

JDI Survivor Input Questionnaire

Your input is extremely valuable and helps us to paint a real picture of prisoner rape. The answers that you provide in this questionnaire give all of our work a stronger base and give JDI a better understanding of your experience. We occasionally call on survivors to participate in trainings, speaking engagements or media interviews. In each instance, you are free to decide whether you wish to participate or not. Please answer as many questions as you can (if you don't feel comfortable with a question, just skip it). Return this questionnaire as legal mail to:

Melissa Rothstein, NY Atty Reg. #2987378
3325 Wilshire Blvd. Ste. 340
Los Angeles, CA 90010

- 1. Name**

- 2. Age**

- 3. Race**

- 4. Gender (male, female, transgender, or other)**

- 5. Do you identify as straight, gay, lesbian, bisexual, or other?**

- 6. Date of birth**

- 7. Where were you born?**

- 8. Where did you grow up?**

- 9. Contact information (provide phone # and email address if applicable)**

Current Address:

Permanent Address (address of a friend or family member where you can receive mail):

10. a) I am willing to speak (check one):

- Using my real name
- Anonymously, or with a false name
- I am not willing to speak, but JDI may use this information for their database

b) JDI may use a general description of what happened to me for educational and advocacy purposes:

- Using identifying information (name, age, institution, etc.)
- Anonymously, or with a false name
- Not at all, but JDI may include this information in their database

c) I grant JDI the right to quote, reproduce, or otherwise publish all or excerpts from the letters I write to JDI's office:

- Using identifying information (name, age, institution, etc.)
- Anonymously, or with a false name
- Not at all

Authorizing Signature

11. Are you currently incarcerated? If so, where?

12. What type of facility is it? (jail, state/federal prison, immigration detention center, youth facility)

13. If you have been released, when were you released? If you are still in custody, how much more time do you expect to serve?

14. How much time did you serve, or what is the length of the sentence you are currently serving?

15. What were you arrested for?

16. Were you convicted? If so, for what?

17. Do you have any prior convictions? If so, for what?

18. Were you sexually assaulted while in custody?

19. Was the assault a one-time incident, or did it happen more than once?

20. If you were sexually assaulted, what was the date of the attack or attacks?

21. Please indicate the facility where the assault(s) took place.

22. Within the facility, where did the assault(s) take place?

23. For each assault please briefly describe what happened.

- 24. Were you assaulted by a guard, other corrections staff, or by an inmate?**
- 25. Was the perpetrator a member of a gang?**
- 26. Were you assaulted by more than one person?**
- 27. Did you enter into a sexual relationship with the perpetrator of the assault or with another individual to avoid possibly more violent assaults?**
- 28. Did you tell anyone about the assault(s)?**
- 29. Were you injured? If so, please describe your injuries.**
- 30. Did you request any medical treatment?**
- 31. Describe any medical treatment you received.**
- 32. Did you file a report or grievance? (please describe the process)**

33. If a report was filed, what was the outcome? Was there an investigation?

34. Did you request protective custody or a housing change? If so, was it granted?

35. Were you placed in segregation against your will or moved to another unit or institution as a result of the assault?

36. Please describe how the sexual assault has affected you

Physically

Mentally/Emotionally

37. Any additional comments

Signature

Date