

2006 CRIME VICTIM'S SURVEY

Introduction

Hello, my name is _____ and I'm calling for the Texas Crime Victims' Institute at Sam Houston State University in Huntsville, Texas. Your phone number was randomly selected among Texas residents and is among thousands of such calls we are making in an effort to learn your views about crime in the State of Texas.

I would like to speak with a member of the household who is at least 18 years old. Would that happen to be you?"

1. Yes
2. No--Wait for adult / Repeat Introduction
3. No--Call back later
4. Not willing to do interview

If yes, read the following

By participating in our study you may contribute to improving efforts to prevent some crimes from occurring and improving the help victims of crime receive. We hope to interview 700 Texas residents about their experiences with being victimized within the last 24 months. The kinds of crimes we will ask you about include assault, stalking, and property crimes.

(DO NOT READ ALOUD)

Is this person:

- Male
- Female

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

We ask you to give us about 20 minutes of your time to complete an interview about your experiences. However, your participation is entirely voluntary and you can refuse to participate if you so choose. If you agree to be interviewed, it will cost you nothing. We will not ask for your name, address, or other information that would identify you. In this way you can be assured that no one will know how you answered our questions. The answers you give to this interview will be entered into a database and only used to report information about groups of people, not individual persons. This interview will take approximately 20 minutes of your time.

Have you answered this call on a cell phone?

If No, proceed with consent process below

If Yes, say

Would you prefer to be interviewed

1. Using this phone
(If so, proceed with consent process below)
2. Call a different number to complete the interview
(If so, obtain the new number and dial it)

I want to tell you about possible risks and discomforts you may experience as a result of your participation in this survey. Some people who have been victims of a crime may find it difficult to think about the things that have happened to them. Should this happen during this interview, please let me know. You do not have to answer a question if it makes you uncomfortable. However, even if you decide not to answer a question, you may still complete the rest of the interview, if you wish. At the end of the interview I will give you a list of hotlines and websites in the event that the interview causes you to become distressed and/or if you have questions about the survey. The phone numbers will also be given to you upon request if you decide to stop your participation before completing the interview. If you wish to discuss the information just given to you or any other risks you may experience, you may ask your questions now or call the Crime Victims' Institute toll-free at 877-842-8463.

We hope you will benefit from participating in this survey, knowing that your help may lead to improvement in the services provided to victims of crime.

This study has been approved by the Protection of Human Subjects Committee at Sam Houston State University. If you have questions about your rights as a research participant, please contact the Protection of Human Subjects office at 936-294-3621.

Because this is a telephone interview, I need your consent to be verbally acknowledged.

Do you understand that the information you provide is confidential and that no one will be able to identify you from your answers?

1. Yes
2. No

Do you understand that you may choose not to answer a question?

1. Yes
2. No

Do you understand that you may stop your participation at any time?

1. Yes
2. No

Do you voluntarily consent to participate in this study?

1. Yes
2. No – End Interview: Thank you for your time.

Demographic information

Lead In: "First, I would like to ask you some general questions about yourself. I would like to assure you that your responses will be kept completely confidential."

D1. What is the Zip Code where you live? _____

D2. Do you identify yourself as:

1. White, non-Hispanic
2. White Hispanic
3. African-American
4. American Indian, Aleut, Eskimo
5. Asian, Pacific Islander
6. Other-Would you please specify?
9. Don't Know

D3. How old are you? _____

D4. What is your current relationship status?

1. Married
2. Living with boyfriend/girlfriend, but not married
3. Separated
4. Divorced
5. Widowed
6. Single
7. Other (please specify) _____

D5. How many people live in your household? _____

D6. How many of those people are children (under age 18)? _____

D7. How far did you go in public or private school?

1. Did not finish high school
2. Did not finish high school but obtained GED
3. High school diploma

D8. What is the highest level of education you completed after high school?

1. Completed some college courses
2. Vocational school degree
3. Have an Associate degree from a 2 year college
4. Have a Bachelor's degree from a 4 year college/university
5. Have a graduate degree (MA, MS, JD, etc)
6. Have a Doctoral or Professional Degree (Ph.D., M.D., DDS, Etc...)
9. Don't Know

D9. Do you have a job?

1. Full time student and do not have a job
2. Full time student and work at least 10 hours per week
3. Part-time student and do not have a job
4. Part-time student and work at least 10 hours per week
5. Employed full-time and not a student
6. Employed part-time and not a student
7. Unemployed and not a student
9. Don't Know

(If D9>6, Skip to D11)

D10. In what kind of occupation are you presently working?

Officials and managers

(executives, legislators, marketing/sales, PR managers, IT manager, administrators, supervisors, inspectors)

Professionals

(human resources, accountants/auditors, architects, engineers, scientists, economists, mental health, planners, clergy, lawyers/judges, teachers/librarians, athletes, musicians, reporters, PR, writers/photographers, dentists, optometrists, pharmacists, physician, RN, veterinarians, pilots)

Technologists and technicians

(surveyors, technicians, dental hygienists, paramedics, LVN, air traffic controllers)

Sales

(cashiers, financial advisors, retail sales, insurance sales, stock broker, sales rep, real estate broker)

Office and administrative support assistance

(adjusters, appraisers, paralegals, teacher assistance, travel agents, billing, tellers, clerks, freight handlers, dispatchers, meter readers, postal clerks, secretaries, data entry clerks)

Service occupations

(aides, massage therapists, correctional officer managers, fire fighters, detectives, animal control, cooks, bartenders, waiters, dishwashers, hostesses, custodial, ushers, barbers, hairdressers, child care,)

Construction, installation, maintenance and repair

(carpenters, brick masons, carpet/tile installers, drywall installers, electricians, painters, sheet metal workers, roofers, highway maintenance, computer repair, security installations, mechanics, heating/ac installers, home appliance repair,

locksmiths, machinists, tailors, cabinet makers, treatment plant operators, crane/excavating operators)

Production, transportation and materials moving

(bakers, butchers, welders, print machine operators, laundry workers, bus/truck/taxi drivers, railroad engineers, sailors, parking attendants)

Laborers; material handler occupations

(grounds workers, forestry workers, animal breeders, fishing industry workers, loggers, construction laborers, service station attendants)

Other (please specify) _____

D11. Do you or anyone in your household receive government funds, such as a Lone Star card to purchase food, social security income, disability, Medicaid benefits, Medicare benefits, or WIC benefits?

1. Yes
2. No
9. Don't Know

D12. Please stop me when I reach the category which represents your income or the approximate income of your parents (if you are living at home) for the year 2005.

1. Less than \$10,000
2. 10,000 - 19,999
3. 20,000 - 29,999
4. 30,000 - 39,999
5. 40,000 - 49,999
6. 50,000 - 74,999
7. 75,000 - 99,999
8. \$100,000 or more
9. Don't Know

Neighborhood

Lead in: "Next, I want to ask you questions about your neighborhood."

F1. How safe do you feel walking alone during the day in your neighborhood?

1. Very unsafe
2. Somewhat unsafe
3. Neither unsafe nor safe
4. Somewhat safe
5. Very safe
9. Don't Know

F2. How safe do you feel walking alone at night in your neighborhood?

1. Very unsafe
2. Somewhat unsafe
3. Neither unsafe nor safe
4. Somewhat safe
5. Very safe
9. Don't Know

F3. Does your neighborhood have a Neighborhood Watch Program?

1. Yes
2. No
9. Don't Know

F4. How well do you know your neighbors?

1. I know many of them well
2. I know some of them well
3. I know only a couple of them
4. I know none of them

F5. Do you or do the people you live with rent or own the property where you reside?

1. Rent
2. Own
9. Don't Know

F6. Do you think your neighborhood is a high crime area?

1. Yes
2. No
9. Don't Know

F7. During the last 24 months, do you think crime in your neighborhood has:

1. Decreased
2. Stayed the same
3. Increased
4. Unsure
9. Don't Know

F8. During the last 24 months, do you think that crime in the state of Texas has:

1. Decreased
2. Stayed the same
3. Increased
4. Unsure
9. Don't Know

F9. Do you or any member of your household own a firearm?

1. Yes
2. No
9. Don't Know

F10. Do you have a loaded gun in your house?

1. Yes
2. No
9. Don't Know

F11. Do you or any member of your household have a current concealed firearm permit?

1. Yes
2. No
9. Don't Know

Stalking

Lead-In: “Now I want to ask you some questions about stalking. Stalking refers to deliberate but unwanted acts by a person to get your attention because he or she wants to have a relationship with you, has had a relationship with you, or assumes there is a relationship with you when there is not.

S1. Have you experienced any of the following kinds of stalking in the past 24 months? (*Code all that apply*)

1. Did you receive a number of angry and threatening emails, notes, or letters from someone you did not want to see?
2. Did you receive a number of unwanted emails, notes, or letters in which the person you did not want to see tried to convince you to see him or her?
3. Did you receive a number of unwanted phone calls from the same person that were angry or threatening?
4. Did you receive a number of unwanted phone calls from the same person during which the person tried to convince you to see him or her?
5. Did you receive a number of phone calls from the same person and the caller either hung up when you answered or said nothing?
6. Were you “spied on” at home (for example, someone sat outside or drove past your home repeatedly)?
7. Were you followed or “spied-on” while out in public (for example, at restaurants, school, clubs, etc.)?
8. Did you have unwanted contact because someone you did not want to see was waiting for you either outside your home, your work, or in a public place?
9. Did a person you did not want to see come to your home or workplace and create a disturbance?
10. Did a person you did not want to see threaten to hurt or kill you?
11. Did a person you did not want to see threaten to hurt or kill members of your family?
12. Did someone tamper with your car?

13. Did a person you did not want to see threaten you while you were driving your car (e.g., tail-gated, forced you to stop, forced you off the road)?
14. Did someone break into your house, car, or business?
15. Did someone steal things from your house, car or business?
16. Did someone destroy some of your things?
17. Did someone threaten to report you to the police for something you did not do?
18. Did someone threaten to commit suicide if you did not do as they asked?
19. Did someone threaten to report you to child protective services, immigration, or other authorities if you did not do something this person wanted you to do?
20. None of the above things happened

(If the sum of S1=0, Skip to Person Crime Section)

- S2. Do you know the person who did these things to you?
1. Yes
 2. No
 9. Don't Know

(If S2>1, Skip to S4)

- S3. What was your relationship with this person at the time these things were going on?
1. Husband
 2. Ex-Husband
 3. Wife
 4. Ex-Wife
 5. Boyfriend
 6. Ex-boyfriend
 7. Girlfriend
 8. Ex-girlfriend
 9. Dated 1 or more times – male
 10. Dated 1 or more times – female
 11. Male Co-worker
 12. Female Co-worker
 13. Schoolmate – male
 14. Schoolmate – female
 15. Roommate – male
 16. Roommate – female
 17. Ex-Roommate – male
 18. Ex-Roommate – female
 19. Acquaintance – male
 20. Acquaintance – female
 21. Stranger – male
 22. Stranger – female
 23. Other – specify _____

S4. Before the stalking began did this person do any of the following things to you?

(Code all that apply)

1. Pushed or shoved you
2. Kicked you
3. Punched or slapped you
4. Raped or sexually assaulted you
5. Prevented you from leaving where you were
6. Threatened you with a weapon (knife or gun)
7. Shot or stabbed you
8. Pulled your hair
9. Bit you
10. Verbally threatened to inflict harm on you
11. Other (please specify) _____
12. None of these things happened

S5. What was the race of the person who stalked you?

1. White, not Hispanic
2. White, Hispanic
3. African-American
4. American Indian, Aleut, Eskimo
5. Asian, Pacific Islander
6. Other (please specify) _____
9. Don't Know

S6. Was the person who stalked you

1. Unemployed
2. Employed part-time
3. Employed full-time
9. Don't Know

S7. What is your relationship with this person now?

1. Husband
2. Ex-Husband
3. Wife
4. Ex-Wife
5. Boyfriend
6. Ex-boyfriend
7. Girlfriend
8. Ex-girlfriend
9. Dating one another
10. Female Co-worker
11. Male Co-worker
12. Schoolmate – male
13. Schoolmate – female
14. Roommate – male
15. Roommate – female

16. Ex-Roommate – male
17. Ex-Roommate – female
18. Acquaintance – male
19. Acquaintance – female
20. Other – specify _____

S8. How many months did you know the stalker before the stalking started? _____

S9. Do you have children with the stalker?

1. Yes
2. No
9. Don't Know

S10. For how many months did the stalking take place? _____

S11. How often did any of the stalking incidents occur?

1. Happened once
2. Happened less than once a month
3. Occurred less than 1x per week
4. Once a week
5. 2-3 days per week
6. 3-6 days per week
7. At least daily
8. Behavior occurred, frequency not specified

S12. Why do you think this person did these things to you? (*Code all that apply*)

1. To get back at me for leaving or breaking up with him
2. To get me to get back with him/her
3. Jealousy
4. Possession/control/manipulation
5. To see my children
6. A doctor had diagnosed him as being mentally ill
7. Financial reasons
8. To scare me into doing what he or she wanted

S13. Had the person who stalked you been arrested before the stalking began?

1. Yes
2. No
9. Don't Know

S14. Did you call the police or go to police station to report the stalking incidents?

1. Yes
2. No
9. Don't Know

(If S14>1, Skip to S20)

S15. How many times did you call the police? ____

S16. How many times did the police meet with you, take a report from you, or call you?

S17. Was the person who stalked you arrested for bothering or threatening you?

1. Yes
2. No
9. Don't Know

(If S17>1, Skip to S19)

S18. For which of the following was the stalker arrested?

1. Stalking
2. Domestic violence
3. Mail tampering
4. Assault
5. Attempted murder
6. Burglary
7. Robbery
8. Breaking and entering
9. Trespassing
10. Violation of a protective/restraining order
11. Kidnapping
12. Disorderly conduct
13. Holding hostage
14. Other (please specify) _____
15. Unknown

S19. How satisfied are you with the way you were treated by the police when you called them?

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Dissatisfied
5. Very dissatisfied

S20. In response to the stalking, which of the following things did you do?

(Code all that apply)

1. Filed for a temporary restraining order/order of protection
2. Filed criminal charges against the person
3. Changed your phone number or block his calls
4. Move to a new location
5. What other things did you do in response to the stalking
(please specify) _____

6. Did none of these things

(If S20=6, Skip to S22)

S21. When you did things we just discussed, what was stalker's reaction?

1. No change
2. Behavior grew worse
3. Behavior became better
4. Behavior was better for a time, then grew worse
5. Behavior was worse for a time, then got better
6. Behavior stayed the same, then got worse
7. Got better then resumed back to former level
8. Unsure of effect
9. His/her behavior changed from moment to moment

S22. Being stalked by someone can affect a person in many ways. I am going to read a list of reactions that you may have experienced as a direct result of being stalked.

Please indicate which of the following you experienced: (*Code all that apply*)

1. Loss of sleep
2. Nightmares
3. Loss of appetite
4. Depression
5. Feelings of helplessness
6. Lack of concentration
7. Fear of being alone
8. Anger
9. Thought about suicide
10. Wanted to be alone
11. Lost your job
12. None of these things

Person Crimes

Lead In: "Next I want to ask you about crimes committed against you personally other than the stalking crimes I asked you about earlier. These are acts such as someone taking something of yours by force or the threat of harm, forcing you to engage in sexual behavior against your will, physically hurting you, threatening to hurt you, or upsetting you emotionally to the point of causing you to cry uncontrollably or interfering with your sleep.

V1. Other than any Stalking incidents I asked you about earlier, has anyone in the last 24 months deliberately attacked or threatened you in an attempt to punish or control you, in any of the following ways? Remember, I am now asking about things that happened other than any stalking incidents.

(*Code all that apply*)

1. Attacked or threatened you with a weapon, for instance, a gun or a knife?

2. Attacked or threatened you with anything like a baseball bat, frying pan, scissors, or stick?
3. Attacked you by throwing something at you such as a rock or a bottle?
4. Attacked you by punching, biting, kicking, pinching, slapping, pushing, twisting your arm(s), etc?
5. Did someone try to force you to do something sexual against your will?
6. Has someone tried to prevent you from leaving a place after a threatening and/or violent incident occurred?
7. Has someone come after you in his or her vehicle when you tried to leave in yours vehicle?
8. None of these things happened

(If V1=8, Skip to Property Crime Section)

V2. How many different times did any of these things happen? _____

(If V2>1, say, "Let's talk about the most serious incident.")

V3. Do you know the person who did this/these things to you?

1. Yes
2. No

(If V=2, Skip to V5)

V4. If yes, how do/did you know this person?

1. Father/Step-father
2. Mother/Step-mother
3. Son/Step-son
4. Daughter/Step-daughter
5. Brother/Step-brother
6. Sister/Step-sister
7. Uncle
8. Aunt
9. Cousin-male
10. Cousin-female
11. Friend-male
12. Friend-female
13. Boyfriend
14. Ex-Boyfriend
15. Girlfriend
16. Ex-Girlfriend
17. Roommate-male
18. Ex-Roommate-male
19. Roommate-female
20. Ex-Roommate-female
21. Caregiver-male

22. Caregiver-female
23. Co-worker-male
24. Co-worker-female
25. Other_____

V5. What was the race of the person who attacked you?

1. White, not Hispanic
2. White Hispanic
3. African-American
4. American Indian, Aleut, Eskimo
5. Asian, Pacific Islander
6. Other-Would you please specify?
9. Don't Know

V6. Where were you when the most serious incident occurred?

1. Home
2. Work
3. Car or truck
4. Public area (shopping center, movie theatre, parking lot, etc.)
5. Home of someone you knew
6. Other, please explain_____

V7. Was there more than one person who physically injured you during the most serious incident?

1. Yes – How many? _____
2. No
9. Don't Know

V8. As a result of this incident, please indicate whether or not you suffered from any of the following injuries (*Code all that apply*)

1. Bruised
2. Cut
3. Burned
4. Broken bones
5. Stabbed
6. Shot with a gun
7. Blackened eye(s)
8. Lost teeth or teeth were loosened
9. Hair pulled out
10. None of these things happened

(If V8=10, Skip to V15)

V9. Were you injured badly enough to need medical attention?

1. Yes
2. No

9. Don't Know

(If V9>1, Skip to V13)

V10. If yes, did you receive medical attention:

1. At the scene of the crime
2. Emergency Room
3. Hospital
4. Doctor's clinic (either personal physician or "walk-in" clinic)
5. Other _____
6. Did not get medical attention
9. Don't Know

V11. Did these injuries require you spend more than 24 hrs. in the hospital?

1. Yes
2. No
9. Don't Know

V12. Did you miss work, school, or other required activities as a direct result of your injuries?

1. Yes – How many days? _____
2. No
9. Don't Know

V13. Was medical attention offered to you, but for some reason you decided not to get medical attention?

1. Yes
2. No
9. Don't Know

(If V13>1, Skip to V15)

V14. If you did not accept medical attention was it because you (*Code all that apply*)

1. Had no way to pay for medical services
2. Were too embarrassed
3. Were afraid of the person who injured you
4. Were afraid that health officials might contact the police
5. Did not think treatment was medically necessary
6. Other (please specify) _____

V15. Being a victim of a violent crime can affect a person in many ways. Please indicate which of the following things you experienced as a result of being a victim of a crime (*Code all that apply*)

1. Loss of sleep
2. Nightmares
3. Loss of appetite

4. Depression
5. Feelings of helplessness
6. Lack of concentration
7. Fear of being alone
8. Anger
9. Thought about suicide
10. Wanted to be alone
11. Lost your job
12. None of the above

V16. Was the incident(s) reported to the police?

1. Yes
2. No
3. There was nothing to report
9. Don't Know

(If V16>1, Skip to Property Crime Section)

V17. If yes, did the police meet with you in person?

1. Yes
2. No
9. Don't Know

V18. Was the person who injured you arrested for what he/she did to you?

1. Yes
2. No
9. Don't Know

(If V18>1, Skip to V31)

V19. Was a warrant issued for his/her arrest?

1. Yes
2. No
9. Don't Know

V20. Was the person who injured you (the offender) charged with a crime?

1. Yes
2. No
3. Not yet
9. Don't Know

V21. If he/she was arrested and charged with a crime, has the case gone to court?

1. Yes
2. No
3. Not yet
9. Don't Know

V22. Was there a trial or hearing where there was a finding of guilt (or innocence)?

1. Yes
2. No
3. Not yet
9. Don't Know

V23. Did the person who injured you enter into an agreement with the Court for a reduced charge? This is what is commonly known as a plea agreement.

1. Yes
2. No
3. Not yet
9. Don't Know

V24. Were you asked to testify at any trial or hearing in this case?

1. Yes
2. No
3. Not yet
9. Don't Know

V25. Did you testify?

1. Yes
2. No
3. Not yet
9. Don't Know

V26. Were you asked to turn in a written victim impact statement that described what happened to you and how the crime affected you?

1. Yes
2. No
3. Not yet
9. Don't Know

(If V26>1, Skip to V31)

V27. Who asked you for this statement?

1. A person in the police department
2. A person in the district attorney's office
3. A person in the probation office
4. A person in a community agency (e.g. battered women's shelter)
5. Other (please specify) _____

V28. Did anyone help you prepare the statement?

1. Yes
2. No
9. Don't Know

V29. Did you or someone related to you turn in a written victim impact statement about what happened to you?

1. Yes
2. No
9. Don't Know

(If V29=1, Skip to V31)

V30. Why did you not turn in a written victim impact statement? (Code for multiple answers)

1. I forgot
2. I did not understand what I was supposed to do
3. It was too much trouble
4. It was too upsetting to think about what happened to me
5. I just wanted to forget about what happened and move on in my life
6. Writing a statement would not do any good
7. I did not want to make matters worse for the person who did this to me
8. Other (please specify) _____

V31. Did anyone tell you about financial assistance that might be available to help pay for your medical, counseling, or moving expenses?

1. Yes
2. No
9. Don't Know

(If V31>1, Skip to V33)

V32. Who told you about such financial assistance?

1. A police officer or sheriff's deputy
3. A district attorney (prosecutor)
4. A person in the probation office
5. A person in a community agency such as a battered women's shelter, rape crisis center, etc.
6. A family member
7. A friend
8. A co-worker
9. A victim assistance coordinator in a police/sheriff's department
10. A victim assistance coordinator in a district attorney's office
11. Other, please explain _____

V33. Were you given written information by anyone about your rights as a crime victim?

1. Yes
2. No
9. Don't Know

If V32>1, Skip to V35)

V34. Who first gave you this information?

1. A police officer or sheriff's deputy
2. A victim assistance coordinator in a police/sheriff's department
3. A district attorney (prosecutor)
4. A victim assistance coordinator in a district attorney's office
5. A person in the probation office
6. A person in a community agency such as a battered women's shelter, rape crisis center, etc.
7. A family member
8. A friend
9. A co-worker
10. Other, please explain _____

V35. When were you first informed about your rights as a crime victim?

1. Immediately - at the scene of the crime
2. At the hospital
3. Sometime later

V36. How satisfied are you with the way you were treated by the police when you first spoke to them? Would you say you were:

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Dissatisfied
5. Very dissatisfied

V37. Did you have more contacts with the police and/or staff of the department after your initial contact at the scene?

1. Yes
2. No
9. Don't Know

V38. How many times did you contact or were you contacted by a police officer, sheriff's deputy, or detective after the initial report of the incident? _____

V39. How satisfied were you overall with the treatment you received from the police or sheriff's department?

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Dissatisfied
5. Very dissatisfied
6. Not applicable

For V40 to V44 use the following response options

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Dissatisfied
5. Very dissatisfied
6. Not applicable

How would you rate your treatment by the police in the following ways?

V40. The politeness of the officer

V41. The sympathy and understanding shown by the officer

V42. How well they listened to what you had to say

V43. The help they provided to you

V44. How fairly you were treated by them

V45. Were you kept informed about how the investigation was proceeding (i.e., such as when an arrest had been made)?

1. Yes
2. No
3. Not yet/not applicable
9. Don't Know

V46. Were you kept informed when the offender made bail or was released on bond?

1. Yes
2. No
3. Not yet/not applicable
9. Don't Know

V47. Were you kept informed about when court dates were set?

1. Yes
2. No
3. Not yet/not applicable
9. Don't Know

For V48 to V54 use the following response options

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Dissatisfied
5. Very dissatisfied
6. Not applicable

How satisfied were you with each of the following?

- V48. The outcome of your case (this would be either the plea agreement or the court's verdict of the offender)?
- V49. How you were treated by the Prosecutor?
- V50. How you were treated by the Victims Services Coordinator in the police/sheriff's department?
- V51. How you were treated by the Victims Services Coordinator in the District Attorney's Office?
- V52. How you were treated by the Victims Services Provider from a community agency (women's shelter, rape crisis, etc.)?
- V53. How quickly your case was investigated and completed?
- V54. The actions of the juvenile probation department?

Property Crime

Lead In: "Next I want to ask you about things that happened to your personal belongings or to the place where you live in the last 24 months.

- P1. During the last 24 months, was something belonging to you stolen, such as:
(Code all that apply)
1. Things you carry, like a purse, wallet, luggage, briefcase, backpack, cell phones
 2. Things you wear, like jewelry, clothing, shoes
 3. Things outside your home like garden tools, lawn furniture, a bicycle, a 4-wheeler
 4. Things inside your home like a TV, stereo, computer, furniture, china, silver
 5. Your car, truck, SUV, or motorcycle
 6. Things inside your car like a stereo, speakers, CDs, or packages
 7. Things attached to your car like license plates, car parts, or gasoline
 8. Credit cards or credit card numbers
 9. Money in your wallet/purse, home, business, or bank account
 10. Other (please specify _____)
 11. Nothing was stolen

(If P1=11, Skip to P9)

P2. What do you estimate to be the cost of what was taken from you?

P3. Was force used against you directly to take any of these items from you?

1. Yes
2. No
9. Don't Know

P4. During the past 24 months, has anyone broken into the place where you live?

1. Yes
2. No
9. Don't Know

(If P4>1, Skip to P9)

P5. How did they break in?

1. By forcing a door or window
2. By pushing past someone
3. Jimmying a lock
4. Cutting a screen
5. Entering through an open door or window
6. Other – specify _____

P6. Were you at home with this incident occurred?

1. Yes
2. No
9. Don't Know

P7. Do you know the person or persons who either stole from you or broke into your residence/place of business?

1. Yes
2. No
9. Don't Know

(If P7>1, Skip to P9)

P8. If yes, how do/did you know this person?

1. Father/Step-father
2. Mother/Step-mother
3. Son/Step-son
4. Daughter/Step-daughter
5. Brother/Step-brother
6. Sister/Step-sister
7. Uncle
8. Aunt
9. Cousin-male
10. Cousin-female
11. Friend-male
12. Friend-female
13. Boyfriend

14. Ex-Boyfriend
15. Girlfriend
16. Ex-Girlfriend
17. Roommate-male
18. Ex-Roommate-male
19. Roommate-female
20. Ex-Roommate-female
21. Caregiver-male
22. Caregiver-female
23. Co-worker-male
24. Co-worker-female
25. Stranger-male
26. Stranger-female
27. Other_____

P9. In the last 24 months, has anyone intentionally damaged or destroyed property owned by you (e.g., breaking windows, slashing tires, painting graffiti on property you rent or own)?

1. Yes
2. No
9. Don't Know

(If P9>1, Skip to P13)

P10. If yes, what kind of property was damaged or destroyed by this/these acts?
(code all that apply)

1. Motor vehicle (including parts)
2. Bicycle (including parts)
3. Mailbox
4. House window/screen/door/walls
5. Garage, shed, or other structure you rent/own
6. Furniture, other household goods
7. Animal (pets, livestock)
8. Your clothes or jewelry
9. Items of personal value (e.g., family pictures or mementos, etc.)
10. Other_____

P11. What kind of damage was done by this/these act(s)?
(code all that apply)

1. Broken glass; window, windshield, glass in door, mirror
2. Defaced; marred, graffiti, dirtied
3. Burned; use of fire or explosives
4. Drove into or ran over with vehicle
5. Other breaking or tearing
6. Intentional injury or killing of animals
7. Other_____

P12. What do you estimate to be the cost of this damage?

P13. Did you report any of the property crimes we've been discussing to the police?

1. Yes
2. No
9. Don't Know

(If P13>1, Skip to P22)

P14. When the police arrived on the scene, would you say you were:

1. Very satisfied with the way they treated you?
2. Somewhat satisfied with the way they treated you?
3. Neither satisfied nor dissatisfied with the way they treated you?
4. Dissatisfied with the way they treated you?
5. Very dissatisfied with the way they treated you?

P15. Did you have additional contact with the police and/or staff of the department after your initial contact at the scene?

1. Yes
2. No
9. Don't Know

For P16 to P20 use the following response options

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Dissatisfied
5. Very dissatisfied
6. Not applicable

For each of the next five questions give me your opinion about the ways you were treated by the police or sheriff's department?

P16. The politeness of the officer

P17. The sympathy and understanding shown by the officer

P18. How well they listened to what you had to say

P19. How seriously you were taken

P20. How fairly you were treated by the police or sheriff's department

P21. What was your reason for reporting this incident to the police?

1. It was the right thing to do
2. In hopes of getting the item back
3. So police will be aware that a crime occurred
4. Insurance requires that I make a report to the police
5. You wanted to know who was responsible for what happened
6. You wanted the person who was responsible to be punished
7. Other_____

P22. If you did not report these things, what was your reason for **not** reporting the incident to the police?

1. No insurance, no reason to report
2. No real value of the item(s) taken
3. Too much trouble to report
4. Fear of retaliation for reporting
5. Do not have a good relationship with police
6. Do not want the attention that reporting the crime to the police would bring
7. Nothing the police could do
8. Don't want to get involved – get anyone in trouble
9. Other_____

P23. During the past 24 months, do you think someone has intentionally done something to you, which may be considered illegal, because of your personal characteristics, such as:

1. Race/ethnicity
2. Gender
3. Sexual orientation
4. Disability
5. Religious beliefs/practices
6. Other_____
7. No

END INTERVIEW:

Thank you for participating in this survey. Your participation will help us learn more about crime victims' experiences. People who participate in surveys who have been victims often have some discomfort or painful feelings because they think about the bad things that happened to them. You may feel like you did something to make the crime happen. You may feel angry, anxious, or sad. Please remember that it is not your fault if someone hurts you. You did not make the bad things happen.

When we started this interview I told you I would provide you with some phone numbers and a web address where you might find information that would help you with the things that happened to you. Would you like me to give those to you now?

Texas Department of Criminal Justice, Victim Services Division Referral Center:
1-800-848-4284 (Monday through Friday, 7:30 a.m. to 5:30 p.m.).

The Crime Victims' Institute, Sam Houston State University: (877) 842-8463
www.crimevictimsinstitute.org

Texas Suicide Hotline: 1-800-SUICIDE (1-800-784-2433) 24 hours/7 days a week.

National Center for Victims of Crime: 1-800-FYI-CALL (1-800-394-2255) Monday – Friday, 7:30 a.m. to 7:30 p.m.

Many communities also have women's shelters and rape crisis centers. You might check to see if there is a community mental health center in your area as well. These agencies should be listed in the local phone directory.

"We greatly appreciate your time and cooperation; your responses are invaluable to the study of crime in Texas. Thank you very much!"