

**Division of Youth Corrections
Youth Survey - Sexual Contact**

FACILITY:

REPORTING PERIOD:

This survey asks about sexual contact IN THIS FACILITY in the last 3 months, if you are a detention youth.
This survey asks about sexual contact IN THIS FACILITY in the last 6 months, if you are a committed youth.
If you have not been here that long, please report ANY sexual contact while you have been IN THIS FACILITY.

Thank you for answering this survey. A staff member or clinician is on site if you need to discuss any issues related to your survey answers.

General information about this survey:

This survey asks about sexual contacts. Sexual contacts are when someone touches your private parts, or you touch someone else's private parts in a sexual way. Private parts are breasts, buttocks, penis, vagina, and inner thigh.

This survey is not a way for reporting an alleged incident that you want the staff or facility to investigate. This is a confidential survey about sexual contact. To make a specific claim of sexual contact, please utilize the following resources:

- The PREA pamphlet received at Intake
- A staff member you trust
- Client Manager or other professional
- The facility's grievance procedure
- A family member
- Youth Handbook

Basic Information:

- (1) Select Your Gender Male Female
(2) Select Your Status Detention Commitment

Section A: Information provided to you as a youth at this facility...

- | | Yes | No |
|---|--------------------------|--------------------------|
| (3) Do you know how to report sexual contact while at this facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Did you receive information on reporting sexual contact while at this facility? | <input type="checkbox"/> | <input type="checkbox"/> |

Section B: General information on sexual contact at this facility in the last 3 or 6 months...

- | | Yes | No |
|--|---|--------------------------|
| (5) At this facility, have you rubbed anyone's private parts with your hand or has anyone rubbed your private parts with their hand? | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) At this facility, have you put your mouth on anyone's private parts or has anyone put their mouth on your private parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) At this facility, have you put any part of your body inside anyone else's private parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| (8) At this facility, has anyone put part of their body inside your private parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| (9) At this facility, have you had any other kind of sexual contact with someone at this facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) What kind of sexual contact was that? (CHECK ALL THAT APPLY) | | |
| <input type="checkbox"/> Kissing on the lips | <input type="checkbox"/> Looking at private parts | |
| <input type="checkbox"/> Kissing other parts of the body | <input type="checkbox"/> Something else that DID NOT involve touching | |
| <input type="checkbox"/> Showing something sexual, like pictures or a movie | <input type="checkbox"/> Something else that DID involve touching | |

If you answered YES to ANY questions in Section B, please continue.
If you answered NO to ALL questions in Section B, STOP, YOU ARE DONE!

Section C: Who did the sexual contact happen with?

- | | Yes | No |
|--|--------------------------|--------------------------|
| (10) Did the sexual contact happen with a YOUTH at this facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| (11) Did the sexual contact happen with a STAFF member at this facility? | <input type="checkbox"/> | <input type="checkbox"/> |

Section D: For contacts that happened with another YOUTH at this facility...

Yes No

(12) During your time at this facility, did the sexual contact ever happen because a youth used physical force or threat of physical force?

(13) During your time at this facility, did the sexual contact ever happen because a youth forced or pressured you in some other way to do it?

(a) **How** were you forced or pressured in some other way? (CHECK ALL THAT APPLY)

- A youth threatened you with harm
- A youth threatened to get you in trouble with other youth
- A youth threatened to get you in trouble with staff
- A youth kept asking you to do it
- A youth forced or pressured you in some other way

Yes No

(14) During your time at this facility, did the sexual contact ever happen with a youth in return for money, favors, protection, drugs/meds, or other special treatment?

Section E: For contacts that happened with STAFF at this facility...

Yes No

(15) During your time at this facility, did the sexual contact ever happen because a staff member used physical force or threat of physical force?

(16) During your time at this facility, did the sexual contact ever happen because a staff member forced or pressured you in some other way to do it?

(a) **How** were you forced or pressured in some other way? (CHECK ALL THAT APPLY)

- A staff member threatened you with harm
- A staff member threatened to get you in trouble with other youth
- A staff member threatened to get you in trouble with staff
- A staff member kept asking you to do it
- A staff member forced or pressured you in some other way

Yes No

(17) During your time at this facility, did the sexual contact ever happen with a staff member in return for money, favors, protection, drugs/meds, or other special treatment?

Section F: Time and Location of sexual contact...

(18) Where did the sexual contact(s) take place at this facility? (CHECK ALL THAT APPLY)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> My Room | <input type="checkbox"/> Another Youth's Room | <input type="checkbox"/> Rec Area Outside | <input type="checkbox"/> Off Facility Grounds |
| <input type="checkbox"/> Another Youth's Room (Victim) | <input type="checkbox"/> (Perpetrator) | <input type="checkbox"/> Gym | <input type="checkbox"/> School/Classroom |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Bathroom/Shower | <input type="checkbox"/> Other Common Areas | <input type="checkbox"/> Living Unit |

(19) What time did the sexual contact(s) take place?

- | | |
|---|--|
| <input type="checkbox"/> 6:00am to 12:00pm (morning to noon) | <input type="checkbox"/> 6:01 pm to 12:00am (evening to midnight) |
| <input type="checkbox"/> 12:01pm to 6:00pm (afternoon to evening) | <input type="checkbox"/> 12:01am to 5:59am (midnight to early morning) |

(20) Where was the staff member(s) when the sexual contact took place? _____

(21) Did the sexual contact result in an injury to you? Yes No

Thank you for answering this survey. A staff member or clinician is on site if you need to discuss any issues related to your survey answers.