No
- DK/REF

Question ID: V4

Are you **currently** serving in the United States Armed Forces?

- 1 Yes
 - 2 No GO TO V8
- DK/REF

Question ID: V8

What type of discharge did you receive from the United States Armed Forces?

- 1 Honorable
 - 2 General under honorable conditions
 - 3 Other than honorable
 - 4 Bad conduct
 - 5 Dishonorable
 - 6 Some other type of discharge
- DK/REF

CRIMINAL HISTORY (B)

Question ID: B0

These next questions are about your experience with crime and the criminal justice system.

Touch the **NEXT** button to go to the next screen.

Question ID: B2

Altogether, how many times have you been arrested or taken into custody for any offense?

- 1 One time
 - 2 2-3 times
 - 3 4-10 times
 - 4 11 times or more
- DK/REF

Question ID: B3

Before you were admitted to this facility, had you **ever** spent time as an adult or juvenile in a prison, jail, or other correctional facility?

- 1 Yes
 - 2 No
- DK/REF

Question ID: B4

Are you currently in this facility because you have been sentenced to serve time for an offense?

- 1 Yes
 - 2 No
- DK/REF

Box ID: PB_B1

IF B4=2 Or DK OR RF, CONTINUE TO B5 THROUGH B10, B28, B12, B11, AND B13, ELSE SKIP TO PB_B2

Question ID: B5

Are you **currently** being held in this facility for a property offense? Property offenses include crimes like burglary, larceny, theft, auto theft, bad checks, fraud, forgery, arson, or possession of stolen goods.

- 1 Yes
 - 2 No
- DK/REF

Question ID: B6

Are you **currently** being held in this facility for a drug offense? Drug offenses include crimes like possessing, selling, trafficking, importing, smuggling, or manufacturing illegal drugs or drug paraphernalia.

- 1 Yes
- 2 No
- DK/REF

Question ID: B7

Are you **currently** being held in this facility for a violent offense? Violent offenses include crimes like physical or sexual assault, rape, robbery, manslaughter, murder, attempted murder, or kidnapping.

- 1 Yes
- 2 No
- DK/REF

Question ID: B8

Are you **currently** being held in this facility for other crimes against people? Other crimes against people include crimes like vehicular homicide, hit and run, reckless endangerment, child neglect, harassment, or stalking.

- 1 Yes
- 2 No
- DK/REF

Question ID: B9

Are you **currently** being held in this facility for a sexual offense? Sexual offenses include crimes like rape, statutory rape, sexual assault, child molestation, pornography, incest, or indecent exposure.

- 1 Yes
- 2 No
- DK/REF

Question ID: B10

Are you **currently** being held in this facility for a probation, parole, or community supervision violation?

- 1 Yes
- 2 No
- DK/REF

Question ID: B28

Are you **currently** being held in this facility for a weapons offense? Weapons offenses include things like possessing an illegal or stolen weapon, illegally discharging a firearm, using a weapon during the commission of a crime, or violating probation, parole, or community supervision by possessing a firearm.

- 1 Yes
- 2 No
- DK/REF

Question ID: B12

Are you **currently** being held in this facility for driving under the influence or driving while intoxicated?

- 1 Yes
- 2 No
- DK/REF

Question ID: B11

Are you **currently** being held in this facility for a procedural violation? Procedural violations include things like failure to appear in court, violating a restraining order, failure to obey a lawful order of a police officer, contempt, escape, resisting arrest without violence, or a regulatory or tax offense.

- 1 Yes
- 2 No
- DK/REF

Question ID: B13

Are you **currently** being held in this facility for some other offense? Other offenses include crimes like loitering, prostitution, gambling, drunkenness, disorderly conduct, trespassing, minor traffic violations, or immigration violations.

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_B2

IF B4=1, CONTINUE TO B14 THROUGH B19, B29, B21, B20, AND B22, ELSE SKIP TO PB_B3

Question ID: B14

Are you **currently** serving time in this facility for a property offense? Property offenses include crimes like burglary, larceny, theft, auto theft, bad checks, fraud, forgery, arson, or possession of stolen goods.

- 1 Yes
- 2 No
- DK/REF

Question ID: B15

Are you **currently** serving time in this facility for a drug offense? Drug offenses include crimes like possessing, selling, trafficking, importing, smuggling, or manufacturing illegal drugs or drug paraphernalia.

- 1 Yes
- 2 No
- DK/REF

Question ID: B16

Are you **currently** serving time in this facility for a violent offense? Violent offenses include crimes like physical or sexual assault, rape, robbery, manslaughter, murder, attempted murder, or kidnapping.

- 1 Yes
- 2 No
- DK/REF

Question ID: B17

Are you **currently** serving time in this facility for other crimes against people? Other crimes against people include crimes like vehicular homicide, hit and run, reckless endangerment, child neglect, harassment, or stalking.

- 1 Yes
- 2 No
- DK/REF

Question ID: B18

Are you **currently** serving time in this facility for a sexual offense? Sexual offenses include crimes like rape, statutory rape, sexual assault, child molestation, pornography, incest, or indecent exposure.

- 1 Yes
- 2 No
- DK/REF

Question ID: B19

Are you **currently** serving time in this facility for a probation, parole, or community supervision violation?

- 1 Yes
- 2 No
- DK/REF

Question ID: B29

Are you **currently** serving time in this facility for a weapons offense? Weapons offenses include things like possessing an illegal or stolen weapon, illegally discharging a firearm, using a weapon during the commission of a crime, or violating probation, parole, or community supervision by possessing a firearm.

- 1 Yes
- 2 No
- DK/REF

Question ID: B21

Are you **currently** serving time in this facility for driving under the influence or driving while intoxicated?

- 1 Yes
- 2 No
- DK/REF

Question ID: B20

Are you **currently** serving time in this facility for a procedural violation? Procedural violations include things like failure to appear in court, violating a restraining order, failure to obey a lawful order of a police officer, contempt, escape, resisting arrest without violence, or a regulatory or tax offense.

- 1 Yes
- 2 No
- DK/REF

Question ID: B22

Are you **currently** serving time in this facility for some other offense? Other offenses include crimes like loitering, prostitution, gambling, drunkenness, disorderly conduct, trespassing, minor traffic violations, or immigration violations.

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_B3

IF B4=1 OR DK OR RF, CONTINUE TO B25, ELSE GO TO SECTION D

Question ID: B25

What is your total maximum sentence length for all of the sentences you are serving?

- 1 Less than 30 days
 - 2 At least 30 days but less than 6 months
 - 3 At least 6 months but less than 1 year
 - 4 At least 1 year but less than 5 years
 - 5 5 years or more
- DK/REF

SEXUAL IDENTITY AND PRE-INCARCERATION INFORMATION (D)

Question ID: D1

Are you **currently** married, widowed, divorced or separated, or have you never married?

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated (for reasons other than incarceration)
- 5 Never married
- DK/REF

Question ID: D2

Which of the following best represents how you think of yourself?

IF A13c=1, DISPLAY response option: "Two-Spirit"

- 1 Lesbian or gay
- 2 Straight; that is, not lesbian or gay
- 3 Bisexual; that is, you are sexually attracted to both men and women
- 4 Two-Spirit
- 95 Something else
- DK/REF

Box ID: PB_Da

DEFINE SexualOrientationFill:

IF D2=1, then SexualOrientationFill = "lesbian or gay"

IF D2=3, then SexualOrientationFill = "bisexual"

IF D2 = 4, then SexualOrientationFill = "Two-Spirit"

ELSE SexualOrientationFill = BLANK

Question ID: D3a

What sex were you assigned at birth, on your original birth certificate?

- 1 Male
- 2 Female
- DK/REF

Question ID: D3b

Do you currently think of yourself as...?

IF A13c=1 DISPLAY response option: "Two-Spirit"

- 1 Male
- 2 Female
- 3 Transgender
- 4 Two-Spirit
- 95 None of these
- DK/REF

Box ID: PB_D1

DEFINE CURRSEX

IF D3b=1 THEN CURRSEX FILL= "describe yourself as male"

IF D3b=2 THEN CURRSEX FILL= "describe yourself as female"

IF D3b=3 THEN CURRSEX FILL= "describe yourself as transgender"

IF D3b = 4 THEN CURRSEX FILL = "describe yourself as Two-Spirit"

IF D3b = 95 AND A13c NE 1 THEN CURRSEX FILL = "do not describe yourself as male, female, or transgender"

IF D3b = 95 AND A13c = 1 THEN CURRSEX FILL = "do not describe yourself as male, female, Two-Spirit, or transgender"

DEFINE BIRTHSEX

IF D3a=1 THEN BIRTHSEX= "male"

IF D3a=2 THEN BIRTHSEX= "female"

ELSE, BIRTHSEX = BLANK

[IF (D3a = 1 AND D3b = 2 OR 3 OR 4 OR 95) OR (D3a = 2 AND D3b = 1 OR 3 OR 4 OR 95) CONTINUE TO D3c, ELSE SKIP TO PB_D1c.

Question ID: D3c

Just to confirm what you entered, you were assigned [BIRTHSEX] on your original birth certificate and now you [CURRSEX FILL]. Is that correct?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_D1a

IF D3c=2 CONTINUE TO D3d, ELSE GO TO PB_D1b

Question ID: D3d

Please answer this question again: What sex was recorded on your original birth certificate?

- 1 Male
- 2 Female
- DK/REF

Box ID: PB_D1b

IF D3c=2 CONTINUE TO D3e, ELSE GO TO PB_D1c

Question ID: D3e

Please answer this question again: Do you **currently** think of yourself as [male, female, Two-Spirit, or transgender/male, female, or transgender]?

IF A13c=1 DISPLAY response option: "Two-Spirit"

IF D3c = 2 AND A13c = 1 DISPLAY fill = "male, female, Two-Spirit, or transgender"

IF D3c = 2 AND A13c NE 1 DISPLAY fill = "male, female, or transgender"

- 1 Male
- 2 Female
- 3 Transgender
- 4 Two-Spirit
- 95 None of these
- DK/REF

Box ID: PB_D1c

UPDATE GENDER

IF (D3c = 1 OR DK OR REF) OR (D3d = 1 AND D3e = 2 OR 3 OR 4 OR 95) OR (D3d = 2 AND D3e = 1 OR 3 OR 4 OR 95) THEN GENDER = 3

IF BIRTHSEX = BLANK AND (D3b = 3 OR 4), THEN GENDER = 3

IF (D3d = DK OR REF) AND (D3e = 3 OR 4), THEN GENDER = 3

IF RANDOM 5, SKIP TO FH_1, ELSE CONTINUE TO D6.

Question ID: D6

Before you entered this facility, had anyone **ever** physically forced you to have sex or sexual contact - that is unwanted touching of the breasts, genitals, or butt, or vaginal, oral, or anal sex?

- 1 Yes
- 2 No
- DK/REF

Question ID: D7

Before you entered this facility, had anyone **ever** pressured you or made you feel you had to have sex or sexual contact - that is unwanted touching of the breasts, genitals, or butt, or vaginal, oral, or anal sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_D2

DEFINE SEXTYPE1:

IF D6 = 1 AND D7 NE 1, SEXTYPE1 = "physically forced"

IF D6 NE 1 AND D7 =1, SEXTYPE1 = "pressured or made to feel that you had"

IF D6 = 1 AND D7 = 1, SEXTYPE1 = "physically forced, pressured, or made to feel that you had"

ELSE SEXTYPE1 = BLANK

IF D6=1 OR D7=1, CONTINUE TO D8, ELSE GO TO PB_D2a

Question ID: D8

How many times were you [SEXTYPE1 FILL] to have sex or sexual contact before you entered this facility?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Box ID: PB_D2a

IF D8 NE 1 AND SEXTYPE1 NE BLANK AND RESPAGE=18 OR OLDER, CONTINUE TO D9, ELSE GO TO PB_D2b.

Question ID: D9

Were you [SEXTYPE1 FILL] to have sex or sexual contact before you were 18 years old, after you turned 18, or both?

- 1 Before you were 18
- 2 After you turned 18
- 3 Both
- DK/REF

Box ID: PB_D2b

IF D8=1 AND RESPAGE=18 OR OLDER, CONTINUE TO D10, ELSE GO TO PB_D2c

Question ID: D10

Were you [SEXTYPE1 FILL] to have sex or sexual contact before you were 18 years old?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_D2c

IF (D6=1 OR D7=1) AND B3=1, CONTINUE TO D11, ELSE GO TO PB_D3

Question ID: D11

Before you entered this facility, were you [SEXTYPE1 FILL] to have sex or sexual contact while you were an adult or juvenile in a jail, prison, or other correctional facility?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_D3

IF RANDOM=95, SKIP TO D16, ELSE CONTINUE TO FH_1

Question ID: FH_1

Is this the only facility you've been held in during your **current** incarceration?

- 1 Yes
- 2 No GO TO FH_2
- DK/REF GO TO FH_2

Question ID: FH_2

During your **current** incarceration, how many **jails** have you been held in for at least one night, including this one? Include all jails, even if in another county or state.

NUMBER OF JAILS: _____

DK/REF

PROGRAM NOTES: RANGE: 1 -15

Question ID: D12

Now think about the **6 months** before you were incarcerated.

During the **6 months** before you were incarcerated, did you live for **most of the time...**

- 1 In your own house or apartment, meaning your name was on the title, mortgage, or lease
- 2 In someone else's house or apartment, including your parents' place
- 3 In a residential treatment facility
- 4 In a transitional housing facility or halfway house
- 5 In a shelter
- 6 On the street or you were homeless
- 7 In no set place or you moved around a lot
- 8 In some other place or situation

DK/REF

Question ID: D13

Have you **ever** had a job working for pay?

- 1 Yes
- 2 No

DK/REF

Question ID: D14

At any point during the **6 months** before you were incarcerated, did you have a job where you worked for pay?

- 1 Yes
- 2 No

DK/REF

Question ID: D15

How did you support yourself during the **6 months** before you were incarcerated?
items D15a-D15f should be displayed on the same screen as much as space allows

Question ID: D15a

A job?

- 1 Yes
- 2 No
- DK/REF

Question ID: D15b

Support from your family?

- 1 Yes
- 2 No
- DK/REF

Question ID: D15c

Support from your friends?

- 1 Yes
- 2 No
- DK/REF

Question ID: D15d

A government program or public assistance?

- 1 Yes
- 2 No
- DK/REF

Question ID: D15e

Illegal income?

- 1 Yes
- 2 No
- DK/REF

Question ID: D15f

Some other type of support?

- 1 Yes
- 2 No
- DK/REF

Question ID: D16

[Still thinking about the **6 months** before you were incarcerated, had anyone you/Now think about the **6 months** before you were incarcerated. Had anyone you] were **living with** at that time ever been in jail, prison, or some other correctional institution?

IF RANDOM =5, DISPLAY, "Still thinking about the 6 months before you were incarcerated, had anyone you..."

IF RANDOM =95, DISPLAY, "Now think about the 6 months before you were incarcerated. Had anyone you..."

- 1 Yes
- 2 No
- DK/REF

Question ID: D17

At the time you became incarcerated, how many children under the age of 18 did you have? Please count all children that you consider yourself to be a parent of.

- 1 0
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5 or more
- DK/REF

Box ID: PB_D3a

IF D17>0, CONTINUE TO D18, ELSE GO TO D19

Question ID: D18

During the **6 months** before you were incarcerated, how many of those children lived with you?

- 1 0
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5 or more
- DK/REF

National Inmate Survey: Year 4

Question ID: D19

Have any of your parents or guardians **ever** been incarcerated in a prison or jail?

- | | | |
|----|--------|-----------|
| 1 | Yes | GO TO D20 |
| 2 | No | GO TO D21 |
| -- | DK/REF | GO TO D21 |

Question ID: D20

Are any of your parents or guardians **currently** incarcerated in a prison or jail?

- 1 Yes
- 2 No
- DK/REF

Question ID: D21

Have any of your brothers or sisters **ever** been incarcerated in a prison or jail?

- 1 Yes GO TO D22
- 2 No GO TO D23
- 3 I do not have any brothers or sisters GO TO D23
- DK/REF GO TO D23

Question ID: D22

Are any of your brothers or sisters **currently** incarcerated in a prison or jail?

- 1 Yes
- 2 No
- DK/REF

Question ID: D23

Think about the people you considered to be your closest friends before you were incarcerated. Had any of those close friends **ever** been incarcerated in a prison or jail?

- 1 Yes GO TO D24
- 2 No GO TO PB_D4
- DK/REF GO TO PB_D4

Question ID: D24

Are any of those close friends **currently** incarcerated in a prison or jail?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_D4

IF RANDOM =5 SKIP TO SECTION CE, ELSE CONTINUE TO SECTION E

SEXUAL ACTIVITY WITH INMATES (E)

Question ID: E1

These next questions are about both wanted and unwanted sex or sexual contact you have had with other inmates in this facility **DOAFILL2**.

Touch the **NEXT** button to go to the next screen.

Question ID: E2

DOAFILL1, have **you** been touched on your [butt, thighs, or penis/butt, thighs, breasts, or vagina/butt, thighs, breasts, penis, or vagina] in a sexual way by another inmate?

IF GENDER=1, DISPLAY FILL= " butt, thighs, or penis"

IF GENDER=2, DISPLAY FILL= "butt, thighs, breasts, or vagina"

IF GENDER=3, DISPLAY FILL= "butt, thighs, breasts, penis, or vagina"

1 Yes

2 No

DK/REF

Box ID: PB_Ea

IF GENDER=1 OR GENDER =3, CONTINUE TO E6, ELSE GO TO E8

Question ID: E6

DOAFILL1, have you given **or** received a handjob? A 'handjob' is when someone's penis is rubbed by somebody else.

1 Yes

2 No

DK/REF

Question ID: E8

DOAFILL1, have you given **or** received [oral sex or a blowjob? Oral sex is when one inmate puts their mouth on the penis or butt of another inmate/oral sex? Oral sex is when one inmate puts their mouth on the vagina or butt of another inmate/oral sex or a blowjob? Oral sex is when one inmate puts their mouth on the penis, vagina, or butt of another inmate].

IF GENDER=1, DISPLAY FILL= "oral sex or a blowjob? Oral sex is when one inmate puts their mouth on the penis or butt of another inmate"

IF GENDER =2, DISPLAY FILL = "oral sex? Oral sex is when one inmate puts their mouth on the vagina or butt of another inmate"

IF GENDER =3, DISPLAY FILL = "oral sex or a blowjob? Oral sex is when one inmate puts their mouth on the penis, vagina, or butt of another inmate"

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Eb

IF GENDER =2 or GENDER =3, CONTINUE TO E10, ELSE SKIP TO E12

Question ID: E10

DOAFILL1, have you had vaginal sex? Vaginal sex is when one inmate inserts their [finger or an object/finger, penis, or an object] into another inmate's vagina.

IF GENDER =2, DISPLAY FILL = "finger or an object"

IF GENDER =3, DISPLAY FILL = "finger, penis, or an object"

- 1 Yes
- 2 No
- DK/REF

Question ID: E12

DOAFILL1, have you had anal sex? Anal sex is when one inmate inserts their [finger, penis, or an object/finger or an object] into another inmate's butt.

IF GENDER=1 OR GENDER=3, DISPLAY FILL= "finger, penis, or an object"

IF GENDER=2, DISPLAY FILL= "finger or an object"

- 1 Yes
- 2 No
- DK/REF

Question ID: E14

DOAFILL1, have you had any type of sex or sexual contact with another inmate **other than** sexual touching, [handjobs, oral sex or blowjobs, or anal sex/oral sex, vaginal sex, or anal sex/handjobs, oral sex or blowjobs, vaginal sex, or anal sex]?

IF GENDER =1, DISPLAY FILL = "handjobs, oral sex or blowjobs, or anal sex"

IF GENDER=2, DISPLAY FILL = "oral sex, vaginal sex, or anal sex"

IF GENDER=3, DISPLAY FILL = "handjobs, oral sex or blowjobs, vaginal sex, or anal sex"

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Ebb

IF (GENDER=1 AND (E2=1 OR E6=1 OR E8=1 OR E12=1 OR E14=1)) OR (GENDER=2 AND (E2=1 OR E8=1 OR E10=1 OR E12=1 OR E14=1) OR (GENDER=3 AND (E2 = 1 OR E6 = 1 OR E8 = 1 OR E10 = 1 OR E12 = 1 OR E14 = 1))), CONTINUE TO E15, ELSE GO TO PB_Ec

Question ID: E15

These next questions are **only** about unwanted sex or sexual contact.

Touch the **NEXT** button to go to the next screen.

Box ID: PB_Ec

IF GENDER=1 AND E2=1, CONTINUE TO E16, ELSE GO TO PB_Ed

Question ID: E16

DOAFILL1, did another inmate use physical force to touch your butt, thighs, or penis in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Ed

IF GENDER=1 AND E2=1, CONTINUE TO E17, ELSE GO TO PB_Ee

Question ID: E17

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, or penis in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Ee

IF GENDER=2 AND E2=1, CONTINUE TO E18, ELSE GO TO PB_Ef

Question ID: E18

DOAFILL1, did another inmate use physical force to touch your butt, thighs, breasts, or vagina in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Ef

IF GENDER=2 AND E2=1, CONTINUE TO E19, ELSE GO TO PB_Ef1

Question ID: E19

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, breasts, or vagina in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Ef1

IF GENDER=3 AND E2=1, CONTINUE TO E20, ELSE GO TO PB_Ef2

Question ID: E20

DOAFILL1, did another inmate use physical force to touch your butt, thighs, breast, penis, or vagina in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Ef2

IF GENDER=3 AND E2=1, CONTINUE TO E21, ELSE GO TO PB_Eg

Question ID: E21

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, breasts, penis, or vagina in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Eg

IF (GENDER=1 OR GENDER=3) AND E6=1, CONTINUE TO E22, ELSE GO TO PB_Eh

Question ID: E22

DOAFILL1, did another inmate use physical force to make you give **or** receive a handjob?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Eh

IF (GENDER=1 OR GENDER=3) AND E6=1, CONTINUE TO E23, ELSE GO TO PB_Ei

Question ID: E23

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to give **or** receive a handjob?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Ei

IF GENDER=2 AND E8=1, CONTINUE TO E24, ELSE GO TO PB_Ej

Question ID: E24

DOAFILL1, did another inmate use physical force to make you give **or** receive oral sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Ej

IF GENDER=2 AND E8=1, CONTINUE TO E25, ELSE GO TO PB_Ek

Question ID: E25

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to give **or** receive oral sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Ek

IF GENDER=1 OR GENDER=3) AND E8=1, CONTINUE TO E26, ELSE GO TO PB_El

Question ID: E26

DOAFILL1, did another inmate use physical force to make you give **or** receive oral sex or a blowjob?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_El

IF (GENDER=1 OR GENDER=3) AND E8=1, CONTINUE TO E27, ELSE GO TO PB_Em

Question ID: E27

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to give **or** receive oral sex or a blowjob?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Em

IF (GENDER=2 OR GENDER=3) AND E10=1, CONTINUE TO E28, ELSE GO TO PB_En

Question ID: E28

DOAFILL1, did another inmate use physical force to make you have vaginal sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_En

IF (GENDER=2 or GENDER=3) AND E10=1, CONTINUE TO E29, ELSE GO TO PB_Eo

Question ID: E29

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to have vaginal sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Eo

IF E12=1, CONTINUE TO E32, ELSE GO TO PB_Ep

Question ID: E32

DOAFILL1, did another inmate use physical force to make you have anal sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Ep

IF E12=1, CONTINUE TO E33, ELSE GO TO PB_Eq

Question ID: E33

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Eq

IF E14=1, CONTINUE TO E34, ELSE GO TO PB_Er

Question ID: E34

DOAFILL1, did another inmate use physical force to make you have any type of sex or sexual contact **other than** sexual touching, [handjobs, oral sex or blowjobs/oral sex, vaginal sex/handjobs, oral sex or blowjobs, vaginal sex], or anal sex?

IF GENDER=1, DISPLAY FILL = "handjobs, oral sex or blowjobs"

IF GENDER =2, DISPLAY FILL= "oral sex, vaginal sex"

IF GENDER =3, DISPLAY FILL= "handjobs, oral sex or blowjobs, vaginal sex"

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Er

IF E14=1, CONTINUE TO E35, ELSE GO TO PB_E1

Question ID: E35

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact **other than** sexual touching, [handjobs, oral sex or blowjobs/oral sex, vaginal sex/handjobs, oral sex or blowjobs, vaginal sex], or anal sex?

IF GENDER=1, DISPLAY FILL = "handjobs, oral sex or blowjobs"

IF GENDER =2, DISPLAY FILL= "oral sex, vaginal sex"

IF GENDER =3, DISPLAY FILL= "handjobs, oral sex or blowjobs, vaginal sex"

1 Yes

2 No

DK/REF

Box ID: PB_E1

DEFINE forced:

If at least one of (E16, E18, E20, E22, E24, E26, E28, E32, E34) is YES, then forced = YES
else forced = NO

DEFINE pressured:

If at least one of (E17, E19, E21, E23, E25, E27, E29, E33, E35) is YES, then pressured YES
else pressured = NO

DEFINE ForcedOrPressuredFill2:

If forced = YES AND pressured = NO then forcedOrPressuredFill2 = "physically forced to"

Else if forced = NO AND pressured = YES then forcedOrPressuredFill2 = "pressured or made to feel that you had to"

Else if forced = YES AND pressured = YES then forcedOrPressuredFill2 = "physically forced, pressured, or made to feel that you had to"

Else forcedOrPressuredFill2 = "???"

Note that if forced and pressured are both NO, the fill won't be used so it doesn't matter what it is.

IF GENDER=1 AND (E22=1 OR E23=1 OR E26=1 OR E27=1 OR E32=1 OR E33=1), CONTINUE TO E36, ELSE CONTINUE TO PB_E1a

Question ID: E36

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E22 OR E23 = 1] Give or receive a handjob,
- [IF E26 OR E27 = 1] Give or receive oral sex or a blowjob, or
- [IF E32 OR E33 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

1 ITEM - END WITH ?

2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?

3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more

DK/REF

Box ID: PB_E1a

IF E36=3, CONTINUE TO E36a, ELSE GO TO PB_E1b

Question ID: E36a

DOAFILL1, how many time altogether were you [ForcedOrPressuredFill2]:

- [IF E22 OR E23 = 1] Give or receive a handjob,
- [IF E26 OR E27 = 1] Give or receive oral sex or a blowjob, or
- [IF E32 OR E33 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

1 ITEM - END WITH ?

2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?

3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E1b

IF E36=4, CONTINUE TO E36b, ELSE GO TO PB_E1c

Question ID: E36b

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E22 OR E23 = 1] Give or receive a handjob,
- [IF E26 OR E27 = 1] Give or receive oral sex or a blowjob, or
- [IF E32 OR E33 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

- 1 ITEM - END WITH ?
- 2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?
- 3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_E1c

IF GENDER = 2 AND (E24 = 1 OR E25 = 1 OR E28 = 1 OR E29 = 1 OR E32 = 1 OR E33 = 1), CONTINUE TO E37, ELSE GO TO PB_E1d

Question ID: E37

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E24 OR E25 = 1] Give or receive oral sex,
- [IF E28 OR E29 = 1] Have vaginal sex, or
- [IF E32 OR E33 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

- 1 ITEM - END WITH ?
- 2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?
- 3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more

DK/REF

Box ID: PB_E1d

IF E37=3, CONTINUE TO E37a, ELSE GO TO PB_E1e

Question ID: E37a

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

[IF E24 OR E25 = 1] Give or receive oral sex,
[IF E28 OR E29 = 1] Have vaginal sex, or
[IF E32 OR E33 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

1 ITEM - END WITH ?

2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?

3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E1e

IF E37=4, CONTINUE TO E37b, ELSE GO TO PB_E1e1

Question ID: E37b

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E24 OR E25 = 1] Give or receive oral sex,
- [IF E28 OR E29 = 1] Have vaginal sex, or
- [IF E32 OR E33 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

- 1 ITEM - END WITH ?
- 2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?
- 3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_E1e1

IF GENDER = 3 AND (E22 = 1 OR E23 = 1 OR E26 = 1 OR E27 = 1 OR E28 = 1 OR E29 = 1 OR E32 = 1 OR E33 = 1) CONTINUE TO E41 ELSE GO TO PB_E1e2

Question ID: E41

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E22 OR E23 = 1] Give or receive a handjob,
- [IF E26 OR E27 = 1] Give or receive oral sex or a blowjob,
- [IF E28 OR E29 = 1] Have vaginal sex, or
- [IF E32 OR E33 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

- 1 ITEM - END WITH ?
- 2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?
- 3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?
- 4 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , ; 3RD ITEM END WITH , or; 4TH ITEM END WITH ?

- 1 1 time
- 2 2 times
- 3 3 -10 times
- 4 11 times or more

DK/REF

Box ID: PB_E1e2

IF E41=3, CONTINUE TO E41a, ELSE CONTINUE TO PB_E1e3

Question ID: E41a

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E22 OR E23 = 1] Give or receive a handjob,
- [IF E26 OR E27 = 1] Give or receive oral sex or a blowjob,
- [IF E28 OR E29 = 1] Have vaginal sex, or
- [IF E32 OR E33 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

1 ITEM - END WITH ?

2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?

3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

4 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , ; 3RD ITEM END WITH , or; 4TH ITEM END WITH ?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 8 9 times
- 10 10 times
- DK/REF

Box ID: PB_E1e3

IF E41=4, CONTINUE TO E41b, ELSE CONTINUE TO PB_E1f

Question ID: E41b

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E22 OR E23 = 1] Give or receive a handjob,
- [IF E26 OR E27 = 1] Give or receive oral sex or a blowjob,
- [IF E28 OR E29 = 1] Have vaginal sex, or
- [IF E32 OR E33 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

1 ITEM - END WITH ?

2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?

3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

4 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , ; 3RD ITEM END WITH , or; 4TH ITEM END WITH ?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_E1f

IF E16=1 OR E17=1, CONTINUE TO E38, ELSE CONTINUE TO PB_E1g

Question ID: E38

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, or penis in a sexual way?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more

DK/REF

Box ID: PB_E1g

IF E38=3, CONTINUE TO E38a, ELSE GO TO PB_E1h

Question ID: E38a

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, or penis in a sexual way?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E1h

IF E38=4, CONTINUE TO E38b, ELSE GO TO PB_E1i

Question ID: E38b

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, or penis in a sexual way?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_E1i

IF E18=1 OR E19=1, CONTINUE TO E39, ELSE GO TO PB_E1j

Question ID: E39

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, or vagina in a sexual way?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Box ID: PB_E1j

IF E39=3, CONTINUE to E39a, ELSE GO TO PB_E1k

Question ID: E39a

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, or vagina in a sexual way?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E1k

IF E39=4, CONTINUE TO E39b, ELSE GO TO PB_E1k1

Question ID: E39b

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, or vagina in a sexual way?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_E1k1

IF E20=1 OR E21=1, CONTINUE TO E42, ELSE GO TO PB_E1k2

Question ID: E42

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, penis, or vagina in a sexual way?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Box ID: PB_E1k2

IF E42=3, CONTINUE TO E42a, ELSE GO TO PB_E1k3

Question ID: E42a

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, penis, or vagina in a sexual way?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E1k3

IF E42=4, CONTINUE TO E42b, ELSE GO TO E40

Question ID: E42b

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, penis, or vagina in a sexual way?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Question ID: E40

How soon after you arrived at this facility were you [ForcedOrPressuredFill2] have sex or sexual contact with [another inmate for the **first time**/another inmate]?

IF E36 > 1 OR E37 > 1 OR E41>1, DISPLAY FILL= "another inmate for the first time"

IF E36 = 1 OR E37 = 1 OR E41=1, DISPLAY FILL= "another inmate"

- 1 Within the first 24 hours after you arrived here
 - 2 More than 24 hours but within your first 3 days here
 - 3 More than 3 days but within your first 30 days here
 - 4 More than 30 days but within your first 6 months here
 - 5 More than 6 months but within your first 12 months here
 - 6 More than 12 months after you arrived here
- DK/REF

Question ID: LCM1

DOAFILL1, did another inmate use physical force, pressure you, or make you feel that you had to have any type of sex or sexual contact?

- 1 Yes
 - 2 No
- DK/REF

Question ID: LCM2a

How long has it been since another inmate in this facility used physical force, pressured you, or made you feel that you had to have any type of sex or sexual contact?

- 1 Within the past 7 days
 - 2 More than 7 days ago but within the past 30 days
 - 3 More than 30 days ago but within the past 12 months
 - 4 More than 12 months ago
 - 5 This has not happened to me at this facility
- DK/REF

Box ID: PB_E1I

IF GENDER=1 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)), CONTINUE TO E162, ELSE GO TO PB_E1m

Question ID: E162

DOAFILL1, did another inmate use physical force to touch your butt, thighs, or penis in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1m

IF GENDER =1 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)), CONTINUE TO E172, ELSE GO TO PB_E1n

Question ID: E172

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, or penis in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1n

IF GENDER=2 AND (E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)), CONTINUE TO E182, ELSE GO TO PB_E1o

Question ID: E182

DOAFILL1, did another inmate use physical force to touch your butt, thighs, breasts, or vagina in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1o

IF GENDER=2 AND (E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)), CONTINUE TO E192, ELSE GO TO PB_E1o1

Question ID: E192

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, breasts, or vagina in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1o1

IF GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)), CONTINUE TO E202, ELSE GO TO PB_E1o2

Question ID: E202

DOAFILL1, did another inmate use physical force to touch your butt, thighs, breasts, penis, or vagina in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1o2

IF GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)), CONTINUE TO E212, ELSE GO TO PB_E1p

Question ID: E212

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, breasts, penis, or vagina in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1p

IF (GENDER=1 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
OR (GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3))), CONTINUE TO E222, ELSE GO TO PB_E1q

Question ID: E222

DOAFILL1, did another inmate use physical force to make you give **or** receive a handjob?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1q

IF (GENDER=1 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
OR (GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3))), CONTINUE TO E232, ELSE GO TO PB_E1r

Question ID: E232

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to give **or** receive a handjob?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1r

IF GENDER=2 AND (E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)), CONTINUE TO E242, ELSE GO TO PB_E1s

Question ID: E242

DOAFILL1, did another inmate use physical force to make you give **or** receive oral sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1s

IF GENDER=2 AND (E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)), CONTINUE TO E252, ELSE GO TO PB_E1t

Question ID: E252

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to give **or** receive oral sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1t

IF (GENDER=1 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
OR (GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3))) CONTINUE TO E262, ELSE GO TO PB_E1u

Question ID: E262

DOAFILL1, did another inmate use physical force to make you give **or** receive oral sex or a blowjob?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1u

IF (GENDER=1 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
OR (GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3))), CONTINUE TO E272, ELSE GO TO PB_E1v

Question ID: E272

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to give **or** receive oral sex or a blowjob?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1v

IF (GENDER=2 AND (E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
OR (GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3))), CONTINUE TO E282, ELSE GO TO PB_E1w

Question ID: E282

DOAFILL1, did another inmate use physical force to make you have vaginal sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1w

IF (GENDER=2 AND (E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
OR (GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3))), CONTINUE TO E292, ELSE GO TO PB_E1x

Question ID: E292

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to have vaginal sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1x

IF (GENDER = 1 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
OR (GENDER = 2 AND (E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
OR (GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3))), CONTINUE TO E322, ELSE GO TO PB_E1y

Question ID: E322

DOAFILL1, did another inmate use physical force to make you have anal sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1y

IF (GENDER = 1 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
 OR (GENDER = 2 AND (E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
 OR (GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3))), CONTINUE TO E332, ELSE GO TO PB_E1z

Question ID: E332

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1z

IF (GENDER = 1 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
 OR (GENDER = 2 AND (E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)))
 OR (GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3))), CONTINUE TO E342, ELSE GO TO PB_E1aa

Question ID: E342

DOAFILL1, did another inmate use physical force to make you have any type of sex or sexual contact **other than** sexual touching, [handjobs, oral sex or blowjobs/oral sex, vaginal sex/handjobs, oral sex or blowjobs, vaginal sex], or anal sex?

IF GENDER =1, DISPLAY FILL= "handjobs, oral sex or blowjobs"
 IF GENDER=2, DISPLAY FILL= "oral sex, vaginal sex"
 IF GENDER=3, DISPLAY FILL= "handjobs, oral sex or blowjobs, vaginal sex"

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_E1aa

IF (GENDER=1 AND (E2=2 AND E6=2 AND E8=2 AND E12=2 AND E14=2 AND (LCM1=1 OR LCM2a=1 OR 2 OR 3))) OR (GENDER=2 AND (E2=2 AND E8=2 AND E10=2 AND E12=2 AND E14=2 AND (LCM1=1 OR LCM2a=1 OR 2 OR 3)))
OR (GENDER=3 AND (E2 = 2 AND E6 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3))), CONTINUE TO E352, ELSE GO TO PB_E2

Question ID: E352

DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact **other than** sexual touching, [handjobs, oral sex or blowjobs/oral sex, vaginal sex/handjobs, oral sex or blowjobs, vaginal sex], or anal sex?

IF GENDER =1, DISPLAY FILL= "handjobs, oral sex or blowjobs"

IF GENDER=2, DISPLAY FILL= "oral sex, vaginal sex"

IF GENDER=3, DISPLAY FILL= "handjobs, oral sex or blowjobs, vaginal sex"

1 Yes

2 No

DK/REF

Box ID: PB_E2

UPDATE forced:

If at least one of (E162, E182, E202, E222, E242, E262, E282, E322, E342) is YES, then forced = YES

else forced = NO

UPDATE pressured:

If at least one of (E172, E192, E212, E232, E252, E272, E292, E332, E352) is YES, then pressured = YES

else pressured = NO

UPDATE ForcedOrPressuredFill2: If forced = YES AND pressured = NO then

forcedOrPressuredFill2 = "physically forced to"

Else if forced = NO AND pressured = YES then forcedOrPressuredFill2 = "pressured or made to feel that you had to"

Else if forced = YES AND pressured = YES then forcedOrPressuredFill2 = "physically forced, pressured, or made to feel that you had to"

Else forcedOrPressuredFill2 = "???"

[Note that if forced and pressured are both NO, the fill won't be used so it doesn't matter what it is.]

IF GENDER = 1 AND (E222 = 1 OR E232 = 1 OR E262 = 1 OR E272 = 1 OR E322 = 1 OR E332 = 1), CONTINUE TO E353, ELSE GO TO PB_E2a

Question ID: E353

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

[IF E222 OR E232 = 1] Give or receive a handjob,

[IF E262 OR E272 = 1] Give or receive oral sex or a blowjob, or

[IF E322 OR E332 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

1 ITEM - END WITH ?

2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?

3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

1 1 time

2 2 times

3 3 - 10 times

4 11 times or more

DK/REF

Box ID: PB_E2a

IF E353=3, CONTINUE TO E354, ELSE GO TO PB_E2b

Question ID: E354

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

[IF E222 OR E232 = 1] Give or receive a handjob,
[IF E262 OR E272 = 1] Give or receive oral sex or a blowjob, or
[IF E322 OR E332 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

1 ITEM - END WITH ?

2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?

3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E2b

IF E353=4, CONTINUE TO E355, ELSE GO TO PB_E2c

Question ID: E355

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E222 OR E232 = 1] Give or receive a handjob,
- [IF E262 OR E272 = 1] Give or receive oral sex or a blowjob, or
- [IF E322 OR E332 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

- 1 ITEM - END WITH ?
- 2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?
- 3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE 11 - 300]

Box ID: PB_E2c

IF GENDER = 2 AND (E242 = 1 OR E252 = 1 OR E282 = 1 OR E292 = 1 OR E322 = 1 OR E332 = 1), CONTINUE TO E356, ELSE GO TO PB_E2d

Question ID: E356

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E242 OR E252 = 1] Give or receive oral sex,
- [IF E282 OR E292 = 1] Have vaginal sex, or
- [IF E322 OR E332 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

- 1 ITEM - END WITH ?
- 2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?
- 3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more

DK/REF

Box ID: PB_E2d

IF E356=3, CONTINUE TO E357, ELSE GO TO PB_E2e

Question ID: E357

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

[IF E242 OR E252 = 1] Give or receive oral sex,
[IF E282 OR E292 = 1] Have vaginal sex, or
[IF E322 OR E332 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

1 ITEM - END WITH ?

2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?

3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E2e

IF E356=4, CONTINUE TO E358, ELSE GO TO PB_E2e1

Question ID: E358

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E242 OR E252 = 1] Give or receive oral sex,
- [IF E282 OR E292 = 1] Have vaginal sex, or
- [IF E322 OR E332 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

- 1 ITEM - END WITH ?
- 2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?
- 3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_E2e1

IF GENDER = 3 AND (E222 = 1 OR E232 = 1 OR E262 = 1 OR E272 = 1 OR E282=1 OR E292=1 OR E322 = 1 OR E332 = 1), CONTINUE TO E366, ELSE GO TO PB_E2e2

Question ID: E366

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E222 OR E232 = 1] Give or receive a handjob,
- [IF E262 OR E272 = 1] Give or receive oral sex or a blowjob,
- [IF E282 OR E292 = 1] Have vaginal sex, or
- [IF E322 OR E332 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

- 1 ITEM - END WITH ?
- 2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?
- 3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?
- 4 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , ; 3RD ITEM END WITH , or; 4TH ITEM END WITH ?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more

DK/REF

Box ID: PB_E2e2

IF E366=3, CONTINUE TO E367, ELSE GO TO PB_E2e3

Question ID: E367

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E222 OR E232 = 1] Give or receive a handjob,
- [IF E262 OR E272 = 1] Give or receive oral sex or a blowjob,
- [IF E282 OR E292 = 1] Have vaginal sex, or
- [IF E322 OR E332 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

1 ITEM - END WITH ?

2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?

3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

4 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , ; 3RD ITEM END WITH , or; 4TH ITEM END WITH ?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E2e3

IF E366=4, CONTINUE TO E368, ELSE GO TO PB_E2f

Question ID: E368

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E222 OR E232 = 1] Give or receive a handjob,
- [IF E262 OR E272 = 1] Give or receive oral sex or a blowjob,
- [IF E282 OR E292 = 1] Have vaginal sex, or
- [IF E322 OR E332 = 1] Have anal sex?

DEPENDING ON THE NUMBER OF BEHAVIORS ENDORSED, PLEASE INCORPORATE THIS PUNCTUATION:

1 ITEM - END WITH ?

2 ITEMS - 1ST ITEM END WITH or; 2ND ITEM END WITH ?

3 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , or; 3RD ITEM END WITH ?

4 ITEMS - 1ST ITEM END WITH , ; 2ND ITEM END WITH , ; 3RD ITEM END WITH , or; 4TH ITEM END WITH ?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_E2f

IF E162 = 1 OR E172 = 1, CONTINUE TO E359, ELSE GO TO PB_E2g

Question ID: E359

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, or penis in a sexual way?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more

DK/REF

Box ID: PB_E2g

IF E359 = 3, CONTINUE TO E360, ELSE GO TO PB_E2h

Question ID: E360

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, or penis in a sexual way?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E2h

IF E359 = 4, CONTINUE TO E361, ELSE GO TO PB_E2i

Question ID: E361

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, or penis in a sexual way?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_E2i

IF E182 = 1 OR E192 = 1, CONTINUE TO E362, ELSE GO TO PB_E2j

Question ID: E362

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, or vagina in a sexual way?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Box ID: PB_E2j

IF E362 = 3, CONTINUE TO E363, ELSE GO TO PB_E2k

Question ID: E363

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, or vagina in a sexual way?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E2k

IF E362 = 4, CONTINUE TO E364, ELSE GO TO PB_E2k1

Question ID: E364

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, or vagina in a sexual way?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_E2k1

IF E202=1 OR E212=1, CONTINUE TO E369, ELSE GO TO PB_E2k2

Question ID: E369

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, penis, or vagina in a sexual way?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Box ID: PB_E2k2

IF E369 = 3, CONTINUE TO E370, ELSE GO TO PB_E2k3

Question ID: E370

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, penis, or vagina in a sexual way?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Box ID: PB_E2k3

IF E369 = 4, CONTINUE TO E371, ELSE GO TO PB_E2I

Question ID: E371

DOAFILL1, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, penis, or vagina in a sexual way?

NUMBER OF TIMES: _____

DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_E2I

IF E353 >= 1 OR E356 >= 1 OR E366 >= 1, CONTINUE TO E365, ELSE GO TO PB_F1.

Question ID: E365

How soon after you arrived at this facility were you [ForcedOrPressuredFill2] have sex or sexual contact with [another inmate for the **first time**/another inmate]?

IF E353 > 1 OR E356 > 1 OR E366 >1, DISPLAY FILL ="another inmate for the first time"
[IF E353 = 1 OR E356 = 1 OR E366 = 1, DISPLAY FILL= "another inmate"]

- 1 Within the first 24 hours after you arrived here
 - 2 More than 24 hours but within your first 3 days here
 - 3 More than 3 days but within your first 30 days here
 - 4 More than 30 days but within your first 6 months here
 - 5 More than 6 months but within your first 12 months here
 - 6 More than 12 months after you arrived here
- DK/REF

DESCRIPTION OF NON-CONSENSUAL SEXUAL ACTS (NCSAs) (F)

Box ID: PB_F1

DEFINE NCSA:

IF E16 = 1 OR E17 = 1 OR E18 = 1 OR E19 = 1 OR E20 = 1 OR E21 = 1 OR E22 = 1 OR E23 = 1 OR E24 = 1 OR E25 = 1 OR E26 = 1 OR E27 = 1 OR E28 = 1 OR E29 = 1 OR E32 = 1 OR E33 = 1 OR E34 = 1 OR E35 = 1 OR E162 = 1 OR E172 = 1 OR E182 = 1 OR E192 = 1 OR E202 = 1 OR E212 = 2 OR E222 = 1 OR E232 = 1 OR E242 = 1 OR E252 = 1 OR E262 = 1 OR E272 = 1 OR E282 = 1 OR E292 = 1 OR E322 = 1 OR E332 = 1 OR E342 = 1 OR E352 = 1 THEN NCSA = 1 ELSE NCSA = 2

Box ID: PB_F2

UPDATE forced:

If at least one of (E16, E18, E20, E22, E24, E26, E28, E32, E34, E162, E182, E202, E222, E242, E262, E282, E322, E342) is YES, then forced = YES
else forced = NO

UPDATE pressured:

If at least one of (E17, E19, E21, E23, E25, E27, E29, E33, E35, E172, E192, E212, E232, E252, E272, E292, E332, E352) is YES, then pressured = YES
else pressured = NO

UPDATE ForcedOrPressuredFill2:

If forced = YES AND pressured = NO then forcedOrPressuredFill2 = "physically forced"
Else if forced = NO AND pressured = YES then forcedOrPressuredFill2 = "pressured or made to feel that you had"
Else if forced = YES AND pressured = YES then forcedOrPressuredFill2 = "physically forced, pressured, or made to feel that you had"
Else forcedOrPressuredFill2 = "????"

[Note that if forced and pressured are both NO, the fill won't be used so it doesn't matter what it is.]

Box ID: PB_F3

DEFINE #NCSA1

IF E36 + E37 + E38 + E39 + E41 + E42 + E353 + E356 + E359 + E362 + E366 + E369 = 1

THEN #NCSA1 = did it

IF E36 + E37 + E38 + E39 + E41 + E42 + E353 + E356 + E359 + E362 + E366 + E369 > 1

THEN #NCSA1 = did it **ever**

IF ALL (E36, E37, E38, E39, E41, E42, E353, E356, E359, E362, E366, E369) = DK OR REF

THEN #NCSA1 = did it **ever**

DEFINE #NCSA2

IF E36 + E37 + E38 + E39 + E41 + E42 + E353 + E356 + E359 + E362 + E366 + E369 = 1

THEN #NCSA2 = were you

IF E36 + E37 + E38 + E39 + E41 + E42 + E353 + E356 + E359 + E362 + E366 + E369 > 1

THEN #NCSA2 = were you **ever**

IF ALL (E36, E37, E38, E39, E41, E42, E353, E356, E359, E362, E366, E369) = DK OR REF

THEN #NCSA2 = were you **ever**

DEFINE #NCSA3

IF E36 + E37 + E38 + E39 + E41 + E42 + E353 + E356 + E359 + E362 + E366 + E369 = 1

THEN #NCSA3 = was it

IF E36 + E37 + E38 + E39 + E41 + E42 + E353 + E356 + E359 + E362 + E366 + E369 > 1

THEN #NCSA3 = was it **ever**

IF ALL (E36, E37, E38, E39, E41, E42, E353, E356, E359, E362, E366, E369) = DK OR REF

THEN #NCSA3 = was it **ever**

DEFINE #NCSA4

IF E36 + E37 + E38 + E39 + E41 + E42 + E353 + E356 + E359 + E362 + E366 + E369 = 1

THEN #NCSA4 = did you

IF E36 + E37 + E38 + E39 + E41 + E42 + E353 + E356 + E359 + E362 + E366 + E369 > 1

THEN #NCSA4 = did you **ever**

IF ALL (E36, E37, E38, E39, E41, E42, E353, E356, E359, E362, E366, E369) = DK OR REF

THEN #NCSA4 = did you **ever**

DEFINE #NCSA5

IF E36 + E37 + E38 + E39 + E41 + E42 + E353 + E356 + E359 + E362 + E366 + E369 = 1

THEN #NCSA5 = why didn't you

IF E36 + E37 + E38 + E39 + E41 + E42 + E353 + E356 + E359 + E362 + E366 + E369 > 1

THEN #NCSA5 = why didn't you **ever**

IF ALL (E36, E37, E38, E39, E41, E42, E353, E356, E359, E362, E366, E369) = DK OR REF

THEN #NCSA5 = why didn't you **ever**

IF NCSA = 1, CONTINUE TO F1, ELSE GO TO PB_F4

Question ID: F1

DOAFILL1, when you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate, [#NCSA1 FILL] involve **more than one inmate**?

1 Yes

2 No

DK/REF

National Inmate Survey: Year 4

Box ID: PB_F4

IF NCSA = 1, CONTINUE TO F6a THROUGH F6j, ELSE GO TO PB_F5

Question ID: F6

DOAFILL1, when you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate, [#NSCA2 FILL] ...

items F6a- F6j should be displayed on the same screen as much as space allows

Question ID: F6a

Persuaded or talked into it?

- 1 Yes
- 2 No
- DK/REF

Question ID: F6b

Given a bribe?

- 1 Yes
- 2 No
- DK/REF

Question ID: F6c

Blackmailed?

- 1 Yes
- 2 No
- DK/REF

Question ID: F6d

Given drugs or alcohol to get you drunk or high?

- 1 Yes
- 2 No
- DK/REF

Question ID: F6e

Offered protection from other inmates?

- 1 Yes
- 2 No
- DK/REF

Question ID: F6f

Trying to pay off or settle a debt that you owed?

- 1 Yes
- 2 No
- DK/REF

Question ID: F6g

Threatened with harm?

- 1 Yes
- 2 No
- DK/REF

Question ID: F6h

Physically held down or restrained?

- 1 Yes
- 2 No
- DK/REF

Question ID: F6i

Physically harmed or injured?

- 1 Yes
- 2 No
- DK/REF

Question ID: F6j

Threatened with a weapon?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_F5

IF NCSA = 1, CONTINUE TO F8, ELSE GO TO PB_F6

Question ID: F8

DOAFILL1, when you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate, [#NCSA3] initiated by a gang?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_F6

IF NCSA = 1, CONTINUE TO F9, ELSE GO TO PB_F7

Question ID: F9

DOAFILL1, when you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate, [#NCSA2] injured?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_F7

IF F9 = 1, CONTINUE TO F10a THROUGH F10g, ELSE GO TO SECTION G.

Question ID: F10

DOAFILL1, when you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate, [#NCSA4] ...

items F10a - F10g should be displayed on the same screen as much as space allows

Question ID: F10a

Receive knife or stab wounds?

- 1 Yes
- 2 No
- DK/REF

Question ID: F10b

Receive broken bones?

- 1 Yes
- 2 No
- DK/REF

Question ID: F10c

Have [anal/anal or vaginal] tearing?

If GENDER=1, DISPLAY FILL= "anal"

IF GENDER=2 OR GENDER=3, DISPLAY FILL= "anal or vaginal"

- 1 Yes
- 2 No
- DK/REF

Question ID: F10d

Have your teeth chipped or knocked out?

- 1 Yes
- 2 No
- DK/REF

Question ID: F10e

Receive internal injuries?

- 1 Yes
- 2 No
- DK/REF

Question ID: F10f

Get knocked unconscious?

- 1 Yes
- 2 No
- DK/REF

Question ID: F10g

Receive bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?

- 1 Yes
- 2 No
- DK/REF

STAFF SEXUAL MISCONDUCT (G)

Question ID: G1

These next questions are about the behavior of staff at this facility **DOAFILL2**. By staff we mean the employees of this facility and anybody who works as a volunteer in this facility.

Touch the **NEXT** button to go to the next screen.

Question ID: G4

DOAFILL1, have any facility staff pressured you or made you feel that you had to let them have sex or sexual contact with you?

- 1 Yes
- 2 No
- DK/REF

Question ID: G5

DOAFILL1, have you been physically forced by any facility staff to have sex or sexual contact?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_G1

DEFINE SEXTYPE2

IF G4 =1 AND G5 = 1 THEN SEXTYPE2 = physically forced, pressured, or made to feel that you had to

IF G4 = 1 AND G5 NE 1 THEN SEXTYPE2 = pressured or made to feel that you had to

IF G4 NE 1 AND G5 = 1 THEN SEXTYPE2 = physically forced to

IF G4=1 OR G5=1, CONTINUE TO G6, ELSE GO TO G7

Question ID: G6

DOAFILL1, how many times were you [SEXTYPE2 FILL] have sex or sexual contact with any facility staff?

- 1 1 time
- 2 2 times
- 3 3 - 10 times GO TO G6a
- 4 11 times or more GO TO G6b
- DK/REF

Question ID: G6a

DOAFILL1, how many times were you [SEXTYPE2 FILL] have sex or sexual contact with any facility staff?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Question ID: G6b

DOAFILL1, how many times were you [SEXTYPE2 FILL] have sex or sexual contact with any facility staff?

NUMBER OF TIMES: _____
DK/REF

NOTES: [RANGE: 11 - 300}

Question ID: G8

How soon after you arrived at this facility were you [SEXTYPE2] have sex or sexual contact [with facility staff for the **first time**/with facility staff]?

IF (G4 = 1 OR G5 = 1) AND G6 > 1, DISPLAY FILL= "with facility staff for the first time"
IF (G4 = 1 OR G5 = 1) AND G6 = 1), DISPLAY FILL="with facility staff"

- 1 Within the first 24 hours after you arrived here
- 2 More than 24 hours but within your first 3 days here
- 3 More than 3 days but within your first 30 days here
- 4 More than 30 days but within your first 6 months here
- 5 More than 6 months but within your first 12 months here
- 6 More than 12 months after you arrived here
- DK/REF

Question ID: G7

DOAFILL1, have any facility staff offered you favors or special privileges in exchange for sex or sexual contact?

- 1 Yes
- 2 No
- DK/REF

Question ID: G2

DOAFILL1, have you **willingly** had sex or sexual contact with any facility staff?

- 1 Yes GO TO G3
- 2 No
- DK/REF

Question ID: G3

DOAFILL1, how many times have you **willingly** had sex or sexual contact with facility staff?

- 1 1 time
- 2 2 times
- 3 3 - 10 times GO TO G3a
- 4 11 times or more GO TO G3b
- DK/REF

Question ID: G3a

DOAFILL1, how many times have you **willingly** had sex or sexual contact with any facility staff?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

Question ID: G3b

DOAFILL1, how many times have you **willingly** had sex or sexual contact with any facility staff?

NUMBER OF TIMES: _____
DK/REF

NOTES: [RANGE: 11 - 300]

Box ID: PB_G2

IF G4 = 1 OR G5 = 1, CONTINUE TO G9, ELSE GO TO PB_G3

Question ID: G9

DOAFILL1, on any occasion when you were [SEXTYPE2 FILL] have sex or sexual contact with facility staff, did you report it to other facility staff?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_G3

IF G2 = 1 OR G4 = 1 OR G5 = 1, CONTINUE TO G10, ELSE GO TO PB_G4

Question ID: G10

These next questions are about any sex or sexual contact you have had with facility staff **DOAFILL2**, whether you wanted to have it or not.

Touch the **NEXT** button to go to the next screen.

Box ID: PB_G4

IF G2=1 OR G4=1 OR G5=1, CONTINUE TO G11a THROUGH G11e, ELSE GO TO PB_G5

Question ID: G11

DOAFILL1, which of the following types of sex or sexual contact did you have with a facility staff person?

items G11a - G11e should be displayed on the same screen as much as space allows

Question ID: G11a

You touched a facility staff person's body **or** had your body touched in a sexual way?

- 1 Yes
- 2 No
- DK/REF

Question ID: G11b

You gave or received a handjob?

- 1 Yes
- 2 No
- DK/REF

Question ID: G11c

You gave or received oral sex or a blowjob?

- 1 Yes
- 2 No
- DK/REF

Question ID: G11d

You had vaginal sex? Vaginal sex is when one person inserts their penis, finger, or an object into another person's vagina.

- 1 Yes
- 2 No
- DK/REF

Question ID: G11e

You had anal sex? Anal sex is when one person inserts their penis, finger, or an object into another person's butt.

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_G5

IF G2 =1 OR G4 = 1 OR G5 = 1, CONTINUE TO G12, ELSE GO TO PB_G6

Question ID: G12

DOAFILL1, when you had sex or sexual contact with facility staff, did it **ever** involve **more than one** facility staff person?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_G6

IF G2=1 OR G4=1 OR G5=1, CONTINUE TO G17a THROUGH G17I, ELSE GO TO PB_G7

Question ID: G17

DOAFILL1, when you had sex or sexual contact with facility staff were any of the following methods used to get you to participate?

items G17a - G17I should be displayed on the same screen as much as space allows

Question ID: G17a

You were persuaded or talked into it?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17b

You were given a bribe?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17c

You were offered favors or special privileges?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17d

You were blackmailed?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17e

You were given drugs or alcohol to get you drunk or high?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17f

You were offered protection from other inmates?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17g

You were offered protection from another correctional officer?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17h

You were trying to pay off or settle a debt that you owed?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17i

You were threatened with harm?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17j

You were physically held down or restrained?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17k

You were physically harmed or injured?

- 1 Yes
- 2 No
- DK/REF

Question ID: G17I

You were threatened with a weapon?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_G7

IF G2 = 1 OR G4 = 1 OR G5 = 1, CONTINUE TO G28, ELSE GO TO PB_G8

Question ID: G28

DOAFILL1, did you have sex or sexual contact with male facility staff, female facility staff, or both male and female facility staff?

- 1 Male facility staff
- 2 Female facility staff
- 3 Both male and female facility staff
- DK/REF

Box ID: PB_G8

IF G28 = 1 OR 2, CONTINUE TO G29a THROUGH G29c, ELSE GO TO PB_G9

Question ID: G29

DOAFILL1, did you have sex or sexual contact with any...

items G29a - G29c should be displayed on the same screen as much as space allows

Question ID: G29a

Correctional officers?

- 1 Yes
- 2 No
- DK/REF

Question ID: G29b

Other staff working in the facility?

- 1 Yes
- 2 No
- DK/REF

Question ID: G29c

Volunteers in the facility?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_G9

IF G28 = 3, CONTINUE TO G31a THROUGH G31f, ELSE GO TO PB_G10

Question ID: G31

DOAFILL1, did you have sex or sexual contact with any...

items G31a - G31f should be displayed on the same screen as much as space allows

Question ID: G31a

Male correctional officers?

- 1 Yes
- 2 No
- DK/REF

Question ID: G31b

Female correctional officers?

- 1 Yes
- 2 No
- DK/REF

Question ID: G31c

Other **male** staff working in the facility?

- 1 Yes
- 2 No
- DK/REF

Question ID: G31d

Other **female** staff working in the facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: G31e

Male volunteers in the facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: G31f

Female volunteers in the facility?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_G10

IF G2 =1 OR G4 = 1 OR G5 = 1, CONTINUE TO G19, ELSE GO TO Section X (XINTRO)

Question ID: G19

DOAFILL1, when you had sex or sexual contact with facility staff, were you **ever** injured?

- 1 Yes GO TO G20
- 2 No
- DK/REF

Question ID: G20

DOAFILL1, when you had sex or sexual contact with facility staff, did you ever ...
items G20a - G20g should be displayed on the same screen as much as space allows

Question ID: G20a

Receive knife or stab wounds?

- 1 Yes
- 2 No
- DK/RF

Question ID: G20b

Receive broken bones?

- 1 Yes
- 2 No
- DK/RF

Question ID: G20c

Have [anal/anal or vaginal] tearing?

IF GENDER= 1, DISPLAY FILL= "anal"

IF GENDER= 2 OR GENDER= 3, DISPLAY FILL= "anal or vaginal"

- 1 Yes
- 2 No
- DK/RF

Question ID: G20d

Have your teeth chipped or knocked out?

- 1 Yes
- 2 No
- DK/RF

Question ID: G20e

Receive internal injuries?

- 1 Yes
- 2 No
- DK/RF

Question ID: G20f

Get knocked unconscious?

- 1 Yes
- 2 No
- DK/RF

Question ID: G20g

Receive bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_G11

DEFINE RANDOMIZATION_INCIDENT

IF NCSA = 1 AND [G2 OR G4 OR G5 =1]: RANDOMIZATION_INCIDENT = 1
ELSE, RANDOMIZATION_INCIDENT = 2

IF RANDOMIZATION_INCIDENT = 1, INITIATE RANDOMIZATION **AT A 50/50 RATIO** TO
DETERMINE WHETHER TO ADMINISTER MODULES DIR AND IIC OR MODULES DIRS AND SI

IF RANDOMIZATION=2 AND NCSA=1, CONTINUE TO SECTION DIR;
ELSE IF RANDOMIZATION=2 AND [G2 OR G4 OR G5 =1] CONTINUE TO DIRS

DETERMINATION OF SPECIFIC INCIDENT FOR INMATE INCIDENT REPORT (DIR)

<p>Box ID: PB_DIR1</p> <p>DEFINE NUMBER_OF_TIMES: IF E36=1 OR E353=1 OR E37=1 OR E356=1 OR E41 = 1 OR E366 = 1, NUMBER_OF_TIMES = "1 time" IF E36=2 OR E353=2 OR E37=2 OR E356=2 OR E41 =2 OR E366 = 2, NUMBER_OF_TIMES= "2 times" IF E36=3 OR E353=3 OR E37=3 OR E356 = 3 OR E41 = 3 OR E366 = 3, NUMBER_OF_TIMES="3 to 10 times" IF E36=4 OR E353=4 OR E37=4 OR E356=4 OR E41 = 4 OR E366 = 4, NUMBER_OF_TIMES="11 times or more" IF E36 = (DK OR REF) OR E353 = (DK OR REF) OR E37 = (DK OR REF) OR E356 = (DK OR REF), OR E41 = (DK OR REF) OR E366 = (DK OR REF), NUMBER_OF_TIMES = NO FILL ELSE NUMBER_OF_TIMES = MISSING</p> <p>DEFINE NUMBER_OF_TIMES_TOUCH: IF E38=1 OR E359=1 OR E39=1 OR E362=1 OR E42 = 1 OR E369 = 1, NUMBER_OF_TIMES_TOUCH = "1 time" IF E38=2 OR E359=2 OR E39=2 OR E362=2 OR E42 = 2 OR E369 = 2, NUMBER_OF_TIMES_TOUCH="2 times" IF E38=3 OR E359=3 OR E39=3 OR E362=3 OR E42 = 3 OR E369 = 3, NUMBER_OF_TIMES_TOUCH = "3 to 10 times" IF E38=4 OR E359=4 OR E39=4 OR E362=4 OR E42 = 4 OR E369 = 4, NUMBER_OF_TIMES_TOUCH = "11 times or more" IF E38 = (DK OR REF) OR E359 = (DK OR REF) OR E39 = (DK OR REF) OR E362 = (DK OR REF), OR E42 = (DK OR REF) OR E369 = (DK OR REF), NUMBER_OF_TIMES_TOUCH = NO FILL ELSE NUMBER_OF_TIMES_TOUCH = MISSING</p> <p>IF NUMBER_OF_TIMES=1 time AND (NUMBER_OF_TIMES_TOUCH IS MISSING), CONTINUE TO DIR1, ELSE GO TO PB_DIR2</p>
--

<p>Question ID: DIR1</p> <p>Earlier you reported that DOAFILL2 you were [ForcedOrPressuredFill2] to have sex or sexual contact with another inmate [NUMBER_OF_TIMES]. Please think about that experience as you answer the next questions.</p> <p>Touch the NEXT button to go to the next screen.</p>
--

<p>Box ID: PB_DIR2</p> <p>IF NUMBER_OF_TIMES_TOUCH=1 time AND NUMBER_OF_TIMES IS MISSING, CONTINUE TO DIR2, ELSE GO TO PB_DIR3</p>
--

Question ID: DIR2

Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] let another inmate touch your [butt, thighs, or penis/butt, thighs, breasts, or vagina/butt, thighs, breasts, penis, or vagina] in a sexual way [NUMBER_OF_TIMES_TOUCH]. Please think about that experience as you answer the next questions.

Touch the **NEXT** button to go to the next screen.

IF GENDER=1, DISPLAY FILL= "butt, thighs, or penis"

IF GENDER=2, DISPLAY FILL = "butt, thighs, breasts, or vagina"

IF GENDER=3, DISPLAY FILL = "butt, thighs, breasts, penis, or vagina"

Box ID: PB_DIR3

IF NUMBER_OF_TIMES_>=2 times **AND** NUMBER_OF_TIMES_TOUCH IS MISSING, CONTINUE TO DIR3 SERIES,

IF E22=1 OR E23=1 OR E222=1 OR E232=1, GO TO DIR3a, ELSE GO TO PB_DIR3a

Question ID: DIR3

Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate [NUMBER_OF_TIMES].

[As you answer the next questions, please think about the **most recent** time you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate./Think about the **most recent** time this happened to you. What were you [ForcedOrPressuredFill2] do?]

Touch the **NEXT** button to go to the next screen.

IF only one of ((E22=1 OR E23=1), (E24=1 OR E25=1), (E26=1 OR E27=1), (E28=1 OR E29=1), (E32=1 OR E33=1), (E222=1 OR E232=1), (E242=1 OR E252=1), (E262=1 OR E272=1), (E282=1 OR E292=1), (E322=1 OR E332=1)) is true, DISPLAY FILL= "As you answer the next questions, please think about the most recent time you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate."

[IF at least two of ((E22=1 OR E23=1), (E24=1 OR E25=1), (E26=1 OR E27=1), (E28=1 OR E29=1), (E32=1 OR E33=1), (E222=1 OR E232=1), (E242=1 OR E252=1), (E262=1 OR E272=1), (E282=1 OR E292=1), (E322=1 OR E332=1_)) are true, DISPLAY FILL = "Think about the most recent time this happened to you. What were you [ForcedOrPressuredFill2] do?"

Question ID: DIR3a

Give or receive a handjob?

1 Yes

2 No

-- DK/RF

Box ID: PB_DIR3a

IF E26=1 OR E27=1 OR E262=1 OR E272=1, GO TO DIR3b, ELSE GO TO PB_DIR3b

Question ID: DIR3b

Give or receive oral sex or a blowjob?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIR3b

IF E24=1 OR E25=1 OR E242=1 OR E252=1, CONTINUE TO DIR3c, ELSE GO TO PB_DIR3c

Question ID: DIR3c

Give or receive oral sex?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIR3c

IF E28=1 OR E29=1 OR E282=1 OR E292=1, CONTINUE TO DIR3d, ELSE GO TO PB_DIR3d

Question ID: DIR3d

Have vaginal sex?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIR3d

IF E32=1 OR E33=1 OR E322=1 OR E332=1, GO TO DIR3e, ELSE GO TO PB_DIR4

Question ID: DIR3e

Have anal sex?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIR4

As you answer the next questions, please think about the **most recent** time you were [ForcedOnPressuredFill2] have sex or sexual contact with another inmate.

Touch the NEXT button to go to the next screen.

IF NUMBER_OF_TIMES_TOUCH >=2 times **AND** NUMBER_OF_TIMES IS MISSING, GO TO DIR4, ELSE GO TO PB_DIR5

Question ID: DIR4

Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] let another inmate touch your [butt, thighs, or penis/butt, thighs, breasts, or vagina/butt, thighs, breasts, penis, or vagina] in a sexual way [NUMBER_OF_TIMES_TOUCH].

Think about the **most recent** time this happened to you as you answer the next questions.

Touch the **NEXT** button to go to the next screen.

IF GENDER=1, DISPLAY FILL = "butt, thighs, or penis"

IF GENDER= 2, DISPLAY FILL= "butt, thighs, breasts, or vagina"

IF GENDER= 3, DISPLAY FILL= "butt, thighs, breasts, penis, or vagina"

Box ID: PB_DIR5

IF ((NUMBER_OF_TIMES >= 1 time) OR (E36 = (DK OR REF) OR E353 = (DK OR REF) OR E37 = (DK OR REF) OR E356 = (DK OR REF) OR E41 = (DK OR REF) OR E366 = (DK OR REF))) AND ((NUMBER_OF_TIMES_TOUCH >=1 time) OR (E38 = (DK OR REF) OR E359 = (DK OR REF) OR E39 = (DK OR REF) OR E362 = (DK OR REF) OR E42 = (DK OR REF) OR E369 = (DK OR REF))), CONTINUE TO DIR5 SERIES, ELSE GO TO DIR00

Question ID: DIR5

Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate **and** that you were [ForcedOrPressuredFill2] let another inmate touch your [butt, thighs, or penis/butt, thighs, breasts, or vagina/butt, thighs, breasts, penis, or vagina] in a sexual way.

Think about the **most recent** time this happened to you. What were you [ForcedOrPressuredFill2] do?

IF GENDER=1, DISPLAY FILL= "butt, thighs, or penis"

IF GENDER=2, DISPLAY FILL= "butt, thighs, breasts, or vagina"

IF GENDER=3, DISPLAY FILL= "butt, thighs, breasts, penis, or vagina"

Box ID: PB_DIR5a_

IF E22=1 OR E23=1 OR E222=1 OR E232=1, CONTINUE TO DIR5a, ELSE GO TO PB_DIR5a

Question ID: DIR5a

Give or receive a handjob?

1 Yes

2 No

-- DK/RF

Box ID: PB_DIR5a

IF E26=1 OR E27=1 OR E262=1 OR E272=1, CONTINUE TO DIR5b, ELSE GO TO PB_DIR5b

Question ID: DIR5b

Give or receive oral sex or a blowjob?

1 Yes

2 No

-- DK/RF

Box ID: PB_DIR5b

IF E24=1 OR E25=1 OR E242=1 OR E252=1, CONTINUE TO DIR5c, ELSE GO TO PB_DIR5c

Question ID: DIR5c

Give or receive oral sex?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIR5c

IFE28=1 OR E29=1 OR E282=1 OR E292=1, CONTINUE TO DIR5d, ELSE GO TO PB_DIR5d

Question ID: DIR5d

Have vaginal sex?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIR5d

IF E32=1 OR E33=1 OR E322=1 OR E332=1, CONTINUE TO DIR5e, ELSE GO TO PB_DIR5e

Question ID: DIR5e

Have anal sex?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIR5e

IF E16=1 OR E17=1 OR E162=1 OR E172=1, CONTINUE TO DIR5f, ELSE GO TO PB_DIR5f

Question ID: DIR5f

Be touched on your butt, thighs, or penis in a sexual way?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIR5f

IF E18=1 OR E19=1 OR E182=1 OR E192=1, CONTINUE TO DIR5g, ELSE GO TO PB_DIR5g

Question ID: DIR5g

Be touched on your butt, thighs, breasts, or vagina in a sexual way?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIR5g

IF E20 = 1 OR E21 = 1 OR E202 = 1 OR E212 = 1, CONTINUE TO DIR5h, ELSE GO TO DIR00

Question ID: DIR5h

Be touched on your butt, thighs, breasts, penis, or vagina in a sexual way?

- 1 Yes
- 2 No
- DK/RF

Question ID: DIR00

As you answer the next questions, please think about the **most recent** time you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate or let another inmate touch your [butt, thighs, or penis/butt, thighs, breasts, or vagina/butt, thighs, breasts, penis, or vagina] in a sexual way.

Touch the **NEXT** button to go to the next screen.

IF GENDER=1, DISPLAY FILL= "butt, thighs, or penis"

IF GENDER=2, DISPLAY FILL= "butt, thighs, breasts, or vagina"

IF GENDER=3, DISPLAY FILL="butt, thighs, breasts, penis, or vagina"

Box ID: PB_DIR6

IF DIR1 OR DIR2 Or DIR3 OR DIR4 OR DIR5 IS DISPLAYED, CONTINUE WITH MODULE (IIC), ELSE SKIP TO DETERMINATION OF SPECIFIC INCIDENT OF STAFF INCIDENT REPORT(DIRS)

INCIDENT CHARACTERISTICS FOR INMATE-ON-INMATE VICTIMIZATION (IIC)

Box ID: PB_IIC1

DEFINE RECENT_FILL:

IF DIR1 OR DIR2 is displayed, then RECENT_FILL = "incident"

IF DIR3 OR DIR4 OR DIR5 is displayed, then RECENT_FILL = "**most recent** incident"

DEFINE I-ON-I_FILL:

IF DIR1 OR DIR3 is displayed, then I-ON-I_FILL = "sex or sexual contact with another inmate"

IF DIR2 OR DIR4 is displayed **AND** GENDER=1, then I-ON-I_FILL = "another inmate touching your butt, thighs or penis in a sexual way"

IF DIR2 OR DIR4 is displayed **AND** GENDER=2, then I-ON-I_FILL = "another inmate touching your butt, thighs, breasts, or vagina in a sexual way"

IF DIR2 OR DIR4 is displayed **AND** GENDER=3, then I-ON-I_FILL = "another inmate touching your butt, thighs, breasts, penis, or vagina in a sexual way"

IF DIR5 is displayed **AND** GENDER=1, then I-ON-I_FILL = "sex or sexual contact with another inmate or another inmate touching your butt, thighs, or penis in a sexual way"

IF DIR5 is displayed **AND** GENDER=2, then I-ON-I_FILL = "sex or sexual contact with another inmate or another inmate touching your butt, thighs, breasts, or vagina in a sexual way"

IF DIR5 is displayed **AND** GENDER=3, then I-ON-I_FILL = "sex or sexual contact with another inmate or another inmate touching your butt, thighs, breasts, penis, or vagina in a sexual way"

Question ID: IIC1

Did this [RECENT_FILL] of [I-ON-I_FILL] happen in [CURRENT YEAR] or [CURRENT YEAR - 1]?

- 1 CURRENT YEAR
 - 2 CURRENT YEAR - 1
- DK/REF

Box ID: PB_IIC2

DEFINE IIC1_FILL:

IF IIC1=1, then IIC1_FILL=CURRENT YEAR

IF IIC1=2, then, IIC1_FILL=CURRENT YEAR - 1

IF IIC1 NE DK OR RF, CONTINUE TO IIC2, ELSE GO TO IIC3

Question ID: IIC2

In what month in [IIC1_FILL] did this [RECENT_FILL] happen/In what month did this [RECENT_FILL] happen?

IF IIC1=1, DISPLAY: JANUARY UP TO CURRENT MONTH IN THE YEAR AS RESPONSE OPTIONS
 IF IIC1 NE DK OR REF, DISPLAY FILL= "In what month in [IIC1_FILL] did this [RECENT_FILL] happen"

[IF IIC1 = DK OR REF, DISPLAY FILL = "In what month did this [RECENT_FILL] happen"

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December
- DK/REF

Question ID: IIC3

Did the [RECENT_FILL] happen...

items IIC3a - IIC3d should be displayed on the same screen as much as space allows

Question ID: IIC3a

Between 6:00 in the morning and noon?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC3b

After noon but before 6:00 in the evening?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC3c

After 6:00 in the evening but before midnight?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC3d

After midnight but before 6:00 in the morning?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC4

Where did the [RECENT_FILL] happen?

items IIC4a - IIC4d should be displayed on the same screen as much as space allows

Question ID: IIC4a

In your own cell, room, or sleeping area?

- 1 Yes
- 2 No
- DK/REF

Question ID: IIC4b

In the cell, room, or housing area of another inmate?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC4c

Somewhere else in the facility?

- 1 Yes
- 2 No
- DK/RF

GO TO IIC5

Question ID: IIC4d

Off facility grounds?

- 1 Yes
- 2 No
- DK/RF

GO TO IIC6

Question ID: IIC5

Where were you when the incident happened?

items IIC5a - IIC5h should be displayed on the same screen as much as space allows

Question ID: IIC5a

In a shower?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC5b

In a bathroom?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC5c

In the yard or recreation area?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC5d

In a classroom or library?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC5e

In a workshop, kitchen, or other workplace?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC5f

In a closet?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC5g

In an office or other locked room?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC5h

On the stairs?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_IIC2a_

IF IIC4d=1, CONTINUE TO IIC6, ELSE GO TO IIC7

Question ID: IIC6

Where were you when the incident happened?

items IIC6a - IIC6d should be displayed on the same screen as much as space allows

Question ID: IIC6a

A bus, van, or car?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC6b

A courthouse?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC6c

Some type of temporary holding facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC6d

A hospital or other type of medical facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC7

Just before or during this [RECENT_FILL], which, if any of these things, happened? Were you...

items IIC7a - IIC7j should be displayed on the same screen as much as space allows

Question ID: IIC7a

Persuaded or talked into the sex or sexual contact?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC7b

Given a bribe?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC7c

Blackmailed?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC7d

Given drugs or alcohol to get you drunk or high?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC7e

Offered protection from other inmates?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC7f

Trying to pay off or settle a debt that you owed?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC7g

Threatened with harm?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC7h

Physically held down or restrained?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC7i

Physically harmed or injured?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC7j

Threatened with a weapon?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC8

Do you think this [RECENT_FILL] happened because of your...

items IIC8a - IIC8e should be displayed on the same screen as much as space allows

National Inmate Survey: Year 4

Question ID: IIC8a

Race or ethnicity?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC8b

Age?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC8c

Religion?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC8d

Gang affiliation?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_IIC2ab

IF GENDER=3, CONTINUE TO IIC8e, ELSE GO TO PB_IIC3

Question ID: IIC8e

Gender identity?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_IIC3

IF D2 = 1 OR 3 OR 4, CONTINUE TO IIC33, ELSE GO TO IIC9

Question ID: IIC33

Do you think this [RECENT_FILL] happened because you are [SexualOrientationFill]?

- 1 Yes
- 2 No
- DK/REF

Question ID: IIC9

During this [RECENT_FILL], did one inmate or more than one inmate have sexual contact with you?

- 1 One inmate GO TO IIC10a
- 2 More than one inmate GO TO IIC10b
- DK/REF

Question ID: IIC10a

Was the other inmate male, female, or transgender?

- 1 Male
- 2 Female
- 3 Transgender
- DK/REF

Question ID: IIC10b

Were any of the inmates involved in this incident...

items IIC10b1-IIC10b3 should be displayed on the same screen as much as space allows

Question ID: IIC10b1

Male?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC10b2

Female?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC10b3

Transgender?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_IIC4

DEFINE PerpGenderFill1:
If IIC9=1 AND IIC10a=1
then PerpGenderFill1= "he"
IF HC9=1 AND IIC10a=2
then PerpGenderFill1= "she"
IF IIC9=1 AND IIC10a=3
then PerpGenderFill1= "they"
If IIC9=2
then PerpGenderFill1= "they"

DEFINE PerpGenderFill2:
If HC9=1 AND IIC10a=1
then PerpGenderFill2= "his"
If HC9=1 AND IIC10a=2
then PerpGenderFill2= "her"
If HC9=1 AND IIC10a=3
then PerpGenderFill2= "their"
If IIC9=2
then PerpGenderFill2= "their"

Question ID: IIC11

[Was the other inmate/Were any of the other inmates] of Hispanic, Latino, or Spanish origin?

IF IIC9=1, DISPLAY FILL= "Was the other inmate"
IF IIC9= 2, DISPLAY FILL = "Were any of the other inmates"
1 Yes
2 No
DK/REF

Question ID: IIC12

[Was the other inmate.../Were any of the other inmates...]

IF IIC9=1, DISPLAY FILL= "Was the other inmate..."
IF IIC9= 2, DISPLAY FILL = "Were any of the other inmates..."

National Inmate Survey: Year 4

Question ID: IIC12a

White?

- 1 Yes
- 2 No
- DK/REF

Question ID: IIC12b

Black or African American?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC12c

American Indian or Alaska Native?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC12d

Asian?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC12e

Native Hawaiian or other Pacific Islander?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_IIC5

IF IIC9=1, CONTINUE TO IIC13a, ELSE GO TO PB_IIC6

Question ID: IIC13a

How old was this other inmate?

- 1 Under 25
- 2 25 - 34
- 3 35 - 44
- 4 45 - 54
- 5 55 or older
- DK/REF

Box ID: PB_IIC6

IF IIC9=2, CONTINUE TO IIC13b, ELSE GO TO PB_IIC7

Question ID: IIC13b

Were any of the inmates...

items IIC13b1 - IIC13b3 should be displayed on the same screen as much as space allows

Question ID: IIC13b1

Older than you?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC13b2

Younger than you?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC13b3

About the same age as you?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_IIC7

IF IIC13a=DK, CONTINUE TO IIC13DK, ELSE GO TO PB_IIC8

Question ID: IIC13DK

Was this other inmate older than you, younger than you or about the same age as you?

- 1 Older than you
 - 2 Younger than you
 - 3 About the same age as you
- DK/REF

Box ID: PB_IIC8

IF IIC9=1, CONTINUE TO IIC14a, ELSE GO TO PB_IIC9

Question ID: IIC14a

At the time this [RECENT_FILL] occurred, was this other inmate assigned to the same housing unit, pod, or dormitory as you?

- 1 Yes
 - 2 No
- DK/REF

Box ID: PB_IIC9

IF IIC9=2, CONTINUE TO IIC14b, ELSE GO TO PB_IIC10

Question ID: IIC14b

At the time this [RECENT_FILL] occurred, were any of these inmates assigned to the same housing unit, pod, or dormitory as you?

- 1 Yes
 - 2 No
- DK/REF

Box ID: PB_IIC10

IF IIC9=1, CONTINUE TO IIC15a, ELSE GO TO PB_IIC11

Question ID: IIC15a

How well did you know this other inmate at the time the [RECENT_FILL] occurred?

- 1 Did not know the inmate at all
 - 2 Knew the inmate only a little
 - 3 Knew the inmate but not well
 - 4 Knew the inmate very well
- DK/REF

Box ID: PB_IIC11

IF IIC9=2, CONTINUE TO IIC15b, ELSE GO TO PB_IIC12

Question ID: IIC15b

Did you know these inmates at the time the [RECENT_FILL] occurred?

- 1 You knew all the inmates who were involved
 - 2 You knew some of the inmates who were involved
 - 3 You did not know any of the inmates who were involved
- DK/REF

Box ID: PB_IIC12

IF IIC9=1, CONTINUE TO IIC16a, ELSE GO TO PB_IIC13

Question ID: IIC16a

Was this other inmate a member of a gang?

- 1 Yes
 - 2 No
- DK/REF

Box ID: PB_IIC13

IF IIC9=2, CONTINUE TO IIC16b, ELSE GO TO IIC17

Question ID: IIC16b

Were any of these inmates members of a gang?

- 1 Yes
- 2 No
- DK/REF

Question ID: IIC17

Before this incident happened, were you worried that [this inmate/any of these inmates] might be planning to have sex or sexual contact with you?

IF IIC9=1, DISPLAY FILL= "this inmate"
IF IIC9=2, DISPLAY FILL = "any of these inmates"

- 1 Yes
- 2 No
- DK/REF

Question ID: IIC18

Before this incident happened, had you had any arguments or fights with [this inmate/any of these inmates]?

IF IIC9=1, DISPLAY FILL= "this inmate"
IF IIC9=2, DISPLAY FILL= "any of these inmates"

- 1 Yes
- 2 No
- DK/REF

Question ID: IIC19

Were you injured during this [RECENT_FILL]?

- 1 Yes GO TO IIC20
- 2 No
- DK/REF

Question ID: IIC20

How were you injured during the incident? Did you...
items IIC20a - IIC20g should be displayed on the same screen as much as space allows

Question ID: IIC20a

Receive knife or stab wounds?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC20b

Receive broken bones?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC20c

Have [anal/anal or vaginal] tearing?

IF GENDER=1, DISPLAY FILL= "anal"
IF GENDER=2 or 3, DISPLAY FILL= "anal or vaginal"

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC20d

Have your teeth chipped or knocked out?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC20e

Receive internal injuries?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC20f

Get knocked unconscious?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC20g

Receive bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_IIC14

IF IIC19=1, CONTINUE TO IIC21, ELSE GO TO IIC22

Question ID: IIC21

As a result of any of the injuries you received during this incident, did you see a doctor, nurse, or other health care provider for any of the injuries you received?

- 1 Yes
- 2 No
- DK/REF

Question ID: IIC22

Did [this inmate/these inmates] do any of the following things **after** the incident happened?

IF IIC9=1, DISPLAY FILL= "this inmate"
IF IIC9=2, DISPLAY FILL= "these inmates"

Question ID: IIC22a

Gave you gifts or money so that you would keep it a secret?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC22b

Threatened to hurt you so that you would keep it a secret?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC22c

Said [PerpGenderFill1] would blame it on you if you told anyone?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC22d

Said [PerpGenderFill1] would stop spending time with you if you told anyone?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC22e

Had some type of sexual contact with you again?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC22f

Ignored you or stayed away from you?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC22g

Threatened to harm your family?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC22h

Hurt you or beat you up?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC23

Did you report this [RECENT_FILL] to anyone?

- 1 Yes
- 2 No
- DK/REF

GO TO IIC24

Question ID: IIC24

Did you report the incident to...

items IIC24a - IIC24k should be displayed on the same screen as much as space allows

Question ID: IIC24a

A correctional officer?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC24b

An administrative staff person?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC24c

A medical or healthcare staff person?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC24d

An instructor or teacher?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC24e

A counselor or other mental health care provider?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC24f

A chaplain or other religious official?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC24g

A volunteer?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC24h

Some other type of facility staff person?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC24i

A telephone hotline?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC24j

Another inmate?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC24k

A family member or friend?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC25

At the time the [RECENT_FILL] happened, were any **other inmates** aware that it was happening?

- 1 Yes
- 2 No
- DK/REF

Question ID: IIC26

At the time the [RECENT_FILL] happened, were any **staff at the facility** aware that it was happening?

- 1 Yes
- 2 No
- DK/REF

Box ID: PBIIC15

IF IIC23=1 CONTINUE TO IIC27, ELSE GO TO PB_IIC16

Question ID: IIC27

Did any of the following things happen to you as a result of the report you made?
items IIC27a - IIC27f should be displayed on the same screen as much as space allows

Question ID: IIC27a

You were moved to administrative segregation or some other protective housing?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC27b

You were placed in a medical unit, ward, or hospital?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC27c

You were confined to your own cell, room, or housing area?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC27d

You were given a higher level of custody within the facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC27e

You were offered a transfer to another facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC27f

You were written up?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_IIC16

IF IIC9=1 AND IIC23=1, CONTINUE TO IIC28a, ELSE GO TO PB_IIC17

Question ID: IIC28a

Did any of the following things happen to the inmate who had sex or sexual contact with you?
items IIC28a1 - IIC28a8 should be displayed on the same screen as much as space allows

Question ID: IIC28a1

The inmate was moved to administrative segregation or some other protective housing?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28a2

The inmate was placed in a medical unit, ward, or hospital?

- 1 Yes
- 2 No
- DK/RF

National Inmate Survey: Year 4

Question ID: IIC28a3

The inmate was confined to [PerpGenderFill2] own cell, room, or housing area?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28a4

The inmate was given a higher level of custody at this facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28a5

The inmate was transferred to another facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28a6

The inmate was written up?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28a7

The inmate lost privileges?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28a8

The inmate was charged with a crime?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_IIC17

IF IIC9=2 AND IIC23=1, CONTINUE TO IIC28b, ELSE GO TO IIC29

Question ID: IIC28b

Did any of the following things happen to the inmates who had sex or sexual contact with you?
items IIC28b1 - IIC28b8 should be displayed on the same screen as much as space allows

Question ID: IIC28b1

One or more of the inmates were moved to administrative segregation or some other protective housing?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28b2

One or more of the inmates were placed in a medical unit, ward, or hospital?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28b3

One or more of the inmates were confined to their own cell, room, or housing area?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28b4

One or more of the inmates were given a higher level of custody at this facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28b5

One or more of the inmates were transferred to another facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28b6

One or more of the inmates were written up?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28b7

One or more of the inmates lost privileges?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC28b8

One or more of the inmates were charged with a crime?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC29

Since this [RECENT_FILL] happened, [has this inmate/have any of these inmates] attempted any type of sexual contact with you?

IF IIC9=1, DISPLAY FILL= "has this inmate"
IF IIC9=2, DISPLAY FILL= "have any of these inmates"

- 1 Yes
- 2 No
- DK/REF

Question ID: IIC30

Since this [RECENT_FILL] happened, have you been worried that [this inmate will/any of these inmates would] try to initiate sexual contact with you again?

IF IIC9 = 1 AND IIC29 NE 1, DISPLAY FILL= "this inmate will"
IF IIC9 = 2 AND IIC29 NE 1, DISPLAY FILL= "any of these inmates would"

- 1 Yes
- 2 No
- DK/REF

Question ID: IIC31

Since this [RECENT_FILL] happened, have you done any of the following things to reduce the chance that you would have to have sexual contact again?

items IIC31a - IIC31o should be displayed on the same screen as much as space allows

Question ID: IIC31a

Joined a gang?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31b

Carried a weapon?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31c

Fought more?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31d

Worked out in order to bulk up?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31e

Avoided certain areas?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31f

Kept to yourself more?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31g

Stayed in your own cell or housing area more?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31h

Joined a religious group?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31i

Avoided certain inmates?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31j

Requested protective custody?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31k

Requested transfer to another facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31l

Requested a different housing unit, pod, or dormitory?

- 1 Yes
- 2 No
- DK/RF

National Inmate Survey: Year 4

Question ID: IIC31m

Contacted someone on the outside for help?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31n

Tried to stay near facility staff?

- 1 Yes
- 2 No
- DK/RF

Question ID: IIC31o

Paid another inmate for protection?

- 1 Yes
- 2 No
- DK/RF

DETERMINATION OF SPECIFIC INCIDENT FOR STAFF INCIDENT REPORT (DIRS)

Question ID: DIRS1

[Earlier you reported that, **DOAFILL2**, you had sex or sexual contact with a facility staff person more than 1 time./As you answer the next questions please think about the **most recent** time when you had sex or sexual contact with a facility staff person./Please think about the **most recent** time this happened. Which of the following types of sex or sexual contact did you have with a facility staff person?]

IF G3 + G6 = GT 1 TIME, DISPLAY FILL ="Earlier you reported that, DOAFILL2, you had sex or sexual contact with a facility staff person more than 1 time"

IF only one of (G11a, G11b, G11c, G11d, G11e) is YES, DISPLAY FILL= "As you answer the next questions please think about the most recent time when you had sex or sexual contact with a facility staff person"

IF at least two of (G11a, G11b, G11c, G11d, G11e) are YES, DISPLAY FILL ="Please think about the most recent time this happened. Which of the following types of sex or sexual contact did you have with a facility staff person"

Box ID: PB_DIRSa

IF G11a=1, CONTINUE TO DIRS1a, ELSE GO TO PB_DIRSb

Question ID: DIRS1a

You touched a facility staff person's body or had your body touched in a sexual way?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIRSb

IF G11b=1, CONTINUE TO DIRS1b, ELSE GO TO PB_DIRSc

Question ID: DIRS1b

You gave or received a handjob?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIRSc

IF G11c=1, CONTINUE TO DIRS1c, ELSE GO TO PB_DIRSc

Question ID: DIRS1c

You gave or received oral sex or a blowjob?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIRSc

IF G11d=1, CONTINUE TO DIRS1d, ELSE GO TO PB_DIRSc

Question ID: DIRS1d

You had vaginal sex?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIRSe

IF G11e=1, CONTINUE TO DIRS1e, ELSE GO TO PB_DIRSc

Question ID: DIRS1e

You had anal sex?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_DIRS1

As you answer the next questions please think about this **most recent** time when you had sex or sexual contact with a facility staff person.

Touch the **NEXT** button to go to the next screen.

IF G3 + G6 = 1 TIME, CONTINUE TO DIRS2, ELSE GO TO PB_DIRS2

Question ID: DIRS2

Earlier you reported that **DOAFILL2** you had sex or sexual contact with a facility staff person 1 time. Please think about that experience as you answer the next questions.

Touch the **NEXT** button to go to the next screen.

Box ID: PB_DIRS2

IF (G6 = DK OR REF) AND (G3 = DK OR REF) OR (G2 <> 1 AND G6 = DK OR REF) OR ((G4 AND G5 <> 1) AND G3 = DK OR REF), CONTINUE TO DIRS3, ELSE GO TO PB_DIRS3

Question ID: DIRS3

Earlier you reported that, **DOAFILL2**, you had sex or sexual contact with a facility staff person. Please think about that experience as you answer the next questions.

Touch the **NEXT** button to go to the next screen.

Box ID: PB_DIRS3

IF DIRS1 OR DIRS2 OR DIRS3 IS DISPLAYED, CONTINUE WITH THIS MODULE (SI), ELSE SKIP TO VICTIMIZATION WHILE INCARCERATED (X).

INCIDENT CHARACTERISTICS FOR STAFF-ON-INMATE VICTIMIZATION (SI)

Box ID: PB_SIC1

DEFINE RECENT_FILL2:

IF DIRS1 is displayed, then RECENT_FILL2 = "**most recent** incident" IF DIRS2 OR DIRS3 is displayed, then RECENT_FILL2 = "incident"

Question ID: SI1

Did this [RECENT_FILL2] of sex or sexual contact with a facility staff person happen in [CURRENT YEAR] or [CURRENT YEAR -1]?

- 1 CURRENT YEAR
 - 2 CURRENT YEAR - 1
- DK/REF

Box ID: PB_SIC2

DEFINE SI1_FILL:

IF SI1=1, then SI_FILL=CURRENT YEAR

IF SI1=2, then SI_FILL=CURRENT YEAR - 1

Question ID: SI2

[In what month in [SI1_FILL] did this [RECENT_FILL2] happen/In what month did this [RECENT_FILL2] happen?]

IF SI1=1, DISPLAY: JANUARY UP TO CURRENT MONTH IN THE YEAR AS RESPONSE OPTIONS
IF SI1 NE DK OR REF, DISPLAY FILL= "In what month in [SI1_FILL] did this [RECENT_FILL2] happen"

IF SI1= DK OR REF, DISPLAY FILL= "In what month did this [RECENT_FILL2] happen"

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December
- DK/REF

Question ID: SI3

Did the [RECENT_FILL2] happen...

items SI3a - SI3d should be displayed on the same screen as much as space allows

Question ID: SI3a

Between 6:00 in the morning and noon?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI3b

After noon but before 6:00 in the evening?

- 1 Yes
- 2 No
- DK/RF

National Inmate Survey: Year 4

Question ID: SI3c

After 6:00 in the evening but before midnight?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI3d

After midnight but before 6:00 in the morning?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI4

Where did the [RECENT_FILL2] happen?

items SI4a - SI4d should be displayed on the same screen as much as space allows

Question ID: SI4a

In your own cell, room, or sleeping area?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI4b

In the cell, room, or housing area of another inmate?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI4c

Somewhere else in the facility?

- 1 Yes
- 2 No
- DK/RF

GO TO SI5

Question ID: SI4d

Off facility grounds?

- 1 Yes
- 2 No
- DK/RF

GO TO SI6

Box ID: PB_SIC2_a

If SI4c=1 CONTINUE TO SI5, ELSE GO TO PB_SIC2_aa

Question ID: SI5

Where were you when the incident happened?

items SI5a - SI5h should be displayed on the same screen as much as space allows

Question ID: SI5a

In a shower?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI5b

In a bathroom?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI5c

In the yard or recreation area?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI5d

In a classroom or library?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI5e

In a workshop, kitchen, or other workplace?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI5f

In a closet?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI5g

In an office or other locked room?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI5h

On the stairs?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC2_aa

If SI4d=1 CONTINUE TO SI6, ELSE GO TO SI9

Question ID: SI6

Where were you when the incident happened?

items SI6a - SI6d should be displayed on the same screen as much as space allows

Question ID: SI6a

A bus, van, or car?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI6b

A courthouse?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI6c

Some type of temporary holding facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI6d

A hospital or other type of medical facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9

Just before or during this [RECENT_FILL2], which, if any, of these things happened? Were you...

items SI9a - SI9m should be displayed on the same screen as much as space allows

Question ID: SI9a

Persuaded or talked into the sex or sexual contact?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9b

Given a bribe?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9c

Blackmailed?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9d

Given drugs or alcohol to get you drunk or high?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9e

Offered protection from other inmates?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9f

Trying to pay off or settle a debt that you owed?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9g

Threatened with harm?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9h

Physically held down or restrained?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9i

Physically harmed or injured?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9j

Threatened with a weapon?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9I

Told that your family would be deported?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI9m

Told that you would lose visitation privileges?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC3

DEFINE TOUCHING ONLY:

IF G11a=1 AND G11b=2 AND G11c=2 AND G11d=2 AND G11e=2 Then TOUCHING ONLY=1
Else TOUCHING ONLY=0

IF TOUCHING ONLY=1, CONTINUE TO SI7, ELSE GO TO PB_SIC3a

Question ID: SI7

Did this incident happen as part of a **strip search**?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_SIC3a

IF TOUCHING ONLY=1 AND SI7 NE 1, CONTINUE TO SI8, ELSE GO TO SI10

Question ID: SI8

Did this incident happen as part of a **pat down**?

- 1 Yes
- 2 No
- DK/REF

Question ID: SI10

During this [RECENT_FILL2] did one staff person or more than one staff person have sex or sexual contact with you?

- 1 One staff person
- 2 More than one staff person
- DK/REF

Question ID: SI11

Do you think this [RECENT_FILL2] happened because of your...

items SI11a-SI11e should be displayed on the same screen as much as space allows

Question ID: SI11a

Race or ethnicity?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI11b

Age?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI11c

Religion?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI11d

Gang affiliation?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC3ab

IF GENDER=3, CONTINUE TO SI11e, ELSE GO TO PB_SIC3c

Question ID: SI11e

Gender identity?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC3c

IF D2 = 1 OR 3 OR 4, CONTINUE TO SI32, ELSE GO TO PB_SIC3d

Question ID: SI32

Do you think this [RECENT_FILL2] happened because you are [SexualOrientationFill]?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_SIC3d

IF SI10 = 1, CONTINUE TO SI12a, ELSE GO TO PB_SIC3e

Question ID: SI12a

Was the staff person male or female?

- 1 Male
- 2 Female
- DK/REF

Box ID: PB_SIC3e

IF SI10 = 2 OR DK OR REF, CONTINUE TO SI12b, ELSE GO TO PB_SIC4

Question ID: SI12b

Were any of the staff involved in this incident...

items SI12b1 - SI12b2 should be displayed on the same screen as much as space allows

Question ID: SI12b1

Male?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI12b2

Female?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC4

DEFINE StaffGenderFill1:

IF SI10=1 AND SI12a=1, then StaffGenderFill1 = "he"
 IF SI10=1 AND SI12a=2, then StaffGenderFill1= "she"
 IF SI10=2 OR DK OR REF, then StaffGenderFill1= "they"

DEFINE StaffGenderFill2:

IF SI10=1 AND SI12a=1, then StaffGenderFill2 = "his"
 IF SI10=1 AND SI12a=2, then StaffGenderFill2= "her"
 IF SI10=2 OR DK OR REF, then StaffGenderFill2= "their"

DEFINE StaffGenderFill3:

IF SI10=1 AND SI12a=1, then StaffGenderFill3 = "himself"
 IF SI10=1 AND SI12a=2, then StaffGenderFill3= "herself"
 IF SI10=2 OR DK OR REF, then StaffGenderFill3= "themselves"

Question ID: SI13

[Was the staff person/Were any of the staff] of Hispanic, Latino, or Spanish origin?

IF SI10 = 1, DISPLAY FILL= "Was the staff person"
 IF SI10=2 OR DK OR RF, DISPLAY FILL= "Were any of the staff"

- 1 Yes
- 2 No
- DK/REF

Question ID: SI14

[Was the staff person.../Were any of the staff...]

IF SI10 = 1, DISPLAY FILL= "Was the staff person"
IF SI10=2 OR DK OR RF, DISPLAY FILL= "Were any of the staff"

Question ID: SI14a

White?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI14b

Black or African American?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI14c

American Indian or Alaska Native?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI14d

Asian?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI14e

Native Hawaiian or other Pacific Islander?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB-SIC4a

IF SI10=1 CONTINUE TO SI15a, ELSE GO TO PB_SIC4b

Question ID: SI15a

How old was this staff person?

- 1 Under 25
- 2 25 - 34
- 3 35 - 44
- 4 45 - 54
- 5 55 or older
- DK/REF

Box ID: PB_SIC4b

IF SI10 = 2 OR DK OR REF, CONTINUE TO SI15b, ELSE GO TO PB_SIC4c

Question ID: SI15b

Were any of the staff...

items SI15b1 - SI15b3 should be displayed on the same screen as much as space allows

DK/REF

Question ID: SI15b1

Older than you?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI15b2

Younger than you?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI15b3

About the same age as you?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC4c

IF SI15a = DK, CONTINUE TO SI15DK, ELSE GO TO PB_SIC4d

Question ID: SI15DK

Was this staff person older than you, younger than you or about the same age as you?

- 1 Older than you
 - 2 Younger than you
 - 3 About the same age as you
- DK/REF

Box ID: PB_SIC4d

IF SI10 = 1, GO TO SI16a, ELSE GO TO PB_SIC4e

Question ID: SI16a

Was the staff person who had sexual contact with you...

items SI16a1 - SI16a3 should be displayed on the same screen as much as space allows

Question ID: SI16a1

A correctional officer?

- 1 Yes
 - 2 No
- DK/RF

Question ID: SI16a2

Another staff person working in the facility?

- 1 Yes
 - 2 No
- DK/RF

Question ID: SI16a3

A volunteer in the facility?

- 1 Yes
 - 2 No
- DK/RF

Box ID: PB_SIC4e

IF SI10 = 2 OR DK OR REF, GO TO SI16b, ELSE GO TO PB_SIC4f

Question ID: SI16b

Were any of the staff who had sexual contact with you...

items SI16b1 - SI16b3 should be displayed on the same screen as much as space allows

Question ID: SI16b1

Correctional officers?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI16b2

Other staff working in the facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI16b3

Volunteers in the facility?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC4f

IF SI10 = 1, CONTINUE TO SI17a, ELSE GO TO PB_SIC4g

Question ID: SI17a

Before the [RECENT_FILL2] happened, did any of these things **ever** happen?

items SI17a1 - SI17a9 should be displayed on the same screen as much as space allows

Question ID: SI17a1

The staff person talked to you about [StaffGenderFill2] personal life outside of work?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17a2

The staff person gave you pictures of [StaffGenderFill3]?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17a3

The staff person wrote letters to you?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17a4

The staff person offered you things like drugs, cigarettes, alcohol, or other things you are not allowed to have in this facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17a5

The staff person offered you money?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17a6

The staff person did things for you to help you get out of trouble?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17a7

The staff person spent time alone with you and asked that you not tell anyone else about that time?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17a8

The staff person told you that [StaffGenderFill1] had special feelings for you or was in love with you?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17a9

The staff person talked or joked with you about sex or shared sexual stories with you?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC4g

IF SI10 = 2 OR DK OR REF, CONTINUE TO SI17b, ELSE GO TO SI18

Question ID: SI17b

Before the [RECENT_FILL2] happened, did any of these things **ever** happen?
items **SI17b1** - SI17b9 should be displayed on the same screen as much as space allows

Question ID: SI17b1

One or more of the staff talked to you about his or her personal life outside of work?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17b2

One or more of the staff gave you pictures of themselves?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17b3

One or more of the staff wrote letters to you?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17b4

One or more of the staff offered you things like drugs, cigarettes, alcohol, or other things you are not allowed to have in this facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17b5

One or more of the staff offered you money?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17b6

One or more of the staff did things for you to help you get out of trouble?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17b7

One or more of the staff spent time alone with you and asked that you not tell anyone else about that time?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17b8

One or more of the staff told you that they had special feelings for you or were in love with you?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI17b9

One or more of the staff talked or joked with you about sex or shared sexual stories with you?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI18

During the [RECENT_FILL2] were you injured?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_SIC4h

[IF SI18 = 1, CONTINUE TO SI19, ELSE GO TO PB_SIC4i

Question ID: SI19

How were you injured during the incident? Did you...

items SI19a - SI19g should be displayed on the same screen as much as space allows

Question ID: SI19a

Receive knife or stab wounds?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI19b

Receive broken bones?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI19c

Have [anal/anal or vaginal] tearing?

IF GENDER=1, DISPLAY FILL= "anal"

IF GENDER=2 OR 3, DISPLAY FILL= "anal or vaginal"

- 1 Yes
- 2 No
- DK/RF

Question ID: SI19d

Have your teeth chipped or knocked out?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI19e

Receive internal injuries?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI19f

Get knocked unconscious?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI19g

Receive bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC4i

IF SI18 = 1, CONTINUE TO SI20, ELSE GO TO SI21

Question ID: SI20

As a result of any of the injuries you received during this incident, did you see a doctor, nurse, or other health care provider for any of the injuries you received?

- 1 Yes
- 2 No

Question ID: SI21

[Did this staff person do any of the following things **after** the incident happened/Did any of the staff involved do any of the following things **after** the [RECENT_FILL2] happened]?

IF SI10 = 1, DISPLAY FILL= "Did this staff person do any of the following things after the incident happened"

IF SI10=2 OR DK OR RF, DISPLAY FILL= "Did any of the staff involved do any of the following things after the [RECENT_FILL2] happened"

Question ID: SI21a

Gave you gifts or money so that you would keep it secret?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI21b

Threatened to hurt you so that you would keep it secret?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI21c

Said [StaffGenderFill1] would blame it on you if you told anyone?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI21d

Said [StaffGenderFill1] would stop spending time with you if you told anyone?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI21e

Had sexual contact with you again?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI21f

Ignored you or stayed away from you?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI22

Did you report this [RECENT_FILL2] to anyone?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_SIC4j

IF SI22 = 1, CONTINUE TO SI23, ELSE GO TO SI24

Question ID: SI23

Did you report the incident to...

items SI23a - SI23k should be displayed on the same screen as much as space allows

Question ID: SI23a

A correctional officer?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI23b

An administrative staff person?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI23c

A medical or healthcare staff person?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI23d

An instructor or teacher?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI23e

A counselor or other mental health care provider?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI23f

A chaplain or other religious official?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI23g

A volunteer?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI23h

Some other type of facility staff person?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI23i

A telephone hotline?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI23j

Another inmate?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI23k

A family member or friend?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI24

At the time the [RECENT_FILL2] happened, were any **inmates** aware that it was happening?

- 1 Yes
- 2 No
- DK/REF

Question ID: SI25

At the time the [RECENT_FILL2] happened, were any **other staff at the facility** aware that it was happening?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_SIC4k

IF SI22 = 1, CONTINUE TO SI26, ELSE GO TO PB_SIC4I

Question ID: SI26

Did any of the following things happen to you as a result of the report you made?
items SI26a - SI26f should be displayed on the same screen as much as space allows

Question ID: SI26a

You were moved to administrative segregation or some other protective housing?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI26b

You were placed in a medical unit, ward, or hospital?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI26c

You were confined to your own cell, room, or housing area?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI26d

You were given a higher level of custody within the facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI26le

You were offered a transfer to another facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI26f

You were written up?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC4l

IF SI10 = 1 AND SI22 =1, GO TO SI27a, ELSE GO TO PB_SIC4m

Question ID: SI27a

Did any of the following things happen to the staff person who had sex or sexual contact with you?

items SI27a1 - SI27a6 should be displayed on the same screen as much as space allows

Question ID: SI27a1

The staff person was fired?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI27a2

The staff person was transferred to another facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI27a3

The staff person was transferred to a different job at this facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI27a4

The staff person was charged with a crime?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI27a5

The staff person was suspended for a period of time?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI27a6

The staff person was punished or disciplined in some way other than those listed above?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_SIC4m

IF (SI10 = 2 OR DK OR REF) AND SI22 = 1, CONTINUE TO SI27b, ELSE GO TO SI28

Question ID: SI27b

Did any of the following things happen to any of the staff who had sex or sexual contact with you?

items SI27b1 - SI27b6 should be displayed on the same screen as much as space allows

Question ID: SI27b1

One or more of the staff were fired?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI27b2

One or more of the staff were transferred to another facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI27b3

One or more of the staff were transferred to a different job at this facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI27b4

One or more of the staff were charged with a crime?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI27b5

One or more of the staff were suspended for a period of time?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI27b6

One or more of the staff were punished or disciplined in some way other than those listed above?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI28

Since this [RECENT_FILL2] happened, [has this staff person/have any of the staff involved] attempted any type of sexual contact with you?

IF SI10 = 1, DISPLAY FILL="has this staff person"

IF SI10=2, DK OR RF, DISPLAY FILL= "have any of the staff involved"

1 Yes

GO TO SI30

2 No

DK/REF

Question ID: SI29

Since this [RECENT_FILL2] happened, have you been worried that [this staff person will/any of the staff involved would] try to initiate sexual contact with you again?

IF SI10 = 1 AND SI28 NE 1, DISPLAY FILL= "this staff person will"

IF (SI10 = 2 OR DK OR REF) AND SI28 NE 1, DISPLAY FILL= "any of the staff involved would"

1 Yes

2 No

DK/REF

Question ID: SI30

Since this [RECENT_FILL2] happened, have you done any of the following things to reduce the chance that you would have to have sexual contact again?

items SI30a - SI30l should be displayed on the same screen as much as space allows

Question ID: SI30a

Joined a gang?

1 Yes

2 No

DK/RF

Question ID: SI30b

Carried a weapon?

1 Yes

2 No

DK/RF

Question ID: SI30c

Fought more?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI30d

Worked out in order to bulk up?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI30e

Tried to make yourself look less attractive?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI30f

Avoided certain areas?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI30g

Kept to yourself more?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI30h

Stayed in your own cell or housing area more?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI30i

Joined a religious group?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI30j

Avoided certain staff?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI30k

Requested protective custody?

- 1 Yes
- 2 No
- DK/RF

Question ID: SI30l

Requested transfer to another facility?

- 1 Yes
- 2 No
- DK/RF

OTHER VICTIMIZATION WHILE INCARCERATED (X)

Box ID: XINTRO

These next questions are about other things that may have happened to you in this facility.

Touch the **NEXT** button to go to the next screen.

Question ID: X6a

DOAFILL1, have you been written up or charged with assaulting another inmate?

- 1 Yes
- 2 No
- DK/REF

Question ID: X7a

DOAFILL1, have you been written up or charged with **physically assaulting** a correctional officer or other facility staff person?

- 1 Yes
- 2 No
- DK/REF

Question ID: X8a

DOAFILL1, have you been written up or charged with **verbally assaulting** a correctional officer or other facility staff person?

- 1 Yes
- 2 No
- DK/REF

Question ID: LCM5

DOAFILL1, have you had any sex or sexual contact with staff in this facility whether you wanted to have it or not?

- 1 Yes
- 2 No
- DK/REF

Question ID: LCM6a

How long has it been since you had any sex or sexual contact with staff in this facility whether you wanted to or not?

- 1 Within the past 7 days
 - 2 More than 7 days ago but within the past 30 days
 - 3 More than 30 days ago but within the past 12 months
 - 4 More than 12 months ago
 - 5 This has not happened to me at this facility
- DK/REF

PAT DOWNS AND STRIP SEARCHES (L)

Box ID: PB_L1

IF G11a = 1, CONTINUE TO L0, ELSE GO TO S0

Box ID: L0

These next questions are about your experiences with strip searches and pat downs at this facility.

Touch the **NEXT** button to go to the next screen.

Question ID: L23

Earlier you reported that, **DOAFILL2**, you touched a facility staff person's body or had your body touched in a sexual way. Did this happen as part of a **strip search**?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_L2

IF L23 =1, CONTINUE TO L23a, ELSE GO TO PB_L3

Question ID: L23a

On any occasion **DOAFILL2** when you touched a facility staff person's body or had your body touched in a sexual way as part of a strip search, was the strip search conducted by...

items L23a1- L23a2 should be displayed on the same screen as much as space allows

Question ID: L23a1

Male facility staff?

- 1 Yes
- 2 No
- DK/RF

Question ID: L23a2

Female facility staff?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_L3

IF G11a = 1, CONTINUE TO L24, ELSE GO TO PB_L4

Question ID: L24

DOAFILL1, when you touched a facility staff person's body or had your body touched in a sexual way, did this happen when it was **not** part of a strip search?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_L4

IF G11a = 1, CONTINUE TO L25, ELSE GO TO PB_L5

Question ID: L25

DOAFILL1, when you touched a facility staff person's body or had your body touched in a sexual way, did this happen as part of a **pat down**?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_L5

IF L25 = 1, CONTINUE TO L25a, ELSE GO TO PB_L6

Question ID: L25a

On any occasion **DOAFILL2** when you touched a facility staff person's body or had your body touched in a sexual way as part of a pat down, was the pat down conducted by...

items L25a1 - L25a2 should be displayed on the same screen as much as space allows

Question ID: L25a1

Male facility staff?

- 1 Yes
- 2 No
- DK/RF

Question ID: L25a2

Female facility staff?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_L6

IF G11a = 1, CONTINUE TO L26, ELSE GO TO SECTION S

Question ID: L26

DOAFILL1, when you touched a facility staff person's body or had your body touched in a sexual way, did this happen when it was **not** part of a pat down?

- 1 Yes
- 2 No
- DK/REF

FACILITY CONDITIONS, SUPPORT AND SAFETY (S)

Box ID: S0

These next questions are about everyday living in this facility.

Touch the **NEXT** button to go to the next screen.

Question ID: S1

Are there inmates in this facility who you think of as your friends?

- 1 Yes
- 2 No
- DK/REF

Question ID: S2

Are there inmates in this facility who you can talk to about your personal problems?

- 1 Yes
- 2 No
- DK/REF

Question ID: S3

Are there inmates in this facility who would protect you if another inmate was trying to hurt you?

- 1 Yes
- 2 No
- DK/REF

Question ID: S4

Are there correctional officers or other staff at this facility who you can talk to about your problems?

- 1 Yes
- 2 No
- DK/REF

Question ID: S5

Are there correctional officers or other staff at this facility who would protect you if another inmate was trying to hurt you?

- 1 Yes
- 2 No
- DK/REF

Question ID: S6

How crowded is it in your housing unit?

- 1 Not at all crowded
- 2 Slightly crowded
- 3 Pretty crowded
- 4 Very crowded
- DK/REF

Question ID: S7

How crowded is it outside of the housing units - for example, in the dining hall, classrooms, gym, or work areas?

- 1 Not at all crowded
- 2 Slightly crowded
- 3 Pretty crowded
- 4 Very crowded
- DK/REF

Question ID: S8

How much privacy do you have in your housing unit?

- 1 None
- 2 A little
- 3 Some
- 4 A lot
- DK/REF

Question ID: S9

Please indicate whether you agree or disagree with each of the following statements.

Staff at this facility...

items S9a - S9i should be displayed on the same screen as much as space allows

Question ID: S9a

Are generally fair?

- 1 Agree
- 2 Disagree
- DK/RF

Question ID: S9b

Do their best to make this facility safe and secure?

- 1 Agree
- 2 Disagree
- DK/RF

Question ID: S9c

Try to meet the needs of the inmates?

- 1 Agree
- 2 Disagree
- DK/RF

Question ID: S9d

Break up fights quickly?

- 1 Agree
- 2 Disagree
- DK/RF

Question ID: S9e

Use physical force only when necessary?

- 1 Agree
- 2 Disagree
- DK/RF

Question ID: S9f

Let inmates know what is expected of them?

- 1 Agree
- 2 Disagree
- DK/RF

Question ID: S9g

Generally treat inmates with respect?

- 1 Agree
- 2 Disagree
- DK/RF

Question ID: S9h

Follow facility rules when handling inmate complaints and grievances?

- 1 Agree
- 2 Disagree
- DK/RF

Question ID: S9i

Often write up inmates who don't deserve it?

- 1 Agree
- 2 Disagree
- DK/RF

Question ID: S13

DOAFILL1, how often have inmates at this facility been hit, punched, or assaulted by other inmates?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

Question ID: S14

DOAFILL1, how often have **you** worried about being hit, punched, or assaulted by other inmates in this facility?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

Question ID: S15

DOAFILL1, how often have you **seen** other inmates with some type of weapon?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

Question ID: S16

DOAFILL1, how much gang activity has there been at this facility?

- 1 None
- 2 A little
- 3 Some
- 4 A lot
- DK/RF

Question ID: S17

DOAFILL1, have you been in a fight, assault, or incident in which **another inmate** tried to harm you?

- 1 Yes GO TO S18
- 2 No
- DK/RF

Question ID: S18

DOAFILL1, how many times have you been in a fight, assault, or other incident in which **another inmate** tried to harm you?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Box ID: PB_Sa

IF S17=1, CONTINUE TO S36, ELSE GO TO PB_S1

Question ID: S36

DOAFILL1, what injuries have you received in a fight, assault, or incident in which **another inmate** hurt you?

items S36a - S36f should be displayed on the same screen as much as space allows

Question ID: S36a

You received knife or stab wounds?

- 1 Yes
- 2 No
- DK/RF

Question ID: S36b

You received broken bones?

- 1 Yes
- 2 No
- DK/RF

Question ID: S36c

Your teeth were chipped or knocked out?

- 1 Yes
- 2 No
- DK/RF

Question ID: S36d

You received internal injuries?

- 1 Yes
- 2 No
- DK/RF

Question ID: S36e

You were knocked unconscious?

- 1 Yes
- 2 No
- DK/RF

Question ID: S36f

You received bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_S1

IF S36a = 1 OR S36b = 1 OR S36c = 1 OR S36d = 1 OR S36e = 1 OR S36f = 1, CONTINUE TO S37, ELSE GO TO S21

Question ID: S37

Did you see a doctor, nurse, or other health care provider for your injuries?

- 1 Yes
- 2 No
- DK/REF

Question ID: S21

DOAFILL1, have you been in a fight, assault, or incident in which a **correctional officer or other facility staff person** tried to harm you?

- 1 Yes
- 2 No
- DK/REF

GO TO S22

Question ID: S22

DOAFILL1, how many times have you been in a fight, assault, or incident in which a **correctional officer or other facility staff person** tried to harm you?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Box ID: PB_S1a

IF S21=1, CONTINUE TO S34, ELSE GO TO PB_S2

Question ID: S34

DOAFILL1, what injuries have you received in a fight, assault, or incident in which a **correctional officer or other facility staff person** tried to harm you?

items S34a - S34f should be displayed on the same screen as much as space allows

Question ID: S34a

You received knife or stab wounds?

- 1 Yes
- 2 No
- DK/RF

Question ID: S34b

You received broken bones?

- 1 Yes
- 2 No
- DK/RF

Question ID: S34c

Your teeth were chipped or knocked out?

- 1 Yes
- 2 No
- DK/RF

Question ID: S34d

You received internal injuries?

- 1 Yes
- 2 No
- DK/RF

Question ID: S34e

You were knocked unconscious?

- 1 Yes
- 2 No
- DK/RF

Question ID: S34f

You received bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_S2

IF S34a = 1 OR S34b = 1 OR S34c = 1 OR S34d = 1 OR S34e = 1 OR S34f = 1, CONTINUE TO S35, ELSE GO TO S25

Question ID: S35

Did you see a doctor, nurse, or other health care provider for your injuries?

- 1 Yes
- 2 No
- DK/REF

Question ID: S25

DOAFILL1, have any of your personal possessions or belongings been taken by another inmate without your permission?

- 1 Yes
- 2 No
- DK/REF

GO TO S26

Question ID: S26

DOAFILL1, how many times have any of your personal possessions or belongings been taken by another inmate without your permission?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Question ID: S29

DOAFILL1, do you think there has been enough staff at this facility to keep inmates safe?

- 1 Yes
- 2 No
- DK/REF

Question ID: S30

DOAFILL1, have you filed a grievance for any reason?

- 1 Yes
- 2 No
- DK/REF

GOTO S31

Question ID: S31

DOAFILL1, how many times have you filed a grievance for any reason?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

MENTAL HEALTH (R)

Question ID: R1

The next question are about how you have been feeling during the past 30 days.

About how often during the past 30 days did you feel nervous?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/RF

Question ID: R2

During the past 30 days, about how often did you feel hopeless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

Question ID: R3

During the past 30 days, about how often did you feel restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

Question ID: R4

How often in the past 30 days did you feel so depressed that nothing could cheer you up?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

Question ID: R5

About how often in the past 30 days did you feel that everything was an effort?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

Question ID: R6

About how often in the past 30 days did you feel worthless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

Question ID: R24

Have you **ever** been told by a mental health professional, such as a psychiatrist or psychologist, that you had...

items R24a - R24g should be displayed on the same screen as much as space allows

Question ID: R24a

Manic depression, a bipolar disorder, or mania?

- 1 Yes
- 2 No
- DK/RF

Question ID: R24b

A depressive disorder?

- 1 Yes
- 2 No
- DK/RF

Question ID: R24c

Schizophrenia or another psychotic disorder?

- 1 Yes
- 2 No
- DK/RF

Question ID: R24d

Post-traumatic stress disorder or PTSD?

- 1 Yes
- 2 No
- DK/RF

Question ID: R24e

Another anxiety disorder, such as panic disorder or OCD?

- 1 Yes
- 2 No
- DK/RF

Question ID: R24f

A personality disorder, such as antisocial or borderline personality?

- 1 Yes
- 2 No
- DK/RF

Question ID: R24g

A mental or emotional condition other than those listed above?

- 1 Yes
- 2 No
- DK/RF

Box ID: R25

The next questions are about any times you may have stayed overnight in any type of hospital or other facility for any problem with your emotions, nerves, or mental health. Please do **not** include any overnight hospital stays for alcohol or drug use.

Touch the **NEXT** button to go to the next screen.

Question ID: R26

Have you **ever** stayed overnight or longer in any type of hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health?

- 1 Yes GO TO R27
- 2 No
- DK/REF

Question ID: R27

During the 12 months before you were admitted to this facility, did you stay overnight or longer in any type of hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health?

- 1 Yes
- 2 No
- DK/REF

Box ID: R28

The next questions are about services you may have received for any problem with your emotions, nerves, or mental health. As you answer these questions, please do **not** include any services you may have received for drug or alcohol use. Some questions ask about prescription medicine. Prescription medicines are drugs that you take if a doctor authorizes them for you.

Touch the **NEXT** button to go to the next screen.

Question ID: R29

Have you **ever** taken any prescription medicine for any problem you were having with your emotions, nerves, or mental health?

- 1 Yes
- 2 No
- DK/REF

Question ID: R30

[At the time of the offense for which you are **currently** serving time, were you taking prescription medicine for any problem you were having with your emotions, nerves, or mental health/At the time of the offense for which you are **currently** being held, were you taking prescription medicine for any problem you were having with your emotions, nerves, or mental health]?

IF B4 = 1 AND R29 = 1, DISPLAY FILL= "At the time of the offense for which you are currently serving time, were you taking prescription medicine for any problem you were having with your emotions, nerves, or mental health"

IF B4 = 2 OR DK OR REF AND R29 = 1, DISPLAY FILL= "At the time of the offense for which you are currently being held, were you taking prescription medicine for any problem you were having with your emotions, nerves, or mental health"

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_R1

IF R29=1, CONTINUE TO R31, ELSE GO R33

Question ID: R31

Since you were admitted to this facility, have you taken prescription medicine for any problem you were having with your emotions, nerves, or mental health?

- 1 Yes
- 2 No
- DK/REF

Question ID: R33

Have you **ever** received counseling or therapy from a trained professional such as a psychiatrist, psychologist, social worker, or nurse for any problem you were having with your emotions, nerves, or mental health?

- 1 Yes GO TO R34
- 2 No
- DK/REF

Question ID: R34

Since you were admitted to this facility, have you received counseling or therapy from a trained professional such as a psychiatrist, psychologist, social worker, or nurse for any problem you were having with your emotions, nerves, or mental health?

- 1 Yes
- 2 No
- DK/REF

Question ID: R21

Did you **ever** in your life have any of the following experiences happen to you:
items R21a - R21g should be displayed on the same screen as much as space allows

Question ID: R21a

A serious fight or physical assault?

- 1 Yes
- 2 No
- DK/RF

Question ID: R21b

A sexual assault?

- 1 Yes
- 2 No
- DK/RF

Question ID: R21c

A life-threatening accident or injury?

- 1 Yes
- 2 No
- DK/RF

Question ID: R21d

The murder or suicide of a loved one?

- 1 Yes
- 2 No
- DK/RF

Question ID: R21e

The accidental death of a loved one?

- 1 Yes
- 2 No
- DK/RF

Question ID: R21f

Witnessed someone being seriously injured or killed?

- 1 Yes
- 2 No
- DK/RF

Question ID: R21g

Any experience that put you at risk of death?

- 1 Yes
- 2 No
- DK/RF

DISABILITY STATUS (Q)

Box ID: Q0

The next questions are about difficulties that you might have due to a physical, mental, or emotional problem.

Touch the **NEXT** button to go to the next screen.

Question ID: Q1

Are you deaf, or do you have serious difficulty hearing?

- 1 Yes
- 2 No
- DK/REF

Question ID: Q2

Are you blind, or do you have serious difficulty seeing even when wearing glasses?

- 1 Yes
- 2 No
- DK/REF

Question ID: Q3

Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No
- DK/REF

Question ID: Q4

Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- DK/REF

Question ID: Q5

Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- DK/REF

Question ID: Q6

Because of a physical, mental, or emotional problem, do you have difficulty doing activities on your own, such as going to meal time, going outside, working in or outside of this facility, going to classes, or attending programs?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_Q1

IF Q1 OR Q2 OR Q3 OR Q4 OR Q5 OR Q6 = 1, CONTINUE TO Q7, ELSE GO TO Q8

Question ID: Q7

Is the difficulty you experience doing activities on your own caused by...
items Q7a -Q7b should be displayed on the same screen as much as space allows

Question ID: Q7a

A physical problem?

- 1 Yes
- 2 No
- DK/RF

Question ID: Q7b

A mental or emotional problem?

- 1 Yes
- 2 No
- DK/RF

Question ID: Q8

Did a doctor, school counselor, or other professional **ever** tell you that you have...
items Q8a - Q8d should be displayed on the same screen as much as space allows

National Inmate Survey: Year 4

Question ID: Q8a

ADD or ADHD?

- 1 Yes
- 2 No
- DK/RF

Question ID: Q8b

Dyslexia?

- 1 Yes
- 2 No
- DK/RF

Question ID: Q8c

A learning disability?

- 1 Yes
- 2 No
- DK/RF

Question ID: Q8d

Autism or Asperger's?

- 1 Yes
- 2 No
- DK/RF

RESTRICTIVE HOUSING MODULE (RH)**Question ID: RH0**

Next, we would like to know about your experiences with solitary confinement at this facility. Solitary confinement can include administrative or disciplinary segregation and may also be called secure housing, the hole, lockdown, the SHU, or protective custody.

Touch the **NEXT** button to go to the next screen.

Box ID: PB_RH1

IF A9a=2 OR DK OR RF, CONTINUE TO RH1, ELSE GO TO PB_RH2

Question ID: RH1

DOAFILL1, have you spent any time in disciplinary or administrative segregation, or solitary confinement?

1 Yes

2 No

DK/REF

GO TO M0

GO TO M0

Box ID: PB_RH2

IF A9a = 1 OR RH1 = 1, CONTINUE TO RH2, ELSE GO TO PB_RH2a

Question ID: RH2

DOAFILL1, how many different times have you been placed in disciplinary or administrative segregation, or solitary confinement?

1 1 time

2 2 times

3 3 - 5 times

4 6 - 10 times

5 11 times or more

DK/REF

Box ID: PB_RH2a

IF [RH2 = 1 OR DK OR RF] OR RH2 >1, CONTINUE TO RH3, ELSE GO TO PB_RH2b

Question ID: RH3

DOAFILL1, how many days [did you spend/altogether have you spent] in disciplinary or administrative segregation, or solitary confinement?

IF RH2 = 1 OR DK OR REF, DISPLAY FILL="did you spend"

IF RH2>1, DISPLAY FILL="altogether have you spent"

- 1 1 day or less
 - 2 More than 1 day but less than 7 days
 - 3 At least 7 days but less than 14 days
 - 4 At least 14 days but less than 30 days
 - 5 30 days or more
- DK/REF

Box ID: PB_RH2b

IF RH1 = 1 OR A9a=1, CONTINUE TO RH4, ELSE GO TO PB_RH4

Question ID: RH4

[Please think about the [IF RH2 > 1, INCLUDE "**most recent**"] time **DOAFILL2** that you were placed in disciplinary or administrative segregation, or solitary confinement. Why do you think you were placed in disciplinary or administrative segregation, or solitary confinement? Was it.../Why do you think you have been assigned to disciplinary or administrative segregation or solitary confinement? Is it...]

IF RH1 = 1, DISPLAY FILL= "Please think about the [IF RH2 > 1, INCLUDE "most recent"] time **DOAFILL2** that you were placed in disciplinary or administrative segregation, or solitary confinement. Why do you think you were placed in disciplinary or administrative segregation, or solitary confinement? Was it...

IF A9a=1, DISPLAY FILL="Why do you think you have been assigned to disciplinary or administrative segregation, or solitary confinement? Is it..."

Question ID: RH4a

Because you were a danger to yourself?

- 1 Yes
 - 2 No
- DK/RF

National Inmate Survey: Year 4

Question ID: RH4b

For mental health reasons?

- 1 Yes
- 2 No
- DK/RF

Question ID: RH4_new

Due to COVID restrictions?

- 1 Yes
- 2 No
- DK/RF

Question ID: RH4c

For medical reasons other than COVID?

- 1 Yes
- 2 No
- DK/RF

Question ID: RH4d

Because you asked to be placed there for your own protection?

- 1 Yes
- 2 No
- DK/RF

Question ID: RH4e

As a punishment for breaking rules?

- 1 Yes
- 2 No
- DK/RF

Question ID: RH4f

For a cool down period?

- 1 Yes
- 2 No
- DK/RF

Question ID: RH4g

For some other reason?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_RH4

IF RH4e = 1, CONTINUE TO RH5, ELSE GO TO PB_RH4a

Question ID: RH5

What facility rules were you accused of breaking that led to you being assigned to disciplinary or administrative segregation, or solitary confinement [IF RH2 > 1, INCLUDE "the **most recent** time"?

IF RH4e = 1, DISPLAY FILL= "What facility rules were you accused of breaking that led to you being assigned to disciplinary or administrative segregation, or solitary confinement"
[IF RH2 > 1, DISPLAY FILL= "What facility rules were you accused of breaking that led to you being assigned to disciplinary or administrative segregation, or solitary confinement the most recent time?"

Question ID: RH5a

Fighting with another inmate?

- 1 Yes
- 2 No
- DK/REF

Question ID: RH5b

Verbally assaulting staff?

- 1 Yes
- 2 No
- DK/REF

Question ID: RH5c

Physically assaulting staff?

- 1 Yes
- 2 No
- DK/REF

Question ID: RH5d

Possession of contraband?

- 1 Yes
- 2 No
- DK/REF

Question ID: RH5e

Having sexual contact with staff?

- 1 Yes
- 2 No
- DK/REF

Question ID: RH5f

Having sexual contact with another inmate?

- 1 Yes
- 2 No
- DK/REF

Question ID: RH5g

Noncompliance?

- 1 Yes
- 2 No
- DK/REF

Question ID: RH5h

Some other rule or rules?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_RH4a

IF RH4e = 1, CONTINUE TO RH6, ELSE GO TO PB_RH5

Question ID: RH6

Were you given a hearing after being placed in disciplinary or administrative segregation, or solitary confinement to determine if you were guilty of breaking facility rules?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_RH5

IF RH1=1 AND RH2>1, CONTINUE TO RH7, ELSE GO TO PB_RH5a

Question ID: RH7

How long did you remain in disciplinary or administrative segregation, or solitary confinement the most recent time you were placed there?

- 1 1 day or less
 - 2 More than 1 day but less than 7 days
 - 3 At least 7 days but less than 14 days
 - 4 At least 14 days but less than 30 days
 - 5 30 days or more
- DK/REF

Box ID: PB_RH5a

IF [RH1=1 AND A9a NE 1] OR A9a = 1 , CONTINUE TO RH8, ELSE GO TO PB_RH5b

Question ID: RH8

[During the [IF RH2 > 1, INCLUDE "most recent"] time you were in disciplinary or administrative segregation, or solitary confinement, were you in a cell by yourself for all or most of the time/Are you being housed in a cell by yourself]?

IF RH1=1 AND A9a NE 1 DISPLAY= "During the [IF RH2 > 1, INCLUDE "most recent"] time you were in disciplinary or administrative segregation, or solitary confinement, were you in a cell by yourself for all or most of the time?"

IF A9a=1 DISPLAY = "Are you being housed in a cell by yourself?"

- 1 Yes
 - 2 No
- DK/REF

Box ID: PB_RH5b

IF [RH8=2 AND A9a=2 AND RH1=1] OR [RH8 = 2 AND A9a = 1], CONTINUE TO RH9, ELSE GO TO PB_RH5c

Question ID: RH9

[How many other inmates were in the cell with you the [IF RH2 > 1, INCLUDE "**most recent**"] time you were in disciplinary or administrative segregation, or solitary confinement?/How many other inmates are in the cell with you?]

[IF RH8 = 2 AND A9a = 2 AND RH1 = 1] , DISPLAY FILL= "How many other inmates were in the cell with you the [IF RH2 > 1, INCLUDE "most recent"] time you were in disciplinary or administrative segregation, or solitary confinement?"

IF RH8 = 2 AND A9a = 1, DISPLAY FILL= "How many other inmates are in the cell with you?"

-- NUMBER OF INMATES:

_____ [RANGE:1-90]

DK/REF

PROGRAM NOTES: RANGE: 1 - 90

Box ID: PB_RH5c

IF RH1=1 OR A9a=1, CONTINUE TO RH10, ELSE GO TO PB_RH5d

Question ID: RH10

[Were you able to leave your cell at least once every day the [IF RH2>1, INCLUDE "**most recent**"] time you were in disciplinary or administrative segregation, or solitary confinement/Are you able to leave your cell at least once every day?]

IF RH1 = 1, DISPLAY FILL= "Were you able to leave your cell at least once every day the [IF RH2>1, INCLUDE "most recent"] time you were in disciplinary or administrative segregation, or solitary confinement"

IF A9a=1, DISPLAY FILL= "Are you able to leave your cell at least once every day"

1 Yes

2 No

DK/REF

Box ID: PB_RH5d

IF RH1=1 OR A9a=1, CONTINUE TO RH12, ELSE GO TO PB_RH5e

Question ID: RH12

[Did you have the same access to your lawyer or attorney as you did before you were placed in disciplinary or administrative segregation, or solitary confinement [IF RH2>1, INCLUDE "this **most recent** time"/Do you have the same access to your lawyer or attorney as you did before you were placed in disciplinary or administrative segregation, or solitary confinement]?

IF RH1 = 1, DISPLAY FILL= "Did you have the same access to your lawyer or attorney as you did before you were placed in disciplinary or administrative segregation, or solitary confinement [IF RH2>1, INCLUDE "this most recent time"

IF A9a=1, DISPLAY FILL= "Do you have the same access to your lawyer or attorney as you did before you were placed in disciplinary or administrative segregation, or solitary confinement"

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_RH5e

IF RH1=1 OR A9a=1, CONTINUE TO RH13, ELSE GO TO PB_RH5f

Question ID: RH13

[Were you able to talk to staff every day while you were in disciplinary or administrative segregation, or solitary confinement [IF RH2>1, INCLUDE "this **most recent** time"]/Are you able to talk to staff every day in disciplinary or administrative segregation or solitary confinement]?

IF RH1 = 1, DISPLAY FILL= "Were you able to talk to staff every day while you were in disciplinary or administrative segregation, or solitary confinement [IF RH2>1, INCLUDE "this most recent time"]"

IF A9a=1, DISPLAY FILL= "Are you able to talk to staff every day in disciplinary or administrative segregation or solitary confinement"

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_RH5f

IF RH1=1 OR A9a=1, CONTINUE TO RH14, ELSE GO TO PB_RH6

Question ID: RH14

[Did a trained counselor or mental health professional check on you while you were in disciplinary or administrative segregation, or solitary confinement [IF RH2>1, INCLUDE "this **most recent** time"]/Has a trained counselor or mental health professional checked on you while you have been in disciplinary or administrative segregation, or solitary confinement]?

IF RH1 = 1, DISPLAY FILL="Did a trained counselor or mental health professional check on you while you were in disciplinary or administrative segregation, or solitary confinement [IF RH2>1, INCLUDE "this most recent time"]"

IF A9a=1, DISPLAY FILL= "Has a trained counselor or mental health professional checked on you while you have been in disciplinary or administrative segregation, or solitary confinement"

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_RH6

IF [RH14=1 AND RH1=1] OR [IF RH14 = 1 AND A9a = 1] , CONTINUE TO RH15, ELSE IF RANDOM = 95, SKIP TO M0

Question ID: RH15

[How often did a trained counselor or mental health professional check on you while you were in disciplinary or administrative segregation, or solitary confinement [IF RH2>1, INCLUDE "this **most recent** time"]/How often has a trained counselor or mental health professional checked on you while you have been in disciplinary or administrative segregation, or solitary confinement]?

IF RH14 = 1 AND RH1 = 1, DISPLAY FILL="How often did a trained counselor or mental health professional check on you while you were in disciplinary or administrative segregation, or solitary confinement [IF RH2>1, INCLUDE "this most recent time"

IF RH14 = 1 AND A9a = 1, DISPLAY FILL= "How often has a trained counselor or mental health professional checked on you while you have been in disciplinary or administrative segregation, or solitary confinement"

- 1 Every day
- 2 A few times a week
- 3 Once a week
- 4 Less than a week
- DK/REF

CHILDHOOD EXPERIENCES (CE)

Question ID: CE1

Next, we'll ask about some experiences you may have had growing up.

Which of the following experiences did you have **before age 18**?

items CE1a - CE1g should be displayed on the same screen as much as space allows

Question ID: CE1a

Did your mother or father die before you were 18?

- 1 Yes
- 2 No
- DK/RF

Question ID: CE1b

Did your parents separate or divorce before you were 18?

- 1 Yes
- 2 No
- DK/RF

Question ID: CE1c

Did either parent attempt or commit suicide?

- 1 Yes
- 2 No
- DK/RF

Question ID: CE1d

Was either parent in prison or jail for **6 months or longer**?

- 1 Yes
- 2 No
- DK/RF

Question ID: CE1e

Did either parent, or person who raised you, have a mental illness?

- 1 Yes
- 2 No
- DK/RF

Question ID: CE1f

Did either parent, or person who raised you, have an alcohol or drug problem?

- 1 Yes
- 2 No
- DK/RF

Question ID: CE1g

Were you sent to a juvenile detention center?

- 1 Yes
- 2 No
- DK/RF

Question ID: CE2

At any time [**before you turned 18** did you live.../since you were born have you lived...]

IF RESPAGE GT 17, DISPLAY: "before you turned 18 did you live..."

IF RESPAGE = 16 OR 17, DISPLAY: "since you were born have you lived..."

Question ID: CE2a

With your biological mother?

- 1 Yes
- 2 No
- DK/RF

Question ID: CE2b

With your biological father?

- 1 Yes
- 2 No
- DK/RF

Question ID: CE2c

In a foster home?

- 1 Yes
- 2 No
- DK/RF

Question ID: CE3

How often [did you do each of the following things **before age 18**/have you done each of the following things]?

IF RESPAGE GT 17, DISPLAY: "did you do each of the following things before age 18"

IF RESPAGE = 16 OR 17, DISPLAY: "have you done each of the following things"

Question ID: CE3a

Bully or threaten other kids?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE3b

Start fights?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE3c

Run away from home and stay away overnight?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE3d

Lie, or "con," other people?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE3e

Set fires?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE3f

Stay out very late, long after you were supposed to be home?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE3g

Skip school?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE4

How often [did you do each of the following things **before age 18**/have you done each of the following things]?

IF RESPAGE GT 17, DISPLAY: "did you do each of the following things before age 18"
IF RESPAGE = 16 OR 17, DISPLAY: "have you done each of the following things"

Question ID: CE4a

Argue, or "talk back," to adults?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

Question ID: CE4b

Disobey rules at home, school, or work?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE4c

Refuse to follow directions from adults like your parents, teacher, or boss?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE4d

Blame others for your mistakes or bad behavior?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE4e

Do mean things to "pay people back" for things they did that you didn't like?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE5

How often [did you have each of the following experiences **before age 18**/have you had each of the following experiences]?

IF RESPAGE GT 17, DISPLAY: "did you have each of the following experiences before age 18"
IF RESPAGE = 16 OR 17, DISPLAY: "have you had each of the following experiences"

Question ID: CE5a

Your family was on welfare?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE5b

You were homeless?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE5c

You had to do chores too hard or dangerous for someone your age?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE5d

You didn't have anyone who would take care of you or protect you?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE5e

Nobody ensured you had adequate food or clothing or medical care?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE5f

Someone touched you or made you touch them in a sexual way against your will?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE5g

You were sexually abused at home?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE5h

You were beaten up or terrorized by bullies at school or in the neighborhood?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE6

How often [did you have each of the following experiences **before age 18**/have you had each of the following experiences]?

IF RESPAGE GT 17, DISPLAY: "did you have each of the following experiences before age 18"
IF RESPAGE = 16 OR 17, DISPLAY: "have you had each of the following experiences"

Question ID: CE6a

Someone in your family hit you so hard that it left bruises or marks?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE6b

You were physically abused at home?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE6c

You felt that someone in your family hated you?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE6d

You were emotionally abused at home?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE6e

People in your family said hurtful or insulting things to you?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE6f

Someone in your family made you feel important?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE6g

You felt loved and cared for?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

Question ID: CE6h

Your family was a source of strength and support?

- 1 Very Often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK/RF

LIVING AREA ACTIVITIES (LA)

Box ID: PB_LA1

DEFINE A9c_FILL:

IF A9c=1, A9c_FILL= "an open dorm"

IF A9c=2, A9c_FILL= "a dorm with cubicles"

IF A9c=3, A9c_FILL= "a unit with cells"

IF A9c=4, A9c_FILL= "a unit with rooms"

IF A9c=5, A9c_FILL= "an area not originally intended as housing, such as a gym, classroom, or day room"

Question ID: LA_2

These questions are about this jail and how inmates are housed here.

[**Earlier you said you spent last night in [A9c_FILL].** Including you, about how many inmates are **currently** housed in this housing unit/Including you, about how many inmates are **currently** housed in the housing unit where you spent last night?]

IF A9c = 1 OR 2 OR 3 OR 4 OR 5, DISPLAY FILL= "Earlier you said you spent last night in [A9c_FILL]. Including you, about how many inmates are currently housed in this housing unit"

IF A9c=6 OR DK OR REF, DISPLAY FILL = "Including you, about how many inmates are currently housed in the housing unit where you spent last night"

- 1 1
- 2 2 - 5
- 3 6 - 10
- 4 11 - 15
- 5 16 - 30
- 6 31 or more
- DK/REF

Question ID: LA_3

Does your housing unit have any windows that allow the sun to shine in during the day?

- 1 Yes
- 2 No
- DK/REF

Question ID: LA_4

How noisy is it in your housing unit during sleeping hours?

- 1 Not at all noisy
 - 2 Slightly noisy
 - 3 Pretty noisy
 - 4 Very noisy
- DK/REF

Question ID: LA_17

How crowded is it in your housing unit?

- 1 Not at all crowded
 - 2 Slightly crowded
 - 3 Pretty crowded
 - 4 Very crowded
- DK/REF

Question ID: LA_18

How much privacy do you have in your housing unit?

- 1 None
 - 2 A little
 - 3 Some
 - 4 A lot
- DK/REF

Question ID: LA_5

How often is it too hot in your housing unit?

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 Never
- DK/REF

Question ID: LA_6

How often is it too cold in your housing unit?

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 Never
- DK/REF

Question ID: LA_7

How often do you see mice, rats, bugs, or insects in your housing unit?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Never
- DK/REF

Question ID: LA_19

How crowded is it in other parts of the facility, outside of your housing unit--for example, in the dining hall, classrooms, gym, or work areas?

- 1 Not at all crowded
- 2 Slightly crowded
- 3 Pretty crowded
- 4 Very crowded
- DK/REF

Question ID: LA_8

During the last 24 hours, about how many hours did you spend in your housing unit? Please include time when you were sleeping.

NUMBER OF HOURS: _____

DK/REF

NOTES: [RANGE: 1 - 24]

Question ID: LA_9

During the last 24 hours, did you spend any time outdoors?

- 1 Yes
- 2 No
- DK/REF

GO TO LA_10

Question ID: LA_10

During the last 24 hours, about how much time did you spend outdoors?

- 1 Less than 30 minutes
- 2 At least 30 minutes but less than 1 hour
- 3 At least 1 hour but less than 2 hours
- 4 At least 2 hours but less than 5 hours
- 5 5 hours or more
- DK/REF

Question ID: LA_11

During the past 24 hours, about how many hours did you spend sleeping?

- 1 Less than 30 minutes
 - 2 At least 30 minutes but less than 1 hour
 - 3 At least 1 hour but less than 2 hours
 - 4 At least 2 hours but less than 5 hours
 - 5 At least 5 hours but less than 7 hours
 - 6 At least 7 hours but less than 9 hours
 - 7 9 hours or more
- DK/REF

Question ID: LA_12

The next questions are about how you spend your time at this jail. Please think about how you spent the **last 24 hours**.

During the **last 24 hours**, did you...

items LA_12a - **LA_12l** should be displayed on the same screen as much as space allows

Question ID: LA_12a

Attend a class or training?

- 1 Yes
 - 2 No
- DK/RF

Question ID: LA_12b

Exercise or work out?

- 1 Yes
 - 2 No
- DK/RF

Question ID: LA_12c

Watch television?

- 1 Yes
 - 2 No
- DK/RF

Question ID: LA_12d

Read books, newspapers or magazines?

- 1 Yes
 - 2 No
- DK/RF

National Inmate Survey: Year 4

Question ID: LA_12e

Work at a job?

- 1 Yes
- 2 No
- DK/RF

Question ID: LA_12f

Participate in religious meetings or activities?

- 1 Yes
- 2 No
- DK/RF

Question ID: LA_12g

Have in-person visits with family or friends?

- 1 Yes
- 2 No
- DK/RF

Question ID: LA_12h

Talk on the telephone with family or friends?

- 1 Yes
- 2 No
- DK/RF

Question ID: LA_12i

Play games like cards, chess, checkers, or sports with other inmates?

- 1 Yes
- 2 No
- DK/RF

Question ID: LA_12j

Talk with your lawyer - either in person or on the telephone?

- 1 Yes
- 2 No
- DK/RF

Question ID: LA_12k

Visit the library?

- 1 Yes
- 2 No
- DK/RF

Question ID: LA_12l

Visit the infirmary or medical ward?

- 1 Yes
- 2 No
- DK/RF

Question ID: LA_14

Now think about how you spent your time **during the past 7 days**. Did you do any of the following things during the **past 7 days**?

items LA_14a - LA_14l should be displayed on the same screen as much as space allows

Box ID: PB_LA3

IF LA_12a = 2 OR DK OR REF, CONTINUE TO LA_14a, ELSE GO TO PB_LA4

Question ID: LA_14a

Attend a class or training?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA4

IF LA_12b = 2 OR DK OR REF, CONTINUE TO LA_14b, ELSE GO TO PB_LA5

Question ID: LA_14b

Exercise or work out?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA5

IF LA_12c = 2 OR DK OR REF, CONTINUE TO LA_14c, ELSE GO TO PB_LA_6

Question ID: LA_14c

Watch television?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA6

IF LA_12d = 2 OR DK OR REF, CONTINUE TO LA_14d, ELSE GO TO PB_LA7

Question ID: LA_14d

Read books, newspapers or magazines?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA7

IF LA_12e = 2 OR DK OR REF, CONTINUE TO LA_14e, ELSE GO TO PB_LA8

Question ID: LA_14e

Work at a job?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA8

IF LA_12f = 2 OR DK OR REF, CONTINUE TO LA_14f, ELSE GO TO PB_LA9

Question ID: LA_14f

Participate in religious meetings or activities?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA9

IF LA_12g = 2 OR DK OR REF, CONTINUE TO 14g, ELSE GO TO PB_LA10

Question ID: LA_14g

Have in-person visits with family or friends?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA10

IF LA_12h = 2 OR DK OR REF, CONTINUE TO LA_14h, ELSE GO TO PB_LA11

Question ID: LA_14h

Talk on the telephone with family or friends?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA11

IF LA_12i = 2 OR DK OR REF, CONTINUE TO LA_14i, ELSE GO TO PB_LA12

Question ID: LA_14i

Play games with other inmates such as cards, chess, checkers, or sports?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA12

IF LA_12j = 2 OR DK OR REF, CONTINUE TO LA_14j, ELSE GO TO PB_LA13

Question ID: LA_14j

Talk with your lawyer - either in person or on the telephone?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA13

IF LA_12k = 2 OR DK OR REF, CONTINUE TO LA_14k, ELSE GO TO PB_LA14

Question ID: LA_14k

Visit the library?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_LA14

IF LA_12l = 2 OR DK OR REF, CONTINUE TO LA_14l, ELSE GO TO LA_15

Question ID: LA_14l

Visit the infirmary or medical ward?

- 1 Yes
- 2 No
- DK/RF

Question ID: LA_15

How would you describe the **amount** of food you **currently** receive at this facility?

- 1 There is too much food
- 2 There is just the right amount of food
- 3 There is not enough food
- DK/RF

Question ID: LA_16

How would you describe the **quality** of the food you **currently** receive at this facility?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- DK/REF

Question ID: LA_20

Are there inmates in this facility who you think of as your friends?

- 1 Yes
- 2 No
- DK/REF

Question ID: LA_21

Are there inmates in this facility who you can talk to about your problems?

- 1 Yes
- 2 No
- DK/REF

Question ID: LA_22

Are there inmates in this facility who would protect you if another inmate was trying to hurt you?

- 1 Yes
- 2 No
- DK/REF

Question ID: LA_23

Are there correctional officers or other staff at this facility who you can talk to about your personal problems?

- 1 Yes
- 2 No
- DK/REF

Question ID: LA_24

Are there correctional officers or other staff at this facility who would protect you if another inmate was trying to hurt you?

- 1 Yes
- 2 No
- DK/REF

ALTERCATIONS, FIGHTS AND GRIEVANCES (AFG)

Question ID: AFG2

These next questions are about violence in this facility.

DOAFILL1, how often have inmates at this facility been hit, punched, or assaulted by other inmates?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

Question ID: AFG3

DOAFILL1, how often have **you** worried about being hit, punched, or assaulted by other inmates in this facility?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

Question ID: AFG4

DOAFILL1, how often have you **seen** other inmates with some type of weapon?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

Question ID: AFG5

DOAFILL1, how often has there been gang activity at this facility?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

Question ID: AFG6

DOAFILL1, have **you** been in a fight, assault, or incident in which **another inmate** tried to harm you?

- 1 Yes
- 2 No
- DK/REF

GO TO AFG10
GO TO AFG10

Question ID: AFG7

DOAFILL1, how many times have you been in a fight, assault, or other incident in which **another inmate** tried to harm you?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Question ID: AFG8

DOAFILL1, what injuries did you receive [in the fight, assault, or incident/during **any** of the fights, assaults, or incidents] in which **another inmate** tried to harm you]?

IF AFG6 = 1 AND AFG7 = 1, DISPLAY FILL = "in the fight, assault, or incident"
IF AFG6 = 1 AND AFG7 = 2 OR 3 OR 4 OR DK OR REF, DISPLAY FILL= "during any of the fights, assaults, or incidents"

Question ID: AFG8a

You received knife or stab wounds?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG8b

You received broken bones?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG8c

Your teeth were chipped or knocked out?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG8d

You received internal injuries?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG8e

You were knocked unconscious?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG8f

You received bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_AFG1

IF AFG8a = 1 OR AFG8b = 1 OR AFG8c = 1 OR AFG8d = 1 OR AFG8e = 1 OR AFG8f = 1,
CONTINUE TO AFG9, ELSE GO TO AFG10

Question ID: AFG9

Did you see a doctor, nurse, or other health care provider for your injuries?

- 1 Yes
- 2 No
- DK/REF

Question ID: AFG10

DOAFILL1, have you been in a fight, assault, or incident in which a **correctional officer or other facility staff person** tried to harm you?

- 1 Yes GO TO AFG11
- 2 No
- DK/REF

Question ID: AFG11

DOAFILL1, how many times have you been in a fight, assault, or incident in which a **correctional officer or other facility staff person** tried to harm you?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Question ID: AFG12

DOAFILL1, what injuries did you receive [in the fight, assault, or incident/in **any** of the fights, assaults, or incidents] in which a **correctional officer or other facility staff person** tried to harm you?

IF AFG10 = 1 AND AFG11 = 1, DISPLAY FILL= "in the fight, assault, or incident"

IF AFG10 = 1 AND AFG11 = 2 OR 3 OR 4 OR DK OR REF, DISPLAY FILL= "in any of the fights, assaults, or incidents"

Question ID: AFG12a

You received knife or stab wounds?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG12b

You received broken bones?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG12c

Your teeth were chipped or knocked out?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG12d

You received internal injuries?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG12e

You were knocked unconscious?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG12f

You received bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_AFG2

IF AFG12a = 1 OR AFG12b = 1 OR AFG12c = 1 OR AFG12d = 1 OR AFG12e = 1 OR AFG12f = 1,
CONTINUE TO AFG13, ELSE GO TO AFG14

Question ID: AFG13

Did you see a doctor, nurse, or other health care provider for your injuries?

- 1 Yes
- 2 No
- DK/REF

Question ID: AFG14

DOAFILL1, have any of your personal possessions or belongings been taken by another inmate without your permission?

- 1 Yes GO TO AFG15
- 2 No
- DK/REF

Question ID: AFG15

DOAFILL1, how many times have any of your personal possessions or belongings been taken by another inmate without your permission?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Question ID: AFG16

DOAFILL1, do you think there has been enough staff at this facility to keep inmates safe?

- 1 Yes
- 2 No
- DK/REF

Question ID: AFG17

DOAFILL1, have you filed a grievance for any reason?

- 1 Yes
- 2 No
- DK/REF

GO TO AFG18

Question ID: AFG18

DOAFILL1, how many times have you filed a grievance for any reason?

- 1 1 time
- 2 2 times
- 3 3 - 10 times
- 4 11 times or more
- DK/REF

Question ID: AFG1

DOAFILL1, have you been written up or charged with...

items AFG1a - AFG1k should be displayed on the same screen as much as space allows

Question ID: AFG1a

A drug violation, such as possession, use, or dealing in drugs?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG1b

Possession of a weapon?

- 1 Yes
- 2 No
- DK/RF

National Inmate Survey: Year 4

Question ID: AFG1c

Possession of stolen property?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG1d

Possession of any other unauthorized substance or item?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG1e

Verbal assault on a correctional officer or other staff member?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG1f

Physical assault on a correctional officer or other staff member?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG1g

Verbal assault on another inmate?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG1h

Physical assault on another inmate?

- 1 Yes
- 2 No
- DK/RF

National Inmate Survey: Year 4

Question ID: AFG1i

Escape or attempted escape?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG1j

Any other major violation, including work slowdowns, food strikes, setting fires, rioting, etc.?

- 1 Yes
- 2 No
- DK/RF

Question ID: AFG1k

Any minor violations relating to facility orderliness and operation, such as use of abusive language, horseplay, failing to follow sanitary regulations, etc.?

- 1 Yes
- 2 No
- DK/RF

WORK ASSIGNMENTS (WA)**Question ID: WA1**

Now think about work assignments at this facility.

Do you **currently** have a work assignment **outside** this jail facility for which you leave the jail grounds?

1 Yes

GO TO WA2

2 No

DK/REF

Question ID: WA2

For how many weeks have you been working at this work assignment that requires you to leave the jail grounds?

1 Less than 1 week

2 1 - 5 weeks

3 6 - 12 weeks

4 13 weeks or longer

DK/REF

Box ID: PB_WA1

IF WA1 = 1, CONTINUE TO WA3, ELSE GO TO WA4

Question ID: WA3

In the **past 7 days**, about how many hours did you work **outside** the jail facility?

1 1 - 8 hours

2 9 - 16 hours

3 17 - 24 hours

4 25 - 32 hours

5 33 hours or more

DK/REF

Question ID: WA4

Do you **currently** have a work assignment inside this jail or on the grounds of the jail?

1 Yes

GO TO WA5

2 No

DK/REF

Question ID: WA5

For how many weeks have you been working at this work assignment inside the jail or on the grounds of the jail?

- 1 Less than 1 week
- 2 1 - 5 weeks
- 3 6 - 12 weeks
- 4 13 weeks or longer
- DK/REF

Box ID: PB_WA2

IF WA4 = 1, CONTINUE TO WA6, ELSE GO TO PB_WA3

Question ID: WA6

In the **past 7 days**, about how many hours did you work inside this jail or on the grounds of the jail?

- 1 1 - 8 hours
- 2 9 - 16 hours
- 3 17 - 24 hours
- 4 25 - 32 hours
- 5 33 hours or more
- DK/REF

Box ID: PB_WA3

IF WA1 = 1 OR WA4 = 1, CONTINUE TO WA7, ELSE GO TO PB_WA4

Question ID: WA7

Are you **required** to have a work assignment while in this jail?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_WA4

IF WA1 = 1 OR WA4 = 1, CONTINUE TO WA8, ELSE GO TO PB_WA6

Question ID: WA8

Are you paid money for the work assignment you have?

- 1 Yes
- 2 No
- DK/REF

Question ID: WA9

[Other than money, do you receive anything else for the work assignment you do, such as time credits or other privileges/Do you receive anything else for the work assignment you do, such as time credits or other privileges]?

IF WA8 = 1, DISPLAY FILL = "Other than money, do you receive anything else for the work assignment you do, such as time credits or other privileges" IF WA8 = 2 OR DK OR REF, DISPLAY FILL = "Do you receive anything else for the work assignment you do, such as time credits or other privileges"

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_WA5

IF WA7 = 2, CONTINUE TO WA10, ELSE GO TO PB_WA6

Question ID: WA10

Inmates choose to have a work assignment for different reasons. Do you have a work assignment...

items WA10a - WA10e should be displayed on the same screen as much as space allows

Question ID: WA10a

To break up boredom or see what the work assignment is like?

- 1 Yes
- 2 No
- DK/RF

Question ID: WA10b

To spend time with friends or make friends?

- 1 Yes
- 2 No
- DK/RF

National Inmate Survey: Year 4

Question ID: WA10c

To try to get out of jail early?

- 1 Yes
- 2 No
- DK/RF

Question ID: WA10d

To learn some new job skills?

- 1 Yes
- 2 No
- DK/RF

Question ID: WA10e

To earn spending money?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_WA6

IF WA1 = 2 AND WA4 = 2, CONTINUE TO WA11, ELSE GO TO WA12

Question ID: WA11

DOAFILL1, have you **ever** had a work assignment?

- 1 Yes
- 2 No
- DK/REF

GO TO WA12

Question ID: WA12

When was the last time you had a work assignment at this jail?

- 1 Within the past month
- 2 1 - 3 months ago
- 3 4 - 6 months ago
- 4 7 - 12 months ago
- DK/REF

Box ID: PB_WA7

IF WA11 = 1 OR 2, CONTINUE TO WA13, ELSE GO TO PP_1

Question ID: WA13

Inmates do not have work assignments for a variety of reasons. For each reason listed below, please indicate whether or not it is a reason why you don't **currently** have a work assignment. items WA13a - WA13e should be displayed on the same screen as much as space allows

Question ID: WA13a

You are not healthy enough to work?

- 1 Yes
- 2 No
- DK/RF

Question ID: WA13b

You don't want to do the jobs that are available?

- 1 Yes
- 2 No
- DK/RF

Question ID: WA13c

Facility staff will not allow you to work?

- 1 Yes
- 2 No
- DK/RF

Question ID: WA13d

You don't have the skills needed?

- 1 Yes
- 2 No
- DK/RF

Question ID: WA13e

You would rather do other things with your time?

- 1 Yes
- 2 No
- DK/RF

PROGRAM PARTICIPATION (PP)

Question ID: PP_1

These next questions are about programs you have participated in at this facility.

DOAFILL1, have you participated in any job training programs, such as employment readiness or vocational training?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_PP1

IF PP_1 = 1, CONTINUE TO PP_2, ELSE GO TO PB_PP2

Question ID: PP_2

DOAFILL1, were you **required** to participate in any job training programs?

- 1 Yes
- 2 No
- DK/REF

Question ID: PP_3

Are you **currently** participating in any job training programs?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_PP1b

IF PP_3 =2, CONTINUE TO PP_4, ELSE GO TO PB_PP2

Question ID: PP_4

Why aren't you participating in any job training programs?

items PP_4a - PP_4e should be displayed on the same screen as much as space allows

Question ID: PP_4a

You completed the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_4b

You quit or dropped out of the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_4c

You are no longer allowed to participate in the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_4d

The program is no longer available at this facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_4e

Some other reason?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP2

IF PP_1 = 2, CONTINUE TO PP_5, ELSE GO TO PB_PP3

Question ID: PP_5

Why haven't you participated in any job training programs **DOAFILL2?**

items PP_5a - PP_5g should be displayed on the same screen as much as space allows

Question ID: PP_5a

You are not interested in the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_5b

You are not eligible to participate in the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_5c

You are too busy to attend the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_5d

You don't need job training?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_5e

You don't think the program would be useful?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_5f

Job training programs are no longer offered at this facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_5g

Some other reason?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP3

IF PP_1 = 1, CONTINUE TO PP_6, ELSE GO TO PP_7

Question ID: PP_6

Why did you participate in job training programs **DOAFILL2?**

items PP_6a - PP_6e should be displayed on the same screen as much as space allows

Question ID: PP_6a

To break up boredom or see what the program was like?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_6b

To spend time with friends or make friends?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_6c

To try to get out of jail early?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_6d

To learn some new skills?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_6e
Some other reason?
1 Yes
2 No
DK/RF

Question ID: PP_7	
DOAFILL1 , have you participated in any education programs, such as high school, GED, adult basic education, college courses, or English as a Second Language?	
1 Yes	GO TO PP_8
2 No	GO TO PB_PP5
DK/REF	GO TO PB_PP5

Question ID: PP_8
DOAFILL1 , were you required to participate in any education programs?
1 Yes
2 No
DK/REF

Box ID: PB_PP4
IF PP_7 = 1, CONTINUE TO PP_9, ELSE GO TO PB_PP5

Question ID: PP_9	
Are you currently participating in any education programs?	
1 Yes	
2 No	GO TO PP_10
DK/REF	

Question ID: PP_10
Why aren't you participating in any education programs?
items PP_10a - PP_10e should be displayed on the same screen as much as space allows

Question ID: PP_10a
You completed the program?
1 Yes
2 No
DK/RF

Question ID: PP_10b

You quit or dropped out of the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_10c

You are no longer allowed to participate in the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_10d

The program is no longer available at this facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_10e

Some other reason?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP5

IF PP_7 = 2, CONTINUE TO PP_11, ELSE GO TO PB_PP6

Question ID: PP_11

Why haven't you participated in any education programs **DOAFILL2?**

items PP_11a - PP_11g should be displayed on the same screen as much as space allows

Question ID: PP_11a

You are not interested in the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_11b

You are not eligible to participate in the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_11c

You are too busy to attend the program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_11d

You don't need education training?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_11e

You don't think the program would be useful?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_11f

Education programs are no longer offered at this facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_11g

Some other reason?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP6

IF PP_7 = 1, CONTINUE TO PP_12, ELSE GO TO PB_PP7

Question ID: PP_12

Why did you participate in education programs **DOAFILL2**?

items PP_12a - PP_12e should be displayed on the same screen as much as space allows

Question ID: PP_12a

To break up boredom or see what the program was like?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_12b

To spend time with friends or make friends?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_12c

To try to get out of jail early?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_12d

To learn some new skills?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_12e

Some other reason?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP7

IF PP_7 = 1, CONTINUE TO PP_13, ELSE GO TO PP_14

Question ID: PP_13

What types of education programs did you participate in **DOAFILL2**?

items PP_13a - PP_13e should be displayed on the same screen as much as space allows

Question ID: PP_13a

Basic education classes up through 8th grade?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_13b

High school or GED classes?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_13c

College level classes?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_13d

English as a Second Language or ESL classes?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_13e

Some other education program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_14

DOAFILL1, have you participated in any of the following classes or programs?

items PP_14a - PP_14i should be displayed on the same screen as much as space allows

Question ID: PP_14a

A parenting or child rearing class?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_14b

An anger management or conflict resolution class?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_14c

A money management or financial planning class?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_14d

A sex offender treatment program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_14e

A religious study group?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_14f

An inmate assistance group such as an inmate counseling group, advisory council, worker's council, or inmate liaison group?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_14g

A drug or alcohol support group such as Alcoholics Anonymous, Al-Anon, or Narcotics Anonymous?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_14h

An arts and crafts program?

- 1 Yes
- 2 No
- DK/RF

Question ID: PP_14i

A health or nutrition program?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP7a

IF ANY ITEMS IN PP_14 = 1 CONTINUE TO PP_15, ELSE SKIP TO VOC_1

Question ID: PP_15

Are you **currently** participating in any of the following classes or programs?

items PP_15a - PP_15i should be displayed on the same screen as much as space allows

Box ID: PB_PP8

IF PP_14a = 1, CONTINUE TO PP_15a, ELSE GO TO PB_PP9

Question ID: PP_15a

A parenting or child rearing class?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP9

IF PP_14b = 1, CONTINUE TO PP_15b, ELSE GO TO PB_PP10

Question ID: PP_15b

An anger management or conflict resolution class?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP10

IF PP_14c = 1, CONTINUE TO PP_15c, ELSE GO TO PB_PP11

Question ID: PP_15c

A money management or financial planning class?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP11

IF PP_14d = 1, CONTINUE TO PP_15d, ELSE GO TO PB_PP12

Question ID: PP_15d

A sex offender treatment program?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP12

IF PP_14e = 1, CONTINUE TO PP_15e, ELSE GO TO PB_PP13

Question ID: PP_15e

A religious study group?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP13

IF PP_14f = 1, CONTINUE TO PP_15f, ELSE GO TO PB_PP14

Question ID: PP_15f

An inmate assistance group such as an inmate counseling group, advisory council, worker's council, or inmate liaison group?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP14

IF PP_14g = 1, CONTINUE TO PP_15g, ELSE GO TO PB_PP15

Question ID: PP_15g

A drug or alcohol support group such as Alcoholics Anonymous, Al-Anon, or Narcotics Anonymous?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP15

IF PP_14h = 1, CONTINUE TO PP_15h, ELSE GO TO PB_PP16

Question ID: PP_15h

An arts and crafts program?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PP16

IF PP_14i = 1, CONTINUE TO PP_15i, ELSE GO TO SECTION VOC_1

Question ID: PP_15i

A health or nutrition program?

- 1 Yes
- 2 No
- DK/RF

VISITORS AND OUTSIDE CONTACT (VOC)

Question ID: VOC_1

These next questions are about contact you have with people outside this facility. By contact we mean phone calls, video visits, e-mails, text messages, letters, DVDs, CDs, tape recordings, or in-person visits.

DOAFILL1, have you had **any** contact with your **relatives**?

1 Yes

GO TO VOC_2

2 No

DK/REF

Question ID: VOC_2

DOAFILL1, what kinds of contact have you had with any of your **relatives**?

Have you...

items VOC_2a - VOC_2d should be displayed on the same screen as much as space allows

Question ID: VOC_2a

Had in-person visits?

1 Yes

2 No

DK/RF

Question ID: VOC_2b

Talked on the phone?

1 Yes

2 No

DK/RF

Question ID: VOC_2c

Received letters?

1 Yes

2 No

DK/RF

Question ID: VOC_2d

Had some other type of contact such as emails, text messaging, video visiting, DVDs, CDs, or tape recordings?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_VOC1

IF VOC_2a = 1 OR VOC_2b = 1 OR VOC_2c = 1 OR VOC_2d = 1, CONTINUE TO VOC_3, ELSE GO TO PB_VOC2

Question ID: VOC_3

When was the last time you had any kind of contact with your **relatives**?

- 1 Within the past day
- 2 More than a day ago but within the past week
- 3 More than a week ago but within the past month
- 4 More than a month ago but within the past 3 months
- 5 More than 3 months ago but within the past 6 months
- 6 More than 6 months ago
- DK/REF

Box ID: PB_VOC2

IF VOC_1=2, CONTINUE TO VOC_4, ELSE GOT TO VOC_5

Question ID: VOC_4

Why do you think you have not had any kind of contact with your **relatives DOAFILL2?** Do you think it is because...

items VOC_4a - VOC_4f should be displayed on the same screen as much as space allows

Question ID: VOC_4a

They live too far away?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_4b

They cannot afford to travel to this jail?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_4c

They don't want to see you while you are incarcerated?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_4d

You are not allowed to have visitors?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_4e

You do not want to have visitors?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_4f

They are not healthy enough to travel?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_5

DOAFILL1, have you had **any** contact with your **friends or acquaintances**?

- 1 Yes GO TO VOC_6
- 2 No
- DK/REF

Question ID: VOC_6

DOAFILL1, what kinds of contact have you had with your **friends or acquaintances**? Have you...

items VOC_6a - VOC_6d should be displayed on the same screen as much as space allows

National Inmate Survey: Year 4

Question ID: VOC_6a

Had in-person visits?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_6b

Talked on the phone?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_6c

Received letters?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_6d

Had some other type of contact such as emails, text messaging, video visiting, DVDs, CDs, or tape recordings?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_VOC3

IF VOC_6a = 1 OR VOC_6b = 1 OR VOC_6c = 1 OR VOC_6d = 1, CONTINUE TO VOC_7, ELSE GO TO PB_VOC4

Question ID: VOC_7

When was the last time you had any kind of contact with **your friends or acquaintances**?

- 1 Within the past day
 - 2 More than a day ago but within the past week
 - 3 More than a week ago but within the past month
 - 4 More than a month ago but within the past 3 months
 - 5 More than 3 months ago but within the past 6 months
 - 6 More than 6 months ago
- DK/REF

Box ID: PB_VOC4

IF VOC_5=2, CONTINUE TO VOC_8, ELSE GO TO SECTION PRP

Question ID: VOC_8

Why do you think you have not had any kind of contact with your **friends or acquaintances DOAFILL2**? Do you think it is because...

items VOC_8a - VOC_8f should be displayed on the same screen as much as space allows

Question ID: VOC_8a

They live too far away?

- 1 Yes
 - 2 No
- DK/RF

Question ID: VOC_8b

They cannot afford to travel to this jail?

- 1 Yes
 - 2 No
- DK/RF

Question ID: VOC_8c

They don't want to see you while you are incarcerated?

- 1 Yes
 - 2 No
- DK/RF

National Inmate Survey: Year 4

Question ID: VOC_8d

You are not allowed to have visitors?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_8e

You do not want to have visitors?

- 1 Yes
- 2 No
- DK/RF

Question ID: VOC_8f

They are not healthy enough to travel?

- 1 Yes
- 2 No
- DK/RF

POST-RELEASE PLANS (PRP)

Question ID: PRP1

These last questions are about plans you may have for **after** you are released from this facility into the community.

Do you have a definite date on which you expect to be released from jail into the community?

- 1 Yes GO TO PRP2
- 2 No
- DK/REF

Question ID: PRP2

How much more time do you think you will serve before you are released into the community?

- 1 Less than 30 days
- 2 At least 30 days 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
- DK/REF

Question ID: PRP14

How far is this jail from where you were living before you entered jail on your **current** incarceration?

- 1 Less than 5 miles
- 2 5 - 10 miles
- 3 11 - 20 miles
- 4 21 - 50 miles
- 5 51 - 100 miles
- 6 101 - 500 miles
- 7 501 miles or more
- DK/REF

Box ID: PB_PRP2

IF PRP1=1 CONTINUE TO PRP5, ELSE GO TO PB_PRP3

Question ID: PRP5

Do you have a plan for where you will live after you are released from jail into the community?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_PRP3

IF PRP5=1 CONTINUE TO PRP6, ELSE GO TO PB_PRP4

Question ID: PRP6

Did any staff at this jail help you make plans for where you will live after you are released from jail into the community?

- 1 Yes
- 2 No
- DK/REF

Box ID: PB_PRP4

IF PRP5=1, CONTINUE TO PRP7, ELSE GO TO PB_PRP6

Question ID: PRP7

Do you think you will live alone after you are released from jail or do you think you will live with other people?

- 1 Will live alone
- 2 Will live with other people GO TO PRP8
- DK/REF

Question ID: PRP8

Who do you plan to live with after you are released from jail into the community?
items PRP8a - PRP8j should be displayed on the same screen as much as space allows

Box ID: PB_PRP7

IF D1=1, CONTINUE TO PRP8a, ELSE GO TO PRP8b

Question ID: PRP8a

Your husband or wife?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP8b

Your boyfriend or girlfriend?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP8c

Your parents or step-parents?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP8d

Your brother or sister?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP8e

Your children who are **younger than 18**?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP8f

Your children who are **at least 18 years old**?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP8g

Your grandparents?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP8h

Your grandchildren?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP8i

Some other relative, such as an aunt, uncle, or cousin?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP8j

Someone you are **not** related to?

- 1 Yes
- 2 No
- DK/RF

Box ID: PB_PRP6

IF PRP5=1, CONTINUE TO PRP9, ELSE GO TO M0

Question ID: PRP9

Where do you plan to live after you are released from jail into the community?

items PRP9a - PRP9h should be displayed on the same screen as much as space allows

Question ID: PRP9a

In your own house, apartment, condo or mobile home?

- 1 Yes
- 2 No
- DK/RF

National Inmate Survey: Year 4

Question ID: PRP9b

In someone else's house, apartment, condo or mobile home?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP9c

In transitional housing for former inmates such as a halfway house?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP9d

In a residential treatment facility?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP9e

In a rooming house, hotel, or motel?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP9f

In a car, truck, or other motor vehicle?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP9g

In a homeless shelter, on the street, or in some outdoor location?

- 1 Yes
- 2 No
- DK/RF

Question ID: PRP9h

In some other place?

1 Yes

2 No

DK/RF

INTERVIEW DEBRIEFING - INMATE (M)

Box ID: M0

Thank you for completing the survey. Now we have a few questions about your experience with this interview.

Touch the **NEXT** button to go to the next screen.

Question ID: M1

How difficult was it for you to use the computer to do this survey?

- 1 Not difficult at all
- 2 Sort of difficult
- 3 Very difficult
- DK/REF

Box ID: PB_M1

DEFINE InterviewTypeFill:

IF RANDOM = 95, then InterviewTypeFill = "your own experiences with sex and sexual assault in this facility"

IF RANDOM = 5, then InterviewTypeFill = "your childhood and your experiences at this facility"

Question ID: M2

How comfortable did you feel using the computer to answer questions about [InterviewTypeFill]?

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 Somewhat uncomfortable
- 4 Very uncomfortable
- DK/REF

Question ID: M3

How upsetting did you find it to answer questions about [InterviewTypeFill]?

- 1 Not upsetting at all
- 2 Somewhat upsetting
- 3 Very upsetting
- DK/REF

Question ID: M4

How accurate are the answers you entered into the computer?

- 1 Not very accurate
- 2 Fairly accurate
- 3 Very accurate
- DK/REF

Question ID: M5

Did anyone tell you directly that you were required to participate in this study?

- 1 Yes GO TO M6
- 2 No
- DK/REF

Question ID: M6

Who told you that you were required to participate in this study?

- 1 A facility staff person
- 2 An interviewer from Westat GO TO M7
- 3 Another inmate
- 4 Someone else
- DK/REF

Question ID: M7

Were you **ever** made to feel that you were required to participate in this study?

- 1 Yes
- 2 No
- DK/REF

Question ID: M8

Did anyone put pressure on you to answer the survey questions in a certain way?

- 1 Yes GO TO M9
- 2 No
- DK/REF

Question ID: M9

Who pressured you to answer the survey questions in a certain way?

- 1 A facility staff person
- 2 An interviewer from Westat
- 3 Another inmate
- 4 Someone else
- DK/REF

National Inmate Survey: Year 4

Box ID: PB_M2

IF M8 = 1 AND RANDOM = 95, CONTINUE TO M10, ELSE GO TO M11

Question ID: M10

Are there any types of sex or sexual contact that you didn't report in this survey because someone pressured you not to?

- 1 Yes
- 2 No
- DK/REF

Box ID: M11

That is all the questions we have. If you found the survey questions upsetting for any reason, your interviewer can tell you how to contact a mental health counselor employed by this facility.

Thank you very much for participating in this study.

Box ID: M11a

Please tell your interviewer that you have completed the survey.

Box ID: M11b

SURVEY COMPLETED. ENTER PASSWORD TO CONTINUE.

INTERVIEW DEBRIEFING - INTERVIEWER (M)

Box ID: M12

THANK INMATE FOR PARTICIPATING.

NOTIFY OFFICER THAT THE INMATE IS FINISHED AND CAN LEAVE THE INTERVIEW ROOM.
THE LAST SET OF DEBRIEFING QUESTIONS WILL BE FOR THE INTERVIEWER.

Question ID: M13

Estimate the respondent's understanding of the interview

- 1 No difficulty - no language or reading problem
- 2 Some difficulty
- 3 A great deal of difficulty
- 4 Don't know

Question ID: M14

Please record any comments the respondent made about the nature of the questions or the task of answering the questions during either the CAPI or ACASI portions of the interview.

NOTES: ALLOW 150 CHARACTERS

Question ID: M15

How upset did the respondent appear to be during the ACASI portion of the interview?

- 1 Not upset at all
- 2 Somewhat upset
- 3 Very upset

Box ID: PB_M3

IF M15 = 2 OR 3, CONTINUE TO M16, ELSE GO TO M17

Question ID: M16

Please provide any details you can about why this inmate appeared to be somewhat or very upset during the ACASI portion of the interview.

NOTES: ALLOW 150 CHARACTERS

Question ID: M17

Did this inmate complete the interview while wearing shackles?

- 1 Yes
- 2 No

Question ID: M18

Did this inmate complete the interview while wearing handcuffs?

- 1 Yes
- 2 No

Question ID: M19

Did the inmate complain to you about how long they had to wait to be seen by an interviewer?

- 1 Yes
- 2 No

Question ID: M20

How much difficulty did you have persuading this inmate to participate in the NIS?

- 1 No difficulty - the inmate was eager to participate
- 2 Just a little difficulty - the inmate was willing, but not eager, to participate
- 3 Some difficulty - the inmate wasn't willing but you were able to persuade him/her
- 4 Quite a lot of difficulty - you had to really work to counter the inmate's objections

Question ID: M21

Indicate the degree of distractions or interruptions during the interview.

- 1 None
- 2 A few
- 3 A lot

Question ID: M22

Was the privacy of the interview setting compromised at any point during the interview?

- 1 Yes
- 2 No

GO TO M23

Question ID: M23

In what way was the privacy of the interview setting compromised during this interview?

NOTES: ALLOW 150 CHARACTERS

National Inmate Survey: Year 4

Box ID: PB_M4

IF I3=1, CONTINUE TO M24, ELSE GO TO M26

Question ID: M24

Did the inmate take the incentive that was offered?

1 Yes

2 No

Question ID: M26

PLEASE PROVIDE ANY OTHER COMMENTS ABOUT THE INTERVIEW THAT WOULD BE USEFUL FOR THE PROJECT TEAM TO KNOW:

NOTES: ALLOW 150 CHARACTERS

Box ID: REVIEW

INTERVIEWER: YOU HAVE REACHED THE END OF THE INTERVIEW. ENTER 1 AND PRESS THE ENTER KEY TO EXIT THE INTERVIEW AND GO BACK TO THE IMS.

Attachment D: Full Study ACASI Consent Form & Script



Bureau of
Justice
Statistics

National Inmate Survey

Full Study

Consent to Participate in Research - ACASI

COVID-19 Introduction

Before the interviewer describes the study, they will tell you about the safety measures they are taking in response to the COVID-19 pandemic. Interviewers use hand sanitizer frequently and will clean all surfaces between interviews. The interviewers do not have any symptoms, and to the best of their knowledge, do not have COVID-19, but they cannot guarantee that. For your protection, the interviewer will wear a mask.

Study Introduction

The National Inmate Survey is a research study being done by the Bureau of Justice Statistics and Westat. You are one of the inmates at this facility who have been randomly selected to participate. Approximately 40,000 inmates will be interviewed at about 300 facilities across the United States. The main purpose of this study is to learn more about sexual assault in jails. Your participation is completely voluntary.

Description of the Study

This interview will take about 35 minutes. To start, the interviewer will ask you some questions about your background and enter your answers into the tablet device. Next, the interviewer will show you how to use the tablet and you will complete the rest of the survey on your own. You will be able to see the questions on the screen and listen to them through headphones. You will enter your answers directly into the tablet by touching the screen. The interviewer will be nearby in case you have questions but won't be able to see your answers.

You will be randomly assigned to receive either detailed questions about your own experiences with sex and sexual assault while in this facility (such as the types of sexual acts and where they occurred) or questions about your childhood and your experiences before coming to this facility. In addition, you will be asked about your criminal history and military service. You will never be asked to identify anyone by name. You are the only one who will know which questions you are asked. Even the interviewer won't know unless you discuss the questions with him/her.

<IF AUTHORIZED BY FACILITY: To thank you for participating in the study, we will provide you with a [snack/metered envelope].>

Possible Risks or Discomforts

Some of the questions in this interview are personal and they could make you feel uncomfortable or upset. You can skip any questions you do not want to answer, and you can stop the interview at any time. Please tell the interviewer if you want to stop or take a break during the interview. If you find the questions upsetting for any reason, the interviewer can also provide you with instructions for contacting a mental health counselor.

Benefits

You will not receive any direct benefits for participating in this study. However, the results of this study may help improve the well-being of inmates in jail facilities across the United States.

Voluntary Participation

If you choose not to participate, or if you begin the survey and decide to stop before the end, the terms or length of your confinement will not be affected, and you will not lose any benefits or services that you now receive or might receive in the future. Whether you participate will not affect your legal status, your relationship with this facility, or any decisions regarding your release from this facility in any way.

Confidentiality

The Bureau of Justice Statistics and Westat are required by federal law to protect your privacy and confidentiality. Your name will never be connected with the information you provide through the tablet. Your answers will be combined with the responses from other inmates and will be used for statistical and research purposes. The information you enter into the tablet will not be shared with anyone at the facility or anyone else who is not working on the study in a way that would identify you or connect your answers to you individually. Secure systems are used to keep your data safe when it is electronically transferred from the tablet to Westat. A dataset of all the answers provided by inmates will be created and used for research in the field of criminal justice. The dataset will not include your name or other personal identifiers. It is a federal crime for anyone on the project team to release your confidential information.

There are, however, some exceptions to our promise of confidentiality. If you tell the interviewer that you intend to seriously harm yourself or a specific person or that you plan to commit a crime in the future, he or she will need to inform correctional staff here or authorities outside the facility who are responsible for protecting inmates.

[FOR 16/17 YEAR OLD RESPONDENTS ONLY]: Also, if you tell the interviewer out loud that you have been or are being abused, he or she, or their supervisor will report that information to the agency in this state that investigates abuse. Once a report is made, no member of the project team has control over how the information is used.

Further Questions

You may keep a copy of this form. If you have any questions about the project, you may ask the interviewer. If you think of questions later, you may write to the National Inmate Survey at Westat, 1600 Research Blvd., RB 2146, Rockville, MD 20850. If you have questions about your rights as a project participant, you can write to Westat's Institutional Review Board, Human Subjects Protection at the same address.

OFFICE USE ONLY:

Study representative's signature

Date

Interviewer Script to be Read After ACASI Consent Form

Instructions for Interviewer: YOU MUST READ THE FOLLOWING SCRIPT **OUT LOUD** TO THE INMATE AND CONFIRM THAT HE/SHE UNDERSTANDS THE INFORMATION BEFORE CONCLUDING THE INFORMED CONSENT PROCESS.

I want to go over the main points covered in this form to make sure everything is clear:

- This interview is **completely** voluntary. You can say yes or no. It is totally up to you. Nothing about your legal situation, such as when you will be released or what treatment you might receive, will be changed by whether or not you participate in the interview.
- If you start the interview and then want to quit **before the end**, that's okay.
- If you want to skip any questions, that's okay also.

Do you understand?

IF THE INMATE ANSWERS, "NO", *I can answer any questions you have about the interview or what is contained in this consent document.*

ANSWER ANY QUESTIONS THE INMATE HAS. THEN RETURN TO THE CONSENT FORM AND RE-READ THE "POSSIBLE RISKS OR DISCOMFORTS", "BENEFITS", AND "VOLUNTARY PARTICIPATION" SECTIONS. POINT TO THE TEXT ON THE INMATE'S COPY OF THE CONSENT FORM.

Do you understand?

IF THE INMATE ANSWERS, "NO," *Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.*

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

IF THE INMATE ANSWERS, "YES", CONTINUE.

*It is possible that some of the questions you answer using the computer may make you feel **uncomfortable** or upset. If that happens and you want to take a break or you want to talk to someone about how the questions made you feel, you can tell me you want to take a break or want to speak with someone.*

*The form I just read aloud to you also talks about privacy. The answers you enter into the **tablet**, even those about being abused or harmed, will **never be connected to your name and nobody, not even me, will know how you answered them.***

IF INMATE IS 18 YEARS OLD OR OLDER, CONTINUE. OTHERWISE, SKIP TO THE "READ FOR 16 AND 17 YEAR OLDS ONLY" SECTION.

Do you have any questions?

IF THE INMATE ANSWERS, "YES", ANSWER INMATE'S QUESTIONS.

IF THE INMATE ANSWERS, "NO", CONTINUE.

If you think of any questions or comments about the survey later, you can write us at the address provided. If you would like to participate in the interview, please tell me now and we will begin.

IF INMATE GIVES CONSENT, INFORM THE INMATE THEY CAN KEEP A COPY OF THE CONSENT FORM IF THEY WANT ONE. CONTINUE WITH THE SURVEY.

IF INMATE DOES NOT GIVE CONSENT, *Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.*

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

END OF CONSENT FOR INMATES 18 YEARS OLD OR OLDER.

READ FOR 16 AND 17 YEAR OLDS ONLY:

*However, if you tell me **out loud** that you are being abused at this facility I, or my supervisors, will report that information to the agency in this state that investigates abuse. Once we make a report, we have no control over what will be done with the information.*

Just so I'm sure you understand this...

*If you **tell me out loud** that you have been abused or harmed, will I report it to a government agency?*

IF THE INMATE ANSWERS "NO", POINT TO THE "FOR 16 AND 17 YEAR OLDS ONLY" SECTION ON THE INMATE'S COPY OF THE CONSENT FORM, THEN READ THE FOLLOWING:

*If you tell me **out loud** that you have been or are being abused, I or my supervisors will report that information to the agency in this state that investigates abuse. Once we make a report, we have no control over what will be done with the information.*

*I will ask the last question again, if you **tell me out loud** that you have been abused or harmed, will I report it to a government agency?*

IF THE INMATE ANSWERS "NO", *Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.*

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

IF THE INMATE ANSWERS "YES", CONTINUE.

*If you answer **on the tablet** that you have been abused or harmed, will I report it to a government agency?*

IF THE INMATE ANSWERS "YES", POINT TO THE "CONFIDENTIALITY" PARAGRAPH ON THE INMATE'S COPY OF THE CONSENT FORM, THEN READ THE FOLLOWING:

Your name will never be connected with the information you provide through the tablet. Your answers will be combined with the responses from other inmates and will be used for statistical and research purposes. The information you enter into the tablet will not be shared with anyone at the facility or anyone else who is not working on the study in a way that would identify you or connect your answers to you individually. Do you have any questions?

IF THE INMATE ANSWERS, "YES", ANSWER INMATE'S QUESTIONS.

IF THE INMATE ANSWERS, "NO", CONTINUE.

*I will ask the last question again, if you answer **on the tablet** that you have been abused or harmed, will I report it to a government agency?*

IF THE INMATE ANSWERS "YES", *Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.*

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

IF THE INMATE ANSWERS "NO", CONTINUE.

Now, if someone asked you whether you had to do the interview or whether it was voluntary, what would you say?

- ~~Have to do it.~~
- ~~I didn't have to do it/ it is voluntary.~~

IF THE INMATE ANSWERS, “HAVE TO DO IT”, POINT TO THE “INTRODUCTION” PARAGRAPH ON THE CONSENT FORM, AND TO THE LAST SENTENCE, THEN READ THE FOLLOWING:

Your participation in this study is voluntary. If you choose not to participate, you will not lose any benefits or services that you now receive or might receive in the future. Whether you participate or not will not affect your legal status or any decisions regarding your release from this facility in any way.

I will ask the last question again, if someone asked you whether you have to do the interview or whether it is voluntary, what would you say?

- *Have to do it.*
- *I don't have to do it/ it was voluntary.*

IF THE INMATE ANSWERS, “HAVE TO DO IT”, *Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.*

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

IF THE INMATE ANSWERS, “I DON'T HAVE TO DO IT/IT IS VOLUNTARY”, CONTINUE.

Do you have any questions?

IF THE INMATE ANSWERS, “YES”, ANSWER INMATE’S QUESTIONS.

IF THE INMATE ANSWERS, “NO”, CONTINUE.

If you think of any questions or comments about the survey later, you can write us at the address provided. If you would like to participate in the interview, please tell me now and we will begin.

IF INMATE GIVES CONSENT, INFORM THE INMATE THEY CAN KEEP A COPY OF THE CONSENT FORM IF THEY WANT ONE. CONTINUE WITH THE SURVEY.

IF INMATE DOES NOT GIVE CONSENT, *Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.*

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

Attachment E: PAPI Questionnaires

Four PAPI questionnaires are included in the attachment, as described below:

Form 1: Intended for female inmates who have been in the facility for 12 months or longer.

Form 2: Intended for male inmates who have been in the facility for 12 months or longer.

Form 3: Intended for female inmates who have been in the facility for a period less than 12 months.

Form 4: Intended for male inmates who have been in the facility for a period less than 12 months.



NATIONAL INMATE SURVEY - JAILS

Conducted by the Bureau of Justice Statistics
and
Westat

NOTICE: Public reporting for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

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 survey.

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:

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	Yes	No
White	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Black or African American	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
American Indian or Alaska Native	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Asian	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Native Hawaiian or other Pacific Islander	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

5. What is the highest level of school you have completed?

Less than a high school graduate..... ₁
 High school graduate or GED ₂
 Some college ₃
 College degree or more ₄

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

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	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

7. How long have you been in this facility?

Less than 1 week..... ₁
 At least 1 week but less than 1 month ₂
 At least 1 month but less than 2 months ₃
 At least 2 months but less than 6 months..... ₄
 At least 6 months but less than 1 year ₅
 At least 1 year but less than 5 years ₆
 At least 5 years but less than 10 years ₇
 10 years or more ₈

8. Before you were admitted to this facility, had you ever spent time as an adult or juvenile in a prison, jail, or other correctional facility?

Yes ₁
 No ₂

9. Which of the following best represents how you think about yourself?

Lesbian or gay..... ₁
 Straight; that is, **not** lesbian or gay ₂
 Bisexual; that is, you are sexually attracted to both men and women..... ₃
 Something else..... ₄

10. What sex were you assigned at birth on your original birth certificate?

- Male.....1
- Female2

11. Do you currently think of yourself as...?

- Male.....1
- Female2
- Transgender3
- None of these.....4

12. **Before you entered this facility, had anyone ever physically forced, pressured, or made you feel you had to have sex or sexual contact—that is unwanted touching of the breasts, genitals or butt, or vaginal, oral, or anal sex?**

- Yes.....1 *Continue to item 13*
- No2 *Go to item 14*

13. Were you physically forced, pressured, or made to feel you had to have sex or sexual contact before you were 18 years old, after you turned 18, or both?

- Before you were 181
- After you turned 182
- Both3

14. **Before you entered this facility, were you physically forced, pressured, or made to feel that you had to have sex or sexual contact while you were an adult or juvenile in a jail, prison, or other correctional facility?**

- Yes.....1
- No2

15. 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
Have oral sex with another inmate at this facility?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have vaginal sex 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
Have any type of sex or sexual contact with another inmate at this facility other than sexual touching, oral sex, vaginal sex, or anal sex?	<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**.

16. 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
Have oral sex with them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have vaginal sex with them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have anal sex with them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have any type of sex or sexual contact with them other than sexual touching, oral sex, vaginal sex, or anal sex?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

17. 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"/> ₁	<input type="checkbox"/> ₂
Have oral sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have any type of sex or sexual contact with them other than sexual touching, oral sex, vaginal sex, or anal sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

18. 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 ₁ → *Go to SECTION B on page 3*
 1 time ₂
 2 times ₃
 3–10 times ₄ → *Continue to item 19*
 11 times or more... ₅

19. 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"/> ₁	<input type="checkbox"/> ₂
Given a bribe or blackmailed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Offered protection from other inmates?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Trying to pay off or settle a debt that you owed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Threatened with harm or a weapon?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Physically held down or restrained?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Physically harmed or injured?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

20. 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"/> ₁	<input type="checkbox"/> ₂
Receive broken bones?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive anal or vaginal tearing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have your teeth chipped or knocked out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive internal injuries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Get knocked unconscious?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SECTION B

These next questions ask about 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.

21. This question is about willing sex or sexual contact you have had with any staff at 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 a facility staff person'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 a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have oral sex (blowjob) with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have vaginal sex with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

22. In the past 12 months, did a facility staff person 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 vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

23. In the past 12 months, did a facility staff person 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"/> 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 vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

24. This question is about both wanted and unwanted sex with staff at this facility. 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 ₁ → *Go to SECTION C on page 5*
- 1 time ₂
- 2 times ₃
- 3–10 times ₄ → *Continue to item 25*
- 11 times or more... ₅

25. 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 ₁
- No ₂

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

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

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

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

28. 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>	Yes	No
Receive knife or stab wounds?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive broken bones?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive anal or vaginal tearing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have your teeth chipped or knocked out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive internal injuries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Get knocked unconscious?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SECTION C

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

29. 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..... ₁
- Somewhat upsetting..... ₂
- Very upsetting ₃

30. How accurate are the answers you gave in this survey?

- Not very accurate..... ₁
- Fairly accurate ₂
- Very accurate..... ₃

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

Thank You!



NATIONAL INMATE SURVEY - JAILS

Conducted by the Bureau of Justice Statistics
and
Westat

NOTICE: Public reporting for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

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 survey.

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:

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	Yes	No
White	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Black or African American	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
American Indian or Alaska Native	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Asian	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Native Hawaiian or other Pacific Islander	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

5. What is the highest level of school you have completed?

Less than a high school graduate..... ₁
 High school graduate or GED ₂
 Some college ₃
 College degree or more ₄

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

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	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

7. How long have you been in this facility?

Less than 1 week..... ₁
 At least 1 week but less than 1 month ₂
 At least 1 month but less than 2 months ₃
 At least 2 months but less than 6 months..... ₄
 At least 6 months but less than 1 year ₅
 At least 1 year but less than 5 years ₆
 At least 5 years but less than 10 years ₇
 10 years or more ₈

8. Before you were admitted to this facility, had you ever spent time as an adult or juvenile in a prison, jail, or other correctional facility?

Yes ₁
 No ₂

9. Which of the following best represents how you think about yourself?

Lesbian or gay..... ₁
 Straight; that is, **not** lesbian or gay ₂
 Bisexual; that is, you are sexually attracted to both men and women..... ₃
 Something else..... ₄

10. What sex were you assigned at birth on your original birth certificate?

- Male.....1
- Female2

11. Do you currently think of yourself as...?

- Male.....1
- Female2
- Transgender3
- None of these.....4

12. **Before you entered this facility, had anyone ever physically forced, pressured, or made you feel you had to have sex or sexual contact—that is unwanted touching of the genitals or butt, or vaginal, oral, or anal sex?**

- Yes.....1 *Continue to item 13*
- No2 *Go to item 14*

13. Were you physically forced, pressured, or made to feel you had to have sex or sexual contact before you were 18 years old, after you turned 18, or both?

- Before you were 181
- After you turned 182
- Both3

14. **Before you entered this facility, were you physically forced, pressured, or made to feel that you had to have sex or sexual contact while you were an adult or juvenile in a jail, prison, or other correctional facility?**

- Yes.....1
- No2

15. 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
Have any type of sex or sexual contact with another inmate at this facility other than sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<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**.

16. 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
Have any type of sex or sexual contact with them other than sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

17. 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"/> 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
Have any type of sex or sexual contact with them other than sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

18. 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 ₁ → *Go to SECTION B on page 3*
 1 time ₂
 2 times ₃ } → *Continue to item 19*
 3–10 times ₄
 11 times or more... ₅

19. 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"/> ₁	<input type="checkbox"/> ₂
Given a bribe or blackmailed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Offered protection from other inmates?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Trying to pay off or settle a debt that you owed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Threatened with harm or a weapon?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Physically held down or restrained?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Physically harmed or injured?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

20. 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"/> ₁	<input type="checkbox"/> ₂
Receive broken bones?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive anal tearing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have your teeth chipped or knocked out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive internal injuries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Get knocked unconscious?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SECTION B

These next questions ask about 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.

21. This question is about willing sex or sexual contact you have had with any staff at 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 a facility staff person'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 a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have oral sex (blowjob) with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have vaginal sex with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

22. In the past 12 months, did a facility staff person 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 vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

23. In the past 12 months, did a facility staff person 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"/> 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 vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

24. This question is about both wanted and unwanted sex with staff at this facility. 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.....₁ → Go to SECTION C on page 5
- 1 time₂ } → Continue to item 25
- 2 times.....₃ }
- 3–10 times.....₄ }
- 11 times or more ...₅ }

25. 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 ₁
- No ₂

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

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

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

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

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

SECTION C

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

29. 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..... ₁
- Somewhat upsetting..... ₂
- Very upsetting ₃

30. How accurate are the answers you gave in this survey?

- Not very accurate..... ₁
- Fairly accurate ₂
- Very accurate..... ₃

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

Thank You!



NATIONAL INMATE SURVEY - JAILS

Conducted by the Bureau of Justice Statistics
and
Westat

NOTICE: Public reporting for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

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 survey.

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:

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	Yes	No
White	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Black or African American	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
American Indian or Alaska Native	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Asian	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Native Hawaiian or other Pacific Islander	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

5. What is the highest level of school you have completed?

Less than a high school graduate..... ₁
 High school graduate or GED ₂
 Some college ₃
 College degree or more..... ₄

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

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	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

7. How long have you been in this facility?

Less than 1 week..... ₁
 At least 1 week but less than 1 month ₂
 At least 1 month but less than 2 months ₃
 At least 2 months but less than 6 months ₄
 At least 6 months but less than 1 year ₅
 At least 1 year but less than 5 years ₆
 At least 5 years but less than 10 years..... ₇
 10 years or more..... ₈

8. Before you were admitted to this facility, had you ever spent time as an adult or juvenile in a prison, jail, or other correctional facility?

Yes ₁
 No..... ₂

9. Which of the following best represents how you think about yourself?

Lesbian or gay..... ₁
 Straight; that is, **not** lesbian or gay ₂
 Bisexual; that is, you are sexually attracted to both men and women ₃
 Something else..... ₄

10. What sex were you assigned at birth on your original birth certificate?

- Male..... ₁
- Female..... ₂

11. Do you currently think of yourself as...?

- Male..... ₁
- Female..... ₂
- Transgender..... ₃
- None of these..... ₄

12. **Before you entered this facility, had anyone ever physically forced, pressured, or made you feel you had to have sex or sexual contact—that is unwanted touching of the breasts, genitals or butt, or vaginal, oral, or anal sex?**

- Yes..... ₁ *Continue to item 13*
- No..... ₂ *Go to item 14*

13. Were you physically forced, pressured, or made to feel you had to have sex or sexual contact before you were 18 years old, after you turned 18, or both?

- Before you were 18..... ₁
- After you turned 18..... ₂
- Both..... ₃

14. **Before you entered this facility, were you physically forced, pressured, or made to feel that you had to have sex or sexual contact while you were an adult or juvenile in a jail, prison, or other correctional facility?**

- Yes..... ₁
- No..... ₂

15. This question is about **wanted or voluntary** sex or sexual contact you have had with other inmates in this facility. Since you arrived at this facility, 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
Have oral sex with another inmate at this facility?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have vaginal sex 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
Have any type of sex or sexual contact with another inmate at this facility other than sexual touching, oral sex, vaginal sex, or anal sex?	<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**.

16. Since you arrived at this facility, 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
Have oral sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have any type of sex or sexual contact with them other than sexual touching, oral sex, vaginal sex, or anal sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

17. Since you arrived at this facility, 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"/> ₁	<input type="checkbox"/> ₂
Have oral sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have any type of sex or sexual contact with them other than sexual touching, oral sex, vaginal sex, or anal sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

18. Since you arrived at this facility, 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.....₁ → *Go to SECTION B on page 3*
 1 time₂
 2 times.....₃
 3–10 times₄ → *Continue to item 19*
 11 times or more...₅

19. Since you arrived at this facility, 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"/> ₁	<input type="checkbox"/> ₂
Given a bribe or blackmailed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Offered protection from other inmates?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Trying to pay off or settle a debt that you owed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Threatened with harm or a weapon?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Physically held down or restrained?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Physically harmed or injured?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

20. Since you arrived at this facility, 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"/> ₁	<input type="checkbox"/> ₂
Receive broken bones?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive anal or vaginal tearing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have your teeth chipped or knocked out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive internal injuries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Get knocked unconscious?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SECTION B

These next questions ask about 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.

21. This question is about willing sex or sexual contact you have had with any staff at this facility. Since you arrived at this facility, did you do any of the following:

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
Touch a facility staff person'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 a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have oral sex (blowjob) with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have vaginal sex with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

22. Since you arrived at this facility, did a facility staff person 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 vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

23. Since you arrived at this facility, did a facility staff person 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"/> 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 vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

24. This question is about both wanted and unwanted sex with staff at this facility. Since you arrived at this facility, how many times altogether have you had any type of wanted or unwanted sex or sexual contact with staff at this facility?

- 0 times.....₁ → *Go to SECTION C on page 5*
 1 time₂
 2 times.....₃
 3–10 times₄ → *Continue to item 25*
 11 times or more...₅

25. Since you arrived at this facility, when you had sex or sexual contact with facility staff, did any single incident ever involve more than one facility staff person?

Yes₁
 No.....₂

26. Since you arrived at this facility, when you had sex or sexual contact with facility staff, were you ever:

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

27. Since you arrived at this facility, when you had sex or sexual contact with facility staff, was it ever with:

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

28. Since you arrived at this facility, 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>	Yes	No
Receive knife or stab wounds?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive broken bones?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive anal or vaginal tearing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have your teeth chipped or knocked out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive internal injuries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Get knocked unconscious?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SECTION C

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

29. 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..... ₁
- Somewhat upsetting..... ₂
- Very upsetting ₃

30. How accurate are the answers you gave in this survey?

- Not very accurate..... ₁
- Fairly accurate ₂
- Very accurate ₃

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

Thank You!



NATIONAL INMATE SURVEY - JAILS

Conducted by the Bureau of Justice Statistics
and
Westat

NOTICE: Public reporting for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

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 survey.

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:

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	Yes	No
White	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Black or African American	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
American Indian or Alaska Native	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Asian	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Native Hawaiian or other Pacific Islander	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

5. What is the highest level of school you have completed?

Less than a high school graduate..... ₁
 High school graduate or GED ₂
 Some college ₃
 College degree or more..... ₄

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

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	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

7. How long have you been in this facility?

Less than 1 week..... ₁
 At least 1 week but less than 1 month ₂
 At least 1 month but less than 2 months ₃
 At least 2 months but less than 6 months ₄
 At least 6 months but less than 1 year ₅
 At least 1 year but less than 5 years ₆
 At least 5 years but less than 10 years..... ₇
 10 years or more..... ₈

8. Before you were admitted to this facility, had you ever spent time as an adult or juvenile in a prison, jail, or other correctional facility?

Yes ₁
 No..... ₂

9. Which of the following best represents how you think about yourself?

Lesbian or gay..... ₁
 Straight; that is, **not** lesbian or gay ₂
 Bisexual; that is, you are sexually attracted to both men and women ₃
 Something else..... ₄

10. What sex were you assigned at birth on your original birth certificate?

- Male..... ₁
- Female..... ₂

11. Do you currently think of yourself as...?

- Male..... ₁
- Female..... ₂
- Transgender..... ₃
- None of these..... ₄

12. **Before you entered this facility, had anyone ever physically forced, pressured, or made you feel you had to have sex or sexual contact—that is unwanted touching of the genitals or butt, or vaginal, oral, or anal sex?**

- Yes..... ₁ *Continue to item 13*
- No..... ₂ *Go to item 14*

13. Were you physically forced, pressured, or made to feel you had to have sex or sexual contact before you were 18 years old, after you turned 18, or both?

- Before you were 18..... ₁
- After you turned 18..... ₂
- Both..... ₃

14. **Before you entered this facility, were you physically forced, pressured, or made to feel that you had to have sex or sexual contact while you were an adult or juvenile in a jail, prison, or other correctional facility?**

- Yes..... ₁
- No..... ₂

15. This question is about **wanted or voluntary sex or sexual contact you have had with other inmates in this facility. Since you arrived at this facility, 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
Have any type of sex or sexual contact with another inmate at this facility other than sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<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.**

16. Since you arrived at this facility, 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
Have any type of sex or sexual contact with them other than sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

17. Since you arrived at this facility, 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"/> 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
Have any type of sex or sexual contact with them other than sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

18. Since you arrived at this facility, 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.....₁ → *Go to SECTION B on page 3*
 1 time₂ }
 2 times.....₃ } → *Continue to item 19*
 3–10 times₄ }
 11 times or more...₅ }

19. Since you arrived at this facility, 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"/> ₁	<input type="checkbox"/> ₂
Given a bribe or blackmailed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Offered protection from other inmates?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Trying to pay off or settle a debt that you owed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Threatened with harm or a weapon?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Physically held down or restrained?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Physically harmed or injured?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

20. Since you arrived at this facility, 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"/> ₁	<input type="checkbox"/> ₂
Receive broken bones?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive anal tearing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have your teeth chipped or knocked out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive internal injuries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Get knocked unconscious?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SECTION B

These next questions ask about 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.

21. This question is about willing sex or sexual contact you have had with any staff at this facility. Since you arrived at this facility, did you do any of the following:

Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.	Yes	No
Touch a facility staff person'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 a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have oral sex (blowjob) with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have vaginal sex with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with a facility staff person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

22. Since you arrived at this facility, did a facility staff person 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 vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

23. Since you arrived at this facility, did a facility staff person 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"/> 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 vaginal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have anal sex with them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

24. This question is about both wanted and unwanted sex with staff at this facility. Since you arrived at this facility, how many times altogether have you had any type of wanted or unwanted sex or sexual contact with staff at this facility?

- 0 times ₁ → Go to SECTION C
 1 time..... ₂ } on page 5
 2 times ₃ }
 3–10 times ₄ } → Continue to item 25
 11 times or more .. ₅

25. Since you arrived at this facility, when you had sex or sexual contact with facility staff, did any single incident ever involve more than one facility staff person?

- Yes ₁
 No..... ₂

SECTION C

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

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

- Not upsetting at all₁
- Somewhat upsetting₂
- Very upsetting₃

30. How accurate are the answers you gave in this survey?

- Not very accurate₁
- Fairly accurate₂
- Very accurate₃

26. Since you arrived at this facility, when you had sex or sexual contact with facility staff, were you ever:

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

27. Since you arrived at this facility, when you had sex or sexual contact with facility staff, was it ever with:

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

28. Since you arrived at this facility, 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>	Yes	No
Receive knife or stab wounds?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive broken bones?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive anal tearing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have your teeth chipped or knocked out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive internal injuries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Get knocked unconscious?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

|

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

Thank You!

Attachment F: Full Study PAPI Consent Form & Script



Bureau of
Justice
Statistics

National Inmate Survey

Full Study

Consent to Participate in Research - PAPI

COVID-19 Introduction

Before the interviewer describes the study, they will tell you about the safety measures they are taking in response to the COVID-19 pandemic. Interviewers will use hand sanitizer frequently and will clean all surfaces between interviews. The interviewers do not have any symptoms, and to the best of their knowledge, do not have COVID-19, but they cannot guarantee that. For your protection, the interviewer will wear a mask.

Study Introduction

The National Inmate Survey is a research study being done by the Bureau of Justice Statistics and Westat. You are one of the inmates at this facility who have been randomly selected to participate. Approximately 40,000 inmates will be interviewed at around 300 facilities across the United States. The main purpose of this study is to learn more about sexual assault in jails. Your participation in this study is completely voluntary.

Description of the Study

This interview will take about 15 minutes. The interviewer will provide you with the questionnaire which you will complete by yourself. The questionnaire includes detailed questions about your own experiences with sex and sexual assault in this facility (such as the types of sexual acts and where they occurred). You will never be asked to identify anyone by name. Once you have completed the questionnaire you will seal it in an envelope and give it back to the interviewer. Neither the interviewer/ nor anyone at this facility will ever see your completed questionnaire.

<IF AUTHORIZED BY FACILITY: To thank you for participating in the study, we will provide you with a [snack/metered envelope].>

Possible Risks or Discomforts

Some of the questions in this interview are personal and they could make you feel uncomfortable or upset. You can skip any questions you do not want to answer and you can stop the interview at any time. If you find the questions upsetting for any reason, the interviewer can also provide you with instructions for contacting a mental health counselor.

Benefits

You will not receive any direct benefits for participating in this study. However, the results of this study may help improve the well-being of inmates in jail facilities across the United States.

Voluntary Participation

If you choose not to participate, or if you begin the survey and decide to stop before the end, the terms or length of your confinement will not be affected, and you will not lose any benefits or services that you now receive or might receive in the future. Whether you participate will not affect your legal status, your relationship with this facility, or any decisions regarding your release from this facility in any way.

Confidentiality

The Bureau of Justice Statistics and Westat are required by federal law to protect your privacy and confidentiality. Your name will never be connected with the information you provide on the questionnaire. Your answers will be combined with the responses from other inmates and will be used for statistical and research purposes. The information you provide on the questionnaire will not be shared with anyone at the facility or anyone else who is not working on the study in a way that would identify you or connect your answers to you individually. A dataset of all the answers provided by inmates will be created and used for research in the field of criminal justice. The dataset will

not include your name or other personal identifiers. It is a federal crime for anyone on the project team to release your confidential information.

There are, however, some exceptions to our promise of confidentiality. If you tell the interviewer that you intend to seriously harm yourself or a specific person or that you plan to commit a crime in the future, he or she will need to inform correctional staff here or authorities outside the facility who are responsible for protecting inmates.

FOR 16 AND 17 YEAR OLDS ONLY:

If you tell the interviewer out loud that you have been or are being abused, the interviewer or his/her supervisors will report that information to the agency in this state that investigates abuse. Once a report is made, no member of the project team has control over how the information is used.

Further Questions

You may keep a copy of this form. If you have any questions about the project, you may ask the interviewer. If you think of questions later, you may write to the National Inmate Survey at Westat, 1600 Research Blvd., RB 2146, Rockville, MD 20850. If you have questions about your rights as a project participant, you can write to Westat's Institutional Review Board, Human Subjects Protection at the same address.

OFFICE USE ONLY:	
_____	_____

Study representative's signature

Date

Interviewer Script to be Read After PAPI Consent Form

Instructions for Interviewer: YOU MUST READ THE FOLLOWING SCRIPT **OUT LOUD** TO THE INMATE AND CONFIRM THAT HE/SHE UNDERSTANDS THE INFORMATION BEFORE CONCLUDING THE INFORMED CONSENT PROCESS.

I want to go over the main points covered in this form to make sure everything is clear:

- *This interview is **completely** voluntary. You can say yes or no. It is totally up to you. Nothing about your legal situation, such as when you will be released or what treatment you might receive, will be changed by whether or not you participate in the interview.*
- *If you start the interview and then want to quit **before the end**, that's okay.*
- *If you want to skip any questions, that's okay also.*

Do you understand?

IF THE INMATE ANSWERS, "NO", *I can answer any questions you have about the interview or what is contained in this consent document.*

ANSWER ANY QUESTIONS THE INMATE HAS. THEN RETURN TO THE CONSENT FORM AND RE-READ THE "POSSIBLE RISKS OR DISCOMFORTS", "BENEFITS", AND "VOLUNTARY PARTICIPATION" SECTIONS. POINT TO THE TEXT ON THE INMATE'S COPY OF THE CONSENT FORM.

Do you understand?

IF THE INMATE ANSWERS, "NO," *Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.*

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

IF THE INMATE ANSWERS, "YES", CONTINUE.

*It is possible that some of the questions you answer may make you feel **uncomfortable** or upset. If that happens and you want to take a break or you want to talk to someone about how the questions made you feel, you can tell me you want to take a break or want to speak with someone.*

*The form I just read aloud to you also talks about privacy. **The answers you provide on the questionnaire, even those about being abused or harmed, will never be connected to your name and nobody, not even me, will know how you answered them.***

IF INMATE IS 18 YEARS OLD OR OLDER, CONTINUE. OTHERWISE, SKIP TO THE "READ FOR 16 AND 17 YEAR OLDS ONLY" SECTION.

Do you have any questions?

IF THE INMATE ANSWERS, "YES", ANSWER INMATE'S QUESTIONS.

IF THE INMATE ANSWERS, "NO", CONTINUE.

If you think of any questions or comments about the survey later, you can write us at the address provided. If you would like to participate in the interview, please tell me now and we will begin.

IF INMATE GIVES CONSENT, INFORM THE INMATE THEY CAN KEEP A COPY OF THE CONSENT FORM IF THEY WANT ONE. CONTINUE WITH THE SURVEY.

IF INMATE DOES **NOT** GIVE CONSENT, *Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.*

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

END OF CONSENT FOR INMATES 18 YEARS OLD OR OLDER.

READ FOR 16 AND 17 YEAR OLDS ONLY

However, if you tell me **out loud** that you are being abused at this facility I, or my supervisors, will report that information to the agency in this state that investigates abuse. Once we make a report, we have no control over what will be done with the information.

Just so I'm sure you understand this...

If you **tell me out loud** that you have been abused or harmed, do you understand that I will report it to a government agency?

IF THE INMATE ANSWERS "NO", POINT TO THE "FOR 16 AND 17 YEAR OLDS ONLY" SECTION ON THE INMATE'S COPY OF THE CONSENT FORM, THEN READ THE FOLLOWING:

If you tell me out loud that you have been or are being abused, I or my supervisors will report that information to the agency in this state that investigates abuse. Once we make a report, we have no control over what will be done with the information.

I will ask the last question again, if you **tell me** that you have been abused or harmed, will I report it to a government agency?

IF THE INMATE ANSWERS "NO", Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

IF THE INMATE ANSWERS "YES", CONTINUE.

If you answer **on the paper form** that you have been abused or harmed, will I report it to a government agency?

IF THE INMATE ANSWERS "YES", POINT TO THE "CONFIDENTIALITY" PARAGRAPH ON THE INMATE'S COPY OF THE CONSENT FORM. , THEN READ THE FOLLOWING:

Your name will never be connected with the information you provide on the questionnaire. Your answers will be combined with the responses from other inmates and will be used for statistical and research purposes. The information you provide on the questionnaire will not be shared with anyone at the facility or anyone else who is not working on the study in a way that would identify you or connect your answers to you individually. Do you have any questions?

IF THE INMATE ANSWERS, "YES", ANSWER INMATE'S QUESTIONS.

IF THE INMATE ANSWERS, "NO", CONTINUE.

I will ask the last question again, if you answer **on the paper form** that you have been abused or harmed, will I report it to a government agency?

IF THE INMATE ANSWERS "YES", Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

IF THE INMATE ANSWERS "NO", CONTINUE.

Now, if someone asked you whether you had to do the interview or whether it was voluntary, what would you say?

● Have to do it.

● I didn't have to do it/ it is voluntary.

~~IF THE INMATE ANSWERS, "HAVE TO DO IT", POINT TO THE "INTRODUCTION" PARAGRAPH ON THE CONSENT FORM, AND TO THE LAST SENTENCE, THEN READ THE FOLLOWING:~~

~~*Your participation in this study is voluntary. If you choose not to participate, you will not lose any benefits or services that you now receive or might receive in the future. Whether you participate or not will not affect your legal status or any decisions regarding your release from this facility in any way.*~~

~~*I will ask the last question again, if someone asked you whether you have to do the interview or whether it is voluntary, what would you say?*~~

- ~~• *Have to do it.*~~
- ~~• *I don't have to do it/it was voluntary.*~~

~~IF THE INMATE ANSWERS, "HAVE TO DO IT", *Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.*~~

~~PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.~~

~~IF THE INMATE ANSWERS, "I DON'T HAVE TO DO IT/IT IS VOLUNTARY", CONTINUE.~~

Do you have any questions?

IF THE INMATE ANSWERS, "YES", ANSWER INMATE'S QUESTIONS.

IF THE INMATE ANSWERS, "NO", CONTINUE.

If you think of any questions or comments about the survey later, you can write us at the address provided. If you would like to participate in the interview, please tell me now and we will begin.

IF INMATE GIVES CONSENT, INFORM THE INMATE THEY CAN KEEP A COPY OF THE CONSENT FORM IF THEY WANT ONE. CONTINUE WITH THE SURVEY.

IF INMATE DOES NOT GIVE CONSENT, *Thank you for coming to see me today, I appreciate your time. Those are all the questions I have for you today.*

PRESS ENTER TO END INTERVIEW AND ALERT CORRECTIONAL OFFICER THAT INMATE IS FINISHED.

FORM APPROVED

OMB No.: XXXX-xxxx

EXPIRATION DATE: XX/XX/20xx

National Inmate Survey in Jails Facility Questionnaire

Updated: 11-23-2022

The National Inmate Survey **in Jails** (NIS) is a study designed to help Congress and the Department of Justice understand more about sexual victimization in U.S. jails and prisons. This study is mandated by Congress under the Prison Rape Elimination Act (PREA) of 2003. The NIS also seeks to gain valuable information on facilities through the NIS Facility Questionnaire. The purpose of the Facility Questionnaire is to gather administrative data about the facilities sampled for the National Inmate Survey **in Jails** that will allow the Bureau of Justice Statistics to better understand facility characteristics associated with sexual victimization in **jails**.

Help is available

If you have any questions, need help completing the form, or prefer an alternate submission option, please contact the NIS-4J Logistics Manager, Susan Cross, at 240-453-2664 or SusanCross@westat.com.

Person Completing this Questionnaire:	
Respondent Information	Facility Information
Name:	Name:
Title:	Address 1:
Email:	Address 2:
Telephone:	City:
	State:
	Zip Code:

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection is estimated to average **30 minutes** per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531; and to the Office of Management and Budget, OMB No. XXXX-xxxx, Washington, DC 20503

1. What are the functions of [FACILITY NAME]? Please mark Yes or No for each function.

	Yes	No
1a. General adult population confinement		
1b. Persons returned to custody (e.g., probation, parole, and bail bond violators)		
1c. Work release or prerelease		
1d. Reception, diagnosis or classification		
1e. Confinement of juveniles		
1f. Medical treatment or hospitalization confinement (including infirmary)		
1g. Mental health or psychiatric care		
1h. Alcohol treatment		
1i. Drug treatment		
1j. Boot camp		
1k. Protective custody		
1l. Other (specify) _____		

2. What is the rated operational bed capacity of [FACILITY NAME]? By rated operational bed capacity, we mean the number of beds or inmates assigned by a rating official.

RATED OPERATIONAL BED CAPACITY: _____

3. How many persons are currently CONFINED in this facility?

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction.
- ✓ Persons held for other jurisdictions.

EXCLUDE—

- X Inmates on AWOL escape, or long-term transfer to other jurisdictions.

NUMBER CONFINED: _____

4. Of all persons currently CONFINED in this facility, how many are—
- For persons with more than one charge/offense, report the status associated with the most serious charge/offense.
 - For convicted inmates, include probation and parole violators with no new sentence.
 - If none, enter a zero.

Check here and provide estimates if exact counts are not available.

	Number of Inmates
4a. Convicted	
4b. Unconvicted	
4c. Unknown conviction status	
4d. TOTAL (Sum of items 4a to 4d should equal item 3) [WILL DYNAMICALLY FILL AS RESPONSES ARE ENTERED IN THE ROWS ABOVE]	

5. Of the total number of inmates held at [FACILITY NAME], approximately how many...
- If none, enter a zero.

Check here and provide estimates if exact counts are not available.

	Number of Inmates
5a. have been identified as currently having a serious and persistent mental illness? Please include inmates whether or not they are in a mental health unit or receiving medication.	
5b. have been identified as having a cognitive impairment or intellectual disability?	
5c. are currently assigned to administrative segregation?	
5d. are currently assigned to disciplinary segregation?	
5e. are currently affiliated with a gang or Security Threat Group?	
5f. speak little or no English?	
5g. self-identify as LGBTQ?	

6. If an inmate self-identifies as LGBTQ, is that self-identification taken into account when making housing assignments at this facility?

- 1 — Yes
2 — No

6. Do inmates at [FACILITY NAME] have access to a language line that provides on-demand language interpretation or translation services?

- 1 Yes
- 2 No

7. During the past 12 months, that is since this date last year, was this facility operating under a court-ordered corrective action plan or consent decree?

- 1 Yes
- 2 No

For questions **8-16**, please think about **paid** staff at [FACILITY NAME] who are **not** contractors.

8. Regardless of the source of the funding used to cover the positions, how many Full-Time Equivalency (FTE) positions for [county/city] jail employees does [FACILITY NAME] currently have? Please include both uniformed and non-uniformed staff.

NUMBER OF FTEs: _____

9. Of the [Q8 FILL] FTE [county/city positions] allocated to [FACILITY NAME], how many are **currently** vacant? Please do not include positions that are temporarily vacant because the staff person is on medical leave, military leave, maternity leave, etc.

NUMBER VACANT FTE POSITIONS: _____

10. Is a hiring freeze currently in place at [FACILITY NAME]?

- 1 Yes
- 2 No

11. Please provide the number of staff employed at [FACILITY NAME] in each of the listed age and gender categories.

- If none, enter a zero.

Check here and provide estimates if exact counts are not available.

	Male	Female
Total number of staff employed at this facility <i>INCLUDE all paid staff at the facility who are not contractors.</i>		
Total number of staff under 30 years of age		
Total number of staff 30-44 years of age		
Total number of staff 45 years of age or older		
Number of correctional officers employed at this facility <i>INCLUDE deputies, monitors, and other custody staff who spend more than 50% of their time with the incarcerated population.</i>		
Number of correctional officers under 30 years of age		
Number of correctional officers 30-44 years of age		
Number of correctional officers 45 years of age or older		

12. During the past 12 months, that is since this date last year, how many staff were new to their current position at [FACILITY NAME]? That is, how many staff were either new hires to the facility or who moved into positions they had not worked in before?

NUMBER OF STAFF IN NEW POSITIONS: _____

13. During the past 12 months, that is since this date last year, how many correctional officers were separated from employment at [FACILITY NAME]?

- ✓ INCLUDE quits, layoffs, discharges, retirements, deaths, transfers, and other separations

NUMBER OF CORRECTIONAL OFFICERS WHO SEPARATED: _____

14. How many **correctional officers** who are currently employed at [FACILITY NAME] have:
- *If none, enter a zero.*

Check here and provide estimates if exact counts are not available.

	Number
14a. Less than 1 year of service at the facility	
14b. 1-2 years of service at the facility	
14c. 3-5 years of service at the facility	
14d. More than 5 years of service at the facility	
14e. Total number of correctional officers [WILL DYNAMICALLY FILL AS RESPONSES ARE ENTERED IN THE ROWS ABOVE]	

15. What is the total number of PREA-related training hours entry level **correctional officers** are required to complete **from their date of hire through their** first year of employment?

NUMBER OF HOURS: _____

16. When does a new **correctional officer** who begins employment at [FACILITY NAME] have to complete all required PREA-related trainings?

- 1 From date of hire until cleared to work with inmates (prior to starting position)
- 2 Within first 24 hours of starting position
- 3 After first 24 hours but within first week (7 days) of starting position
- 4 After first week but within first month (30 days) of starting position
- 5 After first month but within first six months (180 days) of starting position
- 6 After first six months but **within** first year (365 days) of starting position
- 7 Some other timeframe; please explain: _____

17. Which of the following methods are used at [FACILITY NAME] to educate inmates about the fact that sexual activity is not allowed at the facility? Please mark Yes or No for each method.

Procedure	Yes	No
17a. Facility staff		
17b. Posters/signs		
17c. Brochures/flyers/pamphlets		
17d. Handbook that describes facility rules and policies		
17e. Video		
17f. Peer Educator		
17g. New Inmate Orientation		
17h. Some other way; please describe:		

18. Is there a Sexual Assault Nurse Examiner (SANE) onsite at [FACILITY NAME] if an inmate needs to be seen?

1 Yes

2 No →

If there is a need for an inmate at [FACILITY NAME] to be seen by a SANE, how does that visit happen?

Questions 19 to 20 are about misconduct at [FACILITY NAME].

19. During the past 12 months, that is since this date last year, about how many violations of facility rules were reported and resulted in a guilty finding? Please include less serious violations such as use of abusive language or failure to attend class, as well as more significant violations such as possession of contraband and physical assaults.

NUMBER OF GUILTY FINDINGS: _____

20. During what part of the day do most **violations that result in a guilty finding** occur in this facility?

1 After midnight but before 6:00 AM

2 Between 6:00 AM and noon

3 After noon but before 6:00 PM

4 Between 6:00 PM and midnight

PREA-related Allegations and Investigations

21. During the past 12 months, that is since this date last year, how many allegations of sexual abuse or sexual harassment were made by inmates against other inmates, staff, or volunteers at [FACILITY NAME]?

NUMBER OF ALLEGATIONS: _____

22. [IF Q21 > 0] During the past 12 months, that is since this date last year, were allegations of sexual abuse or sexual harassment at [FACILITY NAME] investigated by staff at the facility, referred to staff working outside of the facility, or referred to a separate organization? (Mark all that apply.)

- 1 Staff at the facility investigated
- 2 Referred to staff working outside the facility
- 3 Referred to a separate organization

23. Does [FACILITY NAME] have a policy that an inmate who makes an allegation of sexual abuse or sexual harassment must be notified of the outcome of the investigation?

- 1 Yes
- 2 No

Impact of COVID on Facility Practices

24. During the past 12 months, that is since this date last year, how did COVID-19 affect each of these practices?

Practice	Increased a lot	Increased a little	No change	Decreased a little	Decreased a lot
24a. Number of inmates released early					
24b. Amount of time Correctional Officers spent in the housing units					
24c. Amount of inmate movement within the facility					
24d. Inmate participation in recreational activities					
24e. Inmate participation in employment opportunities					
24f. Number of visitors inside the facility					
24g. Number of volunteers inside the facility					

Thank you for providing this important information about [FACILITY NAME]!