

NOTICE – We are conducting this survey under the authority of Title 13, United States Code, Section 8. Section 9 of this law requires us to keep all information about you and your household strictly **confidential**. We may use this information only for statistical purposes. Also, Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 3789g and 3735, United States Code, also requires us to keep all information about you and your household strictly confidential.

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<p>ASK OF ALL PEOPLE AGES 18+</p>	<p>FORM SVS-1 (10-6-2005)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE</p> <p style="text-align: center;">SUPPLEMENTAL VICTIMIZATION SURVEY (SVS) TO THE NATIONAL CRIME VICTIMIZATION SURVEY 2006</p>
<p>We estimate that it will take from 5 to 15 minutes to complete this interview with 10 minutes being the average time. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Finance and Administration, Room 2027, U.S. Census Bureau, Washington DC 20233, or to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503. According to the Paperwork Reduction Act of 1995, no such persons are required to respond to a collection of information unless such collection displays a valid OMB control number.</p>	

Control number					
PSU	Segment/Suffix	Sample designation/Suffix	Serial/Suffix	HH No.	Spinoff Indicator

<p>A. Field Representative's Code</p> <p>001 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>B. Respondent's characteristics</p> <p>Last name <input style="width: 100px;" type="text"/> First name <input style="width: 100px;" type="text"/></p> <hr/> <p>Respondent</p> <p>Line No. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Sex <input style="width: 20px;" type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>
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<p>FIELD REPRESENTATIVE – Complete an SVS form for all <u>NCVS interviewed people ages 18+</u>. Do NOT complete an SVS form for Type Z noninterview people, NCVS persons interviewed by proxy or for people in Type A noninterview households.</p> <p>C. Type of SVS interview</p> <p>005 1 <input type="checkbox"/> Personal – Self } SKIP TO INTRO 1 2 <input type="checkbox"/> Telephone – Self } 3 <input type="checkbox"/> Noninterview – FILL ITEM D</p>	<p>D. Reason for SVS noninterview</p> <p>006 1 <input type="checkbox"/> Refused } SKIP TO CHECK ITEM K, page 11 2 <input type="checkbox"/> Not available } 3 <input type="checkbox"/> Non-English speaking respondent }</p>
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E. SVS SCREEN QUESTIONS

INTRO 1 **Now, I would like to ask you some questions about any unwanted contacts or harassing behavior you may have experienced that frightened, concerned, angered, or annoyed you. Please include acts committed by strangers, casual acquaintances, friends, relatives, and even spouses and partners. I want to remind you that the information you provide is confidential.**

<p>1. Not including bill collectors, telephone solicitors, or other sales people, has anyone, male or female, EVER – frightened, concerned, angered, or annoyed you by . . . (Read answer categories) –</p> <p>Mark (X) all that apply.</p>	<p>007 1 <input type="checkbox"/> Making unwanted phone calls to you or leaving messages? * 2 <input type="checkbox"/> Sending unsolicited or unwanted letters, e-mails, or other forms of written correspondence or communication? 3 <input type="checkbox"/> Following you or spying on you? 4 <input type="checkbox"/> Waiting outside or inside places for you such as your home, school, workplace, or recreation place? 5 <input type="checkbox"/> Showing up at places where you were even though he or she had no business being there? 6 <input type="checkbox"/> Leaving unwanted items, presents, or flowers?</p> <p>008 7 <input type="checkbox"/> Posting information or spreading rumors about you on the Internet, in a public place, or by word or mouth? * 8 <input type="checkbox"/> None</p>
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<p>CHECK ITEM A Is box 8 (None) marked in question 1?</p>	<p>009 1 <input type="checkbox"/> Yes – SKIP to CHECK ITEM K, page 11 2 <input type="checkbox"/> No – ASK 2a</p>
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<p>2a. Has anyone ever done (this/any of these things) to you on more than one occasion?</p>	<p>010 1 <input type="checkbox"/> Yes – SKIP to 3 2 <input type="checkbox"/> No – Go to CHECK ITEM B</p>
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<p>CHECK ITEM B How many boxes are marked in question 1?</p>	<p>011 1 <input type="checkbox"/> One – SKIP to 47 2 <input type="checkbox"/> Two } ASK 2b 3 <input type="checkbox"/> Three or more }</p>
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<p>2b. Did these unwanted contacts or harassing behavior occur on the same day or on different days?</p>	<p>012 1 <input type="checkbox"/> Same day – SKIP to 47 2 <input type="checkbox"/> Different days</p>
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<p>3. Did any of these things happen to you in the last 12 months, that is since _____ 1, 2005?</p>	<p>013 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to CHECK ITEM K, page 11</p>
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F. SINGLE OR MULTIPLE PERPETRATORS

4. How many different people have done any of these things to you in the last 12 months?	014 _____ Number of people X <input type="checkbox"/> Don't know
CHECK ITEM C How many people are reported in question 4?	015 1 <input type="checkbox"/> One – SKIP to 7 2 <input type="checkbox"/> Two – ASK 5a 3 <input type="checkbox"/> Three or more – SKIP to 6a 4 <input type="checkbox"/> Don't know – SKIP to 6d

TWO PERPETRATORS ONLY

FIELD REPRESENTATIVE: <i>Ask when only 2 perpetrators.</i>	
5a. Did these two people act alone or together as a team?	016 1 <input type="checkbox"/> Alone – ASK 5b 2 <input type="checkbox"/> Together – SKIP to 5c 3 <input type="checkbox"/> Don't know – ASK 5b
5b. Of the people who did these things to you, is there ONE person whose behavior you would consider to be the MOST serious?	017 1 <input type="checkbox"/> Yes – SKIP to INTRO 2a 2 <input type="checkbox"/> No } SKIP to INTRO 2b 3 <input type="checkbox"/> Don't know }
5c. Of the two people who did these things to you, is there any ONE person who you would consider to be the MOST responsible for this series of contacts or behavior?	018 1 <input type="checkbox"/> Yes – SKIP to INTRO 2c 2 <input type="checkbox"/> No } SKIP to 13 3 <input type="checkbox"/> Don't know }

THREE OR MORE PERPETRATORS

FIELD REPRESENTATIVE: <i>Ask when 3 or more perpetrators.</i>	
6a. Did ALL of these people act together as a team or group?	019 1 <input type="checkbox"/> Yes – SKIP to 6d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
6b. Of the people who did these things to you, is there any ONE series of contacts or behavior you would consider to be the MOST serious?	020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 6d 3 <input type="checkbox"/> Don't know }
6c. Were these things done by one person acting alone or by a team or group of people?	021 1 <input type="checkbox"/> One person acting alone – SKIP to 7 2 <input type="checkbox"/> With a team or group 3 <input type="checkbox"/> Don't know
6d. Of the people who did these things to you, is there any ONE person who you would consider to be the MOST responsible for this series of contacts or behavior?	022 1 <input type="checkbox"/> Yes – SKIP to INTRO 2c 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
6e. Please describe the general nature of the group. For example, were they co-workers, members of a gang, fraternity, sorority, ex-partner working with others, etc.?	023 1 <input type="checkbox"/> Co-workers 2 <input type="checkbox"/> Members of a gang 3 <input type="checkbox"/> Fraternity 4 <input type="checkbox"/> Sorority 5 <input type="checkbox"/> Ex-partner working with others 6 <input type="checkbox"/> Other – <i>Specify</i> ↘ _____ } SKIP to 13

G. RELATIONSHIP OF PERPETRATOR TO VICTIM

INTRO 2a For the next set of questions please tell me about the PERSON whose unwanted contacts or harassing behaviors you consider to be the MOST SERIOUS. (Ask 7)	
INTRO 2b Please choose one of these people and tell me about the series of unwanted contacts or harassing behavior committed against you by this person. (Ask 7)	
INTRO 2c For the next set of questions please tell me about the PERSON you consider to be MOST RESPONSIBLE for the unwanted contacts or harassing behaviors you have experienced. (Ask 7)	
7. Is this person male or female?	024 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Don't know
8. How old would you say this person is?	025 1 <input type="checkbox"/> Under 18 2 <input type="checkbox"/> 18–20 3 <input type="checkbox"/> 21–29 4 <input type="checkbox"/> 30–39 5 <input type="checkbox"/> 40–49 6 <input type="checkbox"/> 50+ 7 <input type="checkbox"/> Don't know
9. Is this person White, Black, or some other race? <i>Mark (X) all that apply.</i>	026 1 <input type="checkbox"/> White * 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Some other race 4 <input type="checkbox"/> Don't know race

10a. What WAS the relationship of the person who did (this/these things) to you when the contacts or behavior first began?

FIELD REPRESENTATIVE – Record the relationship AT THE TIME the unwanted contacts or behavior began and not at the time of the interview.

**RELATIVE
OFFENDER WAS THE RESPONDENT'S**

- 027 1 Spouse } **SKIP to 10c**
 2 Ex-spouse }
 3 Parent or step-parent }
 4 Own child or step-child } **ASK**
 5 Brother/sister, step-brother/step-sister } **10b**
 6 Other relative – Specify ↘

**NONRELATIVE
OFFENDER WAS THE RESPONDENT'S**

- 7 Boyfriend or girlfriend }
 8 Ex-boyfriend or ex-girlfriend } **ASK**
 9 Friend or ex-friend } **10b**
 10 Acquaintance }
 11 Roommate, housemate, boarder – **SKIP to 10c**
 12 Schoolmate }
 13 Neighbor }
 14 Customer/client }
 15 Student }
 16 Patient }
 17 Supervisor } **SKIP**
 18 Co-worker } **to 11**
 19 Stranger }
 20 Other nonrelative – Specify ↘
- 21 Unable to identify the person

10b. Did this person ever live with you?

- 028 1 Yes
 2 No – **SKIP to 11**

10c. Did the unwanted contacts or behavior start while this person was STILL living with you?

- 029 1 Yes
 2 No

11. In the last 12 months, when these acts were committed against you was this person employed or unemployed?

FIELD REPRESENTATIVE – If the respondent mentions illegal activities, mark box 2, Unemployed.

- 030 1 Employed
 2 Unemployed
 3 Sometimes employed/sometimes unemployed
 4 Don't know

12. To your knowledge has this person been arrested or had past problems with the law NOT including routine traffic stops and parking tickets?

- 031 1 Yes
 2 No
 3 Don't know

H. ONSET, DURATION, DESISTANCE

13. How long ago did you realize these things were happening to you?

- 032 _____ Days (1-6)
OR
 033 _____ Weeks (1-3)
OR
 034 _____ Months (1-11)
OR
 035 _____ Years (Round to the nearest whole year)
OR
 036 Since Enter month (1–12)
 154 Enter day (1–31)
 155 Enter year (1905–2006)
OR
 037 x Don't know

14. Why do you think (this person/these people) started doing these things to you? Any other reasons?
Mark (X) all that apply.

038	1 <input type="checkbox"/> For retaliation, to scare me, perpetrator was angry, out of spite
*	2 <input type="checkbox"/> To catch me doing something
	3 <input type="checkbox"/> To control me, perpetrator was jealous, possessive, or insecure
	4 <input type="checkbox"/> To keep me in the relationship, to keep me from leaving, because I left the perpetrator
	5 <input type="checkbox"/> Perpetrator thought I liked the attention
	6 <input type="checkbox"/> Perpetrator was an alcoholic or drug abuser
039	7 <input type="checkbox"/> Perpetrator was mentally ill or emotionally unstable
*	8 <input type="checkbox"/> Perpetrator liked the attention
	9 <input type="checkbox"/> Perpetrator liked me, found me attractive, had a crush on me
	10 <input type="checkbox"/> Perpetrator had different cultural beliefs or background
040	11 <input type="checkbox"/> Proximity, convenience, because I was alone
*	12 <input type="checkbox"/> Other – <i>Specify</i> ↘
	13 <input type="checkbox"/> Don't know

INTRO 3 **Now I would like you to focus on the series of unwanted contacts or harassing behavior committed against you by (this person/these people) in the last 12 months.**

CHECK ITEM D Is 1 or more years entered in question 13?

042	1 <input type="checkbox"/> Yes – <i>ASK 15</i>
	2 <input type="checkbox"/> No – SKIP to 16

15. In the last 12 months (has this person/have any of these people) done any of the following: (Read answer categories) —
Mark (X) all that apply.

043	1 <input type="checkbox"/> Made unwanted phone calls to you or left messages?
*	2 <input type="checkbox"/> Sent unsolicited or unwanted letters, e-mails, or other forms of written correspondence or communication?
	3 <input type="checkbox"/> Followed or spied on you?
	4 <input type="checkbox"/> Waited inside or outside places for you such as your home, school, workplace, or recreation place?
	5 <input type="checkbox"/> Showed up at places where you were even though he or she had no business being there?
	6 <input type="checkbox"/> Left unwanted items, presents, or flowers?
044	7 <input type="checkbox"/> Posted information or spread rumors about you on the Internet, in a public place, or by word of mouth?
*	8 <input type="checkbox"/> None of the above

16. During the last 12 months, did (this person/these people) use or attempt to use your personal information WITHOUT your permission to . . .

a. Charge items to your credit card?	045	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
b. Open or close an account in your name?	046	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
c. Take money from your accounts?	047	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know

17. During the last 12 months, did (this person/these people) use any of the following methods of Internet communication to harass or threaten you . . .

a. E-mail?	048	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
b. Instant messenger?	049	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
c. Chat rooms?	050	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
d. Blogs, message or bulletin boards?	051	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
e. Other Internet sites about you?	052	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know

18. During the last 12 months, did (this person/these people) use any of the following electronic devices to track or monitor your behavior . . .

a. Video or digital cameras?	053	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
b. Computer programs which retrace or monitor your use, such as Spyware?	054	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
c. Electronic listening devices or bugs?	055	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know
d. Global Positioning Systems (also known as GPS)?	056	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Don't know

<p>19a. In the last 12 months, about how often would you say the unwanted contacts or behavior occurred? Would you say —</p> <p><i>(Read answer categories) —</i></p>	<p>057</p> <p>1 <input type="checkbox"/> Once or twice a year?</p> <p>2 <input type="checkbox"/> Once or twice a month?</p> <p>3 <input type="checkbox"/> Once or twice a week?</p> <p>4 <input type="checkbox"/> Almost every day?</p> <p>5 <input type="checkbox"/> At least once a day? – ASK 19b</p> <p>6 <input type="checkbox"/> No set pattern or sporadically? – SKIP to 19c</p> <p>7 <input type="checkbox"/> Don't know – SKIP to 20a</p>
<p>19b. In the last 12 months, how many times a day did the unwanted contacts or behavior occur?</p>	<p>058</p> <p>_____ Number of times (1–996)</p> <p>X <input type="checkbox"/> Don't know</p>
<p>19c. In the last 12 months, how many times did the unwanted contacts or behavior occur?</p>	<p>059</p> <p>_____ Number of times (1–996)</p> <p>X <input type="checkbox"/> Don't know</p>
<p>20a. Now I am going to read you a list of things that people might do to protect themselves or stop the behaviors from continuing. In the last 12 months, have you done any of the following —</p> <p><i>(Read answer categories)</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>Change day-to-day activities</p> <p>060</p> <p>* 1 <input type="checkbox"/> Take time off from work or school?</p> <p>2 <input type="checkbox"/> Change or quit a job or school?</p> <p>3 <input type="checkbox"/> Change the way you went to work or school?</p> <p>4 <input type="checkbox"/> Avoid relatives, friends, or holiday celebrations?</p> <p>5 <input type="checkbox"/> Change your usual activities outside of work or school?</p> <p>6 <input type="checkbox"/> Stay with friends or relatives or had them stay with you?</p> <p>061</p> <p>* 7 <input type="checkbox"/> Alter your appearance to be unrecognizable?</p> <p>8 <input type="checkbox"/> Take self-defense or martial arts classes?</p> <p>9 <input type="checkbox"/> Get pepper spray?</p> <p>10 <input type="checkbox"/> Get a gun?</p> <p>062</p> <p>* 11 <input type="checkbox"/> Get any other kind of weapon?</p> <p>Change Personal Information</p> <p>12 <input type="checkbox"/> Change your social security number?</p> <p>13 <input type="checkbox"/> Change e-mail address?</p> <p>063</p> <p>* 14 <input type="checkbox"/> Change telephone numbers?</p> <p>15 <input type="checkbox"/> Install caller ID or call blocking systems?</p> <p>16 <input type="checkbox"/> Change or install new locks or a security system?</p> <p>17 <input type="checkbox"/> None of the above</p>
<p>20b. Some people might ask others for help in order to protect themselves or to stop the behaviors from continuing. In the last 12 months, did you —</p> <p><i>(Read answer categories)</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>064</p> <p>* 1 <input type="checkbox"/> Enlist the help of friends or family?</p> <p>2 <input type="checkbox"/> Ask people not to release information about you?</p> <p>3 <input type="checkbox"/> Hire a private investigator?</p> <p>4 <input type="checkbox"/> Talk to an attorney?</p> <p>5 <input type="checkbox"/> Contact victim services, a shelter, or help line?</p> <p>6 <input type="checkbox"/> Obtain a restraining, protection, or stay-away order?</p> <p>065</p> <p>* 7 <input type="checkbox"/> Talk to a mental health professional?</p> <p>8 <input type="checkbox"/> Talk to a doctor or nurse?</p> <p>9 <input type="checkbox"/> Talk to your clergy or faith leader?</p> <p>10 <input type="checkbox"/> Talk to your boss or employer?</p> <p>066</p> <p>* 11 <input type="checkbox"/> Contact your building or office security person?</p> <p>12 <input type="checkbox"/> None of the above</p>
<p>20c. In the last 12 months, in order to protect yourself or stop this behavior from continuing, did you move?</p>	<p>067</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 21a</p>
<p>20d. Did you move to — <i>(Read answer categories)</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>068</p> <p>* 1 <input type="checkbox"/> A different house/apartment but in the same area?</p> <p>2 <input type="checkbox"/> A different city or state?</p> <p>3 <input type="checkbox"/> A shelter or safe house?</p> <p>4 <input type="checkbox"/> Some other place? – <i>Specify</i> ↴</p> <p>_____</p>
<p>21a. Are the unwanted contacts or behaviors still going on?</p>	<p>069</p> <p>1 <input type="checkbox"/> Yes – SKIP to INTRO 4</p> <p>2 <input type="checkbox"/> No – <i>Ask 21b</i></p> <p>3 <input type="checkbox"/> Don't know – SKIP to INTRO 4</p>

21b. Why do you think the unwanted contacts or behavior stopped? Anything else?

Mark (X) all that apply.

RESPONDENT TOOK MEASURES

The respondent:

- 1 Got a restraining, protection, or stay-away order
- 2 Moved
- 3 Changed phone number or e-mail account
- 4 Talked to the perpetrator
- 5 Got married or started a new relationship with someone else

PERPETRATOR STOPPED ACTS

The perpetrator:

- 6 Was arrested or incarcerated
- 7 Started a new relationship with someone else
- 8 Moved
- 9 Died
- 10 Got help/counseling

OTHERS INTERVENED

- 11 Police warned perpetrator
- 12 Friend or relative intervened
- 13 Employer intervened
- 14 School official, faculty, or staff intervened
- 15 Others – *Specify* ↘

OTHER REASON

- 16 Don't know why it stopped
- 17 Other – *Specify* ↘

070

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071

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072

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073

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074

I. OTHER CRIMES AND INJURIES

INTRO 4

The next few questions are about other behaviors that may have been committed against you in conjunction with those behaviors you have already told me about.

22. During the series of unwanted contacts or behavior did this person do any of the following in the last 12 months:

- a. Illegally enter or attempt to enter your house/apartment?
- b. Illegally enter or attempt to enter your car?
- c. Damage or attempt to damage or destroy property belonging to you or someone else in your household?

075

- 1 Yes
- 2 No

076

- 1 Yes
- 2 No

077

- 1 Yes
- 2 No

23. In order to frighten or intimidate you, did this person ATTACK or ATTEMPT to ATTACK ...

- a. A child?
- b. Another family member?
- c. A friend or co-worker?
- d. A pet?

078

- 1 Yes
- 2 No

079

- 1 Yes
- 2 No

080

- 1 Yes
- 2 No

081

- 1 Yes
- 2 No

24. During the last 12 months, did this person ATTACK or ATTEMPT to ATTACK YOU by ...

- a. Hitting, slapping, or knocking you down?
- b. Choking or strangling you?
- c. Raping or sexually assaulting you?
- d. Attacking you WITH a weapon?
- e. Chasing or dragging with a car?
- f. Attacking you in some other way?

082

- 1 Yes
- 2 No

083

- 1 Yes
- 2 No

084

- 1 Yes
- 2 No

085

- 1 Yes
- 2 No

086

- 1 Yes
- 2 No

087

- 1 Yes – *Specify* ↘
- 2 No

CHECK ITEM E

In question 24, is box 1 (Yes) marked in category "d" (Attacking you WITH a weapon)?

088

- 1 Yes – ASK 25
- 2 No – **SKIP** to CHECK ITEM F

25. What was the weapon? Anything else?

Mark (X) all that apply.

089

*

- 1 Hand gun (pistol, revolver, etc.)
- 2 Other gun (rifle, shotgun, etc.)
- 3 Knife
- 4 Other sharp object (scissors, ice pick, axe, etc.)
- 5 Blunt object (rock, club, blackjack, etc.)
- 6 Other – *Specify* ↘

CHECK ITEM F

Is box 1 (Yes) marked in ANY category "a-d" in question 24?

090

- 1 Yes – ASK 26
- 2 No – **SKIP** to 27

26. What were the physical injuries YOU suffered? Anything else?

Mark (X) all that apply.

091

- 1 None
- 2 Raped
- 3 Attempted rape
- 4 Sexual assault other than rape or attempted rape
- 5 Knife or stab wounds
- 6 Gun shot, bullet wounds

092

- 7 Broken bones or teeth knocked out
- 8 Internal injuries
- 9 Knocked unconscious
- 10 Bruises, black eye, cuts, scratches, swelling, chipped teeth

093

- 11 Other – Specify ↴

27. (Other than the attacks or attempted attacks you just told me about), during the last 12 months, did this person THREATEN to . . .

- a. Kill you?
- b. Rape or sexually assault you?
- c. Harm you with a weapon?
- d. Hit, slap, or harm you in some other way?
- e. Harm or kidnap a child?
- f. Harm another family member?
- g. Harm a friend or co-worker?
- h. Harm a pet?
- i. Harm or kill (himself/herself)?
- j. Threaten you in some other way?

094

- 1 Yes
- 2 No

095

- 1 Yes
- 2 No

096

- 1 Yes
- 2 No

097

- 1 Yes
- 2 No

098

- 1 Yes
- 2 No

099

- 1 Yes
- 2 No

100

- 1 Yes
- 2 No

101

- 1 Yes
- 2 No

102

- 1 Yes
- 2 No

103

- 1 Yes – Specify ↴
- 2 No

J. RESPONSE OF VICTIM

28a. How did the behavior of (this person/these persons) make you feel when it FIRST started? Anything else?

(DO NOT read answer categories)

Mark (X) all that apply.

104

- 1 ANXIOUS/CONCERNED
Uncomfortable *Worried*
Uneasy *Creeped out*
Nervous *On edge*
Troubled
- 2 ANNOYED/ANGRY
Bothered *Mad*
Upset *Furious*
Aggravated
- 3 FRIGHTENED
Scared *Threatened*
Afraid *Alarmed*
Panicked *Hyper-vigilant*
Paranoid *Terrified*
- 4 DEPRESSED
Hopeless *Sad*
- 5 HELPLESS
Helpless *Couldn't do anything*
Powerless *No one could help*
Frustrated
- 6 SICK
Physically ill *Stressed*
- 7 SUICIDAL
Suicidal thoughts *Suicide attempts*
- 8 Some other way – Specify ↴

105

*

28b. How did you feel as the behavior progressed? Anything else?

(DO NOT read answer categories)

Mark (X) all that apply.

106

0 No change in feelings

*

1 ANXIOUS/CONCERNED

Uncomfortable *Worried*
Uneasy *Creeped out*
Nervous *On edge*
Troubled

2 ANNOYED/ANGRY

Bothered *Mad*
Upset *Furious*
Aggravated

3 FRIGHTENED

Scared *Threatened*
Afraid *Alarmed*
Panicked *Hyper-vigilant*
Paranoid *Terrified*

4 DEPRESSED

Hopeless *Sad*

5 HELPLESS

Helpless *Couldn't do anything*
Powerless *No one could help*
Frustrated

107

6 SICK

Physically ill *Stressed*

*

7 SUICIDAL

Suicidal thoughts *Suicide attempts*

8 Some other way – Specify ↘

29. What were you MOST afraid of happening as these unwanted contacts or behavior were occurring?

Mark all responses provided by the respondent.

108

1 Death

*

2 Physical/bodily harm

3 Harm or kidnap respondent's child

4 Harm current partner/boyfriend/girlfriend

5 Harm other family members

6 Loss of job

109

7 Loss of freedom

*

8 Behavior would never stop

9 General fear of not knowing what might happen next

10 Lose mind

110

11 Other – Specify ↘

*

12 Don't know

K. CRIMINAL JUSTICE AND OTHER RESPONSE

30a. During the last 12 months did you or someone else call or contact the police to report any of these unwanted contacts or behavior?

111

1 Yes

2 No – **SKIP** to 31

30b. How many times did you or someone else call or contact the police to report these unwanted contacts or behavior during the last 12 months?

112

_____ Number of times (1–996) } **SKIP** to 32

x Don't know }

Notes

31. What was the reason the unwanted contacts or behavior were not reported to the police? (Can you tell me a little more?) Any other reason?

Mark (X) all that apply.

STRUCTURED PROBE —

Was the reason because you dealt with it another way, it wasn't important enough to you, police couldn't do anything, police wouldn't help, you feared the person, or was there some other reason?

113
*

DEALT WITH IN ANOTHER WAY

- 1 Reported to another official (guard, apt. manager, employer, hospital, school official, military, etc.)
- 2 Private or personal matter (handled myself or family member handled it)

NOT IMPORTANT ENOUGH TO RESPONDENT

- 3 Too minor, not a police matter, not serious enough
- 4 Not clear it was a crime or that harm was intended

POLICE COULDN'T DO ANYTHING

- 5 Didn't find out until too late
- 6 Could not find or identify offender
- 7 Had no legal authority
- 8 Lacked or had incorrect restraining, protection, or stay-away order
- 9 Not enough evidence/lack of proof

POLICE WOULDN'T HELP

114
*

- 10 Police wouldn't believe respondent
- 11 Police would think it was respondent's fault
- 12 Police didn't think it was important enough, wouldn't want to be bothered or get involved
- 13 Perpetrator was a police officer, justice officer
- 14 Police would be inefficient, ineffective
- 15 Had previous negative experience with the police

FEARED PERPETRATOR

- 16 Afraid of reprisal or escalation of behavior by the perpetrator or others

OTHER REASONS

117
*

- 17 Felt ashamed or embarrassed
- 18 Didn't want perpetrator to get in trouble with the law
- 19 Perpetrator was (ex)spouse or (ex)partner
- 20 Respondent moved away
- 21 Perpetrator moved away
- 22 For the sake of the children
- 23 Contacts/behavior stopped
- 24 Other – Specify

118
*

119
*

- 25 Don't know

SKIP to 34

32. During the last 12 months, who reported (the/these) unwanted contacts or behavior to the police? Anyone else?

Mark (X) all that apply.

120
*

- 1 Respondent
- 2 Friend, neighbor
- 3 Respondent's family, in-laws, spouse, children, relatives, girl/boyfriend, partner
- 4 Doctor, nurse
- 5 Clergy, Priest, Pastor
- 6 Social worker, counselor, other mental health professional

121
*

- 7 School official, faculty, or staff
- 8 Boss, employer, co-worker
- 9 Stranger, bystander
- 10 Security guard, security department

122
*

- 11 Other – Specify

- 12 Don't know

CHECK ITEM G

Is "1" time entered in question 30b?

123

- 1 Yes – ASK 33b
- 2 No – ASK 33a

33a. The last time the police were contacted, what did they do? Anything else?

33b. When the police were contacted, what did they do? Anything else?

Mark (X) all that apply.

124
*

- 1 Took a report
- 2 Talked to or warned perpetrator
- 3 Arrested the perpetrator or took the perpetrator into custody
- 4 Told respondent to get a restraining, protection, or stay-away order
- 5 Referred respondent to a court or prosecutor's office
- 6 Referred respondent to services, such as victim assistance
- 7 Gave respondent advice on how to protect self
- 8 Took respondent to another location such as a hospital or shelter
- 9 Asked for more information/evidence
- 10 Don't know
- 11 Took no action – ASK 33c

SKIP to 34

125
*

<p>33c. Why do YOU think the police took no action? Any other reason?</p> <p><i>Mark (X) all that apply.</i></p>	<p>The police . . .</p> <p>126 1 <input type="checkbox"/> Didn't find out until too late</p> <p>* 2 <input type="checkbox"/> Could not find or identify offender</p> <p>3 <input type="checkbox"/> Had no legal authority</p> <p>4 <input type="checkbox"/> Lacked or had incorrect restraining, protection, or stay-away order</p> <p>5 <input type="checkbox"/> Didn't have enough evidence/lacked proof</p> <p>6 <input type="checkbox"/> Didn't believe respondent/take respondent seriously</p> <p>127 7 <input type="checkbox"/> Thought it was respondent's fault</p> <p>* 8 <input type="checkbox"/> Didn't think it was important enough, didn't want be bothered or get involved</p> <p>9 <input type="checkbox"/> Were inefficient, ineffective</p> <p>10 <input type="checkbox"/> Perpetrator was a police officer, justice officer</p> <p>128 11 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <p>* _____</p>
<p>34. After the unwanted contacts or behavior were reported to the police (the FIRST TIME), did the situation get worse, get better, or stay about the same?</p>	<p>129 1 <input type="checkbox"/> Got worse</p> <p>2 <input type="checkbox"/> Got better</p> <p>3 <input type="checkbox"/> Stayed about the same</p>
<p>35. Were criminal charges filed against the person(s) who committed these unwanted contacts or behavior?</p>	<p>130 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } SKIP to 38a</p> <p>3 <input type="checkbox"/> Don't know . }</p>
<p>36. What was the final outcome of the criminal charges filed against the person(s) who committed these unwanted contacts or behavior? Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>131 1 <input type="checkbox"/> Still pending – SKIP to 38a</p> <p>* 2 <input type="checkbox"/> Dismissed/not guilty</p> <p>3 <input type="checkbox"/> Convicted/guilty</p> <p>4 <input type="checkbox"/> Fined</p> <p>5 <input type="checkbox"/> Court order intervention/counseling program</p> <p>6 <input type="checkbox"/> Restraining/protection/stay-away order</p> <p>132 7 <input type="checkbox"/> Probation</p> <p>* 8 <input type="checkbox"/> Jailed/imprisoned</p> <p>9 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <p>_____</p> <p>10 <input type="checkbox"/> Don't know</p>
<p>37. Were you satisfied with this outcome?</p>	<p>133 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
<p>38a. Who within the criminal justice system do you feel was helpful to you? Anyone else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>134 1 <input type="checkbox"/> Patrol/police officer/sheriff</p> <p>* 2 <input type="checkbox"/> 911 dispatcher</p> <p>3 <input type="checkbox"/> Detective</p> <p>4 <input type="checkbox"/> Prosecutor/District Attorney</p> <p>5 <input type="checkbox"/> Judge</p> <p>6 <input type="checkbox"/> Victim advocate</p> <p>135 7 <input type="checkbox"/> Someone else – <i>Specify</i> ↘</p> <p>* _____</p> <p>8 <input type="checkbox"/> No person was helpful – SKIP to 38c</p>
<p>38b. Was there anyone in the criminal justice system who you feel was NOT helpful to you?</p>	<p>136 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 39</p>
<p>38c. Who within the criminal justice system do you feel was NOT helpful to you? Anyone else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>137 1 <input type="checkbox"/> Patrol/police officer/sheriff</p> <p>* 2 <input type="checkbox"/> 911 dispatcher</p> <p>3 <input type="checkbox"/> Detective</p> <p>4 <input type="checkbox"/> Prosecutor/District Attorney</p> <p>5 <input type="checkbox"/> Judge</p> <p>6 <input type="checkbox"/> Victim advocate</p> <p>138 7 <input type="checkbox"/> Someone else – <i>Specify</i> ↘</p> <p>* _____</p>

L. COST TO VICTIM

39. Did you have a job or work at a business during the last 12 months?	139	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
40. Have you ever been fired from or asked to leave a job because of the unwanted contacts or behaviors?	140	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM H Is box 1 (Yes) marked in question 39?	141	1 <input type="checkbox"/> Yes – <i>ASK 41a</i> 2 <input type="checkbox"/> No – SKIP to 45
41a. During the last 12 months, did you lose any time from work because of fear or concern for your safety because of the unwanted contacts or behavior?	142	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
41b. Did you lose any time from work for things such as getting a restraining/protection order or testifying in court?	143	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
41c. Did you lose any time from work for things such as changing your phone number, moving, or fixing or replacing damaged property?	144	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM I Is box 1 (Yes) marked in questions 41a, 41b, OR 41c?	145	1 <input type="checkbox"/> Yes – <i>Ask 42</i> 2 <input type="checkbox"/> No – SKIP to 45
42. How much time from work did you lose altogether because of this/these thing(s)?	146	_____ Number of days 0 <input type="checkbox"/> Less than one day X <input type="checkbox"/> Don't know
43. During these days, did you lose any pay that was not covered by unemployment insurance, paid leave, or some other source?	147	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 45
44. About how much pay did you lose?	148	\$ _____ .00 Amount of pay lost X <input type="checkbox"/> Don't know
45. In the last 12 months, what was the total estimated out of pocket cost to you as a result of the unwanted contacts or behavior? Please include things such as attorney fees, damage to property, child care costs, moving expenses, changing phone numbers, etc.	149	\$ _____ .00 Dollar amount X <input type="checkbox"/> Don't know 0 <input type="checkbox"/> None (No out of pocket cost)

M. OTHER QUESTIONS

CHECK ITEM J Is the respondent female and between the ages of 18-49?	150	1 <input type="checkbox"/> Yes – <i>ASK 46</i> 2 <input type="checkbox"/> No – SKIP to 47
46. During the last 12 months were you pregnant when any of the unwanted contacts or behavior were occurring?	151	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
47. Do you consider the series of unwanted contacts or harassing behavior you told me about to be stalking?	152	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM K Is this the last household member to be interviewed?	153	1 <input type="checkbox"/> Yes – <i>END SUPPLEMENT</i> 2 <input type="checkbox"/> No – <i>Interview next household member</i>