**2008**

**College Student**

**Victimization Survey**

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CVI logo trans

*Crime Victims’ Institute*

*College of Criminal Justice*

*Sam Houston State University*

**Sam Houston State University**

Welcome

Welcome to this study about the experiences of college students in Texas. You and thousands of other college students around the State of Texas are being asked to participate in a study about your lifestyle, about difficult and frustrating things that may have happened to you, and about things you have done.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to identify the factors that lead students to engage in risky behaviors, and the consequences those behaviors have for themselves and for other students.

WHO IS CONDUCTING THE STUDY?

This study is being conducted by Dr. Glen Kercher, who is a faculty member at Sam Houston State University.

CHECK TO SEE IF YOU ARE ELIGIBLE TO PARTICIPATE

Yes No I am at least 18 years of age. This is an adults-only study. If you are not 18

years old, you need to leave this site.

Yes No I am enrolled in a Texas University this semester. If you are not attending a

Texas university this semester, you are not eligible to take this survey.

Yes No I understand that I will be asked some questions that are personal.

Yes No I have not taken this survey before. It is important that you only complete

the study once.

**I click to affirm that I am eligible to enter the study**

**Exit the study**

WHAT WILL I BE ASKED TO DO AS A STUDY PARTICIPANT?

If you agree to participate in the study, we will ask you to give us your consent. You will then be asked to answer 95 to 160 questions (depending on what your experiences have been). Completing this survey will take 15-30 minutes.

WHAT ARE THE RISKS AND BENEFITS OF PARTICIPATION?

Benefits: Sharing your experiences may cause you to think specifically about things you have done or that have happened to you and the ways these things have affected your life. Your participation will also contribute to a better understanding of the experiences of young adults.

Risks: You will be asked questions about illegal acts you may have done or about things that others have done to victimize you. Some of the questions may be embarrassing to you or make you feel uncomfortable. We need to ask these questions in order to complete this study, but your participation is voluntary. So, you can choose not to answer any question, to stop at any time, or to exit the survey and begin again later.

WILL I BE IDENTIFIED?

No. We do not ask you to provide any information that identifies you. The information you provide will be encrypted so that no one other than members of the research team will be able to see your responses. The researchers will not be able to associate your responses to the email address we used to invite you to participate.

WHO CAN I CONTACT IF I HAVE ANY DIFFICULTIES IN TAKING THIS SURVEY?

If you have any problems during the survey, please contact Teri, the project staff associate, at [Terin@shsu.edu](mailto:Terin@shsu.edu) or by phone at 936.294.3100.

If completing the survey makes you feel emotionally uncomfortable, we will provide you with a list of contacts who can assist you.

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.

**I CONSENT and wish to enter the study**

**I DO NOT CONSENT and wish to leave the study**

**Background Information**

1. How old are you?
2. Which group best describes you?

White/Caucasian

Hispanic

African American

American Indian or Alaskan native

Asian/Pacific Islander

Mixed

Other (Specify)

1. What is your gender?

Male

Female

1. What is the zip code of your residence during the school year?
2. What is the zip code of your permanent residence?
3. What is your current relationship status? Are you:

Married

Living with someone of the opposite gender as a couple

Living with someone of the same gender as a couple

Dating someone of the opposite gender

Dating someone of the same gender

Divorced or separated

Single, never married

Widowed

1. Growing up, who primarily raised you?

Both biological parents

Biological mother and stepfather

Biological father and stepmother

Biological mother only

Biological father only

Grandparents

Other relative

Other

1. When you were growing up, did your father, mother, stepfather, or stepmother ever physically hurt each other during an argument or disagreement?

No

Yes

Don’t know

1. How many full brothers and sisters do you have?

None **(skip to question 10)**

Specify the number \_\_\_\_\_\_\_\_\_\_

1. Among your siblings, are you

The oldest

The middle child

The youngest

1. Are you

Employed part-time

Employed full-time

Not employed

1. How often do you attend religious services?

Once a week or more

At least once a month, but less than once a week

At least once a year, but less than once a month

Never or rarely

1. Academic Standing

Freshman

Sophomore

Junior

Senior

Graduate student

**Lifestyle Information**

1. Where do you live while at school?

On-campus dorm

On-campus apartment

Off-campus apartment, not with family

go to question 3

Off-campus house, not with family

Off-campus with family

Other

1. Is your dorm coed?

No

Yes

1. Do you have roommates?

No

Yes (please specify the number)

1. About how many days per week are you on campus during the day (before 6 p.m.)? Circle one

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. About how many days per week are you on campus at night (after 6 p.m.)?

Circle one

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. About how many nights per week do you spend partying on or near campus?

Circle one

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. About how many nights per week do you spend partying away from campus?

Circle one

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. Are you an ***active*** member of a fraternity or sorority?

No

Yes

1. How many ***close*** friends do you currently have?

Three or more

One or two

None

1. About how many times in the past month did you carry $50 or more in cash or wore jewelry worth more than $100 in a public place?
2. About how often do you go out shopping?

Daily

Between 2-6 days per week

Once a week or less often

Never

1. How often have you taken the following safety precautions:

Circle the number that applies

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Safety Precaution** | | **Scale of Importance** | | | |
| **Always** | **Frequently** | **Sometimes** | **Never** |
| a. | Carried a firearm | 1 | 2 | 3 | 4 |
| b. | Carried mace | 1 | 2 | 3 | 4 |
| c. | Carried keys defensively | 1 | 2 | 3 | 4 |
| d. | Asked someone to walk you to your destination | 1 | 2 | 3 | 4 |
| e. | Asked someone to watch your property | 1 | 2 | 3 | 4 |
| f. | Attended campus-sponsored crime awareness or crime prevention programs/seminars | 1 | 2 | 3 | 4 |
| g. | Used any campus-sponsored crime prevention services | 1 | 2 | 3 | 4 |
| h. | Avoided specific areas of campus because you were afraid of being robbed, assaulted, or threatened | 1 | 2 | 3 | 4 |
| i. | Avoided specific areas of campus at night | 1 | 2 | 3 | 4 |
| j. | How often do you lock your door when you leave your room, but not the building | 1 | 2 | 3 | 4 |
| k. | Do you lock your vehicle when you park on or near campus | 1 | 2 | 3 | 4 |
| l. | Do you lock your bike or take the front wheel off when you park on or near campus | 1 | 2 | 3 | 4 |

1. At one time or another, most of us have thought about the likelihood of becoming the victim of a crime. Below is a list of different types of crime. We are interested in how ***afraid*** you are about becoming the victim of any of these things in your everyday life. If you are not afraid ***at all***, then circle the number 0 beside the crime. If you are ***very afraid***, then circle the number 5 beside the crime. If your fear falls somewhere ***in between***, then circle the number between 0 and 5 which best describes your fear about that crime.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Crime** | | **Scale of Importance** | | | | | |
| **Not Afraid at All** |  |  |  |  | **Very Afraid** |
| a. | Being assaulted | 0 | 1 | 2 | 3 | 4 | 5 |
| b. | Having your car stolen | 0 | 1 | 2 | 3 | 4 | 5 |
| c. | Having something taken from you by force (being robbed) | 0 | 1 | 2 | 3 | 4 | 5 |
| d. | Having someone break into your home | 0 | 1 | 2 | 3 | 4 | 5 |
| e. | Having your property damaged by vandals | 0 | 1 | 2 | 3 | 4 | 5 |
| f. | Being sexually assaulted | 0 | 1 | 2 | 3 | 4 | 5 |

**Things That May Have Happened to You**

1. Have you ***ever*** had something taken from you directly by force or by someone threatening to hurt you?

No  **(skip to question 2)**

Yes

1. How many times has this happened in the ***past two years***?
2. Did you need medical care as a result of any of these incidents?

No

Yes

Don’t know

1. For the most recent incident, who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

1. Were you under the influence of alcohol or drugs during this incident?

No

Yes

**(skip to question 3)**

1. Has anyone ***ever* *attempted*** to take something from you directly by force or by threatening to hurt you?

No **(skip to question 3)**

Yes

1. How many times has this happened in the ***past two years***?
2. Did you need medical care as a result of any of these incidents?

No

Yes

Don’t know

1. For the most recent incident, who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

1. Were you under the influence of alcohol or drugs during this attempt?

No

Yes

1. Have you ***ever*** had something of yours stolen from a public place such as a restaurant, gym, club, bar, or bowling alley?

No **(skip to question 4)**

Yes

1. How many times has this happened in the ***past two years***?
2. Did you report the incident to the police?

No

Yes

**(skip to question 5)**

1. Has anyone ***ever* *attempted*** to steal something of yours from a public place such as a restaurant, gym, club, bar, or bowling alley?

No **(skip to question 5)**

Yes

1. How many times has this happened in the ***past two years***?
2. Have you ***ever*** had something stolen from your home, house, or apartment?

No **(skip to question 6)**

Yes

1. How many times has this happened in the ***past two years***?
2. For the most recent incident, who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

1. Have any of your things ***ever*** been damaged on purpose, such as your house or car vandalized, or your bike or car tires slashed?

No **(skip to question 7)**

Yes

1. How many times has this happened in the ***past two years***?
2. For the most recent incident, who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

1. Has anyone ***ever*** attacked you, injured you, or beaten you up ***without the use of a weapon***?

No **(skip to question 8)**

Yes

1. How many times has this happened in the ***past two years***?
2. Did you need medical care as a result of any of these incidents?

No

Yes

Don’t know

1. For the most recent incident, who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

1. Were you under the influence of alcohol or drugs during this incident?

No

Yes

1. Has anyone ***ever*** attacked you ***with a weapon*** such as a gun, knife, bottle, or chair?

No **(skip to question 9)**

Yes

1. How many times has this happened in the ***past two years***?
2. Did you need medical care as a result of any of these incidents?

No

Yes

Don’t know

1. For the most recent incident, who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

1. Were you under the influence of alcohol or drugs during this incident?

No

Yes

1. Has your vehicle, motorcycle, or bicycle ***ever*** been stolen?

No **(skip to question 10)**

Yes

1. How many times has this happened in the ***past two years***?
2. For the most recent incident, who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

**(skip to question 11)**

1. Has anyone ***ever* *attempted*** to steal your vehicle, motorcycle, or bicycle?

No

Yes

1. Have things ***ever*** been taken from your vehicle, motorcycle, or bike, such as hubcaps, books, packages, CDs stereos, tapes, or money?

No **(skip to question 12)**

Yes

1. How many times has this happened in the ***past two years***?
2. For the most recent incident, who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

**(skip to question 13)**

1. Has anyone ***attempted*** to take things from your vehicle, motorcycle, or bike, such as hubcaps, books, packages, CDs stereos, tapes, or money?

No

Yes

1. Has anyone ***ever*** forced or coerced you to do sexual things (e.g., oral, vaginal, anal, etc.) even though you did not want to do those things?

No **(skip to question 14)**

Yes

1. How many times has this happened in the **past two years**?
2. Did you need medical care as a result of any of these incidents?

No

Yes

Don’t know

1. For the most recent incident, who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

1. Were you under the influence of alcohol or drugs when this happened to you?

No

Yes

1. Has anyone ever ***attempted*** to force or coerce you to do sexual things (e.g., oral, vaginal, anal, etc.) that you did not want to do?

No **(skip to question 15)**

Yes

1. How many times has this happened in the ***past two years***?
2. Did you need medical care as a result of any of these incidents?

No

Yes

Don’t know

1. For the most recent incident, who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

1. Were you under the influence of alcohol or drugs during this attempt?

No

Yes

1. Has anyone ***ever* *deliberately*** and ***repeatedly*** done things that made you fear for your safety, the safety of your family, or damage to your property or possessions? This may include angry and threatening phone calls, emails, letters; being followed and spied on; having your possessions damaged or stolen; spreading malicious information about you, etc.

No **(skip to question 1 in next section)**

Yes

1. Did any of these things happen within the ***past two years***?
2. Did you need medical care as a result of any of these incidents?

No

Yes

Don’t know

1. Who was the person who did these things to you?

Stranger

Family member (Specify)

Friend

Coworker

Casual acquaintance

Someone you dated

Don’t know

Other (Specify)

1. Did you report this incident to the police?

No

Yes

**Things You May Have Done**

1. Have you ***ever*** stolen or ***tried to steal*** a motor vehicle such as a car or motorcycle?

No **(skip to question 2)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. When you did this the last time, were you alone or did others take part in the event

Alone

With others

(Specify how many others)

1. Have you ***ever*** stolen or ***tried to steal*** something worth between $5 and $50?

No **(skip to question 3)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. When you did this the last time, were you alone or did others take part in the event

Alone

With others

(Specify how many others)

1. Have you ***ever*** stolen or ***tried to steal*** something worth more than $50?

No **(skip to question 4)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. When you did this the last time, were you alone or did others take part in the event

Alone

With others

(Specify how many others)

1. Have you ***ever*** broken into someone else’s building or vehicle, or ***tried to break in***, to steal or damage things, or just to look around?

No **(skip to question 5)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. When you did this the last time, were you alone or did others take part in the event?

Alone

With others

(Specify how many others)

1. Have you ***ever*** knowingly bought, sold, or held stolen goods ***(or tried to do any of these things)***?

No **(skip to question 6)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. Have you ***ever*** used force (strong-arm methods) to get money or things from anyone?

No **(skip to question 7)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. When you did this the last time, were you alone or did others take part in the event

Alone

With others

(Specify how many others)

1. Were you under the influence of alcohol or drugs during this event?

No

Yes

1. Have you ***ever*** attacked someone with the idea of seriously hurting or killing them?

No **(skip to question 8)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. When you did this the last time, were you alone or did others take part in the event

Alone

With others

(Specify how many others)

1. Were you under the influence of alcohol or drugs during this incident?

No

Yes

1. Have you ***ever*** sold or ***helped sell*** marijuana or hashish?

No **(skip to question 9)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. Have you ***ever*** engaged in or ***tried to engage*** in any kind of sexual behavior with someone against his/her will or when they were unable to consent?

No **(skip to question 10)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. When you did this the last time, were you alone or did others take part in the event

Alone

With others

(Specify how many others)

1. Were you under the influence of alcohol or drugs during this incident?

No

Yes

1. Have you ***ever*** sold or ***helped sell*** hard drugs such as heroin, cocaine, or LSD?

No **(skip to question 11)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. Have you ***ever*** paid someone for having sexual relations with you?

No **(skip to question 12)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. Have you ***ever*** been paid for having sexual relations with someone?

No **(skip to question 13)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. Have you ***ever*** been loud, rowdy, or unruly in a public place?

No **(skip to question 14)**

Yes

1. How many times in the ***past two years*** did you do this?
2. How old were you when you first did this?
3. When you did this the last time, were you alone or did others take part in the event

Alone

With others

(Specify how many others)

1. Have you ***ever*** frightened or ***intended to frighten*** someone on more than one occasion by following them, spying on them, communicating with them in any way against his/her will, or in other ways engaging in threatening acts?

No **(skip to question 15)**

Yes

1. Did you do any of things within the ***past two years***?
2. How old were you when this last happened?
3. When you did this the last time, were you alone or did others take part in the event

Alone

With others

(Specify how many others)

1. Have you ***ever*** been suspended from school?

No **(skip to question 16)**

Yes

1. How many times in the ***past two years*** did this happen?
2. How old were you when this last happened?
3. Have you ***ever*** been arrested for something other than a minor traffic offense?

No **(skip to question 17)**

Yes

1. How many times in the ***past two years*** did this happen?
2. How old were you when this last happened?
3. When this happened the last time, were you alone or with others

Alone

With others

(Specify how many others)

1. Were you under the influence of alcohol or drugs during this incident?

No

Yes

1. What is the zip code of your residence during the school year?

**Describing Yourself**

Instructions: Please mark the number that you feel best represents your feelings. Circle “4” if you strongly agree with the statement; circle “3” if you just agree with the statement; circle “2” if you disagree with the statement; or circle “1” if you strongly disagree with the statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | | Scale of Importance | | | |
| Strongly Disagree | Disagree | Agree | Strongly Agree |
| **1.** | **I often act on the spur of the moment without stopping to think.** | 1 | 2 | 3 | 4 |
| **2.** | **I don’t devote much thought and effort to preparing for the future.** | 1 | 2 | 3 | 4 |
| **3.** | **I often do whatever brings me pleasure here and now, even at the cost of some distant goal.** | 1 | 2 | 3 | 4 |
| **4.** | **I’m more concerned with what happens to me in the short run than in the long run.** | 1 | 2 | 3 | 4 |
| **5.** | **I frequently try to avoid projects that I know will be difficult.** | 1 | 2 | 3 | 4 |
| **6.** | **When things get complicated, I tend to quit or withdraw.** | 1 | 2 | 3 | 4 |
| **7.** | **The things in life that are easiest to do bring me the most pleasure.** | 1 | 2 | 3 | 4 |
| **8.** | **I dislike really hard tasks that stretch my abilities to the limit.** | 1 | 2 | 3 | 4 |
| **9.** | **I like to test myself every now and then by doing something a little risky.** | 1 | 2 | 3 | 4 |
| **10.** | **Sometimes I will take a risk just for the fun of it.** | 1 | 2 | 3 | 4 |
| **11.** | **I sometimes find it exciting to do things for which I might get in trouble.** | 1 | 2 | 3 | 4 |
| **12.** | **Excitement and adventure are more important to me than security.** | 1 | 2 | 3 | 4 |
| **13.** | **If I had a choice, I would almost always rather do something physical than something mental.** | 1 | 2 | 3 | 4 |
| **14.** | **I almost always feel better when I am on the move than when I am sitting and thinking.** | 1 | 2 | 3 | 4 |
| **15.** | **I like to get out and do things more than I like to read or contemplate ideas.** | 1 | 2 | 3 | 4 |
| **16.** | **I seem to have more energy and a greater need for activity than most other people my age.** | 1 | 2 | 3 | 4 |
| **17.** | **I try to look out for myself first, even if it means making things difficult for other people.** | 1 | 2 | 3 | 4 |
| **18.** | **I’m not very sympathetic to other people when they are having problems.** | 1 | 2 | 3 | 4 |
| **19.** | **If things I do upset people, it’s their problem not mine.** | 1 | 2 | 3 | 4 |
| **20.** | **I will try to get the things I want even when I know it’s causing problems for other people.** | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | | Scale of Importance | | | |
| Strongly Disagree | Disagree | Agree | Strongly Agree |
| **21.** | **I lose my temper easily.** | 1 | 2 | 3 | 4 |
| **22.** | **Often, when I’m angry at people I feel more like hurting them than talking to them about why I am angry.** | 1 | 2 | 3 | 4 |
| **23.** | **When I’m really angry, other people better stay away from me.** | 1 | 2 | 3 | 4 |
| **24.** | **When I have a serious disagreement with someone, it’s usually hard for me to talk calmly about it without getting upset.** | 1 | 2 | 3 | 4 |
| **25.** | **I tend to spend money as soon as I get it.** | 1 | 2 | 3 | 4 |

**END OF SURVEY**

Thank you for participating in this survey. Sometimes when students think about the bad things that have happened to them, it makes them feel uncomfortable, sad, or scared. Please remember that it is not your fault if someone hurts you. You did not make the bad things happen.

If participating in this survey has been difficult for you because of the things you were asked to recall, we encourage you to talk about it to a good friend, your parents, and/or someone at the college counseling center. If necessary, a counselor can work with you or refer you to a mental health provider in your community.

Below you will find some phone numbers where you might find information that will help you with the things that happened to you.

1) The Texas Information and Referral Network: **2-1-1**

2) National Sexual Assault Hotline: **1-800-656-HOPE**

3) National Center for Victims of Crime: **1-800-FYI-CALL** (1-800-394-2255)

(Monday though Friday, 7:30am to 7:30 pm).

4) 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.).

5) The Crime Victims’ Institute, Sam Houston State University:

**(936) 294-3100**

6) Texas Suicide Hotline: **1-800-SUICIDE** (1-800-784-2433)

(24 hours/7days a week).