**2008**

**High School 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 high school students in Texas. You and thousands of other 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 My parents signed a form giving me permission to participate in this survey.

Yes No I received the link for this survey directly from one of my teachers.

Yes No I am enrolled in a Texas high school this semester.

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.

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, at the end of the survey 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 permanent residence?
2. 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. With whom do you currently live?

Both biological parents

Biological mother and stepfather

Biological father and stepmother

Biological mother only

Biological father only

Grandparents

Other relative

Other

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

1. What kind of grades do you usually receive?

Mostly A’s

Mix of A’s and B’s

Mostly B’s

Mix of B’s and C’s

Mostly C’s

Mix of C’s and D’s

Mostly D’s

Mix of D’s and F’s

Mostly F’s

**Lifestyle Information**

1. How many very ***close*** friends do you 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 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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. | Avoided specific areas of campus because you were afraid of being robbed, assaulted, or threatened | 1 | 2 | 3 | 4 |
| g. | Do you lock your vehicle when you park on or near campus | 1 | 2 | 3 | 4 |
| h. | 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 (hit, pushed, slapped) | 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 locker | 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. While at school or at a school function, 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 people were involved?

Circle one

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 or more | Don’t know |

1. How many times has this happened ***during your high school years***?

1. 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. To whom did you report the incident? (check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

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

No

Yes

**(skip to question 3)**

1. While at school or at a school function 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 people were involved?

Circle one

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 or more | Don’t know |

1. How many times has this happened during your high school ***years***?

1. 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. To whom did you report the incident? (check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

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 your locker, the cafeteria, a classroom, or the gym?

No **(skip to question 4)**

Yes

1. To whom did you report the incident? (check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

1. Has anyone ***ever* *attempted*** to steal something of yours from your locker, the cafeteria, a classroom, or the gym?

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 6)**

Yes

1. How many times has this happened ***during your high school years***?

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. To whom did you report the incident? (check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

1. While at school or at a school function, has someone ***ever*** attacked you, injured you, or beaten you up without the use of a weapon?

No **(skip to question 7)**

Yes

1. How many people were involved?

Circle one

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 or more | Don’t know |

b) How many times has this happened ***during your high school*** ***years***?

c) Did you need medical care as a result of any of these incidents?

No

Yes

Don’t know

d) 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)

e) To whom did you report the incident? (Check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

f) Were you under the influence of alcohol or drugs during this incident?

No

Yes

1. While at school or at a school function, has anyone ***ever*** attacked you with a weapon such as a gun, knife, bottle, or chair?

No **(skip to question 8)**

Yes

a) How many people were involved?

Circle one

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 or more | Don’t know |

1. How many times has this happened in ***during your high school years***?

1. 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. To whom did you report the incident? (check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

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

No

Yes

1. While on school grounds, has your vehicle, motorcycle, or bicycle ***ever*** been stolen?

No **(skip to question 9)**

Yes

1. How many times has this happened ***during your high school years***?

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. To whom did you report the incident? (check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

1. While on school grounds, has anyone ***ever attempted*** to steal your vehicle, motorcycle, or bicycle?

No

Yes

1. While on school grounds, 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 11)**

Yes

1. How many times has this happened ***during your high school years***?

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. To whom did you report the incident? (check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

1. While on school grounds 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. While at school or at a school function has anyone ***ever*** forced or made you do sexual things (other than kissing and hugging) even though you did not want to do those things?

No **(skip to question 13)**

Yes

How many people were involved?

Circle one

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 or more | Don’t know |

1. How many times has this happened ***during your high school* years**?

1. 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. To whom did you report the incident? (check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

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

No

Yes

1. While at school or at a school function, has anyone ever ***attempted*** to force or make you do sexual things (other than kissing and hugging.) that you did not want to do?

No **(skip to question 14)**

Yes

1. How many people were involved?

Circle one

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 or more | Don’t know |

1. How many times has this happened ***during your high school years***?

1. 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. To whom did you report the incident? (check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

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

No

Yes

1. While at school or at a school function, 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. How many people were involved?

Circle one

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 or more | Don’t know |

1. How many times has this happened **during your high school *years***?

1. 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. To whom did you report the incident? (check all that apply)

No one

Family Member

Friend

Teacher

School Counselor

Principal

School Police

Local Police Department

Sheriff’s Department

Other (Specify)

**Things You May Have Done**

1. While at school or at a school function, 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 ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. 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. While at school or at a school function, have you ***ever*** stolen or tried to steal something worth between $5 and $50?

No **(skip to question 3)**

Yes

1. How many times ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. 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. While at school or on school grounds have you ***ever*** stolen or tried to steal something worth more than $50?

No **(skip to question 4)**

Yes

1. How many times ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. 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 your school, 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 ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. 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. While at school or at a school function, 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 ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. While at school or at a school function, 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 ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. 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. While at school or at a school function, have you ***ever*** attacked someone with the idea of seriously hurting or killing them?

No **(skip to question 8)**

Yes

1. How many times ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. 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. While at school or at a school function, have you ***ever*** consumed alcohol?

No **(skip to question 9)**

Yes

1. How many times ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. While at school or at a school function, have you ***ever used*** drugs such as marijuana or someone else’s prescription medication?

No **(skip to question 10)**

Yes

1. How many times ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. While at school or at a school function, have you ***ever used*** drugs such as heroin, cocaine, LSD, ecstasy, or meth?

No **(skip to question 11)**

Yes

1. How many times ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. While at school or at a school function, have you ***ever sold*** or ***helped to sell*** illegal drugs?

No **(skip to question 12)**

Yes

a) How many times ***during your high school years*** have you done this?

b) How old were you when you first did this?

1. While at school or at a school function, 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 14)**

Yes

1. How many times ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. 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*** been so loud, rowdy, or unruly at school or at a school function that you were asked or forced to leave?

No **(skip to question 15)**

Yes

1. How many times ***during your high school years*** have you done this?

1. How old were you when you first did this?
2. 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. While at school or at a school function, 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 16)**

Yes

1. How many times ***during your high school years*** have you done this?

1. How old were you when this last happened?
2. 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 17)**

Yes

1. How many times has this happened?
2. How old were you when this last happened?
3. Have you ***ever*** been arrested for something other than a minor traffic offense while at school or a school function?

No **(skip to question 18)**

Yes

1. How many times ***during your high school years*** did this happen?

1. How old were you when this last happened?
2. 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

**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.** | **Students tease me about the way I dress.** | 1 | 2 | 3 | 4 |
| **2.** | **I like the same kinds of music as most of the kids at my school.** | 1 | 2 | 3 | 4 |
| **3.** | **I usually do what adults tell me to do.** | 1 | 2 | 3 | 4 |
| **4.** | **I am more cautious about things than most people my age.** | 1 | 2 | 3 | 4 |
| **5.** | **I am good at meeting new people.** | 1 | 2 | 3 | 4 |
| **6.** | **I am physically stronger than most people my age.** | 1 | 2 | 3 | 4 |
| **7.** | **It takes a lot to get me angry.** | 1 | 2 | 3 | 4 |
| **8.** | **I prefer to have a lot of friends instead of only a few close friends.** | 1 | 2 | 3 | 4 |
| **9.** | **I like going to school most mornings.** | 1 | 2 | 3 | 4 |
| **10.** | **I am happy more often than not.** | 1 | 2 | 3 | 4 |
| **11.** | **I like being in control of situations.** | 1 | 2 | 3 | 4 |
| **12.** | **I am a leader among my group of friends.** | 1 | 2 | 3 | 4 |
| Statement | | Scale of Importance | | | |
| Strongly Disagree | Disagree | Agree | Strongly Agree |
| **13.** | **I am quiet and shy and prefer to keep to myself.** | 1 | 2 | 3 | 4 |
| **14.** | **There are a lot of things I wish I could change about myself.** | 1 | 2 | 3 | 4 |
| **15.** | **I find it easy to hold a conversation with adults.** | 1 | 2 | 3 | 4 |
| **16.** | **I feel badly when I see other students being picked on.** | 1 | 2 | 3 | 4 |
| **17.** | **I like to be the center of attention.** | 1 | 2 | 3 | 4 |
| **18.** | **I like most things about myself.** | 1 | 2 | 3 | 4 |
| **19.** | **I have all the friends I need.** | 1 | 2 | 3 | 4 |
| **20.** | **I don’t devote much thought and effort to preparing for the future.** | 1 | 2 | 3 | 4 |
| **21.** | **I often act on the spur of the moment without stopping to think.** | 1 | 2 | 3 | 4 |
| **22.** | **I often do whatever brings me pleasure here and now, even at the cost of some distant goal.** | 1 | 2 | 3 | 4 |
| **23.** | **I’m more concerned with what happens to me in the short run than in the long run.** | 1 | 2 | 3 | 4 |
| **24.** | **I frequently try to avoid projects that I know will be difficult.** | 1 | 2 | 3 | 4 |
| **25.** | **When things get complicated, I tend to quit or withdraw.** | 1 | 2 | 3 | 4 |
| **26.** | **The things in life that are easiest to do bring me the most pleasure.** | 1 | 2 | 3 | 4 |
| **27.** | **I dislike really hard tasks that stretch my abilities to the limit.** | 1 | 2 | 3 | 4 |
| **28.** | **I like to test myself every now and then by doing something a little risky.** | 1 | 2 | 3 | 4 |
| **29.** | **Sometimes I will take a risk just for the fun of it.** | 1 | 2 | 3 | 4 |
| **30.** | **I sometimes find it exciting to do things for which I might get in trouble.** | 1 | 2 | 3 | 4 |
| **31.** | **Excitement and adventure are more important to me than security.** | 1 | 2 | 3 | 4 |
| **32.** | **If I had a choice, I would almost always rather do something physical than something mental.** | 1 | 2 | 3 | 4 |
| **33.** | **I almost always feel better when I am on the move than when I am sitting and thinking.** | 1 | 2 | 3 | 4 |
| **34.** | **I like to get out and do things more than I like to read or contemplate ideas.** | 1 | 2 | 3 | 4 |
| **35.** | **I seem to have more energy and a greater need for activity than most other people my age.** | 1 | 2 | 3 | 4 |
| **36.** | **I try to look out for myself first, even if it means making things difficult for other people.** | 1 | 2 | 3 | 4 |
| **37.** | **I’m not very sympathetic to other people when they are having problems.** | 1 | 2 | 3 | 4 |
| **38.** | **If things I do upset people, it’s their problem not mine.** | 1 | 2 | 3 | 4 |
| Statement | | Scale of Importance | | | |
| Strongly Disagree | Disagree | Agree | Strongly Agree |
| **39.** | **I will try to get the things I want even when I know it’s causing problems for other people.** | 1 | 2 | 3 | 4 |
| **40.** | **I lose my temper easily.** | 1 | 2 | 3 | 4 |
| **41.** | **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 |
| **42.** | **When I’m really angry, other people better stay away from me.** | 1 | 2 | 3 | 4 |
| **43.** | **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 |
| **44.** | **I tend to spend money as soon as I get it.** | 1 | 2 | 3 | 4 |

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 a school counselor. 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).