

**August 2022**

# **National Inmate Survey, Year 4: ACASI Specifications for Prisons**

## **Revisions Highlighted for OMB Review**

**Prepared for Bureau of Justice Statistics**

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## INTERVIEW SETUP

- A1** TYPE OF INTERVIEW:
- 1 ENGLISH MALE
  - 2 ENGLISH FEMALE
  - 3 SPANISH MALE
  - 4 SPANISH FEMALE

### DEFINE CONFIRM\_FILL

IF A1 = 1 THEN CONFIRM\_FILL = "AN **ENGLISH** INTERVIEW WITH A **MALE** INMATE"  
 IF A1 = 2 THEN CONFIRM\_FILL = "AN **ENGLISH** INTERVIEW WITH A **FEMALE** INMATE"  
 IF A1 = 3 THEN CONFIRM\_FILL = "A **SPANISH** INTERVIEW WITH A **MALE** INMATE"  
 IF A1 = 4 THEN CONFIRM\_FILL = "A **SPANISH** INTERVIEW WITH A **FEMALE** INMATE"

**A1\_CONFIRM** INTERVIEWER: YOU INDICATED YOU WANT TO ADMINISTER [CONFIRM\_FILL]. IS THIS CORRECT?

- 1 YES
- 2 NO

PROGRAMMER: PLEASE ROUTE 'NO' RESPONSES BACK TO A1. DK/REF ARE NOT ALLOWED FOR THIS ITEM.

### DEFINE GENDER:

IF A1 = 1 OR 3 THEN GENDER = 1  
 IF A1 = 2 OR 4 THEN GENDER = 2

**OMB** INTERVIEWER: IF RESPONDENT ASKS ANY QUESTIONS ABOUT OMB APPROVAL FOR THIS STUDY, YOU MAY READ THE INFORMATION BELOW. OTHERWISE TOUCH THE **NEXT** BUTTON TO GO TO THE NEXT SCREEN.

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**I1** FACILITY ID

\_\_\_\_\_

**I2** ENTER YOUR INTERVIEWER ID NUMBER:

\_\_\_\_\_ [ALLOW 6 DIGITS]

**I3** IS THIS INMATE BEING OFFERED AN INCENTIVE?

- 1 YES
- 2 NO

## CAPI DEMOGRAPHICS

**A2** In what year were you born?

4-DIGIT YEAR: \_\_\_\_\_  
DK/REF

### DEFINE CALCAGE:

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

**A3** [IF A2 NE (DK OR REF)] Are you CALCAGE – 1 or CALCAGE?

1 CALCAGE – 1  
2 CALCAGE  
DK/REF

### UPDATE CALCAGE:

IF A3 = 1 THEN CALCAGE = CALCAGE - 1  
ELSE CALCAGE = CALCAGE

**A4** [IF (A2=DK OR REF) OR A3 = DK OR REF] How old are you?

AGE: \_\_\_\_\_  
DK/REF

### UPDATE CALCAGE:

IF A4 NE BLANK OR DK OR REF THEN CALCAGE = A4  
IF A4 = DK THEN CALCAGE = DK  
IF A4 = RE THEN CALCAGE = RE

**I4** [IF CALCAGE < 18] HAS THIS FACILITY APPROVED PARTICIPATION FOR 16 AND 17-YEAR OLDS?

NOTE: THIS INFORMATION IS INCLUDED IN THE FACILITY LOGISTICS PLAN.

1 YES  
2 NO

**A4a** [IF CALCAGE < 16 AND I4 = 1] Thank you for your willingness to participate, but we cannot interview anyone who is younger than 16 for this study.

[IF CALCAGE < 18 AND I4 = 2] Thank you for your willingness to participate, but we cannot interview anyone who is younger than 18 for this study.

PRESS NEXT BUTTON TO END INTERVIEW.

**Note to Programmers: Route these cases to M20**

**A4b** [IF A4 = DK/REF] Thank you for your willingness to participate, but we cannot interview if we don't know how old you are.

PRESS NEXT BUTTON TO END INTERVIEW.

**Note to Programmers: Route these cases to M20**

**B1.** How old were you the **first time** you were arrested or taken into custody for any offense?

AGE: \_\_\_\_\_ [RANGE: 6 – CALCAGE]  
DK/REF

**A5** When were you admitted to this facility?

A5a. 2-DIGIT MONTH: \_\_\_\_\_ [RANGE: 1 – 12] DK/REF  
A5b. 2-DIGIT DAY: \_\_\_\_\_ [RANGE: 1 – 31] DK/REF  
A5c. 4-DIGIT YEAR: \_\_\_\_\_ [RANGE: 1915 – current year] DK/REF

**A6** [IF A5a = DK/REF AND A5c NE DK OR REF] 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

**DEFINE CALCTIME:**

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; 12 months or more round to nearest year)

**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

**A7** [IF CALCTIME NE 0 DAYS] That means you have been here for about [CALCTIME]. Is that correct?

1 YES  
2 NO

**A8** [IF (A5c=DK OR REF) OR CALCTIME=0 DAYS OR A7 = 2] 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

**UPDATE DOAFILL1:**

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

IF A8 = 6 – 8 OR DK OR REF, 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 OR DK OR REF, THEN DOAFILL2 = during the past 12 months

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

**A9a.** Did you spend last night in disciplinary or administrative segregation, or solitary confinement?

1 YES

2 NO

DK/REF

**A9b.** [IF A9a = 1] 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

**A9c.** [IF A9a = 2 OR DK OR REF] Which of the following best describes the housing unit where you spent last night?

[IF A9a = 1] Which of the following best describes the housing unit in disciplinary or administrative segregation, or solitary confinement where you spent last night?

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

**A10.** How tall are you?

Feet: \_\_\_\_\_

Inches: \_\_\_\_\_

DK/REF

## COMPUTER TUTORIAL

**C1** [NO AUDIO REQUIRED] You will complete the rest of this interview on your own using the computer and headphones. Before you start, we'll go through a short practice session together so you can learn how to use this computer to answer the interview questions. After this introduction, I will move away from the computer and will not be able to see your answers so that you can take the interview in private.

You do not need the mouse or keyboard to answer questions. You can simply touch the buttons on the screen using your finger.

MOVE COMPUTER SO RESPONDENT CAN SEE THE SCREEN.

For each question, the answers will appear on the screen, like these yes and no answers. POINT TO YES AND NO ANSWERS ON SCREEN. When you have the headphones on you'll also hear instructions that will help you know where to touch the screen. To choose an answer you will need to use your finger to touch the button next to ~~for~~ your answer on the computer screen, like this.

PRESS YES BUTTON.


1  Yes

2  No

Don't Know

Refuse

Back Next



After you choose your answer, you must touch the **NEXT** button. TOUCH THE **NEXT** BUTTON.

**C2** [NO AUDIO REQUIRED] If you want to go back to the previous question, this is the **BACK** button. POINT TO **BACK** BUTTON.

Now I will show you how to use the back button to go back to the previous question and change the answer to no.

NOW DEMONSTRATE USE OF **BACK** BUTTON BY PRESSING IT TO GO BACK TO THE PREVIOUS SCREEN AND CHANGE YOUR ANSWER TO NO. THEN RETURN TO THIS SCREEN BY PRESSING **NEXT**.

If you don't know the answer to the question, touch the button next to **DON'T KNOW** [POINT TO DON'T KNOW] and then press **NEXT**. PRESS **DON'T KNOW** BUTTON AND THEN **NEXT**.

- C3** [NO AUDIO REQUIRED] If you don't want to answer the question, you can touch the button next to **REFUSE** [POINT TO THE REFUSE BUTTON] and then press **NEXT** to go to the next question. **PRESS REFUSE BUTTON AND THEN NEXT.**
- C4** [NO AUDIO REQUIRED] If you want the computer to read the question again, you can press the **AUDIO** button [POINT TO AUDIO BUTTON].
- C5** [NO AUDIO REQUIRED] You can adjust the volume here [DEMONSTRATE VOLUME ADJUSTMENT, ON THE HEADPHONE CORD]. Or if you want to turn the volume off you can adjust it on your headphones or take your headphones off.

Please put on your headphones. When you are ready, let me know.

MOVE COMPUTER SO RESPONDENT CAN USE IT. ONCE RESPONDENT HAS HEADPHONES ON, TOUCH THE **NEXT** BUTTON SO RESPONDENT CAN BEGIN PRACTICE SESSION.

### PLAY AUDIO FOR ALL FOLLOWING SCREENS

- C6** This screen will play while you adjust the volume in your headphones. When you have adjusted the volume to a level that is comfortable to you, touch the **NEXT** button to continue with the practice session.
- C7** For the rest of this interview you will control the interview and answer in complete privacy. You can read the questions on the computer screen and hear them read through the headphones. Nobody, not even your interviewer will know how you answer the questions. [IF CALAGE = 16 OR 17] Because you are under 18 I want to remind you that if you speak to your interviewer about any abuse you have experienced at this facility the interviewer or his or her supervisor may need to report it to the agency in this state that investigates abuse.
- First, you will learn how to use the system and complete some practice questions.
- Touch the **NEXT** button on your screen.
- C8** After you hear the question, you will hear the possible answers. To answer the question, use your finger to touch the button on the screen next to your answer and then touch the **NEXT** button.
- Do you like ice cream?
- 1 Yes
  - 2 No
  - Don't Know
  - Refuse to Answer
- C10** For some questions you will enter your answer using a keypad like the one shown below. Try using the keypad to answer the question below. If you need to change your answer touch the "**X**" button in the lower right corner of the keypad to remove what you have already entered and then put in a new answer. After you answer the question, touch the **NEXT** button.

How many meals have you eaten today?





[RANGE: 0 – 999]

- C11** Sometimes there will be more than one question to answer on a screen like the example shown below. For these questions the answer choices and the **REFUSED** and **DON'T KNOW** buttons are shown to the right of each question. Try answering the questions below and then touch the **NEXT** button to go to the next screen.

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

	Yes	No
C11a. Pollen?	1	2
C11b. Dust?	1	2
C11c. Mold?	1	2

DK/REF

- C14** If you have any questions, ask your interviewer now. If not, tell the interviewer you are ready to begin and he or she will move away from the computer.

Touch the **NEXT** button when you are ready to begin.

**ACASI DEMOGRAPHICS**

**A11** Are you of Hispanic, Latino, or Spanish origin?

- 1 Yes  
2 No  
DK/REF

**A13** Which of these categories describes your race?

You may answer yes to one or more of these categories.

	Yes	No
A13a. White?	1	2
A13b. Black or African American?	1	2
A13c. American Indian or Alaska Native?	1	2
A13d. Asian?	1	2
A13e. Native Hawaiian or other Pacific Islander?	1	2

DK/REF

**A16** How much do you **currently** weigh in pounds?

CURRENT WEIGHT: \_\_\_\_\_ [RANGE: 50 – 700]

DK/REF

**A17** Did you graduate from high school?

- 1 Yes  
2 No  
DK/REF

**A18** [IF A17 = 1] Did you receive a high school diploma or a GED for finishing high school?

- 1 A high school Diploma  
2 A GED

DK/REF

**A19** [If A17 = 2] Did you receive a GED?

- 1 Yes  
2 No

DK/REF

**A20** [IF A17 =1 OR A19 =1] 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

**A21** [IF A17 =2 AND A19 =2] Did you attend high school?

- 1 Yes

2 No  
DK/REF

**A22** — Are you a U.S. citizen?

1 Yes  
2 No  
DK/REF

**V1** Have you **ever** served in the United States Armed Forces?

1 Yes  
2 No  
DK/REF

**V4** [IF V1 = 1] Are you **currently** serving in the United States Armed Forces?

1 Yes  
2 No  
DK/REF

**V8** [IF V4 = 2] 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

**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.

**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

**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

**B4.** Are you **currently** in this facility because you have been sentenced to serve time for an offense?

- 1 Yes
- 2 No
- DK/REF

**B5.** [IF B4 = 2 OR DK OR REF] 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

**B6.** [IF B4 = 2 OR DK OR REF] 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

**B7.** [IF B4 = 2 OR DK OR REF] 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

**B8.** [IF B4 = 2 OR DK OR REF] 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

- B9.** [IF B4 = 2 OR DK OR REF] 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

- B10.** [IF B4 = 2 OR DK OR REF] Are you **currently** being held in this facility for a probation, parole, or community supervision violation?

1 Yes  
2 No  
DK/REF

- B28.** [IF B4 = 2 OR DK OR REF] 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

- B12.** [IF B4 = 2 OR DK OR REF] Are you **currently** being held in this facility for driving under the influence or driving while intoxicated?

1 Yes  
2 No  
DK/REF

- B11.** [IF B4 = 2 OR DK OR REF] 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

- B13.** [IF B4 = 2 OR DK OR REF] 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

- B14.** [IF B4 = 1] Are you **currently** sentenced and 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

- B15.** [IF B4 = 1] Are you **currently** sentenced and 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

- B16.** [IF B4 = 1] Are you **currently** sentenced and 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

- B17.** [IF B4 = 1] Are you **currently** sentenced and 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

- B18.** [IF B4 = 1] Are you **currently** sentenced and 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

- B19.** [IF B4 = 1] Are you **currently** sentenced and serving time in this facility for a probation, parole, or community supervision violation?

1 Yes  
2 No  
DK/REF

- B29.** [IF B4 = 1] Are you **currently** sentenced and 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

- B21.** [IF B4 = 1] Are you **currently** sentenced and serving time in this facility for driving under the influence or driving while intoxicated?

1 Yes  
2 No

DK/REF

- B20.** [IF B4 = 1] Are you **currently** sentenced and 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

- B22.** [IF B4 = 1] Are you **currently** sentenced and 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

- B23.** [IF B4 = 1 OR DK OR REF] Are you **currently** serving a life sentence or a life sentence without parole?

1 Yes  
 2 No  
 DK/REF

- B24.** [IF B23 = 2 OR DK OR REF] Are you **currently** serving a death sentence?

1 Yes  
 2 No  
 DK/REF

- B25.** [IF B24 = 2 OR DK OR REF] What is your total maximum sentence length for all of the sentences you are serving?

1 Less than 1 year  
 2 At least 1 year but less than 5 years  
 3 At least 5 years but less than 10 years  
 4 At least 10 years but less than 20 years  
 5 20 years or more  
 DK/REF

## SEXUAL IDENTITY AND PRE-INCARCERATION INFORMATION

**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

**D2a1** [IF GENDER = 1] Which of the following best represents how you think of yourself?

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

**D2b1** [IF GENDER = 2] Which of the following best represents how you think of yourself?

- 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 [IF A13c = 1] Two-Spirit
- 95 9 Something else
- DK/REF

### 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

**D3a** What sex were you assigned at birth, on your original birth certificate?

- 1 Male
- 2 Female
- DK/REF

**D3b** Do you currently think of yourself as...?

- 1 Male
- 2 Female
- 3 Transgender
- 4 [IF A13c = 1] Two-Spirit
- 95 None of these
- DK/REF

### **DEFINE CURRSEX FILL**

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

**D3c** [IF (D3a = 1 AND D3b = 2 OR 3 OR 4 OR 95) OR (D3a = 2 AND D3b = 1 OR 3 OR 4 OR 95)]

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

**D3d** [IF D3c = 2] Please answer this question again: What sex was recorded on your original birth certificate?

1  Male

2  Female

DK/REF

**D3e** [IF D3c = 2 AND A13c = 1] Please answer this question again: Do you **currently** think of yourself as male, female, Two-Spirit, or transgender?

[IF D3c = 2 AND A13c NE 1] Please answer this question again: Do you **currently** think of yourself as male, female, or transgender?

1  Male

2  Female

3  Transgender

4  [IF A13c = 1] Two-Spirit

95  None of these

DK/REF

#### 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

**RANDOM = 95, CONTINUE TO D6**

**RANDOM = 5, SKIP TO FH\_1**

**D6** ~~[IF GENDER = 2]~~ 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?

~~[IF GENDER = 1]~~ Before you entered this facility, had anyone ever physically forced you to have sex or sexual contact – that is unwanted touching of the genitals or butt, or vaginal, oral, or anal sex?

- 1 Yes
- 2 No
- DK/REF

**D7** ~~[IF GENDER = 2]~~ 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?

~~[IF GENDER = 1]~~ 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 genitals or butt, or vaginal, oral, or anal sex?

- 1 Yes
- 2 No
- DK/REF

**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

**D8** [IF D6 = 1 OR D7 = 1] 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

**D9** [IF D8 NE 1 AND SEXTYPE1 NE BLANK AND CALCAGE = 18 OR OLDER] 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

**D10** [IF D8 = 1 AND CALCAGE = 18 OR OLDER] Were you [SEXTYPE1 FILL] to have sex or sexual contact before you were 18 years old?

- 1 Yes
- 2 No
- DK/REF

**D11** [IF (D6 = 1 OR D7 = 1) AND B3=1] **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

**RANDOM = 95, SKIP TO D16**

**RANDOM = 5**

**FH\_1** [IF RANDOM = 5] Is this the only facility you've been held in during your **current** incarceration?

- 1 Yes  
2 No  
DK/REF

**FH\_2** [IF FH\_1 = 2 OR DK OR REF] Including this one, how many **prisons** have you been held in during your **current** incarceration? Please do not include any jails you may have been held in before you were transferred to prison.

NUMBER OF PRISONS: \_\_\_\_\_ [RANGE: 1 – 15]  
DK/REF

**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

**D13** Have you **ever** had a job working for pay?

- 1 Yes  
2 No  
DK/REF

**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

**D15** How did you support yourself during the **6 months** before you were incarcerated?

	<b>Yes</b>	<b>No</b>
--	------------	-----------

<b>D15a</b> A job?	1	2
<b>D15b</b> Support from your family?	1	2
<b>D15c</b> Support from your friends?	1	2
<b>D15d</b> A government program or public assistance?	1	2
<b>D15e</b> Illegal income?	1	2
<b>D15f</b> Some other type of support?	1	2

DK/REF

**D16** [IF RANDOM = 5] Still thinking 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 = 95] 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?

1 Yes

2 No

DK/REF

**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 NUMBER OF CHILDREN: \_\_\_\_\_ [RANGE 0-25]

DK/REF

**D18** [IF D17 > 1] During the **6 months** before you were incarcerated, how many of those [D17\_FHLL] children lived with you?

1 0

2 1

3 2

4 3

5 4

6 5 or more CHILDREN LIVED WITH R: \_\_\_\_\_ [RANGE 0-25]

DK/REF

**[PROGRAMMER: Only show response options up to, and including, the response option selected in D17.]**

**D19** Have any of your parents or guardians **ever** been incarcerated in a prison or jail?

1 Yes

2 No

DK/REF

**D20** [IF D19 = 1] Are any of your parents or guardians **currently** incarcerated in a prison or jail?

1 Yes

2 No

DK/REF

**D21** Have any of your brothers or sisters **ever** been incarcerated in a prison or jail?

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

**D22** [IF D21 = 1] Are any of your brothers or sisters **currently** incarcerated in a prison or jail?

- 1 Yes
  - 2 No
- DK/REF

**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
  - 2 No
- DK/REF

**D24** [IF D23 = 1] Are any of those close friends **currently** incarcerated in a prison or jail?

- 1 Yes
  - 2 No
- DK/REF

**RANDOM = 5, SKIP TO CHILDHOOD EXPERIENCES**  
**RANDOM = 95, CONTINUE TO SEXUAL ACTIVITIES WITH INMATES**

## SEXUAL ACTIVITY WITH INMATES

**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.

<b>Males</b>	<b>Females</b>	<b>Gender Inclusive</b>
<p><b>E2</b> [IF GENDER = 1] <b>DOAFILL1</b>, have you been touched on your butt, thighs, or penis in a sexual way by another inmate?</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E2</b> [IF GENDER = 2] <b>DOAFILL1</b>, have you been touched on your butt, thighs, breasts, or vagina in a sexual way by another inmate?</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E2</b> [IF GENDER = 3] <b>DOAFILL1</b>, have you been touched on your butt, thighs, breasts, penis, or vagina in a sexual way by another inmate?</p> <p>1 Yes 2 No DK/REF</p>
<p><b>E6</b> [IF GENDER = 1] <b>DOAFILL1</b>, have you given or received a handjob? A 'handjob' is when someone's penis is rubbed by somebody else.</p> <p>1 Yes 2 No DK/REF</p>		<p><b>E6</b> [IF GENDER = 3] <b>DOAFILL1</b>, have you given or received a handjob? A 'handjob' is when someone's penis is rubbed by somebody else.</p> <p>1 Yes 2 No DK/REF</p>
<p><b>E8</b> [IF GENDER = 1] <b>DOAFILL1</b>, have you given or received oral sex or a blowjob? Oral sex, <del>or a blowjob</del>, is when one inmate puts their mouth on the penis or butt of another inmate.</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E8</b> [IF GENDER = 2] <b>DOAFILL1</b>, have you given or received oral sex? Oral sex is when one inmate puts their mouth on the vagina or butt of another inmate.</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E8</b> [IF GENDER = 3] <b>DOAFILL1</b>, have you given or received oral sex or a blowjob? Oral sex is when one inmate puts their mouth on the penis, vagina, or butt of another inmate.</p> <p>1 Yes 2 No DK/REF</p>
	<p><b>E10</b> [IF GENDER = 2] <b>DOAFILL1</b>, have you had vaginal sex? Vaginal sex is when one inmate inserts their finger or an object into another inmate's vagina.</p> <p>1 Yes</p>	<p><b>E10</b> [IF GENDER = 3] <b>DOAFILL1</b>, have you had vaginal sex? Vaginal sex is when one inmate inserts their finger, penis, or an object into another inmate's vagina.</p> <p>1 Yes</p>

	2No DK/REF	<u>2No</u> <u>DK/REF</u>
<p><b>E12</b> [IF GENDER = 1] <b>DOAFILL1</b>, have you had anal sex? Anal sex is when one inmate inserts their finger, penis, or an object into another inmate's butt.</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E12</b> [IF GENDER = 2] <b>DOAFILL1</b>, have you had anal sex? Anal sex is when one inmate inserts their finger or an object into another inmate's butt.</p> <p>1 Yes 2No DK/REF</p>	<p><b>E12</b> <u>[IF GENDER = 3]</u> <u><b>DOAFILL1</b>, have you had anal sex? Anal sex is when one inmate inserts their finger, penis, or an object into another inmate's butt.</u></p> <p><u>1 Yes</u> <u>2 No</u> <u>DK/REF</u></p>
<p><b>E14</b> [IF GENDER = 1] <b>DOAFILL1</b>, have you had any type of sex or sexual contact with another inmate <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E14</b> [IF GENDER = 2] <b>DOAFILL1</b>, have you had any type of sex or sexual contact with another inmate <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?</p> <p>1 Yes 2No DK/REF</p>	<p><b>E14</b> <u>[IF GENDER = 3]</u> <u><b>DOAFILL1</b>, have you had any type of sex or sexual contact with another inmate <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, vaginal sex, or anal sex?</u></p> <p><u>1 Yes</u> <u>2 No</u> <u>DK/REF</u></p>
<p><b>E15</b> [IF E2 = 1 OR E6 = 1 OR E8 = 1 OR E12 = 1 OR E14 = 1] These next questions are <b>only</b> about unwanted sex or sexual contact.</p> <p>Touch the <b>NEXT</b> button to go to the next screen.</p>	<p><b>E15</b> [IF E2 = 1 OR E8 = 1 OR E10 = 1 OR E12 = 1 OR E14 = 1] These next questions are <b>only</b> about unwanted sex or sexual contact.</p> <p>Touch the <b>NEXT</b> button to go to the next screen.</p>	<p><b>E15</b> <u>[IF E2 = 1 OR E6 = 1 OR E8 = 1 OR E10 = 1 OR E12 = 1 OR E14 = 1]</u> <u>These next questions are <b>only</b> about unwanted sex or sexual contact.</u></p> <p><u>Touch the <b>NEXT</b> button to go to the next screen.</u></p>
<p><b>E16</b> [IF E2=1] <b>DOAFILL1</b>, did another inmate use physical force to touch your butt, thighs, or penis in a sexual way?</p> <p>1 Yes 2 No DK/REF</p>		
<p><b>E17</b> [IF E2 = 1] <b>DOAFILL1</b>, 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?</p>		

<p>1 Yes 2 No DK/REF</p>		
	<p><b>E18</b> [IF E2=1] <b>DOAFILL1</b>, did another inmate use physical force to touch your butt, thighs, breasts, or vagina in a sexual way?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E19</b> [IF E2 = 1] <b>DOAFILL1</b>, 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?</p> <p>1 Yes 2 No DK/REF</p>	
		<p><b>E20</b> [IF E2=1] <b>DOAFILL1</b>, did another inmate use physical force to touch your butt, thighs, breast, penis, or vagina in a sexual way?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E21</b> [IF E2 = 1] <b>DOAFILL1</b>, 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?</p> <p>1 Yes 2 No DK/REF</p>
<p><b>E22</b> [IF E6 =1] <b>DOAFILL1</b>, did another inmate use physical force to make you give or receive a handjob?</p> <p>1 Yes 2 No DK/REF</p>		<p><b>E22</b> [IF E6 =1] <b>DOAFILL1</b>, did another inmate use physical force to make you give or receive a handjob?</p> <p>1 Yes 2 No DK/REF</p>



<p><b>E23</b> [IF E6 = 1] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive a handjob?</p> <p>1 Yes 2 No DK/REF</p>		<p><b>E23</b> [IF E6 = 1] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive a handjob?</p> <p>1 Yes 2 No DK/REF</p>
	<p><b>E24</b> [IF E8 = 1] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive oral sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E25</b> [IF E8 = 1] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive oral sex?</p> <p>1 Yes 2 No DK/REF</p>	
<p><b>E26</b> [IF E8 = 1] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive oral sex or a blowjob?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E27</b> [IF E8 = 1] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive oral sex or a blowjob?</p> <p>1 Yes 2 No DK/REF</p>		<p><b>E26</b> [IF E8 = 1] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive oral sex or a blowjob?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E27</b> [IF E8 = 1] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive oral sex or a blowjob?</p> <p>1 Yes 2 No DK/REF</p>
	<p><b>E28</b> [IF E10 = 1] <b>DOAFILL1</b>,</p>	<p><b>E28</b> [IF E10 = 1] <b>DOAFILL1</b>,</p>

	<p>did another inmate use physical force to make you have vaginal sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E29</b> [IF E10 = 1] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have vaginal sex?</p> <p>1 Yes 2 No DK/REF</p>	<p><u>did another inmate use physical force to make you have vaginal sex?</u></p> <p><u>1 Yes</u> <u>2 No</u> <u>DK/REF</u></p> <p><b>E29</b> <u>[IF E10 = 1] DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to have vaginal sex?</u></p> <p><u>1 Yes</u> <u>2 No</u> <u>DK/REF</u></p>
<p><b>E32</b> [IF E12 = 1] <b>DOAFILL1</b>, did another inmate use physical force to make you have anal sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E33</b> [IF E12 = 1] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E32</b> [IF E12 = 1] <b>DOAFILL1</b>, did another inmate use physical force to make you have anal sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E33</b> [IF E12 = 1] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E32</b> <u>[IF E12 = 1] DOAFILL1, did another inmate use physical force to make you have anal sex?</u></p> <p><u>1 Yes</u> <u>2 No</u> <u>DK/REF</u></p> <p><b>E33</b> <u>[IF E12 = 1] DOAFILL1, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?</u></p> <p><u>1 Yes</u> <u>2 No</u> <u>DK/REF</u></p>
<p><b>E34</b> [IF E14 = 1] <b>DOAFILL1</b>, did another inmate use physical force to make you have any type of sex or sexual contact <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E35</b> [IF E14 = 1]</p>	<p><b>E34</b> [IF E14 = 1] <b>DOAFILL1</b>, did another inmate use physical force to make you have any type of sex or sexual contact <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E35</b> [IF E14 = 1] <b>DOAFILL1</b>, did another inmate,</p>	<p><b>E34</b> <u>[IF E14 = 1] 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, vaginal sex, or anal sex?</u></p> <p><u>1 Yes</u> <u>2 No</u> <u>DK/REF</u></p> <p><b>E35</b> <u>[IF E14 = 1] DOAFILL1, did another inmate, without</u></p>

<p><b>DOAFILL1</b>, 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 <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?</p> <p>1 Yes 2 No DK/REF</p>	<p>without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?</p> <p>1 Yes 2 No DK/REF</p>	<p><u>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, vaginal sex, or anal sex?</u></p> <p><u>1 Yes</u> <u>2 No</u> <u>DK/REF</u></p>
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**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.

**E36** [IF GENDER = 1 AND (E22 = 1 OR E23 = 1 OR E26 = 1 OR E27 = 1 OR E32 = 1 OR E33 = 1)]  
**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?

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

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E36a** [IF E36 = 3] **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?

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

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E36b** [IF E36 = 4] **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?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E37** [IF GENDER = 2 AND (E24 = 1 OR E25 = 1 OR E28 = 1 OR E29 = 1 OR E32 = 1 OR E33 = 1)] **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?

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

DK/REF

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E37a** [IF E37 = 3] **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?

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

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E37b** [IF E37 = 4] **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?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]  
 DK/REF

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E41** [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)] **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?

1 1 time  
 2 2 times  
 3 3 – 10 times

4 11 times or more  
DK/REF

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?
- 4 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , ; 3<sup>RD</sup> ITEM END WITH , or; 4<sup>TH</sup> ITEM END WITH ?

**E41a** [IF E41 = 3] **DOAFILL1**, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E22 OR E23 = 1] Give or receive oral sex or 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?

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

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?
- 4 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , ; 3<sup>RD</sup> ITEM END WITH , or; 4<sup>TH</sup> ITEM END WITH ?

**E41b** [IF E41 = 4] **DOAFILL1**, how many times altogether were you [ForcedOrPressuredFill2]:

- [IF E22 OR E23 = 1] Give or receive oral sex or 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?

NUMBER OF TIMES: [RANGE: 11 – 300]  
DK/REF

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?
- 4 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , ; 3<sup>RD</sup> ITEM END WITH , or; 4<sup>TH</sup> ITEM END WITH ?

**E38** [IF E16 = 1 OR E17 = 1] **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

**E38a** [IF E38 = 3] **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

**E38b** [IF E38 = 4] **DOAFILL1**, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, or penis in a sexual way?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

**E39** [IF E18 = 1 OR E19 = 1] **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

**E39a** [IF E39 = 3] **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

**E39b** [IF E39 = 4] **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: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

**E42** [IF E20 = 1 OR E21 = 1] **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

**E42a** [IF E42 = 3] **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

**E42b** [IF E42 = 4] **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: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

**E40** [IF E36 > 1 OR E37 > 1 OR E41 > 1] How soon after you arrived at this facility were you [ForcedOrPressuredFill2] have sex or sexual contact with another inmate for the **first time**?

[IF E36 = 1 OR E37 = 1 OR E41 = 1] How soon after you arrived at this facility were you [ForcedOrPressuredFill2] have sex or sexual contact with 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

**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

**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

<b>Males</b>	<b>Females</b>	<b>Gender Inclusive</b>
<p><b>E162</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)]  <b>DOAFILL1</b>, did another inmate use physical force to touch your butt, thighs, or penis in a sexual way?</p> <p>1 Yes                      2 No                      DK/REF</p> <p><b>E172</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)]  <b>DOAFILL1</b>, 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?</p> <p>1 Yes                      2 No                      DK/REF</p>	<p><b>E182</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to touch your butt, thighs, breasts, or vagina in a sexual way?</p> <p>1 Yes</p>	

	<p>2 No DK/REF</p> <p><b>E192</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, 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?</p> <p>1 Yes 2 No DK/REF</p>	
		<p><b>E202</b> [IF 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)] <b>DOAFILL1</b>, did another inmate use physical force to touch your butt, thighs, breasts, penis, or vagina in a sexual way?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E212</b> [IF 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)] <b>DOAFILL1</b>, 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?</p> <p>1 Yes</p>

<p><b>E222</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive a handjob?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E232</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive a handjob?</p> <p>1 Yes 2 No DK/REF</p>		<p style="text-align: right;">2 No</p> <p><b>DK/REF</b></p> <p><b>E222</b> [IF 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)] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive a handjob?</p> <p style="text-align: right;">1 Yes 2 No <b>DK/REF</b></p> <p><b>E232</b> [IF 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)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive a handjob?</p> <p style="text-align: right;">1 Yes 2 No <b>DK/REF</b></p>
	<p><b>E242</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive oral sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E252</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical</p>	

	<p>force, pressure you or make you feel that you had to give <b>or</b> receive oral sex?</p> <p>1 Yes 2 No DK/REF</p>	
<p><b>E262</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive oral sex or a blowjob?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E272</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive oral sex or a blowjob?</p> <p>1 Yes 2 No DK/REF</p>		<p><b>E262</b> [IF 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)] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive oral sex or a blowjob?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E272</b> [IF 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)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive oral sex or a blowjob?</p> <p>1 Yes 2 No DK/REF</p>
	<p><b>E282</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you have vaginal sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E292</b> [IF E2 = 2 AND E8 = 2</p>	<p><b>E282</b> [IF 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)] <b>DOAFILL1</b>, did another inmate use physical force to make you have vaginal sex?</p> <p>1 Yes 2 No DK/REF</p>

	<p>AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have vaginal sex?</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E292</b> [IF 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)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have vaginal sex?</p> <p>1 Yes 2 No DK/REF</p>
<p><b>E322</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you have anal sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E332</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E322</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you have anal sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E332</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?</p> <p>1 Yes 2 No DK/REF</p>	<p><b>E322</b> [IF 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)] <b>DOAFILL1</b>, did another inmate use physical force to make you have anal sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E332</b> [IF 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)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?</p> <p>1 Yes 2 No DK/REF</p>
<p><b>E342</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you have any</p>	<p><b>E342</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use</p>	<p><b>E342</b> [IF 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)] <b>DOAFILL1</b>, did</p>

<p>type of sex or sexual contact <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?</p> <p>1            Yes 2            No DK/REF</p> <p><b>E352</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, 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 <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?</p> <p>1            Yes 2            No DK/REF</p>	<p>physical force to make you have any type of sex or sexual contact <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?</p> <p>1            Yes 2            No DK/REF</p> <p><b>E352</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2a = 1 OR 2 OR 3)] <b>DOAFILL1</b>, 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 <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?</p> <p>1            Yes 2            No DK/REF</p>	<p><b>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, vaginal sex, or anal sex?</b></p> <p>1            Yes 2            No DK/REF</p> <p><b>E352</b> [IF 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)] <b>DOAFILL1</b>, 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 <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, vaginal sex, or anal sex?</p> <p>1            Yes 2            No DK/REF</p>
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**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.]

**E353** [IF GENDER = 1 AND (E222 = 1 OR E232 = 1 OR E262 = 1 OR E272 = 1 OR E322 = 1 OR E332 = 1)] **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?

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

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E354** [IF E353 = 3] **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?

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

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E355** [IF E353 = 4] **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?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]  
 DK/REF

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E356** [IF GENDER = 2 AND (E242 = 1 OR E252 = 1 OR E282 = 1 OR E292 = 1 OR E322 = 1 OR E332 = 1)] **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?

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

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E357** [IF E356 = 3] **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?

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

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E358** [IF E356 = 4] **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?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]  
 DK/REF



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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?

**E366** [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)] 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?

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

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?
- 4 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , ; 3<sup>RD</sup> ITEM END WITH , or; 4<sup>TH</sup> ITEM END WITH ?

**E367** [IF E366 = 3] 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?

- 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

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?
- 4 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , ; 3<sup>RD</sup> ITEM END WITH , or; 4<sup>TH</sup> ITEM END WITH ?

**E368** [IF E366 = 4] **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?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

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

- 1 ITEM – END WITH ?
- 2 ITEMS – 1<sup>ST</sup> ITEM END WITH or; 2<sup>ND</sup> ITEM END WITH ?
- 3 ITEMS – 1<sup>ST</sup> ITEM END WITH , ; 2<sup>ND</sup> ITEM END WITH , or; 3<sup>RD</sup> ITEM END WITH ?
- 4 ITEMS – 1<sup>ST</sup> ITEMS END WITH , ; 2<sup>ND</sup> ITEM END WITH , ; 3<sup>RD</sup> ITEM END WITH , or; 4<sup>TH</sup> ITEM END WITH ?

**E359** [IF E162 = 1 OR E172 = 1] **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

**E360** [IF E359 = 3] **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

**E361** [IF E359 = 4] **DOAFILL1**, how many times altogether were you [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, or penis in a sexual way?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

**E362** [IF E182 = 1 OR E192 = 1] **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

**E363** [IF E362 = 3] **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

**E364** [IF E362 = 4] **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: \_\_\_\_\_ [RANGE: 11 – 300]  
DK/REF

**E369** [IF E202 = 1 OR E212 = 1] **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

**E370** [IF E369 = 3] **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

**E371** [IF E369 = 4] **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: \_\_\_\_\_ [RANGE: 11 – 300]  
DK/REF

**E365** [IF E353 > 1 OR E356 > 1, OR E366 > 1] How soon after you arrived at this facility were you [ForcedOrPressuredFill2] have sex or sexual contact with another inmate for the **first time**?

[IF E353 = 1 OR E356 = 1, OR E366 = 1] How soon after you arrived at this facility were you [ForcedOrPressuredFill2] have sex or sexual contact with 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)

### 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 = 1 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

### 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.]

### 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**

**F1** [IF NCSA = 1] **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

**F6** [IF NCSA = 1] **DOAFILL1**, when you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate, [#NSCA2 FILL] ...

	Yes	No
F6a. Persuaded or talked into it?	1	2
F6b. Given a bribe?	1	2
F6c. Blackmailed?	1	2
F6d. Given drugs or alcohol to get you drunk or high?	1	2
F6e. Offered protection from other inmates?	1	2
F6f. Trying to pay off or settle a debt that you owed?	1	2
F6g. Threatened with harm?	1	2
F6h. Physically held down or restrained?	1	2
F6i. Physically harmed or injured?	1	2
F6j. Threatened with a weapon?	1	2

DK/REF

**F8** [IF NCSA = 1] **DOAFILL1**, when you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate, [#NCSA3] initiated by a gang?

- 1 Yes
- 2 No
- DK/REF

**F9** [IF NCSA = 1] **DOAFILL1**, when you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate, [#NCSA2] injured?

- 1 Yes
- 2 No
- DK/REF

**F10**

[IF F9 = 1] **DOAFILL1**, when you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate, [#NCSA4] ...

	Yes	No
F10a. Receive knife or stab wounds?	1	2
F10b. Receive broken bones?	1	2
F10c. [IF GENDER = 1] Have anal tearing? [IF GENDER = 2 <b>OR</b> 3] Have anal or vaginal tearing?	1	2
F10d. Have your teeth chipped or knocked out?	1	2
F10e. Receive internal injuries?	1	2
F10f. Get knocked unconscious?	1	2
F10g. Receive bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?	1	2

DK/REF

## STAFF SEXUAL MISCONDUCT

**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.

**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

**G5** **DOAFILL1**, have you been physically forced by any facility staff to have sex or sexual contact?

- 1 Yes
- 2 No
- DK/REF

### 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

**G6** [IF G4 =1 OR G5 = 1] **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
- 4 11 times or more
- DK/REF

**G6a.** [IF G6 = 3] **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

**G6b.** [IF G6 = 4] **DOAFILL1**, how many times were you [SEXTYPE2 FILL] have sex or sexual contact with any facility staff?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]  
DK/REF



- G8** [IF (G4 = 1 OR G5 = 1) AND G6 > 1] How soon after you arrived at this facility were you [SEXTYPE2] have sex or sexual contact with facility staff for the **first time**?
- [IF (G4 = 1 OR G5 = 1) AND G6 = 1] How soon after you arrived at this facility were you [SEXTYPE2] have sex or sexual contact 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
- 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
- G2** **DOAFILL1**, have you **willingly** had sex or sexual contact with any facility staff?
- 1 Yes
  - 2 No
- DK/REF
- G3** [IF G2 = 1] **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
  - 4 11 times or more
- DK/REF
- G3a** [IF G3 = 3] **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
- G3b** [IF G3 = 4] **DOAFILL1**, how many times have you **willingly** had sex or sexual contact with any facility staff?
- NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]
- DK/REF

**G9** [IF G4 = 1 OR G5 = 1] **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

**G10** [IF G2 = 1 OR G4 = 1 OR G5 = 1] 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.

**G11** [IF G2 = 1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, which of the following types of sex or sexual contact did you have with a facility staff person?

	Yes	No
G11a. You touched a facility staff person's body <b>or</b> had your body touched in a sexual way?	1	2
G11b. You gave or received a handjob?	1	2
G11c. You gave or received oral sex or a blowjob?	1	2
G11d. You had vaginal sex? Vaginal sex is when one person inserts their penis, finger, or an object into another person's vagina.	1	2
G11e. You had anal sex? Anal sex is when one person inserts their penis, finger, or an object into another person's butt.	1	2

DK/REF

**G12** [IF G2 = 1 OR G4 = 1 OR G5 = 1] **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

**G17** [IF G2 = 1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff were any of the following methods used to get you to participate?

	Yes	No
G17a. You were persuaded or talked into it?	1	2
G17b. You were given a bribe?	1	2
G17c. You were offered favors or special privileges?	1	2
G17d. You were blackmailed?	1	2
G17e. You were given drugs or alcohol to get you drunk or high?	1	2
G17f. You were offered protection from other inmates?	1	2
G17g. You were offered protection from another correctional officer?	1	2
G17h. You were trying to pay off or settle a debt that you owed?	1	2
G17i. You were threatened with harm?	1	2
G17j. You were physically held down or restrained?	1	2
G17k. You were physically harmed or injured?	1	2
G17l. You were threatened with a weapon?	1	2

DK/REF

**G28.** [IF G2 = 1 OR G4 = 1 OR G5 = 1] **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

**G29.** [IF G28 = 1 OR 2] **DOAFILL1**, did you have sex or sexual contact with any...

	Yes	No
G29a. Correctional officers?	1	2
G29b. Other staff working in the facility?	1	2
G29c. Volunteers in the facility?	1	2

DK/REF

**G31.** [IF G28 = 3] **DOAFILL1**, did you have sex or sexual contact with any...

	Yes	No
G31a. <b>Male</b> correctional officers?	1	2
G31b. <b>Female</b> correctional officers?	1	2
G31c. Other <b>male</b> staff working in the facility?	1	2
G31d. Other <b>female</b> staff working in the facility?	1	2
G31e. <b>Male</b> volunteers in the facility?	1	2
G31f. <b>Female</b> volunteers in the facility?	1	2

DK/REF

**G19** [IF G2 = 1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff, were you **ever** injured?

- 1 Yes
- 2 No

DK/REF

**G20** [IF G19 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff, did you **ever** ...

	Yes	No
G20a. Receive knife or stab wounds?	1	2
G20b. Receive broken bones?	1	2
G20c. [IF GENDER = 1] Have anal tearing? [IF GENDER = 2 OR 3] Have anal or vaginal tearing?	1	2
G20d. Have your teeth chipped or knocked out?	1	2
G20e. Receive internal injuries?	1	2
G20f. Get knocked unconscious?	1	2
G20g. Receive bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?	1	2

DK/REF

#### 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 TO DETERMINE WHETHER TO ADMINISTER MODULES DIR AND IIC OR MODULES DIRS AND SI

**Note to Programmer: Randomization is 50/50 – half of RANDOMIZATION\_INCIDENT = 1 cases should get the DIR and IIC modules and half should get DIRS and SI modules**

## DETERMINATION OF SPECIFIC INCIDENT FOR INMATE INCIDENT REPORT

### 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

### 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

**DIR1** [IF NUMBER\_OF\_TIMES=1 time **AND** NUMBER\_OF\_TIMES\_TOUCH IS MISSING] Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate [NUMBER\_OF\_TIMES]. Please think about that experience as you answer the next questions.

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

**DIR2** [ IF NUMBER\_OF\_TIMES\_TOUCH=1 time **AND** NUMBER\_OF\_TIMES IS MISSING]

[IF GENDER=1] Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, or penis 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=2] Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, 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=3] Earlier you reported that DOAFILL2 you were [ForcedOrPressuredFill2] let another inmate touch your 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.

**DIR3** [IF NUMBER\_OF\_TIMES >= 2 times **AND** NUMBER\_OF\_TIMES\_TOUCH IS MISSING] Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate [NUMBER\_OF\_TIMES].

[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] As you answer the next questions, please think about the **most recent** time you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate.

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

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

	Yes	No
DIR3a. [IF E22=1 OR E23=1 OR E222=1 OR E232=1] Give or receive a hand job?	1	2
DIR3b. [IF E26=1 OR E27=1 OR E262=1 OR E272=1] Give or receive oral sex or a blowjob?	1	2
DIR3c. [IF E24=1 OR E25=1 OR E242=1 OR E252=1] Give or receive oral sex?	1	2
DIR3d. [IF E28=1 OR E29=1 OR E282=1 OR E292=1] Have vaginal sex?	1	2
DIR3e. [IF E32=1 OR E33=1 OR E322=1 OR E332=1] Have anal sex?	1	2

DK/REF

As you answer the next questions, please think about the **most recent** time you were [ForcedOrPressuredFill2] have sex or sexual contact with another inmate.

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

**DIR4** [IF NUMBER\_OF\_TIMES\_TOUCH >=2 times **AND** NUMBER\_OF\_TIMES IS MISSING

[IF GENDER = 1] Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, or penis 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 = 2] Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] let another inmate touch your butt, thighs, breasts, 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 = 3] Earlier you reported that **DOAFILL2** you were [ForcedOrPressuredFill2] let another inmate touch your 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.

**DIR5** [IF (NUMBER\_OF\_TIMES >=1 time OR DK OR REF) AND (NUMBER\_OF\_TIMES\_TOUCH >=1 time OR DK OR REF)]

[IF GENDER = 1] 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 in a sexual way.

[IF GENDER = 2] 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, breasts, or vagina in a sexual way.

[IF GENDER = 3] 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, breasts, penis, or vagina in a sexual way.

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

	Yes	No
DIR5a. [IF E22=1 OR E23=1 OR E222=1 OR E232=1] Give or receive a hand job?	1	2
DIR5b. [IF E26=1 OR E27=1 OR E262=1 OR E272=1] Give or receive oral sex or a blowjob?	1	2
DIR5c. [IF E24=1 OR E25=1 OR E242=1 OR E252=1] Give or receive oral sex?	1	2
DIR5d. [IFE28=1 OR E29=1 OR E282=1 OR E292=1] Have vaginal sex?	1	2
DIR5e. [IF E32=1 OR E33=1 OR E322=1 OR E332=1] Have anal sex?	1	2
DIR5f. [IF E16=1 OR E17=1 OR E162=1 OR E172=1] Be touched on your butt, thighs, or penis in a sexual way?	1	2
DIR5g. [IF E18=1 OR E19=1 OR E182=1 OR E192=1] Be touched on your <b>butt, thighs, breasts, or vagina</b> in a sexual way?	1	2
<b>DIR5h. [IF E20 = 1 OR E21 = 1 OR E202 = 1 OR E212 = 1] Be touched on your butt, thighs, breasts, penis, or vagina in a sexual way?</b>	<u>1</u>	<u>2</u>

DK/REF

[IF GENDER = 1] 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 in a sexual way.

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

[IF GENDER = 2] 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, breasts, or vagina in a sexual way.

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

[IF GENDER = 3] 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, breasts, penis, or vagina in a sexual way.

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



**[IF DIR1 OR DIR2 OR DIR3 OR DIR4 OR DIR5 is displayed, continue with this module. Else, skip to Determination of Specific Incident of Staff Incident Report]**

## **INCIDENT CHARACTERISTICS FOR INMATE-ON-INMATE VICTIMIZATION**

### **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”**

**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

### **DEFINE IIC1\_FILL:**

IF IIC1=1, then IIC1\_FILL=CURRENT YEAR

IF IIC1=2, then, IIC1\_FILL=CURRENT YEAR – 1

**IIC2** [IF IIC1 NE DK OR REF] In what month in [IIC1\_FILL] did this [RECENT\_FILL] happen?

[IF IIC1 = DK OR REF] 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

**IIC3** Did the [RECENT\_FILL] happen...

	Yes	No
IIC3a. Between 6:00 in the morning and noon?	1	2
IIC3b. After noon but before 6:00 in the evening?	1	2
IIC3c. After 6:00 in the evening but before midnight?	1	2
IIC3d. After midnight but before 6:00 in the morning?	1	2

DK/REF

**IIC4** Where did the [RECENT\_FILL] happen?

	Yes	No
IIC4a. In your own cell, room, or sleeping area?	1	2
IIC4b. In the cell, room, or housing area of another inmate?	1	2
IIC4c. Somewhere else in the facility?	1	2
IIC4d. Off facility grounds?	1	2

DK/REF

**IIC5** [IF IIC4c =1] Where were you when the incident happened?

	Yes	No
IIC5a. In a shower?	1	2
IIC5b. In a bathroom?	1	2
IIC5c. In the yard or recreation area?	1	2
IIC5d. In a classroom or library?	1	2
IIC5e. In a workshop, kitchen, or other workplace?	1	2
IIC5f. In a closet?	1	2
IIC5g. In an office or other locked room?	1	2
IIC5h. On the stairs?	1	2

DK/REF

**IIC6** [IF IIC4d =1] Where were you when the incident happened?

	Yes	No
IIC6a. A bus, van, or car?	1	2
IIC6b. A courthouse?	1	2
IIC6c. Some type of temporary holding facility?	1	2
IIC6d. A hospital or other type of medical facility?	1	2

DK/REF

**IIC7** Just before or during this [RECENT\_FILL], which, if any of these things, happened? Were you...

	Yes	No
IIC7a. Persuaded or talked into the sex or sexual contact?	1	2
IIC7b. Given a bribe?	1	2
IIC7c. Blackmailed?	1	2
IIC7d. Given drugs or alcohol to get you drunk or high?	1	2
IIC7e. Offered protection from other inmates?	1	2
IIC7f. Trying to pay off or settle a debt that you owed?	1	2
IIC7g. Threatened with harm?	1	2
IIC7h. Physically held down or restrained?	1	2
IIC7i. Physically harmed or injured?	1	2
IIC7j. Threatened with a weapon?	1	2

DK/REF

**IIC8** Do you think this [RECENT\_FILL] happened because of your...

	Yes	No
IIC8a. Race or ethnicity?	1	2
IIC8b. Age?	1	2
IIC8c. Religion?	1	2
IIC8d. Gang affiliation?	1	2
IIC8e. [IF GENDER = 3] TRANSID = 1 OR D3e = 1 OR (D3d = 1 AND D3e = 2 OR 3 OR 4) OR (D3d = 2 AND D3e = 1 OR 3 OR 4)] Gender identity?	1	2

DK/REF

**IIC33** [IF D2 = 1 OR 3 OR 4] D2a=2 OR D2b=2 OR D2a=3 OR D2b=3] Do you think this [RECENT\_FILL] happened because you are [SexualOrientationFill]?

1 Yes

2 No

DK/REF

**IIC9** During this [RECENT\_FILL], did one inmate or more than one inmate have sexual contact with you?

1 One inmate

2 More than one inmate

DK/REF

**IIC10a** [IF IIC9 = 1] Was the other inmate male, female, or transgender?

1 Male

2 Female

3 Transgender

DK/REF

**IIC10b** [IF IIC9 = 2] Were any of the inmates involved in this incident...

	Yes	No
IIC10b1. Male?	1	2
IIC10b2. Female?	1	2
IIC10b3. Transgender?	1	2

DK/REF

**DEFINE PerpGenderFill1:**

If IIC9=1 AND IIC10a=1

then PerpGenderFill1= "he"

If IIC9=1 AND IIC10a=2

then PerpGenderFill1= "she"

If IIC9=1 AND IIC10a=3

then PerpGenderFill1 = "they"

If IIC9=1 AND IIC10a = DK OR REF

then PerpGenderFill1 = "they"

If IIC9=2

then PerpGenderFill1 = "they"

**DEFINE PerpGenderFill2:**

If IIC9=1 AND IIC10a=1  
 then PerpGenderFill2= “his”  
 If IIC9=1 AND IIC10a=2  
 then PerpGenderFill2= “her”  
 If IIC9=1 AND IIC10a=3  
 then PerpGenderFill2 = “their”  
 If IIC9 = 1 AND IIC10a = DK OR REF  
 Then PerpGenderFill2 = “their”  
 If IIC9=2  
 then PerpGenderFill2 = “their”

**IIC11** [IF IIC9 = 1] Was the other inmate of Hispanic, Latino, or Spanish origin?

[IF IIC9 = 2] Were any of the other inmates of Hispanic, Latino, or Spanish origin?

1 Yes  
 2 No  
 DK/REF

**IIC12** [IF IIC9 = 1] Was the other inmate...

[IF IIC9 = 2] Were any of the other inmates...

	Yes	No
IIC12a. White?	1	2
IIC12b. Black or African American?	1	2
IIC12c. American Indian or Alaska Native?	1	2
IIC12d. Asian?	1	2
IIC12e. Native Hawaiian or other Pacific Islander?	1	2

DK/REF

**IIC13a** [IF IIC9 = 1] How old was this other inmate?

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

**IIC13b** [IF IIC9 = 2] Were any of the inmates...

	Yes	No
IIC13b1. Older than you?	1	2
IIC13b2. Younger than you?	1	2
IIC13b3. About the same age as you?	1	2

DK/REF

**IIC13DK** [IF IIC13a = DK] 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

**IIC14a** [IF IIC9 = 1] 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

**IIC14b** [IF IIC9 = 2] 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

**IIC15a** [IF IIC9 = 1] 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

**IIC15b** [IF IIC9 = 2] 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

**IIC16a** [IF IIC9 = 1] Was this other inmate a member of a gang?

1 Yes

2 No

DK/REF

**IIC16b** [IF IIC9 = 2] Were any of these inmates members of a gang?

1 Yes

2 No

DK/REF

**IIC17** [IF IIC9 = 1] **Before this incident happened**, were you worried that this inmate might be planning to have sex or sexual contact with you?

[IF IIC9 = 2] **Before this incident happened**, were you worried that any of these inmates might be planning to have sex or sexual contact with you?

1 Yes

2 No

DK/REF

**IIC18** [IF IIC9 = 1] **Before this incident happened**, had you had any arguments or fights with this inmate?

[IF IIC9 = 2] **Before this incident happened**, had you had any arguments or fights with any of these inmates?

- 1 Yes  
2 No  
DK/REF

**IIC19** Were you injured during this [RECENT\_FILL]?

- 1 Yes  
2 No  
DK/REF

**IIC20** [IF IIC19 = 1] How were you injured during the incident? Did you...

	Yes	No
IIC20a. Receive knife or stab wounds?	1	2
IIC20b. Receive broken bones?	1	2
IIC20c. [IF GENDER = 1] Have anal tearing? [IF GENDER = 2,OR 3] Have anal or vaginal tearing?	1	2
IIC20d. Have your teeth chipped or knocked out?	1	2
IIC20e. Receive internal injuries?	1	2
IIC20f. Get knocked unconscious?	1	2
IIC20g. Receive bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?	1	2

DK/REF

**IIC21** [IF IIC19 = 1] 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

**IIC22** [IF IIC9 = 1] Did this inmate do any of the following things **after** the incident happened?

[IF IIC9 = 2] Did these inmates do any of the following things **after** the incident happened?

	Yes	No
IIC22a. Gave you gifts or money so that you would keep it a secret?	1	2
IIC22b. Threatened to hurt you so that you would keep it a secret?	1	2
IIC22c. Said [PerpGenderFill1] would blame it on you if you told anyone?	1	2
IIC22d. Said [PerpGenderFill1] would stop spending time with you if you told anyone?	1	2
IIC22e. Had some type of sexual contact with you again?	1	2
IIC22f. Ignored you or stayed away from you?	1	2
IIC22g. Threatened to harm your family?	1	2
IIC22h. Hurt you or beat you up?	1	2

DK/REF

**IIC23** Did you report this [RECENT\_FILL] to anyone?

- 1 Yes  
2 No

DK/REF

**IIC24** [IF IIC23 = 1] Did you report the incident to...

	Yes	No
IIC24a. A correctional officer?	1	2
IIC24b. An administrative staff person?	1	2
IIC24c. A medical or healthcare staff person?	1	2
IIC24d. An instructor or teacher?	1	2
IIC24e. A counselor or other mental health care provider?	1	2
IIC24f. A chaplain or other religious official?	1	2
IIC24g. A volunteer?	1	2
IIC24h. Some other type of facility staff person?	1	2
IIC24i. A telephone hotline?	1	2
IIC24j. Another inmate?	1	2
IIC24k. A family member or friend?	1	2

DK/REF

**IIC25** At the time the [RECENT\_FILL] happened were any **other inmates** aware that it was happening?

- 1 Yes  
2 No

DK/REF

**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

**IIC27** [IF IIC23 = 1] Did any of the following things happen to you as a result of the report you made?

	Yes	No
IIC27a. You were moved to administrative segregation or some other protective housing?	1	2
IIC27b. You were placed in a medical unit, ward, or hospital?	1	2
IIC27c. You were confined to your own cell, room, or housing area?	1	2
IIC27d. You were given a higher level of custody within the facility?	1	2
IIC27e. You were offered a transfer to another facility?	1	2
IIC27f. You were written up?	1	2

DK/REF

**IIC28a** [IF IIC9 = 1 AND IIC23 = 1] Did any of the following things happen to the inmate who had sex or sexual contact with you?

	Yes	No
IIC28a1. The inmate was moved to administrative segregation or some other protective housing?	1	2
IIC28a2. The inmate was placed in a medical unit, ward, or hospital?	1	2
IIC28a3. The inmate was confined to [PerpGenderFill2] own cell, room, or housing area?	1	2
IIC28a4. The inmate was given a higher level of custody at this facility?	1	2
IIC28a5. The inmate was transferred to another facility?	1	2
IIC28a6. The inmate was written up?	1	2

IIC28a7. The inmate lost privileges?	1	2
IIC28a8. The inmate was charged with a crime?	1	2

DK/REF

**IIC28b** [IF IIC9 = 2 AND IIC23 = 1] Did any of the following things happen to the inmates who had sex or sexual contact with you?

	Yes	No
IIC28b1. One or more of the inmates were moved to administrative segregation or some other protective housing?	1	2
IIC28b2. One or more of the inmates were placed in a medical unit, ward, or hospital?	1	2
IIC28b3. One or more of the inmates were confined to their own cell, room, or housing area?	1	2
IIC28b4. One or more of the inmates were given a higher level of custody at this facility?	1	2
IIC28b5. One or more of the inmates were transferred to another facility?	1	2
IIC28b6. One or more of the inmates were written up?	1	2
IIC28b7. One or more of the inmates lost privileges?	1	2
IIC28b8. One or more of the inmates were charged with a crime?	1	2

DK/REF

**IIC29** [IF IIC9 = 1] **Since this [RECENT\_FILL] happened,** has this inmate attempted any type of sexual contact with you?

[IF IIC9 = 2] **Since this [RECENT\_FILL] happened,** have any of these inmates attempted any type of sexual contact with you?

1 Yes

2 No

DK/REF

**IIC30** [IF IIC9 = 1 AND IIC29 NE 1] **Since this [RECENT\_FILL] happened,** have you been worried that this inmate will try to initiate sexual contact with you again?

[IF IIC9 = 2 AND IIC29 NE 1] **Since this [RECENT\_FILL] happened,** have you been worried that any of these inmates would try to initiate sexual contact with you again?

1 Yes

2 No

DK/REF

**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?

	Yes	No
IIC31a. Joined a gang?	1	2
IIC31b. Carried a weapon?	1	2
IIC31c. Fought more?	1	2
IIC31d. Worked out in order to bulk up?	1	2
IIC31e. Avoided certain areas?	1	2
IIC31f. Kept to yourself more?	1	2
IIC31g. Stayed in your own cell or housing area more?	1	2
IIC31h. Joined a religious group?	1	2



IIC31i. Avoided certain inmates?	1	2
IIC31j. Requested protective custody?	1	2
IIC31k. Requested transfer to another facility?	1	2
IIC31l. Requested a different housing unit, pod, or dormitory?	1	2
IIC31m. Contacted someone on the outside for help?	1	2
IIC31n. Tried to stay near facility staff?	1	2
IIC31o. Paid another inmate for protection?	1	2

DK/REF

## DETERMINATION OF SPECIFIC INCIDENT FOR STAFF INCIDENT REPORT

**DIRS1** [ IF G3 + G6 = GT 1 TIME] 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]: 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] 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?

	Yes	No
DIRS1a. [IF G11a=1] You touched a facility staff person's body or had your body touched in a sexual way?	1	2
DIRS1b. [IF G11b=1] You gave or received a handjob?	1	2
DIRS1c. [IF G11c=1] You gave or received oral sex or a blowjob?	1	2
DIRS1d. [IF G11d=1] You had vaginal sex?	1	2
DIRS1e. [IF G11e=1] You had anal sex?	1	2

DK/REF

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.

**DIRS2** [IF G3 + G6 = 1 TIME] 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.

**DIRS3** [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)] 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.

**[IF DIRS1 OR DIRS2 OR DIRS3 is displayed, continue with this module. Else, skip to Other Victimization While Incarcerated]**

#### **INCIDENT CHARACTERISTICS FOR STAFF-ON-INMATE VICTIMIZATION**

##### **DEFINE RECENT\_FILL2:**

IF DIRS1 is displayed, then RECENT\_FILL2 = “**most recent** incident”

IF DIRS2 OR DIRS3 is displayed, then RECENT\_FILL2 = “incident”

**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

##### **DEFINE SI1\_FILL:**

IF SI1=1, then SI\_FILL=CURRENT YEAR

IF SI1=2, then SI\_FILL=CURRENT YEAR – 1

**SI2** [IF SI1 NE DK OR REF] In what month in [SI1\_FILL] did this [RECENT\_FILL2] happen?

[IF SI1 = DK OR REF] 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

**SI3** Did the [RECENT\_FILL2] happen...

	Yes	No
SI3a. Between 6:00 in the morning and noon?	1	2
SI3b. After noon but before 6:00 in the evening?	1	2
SI3c. After 6:00 in the evening but before midnight?	1	2
SI3d. After midnight but before 6:00 in the morning?	1	2

DK/REF

**SI4** Where did the [RECENT\_FILL2] happen?

	Yes	No
SI4a. In your own cell, room, or sleeping area?	1	2
SI4b. In the cell, room, or housing area of another inmate?	1	2
SI4c. Somewhere else in the facility?	1	2
SI4d. Off facility grounds?	1	2

DK/REF

**SI5** [IF SI4c =1] Where were you when the incident happened?

	Yes	No
SI5a. In a shower?	1	2
SI5b. In a bathroom?	1	2
SI5c. In the yard or recreation area?	1	2
SI5d. In a classroom or library?	1	2
SI5e. In a workshop, kitchen, or other workplace?	1	2
SI5f. In a closet?	1	2
SI5g. In an office or other locked room?	1	2
SI5h. On the stairs?	1	2

DK/REF

**SI6** [IF SI4d =1] Where were you when the incident happened?

	Yes	No
SI6a. A bus, van, or car?	1	2
SI6b. A courthouse?	1	2
SI6c. Some type of temporary holding facility?	1	2
SI6d. A hospital or other type of medical facility?	1	2

DK/REF

**SI9** Just before or during this [RECENT\_FILL2], which, if any of these things happened? Were you...

	Yes	No
SI9a. Persuaded or talked into the sex or sexual contact?	1	2
SI9b. Given a bribe?	1	2
SI9c. Blackmailed?	1	2
SI9d. Given drugs or alcohol to get you drunk or high?	1	2
SI9e. Offered protection from other inmates?	1	2
SI9f. Trying to pay off or settle a debt that you owed?	1	2
SI9g. Threatened with harm?	1	2
SI9h. Physically held down or restrained?	1	2
SI9i. Physically harmed or injured?	1	2
SI9j. Threatened with a weapon?	1	2
SI9k. Told that your family would be deported?	1	2
SI9l. Told that you would lose visitation privileges?	1	2

DK/REF

**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

**SI7** [IF TOUCHING ONLY=1] Did this incident happen as part of a **strip search**?

1 Yes

2 No

DK/REF

**SI8** [IF TOUCHING ONLY=1 AND SI7 NE 1] Did this incident happen as part of a **pat down**?

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- 1 Yes
- 2 No
- DK/REF

**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

**SI11** Do you think this [RECENT\_FILL2] happened because of your...

	Yes	No
SI11a. Race or ethnicity?	1	2
SI11b. Age?	1	2
SI11c. Religion?	1	2
SI11d. Gang affiliation?	1	2
SI11e. [IF GENDER = 3] TRANSID = 1 OR D3c = 1 OR (D3d = 1 AND D3e = 2 OR 3 OR 4) OR (D3d = 2 AND D3e = 1 OR 3 OR 4)] Gender identity?	1	2

DK/REF

**SI32** [IF D2 = 1 OR 3 OR 4a=2 OR D2b=2 OR D2a=3 OR D2b=3] Do you think this [RECENT\_FILL2] happened because you are [SexualOrientationFill]?

- 1 Yes
- 2 No
- DK/REF

**SI12a** [IF SI10 = 1] Was the staff person male or female?

- 1 Male
- 2 Female
- DK/REF

**SI12b** [IF SI10 = 2 OR DK OR REF] Were any of the staff involved in this incident...

	Yes	No
SI12b1. Male?	1	2
SI12b2. Female?	1	2

DK/REF

**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”

**SI13** [IF SI10 = 1] Was the staff person of Hispanic, Latino, or Spanish origin?

[IF SI10 = 2 OR DK OR REF] Were any of the staff of Hispanic, Latino, or Spanish origin?

- 1 Yes
- 2 No
- DK/REF

**SI14** [IF SI10 = 1] Was the staff person...

[IF SI10 = 2 OR DK OR REF] Were any of the staff...

	Yes	No
SI14a. White?	1	2
SI14b. Black or African American?	1	2
SI14c. American Indian or Alaska Native?	1	2
SI14d. Asian?	1	2
SI14e. Native Hawaiian or other Pacific Islander?	1	2

DK/REF

**SI15a** [IF SI10 = 1] How old was this staff person?

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

**SI15b** [IF SI10 = 2 OR DK OR REF] Were any of the staff...

	Yes	No
SI15b1. Older than you?	1	2
SI15b2. Younger than you?	1	2
SI15b3. About the same age as you?	1	2

DK/REF

**SI15DK** [IF SI15a = DK] 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

**SI16a** [IF SI10 = 1] Was the staff person who had sexual contact with you...

	Yes	No
SI16a1. A correctional officer?	1	2
SI16a2. Another staff person working in the facility?	1	2

SI16a3. A volunteer in the facility?	1	2
--------------------------------------	---	---

DK/REF

**SI16b** [IF SI10 = 2 OR DK OR REF] Were any of the staff who had sexual contact with you...

	Yes	No
SI16b1. Correctional officers?	1	2
SI16b2. Other staff working in the facility?	1	2
SI16b3. Volunteers in the facility?	1	2

DK/REF

**SI17a** [IF SI10 = 1] Before the [RECENT\_FILL2] happened, did any of these things **ever** happen?

	Yes	No
SI17a1. The staff person talked to you about [StaffGenderFill2] personal life outside of work?	1	2
SI17a2. The staff person gave you pictures of [StaffGenderFill3]?	1	2
SI17a3. The staff person wrote letters to you?	1	2
SI17a4. The staff person offered you things like drugs, cigarettes, alcohol, or other things you are not allowed to have in this facility?	1	2
SI17a5. The staff person offered you money?	1	2
SI17a6. The staff person did things for you to help you get out of trouble?	1	2
SI17a7. The staff person spent time alone with you and asked that you not tell anyone else about that time?	1	2
SI17a8. The staff person told you that [StaffGenderFill1] had special feelings for you or was in love with you?	1	2
SI17a9. The staff person talked or joked with you about sex or shared sexual stories with you?	1	2

DK/REF

**SI17b** [IF SI10 = 2 OR DK OR REF] Before the [RECENT\_FILL2] happened, did any of these things **ever** happen?

	Yes	No
SI17b1. One or more of the staff talked to you about his or her personal life outside of work?	1	2
SI17b2. One or more of the staff gave you pictures of themselves?	1	2
SI17b3. One or more of the staff wrote letters to you?	1	2
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	2
SI17b5. One or more of the staff offered you money?	1	2
SI17b6. One or more of the staff did things for you to help you get out of trouble?	1	2
SI17b7. One or more of the staff spent time alone with you and asked that you not tell anyone else about that time?	1	2
SI17b8. One or more of the staff told you that they had special feelings for you or were in love with you?	1	2
SI17b9. One or more of the staff talked or joked with you about sex or shared sexual stories with you?	1	2

DK/REF

**SI18** During the [RECENT\_FILL2] were you injured?

- 1 Yes  
2 No  
DK/REF

**SI19** [IF SI18 = 1] How were you injured during the incident? Did you...

	Yes	No
SI19a. Receive knife or stab wounds?	1	2
SI19b. Receive broken bones?	1	2
SI19c. [IF GENDER=1] Have anal tearing? [IF GENDER=2 OR 3] Have anal or vaginal tearing?	1	2
SI19d. Have your teeth chipped or knocked out?	1	2
SI19e. Receive internal injuries?	1	2
SI19f. Get knocked unconscious?	1	2
SI19g. Receive bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?	1	2

DK/REF

**SI20** [IF SI18 = 1] 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

**SI21** [IF SI10 = 1] Did this staff person do any of the following things **after** the incident happened?

[IF SI10 = 2 OR DK OR REF] Did any of the staff involved do any of the following things **after** the [RECENT\_FILL2] happened?

	Yes	No
SI21a. Gave you gifts or money so that you would keep it secret?	1	2
SI21b. Threatened to hurt you so that you would keep it secret?	1	2
SI21c. Said [StaffGenderFill1] would blame it on you if you told anyone?	1	2
SI21d. Said [StaffGenderFill1] would stop spending time with you if you told anyone?	1	2
SI21e. Had sexual contact with you again?	1	2
SI21f. Ignored you or stayed away from you?	1	2

DK/REF

**SI22** Did you report this [RECENT\_FILL2] to anyone?

- 1 Yes  
2 No  
DK/REF

**SI23** [IF SI22 = 1] Did you report the incident to...

	Yes	No
SI23a. A correctional officer?	1	2
SI23b. An administrative staff person?	1	2
SI23c. A medical or healthcare staff person?	1	2
SI23d. An instructor or teacher?	1	2
SI23e. A counselor or other mental health care provider?	1	2



SI23f. A chaplain or other religious official?	1	2
SI23g. A volunteer?	1	2
SI23h. Some other type of facility staff person?	1	2
SI23i. A telephone hotline?	1	2
SI23j. Another inmate?	1	2
SI23k. A family member or friend?	1	2

DK/REF

**SI24** At the time the [RECENT\_FILL2] happened were any **inmates** aware that it was happening?

1 Yes

2 No

DK/REF

**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

**SI26** [IF SI22 = 1] Did any of the following things happen to you as a result of the report you made?

	Yes	No
SI26a. You were moved to administrative segregation or some other protective housing?	1	2
SI26b. You were placed in a medical unit, ward, or hospital?	1	2
SI26c. You were confined to your own cell, room, or housing area?	1	2
SI26d. You were given a higher level of custody within the facility?	1	2
SI26e. You were offered a transfer to another facility?	1	2
SI26f. You were written up?	1	2

DK/REF

**SI27a** [IF SI10 = 1 AND SI22 = 1] Did any of the following things happen to the staff person who had sex or sexual contact with you?

	Yes	No
SI27a1. The staff person was fired?	1	2
SI27a2. The staff person was transferred to another facility?	1	2
SI27a3. The staff person was transferred to a different job at this facility?	1	2
SI27a4. The staff person was charged with a crime?	1	2
SI27a5. The staff person was suspended for a period of time?	1	2
SI27a6. The staff person was punished or disciplined in some way other than those listed above?	1	2

DK/REF

**SI27b** [IF (SI10 = 2 OR DK OR REF) AND SI22 = 1] Did any of the following things happen to any of the staff who had sex or sexual contact with you?

	Yes	No
SI27b1. One or more of the staff were fired?	1	2
SI27b2. One or more of the staff were transferred to another	1	2

facility?		
SI27b3. One or more of the staff were transferred to a different job at this facility?	1	2
SI27b4. One or more of the staff were charged with a crime?	1	2
SI27b5. One or more of the staff were suspended for a period of time?	1	2
SI27b6. One or more of the staff were punished or disciplined in some way other than those listed above?	1	2

DK/REF

**SI28** [IF SI10 = 1] **Since this [RECENT\_FILL2] happened,** has this staff person attempted any type of sexual contact with you?

[IF SI10 = 2 OR DK OR REF] **Since this [RECENT\_FILL2] happened,** have any of the staff involved attempted any type of sexual contact with you?

1 Yes

2 No

DK/REF

**SI29** [IF SI10 = 1 AND SI28 NE 1] **Since this [RECENT\_FILL2] happened,** have you been worried that this staff person will try to initiate sexual contact with you again?

[IF (SI10 = 2 OR DK OR REF) AND SI28 NE 1] **Since this [RECENT\_FILL2] happened,** have you been worried that any of the staff involved would try to initiate sexual contact with you again?

1 Yes

2 No

DK/REF

**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?

	Yes	No
SI30a. Joined a gang?	1	2
SI30b. Carried a weapon?	1	2
SI30c. Fought more?	1	2
SI30d. Worked out in order to bulk up?	1	2
SI30e. Tried to make yourself look less attractive?	1	2
SI30f. Avoided certain areas?	1	2
SI30g. Kept to yourself more?	1	2
SI30h. Stayed in your own cell or housing area more?	1	2
SI30i. Joined a religious group?	1	2
SI30j. Avoided certain staff?	1	2
SI30k. Requested protective custody?	1	2
SI30l. Requested transfer to another facility?	1	2

DK/REF

## OTHER VICTIMIZATION WHILE INCARCERATED

**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.

**X6a DOAFILL1**, have you been written up or charged with assaulting another inmate?

- 1 Yes
- 2 No
- DK/REF

**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

**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

**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

**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

**L0** [IF G11a = 1] 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.

**L23** [IF G11a = 1] 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

**L23a** [IF L23 = 1] 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...

	Yes	No
L23a1. Male facility staff?	1	2
L23a2. Female facility staff?	1	2

DK/REF

**L24** [IF G11a = 1] **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

**L25** [IF G11a = 1] **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

**L25a** [IF L25 = 1] 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...

	Yes	No
L25a1. Male facility staff?	1	2
L25a2. Female facility staff?	1	2

DK/REF

**L26** [IF G11a = 1] **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**

**S0** These next questions are about everyday living in this facility.

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

**S1** Are there inmates in this facility who you think of as your friends?

- 1 Yes
- 2 No
- DK/REF

**S2** Are there inmates in this facility who you can talk to about your personal problems?

- 1 Yes
- 2 No
- DK/REF

**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

**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

**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

**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

**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

**S8** How much privacy do you have in your housing unit?

- 1 None
- 2 A little
- 3 Some
- 4 A lot

DK/REF

**S9** Please indicate whether you agree or disagree with each of the following statements.

Staff at this facility...

	Agree	Disagree
S9a. Are generally fair?	1	2
S9b. Do their best to make this facility safe and secure?	1	2
S9c. Try to meet the needs of the inmates?	1	2
S9d. Break up fights quickly?	1	2
S9e. Use physical force only when necessary?	1	2
S9f. Let inmates know what is expected of them?	1	2
S9g. Generally treat inmates with respect?	1	2
S9h. Follow facility rules when handling inmate complaints and grievances?	1	2
S9i. Often write up inmates who don't deserve it?	1	2

DK/REF

**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

**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

**S15** **DOAFILL1**, how often have you **seen** other inmates with some type of weapon?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never

DK/REF

**S16** **DOAFILL1**, how much gang activity has there been at this facility?

- 1 None
- 2 A little

- 3        Some  
 4        A lot  
 DK/REF

**S17**    **DOAFILL1**, have you been in a fight, assault, or incident in which **another inmate** tried to harm you?

- 1        Yes  
 2        No  
 DK/REF

**S18**    [IF S17 = 1] **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

**S36**    [IF S17 = 1] **DOAFILL1**, what injuries have you received in a fight, assault, or incident in which **another inmate** hurt you?

	Yes	No
S36a. You received knife or stab wounds?	1	2
S36b. You received broken bones?	1	2
S36c. Your teeth were chipped or knocked out?	1	2
S36d. You received internal injuries?	1	2
S36e. You were knocked unconscious?	1	2
S36f. You received bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?	1	2

DK/REF

**S37**    [IF S36a = 1 OR S36b = 1 OR S36c = 1 OR S36d = 1 OR S36e = 1 OR S36f = 1] Did you see a doctor, nurse, or other health care provider for your injuries?

- 1        Yes  
 2        No  
 DK/REF

**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

**S22**    [IF S21 = 1] **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

- S34** [IF S21 = 1] **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?

	<b>Yes</b>	<b>No</b>
S34a. You received knife or stab wounds?	1	2
S34b. You received broken bones?	1	2
S34c. Your teeth were chipped or knocked out?	1	2
S34d. You received internal injuries?	1	2
S34e. You were knocked unconscious?	1	2
S34f. You received bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?	1	2

DK/REF

- S35** [IF S34a = 1 OR S34b = 1 OR S34c = 1 OR S34d = 1 OR S34e = 1 OR S34f = 1] Did you see a doctor, nurse, or other health care provider for your injuries?

1 Yes

2 No

DK/REF

- S25** **DOAFILL1**, have any of your personal possessions or belongings been taken by another inmate without your permission?

1 Yes

2 No

DK/REF

- S26** [IF S25 = 1] **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

- S29** **DOAFILL1**, do you think there has been enough staff at this facility to keep inmates safe?

1 Yes

2 No

DK/REF

- S30** **DOAFILL1**, have you filed a grievance for any reason?

1 Yes

2 No

DK/REF

- S31** [IF S30 = 1] **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**

**R1** The next questions 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/REF

**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

**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

**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

**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

**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

- R24** Have you **ever** been told by a mental health professional, such as a psychiatrist or psychologist, that you had...

	Yes	No
R24a. Manic depression, a bipolar disorder, or mania?	1	2
R24b. A depressive disorder?	1	2
R24c. Schizophrenia or another psychotic disorder?	1	2
R24d. Post-traumatic stress disorder or PTSD?	1	2
R24e. Another anxiety disorder, such as panic disorder or OCD?	1	2
R24f. A personality disorder, such as antisocial or borderline personality?	1	2
R24g. A mental or emotional condition other than those listed above?	1	2

DK/REF

- 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.

- 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  
 2 No

DK/REF

- R27** [IF R26 = 1] During the 12 months before you were admitted to any facility to serve time on your **current sentence**, did you stay overnight or longer in any type of hospital or other facility to receive treatment or counseling for problems you were having with your emotions, nerves, or mental health?

- 1 Yes  
 2 No

DK/REF

- 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.

- 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

**R30** [IF B4 = 1 AND R29 = 1] At the time of the offense for which you are **currently** sentenced and 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] 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

**R31** [IF R29 = 1] Since you were admitted to any facility to serve time on your **current sentence**, have you taken prescription medicine for any problem you were having with your emotions, nerves, or mental health?

1 Yes  
2 No  
DK/REF

**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  
2 No  
DK/REF

**R34** [IF R33 = 1] Since you were admitted to any facility to serve time on your **current sentence**, 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

**R21** Did you **ever** in your life have any of the following experiences happen to you:

	<b>Yes</b>	<b>No</b>
R21a. A serious fight or physical assault?	1	2
R21b. A sexual assault?	1	2
R21c. A life-threatening accident or injury?	1	2
R21d. The murder or suicide of a loved one?	1	2
R21e. The accidental death of a loved one?	1	2
R21f. Witnessed someone being seriously injured or killed?	1	2
R21g. Any experience that put you at risk of death?	1	2

DK/REF

## DISABILITY STATUS

**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.

**Q1** Are you deaf, or do you have serious difficulty hearing?

- 1 Yes
- 2 No
- DK/REF

**Q2** Are you blind, or do you have serious difficulty seeing even when wearing glasses?

- 1 Yes
- 2 No
- DK/REF

**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

**Q4** Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- DK/REF

**Q5** Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- DK/REF

**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

**Q7** [IF Q1 OR Q2 OR Q3 OR Q4 OR Q5 OR Q6 = 1] Is the difficulty you experience doing activities on your own caused by...

	Yes	No
Q7a. A physical problem?	1	2
Q7b. A mental or emotional problem?	1	2

DK/REF

**Q8** Did a doctor, school counselor, or other professional **ever** tell you that you have...

	Yes	No
Q8a. ADD or ADHD?	1	2
Q8b. Dyslexia?	1	2
Q8c. A learning disability?	1	2
Q8d. Autism or Asperger's?	1	2

DK/REF

## RESTRICTIVE HOUSING

**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.

**RH1** [IF A9a = 2 OR DK OR REF] **DOAFILL1**, have you spent any time in disciplinary or administrative segregation, or solitary confinement?

- 1 Yes
- 2 No [GO TO NEXT MODULE]
- DK/REF [GO TO NEXT MODULE]

**RH2** [IF A9a = 1 OR RH1 = 1] **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

**RH3** [IF RH2 = 1 OR DK OR REF] **DOAFILL1**, how many days did you spend in disciplinary or administrative segregation, or solitary confinement?

[IF RH2 > 1] **DOAFILL1**, how many days altogether have you spent 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

**RH4** [IF RH1 = 1] 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] Why do you think you have been assigned to disciplinary or administrative segregation, or solitary confinement? Is it...

	Yes	No
RH4a. Because you were a danger to yourself?	1	2
RH4b. For mental health reasons?	1	2
RH4c. <b>Due to COVID restrictions?</b>	1	2
RH4d. <b>For medical reasons other than COVID?</b>	1	2
RH4e. Because you asked to be placed there for your own protection?	1	2
RH4f. As a punishment for breaking rules?	1	2
RH4g. For a cool down period?	1	2
RH4h. For some other reason?	1	2

DK/REF

- RH5** [IF RH4f = 1] 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”]?

	Yes	No
RH5a. Fighting with another inmate?	1	2
RH5b. Verbally assaulting staff?	1	2
RH5c. Physically assaulting staff?	1	2
RH5d. Possession of contraband?	1	2
RH5e. Having sexual contact with staff?	1	2
RH5f. Having sexual contact with another inmate?	1	2
RH5g. Noncompliance?	1	2
RH5h. Some other rule or rules?	1	2

DK/REF

- RH6** [IF RH4f = 1] 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

- RH7** [IF RH1 = 1 AND RH2 > 1] 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

- RH8** [IF RH1 = 1 AND A9a NE 1] 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] Are you being housed in a cell by yourself?

- 1 Yes  
2 No

DK/REF

- RH9** [IF RH8 = 2 AND A9a = 2 AND RH1 = 1] 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] How many other inmates are in the cell with you?

NUMBER OF INMATES: \_\_\_\_\_ [RANGE: 1 – 90]

DK/REF

- RH10** [IF RH1 = 1] 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] Are you able to leave your cell at least once every day?

- 1 Yes
- 2 No
- DK/REF

**RH12** [IF RH1 = 1] 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] 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

**RH13** [IF RH1 = 1] 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] Are you able to talk to staff every day in disciplinary or administrative segregation or solitary confinement?

- 1 Yes
- 2 No
- DK/REF

**RH14** [IF RH1 = 1] 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] 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

**RH15** [IF RH14 = 1 AND RH1 = 1] 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] 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 once a week
- DK/REF



**Section PIV: Parental Involvement**

**PIV1** Is your biological mother the woman who gave birth to you still alive?

1 Yes

2 No

DK/REF

**PIV2** [IF PIV1 = 2] How old were you when your biological mother died?

If you were less than a year old when she died, please enter 0.

AGE: \_\_\_\_\_ [RANGE: 0 - CALCAGE]

DK/REF

**PIV3** [IF CALCAGE GT 17 AND (PIV1 = 1 OR PIV2 GT 17)] Think about your biological mother and her involvement in your life before you turned 18. Would you say she was very involved, somewhat involved, or not at all involved?

[IF CALCAGE GT 17 AND PIV2 = 6 - 17] Think about your biological mother and her involvement in your life before she died. Would you say she was very involved, somewhat involved, or not at all involved?

[IF CALCAGE = 16 OR 17 AND PIV1 = 1] Think about your biological mother and her involvement in your life. Would you say she has been very involved, somewhat involved, or not at all involved?

[IF CALCAGE = 16 OR 17 AND PIV2 GT 5] Think about your biological mother and her involvement in your life before she died. Would you say she was very involved, somewhat involved, or not at all involved?

1 Very involved

2 Somewhat involved

3 Not at all involved

DK/REF

**PIV4** Do you know the identity of your biological father?

1 Yes

2 No

DK/REF

**PIV5** [IF PIV4 = 1] Is your biological father still alive?

1 Yes

2 No

DK/REF

**PIV6** [IF PIV5 = 2] How old were you when your biological father died?

If you had not been born or were less than a year old when he died, please enter 0.

AGE: \_\_\_\_\_ [RANGE: 0 - CALCAGE]

DK/REF

**PIV7** [IF CALCAGE GT 17 AND (PIV5 = 1 OR PIV6 GT 17)] Think about your biological father and his involvement in your life **before you turned 18**. Would you say he was very involved, somewhat involved, or not at all involved?

[IF CALCAGE GT 17 AND PIV6 = 6–17] Think about your biological father and his involvement in your life before he died. Would you say he was very involved, somewhat involved, or not at all involved?

[IF CALCAGE = 16 OR 17 AND PIV5 = 1] Think about your biological father and his involvement in your life. Would you say he has been very involved, somewhat involved, or not at all involved?

[IF CALCAGE = 16 OR 17 AND PIV6 GT 5] Think about your biological father and his involvement in your life before he died. Would you say he was very involved, somewhat involved, or not at all involved?

- 1 — Very involved
- 2 — Somewhat involved
- 3 — Not at all involved

DK/REF

**PIV8** [IF PIV4 = 1] Were your biological parents married to each other at the time you were born?

- 1 — Yes
- 2 — No

DK/REF

**PIV9** [IF CALCAGE GT 17 AND PIV8 = 2 OR DK ] At any time between when you were born and when you turned 18 were your biological parents married to each other?

[IF CALCAGE = 16 OR 17 AND PIV8 = 2 OR DK] At any time since you were born, have your biological parents been married to each other?

- 1 — Yes
- 2 — No

DK/REF

**PIV10** [IF CALCAGE GT 17 AND (PIV8 = 1 OR PIV9 = 1)] At any time between when you were born and when you turned 18, did your biological parents get divorced?

[IF CALCAGE = 16 OR 17 AND (PIV8 = 1 OR PIV9 = 1)] At any time between when you were born and now, did your biological parents get divorced?

- 1 — Yes
- 2 — No

DK/REF

**PIV11** [IF (PIV8 = 1 OR PIV9 = 1)] Between the time you were born and when you turned [min(18,CALCAGE)], about how long were your biological parents married to each other?

- 1 — Less than 3 years
- 2 — At least 3 years but less than 10 years
- 3 — At least 10 years but less than CALCAGE years
- 4 — CALCAGE years

DK/REF

**PIV12** [IF CALCAGE GT 17 AND ((PIV4 = 2 OR PIV6 < 6 OR PIV7 = 2 OR 3 OR DK/REF)] Before you turned 18 was there another man who was like a father to you?

[IF CALCAGE = 16 OR 17 AND (PIV4 = 2 OR PIV6 < 6 OR PIV7 = 2 OR 3 OR DK/REF)] Is there another man who has been like a father to you while you've been growing up?

1 — Yes

2 — No

DK/REF

**PIV13** [IF PIV12 = 1 AND CALCAGE GT 17] Who was the other man who was **most** like a father to you before you turned 18?

— [IF PIV12 = 1 AND CALCAGE = 16 OR 17] Who is the other man who has been **most** like a father to you while you've been growing up?

1 — An adoptive father

2 — An stepfather

3 — A foster father

4 — Your mother's boyfriend

5 — A grandfather

6 — An uncle

7 — A brother, including a step- or half brother

8 — A cousin

9 — A minister or member of the clergy

10 — A teacher

11 — A neighbor

12 — Some other man

DK/REF

**PIV14** Were you living with a male parent or male parent figure at the time you were **14 years old**?

1 — Yes

2 — No

DK/REF

**PIV15** [IF PIV14 = 1] Who was the male parent or male parent figure you were living with when you were **14 years old**?

1 — Your biological father

2 — Your adoptive father

3 — Your stepfather

4 — A foster father

5 — Your mother's boyfriend

6 — Your grandfather

7 — Your uncle

8 — Some other male parent figure

DK/REF

**PIV16** Were you living with a female parent or female parent figure at the time you were **14 years old**?

1 — Yes

2 — No

DK/REF

**PIV17** [IF PIV16 = 1] Who was the female parent or female parent figure you were living with when you were 14 years old?

1 — Your biological mother

2 — Your adoptive mother

3 — Your stepmother

4 — A foster mother

5 — Your father's girlfriend

6 — Your grandmother

7 — Your aunt

8 — Some other female parent figure

DK/REF

**RANDOM = 95, SKIP TO M0**

## CHILDHOOD EXPERIENCES

**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**?

	Yes	No
<b>CE1a</b> Did your mother or father die before you were 18?	1	2
<b>CE1b</b> Did your parents separate or divorce before you were 18?	1	2
<b>CE1c</b> Did either parent attempt or commit suicide?	1	2
<b>CE1d</b> Was either parent in prison or jail for <b>6 months or longer</b> ?	1	2
<b>CE1e</b> Did either parent, or person who raised you, have a mental illness?	1	2
<b>CE1f</b> Did either parent, or person who raised you, have an alcohol or drug problem?	1	2
<b>CE1g</b> Were you sent to a juvenile detention center?	1	2

DK/REF

**CE2** [IF CALCAGE GT 17] At any time **before you turned 18** did you live...

[IF CALCAGE = 16 OR 17] At any time since you were born have you lived...

	Yes	No
<b>CE2a</b> With your biological mother?	1	2
<b>CE2b</b> With your biological father?	1	2
<b>CE2c</b> In a foster home?	1	2

DK/REF

**CE3** [IF CALCAGE GT 17] How often did you do each of the following things **before age 18**?

[IF CALCAGE = 16 OR 17] How often have you done each of the following things?

	Very Often	Often	Sometimes	Rarely	Never
<b>CE3a.</b> Bully or threaten other kids?	1	2	3	4	5
<b>CE3b.</b> Start fights?	1	2	3	4	5
<b>CE3c.</b> Run away from home and stay away overnight?	1	2	3	4	5
<b>CE3d.</b> Lie, or "con" other people?	1	2	3	4	5
<b>CE3e.</b> Set fires?	1	2	3	4	5
<b>CE3f.</b> Stay out very late, long after you were supposed to be home?	1	2	3	4	5
<b>CE3g.</b> Skip school?	1	2	3	4	5

DK/REF

**CE4** [IF CALCAGE GT 17] How often did you do each of the following things **before age 18**?

[IF CALCAGE = 16 OR 17] How often have you done each of the following things?

	<b>Very Often</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
<b>CE4a</b> Argue, or “talk back,” to adults?	1	2	3	4	5
<b>CE4b</b> Disobey rules at home, school, or work?	1	2	3	4	5
<b>CE4c</b> Refuse to follow directions from adults like your parents, teacher, or boss?	1	2	3	4	5
<b>CE4d</b> Blame others for your mistakes or bad behavior?	1	2	3	4	5
<b>CE4e</b> Do mean things to “pay people back” for things they did that you didn’t like?	1	2	3	4	5

DK/REF

**CE5** [IF CALCAGE GT 17] How often did you have each of the following experiences **before age 18**?

[IF CALCAGE = 16 OR 17] How often have you had each of the following experiences?

	<b>Very Often</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
<b>CE5a</b> Your family was on welfare?	1	2	3	4	5
<b>CE5b</b> You were homeless?	1	2	3	4	5
<b>CE5c</b> You had to do chores too hard or dangerous for someone your age?	1	2	3	4	5
<b>CE5d</b> You didn’t have anyone who would take care of you or protect you?	1	2	3	4	5
<b>CE5e</b> Nobody ensured you had adequate food or clothing or medical care?	1	2	3	4	5
<b>CE5f</b> Someone touched you or made you touch them in a sexual way against your will?	1	2	3	4	5
<b>CE5g</b> You were sexually abused at home?	1	2	3	4	5
<b>CE5h</b> You were beaten up or terrorized by bullies at school or in the neighborhood?	1	2	3	4	5

DK/REF

**CE6** [IF CALCAGE GT 17] How often did you have each of the following experiences **before age 18**?

[IF CALCAGE = 16 OR 17] How often have you had each of the following experiences?

	<b>Very Often</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
<b>CE6a</b> Someone in your family hit you so hard that it left bruises or marks?	1	2	3	4	5
<b>CE6b</b> You were physically abused at home?	1	2	3	4	5
<b>CE6c</b> You felt that someone in your family hated you?	1	2	3	4	5
<b>CE6d</b> You were emotionally abused at home?	1	2	3	4	5
<b>CE6e</b> People in your family said hurtful or insulting things to you?	1	2	3	4	5
<b>CE6f</b> Someone in your family made you feel important?	1	2	3	4	5
<b>CE6g</b> You felt loved and cared for?	1	2	3	4	5
<b>CE6h</b> Your family was a source of strength and support?	1	2	3	4	5

DK/REF

## LIVING AREA AND ACTIVITIES

### 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”

**LA\_2** These questions are about this prison and how inmates are housed here.

[IF A9c = 1 OR 2 OR 3 OR 4 OR 5]: **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]: 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

**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

**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

**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

**LA\_18** How much privacy do you have in your housing unit?

- 1 None
- 2 A little
- 3 Some
- 4 A lot



DK/REF

**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

**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

**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

**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

**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: \_\_\_\_\_ [RANGE: 1 – 24]

DK/REF

**LA\_9** **During the last 24 hours**, did you spend any time outdoors?

- 1 Yes
- 2 No

DK/REF

**LA\_10** [IF LA\_9 = 1] **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

**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

**LA\_12** The next questions are about how you spend your time at this prison. Please think about how you spent the last 24 hours.

During the last 24 hours, did you...

	Yes	No
LA_12a. Attend a class or training?	1	2
LA_12b. Exercise or work out?	1	2
LA_12c. Watch television?	1	2
LA_12d. Read books, newspapers or magazines?	1	2
LA_12e. Work at a job?	1	2
LA_12f. Participate in religious meetings or activities?	1	2
LA_12g. Have in-person visits with family or friends?	1	2
LA_12h. Talk on the telephone with family or friends?	1	2
LA_12i. Play games like cards, chess, checkers, or sports with other inmates?	1	2
LA_12j. Talk with your lawyer – either in person or on the telephone?	1	2
LA_12k. Visit the library?	1	2
LA_12l. Visit the infirmary or medical ward?	1	2

DK/REF

**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?

	Yes	No
LA_14a. [IF LA_12a = 2 OR DK OR REF] Attend a class or training?	1	2
LA_14b. [IF LA_12b = 2 OR DK OR REF] Exercise or work out?	1	2
LA_14c. [IF LA_12c = 2 OR DK OR REF] Watch television?	1	2
LA_14d. [IF LA_12d = 2 OR DK OR REF] Read books, newspapers or magazines?	1	2
LA_14e. [IF LA_12e = 2 OR DK OR REF] Work at a job?	1	2
LA_14f. [IF LA_12f = 2 OR DK OR REF] Participate in religious meetings or activities	1	2
LA_14g. [IF LA_12g = 2 OR DK OR REF] Have in-person visits with family or friends?	1	2
LA_14h. [IF LA_12h = 2 OR DK OR REF] Talk on the telephone with family or friends?	1	2
LA_14i. [IF LA_12i = 2 OR DK OR REF] Play games with other inmates such as cards, chess, checkers, or sports?	1	2
LA_14j. [IF LA_12j = 2 OR DK OR REF] Talk with your lawyer – either in person or on the telephone?	1	2
LA_14k. [IF LA_12k = 2 OR DK OR REF] Visit the library?	1	2
LA_14l. [IF LA_12l = 2 OR DK OR REF] Visit the infirmary or medical ward?	1	2

DK/REF

**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/REF

**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

**LA\_20** Are there inmates in this facility who you think of as your friends?

- 1 Yes
- 2 No

DK/REF

**LA\_21** Are there inmates in this facility who you can talk to about your problems?

- 1 Yes
- 2 No

DK/REF

**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

**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

**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

**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

**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

**AFG4 DOAFILL1**, how often have you **seen** other inmates with some type of weapon?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

**AFG5 DOAFILL1**, how often has there been gang activity at this facility?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

**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

**AFG7** [IF AFG6 = 1] **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

**AFG8** [IF AFG6 = 1 AND AFG7 = 1] **DOAFILL1**, what injuries did you receive in the fight, assault, or incident in which **another inmate** tried to harm you?

[IF AFG6 = 1 AND AFG7 = 2 OR 3 OR 4 OR DK OR REF] **DOAFILL1**, what injuries did you receive during **any** of the fights, assaults, or incidents in which **another inmate** tried to harm you?

	Yes	No
AFG8a. You received knife or stab wounds?	1	2
AFG8b. You received broken bones?	1	2
AFG8c. Your teeth were chipped or knocked out?	1	2
AFG8d. You received internal injuries?	1	2
AFG8e. You were knocked unconscious?	1	2
AFG8f. You received bruises, a black eye, sprains, cuts, scratches, swelling, welts, or burns?	1	2

DK/REF

**AFG9** [IF AFG8a = 1 OR AFG8b = 1 OR AFG8c = 1 OR AFG8d = 1 OR AFG8e = 1 OR AFG8f = 1] Did you see a doctor, nurse, or other health care provider for your injuries?

- 1 Yes  
2 No

DK/REF

**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  
2 No

DK/REF

**AFG11** [IF AFG10 = 1] **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

**AFG12** [IF AFG10 = 1 AND AFG11 = 1] **DOAFILL1**, what injuries did you receive in the fight, assault, or incident in which a **correctional officer or other facility staff person** tried to harm you?

[IF AFG10 = 1 AND AFG11 = 2 OR 3 OR 4 OR DK OR REF] **DOAFILL1**, what injuries did you receive in **any** of the fights, assaults, or incidents in which a **correctional officer or other facility staff person** tried to harm you?

	Yes	No
AFG12a. You received knife or stab wounds?	1	2
AFG12b. You received broken bones?	1	2
AFG12c. Your teeth were chipped or knocked out?	1	2
AFG12d. You received internal injuries?	1	2
AFG12e. You were knocked unconscious?	1	2
AFG12f. You received bruises, a black eye, sprains, cuts, scratches,	1	2

swelling, welts, or burns?		
DK/REF		

**AFG13** [IF AFG12a = 1 OR AFG12b = 1 OR AFG12c = 1 OR AFG12d = 1 OR AFG12e = 1 OR AFG12f = 1] Did you see a doctor, nurse, or other health care provider for your injuries?

- 1 Yes
- 2 No
- DK/REF

**AFG14** **DOAFILL1**, have any of your personal possessions or belongings been taken by another inmate without your permission?

- 1 Yes
- 2 No
- DK/REF

**AFG15** [IF AFG14 = 1] **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

**AFG16** **DOAFILL1**, do you think there has been enough staff at this facility to keep inmates safe?

- 1 Yes
- 2 No
- DK/REF

**AFG17** **DOAFILL1**, have you filed a grievance for any reason?

- 1 Yes
- 2 No
- DK/REF

**AFG18** [IF AFG17 = 1] **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

**AFG1** **DOAFILL1**, have you been written up or charged with...

	Yes	No
AFG1a. A drug violation, such as possession, use, or dealing in drugs?	1	2
AFG1b. Possession of a weapon?	1	2
AFG1c. Possession of stolen property?	1	2
AFG1d. Possession of any other unauthorized substance or item?	1	2
AFG1e. Verbal assault on a correctional officer or other staff member?	1	2

AFG1f. Physical assault on a correctional officer or other staff member?	1	2
AFG1g. Verbal assault on another inmate?	1	2
AFG1h. Physical assault on another inmate?	1	2
AFG1i. Escape or attempted escape?	1	2
AFG1j. Any other major violation, including work slowdowns, food strikes, setting fires, rioting, etc.?	1	2
AFG1k. Any minor violations relating to facility orderliness and operation, such as use of abusive language, horseplay, failing to follow sanitary regulations, etc.?	1	2

DK/REF

## WORK ASSIGNMENTS

**WA1** Now think about work assignments at this facility.

Do you **currently** have a work assignment **outside** this prison facility for which you leave the prison grounds?

- 1 Yes
- 2 No

DK/REF

**WA2** [IF WA1 = 1] For how many weeks have you been working at this work assignment that requires you to leave the prison grounds?

- 1 Less than 1 week
- 2 1 – 5 weeks
- 3 6 – 12 weeks
- 4 13 weeks or longer

DK/REF

**WA3** [IF WA1 = 1] In the **past 7 days**, about how many hours did you work **outside** the prison facility?

- 1 1 – 8 hours
- 2 9 – 16 hours
- 3 17 – 24 hours
- 4 25 – 32 hours
- 5 33 hours or more

DK/REF

**WA4** Do you **currently** have a work assignment inside this prison or on the grounds of the prison?

- 1 Yes
- 2 No

DK/REF

**WA5** [IF WA4 = 1] For how many weeks have you been working at this work assignment inside the prison or on the grounds of the prison?

- 1 Less than 1 week
- 2 1 – 5 weeks
- 3 6 – 12 weeks
- 4 13 weeks or longer

DK/REF

**WA6** [IF WA4 = 1] In the **past 7 days**, about how many hours did you work inside this prison or on the grounds of the prison?

- 1 1 – 8 hours
- 2 9 – 16 hours



- 3 17 – 24 hours
- 4 25 – 32 hours
- 5 33 hours or more

DK/REF

**WA7** [IF WA1 = 1 OR WA4 = 1] Are you **required** to have a work assignment while in this prison?

- 1 Yes
- 2 No

DK/REF

**WA8** [IF WA1 = 1 OR WA4 = 1] Are you paid money for the work assignment you have?

- 1 Yes
- 2 No

DK/REF

**WA9** [IF WA8 = 1] 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] Do you receive anything else for the work assignment you do, such as time credits or other privileges?

- 1 Yes
- 2 No

DK/REF

**WA10** [IF WA7 = 2] Inmates choose to have a work assignment for different reasons. Do you have a work assignment...

	Yes	No
<b>WA10a.</b> To break up boredom or see what the work assignment is like?	1	2
<b>WA10b.</b> To spend time with friends or make friends?	1	2
<b>WA10c.</b> To try to get out of prison early?	1	2
<b>WA10d.</b> To learn some new job skills?	1	2
<b>WA10e.</b> To earn spending money?	1	2

DK/REF

**WA11** [IF WA1 = 2 AND WA4 = 2] **DOAFILL1**, have you **ever** had a work assignment?

- 1 Yes
- 2 No

DK/REF

**WA12** [IF WA11 = 1] When was the last time you had a work assignment at this prison?

- 1 Within the past month
- 2 1 – 3 months ago
- 3 4 – 6 months ago

4 7 – 12 months ago

DK/REF

**WA13** [IF WA11 = 1 OR 2] 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.

	Yes	No
<b>WA13a.</b> You are not healthy enough to work?	1	2
<b>WA13b.</b> You don't want to do the jobs that are available?	1	2
<b>WA13c.</b> Facility staff will not allow you to work?	1	2
<b>WA13d.</b> You don't have the skills needed?	1	2
<b>WA13e.</b> You would rather do other things with your time?	1	2

DK/REF

**PROGRAM PARTICIPATION**

**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

**PP\_2** [IF PP\_1 = 1] **DOAFILL1**, were you **required** to participate in any job training programs?

- 1 Yes
- 2 No

DK/REF

**PP\_3** [IF PP\_1 = 1] Are you **currently** participating in any job training programs?

- 1 Yes
- 2 No

DK/REF

**PP\_4** [IF PP\_3 = 2] Why aren't you participating in any job training programs?

	Yes	No
PP_4a. You completed the program?	1	2
PP_4b. You quit or dropped out of the program?	1	2
PP_4c. You are no longer allowed to participate in the program?	1	2
PP_4d. The program is no longer available at this facility?	1	2
PP_4e. Some other reason?	1	2

DK/REF

**PP\_5** [IF PP\_1 = 2] Why haven't you participated in any job training programs **DOAFILL2**?

	Yes	No
PP_5a. You are not interested in the program?	1	2
PP_5b. You are not eligible to participate in the program?	1	2
PP_5c. You are too busy to attend the program?	1	2
PP_5d. You don't need job training?	1	2
PP_5e. You don't think the program would be useful?	1	2
PP_5f. Job training programs are no longer offered at this facility?	1	2
PP_5g. Some other reason?	1	2

DK/REF

**PP\_6** [IF PP\_1 = 1] Why did you participate in job training programs **DOAFILL2**?

	Yes	No
PP_6a. To break up boredom or see what the program was like?	1	2
PP_6b. To spend time with friends or make friends?	1	2

PP_6c. To try to get out of prison early?	1	2
PP_6d. To learn some new skills?	1	2
PP_6e. Some other reason?	1	2

DK/REF

**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
- 2 No

DK/REF

**PP\_8** [IF PP\_7 = 1] **DOAFILL1**, were you **required** to participate in any education programs?

- 1 Yes
- 2 No

DK/REF

**PP\_9** [IF PP\_7 = 1] Are you **currently** participating in any education programs?

- 1 Yes
- 2 No

DK/REF

**PP\_10** [IF PP\_9 = 2] Why aren't you participating in any education programs?

	Yes	No
PP_10a. You completed the program?	1	2
PP_10b. You quit or dropped out of the program?	1	2
PP_10c. You are no longer allowed to participate in the program?	1	2
PP_10d. The program is no longer available at this facility?	1	2
PP_10e. Some other reason?	1	2

DK/REF

**PP\_11** [IF PP\_7 = 2] Why haven't you participated in any education programs **DOAFILL2**?

	Yes	No
PP_11a. You are not interested in the program?	1	2
PP_11b. You are not eligible to participate in the program?	1	2
PP_11c. You are too busy to attend the program?	1	2
PP_11d. You don't need education training?	1	2
PP_11e. You don't think the program would be useful?	1	2
PP_11f. Education programs are no longer offered at this facility?	1	2
PP_11g. Some other reason?	1	2

DK/REF

**PP\_12** [IF PP\_7 = 1] Why did you participate in education programs **DOAFILL2**?

	Yes	No
PP_12a. To break up boredom or see what the program was like?	1	2
PP_12b. To spend time with friends or make friends?	1	2
PP_12c. To try to get out of prison early?	1	2

PP_12d. To learn some new skills?	1	2
PP_12e. Some other reason?	1	2

DK/REF

**PP\_13** [IF PP\_7 = 1] What types of education programs did you participate in **DOAFILL2**?

	Yes	No
PP_13a. Basic education classes up through 8 <sup>th</sup> grade?	1	2
PP_13b. High school or GED classes?	1	2
PP_13c. College level classes?	1	2
PP_13d. English as a Second Language or ESL classes?	1	2
PP_13e. Some other education program?	1	2

DK/REF

**PP\_14** **DOAFILL1**, have you participated in any of the following classes or programs?

	Yes	No
PP_14a. A parenting or child rearing class?	1	2
PP_14b. An anger management or conflict resolution class?	1	2
PP_14c. A money management or financial planning class?	1	2
PP_14d. A sex offender treatment program?	1	2
PP_14e. A religious study group?	1	2
PP_14f. A prisoner assistance group such as a prisoner counseling group, advisory council, worker's council, or inmate liaison group?	1	2
PP_14g. A drug or alcohol support group such as Alcoholics Anonymous, Al-Anon, or Narcotics Anonymous?	1	2
PP_14h. An arts and crafts program?	1	2
PP_14i. A health or nutrition program?	1	2

DK/REF

**PP\_15** [IF ANY ITEMS IN PP\_14 = 1] Are you **currently** participating in any of the following classes or programs?

	Yes	No
PP_15a. [IF PP_14a = 1] A parenting or child rearing class?	1	2
PP_15b. [IF PP_14b = 1] An anger management or conflict resolution class?	1	2
PP_15c. [IF PP_14c = 1] A money management or financial planning class?	1	2
PP_15d. [IF PP_14d = 1] A sex offender treatment program?	1	2
PP_15e. [IF PP_14e = 1] A religious study group?	1	2
PP_15f. [IF PP_14f = 1] A prisoner assistance group such as a prisoner counseling group, advisory council, worker's council, or inmate liaison group?	1	2
PP_15g. [IF PP_14g = 1] A drug or alcohol support group such as Alcoholics Anonymous, Al-Anon, or Narcotics Anonymous?	1	2
PP_15h. [IF PP_14h = 1] An arts and crafts program?	1	2
PP_15i. [IF PP_14i = 1] A health or nutrition program?	1	2

DK/REF

## VISITORS AND OUTSIDE CONTACT

**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
- 2 No
- DK/REF

**VOC\_2** [IF VOC\_1 = 1] **DOAFILL1**, what kinds of contact have you had with any of your **relatives**? Have you...

	YES	NO
<b>VOC_2a.</b> Had in-person visits?	1	2
<b>VOC_2b.</b> Talked on the phone?	1	2
<b>VOC_2c.</b> Received letters?	1	2
<b>VOC_2d.</b> Had some other type of contact such as emails, text messaging, video visiting, DVDs, CDs, or tape recordings?	1	2

DK/REF

**VOC\_3** [IF VOC\_2a = 1 OR VOC\_2b = 1 OR VOC\_2c = 1 OR VOC\_2d = 1] 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

**VOC\_4** [IF VOC\_1 = 2] Why do you think you have not had any kind of contact with your **relatives** **DOAFILL2**? Do you think it is because...

	YES	NO
<b>VOC_4a.</b> They live too far away?	1	2
<b>VOC_4b.</b> They cannot afford to travel to this prison?	1	2
<b>VOC_4c.</b> They don't want to see you while you are incarcerated?	1	2
<b>VOC_4d.</b> You are not allowed to have visitors?	1	2
<b>VOC_4e.</b> You do not want to have visitors?	1	2
<b>VOC_4f.</b> They are not healthy enough to travel?	1	2

DK/REF

**VOC\_5** **DOAFILL1**, have you had **any** contact with your **friends or acquaintances**?

- 1 Yes
- 2 No
- DK/REF

**VOC\_6** [IF VOC\_5 = 1] **DOAFILL1**, what kinds of contact have you had with **your friends or acquaintances**? Have you...

	YES	NO
<b>VOC_6a.</b> Had in-person visits?	1	2
<b>VOC_6b.</b> Talked on the phone?	1	2
<b>VOC_6c.</b> Received letters?	1	2
<b>VOC_6d.</b> Had some other type of contact such as emails, text messaging, video visiting, DVDs, CDs, or tape recordings?	1	2

DK/REF

**VOC\_7** [IF VOC\_6a = 1 OR VOC\_6b = 1 OR VOC\_6c = 1 OR VOC\_6d = 1] 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

**VOC\_8** [IF VOC\_5 = 2] Why do you think you have not had any kind of contact with **your friends or acquaintances DOAFILL2**? Do you think it is because...

	YES	NO
<b>VOC_8a.</b> They live too far away?	1	2
<b>VOC_8b.</b> They cannot afford to travel to this prison?	1	2
<b>VOC_8c.</b> They don't want to see you while you are incarcerated?	1	2
<b>VOC_8d.</b> You are not allowed to have visitors?	1	2
<b>VOC_8e.</b> You do not want to have visitors?	1	2
<b>VOC_8f.</b> They are not healthy enough to travel?	1	2

DK/REF

## POST-RELEASE PLANS

**PRP1** [IF B24 NE 1] These last questions are about plans you may have for **after** you are released from this facility.

Do you have a definite date on which you expect to be released from prison?

- 1 Yes
- 2 No

DK/REF

**PRP2** [IF PRP1 = 1] In what year do you think you will be released from prison?

- 1 [CURRENT YEAR]
- 2 [CURRENT YEAR + 1]
- 3 [CURRENT YEAR +2]
- 4 [CURRENT YEAR + 3]
- 5 [CURRENT YEAR + 4]
- 6 [CURRENT YEAR + 5]
- 7 [CURRENT YEAR + 6] or later

DK/REF

**PRP3** [IF PRP1 = 2 OR DK OR REF] Do you expect to **ever** be released from prison?

- 1 Yes
- 2 No

DK/REF

**PRP4** [IF PRP3 = 1] In what year is your **earliest possible** release date?

- 1 [CURRENT YEAR]
- 2 [CURRENT YEAR + 1]
- 3 [CURRENT YEAR +2]
- 4 [CURRENT YEAR + 3]
- 5 [CURRENT YEAR + 4]
- 6 [CURRENT YEAR + 5]
- 7 [CURRENT YEAR + 6] or later

DK/REF

**PRP14** [IF B24 NE 1] How far is this prison from where you were living before you entered prison 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



**PRP5** [IF PRP3 NE 2 OR PRP1=1] Do you have a plan for where you will live after you are released from prison?

- 1 Yes  
2 No  
DK/REF

**PRP6** [IF PRP5 = 1] Did any staff at this prison help you make plans for where you will live after you are released from prison?

- 1 Yes  
2 No  
DK/REF

**PRP7** [IF PRP5 = 1] Do you think you will live alone after you are released from prison or do you think you will live with other people?

- 1 Will live alone  
2 Will live with other people  
DK/REF

**PRP8** [IF PRP7 = 2] **Who** do you plan to live with after you are released from prison?

	Yes	No
PRP8a. [IF D1 = 1] Your husband or wife?	1	2
PRP8b. Your boyfriend or girlfriend?	1	2
PRP8c. Your parents or step-parents?	1	2
PRP8d. Your brother or sister?	1	2
PRP8e. Your children who are <b>younger than 18?</b>	1	2
PRP8f. Your children who are <b>at least 18 years old?</b>	1	2
PRP8g. Your grandparents?	1	2
PRP8h. Your grandchildren?	1	2
PRP8i. Some other relative, such as an aunt, uncle, or cousin?	1	2
PRP8j. Someone you are <b>not</b> related to?	1	2

DK/REF

**PRP9** [IF PRP5 = 1] **Where** do you plan to live after you are released from prison?

	Yes	No
PRP9a. In your own house, apartment, condo or mobile home?	1	2
PRP9b. In someone else's house, apartment, condo or mobile home?	1	2
PRP9c. In transitional housing for former inmates such as a halfway house?	1	2
PRP9d. In a residential treatment facility?	1	2
PRP9e. In a rooming house, hotel, or motel?	1	2
PRP9f. In a car, truck, or other motor vehicle?	1	2
PRP9g. In a homeless shelter, on the street, or in some outdoor location?	1	2
PRP9h. In some other place?	1	2

DK/REF

**PRP10** [IF PRP3 NE 2 OR PRP1=1] Do you plan to get a job after you are released from prison?

- 1 Yes  
2 No  
DK/REF

**PRP12** [IF PRP3 NE 2 OR PRP1=1] Do you have plans to go to school after you are released from prison?

- 1 Yes
- 2 No
- DK/REF

## INTERVIEW DEBRIEFING

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.

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

### 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”

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

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

M4. How accurate are the answers you entered into the computer?

- 1 Not very accurate
- 2 Fairly accurate
- 3 Very accurate
- DK/REF

M5 Did anyone tell you directly that you were required to participate in this study?

- 1 Yes
- 2 No
- DK/REF

M6 [IF M5 = 1] Who told you that you were required to participate in this study?

- 1 A facility staff person
- 2 An interviewer from RTI
- 3 Another inmate
- 4 Someone else
- DK/REF

- M7 [IF M6 = 2] Were you **ever** made to feel that you were required to participate in this study?
- 1 Yes  
2 No  
DK/REF
- M8. Did anyone put pressure on you to answer the survey questions in a certain way?
- 1 Yes  
2 No  
DK/REF
- M9. [IF M8 = 1] Who pressured you to answer the survey questions in a certain way?
- 1 A facility staff person  
2 An interviewer from RTI  
3 Another inmate  
4 Someone else  
DK/REF
- M10. [IF M8 = 1 AND RANDOM = 95] 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
- 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.
- M11a. Please tell your interviewer that you have completed the survey.
- M12. THANK INMATE FOR PARTICIPATING.
- NOTIFY OFFICER THAT THE INMATE IS FINISHED AND CAN LEAVE THE INTERVIEW ROOM. AFTER THE INMATE LEAVES THE ROOM, ENTER THE PASSWORD TO CONTINUE ON TO YOUR DEBRIEFING QUESTIONS.
- ENTER PASSWORD TO CONTINUE.
- NOTE TO PROGRAMMER: WE'LL NEED A SHORT PASSWORD SO THAT RESPONDENTS CAN'T GO ANY FURTHER IN THE INTERVIEW. THE LAST SET OF DEBRIEFING QUESTIONS WILL BE FOR THE INTERVIEWER.**
- 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
- 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.

\_\_\_\_\_ [ALLOW 150 CHARACTERS]

- 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
- M16 [IF M15 = 2 OR 3] Please provide any details you can about why this inmate appeared to be somewhat or very upset during the ACASI portion of the interview.
- \_\_\_\_\_ [ALLOW 150 CHARACTERS]
- M17 Did this inmate complete the interview while wearing shackles?
- 1 Yes
  - 2 No
- M18. Did this inmate complete the interview while wearing handcuffs?
- 1 Yes
  - 2 No
- M19. Did the inmate complain to you about how long they had to wait to be seen by an interviewer?
- 1 Yes
  - 2 No
- 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
  - 5 This inmate had previously refused to participate and you were working the case as a refusal converter
- M21 Indicate the degree of distractions or interruptions during the interview.
- 1 None
  - 2 A few
  - 3 A lot
- M22 Was the privacy of the interview setting compromised at any point during the interview?
- 1 Yes
  - 2 No
- M23 [IF M22 = 1] In what way was the privacy of the interview setting compromised during this interview?
- \_\_\_\_\_ [ALLOW 150 CHARACTERS]
- M24 [IF I3 = 1] Did the inmate take the incentive that was offered?
- 1 YES
  - 2 NO
- M26 PLEASE PROVIDE ANY OTHER COMMENTS ABOUT THE INTERVIEW THAT WOULD BE USEFUL FOR THE PROJECT TEAM TO KNOW:

\_\_\_\_\_ [ALLOW 150 CHARACTERS]

REVIEW INTERVIEWER: YOU HAVE REACHED THE END OF THE INTERVIEW. ENTER 1 AND TOUCH THE FINISH BUTTON BELOW TO FINALIZE THIS CASE AND RETURN TO THE CASE MANAGEMENT SYSTEM.

### Attachment D Contents

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 - PRISONS

Conducted by the Bureau of Justice Statistics  
and  
RTI International

**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 1121-0311.



**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..... <sub>1</sub>  
 No ..... <sub>2</sub>

**4. Which of these categories describes your race:**

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
White	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Black or African American	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
American Indian or Alaska Native	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Asian	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**5. What is the highest level of school you have completed?**

Less than a high school graduate..... <sub>1</sub>  
 High school graduate or GED ..... <sub>2</sub>  
 Some college ..... <sub>3</sub>  
 College degree or more ..... <sub>4</sub>

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

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

Less than 1 week..... <sub>1</sub>  
 At least 1 week but less than 1 month ..... <sub>2</sub>  
 At least 1 month but less than 2 months ..... <sub>3</sub>  
 At least 2 months but less than 6 months..... <sub>4</sub>  
 At least 6 months but less than 1 year ..... <sub>5</sub>  
 At least 1 year but less than 5 years ..... <sub>6</sub>  
 At least 5 years but less than 10 years ..... <sub>7</sub>  
 10 years or more ..... <sub>8</sub>

**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 ..... <sub>1</sub>  
 No ..... <sub>2</sub>

**9. Which of the following best represents how you think about yourself?**

Lesbian or gay..... <sub>1</sub>  
 Straight; that is, **not** lesbian or gay ..... <sub>2</sub>  
 Bisexual; that is, you are sexually attracted to both men and women..... <sub>3</sub>  
 Something else..... <sub>4</sub>

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

- Male.....<sub>1</sub>
- Female.....<sub>2</sub>

11. Do you currently think of yourself as...?

- Male.....<sub>1</sub>
- Female.....<sub>2</sub>
- Transgender.....<sub>3</sub>
- None of these.....<sub>4</sub>

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.....<sub>1</sub> Continue to item 13
- No.....<sub>2</sub> 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.....<sub>1</sub>
- After you turned 18.....<sub>2</sub>
- Both.....<sub>3</sub>

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

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex with another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with them other than sexual touching, oral sex, vaginal sex, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with them <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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 ..... <sub>1</sub> → Go to SECTION B
- 1 time ..... <sub>2</sub>
- 2 times ..... <sub>3</sub>
- 3–10 times ..... <sub>4</sub>
- 11 times or more... <sub>5</sub>
- } → Continue to item 19

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given a bribe or blackmailed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Offered protection from other inmates?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Trying to pay off or settle a debt that you owed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Threatened with harm or a weapon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically held down or restrained?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically harmed or injured?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive broken bones?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive anal or vaginal tearing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have your teeth chipped or knocked out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive internal injuries?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Get knocked unconscious?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give or receive a handjob from a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**22. In the past 12 months, did a facility staff person use physical force to make you do any of the following:**

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

**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:**

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

**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 ..... <sub>1</sub>    → *Go to SECTION C on page 5*
- 1 time ..... <sub>2</sub>
- 2 times ..... <sub>3</sub>
- 3–10 times ..... <sub>4</sub>    → *Continue to item 25*
- 11 times or more... <sub>5</sub>

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

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

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

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

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

**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>	<b>Yes</b>	<b>No</b>
Receive knife or stab wounds?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive broken bones?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive anal or vaginal tearing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have your teeth chipped or knocked out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive internal injuries?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Get knocked unconscious?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**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..... <sub>1</sub>
- Somewhat upsetting..... <sub>2</sub>
- Very upsetting..... <sub>3</sub>

**30. How accurate are the answers you gave in this survey?**

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

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

**Thank You!**



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**SECTION A**

Please answer the question in the space provided or mark your answer in the box, like this . To protect your privacy, do not put your name on this 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..... <sub>1</sub>  
 No ..... <sub>2</sub>

**4. Which of these categories describes your race:**

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
White	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Black or African American	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
American Indian or Alaska Native	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Asian	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**5. What is the highest level of school you have completed?**

Less than a high school graduate..... <sub>1</sub>  
 High school graduate or GED ..... <sub>2</sub>  
 Some college ..... <sub>3</sub>  
 College degree or more ..... <sub>4</sub>

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

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

Less than 1 week..... <sub>1</sub>  
 At least 1 week but less than 1 month ..... <sub>2</sub>  
 At least 1 month but less than 2 months ..... <sub>3</sub>  
 At least 2 months but less than 6 months..... <sub>4</sub>  
 At least 6 months but less than 1 year ..... <sub>5</sub>  
 At least 1 year but less than 5 years ..... <sub>6</sub>  
 At least 5 years but less than 10 years ..... <sub>7</sub>  
 10 years or more ..... <sub>8</sub>

**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 ..... <sub>1</sub>  
 No ..... <sub>2</sub>

**9. Which of the following best represents how you think about yourself?**

Lesbian or gay ..... <sub>1</sub>  
 Straight; that is, **not** lesbian or gay ..... <sub>2</sub>  
 Bisexual; that is, you are sexually attracted to both men and women..... <sub>3</sub>  
 Something else..... <sub>4</sub>

10. What sex were you **assigned at birth** on your original birth certificate?

- Male.....<sub>1</sub>
- Female.....<sub>2</sub>

11. Do you currently think of yourself as...?

- Male.....<sub>1</sub>
- Female.....<sub>2</sub>
- Transgender.....<sub>3</sub>
- None of these.....<sub>4</sub>

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.....<sub>1</sub> *Continue to item 13*
- No.....<sub>2</sub> *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.....<sub>1</sub>
- After you turned 18.....<sub>2</sub>
- Both.....<sub>3</sub>

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

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give or receive a handjob from another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with another inmate at this facility <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give them a handjob or receive a handjob from them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with them <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>



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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give them a handjob or receive a handjob from them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with them <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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 ..... <sub>1</sub> → Go to SECTION B
- 1 time..... <sub>2</sub>
- 2 times ..... <sub>3</sub>
- 3–10 times ..... <sub>4</sub>
- 11 times or more... <sub>5</sub>
- } → Continue to item 19

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given a bribe or blackmailed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Offered protection from other inmates?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Trying to pay off or settle a debt that you owed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Threatened with harm or a weapon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically held down or restrained?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically harmed or injured?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive broken bones?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive anal tearing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have your teeth chipped or knocked out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive internal injuries?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Get knocked unconscious?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give or receive a handjob from a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**22. In the past 12 months, did a facility staff person use physical force to make you do any of the following:**

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

**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:**

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

**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 ..... <sub>1</sub>    → *Go to SECTION C on page 5*
- 1 time ..... <sub>2</sub>
- 2 times ..... <sub>3</sub>
- 3–10 times ..... <sub>4</sub>    → *Continue to item 25*
- 11 times or more... <sub>5</sub>

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

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

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

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

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

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

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

**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..... <sub>1</sub>
- Somewhat upsetting..... <sub>2</sub>
- Very upsetting..... <sub>3</sub>

**30. How accurate are the answers you gave in this survey?**

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

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

**Thank You!**



# NATIONAL INMATE SURVEY - PRISONS

Conducted by the Bureau of Justice Statistics  
and  
RTI International

**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 1121-0311.

**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..... <sub>1</sub>  
 No ..... <sub>2</sub>

**4. Which of these categories describes your race:**

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
White	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Black or African American	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
American Indian or Alaska Native	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Asian	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**5. What is the highest level of school you have completed?**

Less than a high school graduate..... <sub>1</sub>  
 High school graduate or GED ..... <sub>2</sub>  
 Some college ..... <sub>3</sub>  
 College degree or more ..... <sub>4</sub>

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

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

Less than 1 week..... <sub>1</sub>  
 At least 1 week but less than 1 month ..... <sub>2</sub>  
 At least 1 month but less than 2 months ..... <sub>3</sub>  
 At least 2 months but less than 6 months..... <sub>4</sub>  
 At least 6 months but less than 1 year ..... <sub>5</sub>  
 At least 1 year but less than 5 years ..... <sub>6</sub>  
 At least 5 years but less than 10 years ..... <sub>7</sub>  
 10 years or more ..... <sub>8</sub>

**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 ..... <sub>1</sub>  
 No ..... <sub>2</sub>

**9. Which of the following best represents how you think about yourself?**

Lesbian or gay..... <sub>1</sub>  
 Straight; that is, **not** lesbian or gay ..... <sub>2</sub>  
 Bisexual; that is, you are sexually attracted to both men and women..... <sub>3</sub>  
 Something else..... <sub>4</sub>

10. What sex were you **assigned at birth** on your original birth certificate?

- Male.....<sub>1</sub>
- Female .....<sub>2</sub>

11. Do you currently think of yourself as...?

- Male.....<sub>1</sub>
- Female .....<sub>2</sub>
- Transgender .....<sub>3</sub>
- None of these.....<sub>4</sub>

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.....<sub>1</sub> *Continue to item 13*
- No .....<sub>2</sub> *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 .....<sub>1</sub>
- After you turned 18 .....<sub>2</sub>
- Both .....<sub>3</sub>

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

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex with another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with another inmate at this facility <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with them <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with them <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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 ..... <sub>1</sub> → Go to SECTION B
- 1 time ..... <sub>2</sub>
- 2 times ..... <sub>3</sub>
- 3–10 times ..... <sub>4</sub>
- 11 times or more... <sub>5</sub>
- } → Continue to item 19

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given a bribe or blackmailed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Offered protection from other inmates?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Trying to pay off or settle a debt that you owed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Threatened with harm or a weapon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically held down or restrained?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically harmed or injured?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive broken bones?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive anal or vaginal tearing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have your teeth chipped or knocked out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive internal injuries?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Get knocked unconscious?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give or receive a handjob from a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give them a handjob or receive a handjob from them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give them a handjob or receive a handjob from them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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 ..... <sub>1</sub>    → *Go to SECTION C on page 5*
- 1 time ..... <sub>2</sub>
- 2 times ..... <sub>3</sub>
- 3–10 times ..... <sub>4</sub>    → *Continue to item 25*
- 11 times or more... <sub>5</sub>

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

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given a bribe or blackmailed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Offered protection from other inmates?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Offered protection from another correctional officer?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Trying to pay off or settle a debt that you owed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Threatened with harm or a weapon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically held down or restrained?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically harmed or injured?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Female facility staff?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>



**28. Since you arrived at this facility, when you had sex or sexual contact with facility staff, did you ever:**

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

**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..... <sub>1</sub>
- Somewhat upsetting..... <sub>2</sub>
- Very upsetting..... <sub>3</sub>

**30. How accurate are the answers you gave in this survey?**

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

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

**Thank You!**



# NATIONAL INMATE SURVEY - PRISONS

Conducted by the Bureau of Justice Statistics  
and  
RTI International

**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 1121-0311.

**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..... <sub>1</sub>  
 No ..... <sub>2</sub>

**4. Which of these categories describes your race:**

<i>Mark <input checked="" type="checkbox"/> "Yes" or "No" for each item.</i>	<b>Yes</b>	<b>No</b>
White	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Black or African American	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
American Indian or Alaska Native	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Asian	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**5. What is the highest level of school you have completed?**

Less than a high school graduate..... <sub>1</sub>  
 High school graduate or GED ..... <sub>2</sub>  
 Some college ..... <sub>3</sub>  
 College degree or more ..... <sub>4</sub>

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

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

Less than 1 week..... <sub>1</sub>  
 At least 1 week but less than 1 month ..... <sub>2</sub>  
 At least 1 month but less than 2 months ..... <sub>3</sub>  
 At least 2 months but less than 6 months..... <sub>4</sub>  
 At least 6 months but less than 1 year ..... <sub>5</sub>  
 At least 1 year but less than 5 years ..... <sub>6</sub>  
 At least 5 years but less than 10 years ..... <sub>7</sub>  
 10 years or more ..... <sub>8</sub>

**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 ..... <sub>1</sub>  
 No ..... <sub>2</sub>

**9. Which of the following best represents how you think about yourself?**

Lesbian or gay..... <sub>1</sub>  
 Straight; that is, **not** lesbian or gay ..... <sub>2</sub>  
 Bisexual; that is, you are sexually attracted to both men and women..... <sub>3</sub>  
 Something else..... <sub>4</sub>

10. What sex **were you assigned at birth** on your original birth certificate?

- Male.....<sub>1</sub>
- Female .....<sub>2</sub>

11. Do you currently think of yourself as...?

- Male.....<sub>1</sub>
- Female .....<sub>2</sub>
- Transgender .....<sub>3</sub>
- None of these.....<sub>4</sub>

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.....<sub>1</sub> *Continue to item 13*
- No .....<sub>2</sub> *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 .....<sub>1</sub>
- After you turned 18 .....<sub>2</sub>
- Both .....<sub>3</sub>

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

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give or receive a handjob from another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with another inmate at this facility?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with another inmate at this facility <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give them a handjob or receive a handjob from them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with them <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give them a handjob or receive a handjob from them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have any type of sex or sexual contact with them <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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 ..... <sub>1</sub> → Go to SECTION B
- 1 time..... <sub>2</sub>
- 2 times ..... <sub>3</sub>
- 3–10 times ..... <sub>4</sub>
- 11 times or more... <sub>5</sub>
- } → Continue to item 19

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given a bribe or blackmailed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Offered protection from other inmates?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Trying to pay off or settle a debt that you owed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Threatened with harm or a weapon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically held down or restrained?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically harmed or injured?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive broken bones?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive anal tearing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have your teeth chipped or knocked out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive internal injuries?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Get knocked unconscious?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give or receive a handjob from a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with a facility staff person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give them a handjob or receive a handjob from them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Give them a handjob or receive a handjob from them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have oral sex (blowjob) with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have vaginal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Have anal sex with them?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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 ..... <sub>1</sub>    → *Go to SECTION C on page 5*
- 1 time ..... <sub>2</sub>    }    → *Continue to item 25*
- 2 times ..... <sub>3</sub>    }
- 3–10 times ..... <sub>4</sub>    }
- 11 times or more... <sub>5</sub>    }

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

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given a bribe or blackmailed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Given drugs or alcohol to get you drunk or high?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Offered protection from other inmates?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Offered protection from another correctional officer?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Trying to pay off or settle a debt that you owed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Threatened with harm or a weapon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically held down or restrained?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Physically harmed or injured?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Female facility staff?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**28. Since you arrived at this facility, when you had sex or sexual contact with facility staff, did you ever:**

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

**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..... <sub>1</sub>
- Somewhat upsetting..... <sub>2</sub>
- Very upsetting..... <sub>3</sub>

**30. How accurate are the answers you gave in this survey?**

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

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

**Thank You!**



Bureau of Justice  
Statistics

## National Inmate Survey Consent to Participate in Research

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### **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, clean all surfaces between interviews, and will practice social distancing during the 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, you and the interviewer are both required to wear a mask and practice social distancing while you are together.

### **Study Introduction**

The National Inmate Survey is a research study being done by the Bureau of Justice Statistics and RTI International, a not-for-profit research organization. [You are one of about (175/275/375) inmates at this facility who have been randomly selected to participate. /All eligible inmates at this facility will be asked to participate.] Approximately 40,000 inmates will be interviewed at about 240 facilities across the United States. The main purpose of this research study is to learn more about sexual assault in prisons. Your participation in this study 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 education and enter your answers into the computer. Next, the interviewer will show you how to use the computer and you will complete the rest of the survey on your own. You will be able to see the questions on the computer screen and listen to them through headphones. You will enter your answers directly into the computer 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 in this facility (such as the types of sexual acts and where they occurred) or questions about your childhood and your experiences in 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. Not even the interviewer will know unless you discuss the questions with him or her. To thank you for participating in the study, you will receive [a snack / a stamped 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 employed by this facility or retained by this study.



## **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 correctional 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 RTI are required by federal law to protect your privacy and confidentiality. Your name will never be connected to the answers you put into the computer. Your answers will be combined with the answers from other inmates and will be used for statistical and research purposes only. The information you put into the computer will not be shared with anyone at this facility or anyone 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 laptop to RTI. 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, exceptions to our promise of confidentiality. If you tell the interviewer you intend to seriously harm yourself or a specific person, or that you plan to commit a crime in the future, he or she may need to inform correctional staff here or authorities outside the facility who are responsible for protecting prison inmates.

[FOR 16/17 YEAR OLD RESPONDENTS ONLY: Also, if you tell the interviewer out loud that you are being abused at this facility, he or she, or their supervisor may need to 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 have questions later, you may write to the National Inmate Survey (Project 0216099) at RTI International, P.O. Box 12194, Research Triangle Park, NC 27709-2194. If you have questions about your rights as a project participant, you can write to RTI's Office of Research Protection at the same address.



Bureau of Justice  
Statistics

# National Inmate Survey

## Consent to Participate in Research

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### **COVID-19 Introduction**

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### **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. To thank you for participating in the study, you will receive [a snack / a stamped 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 provide you with instructions for contacting a mental health counselor employed by this facility or retained by this study.

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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 RTI are required by federal law to protect your privacy and confidentiality. Your name will never be connected to the answers you put on the questionnaire. Your answers will be combined with the answers from other inmates and will be used for statistical and research purposes only. The information you put on the questionnaire will not be shared with anyone at this facility or anyone 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, exceptions to our promise of confidentiality. If you tell the interviewer you intend to seriously harm yourself or a specific person, or that you plan to commit a crime in the future, he or she may need to inform correctional staff here or authorities outside the facility who are responsible for protecting prison inmates.

[FOR 16/17 YEAR OLD RESPONDENTS ONLY: Also, if you tell the interviewer out loud that you are being abused at this facility, he or she, or their supervisor may need to 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.]

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You may keep a copy of this form. If you have any questions about the project, you may ask the interviewer. If you have questions later, you may write to the National Inmate Survey (Project 0216099) at RTI International, P.O. Box 12194, Research Triangle Park, NC 27709-2194. If you have questions about your rights as a project participant, you can write to RTI's Office of Research Protection at the same address.

### 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. That means you can decide whether you want to participate or not. If you don't participate, you will not lose any benefits or services you currently have or might have in the future.
- If you start the interview and then want to stop before the end, that's okay.
- And, you can skip any questions you don't want to answer.

Do you understand?

IF THE INMATE ANSWERS, "NO," ANSWER ANY QUESTIONS THE INMATE HAS AND THEN RETURN TO THE CONSENT FORM AND RE-READ THE TEXT IN THE SECTIONS LABELED, "POSSIBLE RISKS OR DISCOMFORTS" AND "**VOLUNTARY PARTICIPATION**". POINT TO THE TEXT ON THE INMATE'S COPY OF THE CONSENT FORM.

It is possible that some of the questions 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 how we protect your privacy. The answers you enter into the computer, 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.

#### **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, may need to 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.

Do you understand that what you enter into the computer, even if it is about abuse will always be kept private?

IF THE INMATE ANSWERS 'NO', ANSWER ANY QUESTIONS THE INMATE HAS AND THEN RETURN TO THE CONSENT FORM AND RE-READ THE TEXT ENTITLED CONFIDENTIALITY AND POINT TO THIS TEXT ON THE INMATE'S COPY OF THE CONSENT FORM.

Do you understand that if you say something out loud about being abused, that information is not secret and may be reported to a state agency?

IF THE INMATE ANSWERS 'NO', ANSWER ANY QUESTIONS THE INMATE HAS AND THEN RETURN TO THE CONSENT FORM AND RE-READ THE TEXT ENTITLED CONFIDENTIALITY AND POINT TO THIS TEXT ON THE INMATE'S COPY OF THE CONSENT FORM

So, please do not say anything out loud to me about being abused unless you want me to pass that information on to the agency in this state that investigates abuse. Do you have any questions?

If you would like to participate in the interview, please tell me now and we will begin.

INMATE CAN KEEP A COPY OF THE CONSENT FORM IF HE/SHE WANTS ONE.

### 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. This means you can decide whether you want to participate or not. If you don't participate, you will not lose any benefits or services you currently have or might have in the future.
- If you start the interview and then want to stop before the end, that's okay.
- And, you can skip any questions you don't want to answer.

Do you understand?

IF THE INMATE ANSWERS, "NO," ANSWER ANY QUESTIONS THE INMATE HAS AND THEN RETURN TO THE CONSENT FORM AND RE-READ THE TEXT IN THE SECTIONS LABELED, "POSSIBLE RISKS OR DISCOMFORTS" AND "VOLUNTARY PARTICIPATION". POINT TO THE TEXT ON THE INMATE'S COPY OF THE CONSENT FORM.

It is possible that some of the questions 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 how we protect your privacy. The answers you mark 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.

#### 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, may need to 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.

Do you understand that what you mark on the questionnaire, even if it is about abuse will always be kept private?

IF THE INMATE ANSWERS 'NO', ANSWER ANY QUESTIONS THE INMATE HAS AND THEN RETURN TO THE CONSENT FORM AND RE-READ THE TEXT ENTITLED CONFIDENTIALITY AND POINT TO THIS TEXT ON THE INMATE'S COPY OF THE CONSENT FORM.

Do you understand that if you say something out loud about being abused, that information is not secret and may be reported to a state agency?

IF THE INMATE ANSWERS 'NO', ANSWER ANY QUESTIONS THE INMATE HAS AND THEN RETURN TO THE CONSENT FORM AND RE-READ THE TEXT ENTITLED CONFIDENTIALITY AND POINT TO THIS TEXT ON THE INMATE'S COPY OF THE CONSENT FORM.

So, please do not say anything out loud to me about being abused unless you want me to pass that information on to the agency in this state that investigates abuse. Do you have any questions?

If you would like to participate in the interview, please tell me now and we will begin.

INMATE CAN KEEP A COPY OF THE CONSENT FORM IF HE/SHE WANTS ONE.

<Instructions tab>

**2023 NATIONAL INMATE SURVEY—PRISONS**



**U.S. DEPARTMENT OF JUSTICE**

**BUREAU OF JUSTICE STATISTICS**

**[STATE NAME] FACILITY QUESTIONNAIRE**

**General Information**

The National Inmate Survey (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 that will allow the Bureau of Justice **Statistics** to better understand facility characteristics associated with sexual victimization in prisons.

**Reporting Instructions**

- Click on the blue tab at the bottom of this Instructions worksheet for the **Facility Questionnaire** worksheet
- On the **Facility Questionnaire** worksheet, each sampled facility appears in a column; questions appear on the rows. Please **complete all questions** for **each facility**.
- If the answer to a question is “not available” or “unknown,” enter “DK” in the space provided.
- If the answer to a question is “not applicable,” enter “NA” in the space provided.
- If the answer to a question is “none” or “zero,” enter “0” in the space provided.
- When exact numeric answers are not available, please provide estimate.

**Submission Instructions**

Please email the completed file to: **LM-EMAIL@rti.org**.

**Help Is Available**

If you have any questions, need help completing the form, or prefer an alternate submission option, please contact your NIS in Prisons Logistics Manager, **LM NAME**, at **LM PHONE** or **LM-EMAIL@rti.org**.

**BURDEN STATEMENT**

OMB No. 1121-0311 Approval Expires **MM/YYY**

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. The burden of this collection is estimated to average 30 minutes per facility, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and



reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

<End Instructions tab>

<Facility Questionnaire tab>

**Question**                      **Facility A NAME**                      **Facility B NAME**                      **Facility C Name**

1. What are the functions of the facility? Please answer Yes or No for each function.

	Yes	No
1A. General adult population confinement		
1B. Alcohol / Drug treatment confinement		
1C. Reception / Diagnosis / Classification		
1D. Mental health treatment		
1E. Medical treatment / Hospitalization confinement		
1F. Primarily for persons returned to custody (e.g., parole violators)		
1G. Geriatric care		
1H. Youthful offenders		
1I. Close management / Administrative segregation / Disciplinary segregation / Solitary confinement		
1J. Faith and character-based		
1K. Re-entry		
1L. Some other function		

**If you answered "Yes" to Question 1L above, PLEASE DESCRIBE THIS OTHER FUNCTION:**

2. What is the rated operational bed capacity of the facility? By rated operational bed capacity, we mean the number of beds or inmates assigned by a rating official.

**ENTER RATED OPERATIONAL BED CAPACITY:**

3. Please provide the current number of inmates held by custody security level. If this facility houses no inmates for a specific custody security level, enter 0. Please include any inmates who are temporarily absent from the facility (e.g., for court appearances, brief furloughs, and medical leave). Do **not** include inmates who are on escape or absent without leave (AWOL).

3A. Super maximum / Intensive Management Unit custody inmates / Restrictive housing	
3B. Maximum / Close / High custody inmates	

3C. Medium custody inmates	
3D. Minimum custody inmates	
3E. Administrative custody inmates (e.g., Federal medical facilities)	
3F. Not classified / Other (e.g., unsentenced or sentenced and awaiting classification)	
<b>TOTAL NUMBER OF INMATES HELD (CALCULATED)</b>	

4. Of the total number of inmates held at the facility, approximately how many...

		Check if Estimate
4A. have been identified as currently having a serious and persistent mental illness? Please include inmates whether or not they are currently receiving medication for their mental illness.		
4B. have been identified as having a cognitive impairment or intellectual disability?		
4C. are currently assigned to disciplinary restrictive housing such as administrative segregation or disciplinary segregation?		
4D. are currently affiliated with a gang or Security Threat Group?		
4E. speak little or no English?		
4F. self-identify as LGBTQ?		

If an inmate self-identifies as LGBTQ, is that self-identification taken into account when making housing assignments at this facility?

- Yes
- No

5. Do inmates at the facility have access to a language line that provides on-demand language interpretation or translation services?

- Yes
- No

6. 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?

- Yes
- No

For Questions 7 – 13, please think only about paid staff who are not contractors.

7. Regardless of the source of the funding used to cover the positions, how many Full-Time Equivalency (FTE) positions for [state/federal] employees does the facility currently have? Please include both uniformed and non-uniformed staff.

**ENTER NUMBER OF FTEs:**

8. How many of the FTE [state/federal] positions allocated to this facility 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.

**ENTER NUMBER OF VACANT FTE POSITIONS:**

9. Is a hiring freeze currently in place at the facility?

- Yes
- No

10. Please provide the number of staff at the facility by the age and gender categories below.

	Male	Female	Check if Estimate
10A. Total number of staff employed at the facility			
10B. Total number of staff under 30 years of age			
10C. Total number of staff 30-44 years of age			
10D. Total number of staff 45 years of age or older			
10E. Number of security staff employed at the facility (INCLUDE officers of all ranks and other uniformed staff who, regardless of their staff titles, are in direct contact with inmates and involved in their daily custody care, supervision, or monitoring)			
10F. Number of security staff under 30 years of age			
10G. Number of security staff 30-44 years of age			
10H. Number of security staff 45 years of age or older			

11. During the past 12 months, that is since this date last year, how many staff were new to their current position at the facility? That is, how many staff were either new hires to the facility or who moved into positions they had not worked in before?

**ENTER NUMBER OF STAFF IN NEW POSITIONS:**

12. During the past 12 months, that is since this date last year, how many **security staff** left, for whatever reason, and no longer work at the facility? Please include **quits, layoffs, discharges, retirements, deaths, transfers, and other separations.**

**ENTER NUMBER OF SECURITY STAFF WHO LEFT:**

13. How many of the **security staff** have:

		<b>Check if Estimate</b>
13A. Less than 1 year of service with the DOC		
13B. 1-2 years of service with the DOC		
13C. 3-5 years of service with the DOC		
13D. <b>More than 5 years of service with the DOC</b>		
<b>TOTAL NUMBER OF SECURITY STAFF (CALCULATED)</b>		

14. What is the total number of PREA-related training hours **entry level security staff** are required to complete **from their date of hire through their first year of employment?**

**ENTER NUMBER OF HOURS:**

15. When does a new **security staff person** who begins employment at the facility 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

**ENTER RESPONSE BY NUMBER:**

**If you selected response #7 to Question 15 above,  
PLEASE DESCRIBE THE OTHER TIMEFRAME:**

16. Which of the following methods are used at the facility to educate inmates about the fact that sexual activity is not allowed at the facility? Please select a Yes or No response for each method.

Procedure	Yes	No
16A. Facility staff		
16B. Posters / Signs		
16C. Brochures / Flyers / Pamphlets		
16D. Handbook that describes facility rules and policies		
16E. Video		
16F. Peer educator		
16G. New inmate orientation		
16H. Some other way		

**If you answered 'Yes' to Questions 16H above,  
PLEASE DESCRIBE THE OTHER METHOD USED TO EDUCATE INMATES:**

17. Is there a Sexual Assault Nurse Examiner (SANE) onsite at the facility if an inmate needs to be seen?

- Yes
- No

**If you answered 'No' in Question 17**

**If there is a need for an inmate at the facility to be seen by a SANE, how does that visit happen?**

**PLEASE PROVIDE TEXT RESPONSE:**

18. 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.

**ENTER NUMBER OF GUILTY FINDINGS:**

19. 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

**ENTER RESPONSE BY NUMBER:**

20. 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 the facility?

**ENTER NUMBER OF ALLEGATIONS:**

**Please answer this question if your answer in Question 20 was "1" or more:**

21. During the past 12 months, that is since this date last year, were allegations of sexual abuse or sexual harassment at the facility investigated by staff at the facility, referred to staff working outside of the facility, or referred to a separate organization? Please answer Yes or No for each.

	Yes	No
21A. Staff at the facility investigated		
21B. Referred to staff working outside the facility		
21C. Referred to a separate organization		

22. Does the facility 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?

- Yes
- No

23. During the past 12 months, that is since this date last year, how did COVID-19 affect each of these practices?

	Increased a lot	Increased a little	No change	Decreased a little	Decreased a lot
24a. Number of inmates released early					
24b. Amount of time security staff 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!**



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## APPROVAL

January 14, 2019

Rachel Caspar  
 919-541-6376, x26376  
[caspar@rti.org](mailto:caspar@rti.org)

Dear Rachel Caspar:

On 12/11/2018, the IRB Committee reviewed the following submission below and approved it with required modifications. On 01/11/19, the required modifications you submitted were reviewed and accepted.

Type of Review:	Initial Study
Title:	National Inmate Survey (NIS-4) 2018-19
Investigator:	Rachel Caspar
IRB ID:	STUDY00020413
Funding Source:	Dept of Justice BJS
Customer/Client Name:	Dept of Justice BJS
Project/Proposal Number:	0216099
Contract/Grant Number:	2017-RP-BX-K053
IND, IDE, or HDE:	None

At a convened meeting, the IRB Committee approved the protocol from 12/11/2018 to 12/10/2019. Before 12/10/2019 or within 30 days of study close, whichever is earlier, you are to submit a completed continuing review and required attachments to request continuing approval or closure. You can submit a continuing review by navigating to the active study and clicking Create Modification / CR.

If continuing review approval is not granted before the expiration date of 12/10/2019, approval of this study expires on that date.

In conducting this protocol, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,  
 The RTI Office of Research Protection





## Office of Research Protection

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## APPROVAL

February 4, 2019

Rachel Caspar  
 919-541-6376, x26376  
[caspar@rti.org](mailto:caspar@rti.org)

Dear Rachel Caspar:

On 2/4/2019, the IRB reviewed the following submission:

Type of Review:	Modification
Title:	National Inmate Survey (NIS-4) 2018-19
Investigator:	Rachel Caspar
IRB ID:	MOD00000512 for 20413
Funding Source:	Dept of Justice BJS
Customer/Client Name:	Dept of Justice BJS
Project/Proposal Number:	0216099
Contract/Grant Number:	2017-RP-BX-K053
IND, IDE, or HDE:	None

The IRB approved the modification under 28 CFR 46 from 2/4/2019 to 12/10/2019. Before 12/10/2019 or within 30 days of study close, whichever is earlier, you are to submit a completed continuing review and required attachments to request continuing approval or closure. You can submit a continuing review by navigating to the active study and clicking Create Modification / CR.

If continuing review approval is not granted before the expiration date of 12/10/2019, approval of this study expires on that date.

In conducting this protocol, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,  
 The RTI Office of Research Protection



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## APPROVAL

December 4, 2019

Rachel Caspar

919-541-6376, x26376

[caspar@rti.org](mailto:caspar@rti.org)

Dear Rachel Caspar:

On 12/3/2019, the IRB Committee reviewed the following submission:

Type of Review:	Continuing Review
Title:	National Inmate Survey (NIS-4) 2018-19
Investigator:	Rachel Caspar
IRB ID:	CR00000506
Funding Source:	Dept of Justice BJS
Customer/Client Name:	Dept of Justice BJS
Project/Proposal Number:	0216099
IND, IDE, or HDE:	None

At a convened meeting, the IRB Committee approved the protocol under 28 CFR 46 from 12/3/2019 to 12/2/2020. Before 12/2/2020 or within 30 days of study close, whichever is earlier, you are to submit a completed continuing review and required attachments to request continuing approval or closure. You can submit a continuing review by navigating to the active study and clicking Create Modification / CR.

If continuing review approval is not granted before the expiration date of 12/2/2020, approval of this study expires on that date.

In conducting this protocol, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,  
 The RTI Office of Research Protection



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## APPROVAL

April 8, 2020

Rachel Caspar

919-541-6376, x26376

caspar@rti.org

Dear Rachel Caspar:

On 3/17/2020, the IRB Committee reviewed the submission below and approved it with a required modification. On 4/8/2020, the required modification you submitted was reviewed and accepted.

Type of Review:	Modification
Title:	National Inmate Survey (NIS-4) 2018-19
Investigator:	Rachel Caspar
IRB ID:	MOD00000810
Funding Source:	Dept of Justice BJS
Customer/Client Name:	Dept of Justice BJS
Project/Proposal Number:	0216099
IND, IDE, or HDE:	None

At a convened meeting, the IRB Committee approved the modification under 28 CFR 46 from 3/17/2020 to 12/2/2020. Before 12/2/2020 or within 30 days of study close, whichever is earlier, you are to submit a completed continuing review and required attachments to request continuing approval or closure. You can submit a continuing review by navigating to the active study and clicking Create Modification / CR.

If continuing review approval is not granted before the expiration date of 12/2/2020, approval of this study expires on that date.

In conducting this protocol, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,  
 The RTI Office of Research Protection



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## APPROVAL

November 11, 2020

Rachel Caspar  
 919-541-6376, x26376  
 caspar@rti.org

Dear Rachel Caspar:

On 11/9/2020, the IRB reviewed the following submission:

Type of Review:	Continuing Review
Title:	National Inmate Survey (NIS-4) Prisons
Investigator:	Rachel Caspar
IRB ID:	CR00000684 for 20413
Funding Source:	Dept of Justice BJS
Customer/Client Name:	Dept of Justice BJS
Project/Proposal Number:	0216099
Contract/Grant Number:	2017-RP-BX-K053
IND, IDE, or HDE:	None

The IRB approved continuing review under 28 CFR 46 from 11/9/2020 to 11/8/2021. Before 11/8/2021 or within 30 days of study close, whichever is earlier, you are to submit a completed continuing review and required attachments to request continuing approval or closure. You can submit a continuing review by navigating to the active study and clicking Create Modification / CR.

If continuing review approval is not granted before the expiration date of 11/8/2021, approval of this study expires on that date.

In conducting this study, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,  
 The RTI Office of Research Protection



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## APPROVAL

October 15, 2021

Rachel Caspar  
 919-541-6376, x26376  
 caspar@rti.org

Dear Rachel Caspar:

On 10/14/2021, the IRB reviewed the following submission:

Type of Review:	Continuing Review
Title:	National Inmate Survey (NIS-4) Prisons
Investigator:	Rachel Caspar
IRB ID:	CR00000845
Funding Source:	Dept of Justice BJS
Customer/Client Name:	Dept of Justice BJS
Project/Proposal Number:	0216099
Contract/Grant Number:	2017-RP-BX-K053
IND, IDE, or HDE:	None

The IRB approved the study on 10/14/2021 to 10/13/2022 inclusive. This study was approved under 28 CFR 46. Any changes to the approved study protocol or documents must be submitted to the IRB as a modification for review and approval prior to implementation. Within 30 days of study completion, you should request to close the study in IRB Express. You can submit a modification or study closure by navigating to the active study and clicking Create Modification / CR.

In conducting this protocol, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,

The RTI Office of Research Protection



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## APPROVAL

May 2, 2022

Rachel Caspar (she/her)  
 919-541-6376, x26376  
 caspar@rti.org

Dear Rachel Caspar (she/her):

On 3/15/2022 the IRB Committee reviewed the submission below and approved it with required modifications. On 5/2/2022, the required modifications you submitted were reviewed and accepted.

Type of Review:	Modification / Update
Title:	National Inmate Survey (NIS-4) Prisons
Investigator:	Rachel Caspar (she/her)
IRB ID:	MOD00001438
Funding Source:	Dept of Justice BJS
Customer/Client Name:	Dept of Justice BJS
Project/Proposal Number:	0216099
Contract/Grant Number:	2017-RP-BX-K053
IND, IDE, or HDE:	None

At a convened meeting, the IRB Committee approved the modification from 3/15/2022 to 10/13/2022. This study was reviewed under 28 CFR 46. Any changes to the approved study protocol or documents must be submitted to the IRB as a modification for review and approval prior to implementation. Before 10/13/2022 or within 30 days of study close, whichever is earlier, you are to submit a completed continuing review and required attachments to request continuing approval or closure. You can submit a modification or a continuing review by navigating to the active study and clicking Create Modification / CR.

If continuing review approval is not granted before the expiration date of 10/13/2022 approval of this study expires on that date.

In conducting this study, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,  
 The RTI Office of Research Protection



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## APPROVAL

July 28, 2022

Rachel Caspar (she/her)  
 919-541-6376, x26376  
 caspar@rti.org

Dear Rachel Caspar (she/her):

On 7/27/2022, the IRB reviewed the following submission:

Type of Review:	Modification / Update
Title:	National Inmate Survey (NIS-4) Prisons
Investigator:	Rachel Caspar (she/her)
IRB ID:	MOD00001543
Funding Source:	Dept of Justice BJS
Customer/Client Name:	Dept of Justice BJS
Project/Proposal Number:	0216099
Contract/Grant Number:	2017-RP-BX-K053
IND, IDE, or HDE:	None

The IRB approved the modification on 7/27/2022 to 10/13/2022. This study was approved under 28 CFR 46. Any changes to the approved study protocol or documents must be submitted to the IRB as a modification for review and approval prior to implementation. Within 30 days of study completion, you should request to close the study in IRB Express. You can submit a modification or study closure by navigating to the active study and clicking Create Modification / CR.

In conducting this protocol, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,  
 The RTI Office of Research Protection



Office of Research Protection

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 Telephone 919-316-3358 ■ Toll Free 1-866-214-2043 ■ Fax 919-316-3897 ■ www.rti.org

## APPROVAL

September 7, 2022

Rachel Caspar  
 919-541-6376, x26376  
 caspar@rti.org

Dear Rachel Caspar:

On 9/6/2022, the IRB reviewed the following submission:

Type of Review:	Continuing Review
Title:	National Inmate Survey (NIS-4) Prisons
Investigator:	Rachel Caspar (she/her)
IRB ID:	CR00000992
Funding Source:	Dept of Justice BJS
Customer/Client Name:	Dept of Justice BJS
Project/Proposal Number:	0216099
Contract/Grant Number:	2017-RP-BX-K053
IND, IDE, or HDE:	None

The IRB approved the study on 9/6/2022 to 9/5/2023. This study was approved under 28 CFR 46. Any changes to the approved study protocol or documents must be submitted to the IRB as a modification for review and approval prior to implementation. Within 30 days of study completion, you should request to close the study in IRB Express. You can submit a modification or study closure by navigating to the active study and clicking Create Modification / CR.

In conducting this protocol, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,  
 The RTI Office of Research Protection





**U.S. Department of Justice**

Office of Justice Programs

*Bureau of Justice Statistics*

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Washington, DC 20531

[DATE]

[NAME OF COMMISSIONER/SECRETARY]

[TITLE]

[STREET ADDRESS 1]

[STREET ADDRESS 2]

[CITY, STATE, AND ZIP CODE]

Dear [COMMISSIONER/SECRETARY NAME]:

Thank you for your recent participation in the Bureau of Justice Statistics' Fourth National Inmate Survey (NIS) **in Prisons**. The commitment you and others in the [STATE DOC/BOP] have shown to helping us understand more about sexual victimization in **U.S.** prisons is commendable. We appreciate the consideration our interviewers were shown during data collection at [XX] facilities [in your state].

The Bureau of Justice Statistics and RTI International worked with many practitioners and researchers in developing the instrument and protocols for the survey. We hope your staff found the process to be well organized and efficient. Data collection will be followed by a period of data cleaning, weighting, and analysis. We anticipate beginning to release findings from the study starting in **2024**.

Thank you again for your assistance. We welcome any feedback you might have about the experience. Please feel free to contact Amy Lauger, **Chief of the Re-entry, Recidivism, and Special Projects Unit and PREA Program Manager at BJS**, at [Amy.Lauger@usdoj.gov](mailto:Amy.Lauger@usdoj.gov) or **202-353-5955**. She can also be contacted for more information about future NIS reports.

Sincerely,

[INSERT ELECTRONIC SIGNATURE]

**Alex R. Piquero, Ph.D.**

Director

Bureau of Justice Statistics



**U.S. Department of Justice**

Office of Justice Programs

*Bureau of Justice Statistics*

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Washington, DC 20531

[DATE]

[FACILITY ADMINISTRATOR NAME]

[TITLE]

[STREET ADDRESS 1]

[STREET ADDRESS 2]

[CITY, STATE, AND ZIP CODE]

Dear [FACILITY ADMINISTRATOR NAME]:

Thank you for allowing the Bureau of Justice Statistics (BJS) and RTI International (RTI) to interview inmates in your facility as part of the Fourth National Inmate Survey (NIS) **in Prisons**. Your facility's help was crucial to ensuring the success of NIS and generating national statistics of the characteristics of the U.S. prison population.

In particular, I would like to express my appreciation to [INSERT NAMES OF KEY STAFF WHO WORKED DIRECTLY WITH RTI] for their help with the study. They facilitated our work in an efficient and friendly manner. Please convey my thanks to them and all the other facility staff who assisted in this effort.

Thank you again for your cooperation and assistance. We hope you found the process to be well organized and efficient. After a period of data cleaning, weighting, and analysis, we anticipate beginning to release findings from the study in **2024**.

We welcome any feedback you would like to share about the experience. Please feel free to contact Amy Lauger, **Chief of the Re-entry, Recidivism, and Special Projects Unit and PREA Program Manager at BJS**, at [Amy.Lauger@usdoj.gov](mailto:Amy.Lauger@usdoj.gov) or **202-353-5955** with comments or questions.

Sincerely,

[INSERT ELECTRONIC SIGNATURE]

**Alex R. Piquero, Ph.D.**

Director

Bureau of Justice Statistics