Survey for Teens with Incarcerated Parents in San Francisco

Age: ___________________  School: ___________________  Grade: ___________________
Zip Code: _______  Gender: ___________________  Ethnicity: ___________________

1. How did you find out that your parent was incarcerated?
   ___my other parent  ___another family member
   ___a social worker  ___a friend
   ___no one told me  ___other:_____________________________________

2. Who has been incarcerated: ___Mom    ___Dad    ___Step Dad    ___Step Mom    ___Brother    ___Sister

3. Is your parent currently incarcerated? ___Yes    ___No

4. Was your parent deported as a result of their incarceration? ___Yes    ___No

5. Have you ever witnessed your parent’s arrest? ___Yes    ___No
   a. If yes, have you ever witnessed violence or abuse by a police officer against your parent when they were arrested? ___Yes    ___No

6. Do/did you know where your incarcerated parent is/was located? ___Yes    ___No

7. Are you informed when your parent is transferred or released from jail or prison? ___Yes    ___No

8. Were you ever lied to about your parent’s incarceration? ___Yes    ___No

9. Do/did you ever feel unsafe as a result of your parent’s incarceration? ___Yes    ___No

10. Who has been your primary caregiver during your parent’s incarceration? (check all that apply)
    ___My other parent  ___Foster Care
    ___Grandparent  ___Another family member: ___________________
    ___Friend  ___Group Home
    ___On my own  ___Other: ____________________________________

11. As a result of my parents incarceration I have had to:
    ___Move  ___Quit sports  ___Other: ___________________
    ___Change schools  ___Stop a hobby  ___Other: ___________________

12. What form of contact have you had with your incarcerated parent? (check all that apply)
    ___Visits, and did you get to touch your parent? ___Yes    ___No
    ___Phone calls  ___Internet
    ___Letters  ___None

13. How often have you had contact (visiting, phone calls, and letters) with your incarcerated parent?
    ___Never  ___Once a month
    ___1-5 times per year  ___More than once a month
    ___6-10 times per year  ___Every week
14. Do you wish you could have more contact with your incarcerated parent?  Yes ___  No ___
   a. If yes, what are the barriers you face to having that contact? (check all that apply)
      ___ The distance to the jail or prison is too far  ___ The cost of phone calls is too high
      ___ Nobody will take me to visit my parent  ___ I have to miss school to visit my parent
      ___ I don’t know how to find my incarcerated parent  ___ I have been turned away from visiting because of clothing restrictions or other rules
      ___ Other: ___________________________________________________

15. Check off all the statements that apply to you:
   ___ My relationship would be better with my incarcerated parent if I got to see them or talk to them more
   ___ I feel anxious or nervous about communicating with my incarcerated parent
   ___ I feel uncomfortable when there are other adults in the room and I am visiting my incarcerated parent (i.e. social workers, other parent, other families visiting, etc.)
   ___ I have had negative experiences visiting my incarcerated parent
   ___ I have had positive experiences visiting my incarcerated parent

16. Who (if anyone) was there for you to talk to at the time of your parents arrest and during their incarceration? (check all that apply)
   ___ Friend  ___ Mentor
   ___ Family Member  ___ Social Worker
   ___ Teacher  ___ Therapist
   ___ A trusted adult from a program I attend  ___ Nobody
   ___ Other: __________________________

17. What kind of support would have been helpful to you during your parent’s incarceration? (check all that apply)
   ___ Therapy or counseling  ___ Someone to talk to at school
   ___ Family therapy  ___ Hotline to call
   ___ Peer Support Group  ___ Information on how to find my parent
   ___ Financial support  ___ Other: _______________________________________

18. What type of support do you think would help you have a successful relationship with your parent if/when they’re released:
   ___ Housing  ___ Transportation
   ___ Individual Counseling  ___ Anger Management
   ___ Medical care  ___ My parent will not be released
   ___ Rehabilitative services (i.e. drug or alcohol support services)  ___ Other: _____________________
   ___ Family Counseling (before and after they’re released)

19. Have you ever supported someone else who was dealing with their parent’s incarceration?  ___ Yes  ___ No

20. What was the worst thing about having a parent locked up?

________________________________________________________________________

________________________________________________________________________

21. Do you have any questions or comments you would like to share with us?

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