

Crime Victim Survey

The Crime Victims' Institute is interested in learning about your experiences or those of a member of your family who has been a crime victim. To participate in this survey **you must be at least 18 years of age.**



**Crime Victims' Institute
Criminal Justice Center
Sam Houston State University
Huntsville, TX 77341-2180**

**www.crimevictimsinstitute.org
Toll Free: 877-842-8463
FAX: 936-294-4296**

All questions are about the crime victim, rather than the person who fills out the survey for the crime victim. If you are at least 18 years of age, we would like to ask you questions about the **most recent**:

Property Crime or Personal/Violent Crime

...you or someone you are related to by blood, marriage or adoption experienced. Completing this questionnaire will take approximately 15-30 minutes. Some of the questions may not apply to you, so it may take less time to complete the survey. You will be asked questions about the crime, how this incident affected you, how you were treated by members of the police department, the district attorney, medical personnel, and counselors.

Your answers to this survey are ***confidential***. That means we will not ask for your name, so no one will know how you answer these questions. Your participation is completely ***voluntary***. That means you do not have to take this survey, and even if you start answering the questions, you may choose to stop at any time. However, we hope you will complete the questionnaire so that legislators and other authorities are better informed about the needs of crime victims.

Sometimes it can be difficult to think about the things that have happened to you and your family. We are eager to assist you with any discomfort you may experience. At the end of the survey we have provided three toll-free crisis hotline numbers you may call for assistance. If you wish to discuss the information above or any other issues you may experience, you can contact the **Crime Victims' Institute at (936) 294-3100**.

Your completion of this survey will mean that you have voluntarily agreed to participate in this study. Thank you in advance for your help.

IT'S NOT YOUR FAULT

As a victim of a crime you may experience some discomfort as you are asked to recall the things that have happened to you. You may feel that you did something to make the crime happen. You may feel angry, scared, anxious, or sad. Please remember that it is not your fault if someone hurts you. You are not responsible for what was done to you.

First of all, we want to ask you about *Property Crimes* or *Personal/Violent Crimes* you experienced recently.

1. Were you a victim of any of the **Property Crimes** listed below?
(Check **all** that apply)
 - Someone broke into where you live
 - Someone broke into your car or truck
 - Someone took your purse, wallet, or something that belonged to you (*without your knowing*)
 - Someone stole your car or truck (or attempted to steal)
 - Someone deliberately tried to burn your house or apartment
 - Vandalism (deliberately destroyed or ruined something that belonged to you)

2. Estimate how much the property that was taken and/or damaged was worth (in whole dollars).
\$ _____ Not applicable Don't know

3. Have you recently been a victim of any of the following **Personal/Violent Crimes**? (Check **all** that apply)
 - Attempted murder
 - Aggravated assault (An attack by a person upon another for the purpose of inflicting severe bodily injury, usually using a weapon or threatening to use a weapon such as a gun, knife or other object)
 - Domestic violence (for example, hit, slapped, pushed, burned, cut by a partner or family member)
 - Sexual assault or rape
 - Robbery with the use of a weapon, bodily injury, or threats of bodily harm
 - Drunk driving
 - Child abuse (if you turned 18 in the last 2 years; for example, beating, punching, burning or shaking, molestation or rape)
 - Elder abuse (if you were at least 65 or above in the last 2 years; including physical, sexual or emotional abuse, neglect or financial exploitation)
 - Hate crime (crime motivated by race, religion, age or sexual orientation)
 - Prevented you from leaving where you were staying (imprisoned against your will)
 - Threatened with violence
 - Other

4. What injuries did you sustain? (Check **all** that apply)

- Head or brain injury (skull fracture, concussion)
- Spinal cord injury, broken neck or back
- Broken bones, dislocated joints, broken nose
- Burns, rug burns
- Internal injuries
- Lacerations, knife wounds, cuts, stitches
- Scratches, bruises, welts, black eye, swelling, busted lip, bite mark/
wounds
- Chipped or knocked out teeth
- Gun shot or bullet wounds
- Miscarriage, complication of pregnancy, placental abruption
- Sore muscles, sprains, strains, pulls
- Bleeding genitals, genital injury, sore or irritated genitals
- Perforated eardrum, shattered eardrum
- Knocked unconscious, passed out
- Psychological, emotional stress
- Other (Specify)
- Don't know

5. Estimate how much money this victimization experience personally cost you in each of the following areas (in whole dollars).

- | | |
|---|----------|
| Time away from work | \$ _____ |
| Medical treatment | \$ _____ |
| Counseling | \$ _____ |
| Repairing or replacing vehicle | \$ _____ |
| Modifying or repairing residence | \$ _____ |
| Other _____ | \$ _____ |
| <input type="checkbox"/> Not applicable | |

6. Did you know the offender before the offense occurred?

- Yes
- No (go to question 8)
- Don't know (go to question 8)

7. If you answered yes to the above question, was the offender a:

- Partner/Spouse/Significant Other
- Relative
- Friend
- Neighbor
- Acquaintance
- Business Associate/Co-worker
- Other

8. After these things happened to you, how did you feel?

(Check all that apply)

- I was angry with the offender
- I was upset with myself
- I felt isolated and alone
- I was afraid the offender would return and harm me or the family again
- I wanted to get even
- I felt unsafe alone in my home
- I decided to move as a result of the crime
- I have not slept well as a result of the crime
- I have had nightmares about the crime
- The experience has affected my relationship with my partner
- My relationship with my partner ended as a result of the crime
- The experience has affected my relationships with family and friends
- I have had to take time off work because of the experience
- My work performance has been affected by the experience
- I quit my job as a result of the experience
- I have had to make changes in the way I live because of what happened
- I have been drinking or smoking more since the crime
- The experience has affected my physical health
- I now have a hard time getting around physically on my own (walk unassisted, drive a car, bath myself, etc.)
- I am permanently physically disabled because of what happened
- I purchased a gun for protection after the experience
- I had an alarm system and/or sensor lights installed for protection after the experience

Now we want to ask you some questions about your experiences with the police, District Attorney's Office, medical staff, and victim services providers as a result of the victimization experience.

9. Was the crime reported to the police?

- Yes (go to question 12) No

10. Why did you not report the crime?

- Did not want to make trouble for the offender
- Was afraid the offender would get back at me if I reported
- It was a private, not criminal, affair
- Police couldn't do anything
- I was embarrassed and ashamed
- I was too confused and scared
- Could have gotten myself in trouble too
- Not allowed to call
- Other

11. Were you told by the police officer about the services that are available to victims in your community?

- Yes No

Now we want to ask you questions about the people who helped you, and the services you received after the most recent victimization experience.

12. Please check the kind of services you have received so far under the **Services Provided** column. If there were services that were needed but which are not available from any agency or program in your community, please check those under the **Services Not Provided** column.

	<u>Services Provided</u>	<u>Services Not Provided</u>
EMERGENCY SERVICES		
Medical care	<input type="checkbox"/>	<input type="checkbox"/>
Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Security repair	<input type="checkbox"/>	<input type="checkbox"/>
Direct financial assistance	<input type="checkbox"/>	<input type="checkbox"/>
On-the-scene comfort	<input type="checkbox"/>	<input type="checkbox"/>
COUNSELING		
24 hour hot-line	<input type="checkbox"/>	<input type="checkbox"/>
Crisis intervention	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up counseling	<input type="checkbox"/>	<input type="checkbox"/>
ADVOCACY AND SUPPORT SERVICES		
Help with an employer	<input type="checkbox"/>	<input type="checkbox"/>
Return of property	<input type="checkbox"/>	<input type="checkbox"/>
Protection from intimidation	<input type="checkbox"/>	<input type="checkbox"/>
Paralegal/Legal counsel	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of criminal justice process	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with medical appointments	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided Services Not Provided

COURT-RELATED SERVICES

Witness reception area at court	<input type="checkbox"/>	<input type="checkbox"/>
Court orientation	<input type="checkbox"/>	<input type="checkbox"/>
Notification of hearings	<input type="checkbox"/>	<input type="checkbox"/>
Witness alert	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>
Escort to court	<input type="checkbox"/>	<input type="checkbox"/>
Help completing victim impact statement	<input type="checkbox"/>	<input type="checkbox"/>

CLAIMS ASSISTANCE

Insurance claims aid	<input type="checkbox"/>	<input type="checkbox"/>
Restitution assistance	<input type="checkbox"/>	<input type="checkbox"/>
Crime victim compensation assistance	<input type="checkbox"/>	<input type="checkbox"/>

13. On a scale of 1 (very dissatisfied) to 5 (very satisfied), how satisfied are you with the services provided to you by the following agencies or persons?
Please circle your response. Check the not applicable if appropriate.

Police

1 2 3 4 5 Not applicable

Victim Liaison Officer in the police/sheriff's department

1 2 3 4 5 Not applicable

Prosecutor

1 2 3 4 5 Not applicable

Victim Assistance Coordinator in the District Attorney's Office

1 2 3 4 5 Not applicable

Community Victim Service Providers (e.g. at shelters or crisis centers)

1 2 3 4 5 Not applicable

14. If you were dissatisfied with any of the services that were provided, please indicate the service provider and the reason for your dissatisfaction.

15. If you have any suggestions about how services to victims could be improved, please give us your suggestions.

Now for statistical purposes we need some information about you.

16. Are you a

- Male Female

17. How old were you on your last birthday? _____

18. What is your race/ethnicity?

- White
- African-American
- Hispanic/Latino/Mexican American
- American Indian, Aleut, Eskimo
- Asian/Pacific Islander
- Middle Eastern
- Multiracial
- Other

19. What is your current relationship status?

- Married
- Living with a partner
- Involved in intimate relationship, but not living together
- Separated
- Divorced
- Widowed
- Single

20. How far did you go in school?

- Elementary
- High school
- Some college
- Two-year or tech degree
- Four year college degree
- Postgraduate degree

21. What was your employment status when the crime occurred?

- Full-time
- Part-time
- Student
- Homemaker
- Unemployed
- Retired

22. What was the **total** income in your household in 2005?

- Below \$30,000
- Above \$30,000

23. What was your living situation when the crime occurred?

- Lived with my partner
- Lived with friends
- Lived with parents or relatives
- Lived alone

24. What is the zip code where you lived when the offense occurred?

25. How many times per month do you do the following things?

- A. Go shopping _____
- B. Play sports or go to a gym _____
- C. Go to a bar or a club _____
- D. Go to a movie _____
- E. Go out to eat _____
- F. Go for a walk or a drive _____

Please place this completed survey in the postage paid envelope provided and place in the mail.

Thank you for your time and participation. Your responses on this survey are very helpful in studying the experiences of crime victims. Please be assured that all of your responses will remain *completely confidential*.

Below you will see listed three toll-free crisis hotline numbers you may call if after completing this survey you need assistance. We have also listed several websites where you can find more information about services to crime victims.

If completing this interview has been difficult for you or brought up unpleasant memories, you may want to talk to someone about your experiences. There are people standing by at the toll-free hotline phone numbers listed below. We also invite you to contact us at the Crime Victims' Institute if you have questions about this interview.

- 1) National Center for Victims of Crime: **1-800-FYI-CALL**
(1-800-394-2255) (Monday through Friday, 7:30am to 7:30 pm).
- 2) Texas Suicide Hotline: **1-800-SUICIDE**
(1-800-784-2433) (24 hour / 7 days a week).
- 3) 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.).
- 4) The Crime Victims' Institute, Sam Houston State University:
(936) 294-3100
- 5) The Texas Information and Referral Network: dial **2-1-1**
- 6) The National Alliance on Mental Illness: **1-800-633-3760**

The following websites have additional resources and referrals for victims:

- 1) The Office for Victims of Crime (OVC): **<http://www.ojp.usdoj.gov/ovc>**
and: **<http://ovc.ncjrs.org/findvictimservices/>**
- 2) The Texas Department of Criminal Justice, Victim Services Division:
<http://www.tdcj.state.tx.us/victim/victim-home.htm>

The Crime Victims' Institute

- 3) The Texas Attorney General's Office: <http://www.oag.state.tx.us/victims/victims.shtml>
- 4) The Texas Information and Referral Network: www.helpintexas.com
- 5) The National Alliance on Mental Illness (NAMI Texas):
www.namitexas.org

Questions and comments about this survey should be directed to:

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Sam Houston State University
PO Box 2180
Huntsville, TX 77341-2180
Phone: (936) 294-3100**

**CRIME VICTIMS' INSTITUTE
MISSION STATEMENT**

The mission of the Crime Victims' Institute is to

- conduct research to examine the impact of crime on victims of all ages in order to promote a better understanding of victimization
- improve services to victims
- assist victims of crime by giving them a voice
- inform victim-related policymaking at the state and local levels.



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