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Document Title: Methodological Research to Support the National Survey of Children's Exposure to Violence

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**Abstract:**

This report describes comprehensive efforts to review and assess the National Survey of Children's Exposure to Violence (NatSCEV) and recommend revised approaches. The NatSCEV study design and methodology warranted reassessment because response rates have seriously declined over NatSCEV cycles, decreasing from 79% of eligible respondents in 2003 to rates as low as 10% for some components of the sample in 2014. To improve future NatSCEV response rates, Westat and the Crimes Against Children Research Center at the University of New Hampshire collaborated with the Bureau of Justice Statistics and Office of Juvenile Justice and Delinquency Prevention to consider a range of design options, such as by using online questionnaire and internet panels.

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The Bureau of Justice Statistics funded this third-party report. It is not a BJS report and does not release official government statistics. The report is released to help inform interested parties of the research or analysis contained within and to encourage discussion. BJS has performed a limited review of the report to ensure the general accuracy of information and adherence to confidentiality and disclosure standards. Any statistics included in this report are not official BJS statistics unless they have been previously published in a BJS report. Any analysis, conclusions, or opinions expressed herein are those of the authors and do not necessarily represent the views, opinions, or policies of BJS or the U.S. Department of Justice.

The Bureau of Justice Statistics (BJS) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded a project in 2016 to assess the National Survey of Children’s Exposure to Violence (NatSCEV). The goals of the project included recommending improvements to the instruments and alternative approaches to administering this survey. To address issues identified through this assessment, the team explored the following three design options:

- one that turns the NatSCEV into a supplementary collection of the [National Crime Victimization Survey \(NCVS\)](#)
- one that uses a mixed online and face-to-face administration
- one that uses a representative online panel.

The project team’s recommendations are summarized in the following report titled, *Methodological Research to Support the National Survey of Children’s Exposure to Violence*. Chapter 8 offers a comprehensive description of each option, along with benefits and drawbacks of each. Since the project concluded, BJS has conducted other research to further understand youth survey participants and suitable modes of survey administration.

### **Response rates**

Household survey response rates have continued to decline since this research was conducted. In 2022, 64% of eligible households completed NCVS interviews, compared to 76% in 2017. Within participating households, completed interviews represented an 82% unweighted response rate among eligible persons from responding households, compared to 84% in 2017.<sup>1,2</sup> Youth response rates have historically been lower than those of adults.<sup>3</sup> In the 2022 administration of the [NCVS School Crime Supplement](#), which was administered to youth ages 12 to 18 who completed the NCVS interview, the response rate was 30%.<sup>4</sup>

### **Measurement of juvenile victimization**

BJS recently redesigned the NCVS instrument.<sup>5</sup> As part of this larger effort, in 2022, BJS conducted research to explore testing efforts designed to enhance juvenile participation in the NCVS and to improve the NCVS’s measurement of juveniles’ experiences with victimization.<sup>6</sup>

The project team found that parent (proxy) reports for 12- to 17-year-olds generated victimization estimates that were comparable to those generated from child self-reports. However, some variation was found by type of crime and age of the youth. Given that the NatSCEV is administered to youth ages

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<sup>1</sup> [Criminal Victimization, 2022](#), NCJ 307089, BJS, September 2023.

<sup>2</sup> [Criminal Victimization, 2017](#), NCJ 252472, BJS, December 2018.

<sup>3</sup> Analysis conducted using NCVS data from 2007-2012 and presented in the [NCVS Juvenile Testing and Redesign Report](#) (NCJ 304100, March 2022) found that “respondents ages 18 years or older had a much higher response rate (85.9%) than those ages 12–13 (56.8%) and those ages 14–17 (66.1%).”

<sup>4</sup> United States. Bureau of Justice Statistics. National Crime Victimization Survey: School Crime Supplement, [United States], 2022. Inter-university Consortium for Political and Social Research [distributor], 2024-02-28. <https://doi.org/10.3886/ICPSR38666.v1>.

<sup>5</sup> See Overview of the NCVS Instrument Redesign at <https://bjs.ojp.gov/programs/ncvs/instrument-redesign>.

<sup>6</sup> [NCVS Juvenile Testing and Redesign Report](#), NCJ 304100, March 2022.

10 to 17 and to caregivers of youth younger than 10, further research and testing are needed to examine whether these findings extend to the youngest respondents. Additionally, these testing efforts identified items in the instrument that required modification to improve youth comprehension. The NatSCEV would benefit from a similar investigation.

### **Measurement of internet victimization**

As part of the overall instrument testing activities for the NATSCEV project, the project team developed and tested three additional questions to measure aspects of internet victimization: internet harassment, unwanted sexual materials, and adult sexual solicitation. Further research is needed to assess whether these three questions comprehensively measure victimization that occurs on the internet. In 2023, BJS conducted an environmental scan on measures of cybercrime.<sup>7</sup> This research offers a taxonomy of cybercrimes and directional research on gaps in the current NatSCEV “Internet Victimization” questions.

### **Effectiveness of self-administration and panel design**

In 2023, BJS conducted research on the feasibility of using an address-based sample directed to a web survey through surface mail (NatSCEV proposed option 2) and a commercial survey panel (NatSCEV proposed option 3).<sup>8</sup> While both options offered directional evidence for an online panel-based survey, challenges were also identified that require more research. These include the magnitude and impact of a mode effect on victimization estimates, challenges with low response rates, and financial implications with use of incentives.

### **Next steps**

BJS and OJJDP recognize the importance of robust evidence and rigorous research to measure victimization among youth. Leveraging this foundational work done by the project team and through other projects at BJS, both agencies plan to jointly examine methods to inform future directions for administration of the NatSCEV, as well as funding implications for this work.

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<sup>7</sup> [An Environmental Scan of Cybercrime Measurement: Recommendations for the National Crime Victimization Survey](#), NCJ 306766, August 2023.

<sup>8</sup> [NCVS Redesign – Comparison of Interviewer and Web Survey Modes](#), NCJ 306998, July 2023.

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# Methodological Research to Support the National Survey of Children's Exposure to Violence

## Final Report

**March 2024**

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# Executive Summary

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The [National Survey of Children’s Exposure to Violence](#) (NatSCEV) obtains information about children’s exposure to a broad spectrum of crimes, abuse, and neglect, including witnessing violence and crime. This comprehensive, multi-topic assessment model has yielded insights widely viewed as major advances in the field, such as the recognition of highly vulnerable “poly-victims” who are targeted in multiple ways by multiple perpetrators and whose experiences are distinctive in dynamics and impact.

NatSCEV findings have provided policymakers both nationally and internationally with tools to reduce children’s exposure to violence, efforts such as the Defending Childhood Initiative led by Attorney General Eric Holder, the Centers for Disease Control and Prevention’s (CDC) Adverse Childhood Experiences initiative, the U.N. Secretary General’s Special Representative on Violence Against Children, and UNICEF’s Cure Violence International.

While recognizing these achievements, after three NatSCEV cycles, the study design and methodology warranted reassessment. One of the reasons for this change was because response rates have seriously declined over NatSCEV cycles, decreasing from 79 percent of eligible respondents in 2003 to rates as low as 10 percent for some components of the sample in 2014.

To improve future NatSCEV response rates, Westat and the Crimes Against Children Research Center at the University of New Hampshire collaborated with the Bureau of Justice Statistics (BJS) and Office of Juvenile Justice and Delinquency Prevention (OJJDP) to consider a range of design options, such as by using online questionnaire and internet panels.

This report reflects our comprehensive efforts to review and assess NatSCEV and recommend revised approaches.

Chapter 2 presents a brief background on the development of NatSCEV and its primary achievements. Chapter 3 and the related appendix present a review of the literature on gathering sensitive information about children’s victimizations, including whether and under what conditions it may be harmful to children to ask about violence exposure; what procedures minimize risk of

participation; what is involved in obtaining informed consent, particularly in a self-administered mode; and how to maximize data validity and minimize social desirability bias and reporting errors.

Previous versions of NatSCEV were lengthy and so need to be shortened to reduce respondent burden and enhance response rates, especially in the context of a move to self-administration. The redesign work identified ways to substantially reduce the length without sacrificing critical content, as well as ensuring the content is developmentally appropriate. As such, Chapter 4 and its appendix present a conceptual mapping of the current Juvenile Victimization Questionnaire (JVQ) items. To ensure that NatSCEV is providing valid measures of the concepts it intends to assess, Chapter 5 and its appendix examine the performance of prior JVQ items against scales such as the trauma scale. Chapter 6 presents the results of the cognitive interviews with revised questions. Based on these findings, Chapter 7 presents a revised draft of the JVQ. Chapter 8 provides three possible designs for a future NatSCEV: one that turns the NatSCEV into a supplementary collection of the National Crime Victimization Survey (NCVS), one based on a mixed online and face-to-face administration, and one based on a representative online panel.

## Methodology Literature Review

We conducted an extensive literature review to ascertain if there were evident obstacles to collecting data from youth and parents about violence exposure, coming to these major conclusions:

**Participant Distress.** As a whole, the literature suggests that youth victimization surveys pose relatively little risk for participants. Youth who disclose victimization events report more distress than those who were not exposed to such events. However, even youth who report some level of upset usually indicate that they do not regret participating, and they often report both positive as well as negative feelings about the survey.

**Minimizing Risk.** Established strategies include ensuring that consent/assent is informed and participation is voluntary, that anonymity or confidentiality of survey data is maintained, and that relevant resources are made available to participants who are distressed or desire information or assistance.

**Mandatory Reporting.** Web-based and computer-assisted self-interviewing/audio computer-assisted self-interviewing (CASI/ACASI) modes of data collection can allow anonymity of research

responses so that, even if a researcher is present, he/she is blind to the content of interview responses. Thus, in these self-administered formats, mandatory reporting is not an issue when survey responses are entirely anonymized, since no actionable report can be provided when disclosures are made in response to survey questions.

**Survey Mode and Disclosure.** When collecting sensitive information, self-administered surveys yield significantly more disclosures than data collection modes that involve the presence of an interviewer. If non-response difficulties can be minimized, self-administered surveys are preferable for collecting child victimization information.

**Report Reliability.** Although research on this issue is limited, there does not appear to be any major impediments to gathering self-report information from children as young as age 10.

**Incentives.** Studies on the use of incentives in research, among both adults and youth, have generally found that participation is significantly increased when incentives are offered, especially monetary incentives. We could find no research to date that has demonstrated harmful outcomes associated with providing monetary incentives to youth (or parent) participants in victimization surveys.

**Parental Proxy Reports.** Several studies show moderate concordance between parent and child reports of victimization, with children reporting somewhat more victimization events that occur at school and in the neighborhood, and parents reporting somewhat more events that occur at home. Although the literature is limited, it does not signal serious concern about parental proxy reporting for younger children.

The literature supports NatSCEV's plans to gather online self-administered surveys of youth down to age 12 or even 10. It supports the feasibility of a survey that produces valid results with available survey tools and adequately protects participating children and families.

## Questionnaire Review and Revision

The project completed a thorough review of the questionnaire with the goals of reducing length and improving content. The original NatSCEV consisted of 56 screener items, followed by between 10 and 25 follow-up clarification questions for each type of victimization reported, and additional

questions on trauma, social support, mental health, alcohol use, and delinquency. If all questions on the NatSCEV screeners for adults and juveniles, follow-up questions, and supplementary questions were asked, respondents would answer 2,947 questions. In actual survey fielding of the NIS-III, the data collection agent provided OJJDP with an average survey duration of 60.3 minutes ([https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/natscev3\\_mr.pdf](https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/natscev3_mr.pdf)). We looked at the alignment of violence questions (the JVQ) with other comparable questionnaires to create a conceptual mapping. We examined conceptual and definitional controversies on the topics (Chapter 4). We studied the performance of the questionnaire in previous administrations (Chapter 5). We also conducted cognitive interviews with portions of the questionnaire to assess whether they were understood as intended by youth respondents (Chapter 6).

We eliminated 14 of the previously used JVQ questions as follows:

1. Attempted assault (C6) – a relatively low “fear” level for these episodes suggested this might have been capturing less than serious potential assaults;
2. Attempted kidnapping (C8) – a low rate of endorsement;
3. Three of 5 neglect items (M7, M8, M9) – M7 was deemed to not be a core neglect item, and M8 and M9 had relatively low endorsement rates;
4. Gang assault (P1) – P1 had a low endorsement rate and can be measured through a follow-up to other assault questions about how many assailants were involved;
5. Genital assault (P3) – it added relatively little to the overall rate of peer assault because of its overlap with other peer victimization items;
6. Relational peer aggression (P7) and Peer exclusion (P8) were combined into a single item;
7. Three exposure-to-violence items (EF3, EF4, and EF5) were removed – there was considerable endorsement overlap among the 5 EF questions, and EF1 and EF2 were deemed sufficient to capture this form of exposure;
8. Witness weapon assault (W1) – we can rely on a single witness assault question (W2) with an added weapon usage follow-up;
9. Witness war zone (W9) – the endorsement rates were very low for U.S. samples; and
10. Witness school vandalism (SC2) – this item was too weakly related to trauma symptoms.

We also added to the JVQ:

- Bias harassment (C10) – we added this in addition to bias assault (C9) in recognition of the strong public policy interest in bias victimization; and
- Three internet victimization questions: (I1 internet harassment, I2 Unwanted internet sexual materials, and I3 Adult sexual solicitation) – these were added to address public and policy concerns about internet victimization.

We also recommended the removal of large portions of the previous NatSCEV survey:

1. Twenty questions from the 45-item parent screening interview;
2. Six questions from the 8-item youth background section;
3. Twelve questions from the 16-item social support section;
4. Five to 14 questions from the mental health symptom questionnaire depending on the youth or the parent report form;
5. Seven questions from the 17-item life adversity questionnaire;
6. Five questions from the 8-item community disorder section;
7. Thirteen questions from the supplemental bullying section;
8. Five questions from 19 items of the delinquency inventory; and
9. The sections (36 questions over multiple sections) on interpersonal dependency, inter-parental conflict, parenting practices, and alcohol use.

Under this revised inventory, we would keep 73 of the current questions and remove between 110 and 120 others. If, in addition, we include about 50 questions in the victimization section (with follow-ups), this would give the questionnaire a total of about 120-125 questions. The self-administered questionnaire for the National Survey of Children’s Health, which uses a similar methodology, has over 152 questions, several of which are much more multi-sectioned than the NatSCEV questions counted individually in our inventory. The revised length appears to be suitable for future administrations that would use self-administered and online questionnaire designs.

## Design Options

This report details three options for sample recruitment and questionnaire administration: (1) an NCVS Supplement option, using the National Crime Victimization Survey sample to identify eligible

NatSCEV respondents; (2) an *address-based sampling* (ABS) option, a mixed-mode design starting with an address-based survey sample, and using Web, mail, and face-to-face interview elements; and (3) a *Probability-based Panel* option, using an existing probability-based internet panel and conducting the interviews online.

### **NCVS Supplement**

This option would start with the sample of participants recruited by the Census Bureau for the NCVS and would operate like other NCVS “supplements.” Questionnaires are administered face-to-face and by phone, a process that has its advantages and disadvantages.

#### Advantages

1. Has the highest likely response rate;
2. Creates the most durable institutionalization of the study; and
3. Allows direct comparison to the NCVS data.

#### Disadvantages

1. Poses many possible inter-agency and inter-study coordination problems; for example, how not to negatively impinge on the NCVS;
2. May require a very long period of planning and negotiation; and
3. Costs are difficult to project and anticipate.

### **ABS, Multi-mode**

This option starts with a mail recruitment of participants to find eligible households. Eligible families are pushed to web questionnaires. To improve response rate, face-to-face recruitment and interviewing of initial non-respondents are possible.

#### Advantages

1. Has better response rates than many current representative national surveys;
2. Has capability for evaluating effects of non-response; and
3. Could be fielded faster than NCVS option.

#### Disadvantages

1. Has recruitment elements of uncertain effectiveness and cost; and
2. Future of mail recruitment is difficult to foresee.

#### **Probability-based Panel**

This option would take advantage of nationally representative probability panels assembled by survey providers National Opinion Research Center (NORC) or Ipsos to recruit participants, including both parents and children. All questionnaires would be administered online.

#### Advantages

1. Can be fielded more quickly and certainly than other options;
2. Costs can be confidently predicted; and
3. Costs are considerably lower than other options.

#### Disadvantages

1. Has lowest response rate of all options; and
2. At present, this option ties the study to a small number of panel providers.

#### **Conclusion**

This report provides the tools and options for the next phase of planning for additional NatSCEV studies.

# 1. Introduction

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Children are among the most highly victimized segments of the U.S. population (Hashima and Finkelhor, 1999). They suffer from high rates of the same crimes and violence as adults, such as assault and robbery. They also experience other victimizations specific to childhood like parental abuse and neglect and violence that can derail normal and healthy developmental trajectories. Consequences of exposure to violence and abuse in childhood have been widely found to be among the most profound threats to healthy development, and they have been associated with subsequent health and mental health problems, poor academic performance, and delinquent and antisocial behavior (Fitton, Yu, & Fazel, 2020; Fry et al., 2018; Hughes et al., 2017; Margolin and Gordis, 2000).

Comprehensive and accurate statistics are crucial to effective public policy. But most survey data about childhood have focused on specific and limited types of violence exposure (e.g., physical or sexual assault), omitted experiences of younger children, counted only reported offenses, or were not available on a regular basis. Developmental victimology postulates that the risk of violence exposure and its impact varies over the course of childhood, but studies that could inform on these effects have been lacking (Dunn et al., 2020; Finkelhor and Kendall-Tackett, 1997). The National Survey of Children’s Exposure to Violence (NatSCEV), funded jointly by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Centers for Disease Control and Prevention (CDC), addressed some of these challenges by studying the many different ways that children of all ages are exposed to violence. The study was designed to be conducted frequently enough to provide meaningful current estimates and monitoring of trends.

NatSCEV obtains information about children’s exposure to a broad spectrum of crimes, abuse, and neglect, including witnessing violence and crime. This comprehensive, multi-topic assessment model has yielded insights widely viewed as major advances in the field, such as the recognition of highly vulnerable “poly-victims” who are targeted in multiple ways by multiple perpetrators and whose experiences are distinctive in dynamics and impact. This insight has led to new research (Chan, 2014; Sedlak, 2007; Voisin and Elsaesser, 2013; Wilkins et al., 2014) and clinical innovation (Cohen et al, 2012; Dorrepaal et al., 2010; Ford et al., 2013; National Children’s Advocacy Center (NCAC), n.d.).

Policymakers, both nationally and internationally, have increasingly mobilized to reduce children's exposure to violence through efforts such as the Defending Childhood Initiative, led by Attorney General Eric Holder; the CDC's Adverse Childhood Experiences initiative; the U.N. Secretary General's Special Representative on Violence Against Children; and UNICEF's Cure Violence International. NatSCEV data can guide the priorities of such efforts, track trends to inform their progress, and help focus the work of other government, service provider, and researcher stakeholders.

While recognizing these achievements, after three NatSCEV cycles, the study design and methodology warranted reassessment. One of the reasons for this change was that response rates have seriously declined over NatSCEV cycles, decreasing from 79 percent of eligible respondents in 2003 to rates as low as 10 percent for some components of the sample in 2014. Low response rates contribute to increases in variance of estimates, thereby reducing power to conduct tests.

To improve future NatSCEV response rates, Westat and the Crimes Against Children Research Center at the University of New Hampshire collaborated with the Bureau of Justice Statistics (BJS) and OJJDP to consider a range of design options, such as by using online questionnaires and internet panels.

This report reflects our comprehensive efforts to review and assess NatSCEV and recommend revised approaches. Our team examined the strengths of the previous design but with an independent and critical eye, informed by the latest findings on survey strategies. We are conducting a thorough reconsideration of all aspects of the previous work, and are bearing in mind a full range of feasible redesigns.

The report is organized by the major activities of the grant, which included: a full evaluation of the survey content and development of revised instruments; a review of the current sample design and methods; the convening of expert panels to discuss the survey instrument and proposed sampling methods; cognitive testing of new and revised questions; a pilot test of the proposed sampling methods and final instrument; and the development of final recommendations and cost estimates for NatSCEV-IV. Chapter 2 presents a brief background on the development of NatSCEV and its primary achievements. Chapter 3 presents a review of the literature on gathering sensitive information about children's victimizations, including whether and under what conditions it may be harmful to children to ask about violence exposure; what procedures minimize risk of participation;

what is involved in obtaining informed consent, particularly in a self-administered mode; and how to maximize data validity and minimize social desirability bias and reporting errors.

The past versions of the NatSCEV were lengthy and thus need to be shortened to reduce respondent burden and enhance response rates, especially in the context of a move to self-administration. The redesign work identified ways to substantially reduce the length without sacrificing critical content and ensuring the content is developmentally appropriate. As such, Chapter 4 presents a conceptual mapping of the current items of the Juvenile Victimization Questionnaire (JVQ). To ensure that NatSCEV is providing valid measures of the concepts it intends to assess, Chapter 5 examines the performance of prior JVQ items against scales such as the trauma scale. Chapter 6 presents the results of the cognitive interviews with revised questions. Based on these findings, Chapter 7 provides a revised draft of the JVQ. Chapter 8 provides three possible designs for a future NatSCEV, one that places the NatSCEV as a supplementary collection of the National Crime Victimization Survey, one based on a mixed online and face-to-face, and one based on a representative online panel.

In summary, each chapter in this document provides a portion of the conceptual, empirical, and/or methodological justification to transform the NatSCEV instrument and design.

## 1.1 References

- Chan, K.L. (2014). Child victims and poly-victims in China: Are they more at-risk of family violence? *Child Abuse & Neglect*, 38(11), 1823-1839.
- Cohen, J.A., Mannarino, A.P., Kliethermes, M., and Murray, L.A. (2012). Trauma-focused CBT for youth with complex trauma. *Child Abuse & Neglect*, 36(6), 528-541.
- Dorrepaal, E., Thomaes, K., Smit, J.H., van Balkom, A.J., van Dyck, R., Veltman, D.J., and Draijer, N. (2010). Stabilizing group treatment for complex posttraumatic stress disorder related to childhood abuse based on psycho-education and cognitive behavioral therapy: A pilot study. *Child Abuse & Neglect*, 34(4), 284-288.
- Dunn, E.C., Nishimi, K., Neumann, A., Renaud, A., Cecil, C.A., Susser, E.S., and Tiemeier, H. (2020). Time-dependent effects of exposure to physical and sexual violence on psychopathology symptoms in late childhood: in search of sensitive periods in development. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(2), 283-295. e284. doi:10.1016/j.jaac.2019.02.022

- Finkelhor, D., and Kendall-Tackett, K. (1997). A developmental perspective on the childhood impact of crime, abuse, and violent victimization. In D. Cicchetti and S.L. Toth (Eds.), *Developmental Perspectives on Trauma: Theory, Research, and Intervention* (pp. 1-32). New York: University of Rochester Press.
- Fitton, L., Yu, R., and Fazel, S. (2020). Childhood maltreatment and violent outcomes: A systematic review and meta-analysis of prospective studies. *Trauma, Violence, & Abuse*, 21(4), 754-768.
- Ford, J.D., Grasso, D., Greene, C., Levine, J., Spinazzola, J., and van der Kolk, B. (2013). Clinical significance of a proposed developmental trauma disorder diagnosis: Results of an international survey of clinicians. *The Journal of Clinical Psychiatry*, 74(8), 841-849.
- Fry, D., Fang, X., Elliott, S., Casey, T., Zheng, X., Li, J., . . . McCluskey, G. (2018). The relationships between violence in childhood and educational outcomes: A global systematic review and meta-analysis. *Child Abuse & Neglect*, 75, 6-28.
- Hashima, P., and Finkelhor, D. (1999). Violent victimization of youth versus adults in the National Crime Victimization Survey. *Journal of Interpersonal Violence*, 14(8), 799-820.
- Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C., . . . Dunne, M.P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356-e366. Retrieved from [https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667\(17\)30118-4.pdf](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(17)30118-4.pdf)
- Margolin, G., and Gordis, E.B. (2000). The effects of family and community violence on children. *Annual Review of Psychology*, 51, 445-479.
- National Children’s Advocacy Center. (n.d.) *Poly-victimization resources (trainings, bibliography, research, podcasts, webinars, and technical assistance)*. Available at <http://www.calio.org/>
- Sedlak, A.J. (2007, July). *Poly-victims in juvenile justice placement*. International Family Violence and Child Victimization Research Conference, Portsmouth, NH.
- Voisin, D.R., and Elsaesser, C.M. (2013). Pathways from polyvictimization to youth problem behaviors: The critical role of school engagement. *International Journal of Higher Education*, 2(4), 15-23.
- Wilkins, N., Tsao, B., Hertz, M., Davis, R., and Klevens, J. (2014). *Connecting the dots: An overview of the links among multiple forms of violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

## 2. Background and Purpose

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The National Survey of Children’s Exposure to Violence (NatSCEV) and the Juvenile Victimization Questionnaire (JVQ) grew out of writing and theorizing on the topic of developmental victimology (Finkelhor, 1995, 2007). A major theme of developmental victimology has been that research and advocacy about children’s exposure to crime, violence, and abuse had become fragmented into insular and sometimes competing topics like bullying, sexual abuse, dating violence, and exposure to domestic and community violence. Historically, researchers and advocates in these fields tended not to communicate regularly, did not notice that the topics of their interest were greatly overlapping, and did not recognize that children who experienced one form of victimization often experienced others. Moreover, the researchers and advocates often failed to take a developmental view of their topics and related domains, focusing on specific age groups such as preschoolers, school-age children, or teens.

The overarching goal of NatSCEV was to build awareness of and a research tradition about a more comprehensive and integrated field that encompasses the full range of childhood exposure to crime, violence and abuse, and highlights the interconnections among types of exposure and their developmental patterns. This was intended to parallel the relatively comprehensive field that exists with regard to juvenile offending, the field of juvenile delinquency, which incorporates a wide spectrum of juvenile deviance.

The delinquency field was greatly facilitated by the creation of comprehensive measurement tools, such as the Self-Report of Delinquency measure. In a parallel fashion, the goal of the JVQ was to create an equivalent comprehensive tool that could help define and foster research on the full spectrum of childhood victimization.

JVQ development proceeded in several phases and represented one of the most involved measurement development projects ever undertaken in violence research (Finkelhor, Hamby, Ormrod, & Turner, 2005). In the first step, an extensive review was conducted of instruments that addressed specific and more general domains of childhood victimization. Domains and question items for a comprehensive instrument were chosen and adapted from that literature, as well as from consultation with more than a dozen experts in various domains. Vocabulary, terminology, and other conceptual issues were refined with the help of focus groups of youth (three groups) and

parents (six groups). Once a draft instrument was developed, cognitive interviews were performed with 24 youth recruited from an agency that provided services to abused and victimized children. A group of high-risk children was recruited to ensure there were positive cases to explore responses during the cognitive interview phase.

This development of the instrument was funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) from 1998 through 2005.

## **2.1 NatSCEV Implementation**

The first full deployment of the JVQ occurred in a pilot national survey conducted in 2002-2003, the Developmental Victimization Survey, with a national random-digit dial (RDD) sample of 2,030 children from ages 2-17 (Finkelhor, Ormrod, & Turner, 2009). This was followed by three waves of the NatSCEV in 2007, 2011, and 2014, jointly funded by OJJDP and the Centers for Disease Control and Prevention (CDC) (Finkelhor, Turner, Shattuck, & Hamby, 2015; Finkelhor, Turner, Shattuck, Hamby, & Kracke, 2015; Finkelhor, Turner, Ormrod, & Hamby, 2005). The sample sizes for these waves were 4,549; 4,503; and 4,000, respectively. The NatSCEV also expanded the developmental spectrum to include 0- to 2-year-olds.

In addition to the JVQ, the NatSCEV included questions about psychological distress, disability, delinquency, and family functioning.

All the surveys used caregiver interviews to obtain victimization information about children under 10 years old and direct interviews with youth themselves for information about youth ages 11-17. The proxy interviews with parents were deemed important to get a full developmental assessment. Survey costs were in the range of \$2 million for each round.

A few changes were made over time to the survey. Some additional victimization items were added to later administrations to better assess neglect, bullying, and internet victimization. Some changes were also made in the methodology, particularly in an attempt to access the growing number of cell phone-only households.

In an attempt to deal with declining response rates and increasing the number of households without landlines, the NatSCEV III sample was constructed using four sources: (1) an ABS of

addresses from which cell and residential numbers were dialed; (2) a pre-screened sample of telephone numbers of households with children from recent national RDD surveys; (3) a listed landline sample with telephone numbers (targeted on child in the household based on commercial lists); and (4) cell phone numbers drawn from a targeted RDD sample frame. Nonetheless, response rates declined over time. In addition, the multiple frame design of NatSCEV III resulted in fairly large design effects that made estimation of trends more difficult. These have been some of the major developments that have prompted the current methodology review.

## 2.2 Legacy of the NatSCEV/Juvenile Victimization Questionnaire (JVQ)

The JVQ and the NatSCEV have had profound impacts on the research and advocacy concerning childhood victimization. We would like to highlight the following particular influences.

**Expansion of the Research Literature.** The JVQ and NatSCEV projects have resulted in 70 scientific publications and 7 bulletins published by the Department of Justice (DOJ) and CDC. The publications include some in very high-profile outlets such as the Journal of the American Medical Association. The citation volume for this literature totals over 5,000 cites, including some highly cited papers: 2,119 citations for the paper on poly-victimization (Finkelhor, Ormrod, & Turner, 2007), and 1,793 for the results of the first NatSCEV report (Finkelhor, Ormrod, Turner, & Hamby, 2005a).

**Poly-victimization.** One of the salient accomplishments of the project is establishing the importance of the concept of poly-victimization. The key finding from the JVQ research, now well replicated by others, is that (1) some children and youth experience a tremendous burden of different kinds of exposures, (2) multiple different kinds of exposures seem to have more negative impact than multiple single-type exposures, and (3) poly-victimization accounts for much of the distress often attributed to single types of exposure, like sexual abuse, peer victimization, or witnessing domestic violence, when measured in isolation. The poly-victimization topic has gained rapid adoption, used now in over 7,000 new scientific articles since it first appeared in 2001. The concept has changed research practice as well as clinical and advocacy work.

**National Estimates.** The project has created national estimates for many kinds of violence exposures now widely cited. These estimates include some topics on which there had previously

been no or only crude estimates, such as exposure to domestic violence (Hamby, Finkelhor, Turner, & Ormrod, 2011), sibling abuse (Tucker, Finkelhor, Shattuck, & Turner, 2013), and exposure to abuse at the hands of staff of youth-serving organizations (Shattuck, Finkelhor, Turner, & Hamby, 2016). It has provided the most contemporary estimates about childhood sexual abuse and sexual assault (Finkelhor, Shattuck, Turner, & Hamby, 2014; Gewirtz-Meydan & Finkelhor, 2019). It has developed some of the best estimates of victimization in the various populations of disabled children (Turner, Vanderminden, Finkelhor, Hamby, & Shattuck, 2011). It provided the first data on medical treatment for violent victimization among children (Finkelhor, Turner, & LaSelva, 2021a).

**Developmental Trajectories.** The JVQ has produced some of the first full developmental trajectories for various forms of violence and abuse exposure. Especially important have been national epidemiological estimates for younger children (Turner, Finkelhor, Ormrod, & Hamby, 2010) that had not been measured in many earlier studies that were limited to teens. These include exposure to bullying, family violence, sexual abuse, school victimization, and community violence. Methodological analyses with NatSCEV data have confirmed that valid and meaningful data can be gathered from caregivers about the 0-9 age group, and that rates do not seem to be systematically lower than the rates gathered via self-report (Finkelhor, Hamby, et al., 2005; Finkelhor, Ormrod, Turner, & Hamby, 2005b).

**Trend Measurement.** The usage of the JVQ in four national surveys dating back to 2003 has allowed the assessment of trends in rates of exposure (Finkelhor et al., 2014), and helped bolster the conclusion that certain forms of exposure have indeed declined in recent years.

**Adverse Childhood Experiences (ACE).** The NatSCEV has been a central data source for the development of the literature on the epidemiology and toxic effects of childhood adversity. It has been one of the few data sources that utilize contemporaneous measures of childhood adversity and its impact rather than adult retrospective measures. NatSCEV has allowed the development of alternative ACE inventories better calibrated to predict negative mental health outcomes (Finkelhor, Shattuck, Turner, & Hamby, 2015; Finkelhor, Shattuck, Turner, & Hamby, 2013; Turner, Finkelhor, Mitchell, Jones, & Henley, 2020). It has demonstrated that victimizations are the most numerous and toxic of the childhood adversities. It has shown how many of those facing childhood adversities, particularly among younger black child populations, are not receiving relevant services (Finkelhor, Turner, & LaSelva, 2021b).

**Defending Childhood Initiative.** The JVQ and NatSCEV were influential in supporting this federal program to develop interventions and prevention strategies to treat and reduce childhood exposures to violence (Listenbee Jr. et al., 2012).

**Widespread Usage.** The JVQ has been widely used and translated into several other languages for international administration in China, Sweden, Switzerland, Spain, South Africa, Quebec, and Australia, among other places. It has also encouraged the development and usage of other multi-exposure measures. An international review of national prevalence studies found that the JVQ and its adaptations were the most frequently used child maltreatment instrument, the one recommended because of its validity studies, and the one that captured the most detailed information on episodes (Mathews, Pacella, Dunne, Simunovic, & Marston, 2020). NatSCEV has also advanced knowledge about how to conduct studies about victimization in an ethical way and been held up as a model for practice (Finkelhor et al., 2014).

**Influence on Other Studies.** The methodology and conceptualizations from NatSCEV have influenced the development of other similar surveys and other data collection enterprises around the world. Among them have been the Violence Against Children surveys, supported by the CDC and Together for Girls, which has mounted similarly designed surveys in 24 countries internationally (<https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/country-reports.html>), and the ISPCAN Child Abuse Screening Tool project which has been utilized in over 20 countries (<https://www.ispcan.org/learn/icast-abuse-screening-tools/?v=402f03a963ba>). It has been influential in the Violence Against Children initiative from the Optimus Foundation (UBS Optimus Foundation, 2021) and in the founding of the Human Dignity Data Institute, which will be tracking international rates of violence against children (Human Dignity Foundation, 2021).

NatSCEV nonetheless has unique features that have not been fully embodied in the spin-offs that have emerged. Central among these is the ability to measure past year exposures across the whole span of childhood, by combining self-reports from youth and caretaker reports on younger children. Other efforts have focused on lifetime exposures, and have gathered information from only teens or adults retrospectively about their childhoods. NatSCEV also remains unique in the broader spectrum of violence exposures it assesses, including property crime, domestic violence, community violence and Internet victimization, as well as the detailed incident information that is collected.

NatSCEV also is the only study with extensively validated operationalizations of the concepts of poly-victimization and adverse childhood experiences.

**Summary.** Continuation of the NatSCEV is an urgent priority for public policy and social and developmental science. Scholars, practitioners, and advocacy organizations are in agreement that childhood exposure to violence is a crucial indicator of the status of human rights and the quality of health and well-being for individuals, groups, and society as a whole. There are no other governmental data collections that focus so uniquely and comprehensively on this problem. The domains of coverage in the NatSCEV include many crucial indicators that are lacking in other data collections. These other collections lack the full age span of childhood and the full range of violence, crime, and abuse measures. The study by its mere existence emphasizes the goal of childhood violence reduction as a priority public policy. Toward this goal, the NatSCEV has a rich legacy of new and important findings that have stimulated widespread scientific and policy awareness of the study, as indicated by its huge citation footprint.

There is a large community of stakeholders engaged with the NatSCEV project: the agencies and advocacy groups that cite its findings to increase awareness; the practitioners who design programs based on the dynamics and risk factors it flags; and the researchers who reference its conclusions, replicate its methods, and continue to use its data. These stakeholders are interdisciplinary and multi-institutional—from the justice system and the Department of Justice, to public health and the CDC, to the mental health system, the child welfare system and education system. The study provides a foundation and a tool for several crucial current public policy endeavors in these domains. These include increasing overall public safety, correcting differential exposures to violence among various disadvantaged population groups, improving educational outcomes for young people, and enhancing public health and reducing healthcare costs for everyone.

## 2.3 References

- Finkelhor, D. (1995). The victimization of children: A developmental perspective. *American Journal of Orthopsychiatry*, 65(2), 177-193. doi:10.1037/h0079618
- Finkelhor, D. (2007). Developmental victimology: The comprehensive study of childhood victimization. In R.C. Davis, A.J. Lurigio, and S. Herman (Eds.), *Victims of crime* (3rd ed., pp. 9-34). Thousand Oaks, CA: Sage Publications.

- Finkelhor, D., Hamby, S.L., Ormrod, R., and Turner, H.A. (2005). The Juvenile Victimization Questionnaire: Reliability, validity, and national norms. *Child Abuse and Neglect*, 29(4), 383-412. doi:10.1016/j.chiabu.2004.11.001
- Finkelhor, D., Ormrod, R., Turner, H.A., and Hamby, S.L. (2005a). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10(1), 5-25. doi:10.1177/1077559504271287
- Finkelhor, D., Ormrod, R.K., and Turner, H.A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, 31(1), 7-26. doi:10.1016/j.chiabu.2006.06.008
- Finkelhor, D., Ormrod, R.K., and Turner, H.A. (2009). The developmental epidemiology of childhood victimization. *Journal of Interpersonal Violence*, 24(5), 711-731. doi:10.1177/0886260508317185
- Finkelhor, D., Ormrod, R.K., Turner, H.A., and Hamby, S.L. (2005b). Measuring poly-victimization using the JVQ. *Child Abuse & Neglect*, 29(11), 1297-1312.
- Finkelhor, D., Shattuck, A., Turner, H., and Hamby, S. (2015). A revised inventory of adverse childhood experiences. *Child Abuse & Neglect*, 48, 13-21. doi:10.1016/j.chiabu.2015.07.011
- Finkelhor, D., Shattuck, A., Turner, H.A., and Hamby, S.L. (2013). Improving the adverse childhood experiences study scale. *Archives of Pediatrics & Adolescent Medicine*, 167(1), 70-75. doi:10.1001/jamapediatrics.2013.420
- Finkelhor, D., Shattuck, A., Turner, H.A., and Hamby, S.L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health*, 55(3), 329-333. doi:10.1016/j.jadohealth.2013.12.026
- Finkelhor, D., Turner, H., and LaSelva, D. (2021a). Medical treatment following victimization in a national sample of children and youth. *JAMA Open Network*, 4(5), e219250. doi:10.1001/jamanetworkopen.2021.9250
- Finkelhor, D., Turner, H., and LaSelva, D. (2021b). Receipt of behavioral health services among US children and youth with adverse childhood experiences or mental health symptoms. *JAMA Network Open*, 4(3), e211435. doi:10.1001/jamanetworkopen.2021.1435
- Finkelhor, D., Turner, H., Shattuck, A., and Hamby, S. (2015). Prevalence of childhood exposure to violence, crime, and abuse. *JAMA Pediatrics*, 169(8), 746-754. doi:10.1001/jamapediatrics.2015.0676
- Finkelhor, D., Turner, H., Shattuck, A., Hamby, S., and Kracke, K. (2015). Children's exposure to violence, crime, and abuse: An update. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Finkelhor, D., Turner, H.A., Ormrod, R., and Hamby, S.L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10(1), 5-25. doi:10.1177/1077559504271287

- Finkelhor, D., Vanderminden, J., Turner, H., Hamby, S., and Shattuck, A. (2013). Upset among youth in response to questions about exposure to violence, sexual assault and family maltreatment. *Child Abuse & Neglect*, 38(2), 217-223. doi:10.1016/j.chiabu.2013.07.021
- Gewirtz-Meydan, A., and Finkelhor, D. (2019). Sexual abuse and assault in a large national sample of children and adolescents. *Child Maltreatment* (online first), 1-12. doi:10.1177/1077559519873975
- Hamby, S.L., Finkelhor, D., Turner, H.A., and Ormrod, R. (2011). *Children's exposure to intimate partner violence and other family violence* (NCJ232272). Retrieved from <https://www.ncjrs.gov/pdffiles1/ojdp/232272.pdf>
- Human Dignity Foundation. (2021). *Children can't wait: HDF works to protect and promote children's rights*. Retrieved from <https://www.humandignity.foundation/>
- Listenbee Jr, R.L., Torre, J., Boyle, G., Cooper, S.W., Deer, S., Durfee, D.T., . . . Marans, S. (2012). *Report of the attorney general's National Task Force on Children Exposed to Violence*. Retrieved from <https://www.justice.gov/sites/default/files/defendingchildhood/cev-rpt-full.pdf>
- Mathews, B., Pacella, R., Dunne, M.P., Simunovic, M., and Marston, C. (2020). Improving measurement of child abuse and neglect: A systematic review and analysis of national prevalence studies. *PLoS One*, 15(1), e0227884.
- Shattuck, A., Finkelhor, D., Turner, H., and Hamby, S. (2016). Children exposed to abuse in youth-serving organizations: Results from national sample surveys. *JAMA Pediatrics*, 170(2), e154493-e154496. doi:10.1001/jamapediatrics.2015.4493
- Tucker, C.J., Finkelhor, D., Shattuck, A., and Turner, H.A. (2013). Prevalence and correlates of sibling victimization types. *Child Abuse & Neglect*, 37(4), 213-223. doi:10.1016/j.chiabu.2013.01.006
- Turner, H.A., Finkelhor, D., Mitchell, K., Jones, L., and Henley, M. (2020). Strengthening the predictive power of screening for adverse childhood experiences (ACEs) in younger and older children. *Child Abuse & Neglect*, 107. doi:10.1016/j.chiabu.2020.104522
- Turner, H.A., Finkelhor, D., Ormrod, R., and Hamby, S.L. (2010). Infant victimization in a nationally representative sample. *Pediatrics*, 126(1), 44-52. doi:10.1542/peds.2009-2526
- Turner, H.A., Vanderminden, J., Finkelhor, D., Hamby, S.L., and Shattuck, A. (2011). Disability and victimization in a national sample of children and youth. *Child Maltreatment*, 16(4), 275-286. doi:10.1177/1077559511427178
- UBS Optimus Foundation. (2021). Addressing violence at its roots: a quest for philanthropy. *Child Protection*. Retrieved from <https://www.ubs.com/global/en/ubs-society/philanthropy/blog/2018/a-quest-for-philanthropy.html>

## 3. Methodology Literature Review

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### 3.1 Introduction

This literature review covered several ethical issues involved when collecting data on child victimization, including the potential for harm, strategies for reducing risk of participation, obtaining informed consent, issues of confidentiality and mandatory reporting, and the use of incentives to increase response rates. Methodological issues are also discussed, including non-response and data quality, the potential for recall problems, survey mode and social desirability bias, and the use of parent proxy versus self-reports of victimization. Since there are fewer studies addressing the ethical and methodological issues involved in conducting youth victimization surveys, compared with the much larger literature focused on general surveys of adults, the review covers both kinds of literature, focusing on relevant studies that can help to inform future research on children's exposure to violence. The extended form of this review is included in Appendix A.

### 3.2 Summary

**Participant Distress.** Research on the impact of youth being asked about (and disclosing) victimization events in surveys shows that distress is relatively rare, and when it occurs it is mild and short-lived. However, youth who disclose victimization events often report more distress than those who were not exposed to such events. This appears to be more likely among younger children (e.g., ages 10-12) who disclose victimization. However, even youth who report some level of upset usually indicate that they do not regret participating and often report both positive as well as negative feelings about the survey. As a whole, the literature suggests that youth victimization surveys pose relatively little risk for participants.

**Minimizing Risk.** Several strategies, most of which reflect standard institutional review board guidelines and protocols, have been employed in youth victimization research in efforts to minimize risk to participants. These include ensuring that consent/assent is informed and participation is voluntary, that anonymity or confidentiality of survey data is maintained, and that relevant resources are made available to participants who are distressed or desire information or assistance. It is crucial that consent/assent language be simple and developmentally appropriate and that youth understand the voluntary nature of their participation. The limited research that has been conducted suggests

that youth generally understand their rights as research participants and that such understanding does not differ by trauma exposure, although younger youth may be less likely to fully understand their right to refuse when parents have given permission.

**Mandatory Reporting.** Informing respondents about mandatory reporting of maltreatment reduces the willingness to disclose sensitive information. As such, consent language that includes statements about mandatory reporting of child abuse, for example, is likely to lead to non-participation by high-risk respondents and/or under-reporting of such incidents. This can create serious problems since a crucial goal of child victimization research is to help craft public policy by identifying the number of children affected. Web-based and computer-assisted self-interviewing/audio computer-assisted self-interviewing (CASI/ACASI) modes of data collection can allow anonymity of research responses so that, even if a researcher is present, he/she is blind to the content of interview responses. Thus, in these self-administered formats, mandatory reporting is not an issue when survey responses are entirely anonymized since no actionable report can be provided when disclosures are made in response to survey questions.

**Survey Mode and Disclosure.** Most research on survey mode comparisons finds that when collecting sensitive information, self-administered surveys yield significantly more disclosures than data collection modes that involve the presence of an interviewer (whether it be on the phone or in-person). However, while web-based survey formats are often associated with greater disclosure of sensitive information (and the least social desirability bias), they also typically yield the lowest response rates (see the discussion of this issue and strategies to maximize response to web-based designs in the Survey Design section of this report). In general, it appears that if non-response difficulties can be minimized, self-administered surveys are preferable for collecting child victimization information.

**Report Reliability.** The same issues that create challenges to the reliability of victimization reports in surveys of adults are also relevant to youth surveys, including social desirability bias, poor or bias recall of victimization events, and (perhaps especially) literacy issues. However, research does show that using victimization event measures that are unambiguous and behaviorally specific helps to increase reliability and reduce recall problems. Developmental research on the cognitive capacities of children suggests that youth from around the age of 10 can understand and report on events that happen to them consistently, provided that item wording is unambiguous and the reading level is

appropriate. Although research on this issue is limited, there does not appear to be any major impediments to gathering self-report information from children as young as age 10.

**Incentives.** Studies on the use of incentives in research, among both adults and youth, have generally found that participation is significantly increased when incentives are offered, especially monetary incentives. However, the use of incentives, especially with youth, continues to be controversial. Some have expressed concern that monetary compensation will exert undue influence on youths' decision to participate, while others have suggested that ethically used extrinsic incentives are fully appropriate. Although research on this topic is limited and provides little guidance, we are aware of no research to date that has demonstrated harmful outcomes associated with providing monetary incentives to youth (or parent) participants in victimization surveys. Experiments with incentives would be an important contribution to this study.

**Parental Proxy Reports.** Several studies show moderate concordance between parent and child reports of victimization, with children reporting somewhat more victimization events that occur at school and in the neighborhood, and parents reporting somewhat more events that occur at home. Recent analyses specific to NatSCEV are encouraging, with very similar rates on most forms of victimization for 9-year-olds (oldest group using parent proxy reports) and 10-year-olds (youngest self-report group), even for parental maltreatment. Although the literature is limited, it does not signal serious concern about parental proxy reporting for younger children. NatSCEV should continue to monitor this issue in its own data gathering and in the field as a whole.

The literature review confirms that a NatSCEV survey can be conducted in an ethical manner, protecting youth and families from risk and yielding valid results.

## References

- Aalsma, M.C., Zimet, G.D., Fortenberry, J.D., Blythe, M., and Orr, D.P. (2002). Reports of childhood sexual abuse by adolescents and young adults: Stability over time. *Journal of Sex Research*, 39(4), 259-263. <https://doi.org/10.1080/00224490209552149>.
- Alderson, P., and Morrow, V. (2011). *The ethics of research with children and young people: A practical handbook*. Los Angeles: Sage.
- Alers-Rojas, F., Jocson, R. M., Cranford, J., & Ceballo, R. (2020). Latina mothers' awareness of their children's exposure to community violence. *Hispanic Journal of Behavioral Sciences*, 42(3), 324-343. doi:10.1177/0739986320927512

- American Association for Public Opinion Research. (2014). *AAPOR guidance for IRBs and survey researchers*. Retrieved from <https://aapor.org/standards-and-ethics/institutional-review-boards/>
- American Psychological Association. (2017, January 1, 2017). *Ethical principles of psychologists and code of conduct*. Retrieved from <https://www.apa.org/ethics/code/index.aspx>.
- Anderman, C., Cheadle, A., Curry, S., Diehr, P., Shultz, L., and Wagner, E. (1995). Selection bias related to parental consent in school-based survey research. *Evaluation Review*, 19(6), 663-674. <https://doi.org/10.1177/0193841x9501900604>.
- Beck, A.J., Cantor, D., Hartge, J., and Smith, T. (2013). *Sexual victimization in juvenile facilities reported by youth, 2012*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Borgers, N., De Leeuw, E., and Hox, J. (2000). Children as respondents in survey research: Cognitive development and response quality 1. *Bulletin de Methodologie Sociologique*, 66(1), 60-75.
- Brewin, C.R., Andrews, B., and Gotlib, I. H. (1993). Psychopathology and early experience: A reappraisal of retrospective reports. *Psychological Bulletin*, 113(1), 82-98.
- Bruzzese, J.-M., and Fisher, C.B. (2003). Assessing and enhancing the research consent capacity of children and youth. *Applied Developmental Science*, 7(1), 13-26.
- Burkill, S., Copas, A., Couper, M. P., Clifton, S., Prah, P., Datta, J., ... Erens, B. (2016). Using the web to collect data on sensitive behaviours: A study looking at mode effects on the British National Survey of Sexual Attitudes and Lifestyles. *PloS One*, 11(2), e0147983. <https://doi.org/10.1371/journal.pone.0147983>
- Carter-Visscher, R.A., Naugle, A.E., Bell, K.M., and Suvak, M.K. (2007). Ethics of asking trauma-related questions and exposing participants to arousal-inducing stimuli. *Journal of Trauma & Dissociation*, 8(3), 27-55.
- Ceballo, R., Dahl, T.A., Aretakis, M.T., and Ramirez, C. (2001). Inner-city children's exposure to community violence: How much do parents know? *Journal of Marriage and Family*, 63(4), 927-940.
- Chu, A.T., DePrince, A.P., and Weinzierl, K.M. (2008). Children's perception of research participation: Examining trauma exposure and distress. *Journal of Empirical Research on Human Ethics: An International Journal*, 3(1), 49-58.
- Clacherty, G., and Donald, D. (2007). Child participation in research: Reflections on ethical challenges in the southern African context. *African Journal of AIDS Research*, 6(2), 147-156.
- Collins, W.A., Maccoby, E.E., Steinberg, L., Hetherington, E.M., and Bornstein, M.H. (2000). Contemporary research on parenting: The case for nature and nurture. *American Psychologist*, 55(2), 218-232.

- Compier-de Block, L.H.C.G., Alink, L.R.A., Linting, M., van den Berg, L.J.M., Elzinga, B.M., Voorthuis, A., . . . Bakermans-Kranenburg, M.J. (2017). Parent-child agreement on parent-to-child maltreatment. *Journal of Family Violence*, 32(2), 207-217. <https://doi.org/10.1007/s10896-016-9902-3>.
- Cooper Robbins, S.C., Rawsthorne, M., Paxton, K., Hawke, C., Rachel Skinner, S., and Steinbeck, K. (2011). “You Can Help People”: Adolescents’ views on engaging young people in longitudinal research. *Journal of Research on Adolescence*, 22(1), 8-13. <https://doi.org/10.1111/j.1532-7795.2011.00759.x>.
- Costello, E.J., Angold, A., March, J., and Fairbank, J. (1998). Life events and post-traumatic stress: the development of a new measure for children and adolescents. *Psychological Medicine*, 28(6), 1275-1288.
- Council for International Organizations of Medical Sciences (CIOMS) and World Health Organization (WHO). (2008). *International ethical guidelines for epidemiological studies*. Geneva: CIOMS.
- Crane, S., & Broome, M. E. (2017). Understanding ethical issues of research participation from the perspective of participating children and adolescents: A systematic review. *Worldviews on Evidence-based Nursing*, 14(3), 200–209. <https://doi.org/10.1111/wvn.12209>
- Cromer, L.D., Freyd, J.J., Binder, A.K., DePrince, A.P., and Becker-Blease, K.A. (2006). What’s the risk in asking? Participant reaction to trauma history questions compared with reaction to other personal questions. *Ethics & Behavior*, 16(4), 347-362.
- Cwinn, E., Cadieux, C., and Crooks, C. V. (2020). Who are we missing? The impact of requiring parental or guardian consent on research with lesbian, gay, bisexual, trans, two-spirit, queer/questioning youth. *Journal of Adolescent Health*, 68(6), 1204-1206. <https://doi.org/10.1016/j.jadohealth.2020.07.037>
- Daigle, L.E., Snyder, J.A., and Fisher, B.S. (2016). Measuring victimization: Issues and new directions. In B.M. Huebner and T.S. Bynum (Eds.), *The Handbook of measurement issues in criminology and criminal justice* (pp. 249-276). Oxford, UK: Wiley Blackwell Publishers.
- Datta, A.R., Horrigan, M.W., and Walker, J.R. (2001). *Evaluation of a monetary incentive payment experiment in the National Longitudinal Survey of Youth, 1997 Cohort*. Paper presented at the Federal Committee on Statistical Methodology Conference.
- de Quervain, D.J.F., and McGaugh, J.L. (2014). Stress and the regulation of memory: From basic mechanisms to clinical implications (Neurobiology of Learning and Memory Special Issue). *Neurobiology of Learning and Memory*, 112, 1. doi: <http://doi.org/10.1016/j.nlm.2014.04.011>.
- Disch, E. (2001). Research as clinical practice: Creating a positive research experience for survivors of sexual abuse by professionals. *Sociological Practice: A Journal of Clinical and Applied Sociology*, 3(3), 221-239.
- Dohrenwend, B.P. (2006). Inventorying stressful life events as risk factors for psychopathology: toward resolution of the problem of intracategory variability. *Psychological Bulletin*, 132(3), 477-495. <https://doi.org/10.1037/0033-2909.132.3.477>.

- Dolbear, G.L., Wojtowycz, M., and Newell, L.T. (2002). Named reporting and mandatory partner notification in New York State: The effect on consent for perinatal HIV testing. *Journal of Urban Health*, 79(2), 238-244. <https://doi.org/10.1093/jurban/79.2.238>.
- Edwards, K.M., Haynes, E.E., and Rodenhizer-Stämpfli, K.A. (2016). High school youth's reactions to participating in mixed-methodological dating violence research. *Journal of Empirical Research on Human Research Ethics*, 11(3), 220-230. <https://doi.org/10.1177/1556264616651783>.
- Ellonen, N., and Pösö, T. (2011). Children's experiences of completing a computer-based violence survey: Ethical implications. *Children & Society*, 25(6), 470-481.
- Elze, D. E. (2009). Strategies for recruiting and protecting gay, lesbian, bisexual, and transgender youths in the research process. In W. Mezzan and J. I. Martin (Eds.), *Handbook of research with lesbian, gay, bisexual, and transgender populations*. New York: Routledge, 40–68.
- Esbensen, F.-A., Miller, M. H., Taylor, T., He, N., and Freng, A. (1999). Differential attrition rates and active parental consent. *Evaluation Review*, 23(3), 316-335. <https://doi.org/10.1177/0193841X9902300304>
- Fagerlund, M., and Ellonen, N. (2016). Children's experiences of completing a computer-based violence survey: Finnish Child Victim Survey revisited. *Journal of Child Sexual Abuse*, 25(5), 556-576. <https://doi.org/10.1080/10538712.2016.1186769>
- Feng, J.Y., Chang, Y. T., Chang, H. Y., Fetzer, S., and Wang, J. D. Prevalence of different forms of child maltreatment among Taiwanese adolescents: A population-based study. *Child Abuse & Neglect*. 2015;42: 10–19. <https://doi.org/10.1016/j.chiabu.2014.11.010>
- Fergusson, D.M., Horwood, L.J., and Woodward, L.J. (2000). The stability of child abuse reports: A longitudinal study of the reporting behaviour of young adults. *Psychological Medicine*, 30(3), 529-544.
- Finkelhor, D., Hamby, S.L., Ormrod, R.K., and Turner, H.A. (2005). The JVQ: Reliability, validity, and national norms. *Child Abuse & Neglect*, 29(4), 383-412.
- Finkelhor, D., Ormrod, R.K., Turner, H.A., and Hamby, S.L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10(1), 5-25. <https://doi.org/10.1177/1077559504271287>
- Finkelhor, D., Vanderminden, J., Turner, H., Hamby, S., and Shattuck, A. (2013). Upset among youth in response to questions about exposure to violence, sexual assault and family maltreatment. *Child Abuse & Neglect*, 38(2), 217-223. doi:10.1016/j.chiabu.2013.07.021
- Flores, D., McKinney, R., Jr., Arscott, J., & Barroso, J. (2018). Obtaining waivers of parental consent: A strategy endorsed by gay, bisexual, and queer adolescent males for health prevention research. *Nursing Outlook*, 66(2), 138–148. <https://doi.org/10.1016/j.outlook.2017.09.001>
- Fogel, J., and Nehmad, E. (2009). Internet social network communities: Risk taking, trust, and privacy concerns. *Computers in Human Behavior*, 25(1), 153-160. <https://doi.org/10.1016/j.chb.2008.08.006>

- Fortier, J., Stewart-Tufescu, A., Salmon, S., Garces Davila, I., MacMillan, H. L., Gonzalez, A., Mathews, B., Struck, S., Taillieu, T., and Afifi, T. O. (2020). What type of survey research questions are identified by adults as upsetting? A focus on child maltreatment. *Child Abuse & Neglect*, 109, 104764. doi: [10.1016/j.chiabu.2020.104764](https://doi.org/10.1016/j.chiabu.2020.104764).
- Friedman, M.S., Chiu, C.J., Croft, C., Guadamuz, T.E., Stall, R., and Marshal, M.P. (2016). Ethics of online assent: Comparing strategies to ensure informed assent among youth. *Journal of Empirical Research on Human Research Ethics*, 11(1), 15-20. <https://doi.org/10.1177/1556264615624809>
- Gaskell, G.D., Wright, D.B., and O'Muircheartaigh, C.A. (2000). Telescoping of landmark events: Implications for survey research. *The Public Opinion Quarterly*, 64(1), 77-89.
- Gnambs, T., and Kaspar, K. (2015). Disclosure of sensitive behaviors across self-administered survey modes: A meta-analysis. *Behavior Research Methods*, 47(4), 1237-1259. <https://doi.org/10.3758/s13428-014-0533-4>
- Grych, J.H. (1998). Children's appraisals of interparental conflict: Situational and contextual influences. *Journal of Family Psychology*, 12(3), 437-453. <https://doi.org/10.1037/0893-3200.12.3.437>
- Hardt, J., and Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence. *Journal of Child Psychology & Psychiatry*, 45(2), 260-273.
- Harper, C.R., Parris, L.N., Henrich, C.C., Varjas, K., and Meyers, J. (2012). Peer victimization and school safety: The role of coping effectiveness. *Journal of School Violence*, 11(4), 267-287. <https://doi.org/10.1080/15388220.2012.706876>.
- Henderson, M., Wight, D., Nixon, C., and Hart, G. (2010). Retaining young people in a longitudinal sexual health survey: a trial of strategies to maintain participation. *BMC Medical Research Methodology*, 10(1), 9. <https://doi.org/10.1186/1471-2288-10-9>.
- Hill, H.M., and Jones, L.P. (1997). Children's and parents' perceptions of children's exposure to violence in urban neighborhoods. *Journal of the National Medical Association*, 89(4), 270-276.
- Hill, M. (2005). Ethical considerations in researching children's experiences. In S. Greene and D. Hogan (Eds.), *Researching children's experience* (pp. 61-86). London: Sage Publications.
- Holbrook, A.L., Green, M.C., and Krosnick, J.A. (2003). Telephone versus face-to-face interviewing of national probability samples with long questionnaires - Comparisons of respondent satisficing and social desirability response bias. *Public Opinion Quarterly*, 67(1), 79-125.
- Holt, M.A., Kaufman Kantor, G., and Finkelhor, D. (2009). Parent/child concordance about bullying involvement & family characteristics related to bullying & peer victimization. *Journal of School Violence*, 8(1), 42-63.
- Hurley, J.C., and Underwood, M.K. (2002). Children's understanding of their research rights before and after debriefing: Informed assent, confidentiality, and stopping participation. *Child Development*, 73(1), 132-143.

- Hussemann, J.M., Mortimer, J.T., and Zhang, L. (2016). Exploring the correlates of parental consent for children's participation in surveys: An intergenerational longitudinal study. *Public Opinion Quarterly*, 80(3), 642-665. <https://doi.org/10.1093/poq/nfw012>
- Jaffe, A.E., DiLillo, D., Hoffman, L., Haikalis, M., and Dykstra, R.E. (2015). Does it hurt to ask? A meta-analysis of participant reactions to trauma research. *Clinical Psychology Review*, 40, 40-56. <https://doi.org/10.1016/j.cpr.2015.05.004>.
- Jorm, A. F., Kelly, C. M., and Morgan, A. J. (2007). Participant distress in psychiatric research: A systematic review. *Psychological Medicine*, 37, 917-926.
- Jouriles, E.N., and Norwood, W.D. (1995). Physical aggression toward boys and girls in families characterized by the battering of women. *Journal of Family Psychology*, 9(1), 69-78. <https://doi.org/10.1037//0893-3200.9.1.69>.
- Kihlstrom, J.F., Eich, E., Sandbrand, D., and Tobias, B.A. (2000). Emotion and memory: Implications for self-report. *The Science of Self-Report: Implications for Research and Practice*, 81-99.
- Kim, C., Choi, H., Ko, H., and Park, C. G. (2020). Agreement between parent proxy reports and self-reports of adolescent emotional distress. *The Journal of School Nursing*, 36(2), 104–111. doi: [10.1177/1059840518792073](https://doi.org/10.1177/1059840518792073).
- King, M., Coxell, A., and Mezey, G.C. (2000). The prevalence and characteristics of male sexual assault. In G. C. Mezey and M. B. King (Eds.), *Male victims of sexual assault* (2nd ed., pp. 1-15). Oxford: Oxford University Press.
- Knight, E.D., Runyan, D.K., Dubowitz, H., Brandford, C., Kotch, J., Litrownik, A., and Hunter, W. (2000). Methodological and ethical challenges associated with child self-report of maltreatment solutions implemented by the LONGSCAN consortium. *Journal of Interpersonal Violence*, 15(7), 760-775. <https://doi.org/10.1177/088626000015007006>
- Kraut, R., Olson, J., Banaji, M., Bruckman, A., Cohen, J., and Couper, M. (2004). Psychological research online: Report of Board of Scientific Affairs' Advisory Group on the Conduct of Research on the Internet. *American Psychologist*, 59(2), 105-117. <https://doi.org/10.1037/0003-066X.59.2.105>
- Kreuter, F., Presser, S., and Tourangeau, R. (2008). Social desirability bias in CATI, IVR, and Web surveys the effects of mode and question sensitivity. *Public Opinion Quarterly*, 72(5), 847-865. <https://doi.org/10.1093/poq/nfn063>
- Krumpal, I. (2013). Determinants of social desirability bias in sensitive surveys: A literature review. *Quality & Quantity*, 47(4), 2025-2047. <https://doi.org/10.1007/s11135-011-9640-9>
- Kuyper, L., de Wit, J., Adam, P., and Woertman, L. (2010). Doing more good than harm? The effects of participation in sex research on young people in the Netherlands. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-011-9780-y>.
- Langhinrichsen-Rohling, J., Arata, C.M., O'Brien, N., Bowers, D., and Klibert, J. (2006). Sensitive research with adolescents: Just how upsetting are self-report surveys anyways? *Violence & Victims*, 21(4), 425-444.

- Lewis, T., Kotch, J., Thompson, R., Litrownik, A.J., English, D.J., Proctor, L.J., . . . Dubowitz, H. (2010). Witnessed violence and youth behavior problems: A multi-informant study. *American Journal of Orthopsychiatry*, 80(4), 443-450. <https://doi.org/10.1111/j.1939-0025.2010.01047.x>
- Liu, C., Cox, R. B., Washburn, I.J., Croff, J. M., and Crethar, H.C. (2017). The effects of requiring parental consent for research on adolescents' risk behaviors: a meta-analysis. *Journal of Adolescent Health*, 61(1), 45-52. <https://doi.org/10.1016/j.jadohealth.2017.01.015>.
- Lothen-Kline, C., Howard, D.E., Hamburger, E.K., Worrell, K.D., and Boekeloo, B.O. (2003). Truth and consequences: ethics, confidentiality, and disclosure in adolescent longitudinal prevention research. *Journal of Adolescent Health*, 33(5), 385-394.
- Macapagal, K., Coventry, R., Arbeit, M. R., Fisher, C. B., and Mustanski. (2017). "I won't out myself just to do a survey": Sexual and gender minority adolescents' perspectives on the risks and benefits of sex research. *Archives of Sexual Behavior*, 46(5), 1393-1409. <https://dx.doi.org/10.1007%2Fs10508-016-0784-5>
- Martinson, B.C., Lazovich, D., Lando, H.A., Perry, C.L., McGovern, P.G., and Boyle, R.G. (2000). Effectiveness of monetary incentives for recruiting adolescents to an intervention trial to reduce smoking. *Preventive Medicine*, 31(6), 706-713. <https://doi.org/10.1006/pmed.2000.0762>.
- McCarry, M. (2012). Who benefits? A critical reflection of children and young people's participation in sensitive research. *International Journal of Social Research Methodology*, 15(1), 55-68.
- McClinton Appollis, T., Lund, C., de Vries, P.J., and Mathews, C. (2015). Adolescents' and adults' experiences of being surveyed about violence and abuse: A systematic review of harms, benefits, and regrets. *American Journal of Public Health*, 105(2), e31-e45.
- McClinton Appollis, T., Matthijs Eggers, S., J. de Vries, P., de Vries, H., Lund, C., and Mathews, C. (2020). The impact of participation in research about abuse and intimate partner violence: An investigation of harms, benefits, and regrets in young adolescents in the Western Cape of South Africa. *Journal of Interpersonal Violence*, 35(3-4), 943-63. doi: [10.1177/0886260517691522](https://doi.org/10.1177/0886260517691522).
- McKinney, C.M., Harris, T.R., and Caetano, R. (2009). Reliability of self-reported childhood physical abuse by adults and factors predictive of inconsistent reporting. *Violence and Victims*, 24(5), 653-668.
- McTavish, J. R., Kimber, M., Devries, K., Colombini, M., MacGregor, J. C. D., Wathen, N., and MacMillan, H. L. (2019). "Children's and caregivers' perspectives about mandatory reporting of child maltreatment: A meta-synthesis of qualitative studies." *BMJ Open* 9(4):e025741. doi: [10.1136/bmjopen-2018-025741](https://doi.org/10.1136/bmjopen-2018-025741)
- Meinck, F., Steinert, J.I., Sethi, D., Gilbert, R., Bellis, M.A., Mikton, C., . . . Baban, A. (2016). *Measuring and monitoring national prevalence of child maltreatment: A practical handbook* (9289051639). Retrieved from World Health Organization/Regional Office for Europe, Copenhagen. Available from <https://iris.who.int/handle/10665/343818>
- Metzger, D.S., Koblin, B., Turner, C., Navaline, H., Valenti, F., Holts, S., . . . Seage, G.R. (2000). Randomized controlled trial of audio computer-assisted self-interviewing: Utility and acceptability in longitudinal studies. *American Journal of Epidemiology*, 152(2), 99-106.

- Moilanen, K.L. (2016). Why do parents grant or deny consent for adolescent participation in sexuality research? *Journal of Youth and Adolescence*, 45(5), 1020-1036. <https://doi.org/10.1007/s10964-016-0445-y>.
- Monteiro, I.S., and Maia, A. (2010). Family childhood experiences reports in depressed patients: comparison between 2 time points. *Procedia - Social and Behavioral Sciences*, 5, 541-547. doi:<http://dx.doi.org/10.1016/j.sbspro.2010.07.139>.
- Mosher, W.D., Chandra, A., and Jones, J. (2005). *Sexual behavior and selected health measures: Men and women 15-44 Years of Age, United States, 2002*. (Vol. 362). Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.
- O'Neil, K.M., Penrod, S.D., and Bornstein, B.H. (2003). Web-based research: Methodological variables' effects on dropout and sample characteristics. *Behavior Research Methods, Instrumentation, & Computers*, 35(2), 217-226.
- Ondersma, S.J., and Chase, S.K. (2006). *A novel methodology for longitudinal research in child maltreatment: Can quasi-anonymity yield better data and better participant protection?* Paper presented at the American Professional Society on the Abuse of Children, Nashville, TN.
- Palys, T., and Lowman, J. (1999). *Informed consent, confidentiality and the law: Implications for the Tri-Council Policy Statement*. Burnaby, British Columbia - Canada: Simon Fraser University.
- Payne, J.D., Jackson, E.D., Hoscheidt, S., Ryan, L., Jacobs, W.J., and Nadel, L. (2007). Stress administered prior to encoding impairs neutral but enhances emotional long-term episodic memories. *Learning & Memory*, 14(12), 861-868.
- Penslar, R.L. (1993). *Protecting human research subjects*: Bethesda, MD: National Institutes of Health, Office for Protection from Research Risks..
- Pew Research Organization. (2015). *From telephone to the web: The challenge of mode of interview effects in public opinion polls*, 48. Retrieved from [www.pewresearch.org](http://www.pewresearch.org) website: <http://www.pewresearch.org/2015/05/13/from-telephone-to-the-web-the-challenge-of-mode-of-interview-effects-in-public-opinion-polls/>.
- Pickles, J. (2020). Including and involving young people (under 18's) in hate research without the consent of parents. *Qualitative Research*, 20(1), 22–38. <https://doi.org/10.1177/1468794118816622>
- Pinto, R., Correia, L., and Maia, Â. (2014). Assessing the reliability of retrospective reports of adverse childhood experiences among adolescents with documented childhood maltreatment. *Journal of Family Violence*, 29(4), 431-438. <https://doi.org/10.1007/s10896-014-9602-9>.
- Planty, M. (2003, May 15-18). *An examination of adolescent telescoping: Evidence from the National Crime Victimization Survey*. Paper presented at the 58th Annual AAPOR Conference, Nashville, Tennessee.

- Powell, M.A., Graham, A., Taylor, N.J., Newell, S., and Fitzgerald, R. (2011). *Building capacity for ethical research with children and young people: An international research project to examine the ethical issues and challenges in understanding research with and for children in different majority world contexts*. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.872.2420&rep=rep1&type=pdf>
- Radford (2011, December 14). [Personal communication].
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., and Collishaw, S. (2011). *Child abuse and neglect in the UK today*. London: National Society for the Prevention of Cruelty to Children.
- Rajmil, L., López, A.R., López-Aguilà, S., and Alonso, J. (2013). Parent–child agreement on health-related quality of life (HRQOL): A longitudinal study. *Health and Quality of Life Outcomes*, 11(1), 101. <https://doi.org/10.1186/1477-7525-11-101>.
- Raviv, A., Erel, O., Fox, N.A., Leavitt, L.A., Raviv, A., Dar, I., . . . Greenbaum, C.W. (2001). Individual measurement of exposure to everyday violence among elementary schoolchildren across various settings. *Journal of Community Psychology*, 29(2), 117-140.
- Reddy, D.M., Fleming, R., and Swain, C. (2002). Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *JAMA*, 288(6), 710-714. <https://doi.org/10.1001/jama.288.6.710>.
- Richters, J.E., and Martinez, P. (1993). The NIMH Community Violence Project: 1. Children as victims of and witnesses to violence. *Psychiatry*, 56(1), 7-21.
- Rinehart, J. K., Nason, E. E., Yeater, E. A., and Miller, G. F. (2017). Do some students need special protection from research on sex and trauma? New evidence for young adult resilience in “sensitive topics” research. *Journal of Sex Research*, 54(3), 273–283. doi: [10.1080/00224499.2016.1156047](https://doi.org/10.1080/00224499.2016.1156047).
- Saunders, B.E., and Adams, Z.W. (2014). Epidemiology of traumatic experiences in childhood. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 167-184. doi: <https://dx.doi.org/10.1016/j.chc.2013.12.003>.
- Schick M, Schonbucher V, Landolt MA, Schnyder U, Xu W, Maier T, et al. (2016). Child maltreatment and migration: A population-based study among immigrant and native adolescents in Switzerland. *Child Maltreatment*, 21, 3–15. <https://doi.org/10.1177/1077559515617019>
- Schønning, V., Dovran, A., Hysing, M., Sofie Hafstad, G., Stokke, K., Edvard Aarø, L., Tobiassen, S., Are Bjerger Jonassen, J., Vedaa, Ø., and Sivertsen, B. (2021). Study protocol: the Norwegian Triple-S Cohort Study: Establishing a longitudinal health survey of children and adolescents with experiences of maltreatment. *BMC Public Health*, 21, 1082 (2021). <https://doi.org/10.1186/s12889-021-11125-9>

- Schraedley, P.K., Turner, R.J., and Gotlib, I.H. (2002). Stability of retrospective reports in depression: traumatic events, past depressive episodes, and parental psychopathology. *Journal of Health and Social Behavior*, 43(3), 307-316.
- Sedlak, A.J., Bruce, C., Cantor, D., Ditton, P., Hartge, J., Krawchuk, S., . . . Shapiro, G. (2012). *Survey of youth in residential placement: Technical report*. Rockville, MD: Westat.
- Seymour, K. (2012). Using incentives: Encouraging and recognising participation in youth research. *Youth Studies Australia*, 31(3), 51.
- Sieber, J.E. (2001). *Summary of human subjects protection issues related to large sample surveys* (NCJ 187692). Washington, DC: Bureau of Justice Statistics.  
<https://bjs.ojp.gov/content/pub/pdf/shspirls.pdf>
- Sigmon, S.T., Greene, M.P., Rohan, K.J., and Nichols, J.E. (1997). Coping and adjustment in male and female survivors of childhood sexual abuse. *Journal of Child Sexual Abuse*, 5(3), 57-75.
- Simon Rosser, B., Gurak, L., Horvath, K.J., Michael Oakes, J., Konstan, J., and Danilenko, G.P. (2009). The challenges of ensuring participant consent in internet-based sex studies: A case study of the Men's Internet Sex (MINTS-I and II) Studies. *Journal of Computer-Mediated Communication*, 14(3), 602-626.
- Singer, E., and Couper, M.P. (2008). Do incentives exert undue influence on survey participation? Experimental evidence. *Journal of Empirical Research on Human Research Ethics*, 3(3), 49-56.
- Smith, T., and Sedlak, A.J. (2011). *Addressing human subjects issues on the national survey of youth in custody*. Paper presented at the 66th Annual Conference of the American Association for Public Opinion Research, Phoenix, Arizona.
- Social Research Association. (2003). *Ethical guidelines*. Retrieved from Scotland.
- Stanton, A.L., Burker, E.J., and Kershaw, D. (1991). Effects of researcher followup of distressed subjects: Tradeoff between validity and ethical responsibility? *Ethics & Behavior*, 1(2), 105-112.
- Taplin, S., Chalmers, J., Hoban, B., McArthur, M., Moore, T., and Graham, A. (2019). Children in social research: Do higher payments encourage participation in riskier studies? *Journal of Empirical Research on Human Research Ethics*, 14(2), 126–140. doi: [10.1177/1556264619826796](https://doi.org/10.1177/1556264619826796).
- Thomson, C.C., Roberts, K., Curran, A., Ryan, L., and Wright, R.J. (2002). Caretaker-child concordance for child's exposure to violence in a preadolescent inner-city population. *Archives of Pediatrics & Adolescent Medicine*, 156(8), 818-823.  
<https://doi.org/10.1001/archpedi.156.8.818>.
- Tourangeau, R., Rips, L.J., and Rasinski, K. (2000). *The psychology of survey response*. Cambridge University Press.
- Tourangeau, R., and Yan, T. (2007). Sensitive questions in surveys. *Psychological Bulletin*, 133(5), 859-883. <https://doi.org/10.1037/0033-2909.133.5.859>

- UN Office on Drugs and Crime. (2010). *World Drug Report 2010*. (United Nations Publication, Sales No. E.10.XI.13).
- Varnhagen, C.K., Gushta, M., Daniels, J., Peters, T. C., Parmar, N., Law, D., . . . Johnson, T. (2005). How informed is online informed consent? *Ethics & Behavior*, 15(1), 37-48.
- Vitiello, B. (2008). Effectively obtaining informed consent for child and adolescent participation in mental health research. *Ethics & Behavior*, 18(2-3), 182-198.
- Waechter, R., Kumanayaka, D., Angus-Yamada, C., Wekerle, C., Smith, S., and the MAP Research Team. (2019). Maltreatment history, trauma symptoms and research reactivity among adolescents in child protection services. *Child and Adolescent Psychiatry and Mental Health*, 13, 13. <https://doi.org/10.1186/s13034-019-0270-7>
- Wallace, D., Hedberg, E., and Cesar, G. (2014). *The effect of survey mode on socially undesirable responses to open-ended questions: A mixed method approach*. Chicago: NORC at the University of Chicago.
- Widom, C.S., and Czaja, S.J. (2006). Reactions to research participation in vulnerable subgroups. *Accountability in Research*, 12(2), 115-138.
- Widom, C.S., Raphael, K.G., and DuMont, K.A. (2004). The case for prospective longitudinal studies in child maltreatment research: Commentary on Dube, Williamson, Thompson, Felitti, and Anda (2004). *Child Abuse & Neglect*, 28(7), 715-722.
- Widom, C.S., and Shepherd, J.R. (1996). Accuracy of adult recollections of childhood victimization: Part 1. Childhood physical abuse. *Psychological Assessment*, 8(4), 412-421.
- Wieland, I., Stek, M. L., Comijs, H. C. and Rhebergen, D. (2018). Reliability of retrospective reports on childhood abuse and its determinants in older adults during a 6-year follow-up. *Journal of Psychiatric Research*, 105, 9–16. doi: [10.1016/j.jpsychires.2018.08.009](https://doi.org/10.1016/j.jpsychires.2018.08.009).
- Williams, L.M., and Finkelhor, D. (1995). Paternal caregiving and incest: Test of a biosocial model. *American Journal of Orthopsychiatry*, 65(1), 101-113.
- Ybarra, M.L., Langhinrichsen-Rohling, J., Friend, J., and Diener-West, M. (2009). Impact of asking sensitive questions about violence to children & adolescents. *Journal of Adolescent Health*, 45, 499-507.
- Young, A.L., and Quan-Haase, A. (2009). *Information revelation and internet privacy concerns on social network sites: A case study of Facebook*. Paper presented at the Proceedings of the Fourth International Conference on Communities and Technologies, PA.
- Zajac, K., Ruggiero, K.J., Smith, D.W., Saunders, B.E., and Kilpatrick, D.G. (2011). Adolescent distress in traumatic stress research: Data from the National Survey of Adolescents-Replication. *Journal of Traumatic Stress*, 24(2), 226-229.
- Zineil, S. (2008). Telescoping. In P. J. Lavrakas (Ed.), *Encyclopedia of survey research methods*: Sage Publications.

## 4. Concept Map

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This chapter provides an overview of the National Survey of Children’s Exposure to Violence’s (NatSCEV) main instrument, the Juvenile Victimization Questionnaire (JVQ). It discusses the development of the JVQ, its rationale and goals, and its revisions. It also compares the JVQ with other efforts to develop and use comprehensive childhood victimization questionnaires.

### 4.1 JVQ Structure and Organization

The original JVQ was designed to obtain screening reports on 34 forms of offenses subdivided into five general domains: Conventional Crime (9 questions in the JVQ screener), Child Maltreatment (4 questions), Peer and Sibling Victimization (6 questions), Sexual Assault (8 questions), and Witnessing and Indirect Victimization (9 questions). Each of these five domains is called a module of the JVQ.

Although comprehensiveness is an important goal of the JVQ, these modules have been developed to highlight important conceptual categories that characterize current research on child victimization. They were designed to be used individually in stand-alone form for situations that call for a more focused assessment or, alternatively, to be administered together if a comprehensive picture is desired of all forms of victimization that an individual has experienced. The questionnaire begins with Conventional Crime for several reasons. This module is more general than the other modules and includes many questions that are less sensitive than those in some other modules.

The JVQ also has a series of follow-up questions to accompany the victimization module screeners described above. These follow-up questions identify features of incidents, such as the perpetrator identity, harm inflicted, and whether it was disclosed to authorities.

To facilitate the gathering of information across the age spectrum, there is a form of the questionnaire for youth, and also a form for caregivers to provide proxy information about children too young to provide the information about themselves. Gathering information on these younger children has been a central priority since this is a segment for whom exposure information has been sorely absent from other sources. This proxy form has performed well in the critical analyses to which it has been subjected. Rates for 9-year-olds, collected from proxies, have not been

systematically lower than rates gathered via self-report from 10-year-olds (Finkelhor, Hamby, Ormrod, & Turner, 2005).

The JVQ was revised in preparation for the NatSCEV I in 2007 and the NatSCEV II in 2011. Additional questions on neglect, peer victimization, and internet offenses were added.

## 4.2 Overall Goals and Emphases

**Comprehensiveness.** One of the primary goals for NatSCEV was to include all the major domain areas and victimization types for which there were research literatures and advocacy groups. Moreover, the hope was to use questions that were similar to those in other, more targeted measures, and that allowed the individual items and modules to be used as stand-alone measures for those who might want only that. Moreover, an early empirical finding that informed JVQ structure was that multiple, different kinds of exposure were associated with more negative impact than multiple incidents of the same kind (Finkelhor et al., 2005). This led to researchers using the JVQ to assess different kinds of exposure more extensively than they did repeated exposures.

**Mapping onto Categories Used in Practice.** A problem for the field is that different institutions and research traditions use somewhat different categories in their practice. For example, law enforcement makes an important distinction between simple and aggravated assault that is not emphasized in the peer victimization field. Child protection agencies limit their involvement to abusive acts committed by caregivers, while law enforcement engages with crimes against children committed by both caregivers and non-caregivers, leading to different epidemiological practices. A goal of the JVQ was to allow mapping of the findings onto the categories of different institutions and research traditions. Some of this is achieved by reporting rates using different definitions.

**Developmental Breadth.** Another goal was to be able to measure the occurrence of exposures across the full spectrum of child development. The exposures of younger children to crime and violence have been missing from other authoritative sources such as the NCVS and the Youth Risk Behavior Survey (YRBS). Yet it is widely recognized that early exposure is frequent, can leave significant residues, and is associated with later exposure, as well. Thus, using the JVQ meant being able to gather information about younger children (requiring a caregiver form for some ages), and using vocabulary that was not specific to only one age range.

**Comprehensibility.** Another goal was to get self-report information from children as young as possible, meaning that the language needed to be simple. We evaluated the instrument with comprehensibility software and made all questions comprehensible at the elementary school level.

**Time Frame.** Because some exposures are relatively rare and some occur more frequently, the JVQ was designed to assess both lifetime exposure and past year exposure. Measuring past year exposure is important because trend assessment and other crime epidemiology use a 1-year time frame. But lifetime exposure is frequently used in childhood victimization measurement, particularly because many of the important and consequential exposures—sexual abuse by adults, abductions—have small 1-year rates. We also wanted to be able to report rates for all exposures across the same time frames, which meant having lifetime and past-year information for all exposures.

**Event/Episode Based.** Some of the approaches to juvenile victimization have treated victimization as a dimension or a construct to be assessed by scales (Bernstein, Fink, Handelsman, & Foote, 1998). By contrast, the JVQ was oriented toward measuring discrete episodes and life events, more in keeping with criminological than psychological measurement traditions. This means that scale assessment tools like item-to-total correlation and factor analysis have not been key in the development of the JVQ.

**Continuity.** One of the prominent goals of the JVQ/NatSCEV project has been to assess trends over time in the various forms of childhood victimization to contribute to understanding the effects of policy and social change. This goal has been realized in results showing significant declines in many forms of victimization from 2003-2011 (Finkelhor, Shattuck, Turner, & Hamby, 2014). But this goal has also prompted a conservative approach to the revision of JVQ items so that later estimates can be comparable to earlier ones. Some items have been dropped and new items have been added, but most core measures have been preserved intact for continuity.

**Multiple Modalities.** The JVQ was designed to be utilized in multiple modalities. In particular, we were interested in making sure it could be self-administered as well as interviewer-administered. Some of the design decisions were intended to allow a self-administered, screener-only version to be used without the need for follow-up questions.

### 4.3 Comparison With Other Comprehensive Instruments

One basis for assessing the JVQ is to compare and contrast it with other multi-exposure instruments that have been developed and utilized. There are a few such measures that have achieved some adoption and have been highlighted in other important research activities. We reviewed the following:

Childhood Trauma Questionnaire (CTQ),  
ISPCAN Child Abuse Screening Tool (ICAST),  
LONGSCAN,  
Childhood Experiences of Violence Questionnaire (CEVQ),  
Adverse Childhood Experiences Scale (ACES), and  
National Crime Victimization Survey (NCVS).

[Longer descriptions are available in Appendix B, Concept Mapping.]

### 4.4 Systematic Review of Literature

A review looked at the epidemiology of child maltreatment (Hovdestad, Campeau, Potter, & Tonmyr, 2015). It identified 54 surveys from 39 countries that assessed maltreatment in general populations. Sample sizes ranged from 1,287 to 51,945 and response rates from 15 percent to 96 percent. All the surveys were focused on conventional child maltreatment, not the broader victimizations covered by the JVQ. The review counted the topics covered by these surveys: 13 assessed neglect; 15 emotional abuse; 18 exposure to family violence; 26 physical abuse; 48 sexual abuse. Fourteen surveys assessed more than three types; six of these were conducted since 2010. In nine surveys, childhood maltreatment assessments were detailed (+10 items for at least one type of maltreatment). Seven surveys presented reliability and/or validity data.

## 4.5 Conclusion

The JVQ has several features that seem to clearly distinguish it from other multi-component measures and can be viewed as strengths:

- The JVQ has a more diverse spectrum of exposures;
- The JVQ is particularly notable for its coverage of peer victimization, including dating violence, peer property crime, and peer conventional crime;
- The JVQ is particularly notable for its inclusion of non-family perpetrators; and
- The JVQ is particularly notable for its effort to construct varieties of estimates using different definitions that serve a multiplicity of advocacy and institutional needs.

However, one contrast prompted by the comparison with other multi-component instruments is that the JVQ has fewer questions specifically covering the child maltreatment domain than some other questionnaires, which makes this the priority focus and which are typically addressed with more items than are currently included in the JVQ.

A detailed analysis of the concept map and comparison to other questionnaires is included in Appendix B, Concept Mapping.

## 4.6 References

- Bernstein, D.P., Fink, L., Handelsman, L., and Foote, J. (1998). Childhood Trauma Questionnaire (CTQ). *Assessment of family violence: A handbook for researchers and practitioners*. doi:10.1037/t02080-000
- Finkelhor, D., Hamby, S.L., Ormrod, R., and Turner, H.A. (2005). The Juvenile Victimization Questionnaire: Reliability, validity, and national norms. *Child Abuse and Neglect*, 29(4), 383-412. doi:10.1016/j.chiabu.2004.11.001
- Finkelhor, D., Shattuck, A., Turner, H., and Hamby, S. (2014). Trends in Children's Exposure to Violence, 2003-2011. *JAMA pediatrics*, 168(6), 540-546. doi:10.1001/jamapediatrics.2013.5296
- Hovdestad, W., Campeau, A., Potter, D., and Tonmyr, L. (2015). A systematic review of childhood maltreatment assessments in population-representative surveys since 1990. *PLoS one*, 10(5), e0123366. doi:10.1371/journal.pone.0123366

## 5. Analysis of Prior NatSCEV Data

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In the past, the National Survey of Children’s Exposure to Violence (NatSCEV) survey instrument has been a comprehensive tool that asks respondents to report on a broad range of victimizations children have experienced. Using unweighted data from NatSCEV Wave 3, we conducted analyses to assess the performance and potential problems to help inform the revision and reduction of the length of the survey instrument. NatSCEV Wave 3 had 56 screener questions, which could result in the addition of between 10 and 25 follow-up questions per endorsement of each screener question. The Wave 3 sample consisted of 4,000 respondents, about one-third (34%) of the 11,744 eligible for the study who were invited to complete the full interview. For one analysis we analyzed data from these 4,000 completers plus another 100 partial respondents who completed screeners but broke off at some point before completing the interview, for a total sample of 4,100. This work provided another perspective to complement the expert review of survey content and literature review. Together, these sources guided decisions about where the survey can be revised and reduced to make it less burdensome and increase the completion rate, while still providing a comprehensive estimate of victimization and (to some extent) allowing for the examination of trends over time.

This section summarizes findings reported in more detail in Appendix C: Item Performance Analysis. Most of the analyses conducted focused on the performance of the Juvenile Victimization Questionnaire (JVQ) and NatSCEV screener and follow-up items. Overall, few problems with performance were identified. Based on criteria described in the analysis sections below, a subset of screeners warranted attention to consider whether to retain, refine or, in some cases, drop them. These include kidnapping (C8), sexual assault by a known adult (S1), sexual assault by an unknown adult (S2), witnessed war (W9), hurt or threatened with a gun (G1), vandalism at school (SC2), and items in the exposure to family violence (EF) module, among others.

### 5.1 Summary and Recommendations

Overall, the analyses indicated good performance for the majority of screener and follow-up items, with few problems with performance identified. Based on findings from several analyses of a subset of screeners (Table 5-1), we engaged in discussion to consider whether to retain, refine or, in some cases, drop them. These include kidnapping (C8), sexual assault by a known adult (S1), sexual assault

by an unknown adult (S2), witnessed war (W9), hurt or threatened with a gun (G1), vandalism at school (SC2), and items from the exposure to family violence module, among others.

**Table 5-1. Summary of screener items for possible removal or revision**

<b>Screener Item</b>	<b>Analysis highlighting the item</b>	<b>Analysis findings</b>
C1 Robbery	Analysis 3	17.8% endorsed, moderate trauma correlation (0.21). Low fear, low injury, moderate missed school.
C3 Vandalism	Analysis 3	24.6% endorsement, moderate trauma correlation (0.29), low fear, low missed school.
C8 Kidnap	Analysis 1, 3	Low (<1%) lifetime and past year endorsement, low correlation with trauma (.12). High fear, low injury, high missed school.
M6 Neglect – left alone	Analysis 3	4.8% endorsement, low correlation with trauma (0.15). “Moderate” fear rating (middle third, but little fear), low missed school.
P2 Peer or sibling assault	Analysis 3	47.2% endorsement, moderate correlation with trauma (.26), low fear, moderate injury, low missed school.
P6 Dating violence	Analysis 3	Low (2.4%) endorsement, low correlation with trauma (.16). Low fear, moderate injury, low missed school.
S1 Sexual assault by known adult	Analysis 1, 3	Low (<1%) lifetime endorsement and extremely low number in past year (n=8), but could be under-reported, and respondents report high fear. Low correlation with trauma scores (.10); however, trauma scores were higher for the small number of youth reporting this occurred within the past year vs. more than a year, as would be expected (analysis 4). Moderate injury, low percent missed school.
S2 Sexual assault by an adult not known to child	Analysis 1, 3	Low (<1%) lifetime endorsement and extremely low number in past year (n=1), but could be under-reported, and respondents report high fear. Low correlation with trauma scores (.13). Moderate injury, high percent missed school.
S5 Flashing/sexual exposure	Analysis 3	4.9% endorsement, moderate correlation with trauma (.29). Low fear and low missed school.
W4 Witnessed attach, no weapon	Analysis 3	28.2% endorsed, moderate correlation with trauma (.23). Low fear and low missed school.
W5 Theft from home	Analysis 3	16.7% endorsed, low correlation with trauma (0.18). Low fear, low missed school.
W8 Witnessed street violence	Analysis 3	5.9% endorsed, moderate correlation with trauma (.25). Moderate fear, low injury, and low missed school.
W9 Witnessed war	Analysis 1, 3	Low lifetime endorsement (<1%, n=28), extremely low number in past year (n=8). When asked if happened in the past year, 10.7% of endorsers said not sure/ refused. Moderate fear, injury, and missed school.
G1 Hurt/threat with gun	Analysis 1, 3	Low (<1%) lifetime and past year endorsement. Overlaps with follow-up question. Low correlation with trauma (.14). Moderate fear, high injury, low missed school.

**Table 5-1. Summary of screener items for possible removal or revision (continued)**

<b>Screener item</b>	<b>Analysis highlighting the item</b>	<b>Analysis findings</b>
EF1-EF5 Exposure to Family violence	Analysis 9	EF items 1-5 (EF1 threat, EF2 break/ruin, EF3 push, EF4 hit, EF5 beat up) appear to overlap considerably. Most overlap occurs in EF3 through EF5. Consider combining some of these 5 items.
EF6 Adult/teen beat up householder	Analysis 3	6.1% endorsed, low correlation with trauma (0.19). Moderate fear (but little fear, 1.91), low missed school.
SC2 Vandalism at school	Analysis 3	21.9% endorsement, low (.11) correlation with trauma. Low fear, moderate missed school.

This thorough review of the questionnaire looked at the alignment of violence questions (the JVQ) with other comparable questionnaires in the field, a conceptual mapping.

After all consideration we made the following changes:

We eliminated 14 of the previously used JVQ questions.

1. Attempted assault (C6) – a relatively low “fear” level for these episodes suggested this might have been capturing less than serious potential assaults;
2. Attempted kidnapping (C8) – a low rate of endorsement;
3. Three of 5 neglect items (M7, M8, M9) -- M7 was deemed to not be a core neglect item, and M8 and M9 had relatively low endorsement rates;
4. Gang assault (P1) – this had a low endorsement rate and can be measured through a follow-up to other assault questions about how many assailants were involved;
5. Genital assault (P3) – it added relatively little to the overall rate of peer assault because of its overlap with other peer victimization items;
6. Relational peer aggression (P7) and Peer exclusion (P8) were combined into a single item;
7. Three exposure-to-violence items (EF3, EF4, and EF5) removed – there was considerable endorsement overlap among the 5 EF questions, and EF1 and EF2 were deemed sufficient to capture this form of exposure;
8. Witness weapon assault (W1) – we can rely on a single witness assault question (W2) with an added weapon usage follow-up;
9. Witness war zone (W9) – the endorsement rates were very low for U.S. samples; and
10. Witness school vandalism (SC2) – this item was too weakly related to trauma symptoms.

We also added to the JVQ:

1. Bias harassment (C10), in addition to bias assault (C9), in recognition of the strong public policy interest in bias victimization; and
2. Three internet victimization questions (I1, Internet harassment; I2, Unwanted internet sexual materials; and I3, Adult sexual solicitation) – these were added to address public and policy concerns about internet victimization.

We also recommended the removal of large portions of the previous NatSCEV survey.

1. Twenty questions from the 45-item parent screening interview;
2. Six questions from the 8-item youth background section;
3. Twelve questions from the 16-item social support section;
4. Five to fourteen questions from the mental health symptom questionnaire depending on the youth or the parent report form;
5. Seven questions from the 17-item life adversity questionnaire;
6. Five questions from the 8-item community disorder section;
7. Thirteen questions from the supplemental bullying section;
8. Five questions from 19 items of the delinquency inventory; and
9. The entire sections (36 questions) on interpersonal dependency, inter-parental conflict, parenting practices, and alcohol use.

Under this revised inventory, we would keep 73 of the current questions and remove between 110 and 120. If, in addition, we include about 50 questions in the victimization section (with follow-ups), this would give the questionnaire a total of about 120-125 questions. The self-administered questionnaire for the National Survey of Children's Health, which uses a similar methodology, has over 152 questions, several of which are much more multi-sectioned than the NatSCEV questions counted individually in our inventory. The revised length appears to be suitable for future administration using self-administered and online questionnaire designs.

## 6. Cognitive Interview Results

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Based on the concept mapping and the detailed statistical analysis, we made revisions to the questionnaire screening items and follow-up questions.

To assess these proposed survey content modifications, cognitive testing of new and modified items was conducted. Appendix D gives a full report on the results of that testing. Most items worked well, and a few items were recommended for changes. The main proposed changes are summarized here.

M6. “Was there a time in your life when you often had to go looking for a parent because the parent left you alone, or with brothers and sisters, and you didn’t know where the parent was?”

However, some youth seemed a little confused specifically by the phrase “you often had to go looking for a parent.”

Recommendation: Reword as follows:

“Was there a time in your life when a parent **very often** left you alone, or with brothers and sisters, and you didn’t know where the parent was or when they would be back?”

P7. “At any time in your life, did any kids ever keep you out of things on purpose or tell lies or spread rumors about you?”

Some respondents suggested that “keeping you out of things” means “keeping you out of the loop” or “not telling you important information.”

Recommendation: Slight wording change as follows:

“At any time in your life, did any kids ever exclude you from things on purpose or tell lies or spread rumors about you?”

S3. “Now think about other kids, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in your life, did another child or teen touch your private parts when they shouldn’t have, make you touch their private parts or force you to have sex?”

Recommendation: Since at least one youth also included “pressuring” as a possible interpretation of “force,” use the term “physical force” in this item.

Suggested item wording:

“Now think about other kids, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in your life, did another child or teen touch your private parts when they shouldn’t have, make you touch their private parts or physically force you to have sex?”

- I1. “Has anyone ever used the internet, cell phone or other devices to bother or harass you or to spread mean rumors about you?”

Recommendation: Slight wording change (also suggested by one of the respondents) as follows:

“Has anyone ever used the internet, cell phone or other electronic devices to bother or harass you or to spread mean rumors about you?”

This change would also be made to I2 and I3 as well.

**Some of the follow-up questions tested had problems that were corrected:**

- a. “When this (last) happened, did someone try to force you by pressuring you or threatening you in some way?”
- 1 No
  - 2 Yes, threatened
  - 3 Yes, pressured

Recommendation: Add “physical force” as a third option. Otherwise, youth who interpreted the question as we intended, may assume that “pressured” and “threatened” are the only “correct” answers. Modification would be:

- b. “When this (last) happened, did someone try to force you by pressuring you, threatening you, or by using physical force?” [Mark all that apply]
- 1 Pressured you
  - 2 Threatened you
  - 3 Used physical force

- bbb. “Did the parent try to hide where you were?”

But two of the younger youth and one 17-year-old were confused by the phrase “where you were?” thinking it might be asking where the child was hidden (like maybe hidden in a closet; or at home).

Recommendation: Change wording to: “Did the parent try to hide your location from the other parent?”

- ggg. “Was this a photo or video of you, someone you knew, or someone you didn’t know?”

However, two respondents did not immediately understand that it was asking about the identity of the person in the image; instead, they believed it was either asking about who did the sending or whether it was a photo or a video.

Recommend minor wording change as follows:

“Who was the person in the photo or video? Was it a photo or video of you, someone you knew, or someone you didn’t know?”

- 1 You
- 2 Someone you knew
- 3 Someone you didn’t know

## 7. Revised JVQ Draft

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This section contains a revision of the Juvenile Victimization Questionnaire (JVQ) screener questions based on the concept mapping, the statistical analyses, and the cognitive interviews.

### 7.1 JVQ Screener Questions

The JVQ screener below has been annotated to show changes from the original version. New content is highlighted in yellow, while deleted content is shown in red font with words to be removed struck through.

**New content** in yellow

~~Deleted~~ content in red

(Cognitive interview changes included)

#### CONVENTIONAL CRIME

Now we are going to ask you about some things that might have happened in (your child's/your) life.

- C1. At any time in (your child's/your) life, did anyone use force to take something away from (your child/you) that (he/she was/you were) carrying or wearing?
- C2. At any time in (your child's/your) life, did anyone steal something from (your child/you) and never give it back? Things like a backpack, money, ~~watch,~~ clothing, bike, cell phone, computer, or anything else?
- C3. At any time in (your child's/your) life, did anyone break or ruin any of (your child's/your) things on purpose?
- C4. Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time in (your child's/your) life did anyone hit or attack (your child/you) on purpose with an object or weapon? Somewhere like: at home, at school, ~~at a store, in a car,~~ on the street, or anywhere else?
- C5. At any time in (your child's/your) life, did anyone hit or attack (your child/you) WITHOUT using an object or weapon?

- C6. ~~At any time in (your child's/your) life, did someone start to attack (your child/you), but for some reason, it didn't happen? For example, someone helped (your child/you) or (your child/you) got away?~~
- C7. At any time in (your child's/your) life, did someone threaten to hurt (your child/you) when (your child/you) thought they might really do it? **This could include in-person, online or by texting.**
- C8. ~~[When a person is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought might hurt them.] At any time in (your child's/your) life, has anyone ever tried to kidnap (your child/you)?~~
- C9. At any time in (your child's/your) life, (has your child/have you) been hit or attacked because of (your child's/your) skin color, religion, or where (your child's/your) family comes from? Because of a physical problem **or special need** (your child has/you have)? Or because someone said (your child was/you were) gay, **lesbian, bisexual or transgender?**
- C10. **At any time in (your child's/your) life, (has your child/have you) been made fun of or insulted because of (your child's/your) skin color or race, religion, or where (your child's/your) family comes from? Because of a physical problem or special need (your child has/you have)? Or because someone said (your child was/you were) gay, lesbian, bisexual or transgender?**

## CHILD MALTREATMENT

**Next, we are going to ask about grown-ups who take care of (your child/you). This means parents, babysitters, adults who live with (your child/you), or others who watch (your child/you). Before we begin, I want to remind you that your answers will be kept totally private. If there is a particular question that you don't want to answer, that's O.K. But it is important that you be as honest as you can, so that the researchers can get a better idea of the kinds of things that kids (your child's/your) age sometimes face.**

- M1. Not including spanking **with a hand** on (his/her/your) bottom, at any time in (your child's/your) life did a grown-up in (your child's/your) life hit, beat, kick, or physically hurt (your child/you) in any way?
- M2. At any time in (your child's/your) life, did (your child/you) get scared or feel really bad because grown-ups in (your child's/your) life **did things like** called (him/her /you) names, said mean things to (him/her /you), or said they didn't want (him/her /you)?
- M3. When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when

they are sick, or make sure they have a safe place to stay. At any time in (your child's/your) life, (was your child/were you) neglected?

- M4. Sometimes a family fights over where a child should live. At any time in (your child's/your) life did a parent take, keep, or hide (your child/you) to stop (him/her /you) from being with another parent?
- M5. Was there a time in (your child's/your) life ~~that~~ (your child/you) often had to look after (your/himself/herself) because a parent drank too much alcohol or took drugs, ~~or wouldn't get out of bed?~~ Or because a parent was too sad or upset to get out of bed?
- M6. Was there a time in (your child's/your) life when ~~a parent very often left~~ (your child/you) ~~alone or with brothers and sisters~~ often had to go looking for a parent because the parent left (your child/you) alone, ~~or with brothers and sisters,~~ and (your child/you) didn't know where the parent was ~~or when they would come back?~~
- ~~M7. Was there a time in (your child's/your) life when (his/her/your) parents often had people over at the house who (your child was/you were) afraid to be around?~~
- ~~M8. Was there a time in (your child's/your) life when (you/he/she) lived in a home that was broken down, unsafe, or unhealthy? For example, it had broken stairs, toilets or sinks that didn't work, trash piled up, and things like that?~~
- ~~M9. Was there a time in (your child's/your) life when (his/her/your) parents did not care if (you were /he was/she was) clean, wore clean clothes, or brushed (your/his/her) teeth and hair?~~

## PEER AND SIBLING VICTIMIZATION

- ~~P1. Sometimes groups of kids or gangs attack people. At any time in (your child's/your) life, did a group of kids or a gang hit, jump, or attack (your child/you)?~~

Now we are going to ask about things that happened with other kids. This includes ANY kids, even brothers and sisters. When we ask these questions, we are NOT talking about times that you were both just playing or fooling around.

- P2. At any time in (your child's/your) life, did any kid, ~~even a brother or sister,~~ hit (your child/you)? Somewhere like: at home, at school, out playing, in a store, or anywhere else?
- ~~P3. At any time in (your child's/your) life, did any kids try to hurt (your child's/your) private parts on purpose by hitting or kicking (your child/you) there?~~

P4. At any time in (your child's/your) life, did any kids, ~~even a brother or sister~~, pick on (your child/you) by chasing (your child/you) or grabbing (your child/you) or by making (him/her/you) do something (he/she/you) didn't want to do?

P5. ~~At any time in (your child's/your) life, did (your child/you) get really scared or feel really bad because kids were calling (him/her/you) names, saying mean things to (him/her/you), or saying they didn't want (him/her/you) around?~~

Rewrite: At any time in (your child's/your) life, did other kids call (him/her/you) names, say mean things to (him/her/you) or ~~say they didn't want (him/her/you) around~~ or insulted (him/her/you)? This could include in-person, online or by texting.

P6. At any time in your life, did a boyfriend or girlfriend or anyone you went on a date with ~~slap push, grab or hit you on purpose?~~ ~~Again, we are not talking about when you were both joking or fooling around.~~

P7. ~~At any time in (your child's/your) life, did any kids ever tell lies or spread rumors about (him/her/you), or tried to make others dislike (him/her/you)?~~

P8. ~~At any time in (your child's/your) life, did any kids ever keep (him/her/you) out of things on purpose, excluded (him/her/you) from their group of friends, or completely ignored (him/her/you)?~~

P7. At any time in (your child's/your) life, did any kids ever exclude (him/her/you) from things on purpose or tell lies or spread rumors about (him/her/you)?

## SEXUAL OFFENSES

S1. At any time in (your child's/your) life, did a grown-up (your child knows/you know) touch (your child's/your) private parts when they shouldn't have or make (your child/you) touch their private parts? Or did a grown-up (your child knows/you know) force (your child/you) to have sex?

S2. At any time in (your child's/your) life, did a grown-up (your child/you) did not know touch (your child's/your) private parts when they shouldn't have, make (your child/you) touch their private parts or force (your child/you) to have sex?

S3. Now think about other kids, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in (your child's/your) life, did another child or ~~teen make (your child/you) do sexual things~~ teen touch (your child's/your) private parts when they shouldn't have, make (your child/you) touch their private parts or physically force (your child/you) to have sex?

S4. At any time in (your child's/your) life, did anyone TRY to force (your child/you) to have sex, that is, sexual intercourse of any kind, even if it didn't happen?

[add follow-ups to distinguish physical force, intimidation or psychological pressure]

S5. At any time in (your child's/your) life, did anyone make (your child/you) look at their private parts by using force or surprise, or by "flashing" (your child/you) when you didn't want it? This could include things that happened in-person or through technology, such as online and texting.<sup>22</sup> This could include in-person, online or by texting.

S6. At any time in (your child's/your) life, did anyone upset (your child/you) ~~hurt (your child's/your) feelings~~ by saying or writing something sexual about (your child/you) or (your child's/your) body? This could include things that happened in-person or through technology, such as online and texting. This could include in-person, online or by texting.

S7. At any time in your life, did you do sexual things with anyone 18 or older, even things you wanted?

S8. ~~Has anyone ever had sex, or tried to have sex with you, or touched your private parts you didn't want it, when you were asleep, passed out~~

S8. Was there ever a time that you were asleep or drunk or using drugs when someone tried to have sex with you or touch your private parts when you didn't want it?

## INTERNET VICTIMIZATION

I1. Has anyone ever used the internet, cell phone or other electronic devices to bother or harass (your child/you) or to spread mean rumors about (your child/you)?

I2. Has anyone ever used the internet, cell phone or other electronic devices to send sexual pictures or videos ~~private information~~ when (your child/you) did not want them to?

I2a. Follow up: was this image of you, someone you know or someone you did not know?

I3. Has an adult ever used the internet, cell phone or other electronic devices to try to get (your child/you) to do sexual things?

## EXPOSURE TO FAMILY VIOLENCE AND ABUSE

The next set of questions are about people who have taken care of (your child/you) – that would include (your child’s/your) parents, stepparents, and (his/her/your) parents’ boyfriends or girlfriends, whether (your child/you) lived with them or not. It would also include other grown-ups, like grandparents or foster parents if they took care of (your child/you) on a regular basis. When we say “parent” in these next questions, we mean any of these people.

- W1. At any time in (your child’s/your) life did ONE OF (your child’s/your) ~~SEE a~~ parent get pushed, ~~slapped~~, hit, ~~punched~~, **kicked, choked** or beat up by another parent, ~~or their boyfriend or girlfriend?~~
- W2. At any time in (your child’s/your) life, did (your child’s/your) **brother or sister** ~~SEE a parent~~ get hit, beat, kick, or physically hurt by (his/her/your) parent ~~brothers or sisters~~, not including a spanking on the bottom?
- EF1. At any time in (your child’s/your) life, did one of (your child’s/your) parents threaten to hurt another parent and it seemed they might really get hurt?
- EF2. At any time in (your child’s/your) life, did one of (your child’s/your) parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?
- ~~EF3. At any time in (your child’s/your) life, did one of (your child’s/your) parents get pushed by another parent?~~
- ~~EF4. At any time in (your child’s/your) life, did one of (your child’s/your) parents get hit or slapped by another parent?~~
- ~~EF5. At any time in (your child’s/your) life did one of (your child’s/your) parents get kicked, choked, or beat up by another parent?~~
- EF6. Now we want to ask you about fights between any grown-ups or ~~and~~ teens, not just between (your child’s/your) parents. At any time in (your child’s/your) life, did any grown-up or teen who lives with (your child/you) push, hit, or beat up someone else who lives with (your child/you), like a parent, brother, grandparent, or other relative?

All these will have a follow-up about whether the child saw or hear this happen or found out about it in some other way.

## WITNESSING AND INDIRECT VICTIMIZATIONS

W3. At any time in (your child's/your) life, in real life, did (your child/you) SEE anyone get attacked or hit on purpose? ~~WITH a stick, rock, gun, knife, or other thing that would hurt?~~ Somewhere like: at home, at school, ~~at a store, in a car,~~ on the street, or anywhere else?

A follow-up will ask about whether a weapon was used.

W4. ~~At any time in (your child's/your) life, in real life, did (your child/you) SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife, or something that would hurt?~~

W5. At any time in (your child's/your) life, did anyone **break into or** steal something from your **house home** that belongs to (your child's/your) family ~~or someone (your child lives/you live) with?~~ Things like a TV, ~~stereo,~~ **computer,** car, or anything else?

W6. At any time in (your child's/your) life, was anyone close to (your child/you) murdered, like a friend, neighbor, **classmate** or someone in (your child's/your) family?

W8. At any time in (your child's/your) life, (was your child/were you) in any place in real life where (he/she/you) could see or hear people being **shot at or crowds being violent in the street** ~~bombs going off, or street riots~~ **violent crowds?**

~~W9. At any time in (your child's/your) life, (was your child/were you) in the middle of a war where (he/she/you) could hear real fighting with guns or bombs?~~

## MODULE F: GUN VIOLENCE

~~G1. At any time in (your child's/your) life, did anyone hurt or threaten (him/her/you) with a real gun?~~

~~G2. At any time in (your child's/your) life, did (he/she/you) see someone else get hurt or threatened with a real gun?~~

## SCHOOL VIOLENCE AND THREAT

Now we'd like to know about (your child's/your) school. Just as with other questions, we want to know about anything that happened in (your child's/your) whole life, including at the school (your child goes/you go) to now and any schools (your child/you) went to when (your child was/you were) younger.

SC1. (Has your child/Have you) ever gone to a school where someone said there was going to be a bomb or attack on the school and (your child/you) thought they might really mean it?

~~SC2. (Has your child/Have you) ever gone to a school where someone damaged the school or started a fire in the school on purpose? Or did anyone break or ruin other school property like buses, windows, or sports equipment?~~

The following section makes revisions to the other sections of the NatSCEV questionnaire in addition to the JVQ victimizations portion, covered in the sections above. For each section of the questionnaire (except the victimization sections), we indicate below the number of items that we propose to Keep (K) and Remove (R). Some of the decisions about inclusion need to be subjected to additional analyses. Appendix E contains the NatSCEV-3 Instrument with the questions proposed for removal in yellow, and some additional questions for possible removal in green.

**Section 1:** Parent Screener Interview (45 questions, K25, R20)

Gender, grade, DOB (K 4)

Violence as problem in neighborhood (K 4)

- These questions were intended as a soft start to give a general orientation to the topic.

Adults in household (K 1)

Caregiver history (K1, R6)

- We might try to retain a single global question of parental mental health

Employment status, education, ethnicity, income (K13, R4)

- We should keep a single item about financial stress, cutting it down from 5 items

Urbanicity (K1)

Child disability and diagnoses (K5, R9)

- These help identify children with disabilities, but this can be streamlined

**Section 2:** Youth Report Background Questions (8 questions, K2, R6)

- Remove warm-up questions, Keep questions on attending preschool and social network size, remove childcare problems questions.

### **Section 3:** JVQ Screener Questions

- Discussed elsewhere

### **Section 4:** Social Support (16 questions, K4, R12)

(K4, R10)

- This scale measures support from family and friends. It is an important moderator of impact of violence exposure. The two dimensions of family and friends should be measurable with two items each. We will conduct an item analysis to reduce this measure.

Dating questions (R2)

### **Section 5:** Mental Health (19-28 questions, K14, R5-14))

- There are three different scales about mental health for children of different ages: The Trauma Symptom Checklist for Children (for youth ages 10-17), the Trauma Symptom Checklist for Young Children (for children ages 2-9), and items from the Infant Traumatic Stress Questionnaire and Brief Infant and Toddler Social and Emotional Assessment (for children ages 0-2). These scales measure trauma symptoms and have been the most important outcome measures in NatSCEV. They have been used to validate victimization measures and concepts. The lengthiest of the scales is 28 items. Based on item analyses, we will be able to reduce the number of items substantially.

### **Section 6:** NatSCEV Supplemental Screener Questions

- Covered in another section

### **Section 7:** JVQ & NatSCEV Follow-up Questions

- Covered in another section

### **Section 8:** Lifetime and Past Year Adversity (17 questions, K10, R7)

- This scale contains risk factors for victimization, is correlated with violence exposure, and is an important confounding factor in mental health and other problem behaviors. Some of these items can be combined.

### **Section 9:** Internet Victimization

- Covered in another section

### **Section 10:** Community Disorder (8 questions, K3, R 5)

- The Community Disorder items are associated with victimization and are generally considered risk factors. These items have only been used in a small number of the

NatSCEV analyses. We think the important element could be captured in a single global question about community safety.

**Section 11:** Bullying (13 questions, R13)

- This section was included only in NatSCEV III to test out some propositions about competing definitions of bullying and peer victimization. It can be completely removed.

**Section 12:** Delinquency (19 questions, K14, R5)

- Delinquency is the other most important outcome besides mental health, and is of great importance to DOJ and OJJDP. We can reduce the number of delinquency items.

**Section 13:** Interpersonal Dependency (7 questions, R7)

- Not essential

**Section 14:** Parental Conflict (2 questions, R2)

- Not essential

**Section 15:** Parenting Items (25 questions, R 25)

- Not essential.

**Section 16:** Alcohol Use (not included on caregiver report) (2 questions, K2)

- Alcohol use is an important outcome. There are two items and if these are kept, one item can be removed from the delinquency measure.

Possible addition: health indicator or education indicator (days loss, suspension)

## 7.2 Summary

This inventory presented in this section shows the detailed impacts our proposed edits would have on the NatSCEV screeners and follow-up questions. As previously stated, we believe that the edits will shorten the NatSCEV survey to be slightly shorter than the existing National Survey of Children's Health, and can be used in self-administered and online questionnaire survey designs.

## 8. Sample Design Options

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### 8.1 Background

The National Survey on Children’s Exposure to Violence (NatSCEV) is a survey that provides the ability to make comprehensive, multi-topic estimates of children’s exposure to violence on a broad spectrum of crimes including child maltreatment, sexual assault, witnessing violence, and crime victimization. The estimates have been included in the Federal Interagency Forum on Child and Family Statistics, in the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Statistical Briefing book used by the Attorney General, and are published in the scientific literature. The estimates from NatSCEV have important policy implications and help guide priorities in the development and evaluation of programs designed to reduce children’s exposure to violence.

These important uses and policy implications require a high-quality survey to ensure that the estimates are reliable and precise. Efforts to collect the data as efficiently as possible while still meeting key quality objectives are needed. In particular, low response and/or coverage rates may pose potential threats to the quality of the estimates from NatSCEV, and the study design must consider these issues. Furthermore, children’s exposure to violence is sensitive, at least in some aspects, thus the design and data collection stage must consider potential measurement errors carefully. This document reviews some of these issues and provides alternative designs for discussion.

The estimates produced by NatSCEV are of children’s victimization rates, but the methodology divides the child population into two major developmental subgroups: older children (10-17), who can be surveyed directly; and young children (9 years old and under); for whom information has to be provided by a parent or guardian (a proxy). We suggest revising the age criteria to be 0 to 11 years old for parent reporting and 12 to 17 years old for self-reporting. These age criteria align more closely with other surveys of youth such used in the National Crime Victimization Survey (NCVS), are consistent with a suggestion from the NatSCEV Methodological Experts Panel meeting in November 2017, and have potential benefits. An analysis of the likely effects of changing the ages for self-reporting on the survey estimates is given in Appendix F on Proxy Respondents.

A wide range of options for the mode and survey design was considered. Most of these combinations of mode and design were evaluated as being less well-suited for the goals of NatSCEV.

- A random-digit dial (RDD) telephone survey was used in previous cycles, but the low response rates and potential for substantial nonresponse bias resulted in excluding this approach for future administrations.
- A stand-alone, face-to-face survey could achieve much higher response rates than by telephone, but the cost of mounting such an effort could be large. One option we do examine in more detail that is closely related to this design is a follow-up survey using respondents from the NCVS.
- A school-based survey where children are recruited by sampling schools and students within schools was also rejected because of the combination of cost, nonresponse rates, and noncoverage of children for whom we need to get parental reports.
- We also considered and rejected stand-alone single-mode surveys such as a web-only survey (using mail to recruit sampled addresses to respond on the web) or a mail-only survey. Again, we do examine a multi-mode option that uses all these modes.
- A non-probability survey or a panel from a non-probability sample was also rejected because the selection biases associated with most non-probability samples are large and there are no well-crafted methods to quantify or minimize these biases (Dutwin and Buskirk, 2018; Kennedy and Hartig, 2016; Yeager et al, 2011). Again, we do examine a related approach that uses a panel that began using probability sampling methods.

The next sections examine the three alternatives that we believe have the greatest potential to address the needs and resources of NatSCEV. The first is to conduct a follow-up survey using respondents from the National Crime Victimization Survey (NCVS). We call this the *NCVS Supplement* option below. The second is a stand-alone or fresh study using an address-based sample (ABS) and web and mail modes of data collection. We refer to this as the *ABS* option. The third is to conduct a study using an existing probability-based panel and conduct the interviews online. We call this the *Probability-based Panel* option.

Even without describing these options in more detail, it is very clear that they have distinct advantages and disadvantages. After discussing each of the three options, we provide estimates of the response rates and costs for the options. We then summarize some of the key advantages and disadvantages of the three options.

## 8.2 National Crime Victimization Survey (NCVS) Supplement Option

The NCVS Supplement option interviews outgoing respondents from the NCVS for NatSCEV. Conducted by the U.S. Bureau of the Census for the Bureau of Justice Statistics (BJS), the NCVS is the nation's primary source of information on criminal victimization. Each year, data are obtained from a nationally representative sample of households on the frequency, characteristics, and consequences of criminal victimization in the United States. The NCVS complements data from police systems by providing information about events that are not reported to police and descriptive details, at a national level, that are not available from police record systems. The design of the NCVS is based on research conducted by the Department of Justice and the Census Bureau in the 1970s (Lehnen & Skogan, 1981; Skogan & Lehnen, 1985; Skogan, 1990). A major redesign was implemented in 1992, motivated in part by a National Academy of Sciences (NAS) review (Penick & Owens, 1976).<sup>1</sup> A more recent review by the NAS (Groves & Peytcheva, 2008) has in turn motivated another redesign effort, currently in its final stages.

The NCVS is a continuous survey with a rotating panel design. Each year, data are obtained from a nationally representative sample of about 160,000 persons aged 12 and older in about 95,000 households. Households are drawn from the most recently available decennial census. Once selected, households remain in the sample for 3½ years, and eligible persons in these households are interviewed every 6 months, for a total of seven interviews. A new sample is introduced every month, and every month some sampled households complete their seventh interview; the latter are referred to as “outgoing rotation groups.” First interviews are typically conducted in person with subsequent interviews conducted either in person or by phone.

The NCVS interview consists of these elements:

- The Control Card, in which Census Field Representatives (FRs) enumerate household members and obtain basic demographic information;
- The NCVS-1, or Victimization Screener, which identifies victimizations experienced by the household or its members during the previous 6 months and collects some additional information about the household and its members;

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<sup>1</sup> Penick, B.K.E, and Owens, M.E.B. (1976). Surveying crime. Panel for the Evaluation of Crime Surveys. Committee on National Statistics, Academy of Mathematical and Physical Sciences. Washington: National Academy of Sciences.

- The NCVS-2, or Crime Incident Report (CIR), which collects information about each victimization reported in the screener; and
- Periodic or ad hoc supplements, on topics such as school crime and identity theft.

All questionnaire sections and supplements are administered by Census FRs, either in person or by phone.

Since the NCVS sample of households is drawn from the decennial Census, under Title 13 of the U.S. Code, Census may not share information that might identify any person or household with any external entity, including other government agencies. As a practical matter, this restriction means that only sworn Census staff have access to personally identifiable information (PII) for households participating in (or selected for but not participating in) the NCVS. Thus, the data collection would most likely have to be done by Census staff. Analysis of the data collected from NatSCEV could be done internally by staff who have access to the proprietary files (currently housed at the Census Bureau) or from public use files.

## 8.2.1 Operational NCVS Design Issues

There are two approaches for using the NCVS as the sampling frame for the NatSCEV: either as a supplement to the NCVS or as a stand-alone survey with a separate contact protocol. The NCVS includes several supplemental questionnaires, administered to panel members periodically or as one-offs. One relevant supplement is the School Crime Supplement. Co-sponsored by the Department of Education’s National Center for Education Statistics (NCES), the School Crime Supplement (SCS) is administered every 2 years. This supplement asks respondents ages 12 through 18 from all households in the NCVS about crimes that occurred at school and other characteristics of school crime.<sup>2</sup> The SCS is administered in person or by telephone by Census FRs and takes between 5 and 15 minutes to complete. For those selected to participate in the SCS, once the NCVS interview is completed, the interviewer immediately proceeds to the SCS questionnaire. Because all youth are eligible for the SCS, in any given administration year those who are in the outgoing panel of the NCVS make up approximately one-seventh of the sample.

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<sup>2</sup> <https://bjs.ojp.gov/ncvs-supplements#zvtv7yj>, accessed July 20, 2021.

If the NatSCEV were to become an NCVS supplement, it would most likely be administered in person or over the phone by Census FRs during a year in which the SCS is not being conducted. However, the length of the survey might affect subsequent participation in the NCVS if it were administered at any point other than the outgoing rotation groups, and scheduling the NatSCEV would need to take into account the biannual timing of the SCS, assuming that BJS would not want both supplements administered in the same interview.

One possible approach for having Census FRs collect NatSCEV data would be to follow the SCS approach and flow directly into NatSCEV upon completion of the NCVS. While this would likely boost participation, there are a few downsides to this approach:

- The NCVS collects information about victimizations during the 6 months before each interview, while the NatSCEV asks about lifetime exposure to violence. If the interview were to flow directly from NCVS into NatSCEV (similar to the SCS methodology), respondents may have some difficulty adapting to the different reference period. It is also possible respondents may feel that the NatSCEV is asking about exposure to violence *other than* those reported in the NCVS, so there could be some confusion.
- The two surveys use somewhat different definitions or descriptions of overlapping types of violence exposure, such as theft, attacks, and unwanted sexual experiences. The vast majority of JVQ items do not overlap with the NCVS, so this may not be a big issue.

Respondents, especially those who reported NCVS victimizations, may feel fatigued by having to complete both questionnaires in one interview and may be more likely to break off from the NatSCEV interview or provide inaccurate reports in order to shorten the interview. To mitigate these effects, we would need to reduce the length of the instrument, perhaps by reducing the number of JVQ screening items and limiting the number of incident reports that are collected. An alternative approach is to consider NatSCEV as a separate survey in which NCVS sample members (parents of young children and youth) are invited to participate at some point after their final NCVS interview. This would resolve the issues described above, by creating a break in time between the NCVS and NatSCEV, reducing the burden of having to complete both surveys in the same interview, diminishing the potential for context effects of asking the NatSCEV items at the end of a survey about crime, and allowing the respondent to better focus on lifetime exposures. There is some evidence that even a break of just ten days between interviews can reduce conditioning effects (Bailar, 1989).

BJJS would have to agree to allow its respondents to the NCVS to be used for this purpose. It could be conducted either by the Census Bureau or by a private contractor (under circumstances described below). If the Census FRs conducted the interview (under a memorandum of understanding), then it is likely that the agreement would be very similar to the existing agreement used for the NCVS data collection. Continuing with Census as the data collector is simpler in many ways but does involve negotiations between the agencies that typically require significant time. If the survey were done by private contractors, there would be more leeway in selecting survey design features like mode and incentives. A model for this type of arrangement is discussed next.

When the NCHS undertook a major redesign of the National Health Interview Survey (NHIS) sample in 2016, it switched from the decennial Census frame to a commercial address list as the frame. The main advantage of this switch was it meant that the data collected was not under the restrictions of Title 13, and information could be shared with others including private contractors. Census remains the data collection organization for the NHIS. The 1985 NHIS achieved sample became the frame for the National Survey of Family Growth (NSFG), selecting households with women of child bearing age. NSFG is conducted by a private contractor rather than by Census interviewers. Similarly, the 1995 NHIS achieved sample became the frame for the Medical Expenditure Panel Survey, also conducted by a private contractor and remains so to this day.

We are not suggesting using the NHIS as the frame for NatSCEV, but if the NCVS moved to an ABS frame as the NHIS did, then such an arrangement with a private contractor would be feasible. An important difference between the NHIS and the NCVS is that the NHIS is a continuous cross-sectional survey (one interview with a sampled adult and with a sampled child if present), while the NCVS is longitudinal (an interview with every household member 12 and older every 6 months for 3½ years).

The operational process is relatively simple using the NHIS model. The NCVS field representative (FR) is instructed to tell respondents that they may be contacted for another survey. Because it is a longitudinal survey and some interviews are conducted by telephone, the NCVS already collects the name and telephone number as part of its protocol, further easing the process. The only addition needed would be for FRs to tell respondents that they might be contacted again for another survey. This information could be very general as is done in the NHIS, or it could be more specific to the NatSCEV.

Two important issues arise when considering a NatSCEV using the NCVS sample. The first issue involves Census Bureau consent procedures and mandatory reporting of abuse. The Census Bureau does not have an institutional review board (IRB), and the NCVS is not subject to review by an IRB. Our understanding is that Census consent/assent procedures for NCVS youth interviews are less rigorous than would be expected if another organization was conducting the survey under the guidance of an IRB. Aside from any possible ethical considerations, this difference could also affect response rates.

Second, the NCVS is administered under BJS Title 34 USC, Section 10134 and 10231. Census FRs are unable to report any instances of abuse and must maintain strict confidentiality of the data. The same would apply if the NatSCEV were administered as an NCVS supplement. We suspect that this limitation would apply if it were a separate survey.

If the NatSCEV were conducted as a separate survey, whether by Census or another organization, it could certainly be self-administered, either by web or a combination of web and paper. Ideally, in the last interview with outgoing rotation group households with children, the Census FR could collect or update contact information, such as email addresses or cell phone numbers, that could be used for initial contact with parents. It could also use financial incentives to encourage response, a procedure not currently used for the NCVS itself.

### **8.3 The ABS Option: A Two-Phase, Multi-Mode Design**

As response rates to RDD surveys continue to decline (Kennedy & Hartig, 2019), many studies have switched from RDD to self-administered, multi-mode designs to reduce costs. Results of these mode changes are summarized in a recent task force report from the American Association for Public Opinion Research (Olson et al., 2020), which found that after about 2013, response rates to self-administered, multi-mode designs tended to be higher than the telephone mode, largely because of the continuing decline in telephone response rates. This section gives an overview of what an effective multi-mode design for NatSCEV might look like.

A model for a multi-mode survey design for NatSCEV could involve two (or three) phases of sampling. The design would begin with a first-phase ABS sample from the Postal Service delivery files, and then mailing the sampled cases a letter and a small cash incentive, urging them to go online

to complete a household roster to determine if there are youth in the household. If so, a parent would be invited to complete a parent interview if the sampled child is 0 to 11 years old, and if the sampled child is 12 to 17 years old, the parent would answer a few questions about the child and then be asked to provide parental consent for the child to participate directly in a youth survey. As part of this first phase, nonresponse follow-ups would be mailed to the household, including a postcard reminder and one or two additional letters to encourage them to complete the survey.

In a simple structure, the second phase could be a subsample of web nonrespondents who are then recruited and interviewed face-to-face (FTF) in a clustered design to minimize data collection costs. Given the potential mode effects discussed earlier, we would recommend the instrument be self-administered through audio computer-assisted self-interviewing (ACASI) for all the FTF interviews. Hereafter, FTF should be read to imply in-person recruitment and ACASI interviewing. The subsampling reduces the costs because FTF is expensive compared to the first-phase efforts. Alternative designs are possible but not discussed here to streamline the presentation.

Achieving relatively high response rates and low nonresponse bias for youth aged 12 years and older who self-report is the most daunting challenge and the reason for suggesting the FTF phase. In the past decade, some studies have started to explore self-administered ABS push-to-web designs as an alternative to RDD for surveys of youth specifically. The National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children (NISMA<sup>RT</sup>) of 2011 is an early example (see <https://ojjdp.ojp.gov/research-and-statistics/research-projects/program/national-incidence-studies-missing-abducted-runaway-and-thrownaway-children-nismart-1-2-3-0/overview>). Another example is the Washington Youth Marijuana Assessment, which switched from an RDD to ABS push-to-web design (Freeder-Mahguire & ZuWallak, 2016). A previously mentioned study of the Truth Longitudinal Cohort (Cantrell et al, 2018) directly compared RDD to ABS push-to web recruitment methods for forming a panel of 15- to 21-year-olds. The study used supplemental lists to increase the yield of youth identified in both RDD and ABS designs and found the ABS design to be more effective than RDD at targeting and identifying households with youth. However, these methods still require the parent to first permit the youth to do the interview, and then the youth must be contacted and agree to complete the interview. This procedure is difficult and typically results in low response rates. Even with FTF surveys, youth are difficult to track down and do not necessarily have the same motivation to participate as adults do. For example, at the time this report was being written, the NCVS has an overall response rate for adults of about 70 percent but the self-response

rate (excluding proxy reports) for youth 12 to 18 years old is about 50 percent (Blanton, Berzofsky, Peterson, & Lee, 2015). Incentives are likely to be more effective with youth than with adults, but there are concerns about providing large incentives to youth under 18 years old (Afkinich & Blachman-Demner, 2019; see also Chapter 2).

The overall response rate for a two-phase design is the response rate to the first-phase web push times the conditional response rate for the second-phase FTF, multiplied by the percent eligible for the second-phase effort (100 minus the first-phase response rate). For example, suppose 20 percent of the sample responded to the web push and 40 percent of the first-phase nonrespondents responded to the FTF effort. The overall response rate would be 52 percent ( $20\% + (100 - 20)40\% = 52\%$ ). Since these designs are more complex and have implications for the estimates, see Appendix F on Statistical Considerations.

The second-phase subsampling rate does not affect the response rate computations in a two-phase design (at least not the weighted response rates that we believe should be used in this situation). However, the subsampling rate has a big effect on costs, yield (number of completed interviews divided by the number sampled in the first phase), and the variance of the estimates. If the first-phase response rate is low, then more cases go into the FTF mode, thus increasing data collection costs. The yield also decreases as the subsampling rate gets smaller, especially when the first-phase response rate is low. Finally, subsampling decreases precision (the variances of the estimates increase). This decrease in precision is commonly addressed as a design effect due to unequal weights—the unequal weights arise because the subsampled cases get weights that are larger (by the inverse of the subsampling rate) compared to the weights of the first-phase respondent cases.

Another way of considering the implication of subsampling on the estimates is to use an effective sample size rather than the nominal sample size. The effective sample size is the nominal sample size (count of number of respondents) divided by the design effect due to weighting.

### **8.3.1 ABS for Youth**

As with the parent survey, by using the two-phase design we could try to get the parental permission in the web push and encourage the youth to participate by web with an incentive, but as with the parent survey, the key is to obtain enough participation in the web push to avoid having the majority of youth responding in the follow-up by FTF. If there is a low youth response rate from the web,

there is a large burden on the FTF follow-up. The implication is a larger and more expensive FTF data collection effort.

We present a data collection design option that uses a web push involving multiple and varied contact attempts (e.g., initial incentive with a letter to complete by web/postcard reminder/follow-up letter/FedEx letter) to get a web response, and also includes attempts to obtain responses by mail prior to subsampling for the FTF interview. Variations of this design are also possible to accomplish goals such as reducing costs.

The design for the youth survey is a slight modification of the previously described web push with FTF follow-up for nonrespondents for households. The modification is that the parent is asked to complete a short interview for the sampled youth that contains the victimization screening items and a few other items for those over 12 years old (generally, the parent is only asked to provide permission and no items are asked for the older sampled youth). The idea is that the parent reporting for the youth provides potentially valuable information on the characteristics of the youth, and those data are especially useful for those youth who do not participate (e.g., direct youth refusal/non-participation and parental non-consent are both classified as a youth nonrespondent). If the youth does participate, the parental data provides important supplemental information that could be used to improve the estimation scheme associated with those with parent-only responses. For example, an imputation scheme might be used to fill in for youth who do not respond but the parents do, and in these cases, the data from the parent-youth responders would be used for imputation. Since only one child is sampled per household, the parent who does not provide consent is asked only a very few data items, and requesting the screening items does not involve a substantial amount of time.

## **8.4 Probability-based Panel Option**

Probability-based panels have been around for over 20 years. They currently typically recruit panel members through an ABS sample of addresses from the U.S. Postal Service's Delivery Sequence File, which covers the vast majority of U.S. households. Random samples of addresses are invited to join the panel through a series of mailings, including an initial invitation letter, a reminder postcard, and a subsequent follow-up letter. Panel members who have internet access at home receive regular surveys via email. If a recruited household does not have a computer and/or access to the internet

from home, the household may be given a web-enabled device on which to complete the surveys, the data collection organization might allow the member to respond by telephone or other mode, or they may be just ignored. Upon empanelment, households complete a detailed roster, identifying the number of adults and children in the household, along with many other characteristics, such as gender, age, race/ethnicity, income, education, and prior computer and internet usage. This information can be used for weighting as well as for determining eligibility for specific studies.

Most probability panels allow sample members who are active (participating in surveys after empanelment) to remain in sample for as long as they are active. This approach ensures the investment in recruiting the members is maximized, but it does cause issues as the panel ages. It becomes increasingly difficult to compute the probability of selection (the samples are continuously updated to deal with attrition) since the same household has a chance of selection on many occasions, and response rate computations for the panel composed of members sampled over many years are also very complicated. These panels generally are called probability-based rather than probability panels because it becomes virtually impossible to compute a valid probability of inclusion over time.

For the NatSCEV, an empaneled parent would be invited to participate in the survey (the panel's profile data provides parent status). Upon finishing the parent survey, parents of 12- to 17-year-olds would be asked for consent for the focal youth to participate. We assume the data would be collected entirely by Web.

The two most well-known probability-based panels that are marketed commercially are Knowledge Panel (<https://www.ipsos.com/en-us/solutions/public-affairs/knowledgepanel>) and AmeriSpeak (<https://amerispeak.norc.org/about-amerispeak/Pages/default.aspx>). Knowledge Panel was started in 1999 and is operated by Ipsos. It claims 60,000 panel members. The National Survey on Teen Relationships and Intimate Violence (Taylor & Mumford, 2016) was conducted using Knowledge Panel in 2013-2014. AmeriSpeak began in 2015, is run by NORC, and claims 48,900 panel members. Knowledge Panel and AmeriSpeak have recently developed teen panels and these could be considered for NatSCEV rather than going through the process given above. In these panels, a parent or guardian has provided blanket permission for their youth to be surveyed on a range of topics, but there might be issues including informed consent for NatSCEV that might complicate this approach.

Each of these panels has different features. For example, Knowledge Panel currently has many more members, but these have been obtained over a longer time. As a result, it tends to sample for its client surveys by matching or targeting to match demographics rather than using the initial probabilities of selection. It also allows clients to either program the web instruments or it will do the programming. AmeriSpeak, on the other hand, allows respondents to participate by modes other than the web (primarily by telephone), and they control the contact, mode, and instrumentation for client surveys.

A third panel that is worth mentioning is the Understanding America Study (UAS), which is a panel of households developed by the University of Southern California. This probability-based panel is described at <https://uasdata.usc.edu/index.php> and conducted its first surveys in 2014. It is somewhat different from the other previously mentioned panels in that it consists of batches or separate recruitment samples, each of which is a probability sample, that can then be aggregated into a product like the other probability-based panels. It has a goal of supporting 10,000 panel members. The UAS study has too few panel members to support the needs of NatSCEV so the other two panels are more likely candidates for NatSCEV.

The Census Bureau began work exploring the development of a panel by awarding a contract in 2020. The concept is that this probability-based panel will be available for use by government agencies and potentially other users for their research needs. The size and cost of the panel and the conditions for its use are among the many details that remain to be established. At least in theory, it is possible that this panel might be operational and could be considered for NatSCEV in the future, but whether this panel will be ever fielded is still unknown.

## **8.5 Expected Response Rates for the Options**

The actual response rates obtained for any of the options are rather speculative because they depend upon a variety of factors like incentives and changes over time. While response rates are important, and very important in our opinion, they are far from the sole determinant of the quality of the survey.

We provide our view of the importance of response rates in influencing quality in Appendix F on Response Rates and Nonresponse Bias. Essentially, we view response rates of about 30 percent or

greater as valuable for limiting nonresponse bias for a wide range of estimates from surveys. As response rates fall below 30 percent, the likelihood of having more estimates subject to biases that are relatively large increases. The potential for bias becomes even more severe as the response rates fall below 15 percent. This criterion does have serious implications for the options and suggests that in all the options procedures need to be followed to increase the likelihood of response to the extent possible given the structure of the option. Specifics on response enhancing methods are discussed in Appendix F (Methods for Maximizing Response Rates).

### **8.5.1 Expected Response Rates for NCVS Supplement**

The NCVS reported a 71 percent response rate at the household level and an 83 percent response rate at the overall person level for 2019. These component response rates give an overall rate of 59 percent. The 12- to 17-year-old response rate is typically lower, so in applying the ratio of the youth to overall response rate that was reported in 2013, this gives us an approximate 48 percent youth response rate for the NCVS.

Assuming the NatSCEV is a stand-alone survey rather than a supplement, it would be done using an outgoing sample. It is not possible to distinguish the response rates by the number of times in sample from the NCVS documentation, but clearly the response rate is lower in the last wave. For simplicity, assume this would reduce the youth response rate to 43 percent. It is not unreasonable to expect a relatively high conditional response rate for the stand-alone NatSCEV given the respondents have participated in the NCVS for over 3 years (despite the cumulative burden, these households are highly cooperative). The highest response rate might be expected if the Census Bureau did the stand-alone survey given the previous history with the FRs. If done by a private contractor, incentives would be needed to boost the response rate. The conditional response rate might be 75 percent, bringing the overall youth response rate for the NatSCEV to about 30 to 33 percent. The parent response rate would probably be significantly higher, probably 40 to 45 percent.

The conditional response rate of 75 percent assumed above is based on there being no need for an additional round of parental consent and assent to participate in the NatSCEV, given this has already been done in the NCVS. If additional consent and assent are required, the expected response

rate would likely be at least 10 percentage points lower. These reductions would result in youth response rates of about 20 percent.

### **8.5.2 Expected Response Rates for ABS**

The ABS response rates for the household and parent level can be estimated reasonably given previous experiences with this approach. A standard ABS web + mail (no FTF follow-up) using nominal incentives (perhaps \$5 for the screener and \$10 for completion of the parent survey) is likely to give a household (or screener) response rate of about 30 percent and a parent response rate of about 75 percent. The overall parent response rate is likely to be 20 percent to 25 percent for this approach. Including a FTF follow-up for a subsample of nonrespondents would likely increase the weighted response rate about 15 percentage points, giving an overall parent response rate of 30 percent to 35 percent.

The problematic steps involve gaining parental permission and then obtaining high response from the sampled 12- to 17-year-olds. Recent studies suggest a wide range of rates of parental permission, depending on the subject matter, but even if permission is obtained, only about half of youth ultimately complete the survey (ZuWallak & Freeder-Mahguire, 2015; Cantrell et al, 2018).

If the rates of 50 percent permission and 50 percent response of those who are then attempted apply, the response rates plummet. With no FTF follow-up, the expected youth response rate under these assumptions is about 5 percent; with the FTF follow-up and the same assumptions, the response rate for youth is only about 8 percent. We expect that with the FTF follow-up these assumptions are very conservative, and the permission and response rates might be closer to 65 percent each. Applying these assumptions, the youth response rate might be expected to be closer to 12 percent to 15 percent in the FTF follow-up approach.

### **8.5.3 Expected Response Rates for Probability-based Panels**

The response rates for probability-based panels are less clearly accessible and vary from one panel to the next. As noted, the UAS has very clear documentation, but it is too small for NatSCEV. Knowledge Panel has been around the longest and most likely has lower response rates than AmeriSpeak as a result. In 2006, the Office of Management and Budget (OMB) looked at one vendor of probability panels and indicated its response rate was less than 10 percent rather than a

much higher “advertised” response rate ([https://obamawhitehouse.archives.gov/sites/default/files/omb/inforeg/pmc\\_survey\\_guidance\\_2006.pdf](https://obamawhitehouse.archives.gov/sites/default/files/omb/inforeg/pmc_survey_guidance_2006.pdf)). The issue has grown even more complex over time. The Taylor and Mumford (2016) article on the National Survey on Teen Relationships and Intimate Violence, conducted using Knowledge Panel in 2013-2014, did not include an overall response rate. The Pew Research Center recently reported that for a survey of black adults, the overall response rate from an AmeriSpeak survey was 4.5 percent, which is consistent with the 2006 data from OMB on Knowledge Panel response rates (<https://www.pewforum.org/2021/02/16/appendix-a-survey-methodology-3/>).

Given its recency and the additional efforts made in recruitment, we suspect that AmeriSpeak might have higher response rates than Knowledge Panel, although it is difficult to quantify the difference. According to a presentation made by NORC at the University of Michigan in 2020 (<https://surveydatascience.isr.umich.edu/sites/default/files/NORC%20AmeriSpeak.02.12.2020.pdf>), the cumulative response rate for a client survey ranges from 9 percent to 12 percent. Given the other issues we discussed previously about computing response rates when aggregating panels over time and the nature of the NatSCEV, it is reasonable to assume the parent response rate would be less than 10 percent. If the standard 50 percent consent and 50 percent youth response rate assumptions apply, then the overall youth response rate is likely to be around 2 percent or 3 percent. Because this is largely a web data collection (if not solely web), the higher rate assumptions for the permission and youth cannot be applied in this situation.

## 8.6 Costs for the Options

The cost of data collection varies by the option. The NCVS Supplement option has additional issues that need to be addressed because it will involve negotiations between federal agencies and those are hard to predict. If BJS agrees to use the NCVS to generate the NatSCEV and the Census Bureau is the data collection contractor, then existing arrangements might be modified to cover this new survey. If NatSCEV is conducted by an agency other than BJS, then other complications may ensue (or they may not if the other agency is still within the Department of Justice). For example, when the negotiations involve multiple agencies, the agency that obtains the sample usually must pay a fee for use of the sample. We understand this fee is required because both agencies must be able to show the benefits to support such an activity. These fees can be substantial.

Another complication is that AmeriSpeak would not provide Westat an approximate cost (or capacity in terms of the number of completed interviews they might be able to generate from their panel) because they do not utilize their panel for competitors. Our understanding is that AmeriSpeak has about 80 percent of the size of Knowledge Panel in terms of panel members, and it is generally more expensive than Knowledge Panel. These details would have to be confirmed should further exploration of this panel be desired.

To make comparisons across the options comparable, assume the number of completed interviews required with parents in households with 0- to 11-year-olds is 5,000 and the number of completed 12- to 17-year-old youth interviews is 1,000. A larger number of completes could be targeted, but we are unsure whether some of the probability-based panels would be able to support the larger sample sizes.

We expect it would cost a total of about \$5 million to develop and carry out a stand-alone FTF follow-up survey using the NCVS as the sampling frame. The costs assume no transfer fee to gain access to the NCVS sample and that a private contractor conducts this effort. We do not have information on how Census would cost this effort. Given the nature of the interview, it assumes ACASI instrumentation. The costs are much lower than would be needed if the survey had to screen households to identify those with children between 2 and 17 years old.

The overall data collection cost for implementing the ABS option to collect 5,000 completed interviews in households with 0- to 11-year-olds and 1,000 interviews with 12- to 17-year-olds is about \$2,500,000 with no FTF follow-up. Adding in a subsample with FTF nonresponse follow-up to increase the response rate would increase the cost to about \$3,500,000.

We obtained a detailed cost estimate from Ipsos for probability panel of 2,000 parents of children 0-12 and 1,500 teens 13-17, recruited through parents. The estimated cost was about \$250,000. That would include a 25-minute questionnaire in both English and Spanish, and a \$10 incentive payment for the youth participants. The completion time would be in the range of 2 months. As can be seen, this is a substantially lower cost than the other options, and a short field period.

## 8.7 Advantages and Disadvantages

The design and implementation of NatSCEV present significant challenges and will require some compromises to accomplish. One of the main issues is that conducting a high-quality survey that interviews parents and youth on exposure to violence will require resources that are consistent with many other federal surveys. The compromises involve choices regarding costs, response rates, and administrative complexities.

We summarize some of the advantages and disadvantages of the three options below:

### NCVS Supplement

- The NCVS Supplement (as a stand-alone follow-up) has the highest expected response rate and has efficiencies associated with already having identified and interviewed respondents in households with youth. The expected response rate for the parents is about 40 percent to 45 percent, and for the youth about 20 percent (assuming a NatSCEV specific consent would be required).
- NCVS currently uses the decennial Census as its sampling frame, which means the Census Bureau would have to carry out the NatSCEV unless the NCVS were to switch to an ABS frame.
- The expected cost of carrying out the NatSCEV as a stand-alone survey is difficult to estimate if it is done by the Census Bureau, because we do not know how they might cost the study. Assuming the survey is conducted by a private contractor makes the costs more predictable, and we estimate this to be the most expensive of the three options (\$5 million).
- The NCVS currently includes supplements (e.g., the School Crime Supplement); thus, sampling from the outgoing sample is relatively simple.
- Since the NCVS is a panel survey, it has other data that could be appended to the NatSCEV (e.g., crime victimization), and it also suffers from the potential for bias from panel conditioning.
- The arrangement to permit NatSCEV to use an outgoing sample of NCVS could involve multiple agencies and these pose administrative complexities. The NCVS and its respondents are very important to BJS and they may have concerns about allowing it respondents to be used for this purpose. The administrative issues add more unknowns for planning with this option.

## ABS

- The expected response rate for the ABS (with FTF follow-up) for the parents is about 30 percent to 35 percent, and for the youth it is about 12 percent to 15 percent (although this could be as low as 8 percent).
- Since the ABS is not dependent on any other survey or organization, the survey has the greatest flexibility to address specific client needs.
- The expected cost of an ABS NatSCEV is estimated to be approximately \$3,500,000. But the level of subsampling and the ability to use incentives to raise response rates add some level of uncertainty to these cost estimates.
- The low expected response rates for the youth are likely to raise concerns in getting approval for this approach.
- This approach could likely be fielded more rapidly than the NCVS supplement, but less rapidly than the panel.

## Probability-based Panel

- The expected response rate for the parents with a probability-based panel is less than 10 percent, and for the youth it is probably no higher than 2 percent to 3 percent.
- The expected cost of conducting NatSCEV through a panel is estimated to be approximately \$250,000, considerably less than the other options. The costs of this option are also likely the most predictable of any of the choices
- OMB has approved some data collections using probability-based panels, but this has not been consistent. Given the low expected response rates, getting approval to conduct the study with this approach is likely to be challenging.
- This option could be fielded most rapidly, and the results available quickly. It could be used for experimentation and testing.
- It is possible, but not certain, that there will be new developments in representative online panels – like Census-sponsored panels, youth panels or panels with higher-than-current initial response rates. A panel designed and tested for a NatSCEV4 in the near term might provide a ready pivot to these future options.

## 8.13 References

Afkinich, J. L., & Blachman-Demner, D. R. (2019). Providing incentives to youth participants in research: A literature review. *Journal of Empirical Research on Human Research Ethics*.  
<https://doi.org/10.1177/1556264619892707>

- Bailar, Barbara A. 1989. "Information Needs, Surveys, and Measurement Errors." In Panel Surveys, edited by D. Kasprzyk, G. J. Duncan, G. Kalton, and M. P. Singh, pp. 1–24. New York: Wiley.
- Baker, R., Brick, J.M., Bates, N.A., Battaglia, M., Couper, M.P., Dever, J.A., Gile, K.J., and Tourangeau, R. (2013). Summary report of the AAPOR task force on non-probability sampling. *Journal of Survey Statistics and Methodology*, p.smt008.
- Blanton, C., Berzofsky, M., Peterson, K., and Lee, P. (2015). Quality and measurement error assessment of juvenile interviews in the NCVS, *Proceedings of the Joint Statistical Meetings* available at <http://www.asasrms.org/Proceedings/y2015/files/233894.pdf> (downloaded May 22, 2017).
- Brick, J.M., and Lepkowski, J.M. (2006). Multiple mode and frame telephone surveys. *Advances in Telephone Survey Methodology*, 49-169.
- Brick, J.M., and Tourangeau, R. (2017). Responsive survey designs for reducing nonresponse bias, *Journal of Official Statistics*, 33(3), 735-752.
- Cantrell, J., Hair, E. C., Smith, A., Bennett, M., Rath, J. M., Thomas, R. K., ... & Vallone, D. (2018). Recruiting and retaining youth and young adults: challenges and opportunities in survey research for tobacco control. *Tobacco Control*, 27(2), 147-154.
- Dillman, D.A., Sinclair, M.D., and Clark, J.R. (1993). Effects of questionnaire length, respondent-friendly design, and difficult questions on response rates for occupant-addressed Census mail surveys. *Public Opinion Quarterly*, 57, 289-304.
- Dillman, D.A., Smyth, J.D., and Christian, L.M. (2008). *Internet, mail, and mixed mode surveys: The Tailored Design Method*. New York: Wiley.
- Dutwin, D. and Buskirk, T.D. (2018) "Telephone Sample Surveys: Dearly Beloved or Nearly Departed? Trends in Survey Errors in the Era of Declining Response Rates." *Journal of Survey Statistics and Methodology*, 0, 1-28.
- Groves, R.M., and Peytcheva, E. (2008). The impact of nonresponse rates on nonresponse bias a meta-analysis. *Public Opinion Quarterly*, 7, 167-189.
- Hedlin, D. (2020). Is there a 'safe area' where the nonresponse rate has only a modest effect on bias despite non-ignorable nonresponse?, *International Statistical Review*, 88, 642-657.
- Iannacchione, V.G. (2011). The changing role of address-based sampling in survey research. *Public Opinion Quarterly*, 75, 556-575.
- Kennedy, C., & Hartig, H. (2019). Response rates in telephone surveys have resumed their decline. *Pew Research Center*.
- Lavrakas, P. et al. (2017). *The Future of U.S. General Population Telephone Survey Research*, available at <https://aapor.org/wp-content/uploads/2022/11/Future-of-Telephone-Survey-Research-Report.pdf> (downloaded May 22, 2017).

- Matthews, P., Fahliogullari, S., and Bell, E. (2017, July). *Successfully surveying young people online*. Paper presented at the European Survey Research Association Conference, Lisbon, Portugal.
- Mercer, A., Caporaso, A., Candor, D., and Townsend R. (2015). Monetary incentives and response rates in household surveys. *Public Opinion Quarterly* 79, 105-129.
- Messer, B.L., and Dillman, D.A. (2011). Surveying the general public over the internet using address-based sampling and mail contact procedures. *Public Opinion Quarterly*, 75, 429-457.
- Montaquila, J.M., Brick, J.M., Williams, D., Kim, K., and Han, D. (2013). A study of two-phase mail survey data collection methods. *Journal of Survey Statistics and Methodology*, 1, 66-87.
- Olson, K., Smyth, J. D., Horwitz, R., Keeter, S., Lesser, V., Marken, S., ... & Wagner, J. (2021). Transitions from telephone surveys to self-administered and mixed-mode surveys: AAPOR task force report. *Journal of Survey Statistics and Methodology*, 9(3), 381-411.
- Roth, S.B., Han, D., and Montaquila, J.M. (2013). The ABS frame: Quality and considerations. *Survey Practice*, 6(4).
- Taylor, B., and Mumford, E. (2016). Portrait of adolescent relationship abuse: Results from the National Survey on Teen Relationships and Intimate Violence. *Journal of Interpersonal Violence*, 31, 963-988.
- Tourangeau, R., Rips, L.J., and Rasinski, K. (2000). *The Psychology of Survey Response*. Cambridge University Press.
- Trundle, K., Caporaso, A., Davis, T., Oh, A., Dwyer, L., and Hennessy, E. (2017). Impact of incentive amount on adolescent participation in an accelerometer-based physical activity assessment. *Annual Conference Proceedings of the American Association for Public Opinion Research*. New Orleans, LA.
- Valliant, R., Hubbard, F., Lee, S., and Chang, C. (2014). Efficient use of commercial lists in U.S. Household Sampling. *Journal of Survey Statistics and Methodology*, 2, 182-209.
- Wells, B., Hughes, T., Park, R., Langdale, K., and Ryan-Ibarra, S. (2019). *Finding effective ways to encourage teens to participate in a web-push survey (and getting their parents to let them)*. Paper presented at the European Survey Research Association Conference, Zagreb, Croatia.
- Yeager, D. S., Krosnick, J. A., Chang, L., Javitz, H. S., Levendusky, M. S., Simpser, A., & Wang, R. (2011). Comparing the accuracy of RDD telephone surveys and internet surveys conducted with probability and non-probability samples. *Public Opinion Quarterly*, 75(4), 709-747.
- ZuWallack, R., Dayton, J., Freedner-Maguire, N., Karriker-Jaffe, K. J., & Greenfield, T. K. (2015, May). Combining a Probability Based Telephone Sample with an Opt-in Web Panel. In *Annual Conference of the American Association for Public Opinion Research, Hollywood, Florida*.

# Appendix A: Methodology Literature Review

## A.1 Introduction

This literature review covers several ethical issues involved when collecting data on child victimization, including the potential for harm, strategies for reducing risk of participation, obtaining informed consent, issues of confidentiality and mandatory reporting, and the use of incentives to increase response rates. Methodological issues are also discussed, including non-response and data quality, the potential for recall problems, survey mode and social desirability bias, and the use of parent proxy versus self-reports of victimization. Since there are fewer studies addressing the ethical and methodological issues involved in conducting youth victimization surveys, compared to the much larger literature focused on general surveys of adults, the review covers both literatures, focusing on relevant studies that can help to inform future research on children's exposure to violence.

## A.2 Can Children Be Harmed by Being Asked About Child Abuse and Exposure to Violence?

Concerns about whether children might be harmed by participating in surveys on child victimization have generally focused on two issues: (1) psychological distress from the survey content and (2) harm to the child or child's interests from others who might learn about the child's participation or responses.

### A.2.1 Risk of Generating Participant Distress

The possibility of psychological distress has generally been viewed as the result of two main mechanisms. One is that the child will be reminded of an upsetting or traumatic life event and will not be able to deal with the emotions that the memories provoke. Another is the possibility that the survey subject matter will be troubling to a sensitive child or will broach issues that the child is not developmentally prepared for, particularly concerning sex or sexual violence.

Existing evidence suggests that psychological distress among child participants in victimization surveys is unusual but may be higher among some groups of youth. A systematic review of literature

on researching sensitive topics among adults and adolescents found that the percentage of adolescent participants reporting any level of “upset” or “distress” or “discomfort” was typically low, with a median percentage across studies of 5.7 percent (McClinton Appollis, Lund, de Vries, and Mathews, 2015). Similarly, a meta-analysis of 70 trauma-related studies on adults revealed low to moderate mean levels of distress across samples (mean of 2.3 on a scale of 1 to 5) (Jaffe, DiLillo, Hoffman, Haikalis, & Dykstra, 2015). A more recent study of parents who were asked about their child’s maltreatment (Fortier et al., 2020) also found relatively low percentages of respondents who indicated the questions were upsetting (4%). Even among this small percentage, most felt the maltreatment questions were important and should be asked anyway. In another study on young adults (Rinehart, Nason, Yeater, & Miller, 2017), none of the demographic, psychological, or personality characteristics assessed increased vulnerability to distress in response to maltreatment trauma, over and above distress associated with benign minimal-risk tests.

Although most studies on this issue have found distress levels to be relatively low overall, there is some evidence that youth with trauma histories may more often be upset as a result of participating in victimization research than those without such histories. For example, in a national sample of 3,614 adolescents ages 12-17, Zajac, Ruggiero, Smith, Saunders, and Kilpatrick (2011) found that adolescents reporting traumatic experiences or mental health problems were significantly more likely to report distress compared to those who did not report such problems. Only 5.7 percent reported distress overall, but between 11.5 percent and 16.1 percent of youth who disclosed physical assault, physical abuse, or witnessing parental violence reported distress, and the distress rate was 20 percent among those who indicated sexual victimizations (Zajac et al., 2011). Langhinrichsen-Rohling, Arata, O’Brien, Bowers, and Klibert (2006), in an adolescent survey asking about drug use, suicidal behavior, and physical and sexual abuse, also found that more youth with these sensitive experiences reported being upset when completing the survey, although these experiences explained less than 7 percent of the variance in upset ratings.

Two Finnish surveys with similar methodologies (Ellonen & Pösö, 2011; Fagerlund & Ellonen, 2016) examined child and adolescent feelings about participating in a computer-based self-report victimization study by analyzing free text comments to the question “How did you feel about answering the questions?” Analyses in the first survey, conducted in 2008, focused on children’s experiences on non-sexual violent victimization (Ellonen & Pösö, 2011), while the second (conducted in 2013) focused on sexually victimized children (Fagerlund & Ellonen, 2016). In both studies, although the majority of all responses were neutral or positive, victimized youth were significantly more likely to describe negative feelings than non-victimized youth. However, victimized youth in both surveys were also more likely to report positive feelings, such as feelings of

relief that they were asked these questions and were able to share their experiences, suggesting that victimized respondents experience more feelings in general regarding the survey.

Age may be one factor associated with the likelihood of experiencing distress in victimization surveys. In an online study about violence, Ybarra and colleagues (2009) found a substantial number of the 10- to 15-year-old participants (23%) indicated that they were upset about the survey content. In this study there were no significant differences between victims and non-victims in levels of upset for most types of victimization. However, Ybarra and colleagues found that youth who were upset by the survey were more likely to be younger, suggesting some content may be more appropriate for older teens. The Finnish surveys discussed above also found that younger youth (6th-grade students) were more likely than adolescents (9th-grade students) to report negative feelings. However, younger respondents were also more likely to report feelings of relief concerning their ability to tell about their experiences (Fagerlund & Ellonen, 2016).

Notably, evidence suggests that discomfort is transient when it occurs. For example, Zajac et al. (2011) reported that only 0.8 percent of the distressed youth remained distressed at the end of the interview. The National Society for the Prevention of Cruelty to Children in the United Kingdom conducted perhaps the largest survey ever on youth victimization, with more than 6,000 participants, including 2,275 youth participants (ages 11-17) (Radford et al., 2011). They assessed negative feelings at the close of the survey and reported findings from a subgroup of 191 participants<sup>1</sup> (3%) whose cases were “red-flagged” for possible follow-up because of potentially serious reports, or because they asked to speak to a counselor. Of the 191, 17 percent (33 youth and 5 caregivers) indicated they had been upset by the study, yet 82 percent of upset youth (27 of 33) nonetheless said that participating had been worthwhile.

The National Survey of Children’s Exposure to Violence (NatSCEV) also asked respondents at the end of the survey whether answering questions had upset them (Finkelhor, Vanderminden, Turner, Hamby, and Shattuck, 2013). In NatSCEV, 4.5 percent of youth reported being at all upset and 1 percent reported being “pretty or “a lot” upset. However, only a minority of those upset, 0.3 percent of the total sample, said they would not participate again had they known about the content. Even in this group, the regret about participation was mostly due to the length of the survey, not the types of questions being asked. Edwards, Haynes, and Rodenhizer-Stämpfli (2016)

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<sup>1</sup> The “feelings” data were reported in the context of ethical issues; the report does not provide findings regarding the feelings of participants who were not red-flagged/further support. The 191 participants included youth and adult respondents.

found that while 6 percent of study youth participants in a small mixed method dating violence study reported being upset by their participation, only 1.5 percent regretted participating in the study. Moreover, most of those reporting upset were upset because of peers' opinions and the awkwardness of questions asked in a focus group setting. In contrast, a larger proportion of respondents indicated some level of upset in the NSYC survey, which used ACASI methodology to assess sexual victimization among youth in state juvenile facilities (Smith & Sedlak, 2011). Sensitive questions about sexual assault were asked of all youth 10 and over, and particularly explicit and detailed sexual questions were asked of youth 15 and older. In answering end-of-survey questions, 24 percent of all youth respondents indicated that some questions were upsetting, and 15 percent said they would not do the survey again. However, in this same study, only 1 percent of youth requested a referral to a counselor outside their facility and less than 0.5 percent wanted to see a counselor within their facility. Although there can be a number of reasons for refusing referrals to a counselor, these low rates may, in part, suggest that, while some questions were "upsetting," they did not generate serious distress for the large majority of respondents.

It is also important to note that most studies on psychological distress seldom distinguish between minor discomfort and the triggering of more severe psychological symptoms. The latter appears to be especially rare. The level of distress reported is generally mild and transitory and falls within the emotional distress that is considered an acceptable risk (Carter-Visscher, Naugle, Bell, and Suvak, 2007; Ybarra et al., 2009).

Even when distress about survey content does occur, studies on children's perceptions generally find a positive cost-benefit assessment, or a high percentage of children deeming the research useful (Chu, DePrince, & Weinzierl, 2008; Kuyper, de Wit, Adam, & Woertman, 2010; Widom and Czaja, 2006). Similar to trauma research on adults showing a variety of perceived benefits of participation (Jorm, Kelly, and Morgan, 2007), research on sensitive topics among youth has found largely positive reactions (Chu et al., 2008; Kuyper et al., 2010; Widom and Czaja, 2006), including feeling empowered when they believed their input would be used to help others (Cooper Robbins et al., 2011; McCarry, 2012). Kuyper et al. (2010) found that victims of sexual coercion reported more distress and need for help due to their participation, but also reported more positive feelings about their participation than those with no sexual victimization experiences. This is consistent with the Fagerlund and Ellonen (2016) findings discussed above, which also found that sexual assault victims reported both more negative and more positive feelings about participation. A study of children in protective services (Waechter et al., 2019) showed that participants who reported experiencing at least one form of extreme child maltreatment found questions about abuse more distressing than those without extreme maltreatment histories. However, those same participants found the study to

be more interesting, the questions to be clearer, and they were more likely to report that they would still have agreed to participate in the study after knowing what was involved. Similarly, in a recent study asking about violence and abuse experiences among young adolescents (ages 12-15), McClinton et al. (2020) found that victims of abuse were more likely than non-victims to report both benefits and harms of participating, but the percentage who reported benefits (71.9%) was far greater than the percentage reporting harm (31%). Moreover, victims were less likely to report regretting participation than were non-victims.

Some participants find the disclosure process beneficial and are glad to talk to someone about something they cannot ordinarily discuss. Open-ended responses among a sample of 100 adult participants in a study of sexual abuse found that 41 percent of participants reported it was helpful to review their life experiences, a third of participants felt validated and had increased self-awareness, and 27 percent felt empowered (Disch, 2001). Cromer and colleagues (2006) compared young adults' reactions to being asked personal questions that were not trauma-related and questions specific to trauma histories. Participants reported that answering trauma-related questions was not more distressing than answering other personal questions, and they rated the trauma-related questions as more important and beneficial. Edwards et al. (2016) found that almost 50 percent of youth reported that they benefited from the study, such as feeling like they could better help friends in situations of dating violence. Youth may appreciate knowing that the problems they face are important to society and to adults, and that adults are actively working on improving the lives of children.

## **A.2.2 Risk of Retaliation From a Third Party**

In addition to psychological distress, the other often-discussed potential harm is harm to the child or their interests as a result of participation. This could mean parents or peers attacking or intimidating the child for a reason connected with participating in the study—for example, because they were afraid of what the child may have told others. This kind of harm could also accrue from information about the child (the fact of being victimized) that somehow became known or was suspected and therefore exposed the child to stigma or ostracism. This harm has sometimes been termed “informational” or “social” harm or risk.

Little has been written about the risk of retaliation, but existing evidence suggests that this risk is quite small when adequate safety mechanisms are in place. The most important safety mechanism is providing or ensuring that the interview is conducted in privacy. Tens of thousands of youth have

participated in surveys on victimization. These include thousands who have multiple contacts with researchers in longitudinal or panel designs, and who could potentially offer feedback about prior consequences of participation. Although we are not aware of any systematic attempt to assess the safety of interviews on youth victimization, we also do not know of any anecdotal reports whereby survey participation led to negative consequences for youth.

Many types of disclosure seem unlikely to lead to retaliation. These include disclosures by caregivers acting as proxies, as for children ages 2 to 9 in the NatSCEV protocol (Finkelhor, Ormrod, Turner, & Hamby, 2005). Repeat disclosures, which include virtually everyone in clinical and law enforcement samples as well as many in community surveys, seem unlikely to present a high risk of retaliation. Depending on the methodology, many perpetrators, particularly stranger or peer perpetrators, would have no way of knowing that a child had participated in a youth victimization study. Parents who give consent for participation will know about the interview, but it seems likely that a highly suspicious or guilty parent will refuse consent. Although hard to assess empirically, it is generally thought that the most severe cases of violence become refusals in community surveys. The worst violence reported on large national surveys seems unlikely to equal in intensity the worst violence known in clinical samples.

## **A.3 General Principles for Minimizing the Risks of Survey Participation**

Over the years, researchers have developed a number of standards for minimizing the risk of surveying youth about adverse events (see, for example, Meinck et al., 2016).

### **A.3.1 Introducing the Survey**

Surveys on sensitive topics can be made less potentially harmful or distressing by introducing the survey in a way that alerts the respondent to the types of questions that will be asked and sets the tone of the survey as nonjudgmental and confidential. As will typically be required by the institutional IRB, information is generally offered up front that explains, in language appropriate to the audience (youth or caregiver, for example) the purpose of the interview and information about what to expect in terms of content. This should include information about the sensitive nature of

some of the questions. It should indicate that there are no right or wrong answers and remind participants that they can skip a question if they choose.

Modes of data collection that involve interviewing, whether in person or by phone, require interviewers to be skilled and sensitive. They should be trained in basic interview skills such as building rapport, avoiding judgmental responses or expressions, clarifying individual questions, and allowing room for participants to decline to answer. Interviewers can practice so that their comments are positive and nonjudgmental. Interviewers can also be trained how to recognize and deal with distress and be familiar with whatever steps are in place to offer further assistance or help to participants (see below).

### **A.3.2 Resources to Minimize Distress**

Another common strategy to minimize possible distress is to offer information about sources of help to participants. Typically this information is offered to all participants, and not just those who show signs of distress. It can be seen as a benefit offered by the research that respondents can use now or in the future.

Depending on the location of the survey, a variety of resources might be offered to participants. Some places have hotlines for distressed youth, mental health services or to get help for child abuse, such as the Boys Town National hotline (<https://www.boystown.org/hotline/Pages/default.aspx>). The names, addresses, or phone numbers of agencies that offer help can be provided, including community mental health centers, student health centers, or other local agencies. Respondents with internet access can find self-help information online at websites such as [www.childhelp.org](http://www.childhelp.org).

### **A.3.3 Steps to Minimize Risk of Retaliation and Informational or Social Risks**

Preventing retaliation and informational/social risk is closely related to the ethical practice of maintaining confidentiality. The issues in this area overlap with the material discussed in that section, but a few of the main points are highlighted below.

One of the most important safety measures is providing or verifying that a youth respondent is in a safe and private place where they can answer comfortably and confidentially during the survey. This

should be asked explicitly in phone or internet surveys. This helps minimize harm by reducing the risk of retaliation from someone finding out what the child disclosed. In interview studies, this confidentiality can be increased by using self-administered questionnaires or computer-assisted self-interviews.

In classroom group administrations, another concern has been that victimized children might be inadvertently identified because they take longer to complete self-administered questionnaires. Some researchers have added unrelated questionnaire material to the end of questionnaires to ensure that everyone is working until the allotted time is expired (Radford, personal communication, December 14, 2011). In general, it may be useful to prepare or debrief participants in such a way that they can minimize unwanted exposure about their participation—for example, by discouraging them from talking about their participation with others.

The language used to obtain parental consent can also help ensure safety. Although caregivers must always be fully informed about the sensitive nature of the questions, it can be important to avoid language that might enhance their suspiciousness.

It is also often recommended that care be taken to avoid collecting so much demographic data that it could be used to identify specific individuals, even if names are not attached to the data. This is especially important in smaller samples. For example, if there is only one 7-year-old Filipino female with five siblings, the combination of age, ethnicity, gender, and number of siblings would allow someone to identify her data even without her name. Depending on the needs of the study, ways to handle this are to gather information at a more general level (for example, by using age ranges instead of specific ages), omit demographic information that is not needed to address research questions, or ensure that the sample size is large enough so that any combination of demographic factors is likely to apply to many participants. Conducting disclosure-risk analyses after data analysis to identify combinations of characteristics that could be identifying is also a common strategy, followed with statistical perturbations of the data in the very small cells to prevent identification of individuals.

## A.4 Consent Procedures When Collecting Sensitive Data on Children and Youth

### A.4.1 What Is Involved in Obtaining Informed Consent?

**Information provided to parents and children.** There are several pieces of information that are usually provided in order for parents and/or children to give informed consent for research (see, for example, American Psychological Association, 2017; Council for International Organizations of Medical Sciences (CIOMS) and World Health Organization (WHO), 2008; Social Research Association, 2003; Vitiello, 2008).

- The purpose of the research.
- How the participant was chosen for involvement.
- The expected duration of the research and what, if any, compensation they will receive for their participation.
- That participation is completely voluntary and refusal to participate will not result in any penalty or loss of benefits to which the respondent would be otherwise entitled.
- That, if they choose to participate, participants may decide to stop participation at any time and/or refuse to answer any question.
- That the information that they provide will be held confidential, and what (if any) exceptions to confidentiality apply. For example, if the researcher will report suspected incidents of child abuse to authorities (see above discussion), the principle of informed consent requires that this be disclosed in the informed consent procedure (American Association for Public Opinion Research, 2014).
- Whether there are direct benefits to the participant, including compensation. The participants should be told of the broader benefits of the study. For example, researchers might indicate that the findings from the study will help professionals and policymakers better understand the experiences of young people and develop better ways to help youth avoid or cope with violence.
- Any potential risks associated with participation. The researcher, for example, might state something like the following: “Although most youth enjoy participating in surveys of this type, some people may find certain questions upsetting or difficult to talk about.”

One important consideration for informed consent is how detailed the study description should be. Although the information provided should not be misleading, most researchers try to avoid highly charged language (Hill, 2005). For example, terminology in study introductions such as “child abuse”

may be adequately described as “children’s exposure to violence, crime and family conflict.” Surveys asking about exposure to sexual abuse or date rape, for example, might indicate that “questions will include some sensitive issues such as whether you have experienced unwanted sexual advances.”

It is also clear that not every topic covered in a survey can be outlined in the consent process, but researchers use descriptions of various lengths. Researchers agree that the most sensitive and potentially distressing content should be explicitly outlined, but it is not always obvious which questions will be perceived as most sensitive by the respondent and they may vary from individual to individual. Indeed, if measured by refusal rates, the survey question that often elicits the greatest concern on the part of participants, even in studies involving highly sensitive crime and abuse questions, is income (Tourangeau & Yan, 2007). On the whole, using accurate but more general content descriptors may often be the best strategy.

One important ethical issue concerns whether there are populations of youth for whom parental consent can or should be bypassed, and under what circumstances. For example, some investigators (Cwinn, Cadieux, & Crooks, 2020; Elze, 2009; Flores et al., 2018; Macapagal, Coventry, Arbeit, Fisher, & Mustanski, 2017; Pickles, 2019) have argued that requiring parental consent for LGBTQ youth who were not “out” to their parents and could potentially be victims of abuse and rejection, may place them at an increased risk of harm. At the same time, excluding such youth from participation to avoid this danger only further marginalizes and disempowers these youth (Pickles, 2019) and eliminates the potential for obtaining important, unbiased information that could be used to benefit vulnerable populations of youth. Indeed, several studies on sexual minority youth found that a large portion indicated they would not have participated if parental consent was required, and these youth significantly differed from the remainder of participants on several risk and health characteristics (Cwinn, Cadieux, & Crooks, 2020; Macapagal, Coventry, Arbeit, Fisher, & Mustanski, 2017). Many studies on child maltreatment have also obtained only the child’s consent, waiving the need for parental consent (Feng, Chang, Chang, Fetzer, & Wang, 2014; Schick et al., 2016). In Norway, for example, adolescents 12 years and older are allowed to provide consent to participate in research (without parental consent) when the research concerns issues of maltreatment or other topics where there might be a conflict of interest between child and parent (Schønning et al., 2021).

**How to make sure children understand.** It is important in the consent process that the child understands the purpose of the research and what is involved in participating. This means that researchers should use age-appropriate language and avoid jargon and legal terminology. To confirm that the child understands, the researcher may want to ask the child, after hearing the consent statement, to describe his/her understanding of the study and its procedures. This strategy can help

to establish the child's competence to give consent/assent when respondents are younger children and/or when the researcher is concerned about the child's level of comprehension (Crane et al., 2017).

Few studies, however, have examined children's perceptions of research participation and understanding of informed consent. Chu and colleagues (2008) did explore this issue with children ages 7 to 12 to assess whether they understood consent. The vast majority (87%) generally understood their rights as research participants (for example, their freedom to skip questions, stop at any time, and take a break). Furthermore, understanding of informed consent did not vary across trauma exposure groups (no trauma, non-interpersonal violence, interpersonal violence). Other research also suggests procedures were at least moderately effective in explaining research rights to children ages 8, 10, and 12 (Hurley & Underwood, 2002). However, understanding consent/assent information and the voluntary nature of participation may differ somewhat for youth of different ages (Crane & Broome, 2017). Bruzzese and Fisher (2003) found that 7th graders, when compared to older youth, were less likely to fully understand their veto power over adult permission and their rights as research subjects. Tenth graders' comprehension of these issues, however, was similar to that of adults.

Obtaining consent in self-administered formats, as opposed to through an interviewer, requires that the respondent read the consent/assent language rather than having to read to them (although ACASI formats can allow the consent to be heard while the respondent reads along). Moreover, when an interviewer is not present, such as with online surveys, there is less opportunity to ensure that the consent was understood or even read at all (Rosser et al., 2009). One study involving young adults found very little difference between online informed consent and face-to-face, paper-informed consent. In both conditions, participants read the documents quickly, particularly in the standard paper format. When questioned about the consent content, participants recalled very little of the information in either document, although almost everyone reported at least skimming it (Varnhagen et al., 2005).

A recent study addressing online assent processes among youth examined the effect of including questions about the assent information on youths' willingness to complete the assent and understand its content (Friedman et al., 2016). The researchers compared three randomly assigned groups: (1) youth only asked to read the assent information and indicate their willingness to participate, (2) youth who were required to answer two questions about study risks and the voluntary nature of participating as part of the assent process, and (3) youth who were required to answer seven questions about the assent content. A significantly greater percentage of participants from the

two-question group (32.6%) and the seven-question group (40.5%) dropped out prior to completing the assent process, relative to the no-question group (13.4%). However, participants in the no-question group were significantly less likely to read and understand key study information. Study results are consistent with online studies of adults showing that “quizzing” about consent content increases the informed nature of consent, but at the cost of reduced participation rates (Kraut et al., 2004; O’Neil, Penrod, & Bornstein, 2003).

**How to ensure that children are volunteering freely.** Because of developmental immaturities and unequal power between children and adults, it can be more difficult to ensure that children are choosing freely to participate (Clacherty & Donald, 2007; Powell, Graham, Taylor, Newell, & Fitzgerald, 2011). Children may want to avoid disappointing the researcher, who may be viewed as an authority figure, or parents, who may have already given consent. Special efforts should be made to ensure that the child participant perceives the research as voluntary and that there will be no negative consequences in refusing participation. Researchers might say things like, “Although your experiences and opinions are important to us, it is completely OK if you do not want to participate in the study”; “No one will be angry or disappointed with you if you decide not to participate”; “And remember that if you do decide to participate, you can still change your mind at any time, you can choose not to answer any question that you don’t want to answer, and you can stop at any time. It’s all up to you.” Interviewers should also be trained to monitor the child’s verbal and nonverbal cues throughout the interview. If the child displays hesitancy or discomfort, the interviewer can then ask the child if they wish to continue.

School-administered studies can pose particular problems for voluntary consent. When teachers are present or are administering the study, students may be concerned that refusing to participate could affect their grade or reputation with the teacher. They may be concerned that non-participation could also single them out for scrutiny, ridicule, or retaliation from peers. If no arrangement is made for children to have some alternative activity when a group administration is being carried out, the school may actually put pressure on children to participate. Little is known about the actual consequences of different school survey administration practices. But among those concerned about minimizing pressures on students, best practice is generally thought to involve having outsiders introduce, administer, and explain the study, to emphasize that participation will not affect grade or reputation, to provide alternative activities for non-participating students, and to allow students to complete the survey with as much privacy as is possible.

## A.4.2 Consent Procedures and Mandatory Reporting of Research Participants

Mandatory reporting promotes a social good: protecting children from caregiver maltreatment. Unfortunately, not all children who are maltreated come to the attention of authorities in a timely manner. In theory, including researchers among mandatory reporters may be a way to increase the protection of children. Reporting possible maltreatment may also reduce the liability of universities, clinics and other institutions. Although this may not be a classic example of a social good, most institutions desire to limit their liability, and although we are not aware of any legal action against any university for a researcher failing to report abuse, it is illegal to fail to report when mandated to do so. Given that state laws differ in who they specify are mandated reporters, a national study must legally meet the requirements of any states that identify researchers (or “anyone else”) as mandated reporters, so in standardizing the research protocol, most researchers have assumed that the study must report any maltreatment that comes to the attention of the researchers. Also, many institutional IRBs appear to believe that reporting maltreatment will limit their liability.

Mandatory reporting can, in reality, conflict with other paramount social responsibilities: for example, accurately documenting the extent of child maltreatment and minimizing the risks of research participation. Indeed, a recent meta-synthesis of qualitative studies found that parents and children do have substantial fears around mandatory reporting of maltreatment to child protection agencies, within a variety of health and social service contexts (McTavish et al., 2019). Thus, research on child victimization that does not provide confidentiality assurances is likely to discourage at-risk participants, reducing data quality and creating bias. Yet, good data quality is needed to promote the safety of children by encouraging policymakers to dedicate resources to the issue, and by promoting awareness among child professionals.

Web-based and CASI/ACASI modes of data collection (discussed later) can allow anonymity of research responses so that, even if a researcher is present, he/she is blind to the content of interview responses. However, there are ways that researchers have implemented these anonymous survey protocols that also allow children who indicate wanting help, or who verbally disclose instances of abuse outside of the interview protocol, to receive referrals. For example, the National Survey of Youth in Custody (NSYC-1 and NSYC-2) used an ACASI mode of data collection that maintained the anonymity of survey responses. However, all survey staff in direct contact with youth had to comply with state and local mandatory reporting requirements when a youth made a verbal statement suggesting abuse or neglect (Beck, Cantor, Hartge, & Smith, 2013). Similar protocols were implemented for the Survey of Youth in Residential Placement (SYRP) (Sedlak et al., 2012) and the

LongSCAN Study (Knight et al., 2000). Moreover, as discussed earlier, most surveys offer debriefing materials to all respondents, allowing any participant access to appropriate resources for assistance.

### **A.4.3 Do Disclosures Drop When Consent Forms Mention Mandatory Reporting or Limited Confidentiality?**

Some research has demonstrated that warning participants that they may be reported to authorities substantially decreases disclosures and minimizes the benefits of any study. This substantially affects the risk-benefit assessments that most institutional review boards (IRBs) do as part of their ethical evaluations (Penslar, 1993).

In the area of parental maltreatment, there has been one experimental comparison of a consent form that limited confidentiality in cases of suspected abuse versus one that promised total confidentiality or anonymity (Ondersma & Chase, 2006). In that study, the anonymous, fully confidential condition produced rates that were more than 3 times higher than the limited confidentiality condition. Almost half of a sample of new mothers (48%) endorsed at least one of five Conflict Tactics Scale-Parent Child (CTSPC) items (swearing, slapping, pinching, shaking and insulting) in the total anonymity and confidentiality condition, whereas only 14 percent reported using any of these tactics in a condition that listed exceptions to confidentiality, including the potential to report abusive behaviors to CPS. These effects are particularly striking because none of the CTSPC items in the Ondersma and Chase study would normally be considered reportable abuse or neglect. The authors suggested that the typical research participant will be unsure as to where the line is drawn between acceptable discipline and abuse, and so will disclose less across the board.

There have been numerous other experimental comparisons of limits to confidentiality that measure what happens when participants are told their responses may be passed on to various authorities. These include studies of suicidal ideation in adolescents, contraceptive health care in adolescents, HIV partner notification, and depression (Dolbear, Wojtowycz, & Newell, 2002; Lothen-Kline, Howard, Hamburger, Worrell, & Boekeloo, 2003; Reddy, Fleming, & Swain, 2002; Sigmon, Greene, Rohan, & Nichols, 1997; Stanton, Burkner, & Kershaw, 1991). Completely confidential or anonymous data collection results in far more disclosures than consent protocols that warn about the possibility of reporting to some external authority or person. For example, in a natural experiment that required a change in research methodology during a randomized, longitudinal trial of an adolescent alcohol use prevention program (Lothen-Kline et al., 2003), the results indicated that the prevalence of disclosing suicidal thoughts dropped significantly after the participants were

informed that researchers would tell parents and professionals about any adolescent who endorsed any suicidal thoughts.

Langhinrichsen-Rohling et al. (2006) found significant differences in rates of reporting suicide ideation, suicide attempt, physical abuse, sexual abuse, and illicit drug use that were obtained between adjudicated youth who completed the survey anonymously and similar adjudicated youth who completed the survey without anonymity. These latter participants were told, as required by their reporting guidelines, that responses indicating risk of suicidality or experiences of abuse would be disclosed to their probation officer. Results indicate that adjudicated youth experiencing this procedure had substantially lower rates than those in the anonymous survey condition, suggesting that mandatory reporting language discourages adolescents from disclosing important risk information and may reduce the validity of the obtained data. Moreover, lower disclosure rates were also associated with a small increase in the prevalence of youth who indicated they were “often” upset while completing the survey, suggesting that there may be a link between concerns about confidentiality and increased distress about participation.

The importance of confidentiality to accurate data is recognized by laws granting researcher-subject privilege to some agencies. In the United States, Title 13 grants privilege to Census Bureau researchers and Department of Justice researchers (Sieber, 2001). As Sieber points out, census researchers may simply provide phone numbers for voluntary referrals. In Canada, Statistics Canada researchers are similarly protected from mandatory reporting obligations by the *Statistics Act* (Palys & Lowman, 1999). The U.S. Federal Certificates of Confidentiality also recognize the importance of confidentiality in obtaining accurate data on sensitive topics.

One of the main benefits of child maltreatment and other victimization research is to help in crafting public policy by identifying the number of children in need and accurately accounting for the effects of victimization. By reducing disclosures, we vastly underestimate the extent of youth victimization. By including so many actual victims in the “non-victim” group in our research (false negatives), we minimize the differences between victimized and non-victimized youth on all of the variables we study. Inaccurate data can have an adverse effect on the availability of funding and services to address the problem of maltreatment, with the result that fewer children in need are helped.

## **A.5 Non-Response and Data Quality in Child Victimization Surveys**

Non-response and/or data quality, whether at the unit level or item level, are influenced by a number of factors. These include: (1) respondents' reactions to the survey mode, such as whether data collection involves the presence of an interviewer; (2) respondent motivation to complete the survey, influenced by the length of the survey, the respondents' interest in the survey content, and the offering of an incentive; and (3) respondents' ability to provide accurate answers, either because of their comprehension of the questions or their ability to recall the information being asked. A number of these issues are discussed below as they apply to collecting sensitive data from youth.

### **A.5.1 Unit-Level Non-Response: Refusals and Non-Contacts**

Unit-level non-response in survey research results largely from refusals and non-contacts. Refusal may come about due to a lack of interest in the survey topic, perceptions that the survey is too long or that respondents do not have enough time to complete the survey, distrust in the survey's purpose, doubts regarding anonymity or confidentiality, and language barriers (UN Office on Drugs and Crime, 2010). Non-response is even more complicated for youth surveys as it typically requires several steps of contact and consent before an interview can begin: making contact with a parent/guardian, obtaining the parent's/guardian's consent for the child to participate, then making contact with the youth, and obtaining the youth's assent.

There is a limited amount of research on factors that predict parent consent and youth assent in surveys. Past studies have found that white, more highly educated parents, and mothers are more likely to give consent for adolescent research participation than are minority, low SES parents and fathers (Anderman et al., 1995; Esbensen, Miller, Taylor, He, & Freng, 1999). A recent study examined the correlates of parents' decisions to consent to their child's participation in an intergenerational survey (The Youth Development Study) (Hussemann, Mortimer, & Zhang, 2016). The researchers found that parents of biological children and parents who were offered a \$75 incentive were significantly more likely to consent to their child's participation than were stepparents or adoptive parents, or parents who were not offered an incentive. Another recent study examining reasons for parental consent or refusal for the adolescents' participation in sexuality research found that parental consent was largely motivated by perceptions of potential benefits and limited risks of participating in the study (Moilanen, 2016). Those indicating that they would be unlikely to

consent viewed sexual topics as private matters and/or inappropriate for their adolescents who were sexually inexperienced or immature. Those who were likely to consent had more comfort with the subject matter, viewed the decision as the adolescent's choice, saw benefits in participation, and viewed research as valuable.

A recent meta-analysis of 15 studies demonstrated that active parental consent procedures not only reduce response rates (relative to passive consent) but also under-represent black youth, males, and those engaging in higher levels of substance use (Liu, Cox, Washburn, Croff, & Crethar, 2017). Although this suggests that differences between parents who provide consent and those who do not may over-represent participation by lower-risk youth, it is unclear whether or how this applies to victimization-related surveys.

## **A.5.2 Survey Mode and Disclosure of Sensitive Information**

Mode of data collection has been found to be an important factor influencing respondent disclosure in sensitive surveys (Holbrook, Green, & Krosnick, 2003; Metzger et al., 2000; Tourangeau & Yan, 2007). The main distinction among the different modes is whether the questions are interviewer-administered or self-administered. Interviewer-administered modes include paper-and-pencil personal interviews (PAPI), computer-assisted personal interviews (CAPI), and computer-assisted telephone interviews (CATI). Self-administered modes include paper-and-pencil self-administered questionnaires (SAQ), computer-assisted self-administered interviews (CASI), audio computer-assisted self-interviewing (ACASI), interactive voice response (IVR), and web surveys.

Research has provided relatively consistent evidence that the presence of an interviewer reduces the likelihood of eliciting unbiased information from respondents about sensitive topics. Tourangeau, Rips, and Rasinski (2000), for example, reviewed several mode comparison studies of adults and found a significant increase in reporting of sensitive information including drug use, sexual partners, and abortion when using any self-administered modes of data collection relative to any interview mode.

The presumed basis of disclosure differences in interviewer-administered versus self-administered modes is related to social desirability bias, the tendency for respondents to answer questions in ways that would be viewed more favorably by others. In other words, respondents may answer untruthfully in order not to be seen in a negative light by the interviewer. Self-administered modes offer the ability for respondents to answer questions without face-to-face interactions, presumably

allowing them to express socially undesirable opinions or feelings or disclose stigmatizing behaviors that would make them uncomfortable in the presence of others.

A recent study by Pew (2015), comparing phone administration and online survey modes, found substantial differences, with the web-based survey less likely to produce socially desirable answers than telephone interviews. For example, questions asking the respondent to rate the quality of their family and social life produced differences of 18 and 14 percentage points, respectively, with those interviewed on the phone reporting higher levels of satisfaction than those who completed the survey on the web. Questions about societal discrimination against several different groups also produced large differences, with telephone respondents substantially more likely to agree that gays and lesbians, Hispanics, and blacks face a lot of discrimination. Web respondents were substantially more likely than those interviewed on the phone to give various political figures a “very unfavorable” rating.

The same processes appear to operate when collecting sensitive data from youth. For example, in a national U.S. survey, 16 percent of 15-year-old boys reported in a personal interview that they had engaged in vaginal intercourse, but 25 percent said they had done so when CASI was used (Mosher, Chandra, & Jones, 2005).

Although researchers now largely agree that self-administered formats may lead to more candid and potentially more socially undesirable, responses, relative to modes in which an interviewer is involved, fewer studies have addressed variations in social desirability responses across different types of self-administered formats (Kreuter, Presser, & Tourangeau, 2008). Relevant to this issue, Kreuter et al. (2008) found that respondents (randomly assigned to interactive voice recognition [IVR], the web, and traditional CATI administration) had the highest level of reporting of sensitive information and greatest reporting accuracy under web administration mode, followed by IVR, and finally the CATI administration. However, they point out that no mode of data collection dominated the other two with respect to all outcomes. Each of the three main outcome variables—unit nonresponse, item non-response, and reporting accuracy—yielded a different ranking of the modes. CATI had the best response rate and the web, the lowest. CATI had the highest rate of item missing data and the web the lowest. The web had the highest levels of reporting accuracy and CATI had the lowest.

Gnambs and Kaspar (2015), in a meta-analysis of survey experiments, compared self-administered paper-and-pencil surveys (SAQ) versus computerized surveys (CASI and ACASI) on rates of several sensitive behaviors for which misreporting has been frequently observed. The results revealed that

computerized surveys led to significantly more reporting of socially undesirable behaviors (about 1.5 times higher) than comparable surveys administered on paper. This effect was strongest for highly sensitive behaviors and surveys administered individually to respondents. One study compared responses to a survey using CAP and CASI modes with responses to a subsequently completed identically worded web survey. Researchers found a high level of consistency across modes, with only 10 percent of responses changing between surveys. However, mode effects were found for about a third of sensitive questions, with generally higher reporting of sensitive responses on the web survey (Burkill et al., 2016).

On the other hand, it has been suggested that candor in web-based surveys may be declining because individuals have become increasingly concerned about problems with privacy on the internet (Fogel & Nehmad, 2009; Young & Quan-Haase, 2009). As such, their responses might reflect levels of social desirability in an effort to control personal information. In a mixed methods study, Wallace, Hedburg, and Cesar (2014) found that online surveys resulted in reduced rates of socially undesirable responses to open-ended questions, relative to a paper and pencil version of the self-administered survey.

All in all, although there have been fewer methodological studies comparing mode differences in surveys involving youth, it appears that self-administered surveys may yield more accurate data when the topic is sensitive. According to Krumpal (2013), “Methods of self-administration, minimizing the presence of the interviewer, seem to increase respondents’ privacy, to reduce feelings of jeopardy and to decrease subjective probabilities of painful emotions like shame and embarrassment associated with the presence of an interviewer thus generating more honest answers to sensitive questions” (p. 2034). Of course, there are potential tradeoffs in collecting data from youth without the presence of an interviewer, such as lost opportunities to provide clarification if needed, lack of interaction that may keep youth motivated to complete the interview, and the ability to assess response fatigue. It seems likely the benefits and costs of these tradeoffs will vary by the age of the child.

The choice of mode can also importantly influence the content of consent language discussed earlier. If IRBs require researchers to report disclosures of particular types of victimization, such as physical maltreatment, then modes in which the researcher has access to identifying information of respondents may necessitate that consent language outline circumstances of limited confidentiality. However, survey modes that allow completely anonymous data collection, such as certain types of web-based administrations, can potentially allow the researcher to avoid reporting requirements (as

discussed earlier) and reassure respondents, in the study introduction and consent form, that the information collected will not be disclosed to authorities.

### **A.5.3 The Ethics of Using Incentives in Child Victimization Research**

Incentives have a motivating effect on participation. “Incentives generally help mediate or overcome the many different disincentives or contextual reasons influencing the decisions of young people and the adults around them about whether or not to participate in research. Incentives may operate extrinsically, intrinsically, or in a mixture of both of these modes...extrinsic (or external) incentives operate when rewards such as payments are offered to subjects for participating. Intrinsic (or internal) incentives, by contrast, operate when the research participation is motivated by the subject’s own values or commitment to the research topic” (Seymour, 2012, p. 52). Although efforts to bolster “intrinsic” incentives by trying to convince respondents of the importance and value of their participation can sometimes be helpful, also providing material compensation for participation, typically in the form of payment or gifts, further contributes to the quality of research by helping to maximize participation and reduce the likelihood of sample bias. Moreover, compensation puts value on the time and effort of the participant and communicates that his/her effort and time are appreciated (Council for International Organizations of Medical Sciences [CIOMS] and World Health Organization [WHO]), 2008). Indeed, it can be argued that since researchers, interviewers, and others involved in conducting studies get paid for their work, lack of compensation for participants’ time and effort is exploitative.

However, the use of incentives in research involving youth (and adults for that matter) remains debated. Some researchers have worried that “any payments, however fair, may still bribe or coerce people into taking part” (Alderson & Morrow, 2011). Compensations that represent “tokens of appreciation” are typically seen as more appropriate than offering large remunerations that may make it difficult for respondents to think clearly about their interests and needs, and perhaps undermine voluntary participation. What is considered an appropriate compensation will differ by the amount of time and effort that respondents must commit to participate and by the economic context of the population from which participants are recruited (Clacherty & Donald, 2007; Powell et al., 2011).

Singer and Couper (2008) argued that in order to exert undue influence, larger incentives must induce respondents to accept risks they would not accept with smaller ones. None of the published experiments, including their own, have found evidence to this effect. Larger incentives induce

greater participation than smaller ones, but they do so equally whether the perceived risks are small or larger. Similarly, larger risks induce less participation than smaller ones, regardless of the size of the incentive. More important than the size of the incentive, according to these researchers, are ethical considerations concerning informed consent and protections against harm. “Respondents must understand the benefits as well as the risk of harm of participation...researchers and IRBs have a responsibility to eliminate unnecessary risks (e.g., to institute adequate disclosure protections for sensitive data) and to reduce those that remain to a minimum (e.g., arrange for interviews in settings that will not expose respondents to the view of potentially dangerous others)” (pp. 7-8).

Little research has directly addressed the impact of incentives on youths’ (and their parents’) motivations to participate. Henderson et al. (2010) found, in a longitudinal study of adolescents, that direct monetary rewards were associated with substantially better retention rates across waves than offering no incentive or lottery incentives of varying amounts. Martinson et al. (2000) found that both monetary and lottery-style incentives increased the response rate to postal questionnaires about smoking among respondents ages 14-17 years of age, with the greatest effects on response rates seen for monetary awards. Datta, Horrigan, and Walker (2001) found in an analysis of incentive use in the National Longitudinal Survey of Youth (NLSY) that monetary incentives particularly increased the response rates of harder-to-reach young people, with the size of the incentive being an important factor. In a study of young adults, Collins et al. (2000) also found that the size of the monetary incentive was particularly important, with a 25 percent increase in payment resulting in a 7 percent increase in response rate. More information on incentives and response rates can be found in the Survey Design section of this report.

Importantly, a recent study conducted on youth that addressed the effects of incentives and the potential for undue influence found similar patterns to those reported by Singer and Cooper (2008) above. In this study (Taplin et al., 2019), respondents ages 12-17 were more likely to participate in a lower-sensitivity study than in a study involving more sensitive topics, regardless of level of incentive payment. However, offering payments to youth increased the likelihood that they would agree to participate in either study, and higher payments increased participation more than lower payments. Researchers found no evidence of undue influence, concluding that monetary incentives can be used to increase youth participation in research without concerns of undue influence in the face of higher-risk research.

Seymour (2012) concludes, “It is important to take a balanced view that does not reject all extrinsic incentives as unsuitable in research with young people. Ethically used and sensitively developed,

extrinsic incentives can complement powerful altruistic intrinsic motivations to improve the research experience for young people and researchers.”

#### **A.5.4 Issues of Victimization Recall and Data Quality**

In surveys that rely on reports from youth and parents about victimization, questions have been raised about the quality of the reports. Most studies assessing reliability of childhood victimization and other forms of adversity have been conducted on adults. These generally suggest the most common type of misreporting is underreporting—that is, individuals who experienced childhood abuse, for example, report not having been abused in childhood (Fergusson, Horwood, & Woodward, 2000; Hardt & Rutter, 2004).

Although some researchers have suggested under-reporting may arise from traumatic dissociation (Williams & Finkelhor, 1995), another explanation is that adult respondents may have simply forgotten since most respondents are asked to recall experiences that occurred many years, often decades, ago (Widom & Shepherd, 1996). For this reason, researchers have suggested that studies asking about events that occurred in more time-proximate periods will be more accurate. Therefore, direct surveys of children and youth are preferable when trying to determine incidence and prevalence rates of childhood events across different ages (Saunders & Adams, 2014).

That being said, there have been a number of studies that address the reliability of reports of major childhood events in surveys of adults. Reliability studies generally examined consistency of self-reported experiences, such as abuse, asking about childhood exposure in the same manner on two or more occasions. A study by McKinney, Harris, and Caetano (2009) examined the reliability of child physical abuse (CPA) reports at two points in time, 5 years apart, among a sample of adults. They found fair to moderate reliability of adult self-reported CPA for most act-specific questions about CPA, with Kappa values ranging from .37 to .46. Fergusson et al. (2000) studied the stability of child abuse reports from a longitudinal birth cohort study of New Zealand young adults, who were questioned at the ages of 18 and 21 about their childhood exposure to physical punishment and sexual abuse. The researchers also found that reports had fair to moderate agreement, with Kappa values for test-retests of abuse around .45. A study by Pinto, Correia, and Maia (2014) evaluated the reliability of self-reports of young adults who were identified in childhood by Child Protective Services (CPS). Comparing reports of a variety of adverse childhood experiences across two evaluations that were 6 months apart, they found good to excellent agreement (ICC values were greater than or equal to .65, across 10 categories of adversity, with physical abuse having the highest

ICC value). A recent study of older adults also found moderate to good test-retest reliability in reports of childhood abuse 6 years apart, with sexual abuse having the greatest consistency (Wielgaard, Stek, Comijs, & Rhebergen, 2018).

Findings from several studies of adults suggest that more serious or traumatic childhood events are more consistently reported than less serious ones. For example, McKinney et al. (2009) found that respondents who reported moderate (e.g., hitting with hand by caregiver) or only one type of child physical abuse were more likely to be inconsistent reporters of child physical abuse than respondents reporting severe (e.g., hitting with object) or multiple types of child physical abuse. These results are also consistent with Aalsma et al.'s (2002) study, which found that respondents who endorsed more than one item on a four-item child sexual abuse measure were more than 5 times as likely to be consistent reporters of child sexual abuse than those who only endorsed one item. Another study also found that more serious or traumatic childhood events, such as physical violence exposure, were more consistently reported than less serious ones (Costello, Angold, March, & Fairbank, 1998). This is consistent with neurobiological research on memory showing that stress is involved in regulating various memory processes, often having memory-enhancing effects that help individuals retain information (de Quervain & McGaugh, 2014). Thus, stress induced just prior to encoding has been shown to preserve or enhance memory for negative emotional events, relative to neutral events (Payne et al., 2007).

One additional concern regarding recall problems is bias recall. Widom, Raphael, and Dumont (2004), for example, argued that current health status can influence the recall of prior experiences, such that currently distressed respondents are more likely to recall negative events in the past. This can be a serious problem when assessing impact, since recall bias can inflate the dose-response relationship between stress exposure and a psychological outcome. These types of state-dependent or mood-congruent recall processes have been suggested by a number of studies (Kihlstrom, Eich, Sandbrand, & Tobias, 2000; King, Coxell, & Mezey, 2000; Schraedley, Turner, & Gotlib, 2002). For example, Weilaard et al. (2018) found that older adults who were currently depressed were more likely to report child emotional neglect, lowering the test-retest reliability of that measure. This type of bias in recall has not been supported by all studies, however. Pinto et al. (2014), for example, did not find a significant correlation between changes in self-reported experiences and changes in self-reported symptoms. This is consistent with other studies that found reports of adverse childhood experiences to be unrelated to state of health at the time of the report (Brewin, Andrews, & Gotlib, 1993; Fergusson et al., 2000; Monteiro & Maia, 2010).

The problem of unreliable and/or inaccurate recall is reduced when questions are unambiguous and behaviorally specific. Focusing on specific behaviors avoids the need for respondents to make judgments about their experiences. Ambiguous questions are more likely to lead to different interpretations at different moments in time. This is consistent with Dohrenwend's (2006) critique of life events measurement, arguing that event items often represent broad categories of events that contribute to unreliability of recall, since respondents can have a variety of experiences in mind when responding. The author suggests that such "intra-category" variability, and resulting recall problems, are reduced substantially when life event items are less ambiguous by specifying particular inclusion and/or exclusion criteria.

The issue of "telescoping" events in victimization surveys is also related to recall and can importantly influence the quality of prevalence estimates. Telescoping occurs when respondents recall an event, but incorrectly date it as having happened earlier or later than it actually did (Daigle, Snyder, & Fisher, 2016; Gaskell, Wright, & O'Muircheartaigh, 2000). There are two types of telescoping: "*forward*" and "*backward*." Forward telescoping occurs when an event is erroneously remembered as having occurred more recently than it did. In other words, the respondent pulls more distant events into the timeframe being asked about (e.g., past year). A backward-telescoped event is erroneously remembered as having occurred earlier than its actual date. In general, empirical data show that forward telescoping is more likely to occur than backward telescoping (Zineil, 2008).

Typical strategies to address telescoping include a "life calendar" approach whereby landmark events that are highly salient in the respondent's life are used to help mark the beginning of the referent period and increase the accuracy of event timing. Another common strategy, used primarily in panel studies, is "bounding," whereby a prior interview is used as a temporal point of reference for the respondent. This latter technique has been used in the NCVS and some research suggests that bounding in the NCVS reduced measurement error by helping to guard against overestimating incidents of victimization (Planty, 2003). Unfortunately, these strategies are time-consuming (e.g., using the life calendar) and/or expensive (multiple interviews), and are less feasible for self-administered formats.

There are also developmental issues that need to be considered when surveying youth. Data quality in youth surveys will inevitably depend on age-related cognitive development. Borgers, de Leeuw, & Hox (2000) summarized literature on the stages of cognitive development that characterize different age groups and outlined their implications for data quality. According to the authors, when children reach the stage of "concrete operations" (age 8-10), they can be successfully surveyed. They are beginning to understand temporal relations and classification but are still very literal in their

interpretation of questions, so question wording needs to be simple, unambiguous, and avoid negatively phrased items. They are also prone to losing interest and concentration and are particularly susceptible to response sets, especially when they lose motivation or do not understand a question. The researchers suggest that the use of CASI formats for this age group may help reduce item non-response and increase interest in participation. The researchers labeled the developmental stage from 11-15 as “formal thought.” Cognitive functioning is well-developed at this stage, respondents can give consistent answers, and standardized questionnaires similar to those given to adults can be successfully used. However, they point out that this age group is very context-sensitive, and differences in study location and the presence of others can influence data quality. Lack of motivation and boredom are particular problems in this age group. According to the researchers, 16- and 17-year-olds can more or less be treated as adults in surveys, but again, the presence of others can importantly influence data quality, especially when asking sensitive questions. Finally, the researchers point out that reading ability will affect data quality in all age groups; children with lower reading scores tend to produce more missing data and internal consistency of multi-item scales tends to increase with the age (education) of the child, although age-related effects are small.

Although little research has addressed reliability of recall of child victimization events among youth, the literature reviewed above suggests some implications. First, developmental research on the cognitive capacities of children suggests that youth from around the age of 10 can understand and report on events that happen to them consistently, provided that item wording is unambiguous and appropriate to their reading level (Borgers et al., 2000). Second, victimization measures that comprise behaviorally specific items, like the Juvenile Victimization Questionnaire (JVQ), will foster better and more accurate recall of events, relative to measures comprising broader or more ambiguous items. Third, more serious victimizations, such as sexual assault, and victimizations that are chronic or repeated, such as bullying, may yield more accurate lifetime recall than less serious or isolated, single-occurrence victimizations. Finally, while recall problems may underestimate the prevalence of victimization, false positives (reporting events that did not occur) are probably not a major concern.

### **A.5.5 Utilizing Caregiver Proxy Reports of Violence Exposure Among Younger Children**

Research on the accuracy of parents as proxy reporters of children’s victimization is limited. Most studies relevant to this issue have assessed the level of correspondence between parents and children on victimization reports.

In general, studies suggest that agreement across different reporters is higher when the questions being asked are objective and observable, such as when asking about the occurrence of an event, rather than more subjective, such as inquiring about quality of life or emotional distress (Kim, Choi, Ko, & Park, 2020; Rajmil, López, López-Aguilà, & Alonso, 2013). Similar to its benefits for improving recall discussed earlier, event measures that are behaviorally specific and unambiguous are more likely to yield greater consistency across reporters. High agreement, however, will depend on all parties' knowledge of the event. In terms of proxy reports in violence research, some research suggests that parents generally report fewer victimization events that occur at school (Harper, Parris, Henrich, Varjas, & Meyers, 2012; Holt, Kaufman Kantor, & Finkelhor, 2009) or in the neighborhood (Ceballo, Dahl, Aretakis, & Ramirez, 2001; Hill & Jones, 1997; Richters & Martinez, 1993), such as witnessing community violence (Lewis et al., 2010). One recent study found that Latina mothers' reports of their child's exposure to community violence were more concordant with adolescent daughters' reports than those of adolescent sons (Alers-Rojas, Jocson, Cranford, & Ceballo, 2020).

Reporter agreement for victimization exposure appears to be less of a problem with younger children (Ceballo et al., 2001), because parents of younger children spend more time directly caregiving and supervising activities more closely, and because younger children disclose more to their parents than older children. In contrast to school and community violence, there is some evidence that parents provide as many or more disclosures of family-perpetrated violence, or violence that occurs at home, relative to youth (Grych, 1998; Jouriles & Norwood, 1995; Raviv et al., 2001; Thomson, Roberts, Curran, Ryan, & Wright, 2002).

A recent study (Compier-de Block et al., 2017) found that, although correspondence between parent and youth pairs was modest, parents and children on average reported an equal level of emotional and physical abuse. The researchers also found that there was more reporting convergence between parents and younger children on emotional abuse than between parents and older children (adolescents). However, in comparison to their children, parents reported somewhat less emotional neglect. This later finding is consistent with research showing greater agreement for more objective behaviorally specific items. As Compier-de Block et al. (2017) point out, emotional neglect is a less tangible subject than acts of abuse since it encompasses acts of *omission* (e.g., the absence of expressions of warmth), which may make it more difficult for parents to recognize and report.

Another way that this issue has been addressed has been to compare rates of victimization among youth of similar ages, when one age group was based on youth self-report and another on parent

proxy reports. Specifically, Finkelhor, Hamby, Ormrod, and Turner (2005) compared caregiver proxy respondents describing past-year victimizations of their 8- and 9-year-olds with the self-report of children ages 10 and 11 describing their own experiences. Only peer or sibling victimization and assault showed significant differences with caregiver proxies reporting *more* incidents. This may simply reflect actual developmental differences in peer/sibling perpetrated exposures. Of particular note were equivalent levels of parental maltreatment reported by both caregiver proxies and self-reporting children, helping to dispel concern about caregiver reticence to report on this topic.

Recent unpublished analyses of the NatSCEV surveys, conducted specifically for the current project, provide further information on this issue. Using a pooled data set of all three NatSCEV studies (2008, 2011, 2014) allowed for a more precise comparison of 9-year-olds (the oldest age involving proxy interviews) and 10-year-olds (the youngest age involving youth self-reports) ( $n=1,314$ ). Again, evaluating reports for children who are close in age makes for a useful comparison since 9- and 10-year-olds are likely to have similar rates of victimization, whereas a comparison of all proxies (0- to 9-year-olds) and self-reports (10- to 17-year-olds) would most likely reflect developmental difference rather than differences associated with mode of administration/informant source.

We computed the proportion of 9-year-olds whose proxy reporters endorsed each of the 42 screeners and assessed whether it was significantly different from the proportion of 10-year-olds who endorsed each of the screeners. A total of 84 comparisons were made that included both lifetime and past-year reports. The results were largely consistent, with 9-year-old proxy reports similar to 10-year-old self-reports on most forms of victimization.

Among the significant ( $p<.05$ ) differences between reporters were 17 lifetime victimization screeners and 11 prior-year screeners. The direction of the difference varied by screener: of the 28 statistically significant comparisons, caregiver proxies had a higher rate of endorsement on 16 items, and child self-reports were higher for 11 items. Looking at some of the specific forms of victimization that varied by reporter, we noted that while physical abuse (M1) endorsements did not vary significantly for the lifetime reports, self-reports resulted in significantly more endorsements for past-year reports (3.6% compared to 1.5% for proxy reports). However, it did not appear to be the case that caregivers were under-reporting abuse perpetrated by themselves or by other caregivers in the child's life. When we examined data on perpetrators for this item, there was no significant difference between self-reporters and proxy reporters to name a parent as the perpetrator of physical abuse (56.8% of caregivers reported the parent as a perpetrator on this item compared to 47.1% of self-reports; results not significantly different). Therefore, the findings may instead suggest that caregivers are sometimes simply unaware of recent abuse events in the child's life.

Consistent with some research cited earlier, the findings also suggested that children report more victimizations that are likely to occur away from home than do caregivers. Self-reporters, for example, endorsed significantly more school vandalism (SC1), physical threats (C7), and attempted assaults (C6) for both lifetime and prior-year victimizations. In addition, young self-reporters endorsed higher levels of witnessing assault (W3 with a weapon and W4 without a weapon) in the prior year. In some instances, however, the proxy caregiver reported more victimizations. For instance, caregivers were more likely to report neglect (M3) occurring sometime during the child's life (5.9% compared to 2.1% of self-reports). This may be an indication that parents are better able to recall the child's early life experiences. Similarly, caregiver proxy reports resulted in higher reporting of two measures of lifetime sexual abuse: peer sexual abuse (2.1% proxy and 0.2% self) and flashing (3.3% proxy and 1.4% self). Although these rates are all quite low and comparisons should be interpreted with caution, they may again reflect parents' better recollection of their children's early life experiences.

One additional area of victimization where we noted significant differences between proxy and self-reports was the reporting of witnessing family violence. Caregivers of 9-year-olds report that their children witnessed considerably more types of domestic violence than did 10-year-old self-reporters over their lifetimes (and for some items—parent threatening other parent and parent breaking things during an argument—also during the prior year). These differences are not only statistically significant, they are the largest differences with respect to magnitude of size. For example, 6.9 percent of proxies for 9-year-olds reported that their child witnessed one parent physically beating the other parent (EF5) compared to only 1.4 percent of self-reporting 10-year-olds. These types of episodes are likely highly salient for parents who were involved, while children may not always be fully aware of the nature of the event.

Another way to assess awareness and recall of events and/or reticence to answer the question is to compare rates of responding “Not Sure” (NS) or refusing to answer (RF) between our oldest proxy subjects and youngest self-reporters. In total, the rate of RF and NS was extremely low among the completed interviews. Refusal rates for individual items were all below 0.5 percent (and none of the proxy-self comparisons were statistically significant) and NS rates were all below 3.2 percent. Among the 42 lifetime screeners, there were only five statistically significant differences between proxy and self-reports in the rate of NS. In every case except one (parent got pushed by another parent), caregiver proxies had a significantly higher rate of NS than self-reporters. Although the magnitude of these differences is quite small, caregivers were more likely to be “not sure” whether peer assault occurred (P2: NS rate 1.6% proxy; 0.2% self), whether assault with a weapon occurred (W3: NS rate

2.1% for proxy; 0.3% for self), and whether assault without a weapon occurred (W4: NS rate 1.5% for proxy, 0.3% for self).

Overall, it appears that differences in level of endorsements between caregiver proxy reports and youth self-reports are relatively small. The contrasts highlighted above likely indicate different levels of knowledge (either lacking in awareness on behalf of proxies or lacking in recall of early lifetime events on behalf of children). Of the remaining 56 comparisons (two-thirds of all lifetime and prior-year screeners) not discussed, there was no significant difference in the proportion endorsing the screener. Similarly, the vast majority of DK and RF comparisons were not statistically significant (and were quite small, when significant).

## A.6 Summary and Conclusions

**Participant distress.** Research on the impact of youth being asked about (and disclosing) victimization events in surveys shows that distress is relatively rare, and when it occurs it is mild and short-lived. However, youth who disclose victimization events often report more distress than those who were not exposed to such events. This appears to be more likely among younger children (e.g., 10-12) who disclose victimization. However, even youth who report some level of upset usually indicate that they do not regret participating, and often report both positive as well as negative feeling about the survey. As a whole, the literature suggests that youth victimization surveys pose relatively little risk for participants.

**Minimizing risk.** A number of strategies, most of which reflect standard IRB guidelines and protocols, have been employed in youth victimization research in efforts to minimize risk to participants. These include ensuring that consent/assent is informed and participation is voluntary, that anonymity or confidentiality of survey data is maintained, and that relevant resources are made available to participants who are distressed or desire information or assistance. It is crucial that consent/assent language is simple and developmentally appropriate and that youth understand the voluntary nature of their participation. The limited research that has been conducted suggests that youth generally understand their rights as research participants and that such understanding does not differ by trauma exposure, although younger youth may be less likely to fully understand their right to refuse when parents have given permission.

**Mandatory reporting.** Informing respondents about mandatory reporting of maltreatment reduces the willingness to disclose sensitive information. As such, consent language that includes statements about mandatory reporting of child abuse, for example, is likely to lead to non-participation by high-risk respondents and/or under-reporting of such incidents. This can create serious problems since a crucial goal of child victimization research is to help craft public policy by identifying the number of children affected. Web-based and CASI/ACASI modes of data collection can allow anonymity of research responses so that, even if a researcher is present, he/she is blind to the content of interview responses. Thus, in these self-administered formats, mandatory reporting is not an issue when survey responses are entirely anonymized, since no actionable report can be provided when disclosures are made in response to survey questions.

**Survey mode and disclosure.** Most research on survey mode comparisons finds that, when collecting sensitive information, self-administered surveys yield significantly more disclosures than data collection modes that involve the presence of an interviewer (whether it be on the phone or in person). However, while web-based survey formats are often associated with greater disclosure of sensitive information (and the least social desirability bias), they also typically yield the lowest response rates (see discussion of this issue and strategies to maximize response to web-based designs in Chapter 8 of this report). In general, it appears that if non-response difficulties can be minimized, self-administered surveys are preferable for collecting child victimization information.

**Report reliability.** The same issues that create challenges to the reliability of victimization reports in surveys of adults are also relevant to youth surveys, including social desirability bias, poor or bias recall of victimization events, and (perhaps especially) literacy issues. However, research does show that using victimization event measures that are unambiguous and behaviorally specific helps to increase reliability and reduce recall problems. Developmental research on the cognitive capacities of children suggests that youth from around the age of 10 can understand and report on events that happen to them consistently, provided that item wording is unambiguous and the reading level is appropriate. Although research on this issue is limited, there does not appear to be any major impediments to gathering self-report information from children as young as age 10.

**Incentives.** Studies on the use of incentives in research, among both adults and youth, have generally found that participation is significantly increased when incentives are offered, especially monetary incentives. However, the use of incentives, especially with youth, continues to be controversial. Some have expressed concern that monetary compensation will exert undue influence on youths' decision to participate, while others have suggested that ethically used extrinsic incentives are fully appropriate. Although research on this topic is extremely limited and provides little

guidance, we are aware of no research to date that has demonstrated harmful outcomes associated with providing monetary incentives to youth (or parent) participants in victimization surveys. Experiments with incentives would be an important contribution of this study.

**Parental proxy reports.** Several studies show moderate concordance between parent and child reports of victimization, with children reporting somewhat more victimization events that occur at school and in the neighborhood, and parents reporting somewhat more events that occur at home. Recent analyses specific to NatSCEV are encouraging, with very similar rates on most forms of victimization for 9-year-olds (oldest group using parent proxy reports) and 10-year-olds (youngest self-report group), even for parental maltreatment. Although the literature is limited, it does not signal serious concern about parental proxy reporting for younger children. NatSCEV should continue to monitor this issue in its own data gathering and in the field as a whole.

## A.7 References

- Aalsma, M.C., Zimet, G.D., Fortenberry, J.D., Blythe, M., and Orr, D.P. (2002). Reports of childhood sexual abuse by adolescents and young adults: Stability over time. *Journal of Sex Research*, 39(4), 259-263. <https://doi.org/10.1080/00224490209552149>.
- Alderson, P., and Morrow, V. (2011). *The ethics of research with children and young people: A practical handbook*. Los Angeles: Sage.
- Alers-Rojas, F., Jocson, R. M., Cranford, J., & Ceballo, R. (2020). Latina mothers' awareness of their children's exposure to community violence. *Hispanic Journal of Behavioral Sciences*, 42(3), 324-343. doi:[10.1177/0739986320927512](https://doi.org/10.1177/0739986320927512)
- American Association for Public Opinion Research. (2014). *AAPOR guidance for IRBs and survey researchers*. Retrieved from <https://aapor.org/standards-and-ethics/institutional-review-boards/>.
- American Psychological Association. (2017, January 1, 2017). *Ethical principles of psychologists and code of conduct*. Retrieved from <https://www.apa.org/ethics/code/index.aspx>.
- Anderman, C., Cheadle, A., Curry, S., Diehr, P., Shultz, L., and Wagner, E. (1995). Selection bias related to parental consent in school-based survey research. *Evaluation Review*, 19(6), 663-674. <https://doi.org/10.1177/0193841x9501900604>.
- Beck, A.J., Cantor, D., Hartge, J., and Smith, T. (2013). *Sexual victimization in juvenile facilities reported by youth, 2012*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

- Borgers, N., De Leeuw, E., and Hox, J. (2000). Children as respondents in survey research: Cognitive development and response quality 1. *Bulletin de Methodologie Sociologique*, 66(1), 60-75.
- Brewin, C.R., Andrews, B., and Gotlib, I. H. (1993). Psychopathology and early experience: A reappraisal of retrospective reports. *Psychological Bulletin*, 113(1), 82-98.
- Bruzzese, J.-M., and Fisher, C.B. (2003). Assessing and enhancing the research consent capacity of children and youth. *Applied Developmental Science*, 7(1), 13-26.
- Burkill, S., Copas, A., Couper, M. P., Clifton, S., Prah, P., Datta, J., ... Erens, B. (2016). Using the web to collect data on sensitive behaviours: A study looking at mode effects on the British National Survey of Sexual Attitudes and Lifestyles. *PLoS One*, 11(2), e0147983. <https://doi.org/10.1371/journal.pone.0147983>
- Carter-Visscher, R.A., Naugle, A.E., Bell, K.M., and Suvak, M.K. (2007). Ethics of asking trauma-related questions and exposing participants to arousal-inducing stimuli. *Journal of Trauma & Dissociation*, 8(3), 27-55.
- Ceballo, R., Dahl, T.A., Aretakis, M.T., and Ramirez, C. (2001). Inner-city children's exposure to community violence: How much do parents know? *Journal of Marriage and Family*, 63(4), 927-940.
- Chu, A.T., DePrince, A.P., and Weinzierl, K.M. (2008). Children's perception of research participation: Examining trauma exposure and distress. *Journal of Empirical Research on Human Ethics: An International Journal*, 3(1), 49-58.
- Clacherty, G., and Donald, D. (2007). Child participation in research: Reflections on ethical challenges in the southern African context. *African Journal of AIDS Research*, 6(2), 147-156.
- Collins, W.A., Maccoby, E.E., Steinberg, L., Hetherington, E.M., and Bornstein, M.H. (2000). Contemporary research on parenting: The case for nature and nurture. *American Psychologist*, 55(2), 218-232.
- Compier-de Block, L.H.C.G., Alink, L.R.A., Linting, M., van den Berg, L.J.M., Elzinga, B.M., Voorthuis, A., ... Bakermans-Kranenburg, M.J. (2017). Parent-child agreement on parent-to-child maltreatment. *Journal of Family Violence*, 32(2), 207-217. <https://doi.org/10.1007/s10896-016-9902-3>.
- Cooper Robbins, S.C., Rawsthorne, M., Paxton, K., Hawke, C., Rachel Skinner, S., and Steinbeck, K. (2011). "You Can Help People": Adolescents' views on engaging young people in longitudinal research. *Journal of Research on Adolescence*, 22(1), 8-13. <https://doi.org/10.1111/j.1532-7795.2011.00759.x>.
- Costello, E.J., Angold, A., March, J., and Fairbank, J. (1998). Life events and post-traumatic stress: the development of a new measure for children and adolescents. *Psychological Medicine*, 28(6), 1275-1288.

- Council for International Organizations of Medical Sciences (CIOMS) and World Health Organization (WHO). (2008). *International ethical guidelines for epidemiological studies*. Geneva: CIOMS.
- Crane, S., & Broome, M. E. (2017). Understanding ethical issues of research participation from the perspective of participating children and adolescents: A systematic review. *Worldviews on Evidence-based Nursing*, 14(3), 200–209. <https://doi.org/10.1111/wvn.12209>
- Cromer, L.D., Freyd, J.J., Binder, A.K., DePrince, A.P., and Becker-Blease, K.A. (2006). What's the risk in asking? Participant reaction to trauma history questions compared with reaction to other personal questions. *Ethics & Behavior*, 16(4), 347-362.
- Cwinn, E., Cadieux, C., and Crooks, C. V. (2020). Who are we missing? The impact of requiring parental or guardian consent on research with lesbian, gay, bisexual, trans, two-spirit, queer/questioning youth. *Journal of Adolescent Health*, 68(6), 1204-1206. <https://doi.org/10.1016/j.jadohealth.2020.07.037>
- Daigle, L.E., Snyder, J.A., and Fisher, B.S. (2016). Measuring victimization: Issues and new directions. In B.M. Huebner and T.S. Bynum (Eds.), *The Handbook of measurement issues in criminology and criminal justice* (pp. 249-276). Oxford, UK: Wiley Blackwell Publishers.
- Datta, A.R., Horrigan, M.W., and Walker, J.R. (2001). *Evaluation of a monetary incentive payment experiment in the National Longitudinal Survey of Youth, 1997 Cohort*. Paper presented at the Federal Committee on Statistical Methodology Conference.
- de Quervain, D.J.F., and McGaugh, J.L. (2014). Stress and the regulation of memory: From basic mechanisms to clinical implications (Neurobiology of Learning and Memory Special Issue). *Neurobiology of Learning and Memory*, 112, 1. doi: <http://doi.org/10.1016/j.nlm.2014.04.011>.
- Disch, E. (2001). Research as clinical practice: Creating a positive research experience for survivors of sexual abuse by professionals. *Sociological Practice: A Journal of Clinical and Applied Sociology*, 3(3), 221-239.
- Dohrenwend, B.P. (2006). Inventorying stressful life events as risk factors for psychopathology: toward resolution of the problem of intracategory variability. *Psychological Bulletin*, 132(3), 477-495. <https://doi.org/10.1037/0033-2909.132.3.477>.
- Dolbear, G.L., Wojtowycz, M., and Newell, L.T. (2002). Named reporting and mandatory partner notification in New York State: The effect on consent for perinatal HIV testing. *Journal of Urban Health*, 79(2), 238-244. <https://doi.org/10.1093/jurban/79.2.238>.
- Edwards, K.M., Haynes, E.E., and Rodenhizer-Stämpfli, K.A. (2016). High school youth's reactions to participating in mixed-methodological dating violence research. *Journal of Empirical Research on Human Research Ethics*, 11(3), 220-230. <https://doi.org/10.1177/1556264616651783>.
- Ellonen, N., and Pösö, T. (2011). Children's experiences of completing a computer-based violence survey: Ethical implications. *Children & Society*, 25(6), 470-481.

- Elze, D. E. (2009). Strategies for recruiting and protecting gay, lesbian, bisexual, and transgender youths in the research process. In W. Meezan and J. I. Martin (Eds.), *Handbook of research with lesbian, gay, bisexual, and transgender populations*. New York: Routledge, 40–68.
- Esbensen, F.-A., Miller, M. H., Taylor, T., He, N., and Freng, A. (1999). Differential attrition rates and active parental consent. *Evaluation Review*, 23(3), 316-335.  
<https://doi.org/10.1177/0193841X9902300304>
- Fagerlund, M., and Ellonen, N. (2016). Children’s experiences of completing a computer-based violence survey: Finnish Child Victim Survey revisited. *Journal of Child Sexual Abuse*, 25(5), 556-576. <https://doi.org/10.1080/10538712.2016.1186769>
- Feng, J.Y., Chang, Y. T., Chang, H. Y., Fetzer, S., and Wang, J. D. Prevalence of different forms of child maltreatment among Taiwanese adolescents: A population-based study. *Child Abuse & Neglect*. 2015;42: 10–19. <https://doi.org/10.1016/j.chiabu.2014.11.010>
- Fergusson, D.M., Horwood, L.J., and Woodward, L.J. (2000). The stability of child abuse reports: A longitudinal study of the reporting behaviour of young adults. *Psychological Medicine*, 30(3), 529-544.
- Finkelhor, D., Hamby, S.L., Ormrod, R.K., and Turner, H.A. (2005). The JVQ: Reliability, validity, and national norms. *Child Abuse & Neglect*, 29(4), 383-412.
- Finkelhor, D., Ormrod, R.K., Turner, H.A., and Hamby, S.L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10(1), 5-25.  
<https://doi.org/10.1177/1077559504271287>
- Finkelhor, D., Vanderminden, J., Turner, H., Hamby, S., and Shattuck, A. (2013). Upset among youth in response to questions about exposure to violence, sexual assault and family maltreatment. *Child Abuse & Neglect*, 38(2), 217-223. doi:10.1016/j.chiabu.2013.07.021
- Flores, D., McKinney, R., Jr., Arscott, J., & Barroso, J. (2018). Obtaining waivers of parental consent: A strategy endorsed by gay, bisexual, and queer adolescent males for health prevention research. *Nursing Outlook*, 66(2), 138–148.  
<https://doi.org/10.1016/j.outlook.2017.09.001>
- Fogel, J., and Nehmad, E. (2009). Internet social network communities: Risk taking, trust, and privacy concerns. *Computers in Human Behavior*, 25(1), 153-160.  
<https://doi.org/10.1016/j.chb.2008.08.006>
- Fortier, J., Stewart-Tufescu, A., Salmon, S., Garces Davila, I., MacMillan, H. L., Gonzalez, A., Mathews, B., Struck, S., Taillieu, T., and Afifi, T. O. (2020). What type of survey research questions are identified by adults as upsetting? A focus on child maltreatment. *Child Abuse & Neglect*, 109, 104764. doi: [10.1016/j.chiabu.2020.104764](https://doi.org/10.1016/j.chiabu.2020.104764).
- Friedman, M.S., Chiu, C.J., Croft, C., Guadamuz, T.E., Stall, R., and Marshal, M.P. (2016). Ethics of online assent: Comparing strategies to ensure informed assent among youth. *Journal of Empirical Research on Human Research Ethics*, 11(1), 15-20.  
<https://doi.org/10.1177/1556264615624809>

- Gaskell, G.D., Wright, D.B., and O'Muircheartaigh, C.A. (2000). Telescoping of landmark events: Implications for survey research. *The Public Opinion Quarterly*, 64(1), 77-89.
- Gnambs, T., and Kaspar, K. (2015). Disclosure of sensitive behaviors across self-administered survey modes: A meta-analysis. *Behavior Research Methods*, 47(4), 1237-1259. <https://doi.org/10.3758/s13428-014-0533-4>
- Grych, J.H. (1998). Children's appraisals of interparental conflict: Situational and contextual influences. *Journal of Family Psychology*, 12(3), 437-453. <https://doi.org/10.1037/0893-3200.12.3.437>
- Hardt, J., and Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence. *Journal of Child Psychology & Psychiatry*, 45(2), 260-273.
- Harper, C.R., Parris, L.N., Henrich, C.C., Varjas, K., and Meyers, J. (2012). Peer victimization and school safety: The role of coping effectiveness. *Journal of School Violence*, 11(4), 267-287. <https://doi.org/10.1080/15388220.2012.706876>.
- Henderson, M., Wight, D., Nixon, C., and Hart, G. (2010). Retaining young people in a longitudinal sexual health survey: a trial of strategies to maintain participation. *BMC Medical Research Methodology*, 10(1), 9. <https://doi.org/10.1186/1471-2288-10-9>.
- Hill, H.M., and Jones, L.P. (1997). Children's and parents' perceptions of children's exposure to violence in urban neighborhoods. *Journal of the National Medical Association*, 89(4), 270-276.
- Hill, M. (2005). Ethical considerations in researching children's experiences. In S. Greene and D. Hogan (Eds.), *Researching children's experience* (pp. 61-86). London: Sage Publications.
- Holbrook, A.L., Green, M.C., and Krosnick, J.A. (2003). Telephone versus face-to-face interviewing of national probability samples with long questionnaires - Comparisons of respondent satisficing and social desirability response bias. *Public Opinion Quarterly*, 67(1), 79-125.
- Holt, M.A., Kaufman Kantor, G., and Finkelhor, D. (2009). Parent/child concordance about bullying involvement & family characteristics related to bullying & peer victimization. *Journal of School Violence*, 8(1), 42-63.
- Hurley, J.C., and Underwood, M.K. (2002). Children's understanding of their research rights before and after debriefing: Informed assent, confidentiality, and stopping participation. *Child Development*, 73(1), 132-143.
- Hussemann, J.M., Mortimer, J.T., and Zhang, L. (2016). Exploring the correlates of parental consent for children's participation in surveys: An intergenerational longitudinal study. *Public Opinion Quarterly*, 80(3), 642-665. <https://doi.org/10.1093/poq/nfw012>
- Jaffe, A.E., DiLillo, D., Hoffman, L., Haikalis, M., and Dykstra, R.E. (2015). Does it hurt to ask? A meta-analysis of participant reactions to trauma research. *Clinical Psychology Review*, 40, 40-56. <https://doi.org/10.1016/j.cpr.2015.05.004>.

- Jorm, A. F., Kelly, C. M., and Morgan, A. J. (2007). Participant distress in psychiatric research: A systematic review. *Psychological Medicine*, 37, 917-926.
- Jouriles, E.N., and Norwood, W.D. (1995). Physical aggression toward boys and girls in families characterized by the battering of women. *Journal of Family Psychology*, 9(1), 69-78. <https://doi.org/10.1037//0893-3200.9.1.69>.
- Kihlstrom, J.F., Eich, E., Sandbrand, D., and Tobias, B.A. (2000). Emotion and memory: Implications for self-report. *The Science of Self-Report: Implications for Research and Practice*, 81-99.
- Kim, C., Choi, H., Ko, H., and Park, C. G. (2020). Agreement between parent proxy reports and self-reports of adolescent emotional distress. *The Journal of School Nursing*, 36(2), 104–11. doi: [10.1177/1059840518792073](https://doi.org/10.1177/1059840518792073).
- King, M., Coxell, A., and Mezey, G.C. (2000). The prevalence and characteristics of male sexual assault. In G. C. Mezey and M. B. King (Eds.), *Male victims of sexual assault* (2nd ed., pp. 1-15). Oxford: Oxford University Press.
- Knight, E.D., Runyan, D.K., Dubowitz, H., Brandford, C., Kotch, J., Litrownik, A., and Hunter, W. (2000). Methodological and ethical challenges associated with child self-report of maltreatment solutions implemented by the LONGSCAN consortium. *Journal of Interpersonal Violence*, 15(7), 760-775. <https://doi.org/10.1177/088626000015007006>
- Kraut, R., Olson, J., Banaji, M., Bruckman, A., Cohen, J., and Couper, M. (2004). Psychological research online: Report of Board of Scientific Affairs' Advisory Group on the Conduct of Research on the Internet. *American Psychologist*, 59(2), 105-117. <https://doi.org/10.1037/0003-066X.59.2.105>
- Kreuter, F., Presser, S., and Tourangeau, R. (2008). Social desirability bias in CATI, IVR, and Web surveys the effects of mode and question sensitivity. *Public Opinion Quarterly*, 72(5), 847-865. <https://doi.org/10.1093/poq/nfn063>
- Krumpal, I. (2013). Determinants of social desirability bias in sensitive surveys: A literature review. *Quality & Quantity*, 47(4), 2025-2047. <https://doi.org/10.1007/s11135-011-9640-9>
- Kuyper, L., de Wit, J., Adam, P., and Woertman, L. (2010). Doing more good than harm? The effects of participation in sex research on young people in the Netherlands. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-011-9780-y>.
- Langhinrichsen-Rohling, J., Arata, C.M., O'Brien, N., Bowers, D., and Klibert, J. (2006). Sensitive research with adolescents: Just how upsetting are self-report surveys anyways? *Violence & Victims*, 21(4), 425-444.
- Lewis, T., Kotch, J., Thompson, R., Litrownik, A.J., English, D.J., Proctor, L.J., . . . Dubowitz, H. (2010). Witnessed violence and youth behavior problems: A multi-informant study. *American Journal of Orthopsychiatry*, 80(4), 443-450. <https://doi.org/10.1111/j.1939-0025.2010.01047.x>

- Liu, C., Cox, R. B., Washburn, I.J., Croff, J. M., and Crethar, H.C. (2017). The effects of requiring parental consent for research on adolescents' risk behaviors: a meta-analysis. *Journal of Adolescent Health*, 61(1), 45-52. <https://doi.org/10.1016/j.jadohealth.2017.01.015>.
- Lothen-Kline, C., Howard, D.E., Hamburger, E.K., Worrell, K.D., and Boekeloo, B.O. (2003). Truth and consequences: ethics, confidentiality, and disclosure in adolescent longitudinal prevention research. *Journal of Adolescent Health*, 33(5), 385-394.
- Macapagal, K., Coventry, R., Arbeit, M. R., Fisher, C. B., and Mustanski. (2017). "I won't out myself just to do a survey": Sexual and gender minority adolescents' perspectives on the risks and benefits of sex research. *Archives of Sexual Behavior*, 46(5), 1393-1409. <https://dx.doi.org/10.1007%2Fs10508-016-0784-5>
- Martinson, B.C., Lazovich, D., Lando, H.A., Perry, C.L., McGovern, P.G., and Boyle, R.G. (2000). Effectiveness of monetary incentives for recruiting adolescents to an intervention trial to reduce smoking. *Preventive Medicine*, 31(6), 706-713. <https://doi.org/10.1006/pmed.2000.0762>.
- McCarry, M. (2012). Who benefits? A critical reflection of children and young people's participation in sensitive research. *International Journal of Social Research Methodology*, 15(1), 55-68.
- McClinton Appollis, T., Lund, C., de Vries, P.J., and Mathews, C. (2015). Adolescents' and adults' experiences of being surveyed about violence and abuse: A systematic review of harms, benefits, and regrets. *American Journal of Public Health*, 105(2), e31-e45.
- McClinton Appollis, T., Matthijs Eggers, S., J. de Vries, P., de Vries, H., Lund, C., and Mathews, C. (2020). The impact of participation in research about abuse and intimate partner violence: An investigation of harms, benefits, and regrets in young adolescents in the Western Cape of South Africa. *Journal of Interpersonal Violence*, 35(3-4), 943-63. doi: [10.1177/0886260517691522](https://doi.org/10.1177/0886260517691522).
- McKinney, C.M., Harris, T.R., and Caetano, R. (2009). Reliability of self-reported childhood physical abuse by adults and factors predictive of inconsistent reporting. *Violence and Victims*, 24(5), 653-668.
- McTavish, J. R., Kimber, M., Devries, K., Colombini, M., MacGregor, J. C. D., Wathen, N., and MacMillan, H. L. (2019). "Children's and caregivers' perspectives about mandatory reporting of child maltreatment: A meta-synthesis of qualitative studies." *BMJ Open* 9(4):e025741. doi: [10.1136/bmjopen-2018-025741](https://doi.org/10.1136/bmjopen-2018-025741)
- Meinck, F., Steinert, J.I., Sethi, D., Gilbert, R., Bellis, M.A., Mikton, C., . . . Baban, A. (2016). *Measuring and monitoring national prevalence of child maltreatment: A practical handbook* (9289051639). Retrieved from World Health Organization/Regional Office for Europe, Copenhagen. Available from <https://iris.who.int/handle/10665/343818>
- Metzger, D.S., Koblin, B., Turner, C., Navaline, H., Valenti, F., Holts, S., . . . Seage, G.R. (2000). Randomized controlled trial of audio computer-assisted self-interviewing: Utility and acceptability in longitudinal studies. *American Journal of Epidemiology*, 152(2), 99-106.

- Moilanen, K.L. (2016). Why do parents grant or deny consent for adolescent participation in sexuality research? *Journal of Youth and Adolescence*, 45(5), 1020-1036. <https://doi.org/10.1007/s10964-016-0445-y>.
- Monteiro, I.S., and Maia, A. (2010). Family childhood experiences reports in depressed patients: comparison between 2 time points. *Procedia - Social and Behavioral Sciences*, 5, 541-547. doi:<http://dx.doi.org/10.1016/j.sbspro.2010.07.139>.
- Mosher, W.D., Chandra, A., and Jones, J. (2005). *Sexual behavior and selected health measures: Men and women 15-44 Years of Age, United States, 2002*. (Vol. 362). Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.
- O'Neil, K.M., Penrod, S.D., and Bornstein, B.H. (2003). Web-based research: Methodological variables' effects on dropout and sample characteristics. *Behavior Research Methods, Instrumentation, & Computers*, 35(2), 217-226.
- Ondersma, S.J., and Chase, S.K. (2006). *A novel methodology for longitudinal research in child maltreatment: Can quasi-anonymity yield better data and better participant protection?* Paper presented at the American Professional Society on the Abuse of Children, Nashville, TN.
- Palys, T., and Lowman, J. (1999). *Informed consent, confidentiality and the law: Implications for the Tri-Council Policy Statement*. Burnaby, British Columbia - Canada: Simon Fraser University.
- Payne, J.D., Jackson, E.D., Hoscheidt, S., Ryan, L., Jacobs, W.J., and Nadel, L. (2007). Stress administered prior to encoding impairs neutral but enhances emotional long-term episodic memories. *Learning & Memory*, 14(12), 861-868.
- Penslar, R.L. (1993). *Protecting human research subjects*: Bethesda, MD: National Institutes of Health, Office for Protection from Research Risks..
- Pew Research Organization. (2015). *From telephone to the web: The challenge of mode of interview effects in public opinion polls*, 48. Retrieved from [www.pewresearch.org](http://www.pewresearch.org) website: <http://www.pewresearch.org/2015/05/13/from-telephone-to-the-web-the-challenge-of-mode-of-interview-effects-in-public-opinion-polls/>.
- Pickles, J. (2020). Including and involving young people (under 18's) in hate research without the consent of parents. *Qualitative Research*, 20(1), 22-38. <https://doi.org/10.1177/1468794118816622>
- Pinto, R., Correia, L., and Maia, Â. (2014). Assessing the reliability of retrospective reports of adverse childhood experiences among adolescents with documented childhood maltreatment. *Journal of Family Violence*, 29(4), 431-438. <https://doi.org/10.1007/s10896-014-9602-9>.
- Planty, M. (2003, May 15-18). *An examination of adolescent telescoping: Evidence from the National Crime Victimization Survey*. Paper presented at the 58th Annual AAPOR Conference, Nashville, Tennessee.

- Powell, M.A., Graham, A., Taylor, N.J., Newell, S., and Fitzgerald, R. (2011). *Building capacity for ethical research with children and young people: An international research project to examine the ethical issues and challenges in understanding research with and for children in different majority world contexts*. Retrieved from <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=454289d37a4020638f0b20ee9f2a1bd766c4b35e>
- Radford (2011, December 14). [Personal communication].
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., and Collishaw, S. (2011). *Child abuse and neglect in the UK today*. London: National Society for the Prevention of Cruelty to Children.
- Rajmil, L., López, A.R., López-Aguilà, S., and Alonso, J. (2013). Parent–child agreement on health-related quality of life (HRQOL): A longitudinal study. *Health and Quality of Life Outcomes*, 11(1), 101. <https://doi.org/10.1186/1477-7525-11-101>.
- Raviv, A., Erel, O., Fox, N.A., Leavitt, L.A., Raviv, A., Dar, I., . . . Greenbaum, C.W. (2001). Individual measurement of exposure to everyday violence among elementary schoolchildren across various settings. *Journal of Community Psychology*, 29(2), 117-140.
- Reddy, D.M., Fleming, R., and Swain, C. (2002). Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *JAMA*, 288(6), 710-714. <https://doi.org/10.1001/jama.288.6.710>.
- Richters, J.E., and Martinez, P. (1993). The NIMH Community Violence Project: 1. Children as victims of and witnesses to violence. *Psychiatry*, 56(1), 7-21.
- Rinehart, J. K., Nason, E. E., Yeater, E. A., and Miller, G. F. (2017). Do some students need special protection from research on sex and trauma? New evidence for young adult resilience in “sensitive topics” research. *Journal of Sex Research*, 54(3), 273–283. doi: [10.1080/00224499.2016.1156047](https://doi.org/10.1080/00224499.2016.1156047).
- Saunders, B.E., and Adams, Z.W. (2014). Epidemiology of traumatic experiences in childhood. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 167-184. doi: <https://dx.doi.org/10.1016/j.chc.2013.12.003>.
- Schick M, Schonbucher V, Landolt MA, Schnyder U, Xu W, Maier T, et al. (2016). Child maltreatment and migration: A population-based study among immigrant and native adolescents in Switzerland. *Child Maltreatment*, 21, 3–15. <https://doi.org/10.1177/1077559515617019>
- Schønning, V., Dovran, A., Hysing, M., Sofie Hafstad, G., Stokke, K., Edvard Aarø, L., Tobiassen, S., Are Bjerger Jonassen, J., Vedaa, Ø., and Sivertsen, B. (2021). Study protocol: the Norwegian Triple-S Cohort Study: Establishing a longitudinal health survey of children and adolescents with experiences of maltreatment. *BMC Public Health*, 21, 1082 (2021). <https://doi.org/10.1186/s12889-021-11125-9>

- Schraedley, P.K., Turner, R.J., and Gotlib, I.H. (2002). Stability of retrospective reports in depression: traumatic events, past depressive episodes, and parental psychopathology. *Journal of Health and Social Behavior*, 43(3), 307-316.
- Sedlak, A.J., Bruce, C., Cantor, D., Ditton, P., Hartge, J., Krawchuk, S., . . . Shapiro, G. (2012). *Survey of youth in residential placement: Technical report*. Rockville, MD: Westat.
- Seymour, K. (2012). Using incentives: Encouraging and recognising participation in youth research. *Youth Studies Australia*, 31(3), 51.
- Sieber, J.E. (2001). *Summary of human subjects protection issues related to large sample surveys* (NCJ 187692). Washington, DC: Bureau of Justice Statistics.  
<https://bjs.ojp.gov/content/pub/pdf/shspirls.pdf>
- Sigmon, S.T., Greene, M.P., Rohan, K.J., and Nichols, J.E. (1997). Coping and adjustment in male and female survivors of childhood sexual abuse. *Journal of Child Sexual Abuse*, 5(3), 57-75.
- Simon Rosser, B., Gurak, L., Horvath, K.J., Michael Oakes, J., Konstan, J., and Danilenko, G.P. (2009). The challenges of ensuring participant consent in internet-based sex studies: A case study of the Men's Internet Sex (MINTS-I and II) Studies. *Journal of Computer-Mediated Communication*, 14(3), 602-626.
- Singer, E., and Couper, M.P. (2008). Do incentives exert undue influence on survey participation? Experimental evidence. *Journal of Empirical Research on Human Research Ethics*, 3(3), 49-56.
- Smith, T., and Sedlak, A.J. (2011). *Addressing human subjects issues on the national survey of youth in custody*. Paper presented at the 66th Annual Conference of the American Association for Public Opinion Research, Phoenix, Arizona.
- Social Research Association. (2003). *Ethical guidelines*. Retrieved from Scotland.
- Stanton, A.L., Burker, E.J., and Kershaw, D. (1991). Effects of researcher followup of distressed subjects: Tradeoff between validity and ethical responsibility? *Ethics & Behavior*, 1(2), 105-112.
- Taplin, S., Chalmers, J., Hoban, B., McArthur, M., Moore, T., and Graham, A. (2019). Children in social research: Do higher payments encourage participation in riskier studies? *Journal of Empirical Research on Human Research Ethics*, 14(2), 126-140. doi: [10.1177/1556264619826796](https://doi.org/10.1177/1556264619826796).
- Thomson, C.C., Roberts, K., Curran, A., Ryan, L., and Wright, R.J. (2002). Caretaker-child concordance for child's exposure to violence in a preadolescent inner-city population. *Archives of Pediatrics & Adolescent Medicine*, 156(8), 818-823.  
<https://doi.org/10.1001/archpedi.156.8.818>.
- Tourangeau, R., Rips, L.J., and Rasinski, K. (2000). *The psychology of survey response*. Cambridge University Press.
- Tourangeau, R., and Yan, T. (2007). Sensitive questions in surveys. *Psychological Bulletin*, 133(5), 859-883. <https://doi.org/10.1037/0033-2909.133.5.859>

- UN Office on Drugs and Crime. (2010). *World Drug Report 2010*. (United Nations Publication, Sales No. E.10.XI.13).
- Varnhagen, C.K., Gushta, M., Daniels, J., Peters, T. C., Parmar, N., Law, D., . . . Johnson, T. (2005). How informed is online informed consent? *Ethics & Behavior*, 15(1), 37-48.
- Vitiello, B. (2008). Effectively obtaining informed consent for child and adolescent participation in mental health research. *Ethics & Behavior*, 18(2-3), 182-198.
- Waechter, R., Kumanayaka, D., Angus-Yamada, C., Wekerle, C., Smith, S., and the MAP Research Team. (2019). Maltreatment history, trauma symptoms and research reactivity among adolescents in child protection services. *Child and Adolescent Psychiatry and Mental Health*, 13, 13. <https://doi.org/10.1186/s13034-019-0270-7>
- Wallace, D., Hedberg, E., and Cesar, G. (2014). *The effect of survey mode on socially undesirable responses to open-ended questions: A mixed method approach*. Chicago: NORC at the University of Chicago.
- Widom, C.S., and Czaja, S.J. (2006). Reactions to research participation in vulnerable subgroups. *Accountability in Research*, 12(2), 115-138.
- Widom, C.S., Raphael, K.G., and DuMont, K.A. (2004). The case for prospective longitudinal studies in child maltreatment research: Commentary on Dube, Williamson, Thompson, Felitti, and Anda (2004). *Child Abuse & Neglect*, 28(7), 715-722.
- Widom, C.S., and Shepherd, J.R. (1996). Accuracy of adult recollections of childhood victimization: Part 1. Childhood physical abuse. *Psychological Assessment*, 8(4), 412-421.
- Wieland, I., Stek, M. L., Comijs, H. C. and Rhebergen, D. (2018). Reliability of retrospective reports on childhood abuse and its determinants in older adults during a 6-year follow-up. *Journal of Psychiatric Research*, 105, 9–16. doi: [10.1016/j.jpsychires.2018.08.009](https://doi.org/10.1016/j.jpsychires.2018.08.009).
- Williams, L.M., and Finkelhor, D. (1995). Paternal caregiving and incest: Test of a biosocial model. *American Journal of Orthopsychiatry*, 65(1), 101-113.
- Ybarra, M.L., Langhinrichsen-Rohling, J., Friend, J., and Diener-West, M. (2009). Impact of asking sensitive questions about violence to children & adolescents. *Journal of Adolescent Health*, 45, 499-507.
- Young, A.L., and Quan-Haase, A. (2009). *Information revelation and internet privacy concerns on social network sites: A case study of Facebook*. Paper presented at the Proceedings of the Fourth International Conference on Communities and Technologies, PA.
- Zajac, K., Ruggiero, K.J., Smith, D.W., Saunders, B.E., and Kilpatrick, D.G. (2011). Adolescent distress in traumatic stress research: Data from the National Survey of Adolescents-Replication. *Journal of Traumatic Stress*, 24(2), 226-229.
- Zineil, S. (2008). Telescoping. In P. J. Lavrakas (Ed.), *Encyclopedia of survey research methods*: Sage Publications.

# Appendix B: Concept Mapping

In the following sections, the various questions used in the Juvenile Victimization Questionnaire (JVQ) (including follow-up questions) are reviewed, organized according to modules and sub-modules. They are considered in light of a variety of considerations: (1) what audiences and issues are salient for these forms of victimization, (2) what definitional issues were important in the formulation of the questions, and (3) how the questions have performed in NatSCEV so far. The NatSCEV questionnaires and other comparable survey items appear at the end of each section in Appendix B.

## B.1 Property Crime Concept Mapping

### B.1.1 Audience

Property crime victimization is a foundational element of crime victimization epidemiology, but it has been almost entirely neglected in the juvenile victimization literature. Besides NatSCEV, the only other source of rates on juvenile property crime in the general population is the NCVS. The NCVS shows property victimization rates for 12- to 17-year-olds to be 40 percent higher than for adults, including 60 percent higher for theft and 130 percent higher for robbery (Finkelhor & Ormrod, 2000).

In the most recent NatSCEV, overall property victimization rate was 27 percent for the past year, including 7 percent non-sibling robbery, 7 percent vandalism, and 8 percent non-sibling theft (Finkelhor, Turner, Shattuck, & Hanby, 2015). Property crime victimization appears to have as strong an association with trauma symptoms as the other JVQ victimization items (Finkelhor, Hamby, Ormrod & Turner, 2005). This empirical background suggests that property crime is frequent and consequential in the lives of juveniles.

### B.1.2 Definition

The concept domain in property crime is fairly simple. The main categories reported in crime surveys are larceny/theft, robbery, vandalism, and burglary. A special category of motor vehicle theft is often reported. The JVQ adds two additional dimensions: burglary or theft from the child's household, and vandalism to the child's school.

### B.1.3 Definitional Issues

**Seriousness.** In the domain of property crimes involving juveniles, an issue of concern is whether the episodes being reported rise to the seriousness of a crime. If a child grabs another child's soda and pours it out or willfully breaks another child's toy, is this to be considered robbery or vandalism? If a sibling takes a pair of headphones, is this to be considered a robbery? Some of the dismissal of property crimes involving children may be due to the small value of the items involved. But from a child's vantage point, it is not clear that monetary value is a key element in the impact of the event. We do not know the specific property items or other details of episodes being reported that might be indicators of the seriousness. It might be of value to get a better inventory of these through open-ended questions. We also might consider whether there are follow-up questions that could establish a seriousness threshold, e.g., by asking whether it was "something you really liked or was important to you," or "how angry did you feel about the loss." There are many unanswered questions about the elements of property crime that influence the impact on children and youth. Nonetheless, we are reassured that the correlation of these items with trauma symptoms is not systematically different from other survey items.

**Sibling offenders.** The perpetrators in the property episodes were identified as siblings in 7 percent of the thefts, 27 percent of the robberies, and 37 percent of the vandalism. This comports with many families' experiences that siblings intentionally break each other's belongings with some frequency. Although such episodes seem particularly non-criminal from the vantage of law enforcement, the impact on children is not clear and has not been studied. In our analysis from NatSCEV 3, the sibling robbery was somewhat (but non-significantly) less fear inducing than robbery by other perpetrators (38% versus 49% for robbery, 28% versus 34% for vandalism). Nonetheless, in reporting NatSCEV findings on robbery, theft and vandalism, we have adopted the convention of reporting only non-sibling episodes. But this decision is based primarily on the presumption that readers might be skeptical of rates that involved a substantial portion of sibling perpetrators.

### B.1.4 JVQ Questions

The current JVQ has five questions about property crime covering the topics of (1) robbery, (2) theft, (3) vandalism, (4) household burglary/theft, and (5) school property crime.

- **Robbery**

- At any time in (your child’s/your) life, did anyone use force to take something away from (your child/you) that (he/she was/you were) carrying or wearing?
- The question uses the definition of robbery, using force to remove something from the person of the victim. This item should be retained.

■ **Theft**

- At any time in (your child’s/your) life, did anyone steal something from (your child/you) and never give it back? Things like a backpack, money, watch, clothing, bike, cell phone, computer, or anything else?
- The question uses the word “steal” which we found in focus groups was well understood by young people. It also enumerates the main kinds of items that are the targets of this crime. The question also uses the phrase “and never give it back” to exclude unauthorized borrowing of possessions. It should be retained.

■ **Vandalism**

- At any time in (your child’s/your) life, did anyone break or ruin any of (your child’s/your) things on purpose?
- The question defines the topic as someone breaking or ruining something “on purpose” to make sure that accidental or unintentional acts were excluded. It should be retained.

■ **Burglary/Household Property Theft**

- At any time in (your child’s/your) life, did anyone steal something from your house that belongs to (your child’s/your) family or someone (your child lives/you live) with? Things like a TV, stereo, car, or anything else?

The logic for inclusion of this item was that children, because of their dependence and developmental immaturity, may be made to feel vulnerable, perhaps more than adults, when household property is stolen. The item was endorsed by 15.5 percent lifetime (LT) and 5.4 percent in past year (PY) in NatSCEV 3. The proportion reporting feeling very afraid was 14 percent, the same as with the robbery item and higher than the theft and vandalism items. This question is actually listed as an indirect victimization. It could be deleted, but we are inclined to keep it because it covers a domain not covered by other items.

■ **School Property Vandalism**

- (Has your child/Have you) ever gone to a school where someone damaged the school or started a fire in the school on purpose? Or did anyone break or ruin other school property like buses, windows, or sports equipment?

The logic for inclusion of this item was that damage to school property can have effects on children who identify with their school as a kind of second home. The rate of LT endorsement was 22 percent in NatSCEV 3. The percentage reporting fear was very

low. This item could be deleted. If retained, it could be rewritten to remove ambiguity of the term “gone to”: “has someone ever damaged your school or started a fire in your school on purpose?”

## **B.2 Recommendations**

The inclusion of property crime questions is an important and distinguishing feature of NatSCEV and connects it with other DOJ crime survey measures. At least one of the less direct forms of property victimization—school vandalism—should be considered for deletion. To shorten questionnaire length, deletion is suggested for the Burglary/ Household Property Theft item.

## JVQ/NatSCEV Property Crime Items

### C1. Robbery

At any time in (your child's/your) life, did anyone use force to take something away from (your child/you) that (he/she was/you were) carrying or wearing?

### C2. Theft

At any time in (your child's/your) life, did anyone steal something from (your child/you) and never give it back? Things like a backpack, money, watch, clothing, bike, cell phone, computer, or anything else?

### C3. Vandalism

At any time in (your child's/your) life, did anyone break or ruin any of (your child's/your) things on purpose?

### W5. Household Property/Burglary

At any time in (your child's/your) life, did anyone steal something from your house that belongs to (your child's/your) family or someone (your child lives/you live) with? Things like a TV, stereo, car, or anything else?

### SC2. School Property Vandalism

(Has your child/Have you) ever gone to a school where someone damaged the school or started a fire in the school on purpose? Or did anyone break or ruin other school property like buses, windows, or sports equipment?

## NCVS Property Crime Questions

### Theft/Larceny

I'm going to read some examples that will give you an idea of the kinds of crimes this study covers. Was something belonging to YOU stolen, such as – (a) Things that you carry, like luggage, a wallet, purse, briefcase, book? As I go through them, tell me if any of these happened to you in the last 6 months, that is since \_\_\_\_\_, 20 \_\_\_\_\_. (b) Clothing, jewelry, or cellphone – (c) Bicycle or sports equipment – (d) Things in your home – like a TV, stereo, or tools (e) Things outside your home such as a garden hose or lawn furniture – (f) Things belonging to children in the household – (g) Things from a vehicle, such as a package, groceries, camera, or CDs – (h) Did anyone ATTEMPT to steal anything belonging to you?

### Burglary (asked of household respondent)

(Other than any incidents already mentioned) has anyone – (a) Broken in or ATTEMPTED to break into your home by forcing a door or window, pushing past someone, jimmying a lock, cutting a screen, or entering through an open door or window? (c) Illegally gotten in or tried to get into a hotel or motel room or vacation home where you were staying? (b) Has anyone illegally gotten in or tried to get into a garage, shed, or storage room?

### Motor Vehicle Theft (asked of household respondent)

What was the TOTAL number of cars, vans, trucks, motorcycles, or other motor vehicles owned by you or any other member of this household during the last 6 months? Include those you no longer own.

During the last 6 months (other than any incidents already mentioned), (was the vehicle/were any of the vehicles) – (a) Stolen or used without permission? (b) Did anyone steal any parts such as a tire, car stereo, hubcap, or battery? (c) Did anyone steal any gas from (it/them)? (d) Did anyone ATTEMPT to steal any vehicle or parts attached to (it/them)?

### Robbery/Theft/Assault

Since \_\_\_\_\_, 20 \_\_\_\_\_, were you attacked or threatened OR did you have something stolen from you:

(a) At home including the porch or yard – (c) At work or school – (b) At or near a friend's, relative's, or neighbor's home – OR 40b. Did any incidents of this type happen to you? MARK OR ASK – 40c. How many times? 0 1 2 3 4 None – SKIP to 40a 1 2 3 4 or more – (d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport – (e) While riding in any

vehicle – (f) On the street or in a parking lot – (g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting – (h) Did anyone ATTEMPT to attack or ATTEMPT to steal anything belonging to you from any of these places?

**Vandalism** (asked of household respondent)

Now I'd like to ask about ALL acts of vandalism that may have been committed during the last 6 months against YOUR household. Vandalism is the deliberate, intentional damage to or destruction of household property. Examples are breaking windows, slashing tires, and painting graffiti on walls.

46b. What kind of property was damaged or destroyed in this/these act(s) of vandalism? Anything else? Since \_\_\_\_\_, 20 \_\_\_\_\_, has anyone intentionally damaged or destroyed property owned by you or someone else in your household?

## **B.3 Assault Crime Concept Mapping**

### **B.3.1 Audience**

Children have very high rates of assault victimization. In the NCVS, assault rates for 12- to 17-year-olds are nearly 3 times the rate for adults (Snyder & Sickmund, 2006). It has been unclear whether this pattern extends to younger children as well, which provides one of the justifications for the NatSCEV. Curiously, however, the specific topic of generic assaults against children has not generated much research or advocacy attention. This topic has been fragmented into issues of abuse by caregivers, peer aggression and bullying, and specific forms of assault such as sexual assault and kidnapping. These latter topics garner a tremendous amount of public interest. But the generic assault epidemiology, like that asked in crime surveys, has not been asked in youth surveys other than NatSCEV and of the 12- to 17-year-olds surveyed in the NCVS.

### **B.3.2 Definition**

An assault is the use of physical force with the intent to cause pain or harm. The NCVS has used the term “attacked or threatened” to reference this experience in their questionnaire.

### B.3.3 Definitional Controversies

None.

### B.3.4 JVQ Questions

#### C4) Assault with Weapon

Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time in your life, did anyone hit or attack you on purpose with an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

#### C5) Assault without Weapon

At any time in your life, did anyone hit or attack you without using an object or weapon?

These two questions were designed to ask about aggravated and simple assault respectively, two of the major categories of violent crime in crime epidemiology. Both use the phraseology “hit or attack.” The first question tries to remind respondents about the different contexts in which an assault can occur, so that places such as home, school and public environments are all considered. The aggravated assault question enumerates some of the major kinds of weapons that might trigger recollection.

These items could potentially be combined and the weapon element could be identified in follow-up questions. But we recommend retaining two separate questions. They each signify two important categories of assault, and asking about both separately will yield more disclosures and more accurate prevalence rates for each type.

#### C6) Attempted Assault

At any time in your life, did someone start to attack you, but for some reason, it didn’t happen? For example, someone helped you or you got away?

#### C7) Threatened Assault

At any time in your life, did someone threaten to hurt you when you thought they might really do it?

These two items were intended to elicit reports about episodes of attempted assault or threat that might not have been elicited by the earlier screeners, because the actual physical assault did not materialize. Unfortunately, there is little research on the question of how to elicit unsuccessful assaults and what types of episodes are volunteered. C6 was endorsed by 13 percent and C7 by 18 percent, and C6 had a “very scared” level of 18 percent versus 30 percent for C7. Either or both of these items might be deleted, but of the two we would be inclined to retain C7 because of its higher fear level. Also, C7 produced more endorsements from respondents who did not endorse any other assault item.

### **C8) Kidnapping**

When a person is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought might hurt them. At any time in your life, did anyone try to kidnap you?

There is a high level of public and policy interest in this topic, but our question does not map on to the more rigorous definitions that have been developed by DOJ in the course of the NISMART study that specifically looks at abduction. The low endorsement rate (1.7%) of the kidnapping item also makes it a possible candidate for excision. But, by the same token, the low rate could be an asset in that it clearly highlights the relative rarity of this type of widely feared and over-estimated victimization exposure. On the other hand, there is such rampant confusion about the definition of kidnapping, it could be a disservice to have a USDOJ-sanctioned survey with a definition and measure of kidnapping that diverges from the NISMART version, into which so much effort was put. However, the household version of NISMART appears likely to be abandoned, making a kidnapping question in NatSCEV more important. If the question is kept in NatSCEV, more effort should be made to align it to the NISMART criteria. This could include broadening the examples, e.g., “into a building,” or “into an isolated place.” It could also include expanding the question to cover forced detainment, e.g., “held you in a place and wouldn’t let you leave.”

### **C9) Bias Attack**

At any time in your life, have you been hit or attacked because of your skin color, religion, or where your family comes from? Because of a physical problem you have? Or because someone said you were gay?

Bias crime is a stand-alone field of research and stimulates a high level of public and policy interest. There are, however, challenges in cueing people to think of all possible situations where bias may be present. This question probably under-reports this crime. But because of its topicality, the question should be retained.

The question also only covers physical assault, and may miss bias components to property crimes as well. Two modifications might be considered. We might want to add “or threatened or had something of yours damaged” to the C9 screener. We might want to add a bias motive follow-up question to be asked if property crimes (C1,C2,C3) are endorsed.

### **B.3.5 Recommendations**

The prime candidate for removal is the question about attempted assault, and possibly the question about threatened assault.

## **NatSCEV Assault Questions**

### **C4) Assault with Weapon**

Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time in your life, did anyone hit or attack you on purpose with an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

### **C5) Assault without Weapon**

At any time in your life, did anyone hit or attack you without using an object or weapon?

### **C6) Attempted Assault**

At any time in your life, did someone start to attack you, but for some reason, it didn't happen? For example, someone helped you or you got away?

### **C7) Threatened Assault**

At any time in your life, did someone threaten to hurt you when you thought they might really do it?

### **C8) Kidnapping**

When a person is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought might hurt them. At any time in your life, did anyone try to kidnap you?

## C9) Bias Attack

At any time in your life, have you been hit or attacked because of your skin color, religion, or where your family comes from? Because of a physical problem you have? Or because someone said you were gay?

### NCVS Assault Questions

Has anyone attacked or threatened you in any of these ways (Exclude telephone threats) –

- With any weapon, for instance, a gun or knife –
- By something thrown, such as a rock or bottle –
- With anything like a baseball bat, frying pan, scissors, or stick –
- Include any grabbing, punching, or choking –
- Any rape, attempted rape or other type of sexual attack –
- Any face-to-face threats –
- Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.

### Crime Follow-up

Hate crimes or crimes of prejudice or bigotry occur when (an offender/offenders) target(s) people because of one or more of their characteristics or religious beliefs. Do you have any reason to suspect the \_\_\_\_\_ just discussed was a hate crime or crime of prejudice or bigotry?

### Youth Risk Behavior Survey Assault Questions

During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

During the past 12 months, how many times were you in a physical fight?

During the past 12 months, how many times were you in a physical fight on school property?

## **B.4 Child Maltreatment: Physical Abuse**

### **B.4.1 Audience Relevance**

Interest in child maltreatment is a core justification for NatSCEV, since it may not be well measured by crime surveys. There is a huge audience in child protection agencies and children’s advocacy centers, as well as a very large research literature on this topic. Physical abuse is a highly researched child maltreatment topic, but the epidemiology is largely based on clinical and CPS samples.

### **B.4.2 Definition**

Physical abuse is generally defined as physical force used by caregiver to cause pain to a child that is outside of acceptable social norms.

### **B.4.3 Definitional Controversies**

What are the boundaries of acceptable corporal punishment? Some questionnaires include “spanking on the bottom” and others try to exclude this. In the child protection system in the United States, physical abuse does not include non-injurious physical punishment and is confined to episodes that cause demonstrable physical or psychological harm or were capable of causing serious bodily injury. There is some variation in who perpetrators may be. Some researchers and agencies limit cases to family and household members, while others include a broader range of caregivers and supervisors who may include teachers, coaches and others.

### **B.4.4 NatSCEV Questions**

The JVQ includes one core item for this construct (M1).

- M1. Not including spanking on (his/her /your) bottom, at any time in (your child’s/your) life did a grown-up in (your child’s/your) life hit, beat, kick, or physically hurt (your child/you) in any way?

Some additional episodes are also screened in through responses to the conventional crime questions about assault: C4, C5, C6, and C7, where the perpetrator is a caregiver.

Other widely used instruments for physical abuse include:

- I-CAST (9 items), LONGSCAN (12 items), CEVQ (6 items), MACE (6 items)

## B.4.5 Recommendations

This JVQ question should be retained. Consideration should be given to adding some additional physical abuse items.

**For example:** Shook, slapped, choked, burned or scalded

### JVQ/NatSCEV Physical Abuse Questions

Next, we are going to ask about grown-ups who take care of (your child/you). This means parents, babysitters, adults who live with (your child/you), or others who watch (your child/you).

M1. Not including spanking on (his/her /your) bottom, at any time in (your child's/your) life did a grown-up in (your child's/your) life hit, beat, kick, or physically hurt (your child/you) in any way?

### I-CAST-CH Physical Abuse

Sometimes people can hurt children and adolescents physically. Thinking about yourself, in the past year, has anyone from your family done something such as:

- Pushed, grabbed, or kicked you?
- Grabbed you by your clothes or some part of your body and shook you?
- Slapped you?
- Hit, beat, or spanked you with a hand?
- Hit you on head with knuckle or back of the hand?
- Spanked you on the bottom with bare hand?

- Hit you on the buttocks with an object such as a stick, broom, cane, or belt?
- Hit, beat, or spanked you with a belt, paddle, a stick or other object?
- Hit you elsewhere (not the buttocks) with an object such as a stick, broom, cane, or belt?
- Hit you over and over again with object or fist (“beat up”)?
- Choked you, smothered you or tried to drown you?
- Choked you or smothered you (prevent breathing by use of a hand or pillow) or squeezed your neck with hands (or something else)?
- Intentionally burned or scalded you?
- Burned or scalded you (including putting hot chilies or peppers in your mouth)?
- Put chili pepper, hot pepper, or spicy food in your mouth (to cause pain)?
- Locked you up in a small place or in a dark room?
- Locked you up in a small place, tied you up, or chained you to something?
- Tied you up or tied you to something using a rope or a chain?
- Roughly twisted your ear?
- Pulled your hair, pinched you, or twisted your ear?
- Pulled your hair?
- Pinched you roughly?
- Making you stay in one position holding a heavy load or another burden or making you do exercise as punishment?
- Forced you to hold a position that caused pain or humiliated you as a means of punishment?
- Threatened you with a knife or a gun?

(International Society for the Prevention of Child Abuse and Neglect ICAST-CH Study Tool, 2015)

## LONGSCAN Physical Abuse

Has a parent, or another adult who was supposed to be supervising or taking care of you, ever done something to you like:

- Hit you with something dangerous like a baseball bat, a shovel, or something else that could hurt you badly? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Hit you with something less dangerous, like a paddle, a hairbrush or a belt?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Hit or punched you with their hand or fist, or kicked you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Pushed you, or threw you down, like against a wall or down the stairs?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Tried to choke, drown or smother you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Burned you on purpose, with a cigarette, a curling iron – or maybe some very hot water, or with something else? \_\_\_\_\_ Yes \_\_\_\_\_ No

From the time you turned 12 up to now, has a parent, or another adult who was supposed to be supervising or taking care of you, ever done something to you like:

- Cut or stabbed you with a knife, a razor, a fork or something sharp like that?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Shot at you with a gun? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Punished you by not letting you sleep, or eat, or drink, for a whole day or more?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Punished you by tying you up, or locking you in a small place, like a closet?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Made you eat or drink something that wasn't food that might hurt you, or make you sick? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did something else on purpose to you, that we haven't already talked about, that physically hurt you badly or put you in danger of being hurt? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Knight, Smith, Martin & LONGSCAN Investigators, 2011)

## CEVQ Physical Abuse

How many times has an adult...

- Slapped you on the face, head or ears or hit or spanked you with something like a belt, wooden spoon or something hard?
- Pushed, grabbed, or shoved you to hurt you?
- Thrown something at you to hurt you?
- Kicked, bit, or punched you to hurt you?
- Adult choked, burned or physically attacked you in some other way?

(Walsh et al., 2008)

## MACE Physical Abuse Items

Sometimes parents, stepparents, or other adults living in the house do hurtful things.

- Intentionally pushed, grabbed, shoved, slapped, pinched, punched or kicked you.
- Hit you so hard that it left marks for more than a few minutes.
- Hit you so hard, or intentionally harmed you in some way, that you received or should have received medical attention.
- Spanked you on your buttocks, arms or legs.
- Spanked you on your bare (unclothed) buttocks.
- Spanked you with an object such as a strap, belt, brush, paddle, rod, etc.

(Teicher & Parigger, 2015)

## **B.5 Child Maltreatment: Emotional Abuse**

### **B.5.1 Audience Relevance**

Emotional abuse (EA) is widely regarded as harmful and impactful and in need of better assessment. But there are many measurement controversies and a relatively limited research audience, perhaps because of the conceptual and methodological issues.

## B.5.2 Definition

Emotional abuse is defined as behaviors by caregivers that are outside acceptable social norms causing emotional and psychological harm. EA is often defined by subtypes such as rejecting, isolating, ignoring, corrupting, exploiting and terrorizing.

## B.5.3 Definitional Controversies

- Which of the various categories should be included?
- When, if ever, do single episodes qualify, or must it be repetitive to qualify as EA?
- Do there have to be signs of emotional impact or harm on the child?

## B.5.4 NatSCEV Question

M2. At any time in your life, did you get scared or feel really bad because grown-ups in your life called you names, said mean things to you, or said they didn't want you?

Note that this restricts EA to the rejecting component. It also uses a harm or impact filter (“get scared or feel really bad because”).

## B.5.5 Recommendations

Retain the current item. It is clearly a core element in EA and results in plausible rates. We should monitor the research to see what develops in the way of improved measurement.

But we might also consider adding some EA items, paying attention to the items most frequently endorsed in the literature; for example:

- Threatened to send you away OR threatened to kick you out of the house OR threatened to leave you and never come back.

## I-CAST-CH Emotional Abuse

Sometimes, when children and adolescents are growing up, people say or do things, some of which could make the child or adolescent feel embarrassed, ashamed or bad. In the past year, has anyone in your family and living in your home:

- Screamed at you very loud and aggressively?
- Insulted you by calling you dumb, lazy or other names like that?
- Cursed you?
- Refused to speak to you (ignored you)?
- Blamed you for his/her bad mood?
- Told you to start or stop doing something (e.g., start doing your homework or stop watching TV)?
- Took away your pocket money or other privileges?
- Forbade you something that you liked?
- Forbade you to go out?
- Read your diary, your SMS or e-mail messages without your permission?
- Went through your bag, drawers, pockets, etc., without your permission?
- Compared you to other children in a way that you felt humiliated?
- Made you feel ashamed/embarrassed in front of other people in a way you will always feel bad about?
- Said that they wished you were dead/ had never been born?
- Threatened to leave you forever or abandon you?
- Threatened to kick you out of house or send you away?
- Locked you out of the home for a long time?
- Threatened to invoke ghosts or evil spirits or harmful people against you?
- Threatened to hurt or kill you, including invoking evil spirits against you?

(International Society for the Prevention of Child Abuse and Neglect ICAST-CH Study Tool, 2015)

## MACE Emotional Abuse

- Sometimes parents, stepparents or other adults living in the house do hurtful things.
- Swore at you, called you names, said insulting things like your “fat,” “ugly,” “stupid,” etc., more than a few times a year.
- Said hurtful things that made you feel bad, embarrassed or humiliated more than a few times a year.

(Teicher & Parigger, 2015)

## LONGSCAN Emotional Abuse

Words can hurt, too. Sometimes teenagers are really hurt by the things adults say to them or the way they say them. The adult might be a parent, or a stepparent, or a foster parent. It might be another relative, or a parent’s boyfriend or girlfriend. It could even be a teacher, a coach, or someone like that.

From the time you turned 12 up to now, has a parent, or an adult who was supposed to be supervising or taking care of you, ever done something to you like:

- Made you feel really unloved or unwanted, or really bad about yourself by: screaming or yelling at you OR putting you down OR teasing you OR calling you names?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Made you feel bad about yourself by blaming you for serious problems that weren’t really your fault—like family finances, a parent’s drinking problem, or someone else’s emotional problems? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Made you feel bad about yourself by putting unreasonable demands or expectations on you that were much too hard or really unfair for someone your age?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Made you feel upset or scared by: threatening to send you away OR threatening to kick you out of the house OR threatening to leave you and never come back?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Threatened to kill you or badly hurt you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Scared or upset you by having a really serious fight or argument with another family member? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Threatened to, or actually tried to, kill or badly hurt another family member or someone close to you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Threatened to, or actually tried to, kill themselves, either in front of you, or as a way of hurting you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Threatened to, or actually tried to, hurt or destroy something important to you, like a pet or a favorite thing? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Scared or upset you by putting you or leaving you in a dangerous situation in which you might be hurt – like making you walk home at night by yourself through a bad neighborhood, or leaving you with a crazy or dangerous person? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Made or encouraged you to do something illegal or wrong, like steal, have sex for money, or use drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Said or did something else that we haven't already talked about, that made you feel really unloved or unwanted or really bad about yourself?

(Knight et al., 2011)

## **B.6 Child Maltreatment: Neglect**

### **B.6.1 Audience Relevance**

Neglect is a core element in the assessment of child maltreatment. A majority of all substantiated cases of child maltreatment involve neglect, estimated at roughly 500,000 cases per year.

### **B.6.2 Definition**

Neglect is failure to provide care to a child that results in harm or has the potential to result in serious harm.

### **B.6.3 Definitional Controversies**

- Neglect has multiple dimensions, not fully agreed upon.
- Physical neglect, emotional neglect, supervisory neglect are the types most frequently mentioned.

- Neglect is mostly measured with lengthy multi-item scales.
- Neglect is generally seen as a condition rather than an event or episode, which makes it more difficult to measure than other concepts in child victimization.

## B.6.4 NatSCEV Questions

JVQ had a single question originally that was supplemented by five additional questions for NatSCEV 2 and 3.

The original item has a low rate of 2.1 percent but a relatively high fear rating. The additional items added considerably to the aggregate rate of neglect. The rates on the additional items declined in order of presentation from 4.8 percent (for parental alcohol/drug) to 2.4 percent (for cleanliness). There is no obvious case for removing any of them in particular.

### M3. Neglect General

When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. At any time in (your child's/your) life, (was your child/were you) neglected?

### M5. Neglect Parental Incapacitated

Was there a time in (your child's/your) life that (your child/you) often had to look after (your/himself/herself) because a parent drank too much alcohol, took drugs, or wouldn't get out of bed?

### M6. Neglect Left Alone

Was there a time in (your child's/your) life when (your child/you) often had to go looking for a parent because the parent left (your child/you) alone, or with brothers and sisters, and (your child/you) didn't know where the parent was?

This item may be too restrictive and should include being left alone without having to go looking for a parent. For example:

*Was there a time in (your child's/your) life when (your child/you) your parent often left (your child/you) alone, or with brothers and sisters, and (your child/you) didn't know where the parent was and you couldn't get ahold of them?*

### **M7. Neglect Threatening Visitors**

Was there a time in (your child's/your) life when (his/her/your) parents often had people over at the house who (your child was/you were) afraid to be around?

### **M8. Neglect Unsafe Home**

Was there a time in (your child's/your) life when (you/he/she) lived in a home that was broken down, unsafe, or unhealthy? For example, it had broken stairs, toilets or sinks that didn't work, trash piled up, and things like that?

This item may encompass situations that are due to landlord behavior and not parental neglect, so it should be revised.

### **M9. Neglect Hygiene Supervision**

Was there a time in (your child's/your) life when (his/her/your) parents did not care if (you were/he was/she was) clean, wore clean clothes, or brushed (your/his/her) teeth and hair?

## **B.6.5 Recommendations**

One or two items might be cut from neglect, such as M8, which had relatively low endorsement.

### **JVQ/NatSCEV Neglect Questions**

- M3. When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. At any time in (your child's/your) life, (was your child/were you) neglected?
- M5. Was there a time in (your child's/your) life that (your child/you) often had to look after (your/himself/herself) because a parent drank too much alcohol, took drugs, or wouldn't get out of bed?
- M6. Was there a time in (your child's/your) life when (your child/you) often had to go looking for a parent because the parent left (your child/you) alone, or with brothers and sisters, and (your child/you) didn't know where the parent was?
- M7. Was there a time in (your child's/your) life when (his/her/your) parents often had people over at the house who (your child was/you were) afraid to be around?

- M8. Was there a time in (your child's/your) life when (you/he/she) lived in a home that was broken down, unsafe, or unhealthy? For example, it had broken stairs, toilets or sinks that didn't work, trash piled up, and things like that?
- M9. Was there a time in (your child's/your) life when (his/her/your) parents did not care if (you were/he was/she was) clean, wore clean clothes, or brushed (your/his/her) teeth and hair?

## Longscan Neglect Questions

### Physical Needs

- Make sure you bathed regularly?
- Make sure you saw a doctor when you needed one?
- Give you enough to eat?
- Keep the house clean?
- Give you enough clothes to keep you warm?
- Take care of you when you were sick?
- Have something for you to eat when you were hungry?

### Emotional Support

- Do things with you just for fun?
- Take an interest in your activities or hobbies?
- Comfort you if you were upset?
- Help you to do your best?
- Help you when you had problems?
- Praise you?
- Tell you they loved you?

### Monitoring/Supervision

- Want to know what you were doing if you were not at home?
- Care if you got into trouble at school?
- Take an interest in the kind of friends you had?

- Care if you did bad things, like shoplifting?
- Make sure you had somewhere safe to play?
- Leave you home alone after dark?
- Leave you home alone during the day?

### **Educational Support**

- Help you with your homework?
- Make sure you always went to school?
- Help you when you had trouble understanding something?
- Read books to you?

(Dubowitz et al., 2011)

## **Child Neglect Questionnaire**

### **Physical Neglect**

- Given your child clean clothes to wear
- Given your child enough food to eat
- Given your child shampoo to his/her hair
- Given your child toothpaste
- Taken your child to the dentist for regular checkups
- Made sure your child got enough sleep
- Left your child alone without any adult around
- Allowed your child to eat fast food or junk food whenever he/she wanted
- Made sure the house was clean
- Made sure your child had warm clothes in winter
- Made sure your child had a warm room to sleep in
- Taken your child to see a doctor when he/she was sick

- Taken your child to see a dentist when he/she had a problem
- Got your child medicine when he/she was sick
- Given your child soap for bath or shower
- Taken your child to a doctor for regular physical checkups

### **Emotional Neglect**

- Done things with your child that were fun and interesting
- Paid attention to your child when he/she was upset or crying
- Watched TV with your child
- Asked your child about his/her daily activities
- Listened to your child when he/she wanted to talk
- Tried to understand your child's opinions or feelings
- Hugged your child
- Kissed your child
- Told your child that I loved him/her
- Told your child I liked the things he/she did
- Let your child know when he/she did something well
- Make your child feel that he/she is important
- Encouraged your child to take care of his/her physical appearance
- Said nice things about the way your child looked
- Said nice things about things your child did

### **Supervision Neglect**

- Known if your child did something wrong
- Known what your child did outside the home
- Cared if your child got into trouble at school
- Cared if your child did bad things

- Made rules about what your child was allowed to do
- Known who your child's friends were
- Asked where your child went with friends

### **Educational Neglect**

- Taken your child to a zoo, library, or museum
- Bought your child school supplies
- Made sure your child did his/her homework
- Helped your child with our schoolwork when he/she needed help
- Talked to your child about events in the news
- Shown interest in your child's grades at school
- Made sure your child went to school
- Attended PTA meetings at your child's school

(Stewart, Kirisci, Long & Giancola, 2015)

## **CTQ Short Form Neglect Items**

### **Physical Neglect**

- Not enough to eat
- Got taken care of
- Parents were drunk or high
- Wore dirty clothes
- Got taken to the doctor

### **Emotional Neglect**

- Felt loved
- Made to feel important
- Was looked out for

- Family felt close
- Family was source of strength

(Bernstein et al., 2003)

## ICAST-CH Neglect Questions

Sometimes, when children are growing up, people who are responsible for caring for them (for example, parents/stepparents/adoptive parents/other caregivers/aunts and uncles) do not know how to care for children properly, and the children do not get what they need to grow up healthy. Have any of these things happened to you in the past year?

- Do you feel that you did not get enough to eat (went hungry) and/or drink (were thirsty) even though there was enough for everyone?
- Did not get enough to eat (went hungry) and/or drink (were thirsty) even though there was enough for everyone, as a means of punishment?
- Have to wear dirty, torn clothes, or clothes that were not warm enough/too warm, shoes that were too small even though there were ways of getting better/new ones?
- Have to wear clothes that were dirty, torn, or inappropriate for the season, as a means of punishment?
- Not taken care of when you were sick—for example, not taken to see a doctor when you were hurt or not given the medicines you needed?
- You were hurt or injured because no adult was supervising you?
- You did not feel cared for?
- Felt that you were not important?
- Felt that there was never anyone looking after you, supporting you, helping you when you most needed it?

(International Society for the Prevention of Child Abuse and Neglect ICAST-CH Study Tool, 2015)

## B.7 Child Maltreatment: Family Abduction

### B.7.1 Audience

Family abduction is a crime actively monitored by law enforcement and public policy officials. The National Center for Missing and Exploited Children, among other organizations, is a major proponent and consumer of statistics about this problem. There is a separate data-gathering initiative, NISMART, that tries to produce statistics on these crimes.

Family abduction, however, poses serious definitional problems. Family abduction typically occurs in the course of custody disputes but can be difficult to distinguish from a somewhat less serious problem: custodial interference, in which violations occur to custody agreements, but are not so permanent or threatening. NISMART defined family abduction as “a violation of a custody order or decree or other legitimate custodial right where the taking or keeping involved *some element of concealment, flight, or intent to deprive a lawful custodian indefinitely of custodial privileges.*” But such elements are complicated to assess and may appear very differently to the parties involved in the dispute. NISMART had a complex series of questions to ascertain these elements.

### B.7.2 JVQ/NatSCEV Question

M4. Sometimes a family fights over where a child should live. At any time in (your child’s/your) life did a parent take, keep, or hide (your child/you) to stop (him/her /you) from being with another parent?

NatSCEV did not adopt the NISMART definitions, questions or follow-ups for its instrument, because originally it was judged that there would not be time to include all the NISMART screeners and the complex follow-up questions that were involved in qualifying episodes as kidnappings and family abductions. These are decisions that could be revisited in the context of future NatSCEV and NISMART planning. In addition, NatSCEV was designed to obtain episode information from the children themselves for half the sample, unlike NISMART, which got caretaker information for children of all ages. It seemed unlikely that some of the NISMART criteria, especially for the family abduction, could be provided by the youth themselves.

Note that family abductions were reported in response to the kidnapping screen (C8) as well as the family abduction screen. Family members were reported as 29 percent of perpetrators in the kidnapping episodes, and acquaintances as 14 percent.

The JVQ question embodies what would be termed “custodial interference” and not just family abduction under NISMART criteria because it does not, even in follow-ups, identify concealment, flight or intent to deprive permanently. It also does not ascertain that this violates a custody agreement. The family abduction rate for NatSCEV 3 was LT 3.6 percent and PY 1.2 percent. Nearly half the disclosed episodes came from the youth themselves, so this item is not exclusively tapping into caregiver grievances.

### **B.7.3 Recommendations**

Considerable discussion should be given to a revision of this portion of the NatSCEV questionnaire in light of several considerations. NISMART may be moving away from a household survey, and NatSCEV might provide some alternative information based on a population survey. Even if NatSCEV samples are too small to make an estimate for a given year, it is possible that aggregating over several NatSCEV administrations might allow some useful estimate.

The utility of the family abduction measure is to remind criminologists, child development experts, and child welfare officials that family abduction is a reality, and a somewhat unique crime in the lives of children. Because it is ignored in other child welfare and exposure to violence measures, it may often be forgotten. Given that it is a relatively low base-rate occurrence, it may not necessarily overburden the questionnaire to ask respondents who endorse the current screener the NISMART follow-up questions that would differentiate episodes between custodial interference and family abduction episodes. This item should be retained.

## **JVQ/NatSCEV**

### **M4. Family abduction**

Sometimes a family fights over where a child should live. At any time in (your child’s/your) life, did a parent take, keep, or hide (your child/you) to stop (him/her /you) from being with another parent? LT 3.6 percent PY 1.2 percent

## NISMART

### Family Abduction 1

Did any family member or someone acting for them take or try to take [this child / any of these children] in violation of a custody order, agreement or other child living arrangement?

### Family Abduction 2

Did any family member outside of your household keep or try to keep [this child / any of these children] from you when you were supposed to have [him/her/them] even if for just a day or weekend?

## B.8 Peer Victimization/Bullying Concept Mapping

### B.8.1 Audience/Policy Relevance

Bullying and peer victimization are policy issues of great concern to schools and educational policymakers. There is large and growing research and practitioner literature on the subject. One feature that highlights the NatSCEV contribution to this interest is its focus which includes and goes beyond the school environment.

### B.8.2 Definition

Peer victimization is aggression and physical force that is directed at other children with the intent to harm. Bullying is defined as aggression with the intent to harm that is repeated and involves a perpetrator who has more power. Peer victimization is generally subdivided into categories of physical, emotional, relational, and sexual. Some subtypes are identified by the perpetrator category, such as sibling victimization or dating partner victimization.

### B.8.3 Definitional Controversies

The domains of peer victimization and bullying are plagued with many conceptual controversies: about what terms to use, what behaviors to cover, what categories of victims and perpetrators to

include or exclude, and what time frame to encompass (Vivolo-Kantor, Martell, Holland, & Westby, 2014).

**Bullying, peer aggression, peer victimization.** The literature and public discussion in this area have tended to use the term bullying more than any other. But there are disagreements among experts about how bullying should be defined. (For example, research definitions and legal statutory definitions differ; see Willard, 2014.) There is evidence that the expert definition does not comport with the colloquial definition used by children and parents (Vaillancourt et al., 2008). And there is reason to think that some serious kinds of peer victimization (for example, a weapon assault by a peer) are not thought of as bullying by either experts or laypeople (Finkelhor, Shattuck, Turner, & Hamby, 2016). But it is not entirely clear which serious offenses (sexual assault, aggravated assaults, dating violence) are to be excluded as not bullying. This suggests the strategy followed in NatSCEV of gathering a broad range of aggressions that can be referred to more generically as peer victimizations, but subdividing out episodes that could fit some specific definitions of bullying using various qualifiers.

**Bullying as repetition and power imbalance.** Some researchers in the field have tried to promote a formal definition of bullying that denotes acts with intent to harm that occur repeatedly and in a relationship where there is a power imbalance. Both the elder researcher in this field, Dan Olweus, and the CDC have proposed this convention (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014; Olweus, 2007). But many other researchers in the field continue to conduct and report studies that do not clearly restrict episodes to these criteria (Vivolo-Kantor et al., 2014). The University of Illinois Bullying Scale (Espelage & Holt, 2001) does not measure or use power imbalance.

**Providing definition.** Because respondents are typically not clear about what bullying is, a common convention in the field is to define bullying before asking youth if they have been bullied.

For example, one national survey of bullying used this definition:

*Here are some questions about bullying. We say a student is BEING BULLIED when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. But it is NOT BULLYING when two students of about the same strength quarrel or fight. (Nansel et al., 2001)*

But even this definition is quite indefinite about the power imbalance and repetition requirement.

Research has shown that even given a definition, about half or more of all episodes reported in response to questions about bullying do not truly meet the criteria of power imbalance and repetition (Finkelhor et al., 2016; Lessne & Cidade, 2016). Moreover, a meta-analysis found that using the term “bullying” in a question tends to depress rates (Modecki, Minchin, Harbaugh, Guerra & Runions, 2014). All this suggests that the best strategy is to not use the term “bullying” in screeners, but delimit bullying through follow-up questions. The JVQ follows this approach.

**Schools as context.** Much of the traditional bullying research focused specifically on school bullying and the school environment. Data were gathered in schools. Perpetrators were described as “students.” But some bullying research has included and sometimes specifically delineated non-school bullying. Half or more of all peer victimization occurs outside of schools (Turner et al., 2011; Finkelhor, Vanderminden, Turner, Shattuck, & Hamby, 2014), and it is clearly of interest to parents, law enforcement and policymakers, although perhaps less so to school teachers and administrators. This suggests the importance of gathering information about bullying both in and out of schools, which is what NatSCEV does, while asking about place of occurrence in follow-up.

**Sibling victimization.** Because aggression between siblings is so common and of such diverse variety, some observers of this phenomenon are concerned that asking broadly about sibling attacks and property aggressions among children of all ages may identify a large number of episodes of a minor nature, which would fail to qualify in most people’s judgment as a victimization or crime. The concern is particularly strong with regard to the aggressions of younger children who lack self-control.

On the other hand, there are those who point to parallels with spousal aggression, where the commonality and cultural acceptance of the phenomenon were associated with a minimization of what was subsequently recognized as a very consequential problem (Khan & Rogers, 2015; McDonald & Martinez, 2016). The parallel about the impact of having to live with a person who is being assaultive or threatening is particularly apt. Sibling abuse has been referred to as the most common form of family violence (Kiselica & Morrill-Richards, 2007), with effects equivalent to those of parental maltreatment and exposure to domestic violence. The literature has been growing in recent years, with a number of articles emphasizing the serious nature of sibling victimization (Bowes, Wolke, Joinson, Lereya, & Lewis, 2014; Duncan, 1999; Graham-Bermann, Cutler, Litzenberger, & Schwartz, 1994; Wolke & Samara, 2004).

This debate points to the crucial need for more data and research about the problem, and one of the salient contributions of the NatSCEV program has been to address some of these issues in a

number of publications (Tucker, Finkelhor, Turner, & Shattuck, 2013; Tucker, Finkelhor, Shattuck, & Turner, 2013; Tucker, Finkelhor, Turner, & Shattuck, 2014).

Sibling aggression is indeed common in NatSCEV, reported by 20.4 percent in the PY in the age 2-9 group and 10.0 percent in the age 10-17 group. Three subcategories of sibling aggression have been distinguished in our analyses: physical assault, psychological aggression and property offenses.

One of the papers, Tucker et al., 2013, found: *Children who experienced sibling aggression in the past year had greater mental health distress than others without sibling aggression.* Younger victims ages 0 to 9 actually showed greater mental health distress than did youth ages 10 to 17 in the case of mild physical sibling assault, but the two cohorts did not differ for the other types of sibling aggression. When sibling and peer aggression were looked at separately, both sibling and peer aggression independently and uniquely predicted worsened mental health.

The sibling victimizations clearly have a spectrum of seriousness.

- 32.1 percent of the sibling physical assaults involved a weapon/implement or resulted in injury. This was lower than the 57.6 percent for non-sibling peer assaults that had these elements.
- Sibling victimizations had a fairly high level of perceived power imbalance (higher than non-sibling peers, although non-significantly in this sample: power imbalance for weapon assault, 59 percent sibling versus 39 percent non-sibling; non-weapon assault, 60 percent versus 43 percent; and 84 percent versus 63 percent for psychological aggression).
- The percentage reporting being afraid or very afraid for the sibling victimizations was 52.3 percent for weapon assault, 38.3 percent for non-weapon assault, 34.8 percent for psychological aggression and 24.5 percent for property. These compare to 59.9 percent, 45.5 percent, 39.7 percent, and 37.3 percent, respectively, for non-sibling peer equivalents.
- All forms of sibling victimization were associated with significantly elevated symptom scores, even while controlling for other forms of victimization. The associations were higher for younger children than for older children.

One conclusion appears to be that there are a considerable number of consequential sibling victimizations that are reported in response to the JVQ questions. Sibling victimization is somewhat, but not dramatically, less serious than non-sibling peer victimization on the dimension of injury, but equivalent in power imbalance and fear induction.

Suggestions have been made to constrain the sibling episodes to those involving some element of seriousness, like injury. Rather than constrain the domain of episodes that are being elicited in the questionnaire, the NatSCEV project has, in the past, aimed to address concerns about the seriousness of sibling victimization by reporting the data in ways that allow readers to see disaggregated subgroups. Thus, in reporting the important overall rates of victimization, the practice has been to report property and violent crimes without the sibling component, for those who think sibling episodes may not be equivalent to other offenses.

To aid in this approach, some additional dimensions of sibling victimization could be added under a redesign. For example, we might add some additional questions to the follow-up section about peer victimizations to find out about the element of repetition, a dimension that currently is not well assessed. We then might create a special category of sibling victimization in reports limited to those that meet some criteria, such as repetitive, injurious, or associated with fear and intimidation. We do not favor and find little basis in previous findings to specifically exclude sibling episodes in question wording and data gathering.

**Subtypes of bullying and peer victimization.** Bullying and peer victimization are generally seen as having consequential non-physical subtypes that include behaviors like denigrating, humiliating, etc. Almost all bullying and peer victimization measures include items about teasing and name-calling, behaviors that are often called psychological or emotional bullying, harassment, or abuse. Some measures also define another category of “relational bullying” that includes behaviors such as exclusion or making up malicious gossip about someone.

**Threshold issues – Overinclusion.** A recurring issue in the domain of peer victimization has been concern that minor kinds of peer conflict episodes can mistakenly get counted in victimization surveys, inflating or misrepresenting the degree of seriousness. Several kinds of overinclusion have been discussed and can be enumerated separately:

- Episodes involving mock aggression or aggression intended in a playful or joking fashion. Hitting a peer on the shoulder, tackling them, or calling peers derogatory names. Sometimes, however, acts that are intended as playful end up hurting or causing offense.
- Episodes involving conflict without intended aggression. Youth can feel hurt, excluded, or demeaned by encounters where harm was not intended—as in conflicts over participation in teams or activities, or the evaluative comments peers make about someone’s skills or behavior.

- Aggression with transient or minimal harm or offense. There is a belief among adults and school officials (without much empirical evidence) that minor aggression like pushing, shoving, hitting, and angry outbursts do not have the same harm value that they might in adult contexts.

A variety of approaches have been taken to create seriousness thresholds and to reduce possible overinclusion.

- **Preambles.** These statements try to tell respondents not to include minor episodes, play fighting, or joking. Some research on bullying suggests though that the preambles are ineffective (Finkelhor et al., 2016).
- **Threshold language in the screener.** Some of the kinds of terms that have been added to questions include “meant to hurt/harm”—to distinguish aggression from conflict or joking; “made you feel bad or scared”—to only get high-impact episodes; “you were unable to protect yourself” or “someone who was bigger, stronger, more popular.”

These kinds of filters on episodes can also be added as follow-ups.

There are a couple of problems with these filters. On the one hand, they can make questions very cumbersome if they are included in the screening question. They can introduce subjective elements that may vary considerably according to region, class, or gender. Most importantly, they may create artificial associations with impact measures such as depression, because depressed youth may be more likely to see intention or have negative reactions.

## B.8.4 NatSCEV Items

### Gang/Group Assault

- P1. Sometimes groups of kids or gangs attack people. At any time in (your child’s/your) life, did a group of kids or a gang hit, jump, or attack (your child/you)?

Many communities have youth gangs and many assaults on juveniles are at the hands of groups of other youth. The JVQ included a screener about this topic both to represent this as a unique and important element in a victimization assessment, and to prompt respondents’ memories for such episodes. In the last NatSCEV, this item was endorsed by 3 percent for lifetime and 1.1 percent for the past year.

However, a gang or group assault question is not typical in other bullying and peer victimization inventories. Moreover, there is considerable potential for conceptual ambiguity. The meaning of “gang” among respondents is probably quite variable and cannot be made to comport with the criminological definition. When a primary assailant is accompanied by friends or there are simply others in the vicinity, it may be hard to determine whether there are truly multiple assailants. The involvement of multiple assailants is also an episode attribute that can be assessed in follow-up questions by asking whether an episode involved more than one perpetrator. This is a screening question we believe can be cut without negative impact on the survey.

### **Peer Physical Assault**

- P2. At any time in (your child’s/your) life, did any kid, even a brother or sister, hit (your child/you)? Somewhere like: at home, at school, out playing, in a store, or anywhere else?

This is a core peer victimization question that specifically encompasses sibling assaults. This should be retained.

### **Peer Genital Assault**

- P3. At any time in (your child’s/your) life, did any kids try to hurt (your child’s/your) private parts on purpose by hitting or kicking (your child/you) there?

At the time of its development, the JVQ experimented with the use of a specific question asking about assault to the genitals, based on discussions with youth suggesting that peer harassment often involves intentional punches, kicks and grabs to the crotch that are not overtly sexual. This item has always gotten frequent endorsement. In NatSCEV 3, among the boys, 17.2 percent had had such an experience lifetime, and 7.7 percent in the last year, and among girls the endorsement was 4.7 percent lifetime and 2.4 percent past year. Seventy-three percent of the endorsements are NOT part of any other victimization and thus are new episodes. However, inclusion of this screener increased the level of overall peer victimization by only a small amount from 52.7 to 54.3 percent, in part because many of these victims had other peer victimizations as well.

To our knowledge, a screening item about non-sexual assault to the genitals is not an item used by any other questionnaire about peer victimization. There is also relatively little literature and practitioner interest in this topic. The paper in JAMA we wrote on this issue based on the JVQ data back in 1995 (Finkelhor & Wolak, 1995) has been cited 21 times in the intervening 21 years, mostly in the medical literature on genital injuries, so it could be considered for deletion.

However, an argument can be made for its value in a comprehensive victimization inventory. It inquires about a form of victimization that might not otherwise be volunteered or remembered without a specific prompt. Moreover, it sensitizes consumers of the research about this particular form of victimization that needs specific discussion in assessment and prevention work. This item needs additional discussion and analysis to ascertain its merits.

### **Peer Physical Intimidation**

- P4. At any time in (your child's/your) life, did any kids, even a brother or sister, pick on (your child/you) by chasing (your child/you) or grabbing (your child/you) or by making (him/her /you) do something (he/she /you) didn't want to do?

This item parallels the kinds of items that are used in bullying with the addition of the sibling prompt. We propose to retain it.

### **Peer Psychological Victimization**

- P5. At any time in (your child's/your) life, did (your child/you) get really scared or feel really bad because kids were calling (him/her /you) names, saying mean things to (him/her /you), or saying they didn't want (him/her /you) around?

This item parallels the kinds of items used in bullying a peer victimization inventories around emotional and psychological abuse. We inserted a threshold filter of “get really scared or feel really bad” to screen out more minor episodes. We propose to retain an item such as this but want to consider alternative threshold wording.

### **Dating Violence**

- P6. At any time in your life, did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?

There has been a lot of research and discussion about issues related to teen dating violence since the JVQ was developed. Among the concerns has been the wide variability of rates in different surveys and findings that frequently show disproportionate female perpetration. Some research has suggested that conventional questions in this domain may be eliciting reports of play fighting and mock aggression.

A dating violence measure is a crucial question for inclusion in the JVQ, but we want to propose reformulating it, such as in the following:

“At any time in your life, did a boyfriend or girlfriend or anyone you went on a date with push, grab or hit you? We don’t mean when you were just joking around.”

### **Peer Relational Victimization**

P7. At any time in (your child’s/your) life, did any kids ever tell lies or spread rumors about (him/her/you), or tried to make others dislike (him/her/you)?

### **Peer Relational Victimization**

P8. At any time in (your child’s/your) life, did any kids ever keep (him/her/you) out of things on purpose, excluded (him/her/you) from their group of friends, or completely ignored (him/her/you)?

To better accommodate the measurement of relational bullying, we added these two questions to later versions of the JVQ. They have about equal levels of endorsement (30 percent and 33 percent) and low levels of threat, with P7 level of “very scared” being somewhat higher (4.8% versus 2.5%). The inclusion of the two items raises the overall rate of peer victimization by 4.4 percent from 57.3 percent to 61.7 percent. We believe we could combine them or eliminate one or the other based on further analyses.

## **B.8.5 Recommendations**

Here are some of the core implications we recommend based on the literature:

- Avoid the use of the term “bullying” in screening questions. The literature suggests that it is an ambiguous term, interpreted differently by different audiences and subgroups. Even providing a definition does not seem to solve the problem.
- Use follow-up questions for peer and sibling episodes to ascertain the seriousness level, including the official bullying definition. Follow-up elements about power imbalance and repetition can identify episodes that meet the criteria of the research definition for bullying for those who wish to have such an estimate. Items about injury, fear, sexual content and multiple perpetrators can also signal more serious episodes.
- Include questions about psychological and relational victimization. In addition to specific question(s) about physical victimization, we need to have separate specific items

about psychological and relational victimization, as well. These two additional domains are widely utilized and emphasized in the literature (for example, in the finding that girls experience more relational and boys more physical victimization).

- Include siblings. Sibling victimization as a specific category is increasingly important in policy, practice and public discussion, so it should not be overlooked. Because it may not come to mind in the context of general victimization questions, a reference to siblings needs to be included in the screen questions. This could be as a separate question specific to sibling victimization or as a parenthetical clause to prompt about siblings in more general questions, or both.
- Report subdivided categories that give separate estimates for non-sibling peer victimization and also for in-school victimizations, since there appear to be audiences for these subgroups.
- Include specific questions about dating and boyfriend/girlfriend victimization. This is treated in a separate section of this report. But peer victimization estimates should be reported that include such exposures, as well as having the dating victimization subcategory reported separately.
- Timeframe should be lifetime and past year. While there are numerous bullying and peer victimization measures that focus on the last month or recent time periods, it is important that the time frame for all questions be standardized.
- Ascertain peer perpetrators for all other kinds of victimization categories (except those specifically asking about adults), and add these to peer victimization rates if they have not been mentioned in response to the specific peer victimization screens.

We believe substantial changes may be needed to the peer victimization section, including:

- We should delete the item on gang assault (P1) and simply find out in follow-up if there were multiple assailants to other assault questions.
- We delete the question about non-sexual genital assault (P3), given that it seems to add relatively little to the aggregate endorsement of peer victimization.
- We need to consider whether the use of the term “get really scared or feel really bad” as part of psychological victimization (P5) is the best way to capture serious episodes.
- We want to rewrite the item for dating assault (P6), based on recent research showing that some non-aggressive behaviors can be excluded with a statement about play fighting.
- We think it possible that the two relational victimization (P7 or P8) items can be combined or one of them eliminated (most likely P8).

## JVQ NatSCEV Peer Victimization Questions

### Gang/Group Assault

- P1. Sometimes groups of kids or gangs attack people. At any time in (your child's/your) life, did a group of kids or a gang hit, jump, or attack (your child/you)?

### Peer Physical Assault

- P2. At any time in (your child's/your) life, did any kid, even a brother or sister, hit (your child/you)? Somewhere like: at home, at school, out playing, in a store, or anywhere else?

### Peer Genital Assault

- P3. At any time in (your child's/your) life, did any kids try to hurt (your child's/your) private parts on purpose by hitting or kicking (your child/you) there?

### Peer Physical Intimidation

- P4. At any time in (your child's/your) life, did any kids, even a brother or sister, pick on (your child/you) by chasing (your child/you) or grabbing (your child/you) or by making (him/her /you) do something (he/she /you) didn't want to do?

### Peer Psychological Victimization

- P5. At any time in (your child's/your) life, did (your child/you) get really scared or feel really bad because kids were calling (him/her /you) names, saying mean things to (him/her /you), or saying they didn't want (him/her /you) around?

## [ASK FOR CHILDREN 12 AND OLDER]

### Dating Violence

- P6. At any time in your life, did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?

### Peer Relational Victimization

- P7. At any time in (your child's/your) life, did any kids ever tell lies or spread rumors about (him/her/you), or tried to make others dislike (him/her/you)?

### Peer Relationship Victimization

- P8. At any time in (your child's/your) life, did any kids ever keep (him/her/you) out of things on purpose, excluded (him/her/you) from their group of friends, or completely ignored (him/her/you)?

## Peer Sexual Victimization

- S3. Now think about other kids, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in (your child's/your) life, did another child or teen make (your child/you) do sexual things?

## Other Measures

### NCVS School Crime Supplement Bully Questions

#### Version 1

Now I have some questions about what students do at school that make you feel bad or are hurtful to you. We often refer to this as being bullied. You may include events you told me about already. During this school year, has any student bullied you? That is, has another student ...

- a. Made fun of you, called you names, or insulted you, in a hurtful way?
- b. Spread rumors about you or tried to make others dislike you?
- c. Threatened you with harm?
- d. Pushed you, shoved you, tripped you, or spit on you?
- e. Tried to make you do things you did not want to do, for example, give them money or other things?
- f. Excluded you from activities on purpose?
- g. Destroyed your property on purpose?

When you were bullied this school year, did it happen over and over, or were you afraid it would happen over and over?

When you were bullied this school year, were you ever bullied by someone who had more power or strength than you? This could be because the person was bigger than you, was more popular, had more money, or had more power than you in another way.

#### Alternative

Now I have some questions about bullying at school. Bullying happens when one or more students tease, threaten, spread rumors about, hit, shove or hurt another student. It is not bullying when

students of about the same strength or power argue or fight or tease each other in a friendly way. Bullies are usually stronger, or have more friends or more money, or some other power over the student being bullied. Usually, bullying happens over and over, or the student being bullied thinks it might happen over and over. By this definition, have you been bullied at school, by another student this school year?

Was any of the bullying verbal—that is, did it involve making fun of you, calling you names, or spreading rumors about you?

Was any of the bullying physical—that is, did it involve hitting, shoving, tripping, or physically hurting you in some way, or the threat of hurting you in some way?

Was any of the bullying social—that is, did it involve ignoring you or excluding you from activities on purpose in order to hurt you?

### **Commentary on NCVS Bullying Screens**

- Good, diverse list of common bullying behaviors;
- Nice, brief presentation and clear language;
- Covers “extortion” (give money or other things) not covered in JVQ;
- Similar to JVQ on name-calling, rumors, make do things, excluded;
- Property covered by JVQ property vandalism, theft and robbery;
- Threat covered by JVQ on threat; and
- Contact items somewhat different: push, shove, trip, spit versus hit, chase, grab.

## **The Bully Survey**

REMEMBER: Bullying happens when someone hurts or scares another person on purpose and the person being bullied has a hard time defending himself or herself. Usually, bullying happens over and over. • Punching, shoving, and other acts that hurt people physically • Spreading bad rumors about people • Keeping certain people out of a “group” • Teasing people in a mean way • Getting certain people to “gang up” on others

Have you been bullied this school year?

How did you get bullied?

- a. Called me names
- b. Made fun of me
- c. Said they will do bad things to me
- d. Played jokes on me
- e. Won't let me be a part of their group
- f. Broke my things
- g. Attacked me
- h. Nobody would talk to me
- i. Wrote bad things about me
- j. Said mean things behind my back
- k. Pushed or shoved me

(Swearer & Cary, 2003)

## The Olweus Bullying Questionnaire

Here are some questions about being bullied by other students. First, we define or explain the word bullying. We say a student is being bullied when another student or several other students:

- Say mean and hurtful things or make fun of him or her or call him or her mean and hurtful names;
- Completely ignore or exclude him or her from their group of friends or leave him or her out of things on purpose;
- Hit, kick, push, shove around, or lock him or her inside a room;
- Tell lies or spread false rumors about him or her or send mean notes and try to make other students dislike him or her; and
- Other hurtful things like that.

When we talk about bullying, these things happen repeatedly, and it is difficult for the student being bullied to defend himself or herself. We also call it bullying, when a student is teased repeatedly in a mean and hurtful way. But we don't call it bullying when the teasing is done in a friendly and playful way. Also, it is not bullying when two students of about equal strength or power argue or fight.

4. How often have you been bullied at school in the past couple of months?

(Solberg & Olweus, 2003)

### **Multi-Dimensional Peer Victimization Scale**

Below is a list of things that some children do to other children. How often during the last school year has another pupil done these things to you?

1. Called me names
2. Tried to get me into trouble with my friends
3. Took something of mine without permission
4. Made fun of me because of my appearance
5. Made fun of me for some reason
6. Punched me
7. Kicked me
8. Hurt me physically in some way
9. Beat me up
10. Tried to break something of mine
11. Tried to make my friends turn against me
12. Stole something from me
13. Refused to talk to me
14. Made other people not talk to me

15. Deliberately damaged some property of mine
16. Swore at me

(Gladden et al., 2014; Mynard & Joseph, 2000)

## **B.9 Sexual Assault and Abuse Concept Mapping**

### **B.9.1 Audience Relevance**

Interest in sexual offenses against children is one of the core justifications for the NatSCEV. Many audiences, from journalists to policymakers to advocacy groups to ordinary citizens, seek information on these offenses. It is widely recognized that other data sources do not do a comprehensive job of estimating these exposures. The NatSCEV estimates from this section have been widely cited as a current, updated estimate of the scope of the problem (Finkelhor, Shattuck, Turner, & Hamby, 2014). They have also contributed to the literature that sexual assault and abuse of children and youth have declined somewhat in the years since 2003 (Finkelhor & Jones, 2012).

### **B.9.2 Definition**

Sexual offenses against children have two definitional components (Finkelhor, 1994): (a) sexual acts that are imposed on a child by virtue of force, coercion, deception or authority; and (b) sexual acts that are criminal because of an impermissible age difference or other incapacitation that impairs ability to consent.

### **B.9.3 Definitional and Methodological Issues**

The recent National Academy of Sciences (NAS) report on sexual assault research (Kruttschnitt, Kalsbeek, & House, 2014) articulated important goals for victimization questionnaires. Discussing the construction of survey questions about sexual assault, the report urged:

1. The importance of a neutral, rather than a crime-focused, context
2. The use of behaviorally specific questions

3. The inclusion of episodes where the victim does not have the capacity to consent
4. Use of multiple questions

An assessment of the JVQ in light of these recommendations follows.

**Neutral Context.** NatSCEV is not a “crime dominant” context like the NCVS, which has been the primary target of the context criticism. The term “crime” is never used. The introduction of the survey presents it as an interview about child safety. The sexual assault questions come after many questions about other kinds of victimizations, some of which are seriously criminal, but most of which are not, and include family neglect, peer victimization and psychological victimization. So it is an encompassing rather than restrictive context.

One strength of the JVQ/NatSCEV design is the broad range of contexts and possible perpetrators that are referenced in the questionnaire as a whole before the questions about sexual victimization are broached, which could help remind respondents about possible situations and episodes to be considered in the questions on sexual victimization. Moreover, since many earlier questions pertain to non-criminal events, it should be clear that the study is not limiting its interest exclusively to crimes or just very serious offenses. NatSCEV does not on its face appear any more “crime” focused than any of the other victimization surveys that ask about different forms of sexual and intimate violence.

One relevant question is whether the placement of the sexual victimization questions near the latter part of the victimization inventory could have some inhibitory contextual effects. The inhibition could arise from respondent fatigue, and wanting to finish the survey or avoid further unpleasant topics. On the other hand, the placement of the sexual victimization items later in the survey was intended to increase disclosure by giving the respondent the opportunity to get comfortable with the topic material and feel a rapport with the interviewer. This latter point is a less relevant concern if the NatSCEV is redesigned for self-administration.

**Behaviorally specific questions.** Behavioral specificity has several dimensions. One is the admonishment to avoid terms like rape, sexual assault, sexual abuse, molestation that may be poorly or variously defined in the minds of respondents and may not prompt the disclosure of all episodes that would qualify under study definitions.

A second principle of behavioral specificity is to mention the specific acts and behaviors that make up the offense. Here, there are different levels that have been used. Many questionnaires refer to

sexual acts such as touching, fondling, or grabbing. There is more variability in practice about whether terms like penis, vagina and anus are used as opposed to terms like sexual parts or private parts. Surveys like the National Intimate Partner and Sexual Violence Survey (NISVS), the Association of American Universities (AAU) Campus Climate Survey on Sexual Assault and Sexual Misconduct, and the National College Women’s Survey use penis and vagina, while NSYC and CEVQ, which have younger respondents, use terms like private parts and sexual activity for those respondents. There is also variability about whether terms like “putting (penis/finger/etc.) inside you/your (vagina/mouth/etc.)” or “sexual intercourse” are used.

Having children as respondents creates a complexity that was not addressed in the NAS report and may change considerations about the degree of behavioral specificity. The mention of explicit sexual activities may be seen as inappropriate with children, and may raise problems for IRBs and parental consent. It is not clear how much comprehension there is among youth about terms like sexual intercourse, penis, and vagina.

The current NatSCEV/JVQ items operate in a kind of middle ground. Some questions use the specific terms “touch your private parts” with the expectation that sexual intercourse and other activities cannot happen without such touching. This is also the terminology that was widely reported to us as the phrasing used in school systems during the focus groups and cognitive interviews. Then, some of the more specific behaviors are relegated to the follow-up questions; for example, “Did this person(s) put any part of her/his body inside (your child/you)?” Some NatSCEV/JVQ screeners, however, also use less specific words like “have sex” or “make you do sexual things” more in line with studies like the CEVQ.

**Incapacity to consent.** There are two primary incapacity conditions to be covered in the sexual abuse/assault domain. One is incapacity due to inebriation or unconsciousness. The second is incapacity due to statutory proscription, the fact that sexual activity between adults and children is illegal and considered inherently non-consensual. The JVQ has a screen question about inebriation included only in NatSCEV III, although not about unconsciousness.

The issue of statutory violation, for its part, is key in the NatSCEV design, because so much sexual abuse of children is not violent or necessarily coerced, but results from manipulation of norms or incentives. The JVQ gets at statutory violation in three ways. One is to have three separate questions that ask specifically about sexual activities with adults/grown-ups. A second is to use the term “when they shouldn’t have” rather than “when you didn’t want” because this covers behaviors that were not necessarily coerced or unwanted at the time. A third is to have a specific question about

voluntary sexual activities *with an adult*: “even things you both wanted.” Follow-up questions obtain the age information that allows relationships to be categorized as statutory offenses.

**Multiple questions.** Another clear recommendation in the sexual victimization epidemiology literature is to ask multiple questions that reference a variety of contexts in which offenses can occur. This pertains to the fact that not all experiences of sexual violation may necessarily be accessed by a question that asks simply about “unwanted episodes” or “force.” In this regard, the JVQ approach is somewhat unique from other sexual assault and sexual abuse questionnaires, which for the most part ask about whether “anyone” or “someone” did something to them. The JVQ has language that mentions several specific classes of people—known adults, unknown adults, peers and siblings, boyfriends and girlfriends—with the goal of making sure the respondent searches for relevant episodes involving such partners, knowing that sometimes such memories are occluded. This also has the purpose of specifically embodying the distinction that is important in sexual abuse epidemiology between abuse at the hands of adults and at the hands of other youth.

## B.9.4 NatSCEV Questions

### Sexual Assault by Known Adult

- S1. At any time in your life, did a grown-up you know touch your private parts when they shouldn't have or make you touch their private parts? Or did a grown-up you know force you to have sex?

### Sexual Assault by Unknown Adult

- S2. At any time in your life, did a grown-up you did not know touch your private parts when they shouldn't have, make you touch their private parts or force you to have sex?

These two questions are similar, and they reference “known adult” and “unknown adult” separately. This division had two purposes: to give more time for respondents to consider possible disclosures, and also to make a discrimination that could be maintained by those who might use the JVQ screeners alone without the follow-up questions. These two questions reference a crucial set of offenses of importance to the NatSCEV and should be retained.

### Sexual Assault by Peer/Sibling

- S3. Now think about other kids, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in your life, did another child or teen make you do sexual things?

This question also references a crucial set of exposures and reminds respondents of a variety of possible perpetrators who might not otherwise be considered in a question about sexual assault or sexual abuse. Retain.

This question does use the somewhat ambiguous term “sexual things.” The question might be improved by defining “sexual things” as “touching your private parts, or making you touch their private parts.” But these elements have been made explicit in the previous two questions.

### **Forced Sex (Including attempts)**

S4. At any time in your life, did anyone try to force you to have sex; that is, sexual intercourse of any kind, even if it didn’t happen?

This question was intended to reference episodes in which someone tried to force the child to have sex but it did not happen for a variety of reasons. Some research suggests that respondents may sometimes omit episodes where, in their perception, the intended offense did not happen.

Nonetheless, it can be important for the researchers to evaluate these episodes for inclusion. Retain. We might change to “try or threaten to use physical force” or add force measure to follow-ups to be sure we are excluding verbal pleading.

### **Flashing/Sexual Exposure**

S5. At any time in your life, did anyone make you look at their private parts by using force or surprise, or by “flashing” you?

Some sexual assault questionnaires try to capture experiences of encountering exhibitionists who confront victims with displays of their genitals. The shorter questionnaires tend not to ask about these episodes, while the more comprehensive and detailed sexual offense questionnaires like NISVS cover this. NISVS asks: “How many people have ever done any of the following things when you didn’t want it to happen? Exposed their sexual body parts to you, flashed you, or masturbated in front of you?” The JVQ uses the phrase: “make you look at their private parts by using force or surprise, or by ‘flashing’ you?” The estimated overall rates were 2 percent in the past year for the full sample and 10 percent lifetime among the 14- to 17-year-olds.

However, some of the detailed NatSCEV findings raise questions about this item. First, in 90 percent of the episodes the flashing was perpetrated by peers, rather than adults. Second, the exposure rates for males were nearly as high as those for females. Among the peer perpetrator exposure, 70 percent generated no fear in the victims. All this suggests the likelihood that some or

much of what is being accessed by this question is not the aggressive stereotypical street exhibitionist that consumers of the statistic might imagine.

This question could be deleted or, if retained, needs to be redrafted to define better the aggressive, hostile and frightening contexts in which flashing occurs and devising better ways to restrict responses to that component. Since some of the unwanted and aggressive flashing occurs in technology contexts, consideration needs to be given to formulating the question to include these episodes.

Alternate possibility: At any time in your life, did anyone make you look at their private sexual parts when you really did not want to? This question could be asked in person or through technology.

### **Verbal Sexual Harassment**

S6. At any time in your life, did anyone hurt your feelings by saying or writing something sexual about you or your body?

There is a recognition that young people are frequently the targets of verbal derogation and harassment that refers to their sexuality, sexual parts, or that uses sexual terms or images or claims to denigrate them. Most sexual assault/abuse inventories do NOT cover this topic. The NISVS asks about: “verbally harassed you while you were in a public place in a way that made you feel unsafe?” Even the bullying and peer victimization questionnaires do not typically ask about sexual harassment, although it is increasingly recognized as an important and damaging form of bullying (Espelage & Swearer, 2008; Ybarra, Espelage, & Mitchell, 2007).

One study, however, the AAUW survey *Hostile Hallways*, has reported high rates of sexual harassment among 8th to 11th graders, with 80 percent citing any sexual harassment and 75 percent non-physical sexual harassment during their school career. The survey has a long list of questions about such behavior including: “Spread sexual rumors about you; Showed, gave, or left you sexual pictures, photographs, illustrations, messages, or notes; Wrote sexual messages/graffiti about you on bathroom walls, in locker rooms, etc.; Said you were gay or lesbian.”

The JVQ/NatSCEV questionnaire has a single item in this section about verbal sexual harassment. The past-year exposure rate was 3.6 percent for girls and 1.5 percent for boys for the whole sample, while the lifetime exposure for 14- to 17-year-olds was 20.5 percent for girls and 3.4 percent for boys. The JVQ also has a question about bias offenses including being attacked for being gay in the conventional crime section.

This is a complicated domain that has not been subjected to very much conceptual or methodological research. Sexual harassment in Grade 9 has been shown to be associated with elevated risk of self-harm, suicidal thoughts, maladaptive dieting, early dating, substance use, and feeling unsafe at school (Chiodo, Wolfe, Crooks, Hughes, & Jaffe, 2009) and also with a variety of other victimizations that may contribute to poor outcomes.

Some of the unanswered questions in this domain concern which elements of this victimization domain are most impactful. Sexual derogation in some youth and adult subcultures is part of common banter and joking, and may have increased and also become less stigmatizing as coarse sexual language has become more acceptable. The current JVQ question tries to screen out less serious episodes by asking for episodes that “hurt their feelings.” Other possible thresholds could be “scared you,” or “made you feel unsafe.”

This is also very likely a domain where additional questions or prompts might substantially increase endorsements, given that harassment can take so many forms that may not all be prompted by a single general question. So items like “starting sexual rumors” or “taking or making or distributing sexual images” might be considered for additional question items or added to the current item.

There is also in some environments a lot of casual sexual derogation that may not have a hostile or hurtful intent. We also might want to add a caution about “not including joking around.”

In recognition of the fact that much verbal sexual harassment comes through electronic media, it might be a good idea to slightly expand this screener to say “saying, writing, texting or posting.”

**Statutory Rape and Sexual Misconduct** (Note: Suggested for children ages 12 and older.)

S7. At any time in your life, did you do sexual things with anyone 18 or older, even things you both wanted?

This is a very important question that recognizes that youth are manipulated and seduced into sexual relationships with impermissibly older adults, and that these constitute an important component of the sexual abuse problem. Thus, the question emphasizes behavior that from the youth’s perspective may be voluntary “even things you both wanted.” Retain.

## **Intoxication Non-consensual Sex** *(added NatSCEV III)*

- S8. Has anyone ever had sex or tried to have sex with you when you didn't want it, when you were very high, drunk, or drugged?

This is an important domain emphasized by the NAS report, and a topic that has gotten increasing focus in discussions of sexual abuse on college campuses. It seems likely that some episodes of this sort might remain undisclosed without asking specifically about them. However, the rate of disclosure in the NatSCEV is quite low, possibly because of the young age of the sample. Also, to make consistent with other questions, we may want to formulate this as “done sexual things with you.” Retain

## **B.9.5 Recommendations**

The sexual assault and abuse section of the JVQ has been one of its strengths and has yielded important findings and conclusions for the field. It is important to retain much of its structure for trend analysis. The candidate for deletion or revision is the question about flashing (S5), as it appears to elicit episodes that may not be true offenses.

Some sexual assault and abuse inventories include questions about unwanted kissing. The inclusion of such an item in the JVQ would almost certainly add to the prevalence of sexual offense. However, much unwanted or even forced kissing involving children and youth may take place in non-sexual contexts. It might be possible to limit such acts to ones that caused considerable fear or distress. Because such items are not universal in sexual/abuse inventories and because space and time are in short supply in the NatSCEV, we are inclined NOT to expand the questionnaire in this direction.

## **NatSCEV JVQ Items**

### **Sexual Assault by Known Adult**

- S1. At any time in your life, did a grown-up you know touch your private parts when they shouldn't have or make you touch their private parts? Or did a grown-up you know force you to have sex?

### **Sexual Assault by Unknown Adult**

- S2. At any time in your life, did a grown-up you did not know touch your private parts when they shouldn't have, make you touch their private parts or force you to have sex?

### **Sexual Assault by Peer/Sibling**

- S3. Now think about other kids, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in your life, did another child or teen make you do sexual things?

### **Forced Sex (Including attempts)**

- S4. At any time in your life, did anyone try to force you to have sex; that is, sexual intercourse of any kind, even if it didn't happen?

### **Flashing/Sexual Exposure**

- S5. At any time in your life, did anyone make you look at their private parts by using force or surprise, or by "flashing" you?

### **Verbal Sexual Harassment**

- S6. At any time in your life, did anyone hurt your feelings by saying or writing something sexual about you or your body?

### **Statutory Rape and Sexual Misconduct** *(Note: Suggested for children ages 12 and older.)*

- S7. At any time in your life, did you do sexual things with anyone 18 or older, even things you both wanted?

### **Intoxication Non-consensual Sex** *(added NS III)*

- S8. Has anyone ever had sex or tried to have sex with you when you didn't want it, when you were very high, drunk, or drugged?

## **National Survey on Teen Relationships and Intimate Violence (STRIV)**

- Forced you to have sex when you did not want to
- Threatened you in an attempt to have sex with you
- Kissed you when you didn't want to

(Taylor & Mumford, 2016)

## Childhood Trauma Questionnaire (CTQ)

### SA (Sexual Abuse)

- Someone tried to touch me in a sexual way, or tried to make me touch them.
- Someone threatened to hurt me or tell lies about me unless I did something sexual with them.
- Someone tried to make me do sexual things or watch sexual things.
- Someone molested me.
- I believe that I was sexually abused.

(Bernstein et al., 1997)

## Campus Climate Sexual Survey

This section asks about times when you may have experienced unwanted sexual contact. In these questions, **unwanted sexual contact** is sexual contact that you did not consent to and that you did not want to happen. Remember that sexual contact includes touching of your sexual body parts, oral sex, anal sex, sexual intercourse, and penetration of your [IF D3=FEMALE OR TRANSGENDER OR SOMETHING ELSE OR MISSING, FILL “vagina or”] anus with a finger or object.

Please check off each point as you read through these descriptions. Unwanted sexual contact could happen when:

- Someone touches or grabs your sexual body parts (e.g., butt, crotch, or breasts);
- Someone uses force against you, such as holding you down with his or her body weight, pinning your arms, hitting or kicking you;
- Someone threatens to hurt you or someone close to you; or
- You are unable to provide consent because you are incapacitated, passed out, unconscious, blacked out, or asleep.

(Cantor et al., 2015)

## National Survey Youth in Custody

- Did anyone ever use physical force or threat of physical force to make you do anything sexual?
- Did anyone force or pressure you in some other way to make you do anything sexual?
- Did anyone ever give you money, favors, protection, or other special treatment to make you do anything sexual?
- Have you rubbed another person's penis with your hand or has someone rubbed your penis with their hand?
- Have you rubbed another person's vagina with your hand?
- Have you put your mouth on another person's penis or has someone put their mouth on your penis?
- Have you put your mouth on someone's vagina?
- Have you put your penis, finger, or something else inside someone else's rear end or has someone put their penis, finger, or something else inside your rear end?
- Have you put your penis, finger, or something else inside someone's vagina?

(Beck, Cantor, Hartge & Smith, 2013)

## National Intimate Partner and Sexual Violence Survey (NISVS)

How many people have ever done any of the following things when you didn't want it to happen?

How many people have ever...

- Exposed their sexual body parts to you, flashed you, or masturbated in front of you?
- Made you show your sexual body parts to them when you didn't want it to happen?
- Made you look at or participate in sexual photos or movies?

How many people have ever ...

- Verbally harassed you while you were in a public place in a way that made you feel unsafe?
- Kissed you in a sexual way when you didn't want it to happen?
- Fondled, groped, grabbed, or touched you in a way that made you feel unsafe?

When you were drunk, high, drugged, or passed out and unable to consent, how many people have ever had ... ?

- Vaginal sex with you? By vaginal sex, we mean that (if female: a man or boy put his penis in your vagina) (if male: a woman or girl made you put your penis in her vagina).

When you were drunk, high, drugged, or passed out and unable to consent, how many people have ever?

- (If male) made you perform anal sex, meaning they made you put your penis into their anus?
- Made you receive anal sex, meaning they put their penis into your anus?

When you were drunk, high, drugged, or passed out and unable to consent, how many people have ever ... ?

- Made you perform oral sex, meaning that they put their penis in your mouth or made you penetrate their vagina or anus with your mouth?
- Made you receive oral sex, meaning that they put their mouth on your (if male, fill: penis; if female, fill: vagina) or anus?

How many people have ever used physical force or threats to physically harm you to make you have vaginal sex?

- (If male) perform anal sex?
- Receive anal sex?

How many people have ever used physical force or threats of physical harm to?

- Make you perform oral sex?
- Make you receive oral sex?
- Put their fingers or an object in your (if female, fill: vagina or) anus?

How many people have ever used physical force or threats of physical harm to ... ?

- (If male) TRY to make you have vaginal sex with them, but sex did not happen?
- TRY to have (if female, fill: vaginal,) oral, or anal sex with you, but sex did not happen?

Sometimes unwanted sexual contact happens after a person is pressured in a non-physical way.

How many people have you had vaginal, oral, or anal sex with after they pressured you by

- Doing things like telling you lies, making promises about the future they knew were untrue, threatening to end your relationship, or threatening to spread rumors about you?
- Wearing you down by repeatedly asking for sex, or showing they were unhappy?
- Using their influence or authority over you, for example, your boss or your teacher?

(Breiding, 2014)

### **Canadian Children Exposed to Violence Questionnaire (CEVQ)**

How many times has anyone ever:

- Threatened to have sex with you when you didn't want them to?
- Touched the private parts of your body or make you touch their private parts when you didn't want them to?
- Had sex with you when you didn't want them to or sexually forced themselves on you in some other way?

(Tanaka, Georgiades, Boyle & MacMillan, 2015)

### **Association of American Universities (AAU) Campus Climate Survey on Sexual Assault and Sexual Misconduct (2015)**

The first few questions ask about incidents that involved force or threats of force against you. Force could include someone holding you down with his or her body weight, pinning your arms, hitting or kicking you, or using or threatening to use a weapon against you.

G1. Since you have been attending [University], has someone used physical force or threats of physical force to do the following with you:

- Sexual penetration. When one person puts a penis, fingers, or object inside someone else's vagina or anus, or
- Oral sex. When someone's mouth or tongue makes contact with someone else's genitals

- G2. Since you have been attending [University], has someone used physical force or threats of physical force in an unsuccessful attempt to do any of the following with you:
- Sexual penetration. When one person puts a penis, finger, or object inside someone else's vagina or anus
  - Oral sex. When someone's mouth or tongue makes contact with someone else's genitals
- G3. Since you have been attending [University], has someone used physical force or threats of physical force to do any of the following with you:
- Kissing
  - Touching someone's breast, chest, crotch, groin or buttocks
  - Grabbing, groping or rubbing against the other in a sexual way, even if the touching is over the other's clothes

The next questions ask about incidents when you were unable to consent or stop what was happening because you were passed out, asleep, or incapacitated due to drugs or alcohol. Please include incidents even if you are not sure what happened.

- G4. Since you have been attending [University], has any of the following happened to you while you were unable to consent or stop what was happening because you were passed out, asleep or incapacitated due to drugs or alcohol:
- Sexual penetration. When one person puts a penis, fingers, or object inside someone else's vagina or anus, or
  - Oral sex. When someone's mouth or tongue makes contact with someone else's genitals
- G5. Since you have been attending [University], has any of the following happened to you while you were unable to consent or stop what was happening because you were passed out, asleep or incapacitated due to drugs or alcohol:
- Kissing
  - Touching someone's breast, chest, crotch, groin or buttocks
  - Grabbing, groping or rubbing against the other in a sexual way, even if the touching is over the other's clothes

(Cantor et al., 2015)

## National College Women Survey

1. Since school began in the fall 1996, has anyone made you have sexual intercourse by using force or threatening to harm you or someone close to you? Just so there is no mistake, by intercourse I mean putting a penis in your vagina.
2. Since school began in the fall 1996, has anyone made you have oral sex by force or threat of harm? By oral sex, I mean did someone's mouth or tongue make contact with your vagina or anus or did your mouth or tongue make contact with someone else's genitals or anus.
3. Since school began in the fall 1996, has anyone made you have anal sex by force or threat of harm? By anal sex, I mean putting a penis in your anus or rectum.
4. Since school began in the fall 1996, has anyone ever used force or threat of harm to sexually penetrate you with a foreign object? By this, I mean, for example, placing a bottle or finger in your vagina or anus.
5. Since school began in fall 1996, has anyone attempted but not succeeded in making you take part in any of the unwanted sexual experiences that I have just asked you about? For example, did anyone threaten or try but not succeed to have vaginal, oral, or anal sex with you or try unsuccessfully to penetrate your vagina or anus with a foreign object or finger?
6. Not counting the types of sexual contact already mentioned, have you experienced any unwanted or uninvited touching of a sexual nature since school began in fall 1996? This includes forced kissing, touching of private parts, grabbing, fondling, and rubbing up against you in a sexual way, even if it is over your clothes.
7. Since school began in fall 1996, has anyone attempted but not succeeded in unwanted or uninvited touching of a sexual nature?
8. Since school began in fall 1996, has anyone made or tried to make you have sexual intercourse or sexual contact when you did not want to by making threats of non-physical punishment, such as lowering a grade, being demoted or fired from a job, damaging your reputation, or being excluded from a group for failure to comply with requests for any type of sexual activity?
9. Since school began in fall 1996, has anyone made or tried to make you have sexual intercourse or sexual contact when you did not want to by promises of rewards, such as raising a grade, being hired or promoted, being given a ride or class notes, or getting help with coursework from a fellow student if you complied sexually?
10. Since school began in fall 1996, has anyone made or tried to make you have sexual intercourse or sexual contact when you did not want to by simply being overwhelmed by someone's continual pestering and verbal pressure?

(Chiodo et al., 2009; Espelage, Aragon, Birkett, & Koenig, 2008; Finkelhor, 1994; Fisher, Cullen, & Turner, 2000; Ybarra, Espelage, & Mitchell, 2007)

## **B.10 Exposure to Family/Domestic Violence Concept Mapping**

### **B.10.1 Audience**

Issues related to exposure to domestic violence have become very salient in the last 20 years. Child protection agencies and the child maltreatment community have considered it as an additional form of child maltreatment. Practitioners have developed specific treatment modalities for children who are exposed (Graham-Bermann, Miller-Graff, Howell, & Grogan-Kaylor, 2015). It is one of the core items in the ACE (Adverse Childhood Experience Scale) that has become the touchstone for much public policy. NatSCEV was notable for providing the first national estimates of this phenomenon (Hamby, Finkelhor, Turner, & Ormrod, 2010).

### **B.10.2 Definition**

The key element in this domain are acts of physical force intended to harm that are directed from an adult family or household member toward someone else in the household.

### **B.10.3 Definitional and Methodological Issues**

There are debates about whether the violence has to be directly seen by the child, or could also be heard or known about in some other way. There are debates about whether this issue is primarily about assaults against mothers by fathers (which is the ACE formulation), or between parental figures in general. There is also a question about whether witnessing assaults by against other children should be included.

### **B.10.4 JVQ Questions**

#### **Witness to Domestic Violence**

W1. At any time in your life, did you SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?

This has been the core JVQ item on exposure to domestic violence, and we believe it has worked well. Ten percent of the youth report a lifetime exposure and it has a very high fear rating of 47 percent. This item should be retained.

## **Witness to Parent Assault of Sibling**

W2. At any time in your life, did you SEE a parent hit, beat, kick, or physically hurt your brothers or sisters, not including a spanking on the bottom?

This has been a JVQ item used in all waves. The endorsement rate is relatively modest (3%). The very afraid level is 24 percent. But it is an important form of exposure and should be retained.

## **Parent Verbally Threatened**

EF1. At any time in your life, did one of your parents threaten to hurt another parent and it seemed they might really get hurt?

Rate: 5%; Fear score: 29%; Retain.

## **Parental Displaced Aggression**

EF2. At any time in your life, did one of your parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?

Rate: 15%; Fear score: 21%; Retain.

## **Parent Pushed**

EF3. At any time in your life, did one of your parents get pushed by another parent?

Rate 13%; Fear score; 13%: This item could be eliminated or combined with another item.

## **Parent Hit or Slapped**

EF4. At any time in your life, did one of your parents get hit or slapped by another parent?

Rate 8%; Fear score 13%: This item can be combined with another item.

## **Parent Severely Physically Assaulted**

EF5. At any time in your life, did one of your parents get kicked, choked, or beat up by another parent?

Rate 3%; Fear score 43%: This most severe form of exposure should be retained.

## Other Family Violence Exposure

EF6. Now we want to ask you about fights between any grown-ups and teens, not just between your parents. At any time in your life, did any grown-up or teen who lives with you push, hit, or beat up someone else who lives with you, like a parent, brother, grandparent, or other relative?

Rate 5%; Fear score 13%: This item could be considered for deletion.

## B.10.5 Recommendations

The witness family/domestic violence section has a relatively large number of questions compared to other modules of the questionnaire. Three of the items EF3, EF4 and EF 6 should be combined or deleted.

## JVQ Questions

### Witness to Domestic Violence

W1. At any time in your life, did you SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?

### Witness to Parent Assault of Sibling

W2. At any time in your life, did you SEE a parent hit, beat, kick, or physically hurt your brothers or sisters, not including a spanking on the bottom?

The next set of questions are about people who have taken care of (your child/you) – that would include (your child’s/your) parents, stepparents, and (his/her/your) parents’ boyfriends or girlfriends, whether (your child/you) lived with them or not. It would also include other grown-ups, like grandparents or foster parents if they took care of (your child/you) on a regular basis. When we say “parent” in these next questions, we mean any of these people.

### Parent Verbally Threatened

EF1. At any time in your life, did one of your parents threaten to hurt another parent and it seemed they might really get hurt?

### **Parental Displaced Aggression**

EF2. At any time in your life, did one of your parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?

### **Parent Pushed**

EF3. At any time in your life, did one of your parents get pushed by another parent?

### **Parent Hit or Slapped**

EF4. At any time in your life, did one of your parents get hit or slapped by another parent?

### **Parent Severely Physically Assaulted**

EF5. At any time in your life, did one of your parents get kicked, choked, or beat up by another parent?

### **Other Family Violence Exposure**

EF6. Now we want to ask you about fights between any grown-ups and teens, not just between your parents. At any time in your life, did any grown-up or teen who lives with you push, hit, or beat up someone else who lives with you, like a parent, brother, grandparent, or other relative?

### **Other Exposure to Family/Domestic Violence Measures**

## **CEV-Q**

How many times have you seen or heard any of your parents (stepparents or guardians) hit each other or another adult in your home?

(Walsh et al., 2008)

## **MACE**

- Sometimes intense arguments or physical fights occur between parents, stepparents or other adults (boyfriends, girlfriends, grandparents) living in the household.
- Saw adults living in the household push, grab, slap or throw something at your mother (stepmother, grandmother).

- Saw adults living in the household hit your mother (stepmother, grandmother) so hard that it left marks for more than a few minutes.
- Saw adults living in the household hit your mother (stepmother, grandmother) so hard, or intentionally harm her in some way, that she received or should have received medical attention.
- Saw adults living in the household push, grab, slap or throw something at your father (stepfather, grandfather).
- Saw adults living in the household hit your father (stepfather, grandfather) so hard that it left marks for more than a few minutes.

(Teicher & Parigger, 2015)

Sometimes parents, stepparents or other adults living in the house do hurtful things to your siblings (brother, sister, stepsiblings).

- Hit your sibling (stepsibling) so hard that it left marks for more than a few minutes.
- Hit your sibling (stepsibling) so hard, or intentionally harmed him/her in some way, that he/she received or should have received medical attention.

## **B.11 Exposure to Community Violence**

### **B.11.1 Audience**

The topic of Exposure to Community Violence (ECV) had high interest in the field during the 1990s, but references to this topic have declined in recent years in favor of a more general reference to children's exposure to violence (CEV).

### **B.11.2 Definition**

The ECV domain as defined in the articles and instruments that were developed under that rubric was quite broad and conceptually jumbled. It included both witnessing violence and being the victim of violence. It included exposure to violence and sometimes exposure to other signs of crime, like seeing drug deals or arrests. It sometimes included exposure to family violence. The level of

exposure could in some cases be quite remote, such as just hearing about an episode rather than witnessing it.

We are going to exclude from review here direct victimization and exposure to family violence (both of which are covered in separate sections). This section is about exposure to non-family violence only.

Based on other instruments in this domain, the main topical categories can be broken down as follows:

Most frequently included in previous instruments:

- Direct witness of an assault (also using the terms “beaten” or “punched”)
- Direct witness of a weapon crime (terms like *knife* or *gun*)

Less frequently included:

- Knowing someone who was a murder victim
- Knowing someone or hearing about the victim of an aggravated or simple assault

Rare:

- Exposure to war zone
- Crimes, threats against school

### **B.11.3 NatSCEV Items**

#### **Witness to Assault with Weapon**

W3. At any time in your life, in real life, did you SEE anyone get attacked on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

#### **Witness to Assault without Weapon**

W4. At any time in your life, in real life, did you SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife, or something that would hurt?

JVQ has an item about seeing (i.e., witnessing) an aggravated assault (stick, rock, gun, knife, or other thing that would hurt) and a separate question about seeing a simple assault (WITHOUT using a stick, rock, gun, knife, or something that would hurt). The thinking was to formulate these items about assault in a parallel way to the items about direct assault victimization. Because the literature suggests that witnessing is generally more impactful than hearing about it, we limited the question to that modality. These items were frequently endorsed: combined rates 28 percent lifetime and 18 percent past year. These items are central to the witnessing violence concept and should be retained.

### **Burglary/Household Property Theft**

W5. At any time in (your child's/your) life, did anyone steal something from your house that belongs to (your child's/your) family or someone (your child lives/you live) with? The logic for inclusion of this item was that children, because of their dependence and developmental immaturity, may be made to feel vulnerable, perhaps more than adults, when community property is stolen. The item was endorsed by 15.5 percent lifetime (LT) and 5.4 percent in past year (PY) in NatSCEV 3. The proportion reporting feeling very afraid was 14 percent, the same as with the robbery item and higher than the theft and vandalism items. This question is actually listed as an indirect victimization. It could be deleted but we are inclined to keep it because it covers a domain not covered by other items.

### **Murder of Family Member or Friend**

W6. At any time in your life, was anyone close to you murdered, like a friend, neighbor or someone in your family?

Because murders tend to make quite an impact on even distant social networks, we formulated this question to narrow the focus on “someone close like a friend, neighbor or family member.” Importantly, moreover, our inventory of victims shows that over 50 percent of the murders referenced in endorsement of this item were actual family members, including 12 percent who were siblings, parents or live-in relatives. The item has a 6 percent LT endorsement rate and a high fear rating of 41 percent. The endorsement rate may be high given the roughly 15,000 homicides per year, and this item and its follow-up about victim identity should be studied to see if inflation is occurring. Overall, the salience of this kind of exposure suggests we should retain this item.

### **Exposure to Random Shootings, Terrorism, or Riots**

W8. At any time in your life, were you in any place in real life where you could see or hear people being shot, bombs going off, or street riots?

We designed the JVQ to include an item that involved not simply witnessing but also being within hearing proximity to gun violence, terrorism or street rioting, as a set of exposures that might be particularly frightening to children. The lifetime exposure to this item is 8 percent and past-year exposure 4 percent. This is a rather different item not included in other inventories, but it does capture something that is of considerable policy interest. This item does not specifically map onto those who want to know about exposures to gun shootings, separate from the other elements of the question. This could be added to follow-ups. Retain.

### **Exposure to War or Ethnic Conflict**

W9. At any time in your life, were you in the middle of a war where you could hear real fighting with guns or bombs?

We designed this JVQ item to be about exposure to a war zone where the child could actually hear the combat. This war zone exposure is of considerable interest in the literature on children's exposure to violence, which has many studies from high conflict areas. However, endorsement rates in the last NatSCEV were low: 1.4 percent LT and .4 percent PY. This reflects the likelihood that only immigrant children have had such exposures. This is an item that could be cut.

### **School Bomb or Attack Threat**

SC1. (Has your child/Have you) ever gone to a school where someone said there was going to be a bomb or attack on the school and (your child/you) thought they might really mean it?

With a fairly high endorsement 11.7 percent and a high fear factor 33.6 percent, we think this should be retained. We will consider including "shooting" in addition to "bomb or attack."

## **B.11.4 Recommendations**

The witnessing assault items are a core element of exposure to violence epidemiology. One of the key findings of NatSCEV has been to show that the impact for this type of witnessing is similar to many direct victimization experiences. The aggravated and simple assault items could possibly be combined, and the weapon element could be asked about as a follow-up. But based on the research that more domain items tend to increase recall and endorsement, we would expect some decline in rates with this approach.

The shooting, bombs, and riots question is worth keeping because of its relatively high endorsement and because it captures a core feature of the concept of ECV.

The war zone question (W9) should be dropped because of its low endorsement rate.

We might consider adding a question on witnessing police violence.

## **JVQ/NatSCEV Community Violence Exposure**

W3. At any time in (your child's/your) life, in real life, did (your child/you) SEE anyone get attacked or hit on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

W4. At any time in (your child's/your) life, in real life, did (your child/you) SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife, or something that would hurt?

W5. At any time in (your child's/your) life, did anyone steal something from your house that belongs to (your child's/your) family or someone (your child lives/you live) with? Things like a TV, stereo, car, or anything else?

W6. At any time in (your child's/your) life, was anyone close to (your child/you) murdered, like a friend, neighbor or someone in (your child's/your) family?

W8. At any time in (your child's/your) life, (was your child/ were you) in any place in real life where (he/she /you) could see or hear people being shot, bombs going off, or street riots?

PY 4% LT 8%

W9. At any time in (your child's/your) life, (was your child/ were you) in the middle of a war where (he/she/you) could hear real fighting with guns or bombs?

PY 0.4% LT 1.4%

SC1. (Has your child/Have you) ever gone to a school where someone said there was going to be a bomb or attack on the school and (your child/you) thought they might really mean it?

PY 6.1% LT 11.7%

SC2. (Has your child/Have you) ever gone to a school where someone damaged the school or started a fire in the school on purpose? Or did anyone break or ruin other school property like buses, windows, or sports equipment?

## **CREV (Children’s Report of Exposure to Violence)**

Have you ever seen someone? Has anyone ever told you that someone was?

The types of violent situations surveyed in the CREV include being chased or threatened with bodily harm, beaten up, robbed or mugged, shot, stabbed or killed.

(Cooley, Turner & Beidel, 1995)

### **Chicago CV Items**

#### **Items of Exposure to Violence**

- Any family member been hurt by a violent act
- Any friend been hurt by a violent act
- Any friend been killed by a violent act
- Seen someone been shoved/kicked/punched
- Seen someone attacked with knife
- Heard gunshot
- Seen someone shot
- Know victim shoved/kicked/punched
- Know victim attacked by knife
- Know victim shot

(Kuo, Mohler, Raudenbush & Earls, 2000)

### **CEVA Child’s Report**

#### **Things I Have Seen and Heard, Selected Exposure Items**

- Heard guns shot
- Someone arrested

- Drug deals
- Someone beaten
- Someone stabbed
- Someone shot
- Gangs
- Pulled gun
- Pulled knife

(Richters & Martinez, 1993)

## Exposure to Violence Screening Measure

### Violence Questions

- Ever witnessed someone being shoved/kicked/punched
- Ever been a victim of a shove/kick/punch
- Ever witnessed a knife attack
- Ever been a victim of a knife attack
- Ever witnessed someone being shot
- Ever been a victim of a shooting

(Weist et al., 2002)

## KID-SAVE

### Indirect Violence

- I have seen someone carry a gun
- I have heard about someone getting attacked with a knife
- I have heard about drive-by shootings in my neighborhood

- I hear gunshots in my neighborhood
- I have seen someone carry a knife
- I run for cover when people start shooting
- I have heard about someone getting killed
- I have seen someone pull a gun on someone else
- I have seen someone get beat up
- I have heard of someone carrying a gun in my neighborhood
- I have heard about someone getting shot
- I have heard about someone getting beat up

### **Traumatic Violence**

- I have heard about a friend of mine getting shot
- I have seen someone get killed
- I have seen someone pull a gun on someone else
- I have seen someone get attacked with a knife
- I have seen a drive-by shooting
- I have seen someone get shot
- I have seen someone pull a knife on someone else
- I have seen a friend of mine get shot

(Flowers, Hastings & Kelley, 2000)

## **B.12 Internet Victimization and Cyberbullying Concept Mapping**

### **B.12.1 Audience**

A fairly large literature on internet victimization and cyberbullying has blossomed over the last 15 years during the time that NatSCEV has been evolving (Selkie, Fales, & Moreno, 2016). There is clearly a substantial audience of researchers as well as parents, practitioners and educators who are very concerned about this topic and look for relevant information to assess risks of the technology.

### **B.12.2 Definitions**

From the various victimization measures used in this field (below), the content areas in this domain can be subdivided into the following categories:

#### **Topics That Appear in Almost All Questionnaires**

1. Threats, slurs, and hostile statements communicated via technology directly to the victim
2. Negative, denigrating statements, ideas, information, and rumors about the victim distributed via technology for others to see
3. Taking and distributing (and perhaps creating) compromising images of the victim.

#### **Topics That Are Not So Universally Covered**

1. Making unwanted or unanticipated sexual solicitations via technology
2. Excluding someone from group participation by other online correspondents
3. Forms of cybertheft and harassment, including cons, fraud, and identity theft.

### **B.12.3 Definitional Issues**

**Internet, cell phone, other technology.** A key conclusion from the growing literature is that the element that defines this domain is not the internet per se, because so much occurs now through mobile device messaging. Indeed, it is perhaps not even the internet plus mobile devices, but digital

technology in general. This allows the inclusion of gaming consoles, for example. But this expansion raises some possible boundary issues here that have not been widely discussed. For example, if text harassment via cell phones counts in this domain, then should verbal harassment via cell phone calls also count? And if so, then, why not verbal harassment through conventional landline phones (which generally are not referenced in these questions)? We probably should just enumerate internet, cell phones and gaming devices to make the domain clear.

**Overlap with face-to-face harassment.** Is internet victimization/cyberbullying a different type of victimization from offline equivalents or is it just an additional mode through which conventional harassment, psychological abuse, threats and bullying are delivered? Most of the literature suggests enormous overlap between cyber-victimization and face-to-face victimization (Mitchell, Jones, Turner, Shattuck, & Wolak, 2016). But it may have some distinct forms and dynamics, and simply the existence of an audience of interest should be enough to justify gathering distinct information on this concept. For the time being, it would seem that distinct questions and reporting of distinct rates are important.

**Cyberbullying as terminology.** Should the domain be organized around the concept of cyberbullying or something else? Once again, as in the peer victimization domain, there is debate about whether the term “bullying” is really adequate. This is particularly the case because, so often, detailed information is lacking to determine whether a “power imbalance” exists because the offender may be anonymous. Moreover, some internet victimization (like solicitation of sexual images) is not as similar to bullying as it is to sexual abuse. Internet victimization may be a better rubric for this domain than cyberbullying alone, so we will emphasize that term.

**Separate questions.** The strong current interest in the effects of digital media has prompted many studies to construct separate internet/cyber questions and this is one justification for including them in the NatSCEV. But as social interaction evolves and these communications media become part and parcel of all interactions, will it continue to be important to have separate questions about particular modes of communication? Is it a useful allocation of valuable survey real estate? An alternative might be to remind respondents in some of the other peer victimization questions that this harassment or behavior could occur face-to-face or over a communication device. For the time being, however, because so many internet-specific questions are being used in other surveys, we will continue the convention of having separate technology-related questions in NatSCEV.

**Sexual solicitation question.** Because of anxiety about internet predators, the threshold for victimization online is considered to be someone trying to engage a youth in a sexual conversation

that wasn't wanted or solicited. But this is not a threshold for victimization that would necessarily apply in the face-to-face environment. If a peer in the FTF environment asks, "Do you want to view some porn?" this would not typically be counted as sexual victimization or sexual harassment. But it is often counted as victimization online using the various online solicitation questions, especially if the solicitor is anonymous. We could try for consistency to align the offline and online thresholds. The three components that would make the sex via technology more parallel to the offline questions would be: (a) believing the request for sexual interaction came from an adult (statutory offense), (b) feeling pressured or coerced to engage in sexual behavior that you did not want to engage in (non-consent), or (c) being sent unwanted sexual images (flashing).

### **B.12.4 JVQ Questions**

INT1. Has anyone ever used the internet to bother or harass (your child/you) or to spread mean words or pictures about (your child/you)?

Rate 5%; Fear rating 15%.

INT1B. Has anyone ever used a cell phone or texting to bother or harass (your child/you) or to spread mean words or pictures about (your child/you)?

Rate 6%; Fear rating 24%.

These two items could easily be combined. Cell phone/texting is associated with more fear perhaps because it is more personal.

INT2. Did anyone on the internet ever ask (your child/you) sexual questions about (himself/herself/ yourself) or try to get (your child/you) to talk online about sex when (your child/you) did not want to talk about those things?

Rate 4%; Fear rating 4%.

The fear rating is low suggesting that some relatively minor episodes are being cataloged. More analysis needs to be done about this item, but we need to revise it to limit it to adult solicitors or more threatening or persistent soliciting.

## B.12.5 Recommendations

In light of the limited question space available in NatSCEV, we recommend including questions about technology victimization of four specific types:

1. A question that covers threats, derogation, denigration, and what would otherwise be covered by psychological bullying in the FTF context.
2. A question that involves the misuse of images and private material.
3. A question about sexual exploitation or manipulation by someone communicating with them through the communication technology.
4. A question about technology-mediated financial exploitation.

These recommendations would entail substantial revisions to the current JVQ approach and might look as follows:

1. The two current separate questions about harassment, one via the internet and one via cell phone, should be combined.

*“Has anyone ever used the internet, cell phone or other devices to bother or harass (your child/you) or to spread mean rumors about (your child/you)?*

2. We would develop a new question about misuse of images and private material.

*Has anyone ever used the internet, cell phone or other devices to send embarrassing images or private information about you that you did not want to be sent?*

3. We would change the question on sexual solicitation to focus more on clearly sexual offenses, for example, by limiting this question to adults.

*Has an adult ever used the internet, cell phone or other devices to try to get you to do sexual things?*

4. We would develop a new question about financial exploitation via technology.

*Has anyone ever used the internet, cell phone or other devices to steal money or information by tricking you or hacking into an online account?*

An increasing amount of financially motivated crime is moving online. This is a separate subfield of research and this crime is tracked by the government and not currently represented in NatSCEV.

**Candidates for exclusion.** Given the current intense interest in the impact of technology on youth, the maintenance of two or three questions about it appears warranted. But this section deserves a substantial analysis and revision.

## JVQ/NatSCEV

- INT1. Has anyone ever used the internet to bother or harass (your child/you) or to spread mean words or pictures about (your child/you)?
- INT1B. Has anyone ever used a cell phone or texting to bother or harass (your child/you) or to spread mean words or pictures about (your child/you)?
- INT2. Did anyone on the internet ever ask (your child/you) sexual questions about (himself/herself/ yourself) or try to get (your child/you) to talk online about sex when (your child/you) did not want to talk about those things?

## Internet Victimization

### NCVS School Crime Supplement

Students were asked if another student did any of the following behaviors anywhere to make them feel bad.

- Posted hurtful information about the respondent on the internet (SC161);
- Purposely shared private information about the respondent on the internet or mobile phones (SC183);
- Made unwanted contact by threatening or insulting the respondent via email (SC170), instant messaging (SC162), text messaging (SC163), or online gaming (SC171);
- Purposefully excluded the student from an online community (SC172).

(Morgan, Musu-Gillette, Robers, & Zhang, 2015)

## Pew Internet Survey

Have you, personally, ever experienced any of the following things online?

- Someone spreading a rumor about you online
- Someone posting an embarrassing picture of you online without your permission
- Someone sending you a threatening or aggressive email, instant message or text message
- Someone taking a private email, IM or text message you sent them and forwarding it to someone else or posting it where others could see it

(Madden, Lenhart, Duggan, Cortesi, & Gasser, 2013)

## Growing Up with Media

- Made rude or mean comments
- Spread rumors, regardless of whether they were true
- Made threatening or aggressive comments

(Korchmaros, Mitchell, & Ybarra, 2014)

## Technology Harassment Victimization Study

Now I am going to ask you about some mean things that some people do to others. We are not talking about things done in a joking way. For now, I am only going to ask you about things that happen online, or that involve the internet or a cell phone in some way. When we say online, this could include things like pictures or videos posted online or through text messages, comments made about you online or through text messages or on social networking sites. The types of things I want you to think about are:

- when kids call someone mean names, make fun of them, or tease them in a hurtful way;
- when kids exclude or ignore someone, or get others to turn against them;

- when kids spread false rumors about someone, or share something that was meant to be private (like something they wrote or a picture of them) as a way to make trouble for them; or
- when kids hit, kick, push, shove or threaten to hurt someone.

Think about the past year and only about incidents involving the internet or a cell phone in some way. Did anyone other than a family member do something like this to you?

(Mitchell, Jones, Turner, Shattuck, & Wolak, 2016)

## **Hinduja and Patchin**

Cyberbullying is when someone repeatedly harasses, mistreats, or makes fun of another person (on purpose to hurt them) online or while using cell phones or other electronic devices.

In the last 30 days, I have been cyberbullied in these ways...

- Someone posted mean or hurtful comments about me online
- Someone posted a mean or hurtful picture online of me
- Someone posted a mean or hurtful video online of me
- Someone created a mean or hurtful webpage about me
- Someone spread rumors about me online
- Someone threatened to hurt me through a cell phone text message
- Someone threatened to hurt me online
- Someone pretended to be me online and acted in a way that was mean or hurtful to me
- Someone posted mean names or comments online about my race or color
- Someone posted mean names, comments, or gestures about me with a sexual meaning

(Hinduja & Patchin, 2008)

## B.13 Follow-up Questions Concept Mapping

In this section, we are highlighting follow-up questions that are *less essential* to the determination of certain rates and definitions and that could be candidates for deletion (indicated with shading).

How many times did this happen to (your child/you) in (his/her/your) whole life?

*Comment: This is important to determine repetitive exposure. Retain*

Thinking of (the last time/when) this happened to (your child/you)...did it happen within the last year? By the last year, we mean between (current month) when (your child was /you were) (current age – 1) and now?

*Comment: This is crucial to determining past-year exposure. Retain*

How old (was your child/were you) (the last time/when) this happened

*Comment: This is crucial to ascertaining age at exposure. Retain*

Is this part of some other time you have already given me details about?

*Comment. This allows us to skip details if they have already been given. Retain*

[Dating violence P6 only] Why do you think this happened?

- You were playing fighting, wrestling, or joking
- Your partner was trying to “get through” to you
- Your partner was protecting himself or herself from you
- It was accidental: not on purpose
- (VOL) Not sure
- (VOL) Refused

*Comment. This was part of an experiment and if the dating violence screen is revised this could be deleted. Deletion.*

(Was your child/Were you) physically hurt when this happened? Hurt means you could still feel pain in your body the next day. You are also hurt when you have a bruise, a cut that bleeds, or a broken bone.

*Comment: This is crucial to assessing assault with injury. Retain.*

Did (your child/you) go to the hospital, a doctor's office, or some kind of health clinic because of what happened?

*Comment: This is important information about seriousness, but it is not essential and could be deleted.*

Who did this?

- Brother, sister, or other child who lives with (your child/you) (cousin, foster sibling, etc.)
- Biological or adoptive father
- Stepfather or live-in boyfriend
- Biological or adoptive mother
- Stepmother or live-in girlfriend
- Foster parent
- A relative who lives in (your child's/your) home (uncle, grandparent, etc.)
- A relative who does not live with (your child/you)
- A parent's boyfriend, girlfriend, date, or ex-boyfriend or girlfriend who does not live with (you/your child)
- Grown-up (your child/you) know(s) from some organization, such as a teacher, coach, or youth group leader
- Anyone else (your child/you) know(s) such as a friend or neighbor or schoolmate
- Stranger (a stranger is someone (your child/you) doesn't know)
- Boyfriend/girlfriend, or ex-boyfriend/ex-girlfriend
- Other \_\_\_\_\_ (*write in who it was*)
- (VOL) Not sure
- (VOL) Refused

*Comment: This is crucial to determining perpetrator, which is crucial to some categories of exposure. Retain, but use an unfolding technique for self-administration to reduce length of list.*

Was this person a man, woman, boy, or girl?

*Comment: This is crucial to identifying gender of perpetrator. Retain.*

Where (was your child/were you) when this happened?

1. At or near home
2. At school (inside, in schoolyard, or on bus) [HIDE FOR 0-4 YEAR OLDS]
3. At daycare or an after-school program [HIDE FOR 12+ YEAR OLDS]
4. Somewhere else

*Comment: important for distinguishing home and school victimization. Retain.*

Thinking back to when it happened, how afraid did (your child/you) feel? Would you say (your child/you) felt...

*Comment: We have used this to identify episode seriousness.*

Did (your child/you) miss any days of school or (was/were) (your child/you) unable to complete your schoolwork, because of what happened?

*Comment: This item could be cut.*

Do any of these people know about what happened?

- A parent (or ANOTHER parent if one parent did this)?
- A teacher, counselor, or other adult at (your child's/your) school or daycare?
- A police officer or some other law official?

*Comment: this question is important for disclosure to police, school officials and parents. Retain.*

Did (your child/you) talk with someone other than friends or family about what happened—someone like a counselor or minister who tried to help (your child/you) deal with it?

*Comment: could be cut.*

Did the person who did this use any of these?

- Gun
- Knife

- Stick, rock, bottle, or tool such as a hammer
- Other (Specify \_\_\_\_\_)

*Comment: This question is important for identifying aggravated assault. Retain.*

[Kidnap question C8 only] (Was your child/were you) actually kidnapped or did (**he/she** /you) get away before it happened?

*Comment: we have proposed revising the kidnapping definitions.*

Did (your child/you) get sick when this happened?

*Comment: could be cut*

[Family abduction question only] Did this person take, keep, or hide (your child/you) to try to keep (your child/you) from ever living with this other parent?

*Comment: we have proposed revising the family abduction definition and question.*

How old was the person(s) who **did this**?

*Comment: this is important for the statutory rape question. Retain.*

[Sexual assault questions only] Did this person(s) put any part of her/his body inside (your child/you)?

*Comment: this is crucial for the penetration definition. Retain.*

[Sexual assault questions only] Did this person (these persons) try to do that?

*Comment: this is also important for the attempted rape definition. Retain.*

When this (last) happened did someone actually use physical force by pushing, grabbing, hitting or threatening (your child/you) with a weapon?

*Comment: this is a follow-up used solely for considering the coercive component of sexual abuse items. Retain.*

Who did this happen to? How (does your child/do you) know this person?

- Brother, sister, or other child who lives with (your child/you) (cousin, foster sibling, etc.)
- Biological or adoptive father
- Stepfather or live-in boyfriend

- Biological or adoptive mother
- Stepmother or live-in girlfriend
- Foster parent
- A relative who lives in (your child's/your) home (uncle, grandparent, etc.)
- A relative who does not live with (your child/you)
- A parent's boyfriend, girlfriend, date, or ex-boyfriend or girlfriend who does not live with (your child/you)
- Grown-up (your child/you) know(s) through some organization, such as a teacher, coach, or youth group leader
- Anyone else (your child/you) know(s) such as a friend or neighbor or schoolmate
- Stranger (a stranger is someone you don't know)
- Boyfriend/girlfriend, or ex-boyfriend/ex-girlfriend
- An adult/group of adults (unspecified)
- A kid/group of kids (unspecified)
- Other \_\_\_\_\_ (*write in who it was*)

*Comment: this is important to establish proximity to the child. Retain, but again use an unfolding technique.*

Was this person a man, woman, boy, or girl?

*Comment: Crucial for determining adult perpetration versus other youth perpetration.*

When this happened, did (your child/you) yell at them to stop?

*Comment: nonessential and could be cut.*

[Peer victimization questions only] Did the person who did this have an advantage over [you/your child] because [he/she] is stronger, more popular, or has a lot of influence over other kids?

*Comment: this is crucial if we are to try to mirror the research definition of bullying.*

Was anyone else present when this happened besides you/your child and the person who did this? I mean someone who could see or knew what happened.

*Comment: nonessential and could be cut.*

Did anyone who could see what happened do anything to try to help you/your child?

*Comment: nonessential and could be cut.*

Did the actions of this person help you/your child in any way?

*Comment: nonessential and could be cut.*

Did someone get hurt when this happened?

*Comment: nonessential and could be cut.*

Did a police officer come talk with someone in your family, or was the matter dealt with entirely over the phone?

- Officer came to place where it happened
- Officer met family member somewhere else
- Dealt with by phone only
- Didn't come, matter not handled
- No need to come

*Comment: Comment: nonessential and could be cut.*

Did the police talk to (you/your child) when they came to your house, or just to (your/his/her) parents?

- Yes, they spoke to (me/my child)
- No, they just talked to (my) parents.

*Comment: nonessential and could be cut.*

## B.14 References

Beck, A.J., Cantor, D., Hartge, J., and Smith, T. (2013). *Sexual victimization in juvenile facilities reported by youth, 2012*.

Bernstein, D.P., Ahluvalia, T., Pogge, D., and Handelsman, L. (1997). Validity of the Childhood Trauma Questionnaire in an adolescent psychiatric population. *Journal of the American Academy*

- of *Child & Adolescent Psychiatry*, 36(3), 340-348. <https://doi.org/10.1097/00004583-199703000-00012>.
- Bernstein, D.P., and Fink, L. (1998). *Manual for the Childhood Trauma Questionnaire: A retrospective self-report: manual*. New York: Harcourt Brace & Company.
- Bernstein, D.P., Fink, L., Handelsman, L., Foote, J., Lovejoy, M., Wenzel, K., . . . Ruggiero, J. (1994). Initial reliability and validity of a new retrospective measure of child abuse and neglect. *The American Journal of Psychiatry*, 151(8), 1132. <https://doi.org/10.1176/ajp.151.8.1132>.
- Bernstein, D.P., Stein, J.A., Newcomb, M.D., Walker, E., Pogge, D., Ahluvalia, T., and Zule, W. (2003). Development and validations of a brief screening version of the childhood trauma questionnaire. *Child Abuse & Neglect*, 27(2), 169-190.
- Bowes, L., Wolke, D., Joinson, C., Lereya, S.T., and Lewis, G. (2014). Sibling bullying and risk of depression, anxiety, and self-harm: A prospective cohort study. *Pediatrics*, 134(4), e1032-e1039. <https://doi.org/10.1542/peds.2014-0832>
- Breiding, M.J. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *Morbidity and Mortality Weekly Report. Surveillance Summaries (Washington, DC: 2002)*, 63(8), 1.
- Brener, N.D., Kann, L., Shanklin, S., Kinchen, S., Eaton, D. K., Hawkins, J., . . . Centers for Disease Control and Prevention. (2013). Methodology of the youth risk behavior surveillance system—2013. *Morbidity and Mortality Weekly Report: Recommendations and Reports*, 62(1), 1-20.
- Cantor, D., Fisher, B., Chibnall, S.H., Townsend, R., Lee, H., Thomas, G., . . . Westat, I. (2015). *Report on the AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct*. Washington, DC: Association of American Universities.
- Chiodo, D., Wolfe, D.A., Crooks, C., Hughes, R., and Jaffe, P. (2009). Impact of sexual harassment victimization by peers on subsequent adolescent victimization and adjustment: A longitudinal study. *Journal of Adolescent Health*, 45(3), 246-252. <https://doi.org/10.1016/j.jadohealth.2009.01.006>.
- Cooley, M.R., Turner, S.M., and Beidel, D.C. (1995). Assessing community violence: The children's report of exposure to violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(2), 201-208. <https://doi.org/10.1097/00004583-199502000-00015>.
- Dong, M., Anda, R.F., Felitti, V.J., Dube, S.R., Williamson, D.F., Thompson, T., . . . Giles, W.H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, 28(7), 771-784. <https://doi.org/10.1016/j.chiabu.2004.01.008>
- Dubowitz, H., Villodas, M.T., Litrownik, A.J., Pitts, S.C., Hussey, J.M., Thompson, R., . . . Runyan, D. (2011). Psychometric properties of a youth self-report measure of neglectful behavior by parents. *Child Abuse & Neglect*, 35(6), 414-424. doi:<http://dx.doi.org/10.1016/j.chiabu.2011.02.004>.

- Duncan, R.D. (1999). Peer and sibling aggression: An investigation of intra- and extra-familial bullying. *Journal of Interpersonal Violence*, 14(8), 871-886.  
<https://doi.org/10.1177/088626099014008005>.
- English, D.J., Bangdiwala, S.I., and Runyan, D.K. (2005). The dimensions of maltreatment: Introduction. *Child Abuse & Neglect*, 29(5), 441-460.  
<https://doi.org/10.1016/j.chiabu.2003.09.023>.
- Espelage, D.L., Aragon, S.R., Birkett, M., and Koenig, B.W. (2008). Homophobic teasing, psychological outcomes, and sexual orientation among high school students: What influence do parents and schools have? *School Psychology Review*, 37(2), 202.
- Espelage, D.L., and Holt, M.A. (2001). Bullying and victimization during early adolescence: Peer influences and psychosocial correlates. In R. A. Geffner and M. Loring (Eds.), *Bullying behavior: current issues, research, and interventions* (pp. 132-142). Binghamton, NY: Haworth.
- Espelage, D.L., and Swearer, S.M. (2008). Addressing research gaps in the intersection between homophobia and bullying. *School Psychology Review*, 37(2), 155-159.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., . . . Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children*, 4(2), 31-53.
- Finkelhor, D. (2008). *Childhood victimization: violence, crime, and abuse in the lives of young people*. New York: Oxford University Press.
- Finkelhor, D., Hamby, S.L., Ormrod, R., and Turner, H.A. (2005). The Juvenile Victimization Questionnaire: Reliability, validity, and national norms. *Child Abuse and Neglect*, 29(4), 383-412.  
<https://doi.org/10.1016/j.chiabu.2004.11.001>.
- Finkelhor, D., and Jones, L.M. (2012). *Have sexual abuse and physical abuse declined since the 1990s?* Durham, NH: Crimes against Children Research Center, University of New Hampshire.
- Finkelhor, D., and Ormrod, R.K. (2000). *Juvenile victims of property crimes (NCJ184740)*. Washington, DC: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Finkelhor, D., Ormrod, R.K., Turner, H.A., and Hamby, S.L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10(1), 5-25.  
<https://doi.org/10.1177/1077559504271287>.
- Finkelhor, D., Shattuck, A., Turner, H., and Hamby, S.L. (2014). Trends in children's exposure to violence, 2003-2011. *JAMA Pediatrics*, 168(6), 540-546.  
<https://doi.org/10.1001/jamapediatrics.2013.5296>.

- Finkelhor, D., Shattuck, A., Turner, H., and Hamby, S. (2016). A behaviorally-specific, empirical alternative to bullying: Aggravated peer victimization. *Journal of Adolescent Health*, 59(5), 496-501. <https://doi.org/10.1016/j.jadohealth.2016.05.021>.
- Finkelhor, D., Shattuck, A., Turner, H.A., and Hamby, S.L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health*, 55(3), 329-333. <https://doi.org/10.1016/j.jadohealth.2013.12.026>.
- Finkelhor, D., Turner, H., Shattuck, A., and Hamby, S. (2015). Prevalence of childhood exposure to violence, Crime, and abuse. *JAMA Pediatrics*, 169(8), 746-754. <https://doi.org/10.1001/jamapediatrics.2015.0676>.
- Finkelhor, D., Turner, H.A., Ormrod, R., and Hamby, S.L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, 124(5), 1411-1423. <https://doi.org/10.1542/peds.2009-0467>.
- Finkelhor, D., Turner, H.A., Shattuck, A.M., and Hamby, S.L. (2013). Violence, crime, and abuse exposure in a national sample of children and youth: An update. *JAMA-Pediatrics*, 167(7), 614-621. <https://doi.org/10.1001/jamapediatrics.2013.42>.
- Finkelhor, D., Vanderminden, J., Turner, H., Shattuck, A., and Hamby, S. (2014). At-school victimization and violence exposure assessed in a national household survey of children and youth. *Journal of School Violence*, 15(1), 67-90. <https://doi.org/10.1080/15388220.2014.952816>.
- Finkelhor, D., and Wolak, J. (1995). Nonsexual assaults to the genitals in the youth population. *JAMA*, 274(21), 1692-1697.
- Fisher, B.S., Cullen, F.T., and Turner, M.G. (2000). *The Sexual victimization of college women. Research Report*.
- Flowers, A.L., Hastings, T.L., and Kelley, M.L. (2000). Development of a screening instrument for exposure to violence in children: The KID-SAVE. *Journal of Psychopathology and Behavioral Assessment*, 22(1), 91-104. <https://doi.org/10.1023/A:1007580616096>.
- Gladden, R.M., Vivolo-Kantor, A.M., Hamburger, M.E., and Lumpkin, C.D. (2014). *Bullying surveillance among youths: Uniform definitions for public health and recommended data elements, version 1.0*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and U.S. Department of Education Retrieved from <https://www.cdc.gov/violenceprevention/pdf/bullying-definitions-final-a.pdf>.
- Graham-Bermann, S.A., Cutler, S.E., Litzenberger, B.W., and Schwartz, W.E. (1994). Perceived conflict and violence in childhood sibling relationships and later emotional adjustment. *Journal of Family Psychology*, 8(1), 85.
- Graham-Bermann, S.A., Miller-Graff, L.E., Howell, K.H., and Grogan-Kaylor, A. (2015). An efficacy trial of an intervention program for children exposed to intimate partner violence. *Child Psychiatry & Human Development*, 46(6), 928-939. <https://doi.org/10.1007/s10578-015-0532-4>.

- Groves, R.M., and Cork, D.L. (2008). *Surveying victims: Options for conducting the National Crime Victimization Survey*. Washington, DC: National Academy Press.
- Hamby, S.L., and Finkelhor, D. (2000). The victimization of children: Recommendations for assessment and instrument development. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(7), 829-840.
- Hamby, S.L., and Finkelhor, D. (2001). *Choosing and using child victimization questionnaires* (NCJ186027). Retrieved from Washington, DC.
- Hamby, S.L., Finkelhor, D., Turner, H.A., and Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect*, 34(10), 734-741.  
<https://doi.org/10.1016/j.chiabu.2010.03.001>.
- Hinduja, S., and Patchin, J.W. (2008). Cyberbullying: An exploratory analysis of factors related to offending and victimization. *Deviant Behavior*, 29(2), 129-156.
- Hovdestad, W., Campeau, A., Potter, D., and Tonmyr, L. (2015). A systematic review of childhood maltreatment assessments in population-representative surveys since 1990. *PLoS one*, 10(5), e0123366. <https://doi.org/10.1371/journal.pone.0123366>.
- Huizinga, D., and Elliott, D.S. (1986). Reassessing the reliability and validity of self-report delinquency measures. *Journal of Quantitative Criminology*, 2(4), 293-327.
- International Society for the Prevention of Child Abuse and Neglect ICAST-CH Study Tool. (2015). Retrieved from <https://www.ispcan.org/learn/icast-abuse-screening-tools/>.
- Khan, R., and Rogers, P. (2015). The normalization of sibling violence: Does gender and personal experience of violence influence perceptions of physical assault against siblings? *Journal of Interpersonal Violence*, 30(3), 437-458.
- Kiselica, M.S., and Morrill-Richards, M. (2007). Sibling maltreatment: The forgotten abuse. *Journal of Counseling & Development*, 85(2), 148-160.
- Knight, E.D., Smith, J.B., Martin, L.M., and LONGSCAN Investigators. (2011). *Measures for assessment of functioning and outcomes in longitudinal research on Child Abuse and Neglect Volume 4: Young Adulthood (Age 18)*. Retrieved from: <http://www.unc.edu/depts/sph/longscan/>.
- Korchmaros, J.D., Mitchell, K.J., and Ybarra, M.L. (2014). Technology-based interpersonal victimization: Predictors of patterns of victimization over time. *Journal of Interpersonal Violence*, 29(7), 1297-1317. <https://doi.org/10.1177/0886260513506277>.
- Kruttschnitt, C., Kalsbeek, W.D., and House, C.C. (2014). *Estimating the incidence of rape and sexual assault*. Panel on Measuring Rape and Sexual Assault in Bureau of Justice Statistics Household Surveys, National Research Council.

- Kuo, M., Mohler, B., Raudenbush, S.L., and Earls, F.J. (2000). Assessing exposure to violence using multiple informants: Application of hierarchical linear model. *Journal of Child Psychology and Psychiatry*, 41(8), 1049-1056. <https://doi.org/10.1017/S0021963099006484>.
- Lehnen, R.G., and Skogan, W.G. (1981). *National Crime Survey, Vol I: Current and Historical Perspectives*. Washington, DC: U.S. Department of Justice.
- Lehnen, R.G., and Skogan, W.G. (1985). *The National Crime Survey Working Papers, Volume II: Methodological Studies*. Washington, DC: US Department of Justice, Bureau of Justice Statistics.
- Lessne, D., and Cidade, M. (2016). *Split-half administration of the 2015 School Crime Supplement to the National Crime Victimization Survey: Methodology Report*. Retrieved from <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2017004>:
- Madden, M., Lenhart, A., Duggan, M., Cortesi, S., and Gasser, U. (2013). *Teens and technology 2013*. Washington, DC: Pew Internet & American Life Project.
- McDonald, C., and Martinez, K. (2016). Parental and others' responses to physical sibling violence: A descriptive analysis of victims' retrospective accounts. *Journal of Family Violence*, 31(3), 401-410. <https://doi.org/10.1007/s10896-015-9766-y>.
- Mitchell, K.J., Jones, L.M., Turner, H.A., Shattuck, A., and Wolak, J. (2016). The role of technology in peer harassment: Does it amplify harm for youth? *Psychology of Violence*, 6(2), 193.
- Modecki, K.L., Minchin, J., Harbaugh, A.G., Guerra, N.G., and Runions, K.C. (2014). Bullying prevalence across contexts: A meta-analysis measuring cyber and traditional bullying. *Journal of Adolescent Health*, 55(5), 602-611. doi:10.1016/j.jadohealth.2014.06.007.
- Morgan, R., Musu-Gillette, L., Robers, S., and Zhang, A. (2015). *Indicators of school crime and safety: 2014*. Washington, DC: Bureau of Justice Statistics.
- Mynard, H., and Joseph, S. (2000). Development of the multidimensional peer-victimization scale. *Aggressive Behavior*, 26(2), 169-178. [https://doi.org/10.1002/\(Sici\)1098-2337\(2000\)26:2<169::Aid-Ab3>3.0.Co;2-A](https://doi.org/10.1002/(Sici)1098-2337(2000)26:2<169::Aid-Ab3>3.0.Co;2-A).
- Nansel, T.R., Overpeck, M., Pilla, R.S., Ruan, W.J., Simons-Morton, B., and Scheidt, P.C. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *JAMA*, 285(16), 2094-2100.
- Olweus, D. (2007). *The Olweus Bullying Questionnaire*. Center City, MN: Hazelden.
- Richters, J.E., and Martinez, P. (1993). The NIMH Community Violence Project: 1. Children as victims of and witnesses to violence. *Psychiatry*, 56(1), 7-21.
- Runyan, D.K., Curtis, P., Hunter, W.M., Black, M., Kotch, J.B., Bangdiwala, S., . . . Landsverk, J. (1998). LONGSCAN: A consortium for longitudinal studies of maltreatment and the life course of children. *Aggression and Violent Behavior: A Review Journal*, 3(3), 275-285. [https://doi.org/10.1016/S1359-1789\(96\)00027-4](https://doi.org/10.1016/S1359-1789(96)00027-4).

- Runyan, D.K., Dunne, M.P., Zolotor, A.J., Madrid, B., Jain, D., Gerbaka, B., . . . Choo, W.Y. (2009). The development and piloting of the ISPCAN Child Abuse Screening Tool—Parent version (ICAST-P). *Child Abuse & Neglect*, 33(11), 826-832. <https://doi.org/10.1016/j.chiabu.2009.09.006>.
- Selkie, E.M., Fales, J.L., and Moreno, M.A. (2016). Cyberbullying prevalence among us middle and high school-aged adolescents: A systematic review and quality assessment. *Journal of Adolescent Health*, 58(2), 125-133. <https://doi.org/10.1016/j.jadohealth.2015.09.026>.
- Skogan, W.G. (1990). A review: The National Crime Survey redesign. *The Public Opinion Quarterly*, 54(2), 256-272.
- Snyder, H.N., and Sickmund, M. (2006). *Juvenile offenders and victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Solberg, M.E., and Olweus, D. (2003). Prevalence estimation of school bullying with the Olweus Bully/Victim Questionnaire. *Aggressive Behavior*, 29(4), 239-268. <https://doi.org/10.1002/ab.10047>.
- Stewart, C., Kirisci, L., Long, A.L., and Giancola, P.R. (2015). Development and psychometric evaluation of the Child Neglect Questionnaire. *Journal of Interpersonal Violence*, 30(19), 3343-3366. <https://doi.org/10.1177/0886260514563836>.
- Swearer, S.M., and Cary, P.T. (2003). Perceptions and attitudes toward bullying in middle school youth: A developmental examination across the bully/victim continuum. *Journal of Applied School Psychology*, 19(2), 63-79.
- Tanaka, M., Georgiades, K., Boyle, M.H., and MacMillan, H.L. (2015). Child maltreatment and educational attainment in young adulthood: Results from the Ontario Child Health Study. *Journal of Interpersonal Violence*, 30(2), 195-214. <https://doi.org/doi:10.1177/0886260514533153>.
- Taylor, B.G., and Mumford, E.A. (2016). A national descriptive portrait of adolescent relationship abuse: Results from the National Survey on Teen Relationships and Intimate Violence. *Journal of Interpersonal Violence*, 31(6), 963-988. <https://doi.org/10.1177/0886260514564070>.
- Teicher, M.H., and Parigger, A. (2015). The Maltreatment and Abuse Chronology of Exposure (MACE) scale for the retrospective assessment of abuse and neglect during development. *PLoS One*, 10(2), e0117423. <https://doi.org/10.1371/journal.pone.0117423>.
- Tucker, C., Finkelhor, D., Turner, H.A., and Shattuck, A. (2013). Association of sibling aggression with child and adolescent mental health. *Pediatrics*, 132(1), 79-84. <https://doi.org/10.1542/peds.2012-3801>.
- Tucker, C.J., Finkelhor, D., Shattuck, A., and Turner, H.A. (2013). Prevalence and correlates of sibling victimization types. *Child Abuse & Neglect*, 37(4), 213-223. <https://doi.org/10.1016/j.chiabu.2013.01.006>.

- Tucker, C.J., Finkelhor, D., Turner, H., and Shattuck, A.M. (2014). Sibling and peer victimization in childhood and adolescence. *Child Abuse & Neglect*, 38(10), 1599-1606. <http://dx.doi.org/10.1016/j.chiabu.2014.05.007>.
- Vaillancourt, T., McDougall, P., Hymel, S., Krygsman, A., Miller, J., Stiver, K., and Davis, C. (2008). Bullying: Are researchers and children/youth talking about the same thing? *International Journal of Behavioral Development*, 32, 486-495.
- Vivolo-Kantor, A.M., Martell, B.N., Holland, K.M., and Westby, R. (2014). A systematic review and content analysis of bullying and cyber-bullying measurement strategies. *Aggression and Violent Behavior*, 19(4), 423-434. <https://doi.org/10.1016/j.avb.2014.06.008>
- Walsh, C.A., MacMillan, H.L., Trocmé, N., Jamieson, E., and Boyle, M.H. (2008). Measurement of victimization in adolescence: Development and validation of the Childhood Experiences of Violence Questionnaire. *Child Abuse & Neglect*, 32(11), 1037-1057. <https://doi.org/10.1016/j.chiabu.2008.05.003>.
- Weist, M.D., Youngstrom, E., Myers, C.P., Warner, B.S., Varghese, S., and Dorsey, N. (2002). A clinically useful screening interview to assess violence exposure in youth. *Child Psychiatry & Human Development*, 32(4), 309-325. <https://doi.org/10.1023/a:1015222628055>.
- Willard, N. (2014). *Positive Relations@ School (& Elsewhere): Legal parameters & positive strategies to address bullying & harassment: Embrace Civility in the Digital Age*.
- Wolke, D., and Samara, M.M. (2004). Bullied by siblings: Association with peer victimisation and behaviour problems in Israeli lower secondary school children. *Journal of Child Psychology and Psychiatry*, 45(5), 1015-1029. <https://doi.org/10.1111/j.1469-7610.2004.t01-1-00293.x>.
- Ybarra, M., Espelage, D.L., and Mitchell, K.J. (2007). The co-occurrence of Internet harassment and unwanted sexual solicitation victimization and perpetration: Associations with psychosocial indicators. *Journal of Adolescent Health*, 41, S31-S41. <https://doi.org/10.1016/j.jadohealth.2007.09.010>.
- Zolotor, A.J., Runyan, D.K., Dunne, M.P., Jain, D., Péturs, H.R., Ramirez, C., . . . Muhammad, T. (2009). ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multi-national pilot testing. *Child Abuse & Neglect*, 33(11), 833-841. <https://doi.org/10.1016/j.chiabu.2009.09.004>.

# Appendix C: Analysis of Prior NatSCEV Data

NatSCEV survey instrument has in the past been a comprehensive tool that asks respondents to report on a broad range of victimizations children have experienced. Using unweighted data from NatSCEV wave 3, we conducted analyses to assess the performance and potential problems to help inform the revision and reduction of the length of the survey instrument. The wave 3 sample consisted of 4,000 respondents, about one-third (34%) of the 11,744 respondents eligible for the study who were invited to complete the full interview. For one analysis we analyzed data from these 4,000 completers plus another 100 partial respondents who completed screeners but broke off at some point before completing the interview, for a total sample of 4,100. This work provided another perspective to complement the expert review of survey content and literature review. Together, these sources guided decisions about where the survey can be revised and reduced to make it less burdensome and increase the completion rate, while still providing a comprehensive estimate of victimization and (to some extent) allowing for the examination of trends over time.

This chapter describes each analysis conducted and presents findings. Most of the analyses conducted focused on the performance of JVQ and NatSCEV screener and follow-up items. Overall, few problems with performance were identified. Based on criteria described in the analysis sections below, a subset of screeners warranted attention to consider whether to retain, refine or, in some cases, drop them. These include kidnapping (C8), sexual assault by a known adult (S1), sexual assault by an unknown adult (S2), witnessed war (W9), hurt or threatened with a gun (G1), vandalism at school (SC2), and items in the exposure to family violence (EF) module, among others.

## C.1 Screener Item Performance (Analysis 1)

We examined patterns of lifetime endorsement (yes/no) and “not sure” and refused responses. This analysis helps us identify any questions that may be ambiguous, difficult to understand, or very discomfoting to the respondent (resulting in high rates of selecting not sure/refused). It also highlights any items with very low endorsement, although it has to be considered whether such items represent rare types of victimization that may be important to continue measuring. We also examined patterns in responses regarding events happening in the past year for each screener item, to identify any extremely low number ( $n < 10$ ) of endorsers experiencing victimization in the past year.

Based on these analyses, most screener items are informative in that they have a high percentage of valid responses (yes/no) and few not sure or refused responses for screeners. Screener items had valid responses (yes/no) from 98 percent to 100 percent of respondents, with less than 2 percent not sure or refused. Seventeen of 55 screeners had low endorsement (<3% yes). Five of 55 screener items had extremely low endorsement (<1% yes), including kidnapping (C8), sexual assault by known adult (S1), sexual assault by an adult the child does not know (S2), war (W9), and hurt or threatened with a gun (G1). Three screener items had an extremely low number ( $n < 10$ ) of endorsers experiencing victimization in the past year: 8 respondents indicated sexual assault by a known adult, 1 by an unknown adult, and 8 indicated exposure to war in the past year. Each of the five items identified in this analysis (C8, S1, S2, W9, G1) was considered further in the context of content knowledge (e.g., is the rate of endorsement consistent with rates from other studies, and represents the rare victimization, or is there a potential validity issue?) and findings from additional analyses (below) regarding relationships with other constructs (e.g., trauma, fear, injury).

## **C.2 Validation of Victimization Modules (Analysis 2)**

As a way of validating the modules, we assessed construct validity by examining the relationship between the proportion of screener items endorsed within each module and other constructs in the survey known to be strongly associated with victimization exposure, including trauma symptoms, delinquency, and social support. More specifically, a percent of the total number of screener items that were endorsed within a module was calculated. Since the items asked vary by age, we used a percent rather than a count. We then tested whether the percent endorsement within each module related to trauma (mental health) reported on the Trauma Symptom Checklist. We also tested whether the percent endorsement within module related to social support and/or delinquency. We recognize that reports of events are not scales and do not measure a latent factor, but the distribution of percent endorsed within a model can be used to validate the model because we would expect that children experiencing more victimizations in a module may be more likely to experience trauma, for example.

We found that the analyses did help validate the modules. Modules generally had a low number of items endorsed, but percent endorsed within a module correlated with trauma. Even when a low proportion of screeners were endorsed, the modules had a correlation with trauma, which seems reasonable if the few endorsers were highly traumatized.

The correlation with social support was low but in the expected direction (lower percent endorsed was related to higher social support). There was a moderate but significant correlation with delinquency, as expected.

### C.3 Impact and Severity of Victimization Items (Analysis 3)

Next, we assessed the impact and severity of the individual screener items, to inform us regarding the extent to which endorsing these items indicated victims' trauma, fear, injury, and likelihood of missing school or schoolwork. First, we tested the association between endorsement (endorsers vs. non-endorsers) of individual screener items and the trauma score (*z*-score) from the Trauma Symptom Checklist. For trauma scores, mean differences between non-endorsers and endorsers were statistically significant for all screener items. Correlations ranged from a low of .10 (for item S1) to a high of .36 (for Item M2) (Table C1). We examined the distribution of trauma correlations in the data and divided the screeners into three groups: 35 percent had correlations below .20, which we called "low"; 40 percent were between .21 and .29, which we called "moderate"; and 25 percent were .30 or above, which we called (relatively) "high."

Next, we examined endorser responses to three follow-up questions that help assess the impact and severity of the victimization: their fear rating,<sup>2</sup> the percent of endorsers who indicated injury, and the percent who missed school or schoolwork because of the victimization. For each of these (fear, injury, missed school), we examined the distributions in the data and divided screener items into three groups to assess relative impact and severity of the victimizations (e.g., lowest third and highest third on fear rating):

- **Fear.** Average fear ratings ranged from 1.23 (for item P6) to 2.89 (for item S2) for the 55 screeners. 33 percent had average fear ratings between 1.23 to 1.61, indicating little to no fear, which we called "low;" 27 percent had ratings between 1.63 and 1.94, also indicating little fear, which we called "moderate," relative to other screeners; 40 percent had scores between 2.03 and 2.89, indicating a little to very afraid, which we called "high" relative to other screeners.
- **Injury.** For the 20 screeners with injury data, between 0 percent (C8) to 48.1 percent (C4) reported injury related to the victimization. For 35 percent of screeners, between 0 percent to 9.3 percent of participants reported injury related to the victimization,

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<sup>2</sup> Fear rating refers to the response to a follow-up question asking how afraid the child was when the victimization happened. Response options were on a three-point scale: (1) Not at all afraid, (2) A little afraid, (3) Very afraid. For this analysis, the average score (1-3) was calculated.

which we called “low”; for 30 percent of screeners 10.5 percent to 19.2 percent of participants reported injury, which we called “moderate”; and 35 percent of screeners had between 20.9 percent to 48.1 percent with injury, which we called “high.”

- **Missed school/schoolwork.** The percent who reported they missed school or schoolwork due to the victimization ranged from 0 percent (S7) to 29.8 percent (W6) for the 55 screeners. For 33 percent of screeners, between 0 percent to 4.1 percent of participants reported they missed school or schoolwork, which we called “low”; for 31 percent of screeners, between 4.4 percent to 8.4 percent missed school, which we called “moderate”; and for 36 percent of screeners, between 9.2 percent to 29.8 percent missed school, which we called “high.”

After dividing screeners into approximate thirds for each factor (e.g., fear rating in the lowest third, fear rating in the highest third), we flagged screener items for review and discussion when they appeared to have low impact and severity based on the following criteria:

- More than one “low” rating for trauma, fear, injury, or missed school; but no “high” ratings for these; **or**
- Very low endorsement (<1%) **and** at least one “low” rating for trauma, fear, injury, and missed school

For flagged screener items, we reviewed them in the context of content knowledge and theoretical and policy importance, and with analysis findings, to determine whether to retain, modify, or delete the items.

Table C-1 presents analysis results for each screener item, including the percent of NatSCEV participants who endorsed the screener, the correlation between endorsement and the child’s trauma score, and the average fear rating, percent with injury and percent missed school or schoolwork related to the screener item. Items with very low (<1%) endorsement and items with “low” ratings (e.g., lowest third) for trauma, fear, injury and missed school are shaded blue-green. Items with “high” ratings for trauma, fear, injury and missed school are shaded yellow. The table shows that trauma scores for youth who endorsed screener items were always significantly higher than for youth who did not endorse them, as would be expected, providing evidence of the validity of screener endorsement. Fear, injury, and missed school results for endorsed screener items were mostly as one would expect. For example, there was, on average, a high level of fear for sexual assault (S1, S2, S3, S4) and attack by an adult (M1). One item, SC2 vandalism at school, had low fear and a very small correlation with trauma. Items marked (X) in the “Review” column meet one of the two criteria described above: (1) “low” in at least two of the four areas (trauma, fear, injury, missed school), but not “high” in any of the four; or (2) very low endorsement (<1%) and “low” in at least one of the

four areas. These items were reviewed and discussed to determine whether or not they should be retained, modified, or deleted, based on content knowledge, contextual and policy importance, and analysis findings.

**Table C-1. Screener item endorsement, association of endorsement with trauma, and fear, injury, and missed school ratings for endorsed screeners (Analysis 3)**

Screeners	Screener Item	% Endorsed	Correlation between Endorsement and Trauma Score*	Average Fear Rating	Percent with Injury	Percent Missed School	Review
C1	Robbery	17.8%	0.21	1.60	7.6%	4.7%	X
C2	Personal theft	20.8%	0.26	1.36	(n/a)	5.6%	
C3	Vandalism	24.6%	0.29	1.37	(n/a)	3.1%	X
C4	Assault with weapon	7.9%	0.32	1.88	48.1%	11.6%	
C5	Assault without weapon	24.3%	0.29	1.68	41.4%	7.7%	
C6	Attempted assault	13.1%	0.27	1.86	(n/a)	5.3%	
C7	Threaten to hurt	17.9%	0.35	2.08	(n/a)	12.7%	
C8	Kidnapping	0.9%	0.12	2.32	0.0%	12.8%	X
C9	Bias attack	2.2%	0.30	2.20	32.7%	25.5%	
M1	Physical abuse by caregiver	7.3%	0.29	2.28	28.6%	7.1%	
M2	Psychological/emotional abuse	13.8%	0.36	1.85	(n/a)	6.3%	
M3	Neglect	2.8%	0.17	2.18	(n/a)	14.4%	
M4	Custodial Interference/family abduction	2.4%	0.16	2.05	9.0%	19.0%	
M5	Look after self b/c parent drunk/high	3.7%	0.25	1.59	(n/a)	16.8%	
M6	Neglect - left alone	4.8%	0.15	1.63	(n/a)	4.1%	X
M7	Parent had people over who you were afraid of	3.2%	0.18	2.15	(n/a)	8.1%	
M8	Unsafe living conditions	2.4%	0.22	1.57	(n/a)	10.7%	
M9	Parent neglected your appearance	2.5%	0.14	1.65	(n/a)	8.4%	
P1	Gang or group assault	2.3%	0.18	1.80	36.7%	9.9%	
P2	Peer or sibling assault	47.2%	0.26	1.48	18.0%	2.2%	X
P3	Nonsexual genital assault	10.4%	0.26	1.52	24.7%	6.4%	
P4	Bullying	29.9%	0.30	1.61	8.0%	3.2%	
P5	Emotional bullying	34.5%	0.35	1.55	(n/a)	9.2%	
P6	Dating violence	2.4%	0.16	1.23	13.8%	0.7%	X
P7	Youth lied about you/spread rumors	28.9%	0.30	1.47	(n/a)	9.3%	

**Table C-1. Screener item endorsement, association of endorsement with trauma, and fear, injury, and missed school ratings for endorsed screeners (Analysis 3) (continued)**

		% Endorsed	Correlation Between Endorsement and Trauma Score*	Average Fear Rating	Percent with Injury	Percent Missed School	Review
P8	Youth excluded/ignored you	35.3%	0.31	1.32	(n/a)	4.4%	
S1	Sexual assault by known adult	0.7%	0.10	2.59	17.3%	3.2%	X
S2	Non-specific sexual assault	0.2%	0.13	2.89	19.2%	28.1%	X
S3	Sexual assault by peer	1.5%	0.25	2.21	9.3%	5.0%	
S4	Rape: Attempted or completed	2.2%	0.28	2.28	10.5%	6.7%	
S5	Flashing/sexual exposure	4.9%	0.29	1.57	(n/a)	1.9%	X
S6	Verbal sexual harassment	5.0%	0.32	1.55	(n/a)	10.5%	
S7	Statutory rape and sexual misconduct	5.8%	0.31	1.30	(n/a)	0.0%	
S8	Incapacitated sex	2.5%	0.26	1.67	3.0%	25.4%	
W1	Witnessed domestic violence	7.6%	0.33	2.29	(n/a)	6.9%	
W2	Witnessed sibling violence by parent	3.2%	0.17	2.21	(n/a)	2.5%	
W3	Witnessed attack w/weapon	14.1%	0.32	1.71	(n/a)	2.7%	
W4	Witnessed attack, no weapon	28.2%	0.23	1.59	(n/a)	1.5%	X
W5	Theft from home	16.7%	0.18	1.57	(n/a)	4.0%	X
W6	Murder of someone close to you	4.5%	0.14	2.12	(n/a)	29.8%	
W8	Witnessed street violence	5.9%	0.25	1.86	0.4%	4.0%	X
W9	Witnessed war	0.7%	0.16	1.93	12.3%	8.4%	X
G1	Hurt/threatened with gun	0.8%	0.14	2.15	20.9%	3.6%	X
G2	Other witness gun	2.6%	0.11	2.11	(n/a)	1.9%	X
EF1	Parent threatened parent	4.3%	0.24	2.21	(n/a)	10.3%	
EF2	Parent violent behavior	12.1%	0.33	1.94	(n/a)	3.8%	
EF3	Parent pushed parent	9.4%	0.32	2.03	(n/a)	5.1%	
EF4	Parent hit parent	6.3%	0.28	2.14	(n/a)	8.4%	
EF5	Parent beat parent	2.6%	0.29	2.44	(n/a)	11.4%	
EF6	Adult/teen beat up householder	6.1%	0.19	1.91	(n/a)	1.8%	X
SC1	Bomb threat at school	10.7%	0.27	2.22	(n/a)	23.3%	
SC2	Vandalism at school	21.9%	0.11	1.28	(n/a)	7.8%	X
INT1	Internet harassment	5.0%	0.24	1.63	(n/a)	22.7%	
INT2	Internet sex talk	3.9%	0.18	2.77	(n/a)	1.8%	
INT1b	Sexing/cell phone sex harassment	5.6%	0.22	1.91	(n/a)	21.0%	

\* All t-tests of endorsement effect on trauma score are statistically significant.

Items with very low (<1%) endorsement and items with the lowest trauma, fear, injury and missed school ratings are shaded blue. Items with the highest ratings are shaded yellow. Items marked (X) in the “review” column meet the criteria specified in the text for review.

Table C-1 shows that trauma scores for youth who endorsed screener items were always significantly higher than for youth who did not endorse them, as would be expected, providing evidence of the validity of screener endorsement. Fear, injury, and missed school results for endorsed screener items were mostly as one would expect. For example, there was, on average, a high level of fear for sexual assault (S1, S2, S3, S4) and attack by an adult (M1). One item, SC2 vandalism at school, had low fear and a very small correlation with trauma, and could be considered for deletion from NatSCEV.

## C.4 Impact and Severity of Victimization by Recency (Analysis 4)

Another assessment of the impact and severity of the constructs compares trauma symptom scores by recency (last year vs. over a year ago) of victimization for each victimization module, and for each individual screener item. Although we would expect victimizations that occurred longer ago would be associated with less trauma as victims heal, there is still value in exploring the extent to which trauma scores differ based on recency. If victimization over a year ago is associated with substantially less trauma, or no trauma, perhaps the reporting of events longer than 1 year ago is less informative.

Based on the module-level analysis, there were a few indicators of a recency effect. For three of the modules—Module CP (criminal victim-property crime); Module P (peer/sibling victimization); and Module W (witnessing violence)—occurrence within the last year is associated with higher levels of trauma, as measured by higher scores on the Trauma Symptom Checklist.

Eight of the 55 screener items showed a significant difference in trauma scores for those experiencing the victimization within the past year compared to more than a year ago. For two items—sexual harassment (S6) and exposure to random shootings, terrorism or riots (W8)—trauma scores were higher if the victimization occurred *more than a year ago*. For six items, trauma scores were higher if the victimization occurred within the *past year*, as may be expected. This includes three peer or sibling victimizations—genital assault (P3), peer lies and rumors (P7), and social exclusion (P8). This also includes two sexual victimizations—sexual assault by a known adult (S1) and sexual misconduct (S7)—and exposure to a parent beating up another parent (EF5). The largest recency effect was observed among the small number of youth who reported sexual assault by a known adult; youth who were sexually assaulted more recently had substantially higher trauma scores

(average z-score was 3.00 past year vs. 0.62 more than a year ago). Most screener items, however, did not show a recency effect.

These findings suggest there is value in studying lifetime exposure to violence.

## **C.5 Follow-up Item Completion (Analyses 5 and 6)**

The NatSCEV survey instrument consists of many follow-up questions for endorsed screener items, so we examined the extent to which follow-up items are answered or not answered for each screener, to help assess the extent to which they are informative. If follow-up items are mostly not answered for some screeners (excluding structural missing), they may not be as informative.

For the most part, the follow-up questions are informative among those respondents who completed the entire interview (did not break off), as they generally completed all or most of the follow-up questions (providing valid responses in that they did not refuse or say not sure). One item, Witnessed War, may not be as informative as its own distinct screening item since most indicated this was part of another incident. Of the 28 respondents endorsing this item, 11 were asked to answer follow-up items specific to this event. On average, these 11 respondents answered 83 percent of the follow-up items; however, one respondent did not respond to any of the items, skewing the mean. Another 17 respondents who said they had witnessed war indicated this experience was part of another incident already reported, and so were not asked separate follow-up questions.

We conducted a similar analysis examining completion of follow-up questions by recency of victimization (past year vs. more than a year ago) to determine if the recall of events previous to the last year is very complete and reliable. This analysis was intended to help inform the decision of whether or not to ask follow-up questions for events that occurred longer ago than a year. Because respondents generally completed all or most of the follow-up questions, examining these data by recency did not provide much additional information. Respondents who completed the interview almost always answered follow-up questions, even for events that occurred more than a year ago; although this cannot assess accuracy of recall, the follow-up items are informative in that almost all have valid responses.

## C.6 Follow-up Item Completion Among Partial Completers vs. Complete Interviews (Analysis 7)

We explored how many respondents discontinued the survey during the follow-up section, to further assess respondents’ willingness to complete follow-up items. We conducted this analysis to help us determine the extent to which follow-up items should be shortened to reduce respondent burden. In the NatSCEV, screeners are asked in three sections—JVQ Screeners (37 items), NatSCEV Supplemental Screeners (15 items), and Internet Victimization screeners (3 items)—separated by other sections (Table C-2). Respondents were asked follow-up questions regarding endorsed screener items after completing the 52 JVQ and NatSCEV screener items. Later, three internet screener items and related follow-up questions were asked. This analysis focused on 52 of 55 screeners, excluding the 3 internet victimization screeners, as they were not required for “complete” interviews.

**Table C-2. Required interview sections for “Complete” and “Partial” interviews**

Interview Section	Complete	Partial
Parent interview/Background	✓	✓ N=30
JVQ screener items (37 screeners)	✓	✓ N=38
Social support	✓	✓
Mental health	✓ N=4000	✓ N=62
NatSCEV supplemental screeners (15 screeners)	✓	✓
Follow-up questions (for screeners)	✓	
Lifetime and past year adversity	✓	
Internet victimization (3 screeners)	✓	
Other sections		

We also examined follow-up question completion for 52 individual screener items (excluding the 3 internet victimization items). Almost all respondents (90%-98%) followed through to complete the full survey for 41 of 52 screeners. For 10 screeners, 80 percent to 89 percent were full completers. For one screener item (parent beat up another parent), only 61 percent completed the full interview, although the number of eligible<sup>3</sup> respondents was small (n=9 partial completers). The mean proportion of follow-up questions answered by partial completers was lower than the proportion completed by completers for all screener items. This suggests that break-off occurred during the follow-up questions. For most of the screener items (n=35, 67%), the average proportion of follow-up items completed differed by more than 50 percent. Based on this dataset with completed and partial interviews, there is some indication of burden from follow-up questions, but most

<sup>3</sup> Respondents are “eligible” for analysis for a given screener if the victimization was not part of another victimization and thus the follow-up questions asked were specific to this victimization.

respondents who complete the screener go on to complete the survey and a high proportion of follow-up questions.

## C.7 Confirmatory Factor Analysis of the Trauma Symptom Checklist (Analysis 8)

We conducted a confirmatory factor analysis (CFA) of the Trauma Symptom Checklist, as well as several revised CFAs, to determine whether the trauma scales can be shortened to fewer items and if the items in the scale hang together as measures of an underlying construct, without meaningfully lowering the reliability of the scale and without negatively affecting global fit statistics. One set of CFAs reduced the TSC and TSCY to 10 items each.

In the first analysis, CFA was performed on the 25-item TSCY scale administered to 2- to 9-year-old youths. A CFA analysis was also performed on the 28-item TSC scale administered to the 10- to 17-year-old youths. As Table C-3 indicates, global CFA fit statistics for the TSCY were in a moderate range. For the TSC scale, global fit statistics were even better.

**Table C-3. Confirmatory Factor Analysis for Latent Constructs TSCY (trauma for children ages 2-9 years) and TSC (trauma for children ages 10-17 years)<sup>4</sup>**

Fit Indexes	TSCY	TSC
Root mean sq. error of approximation (RMSEA)	0.085	0.079
Comparative Fit Index (CFI)	0.639	0.802
Tucker-Lewis Index (TLI)	0.607	0.786
Coefficient of determination (CD)	0.864	0.937

The internal consistency reliability analysis (Cronbach alpha) indicates that the TSCY has a Cronbach alpha in an acceptable range of .85 with an average item-to-total test correlation of .47. The TSC had a higher internal consistency estimate of .93 with an average item-to-total score correlation of .59.

<sup>4</sup> Rules of thumb for the best fitting model are: a) smaller RMSEA is better with <.08 ideal, b) larger CFI. TLI and CD are better with the best models having CFI and TLI above is a rough standard for best model fit. and c) the coefficient of determination is like an R-squared in regression so values closer to 1 are better.

## ***Evaluation of the Feasibility of 10-item Short Forms for TSCY and TSC***

The TSCY (for youth ages 2 to 9) and TSC (for youth ages 10 to 17) trauma scales were evaluated to determine if a 10-item short form of the scales would provide valid and reliable scores. For TSCY, two short forms were scrutinized: a 10-item scale consisting of the items that had the highest factor loadings in the original confirmatory factor analysis (analysis 8, above), and a 10-item scale consisting of items that were parallel in meaning to the 10-item short form analyzed for the TSC. The 10-item scale parallel to the TSC short form had better global item fit for the confirmatory factor analysis. The Cronbach alpha score is somewhat smaller for the parallel short form ( $\alpha=.72$ ) than for the TSCY highest factor loading short form ( $\alpha=.75$ ). However, in our judgment, the parallel short form is preferable since it measures a construct comparable to the TSC short form.

For the TSC, 10 of the original 28 items were selected that had the highest factor loadings in the confirmatory factor analysis performed (analysis 8). The short form global item fit statistics were comparable to the long 28-item form. The Chronbach alpha score of .88 is less than that of the full form, .93, but is in an acceptable range. We conclude that the short form of the TSC can be used as an acceptably reliable trauma scale.

### **C.8 Exposure to Family Violence Items (Module G, EF1-EF6) (Analysis 9)**

We examined the proportion of exposure to family violence (EF) items that overlap with each other, each referring to the same incident, to determine whether some EF items should be combined or dropped, given the overlap. This analysis was conducted because we noticed that several EF items had a very small sample size for follow-up item analysis (analysis 5); for EF4  $n=53$  of 253 endorsers were in the follow-up sample, and for EF5  $n=14$  of 104 endorsers were in the follow-up sample.<sup>5</sup> This suggested considerable overlap, so we added an analysis to assess the actual overlap between the six EF items. Table C-4 displays the overlap of the EF items. As Table C-4 indicates, it appears that there is considerable overlap between 5 of the 6 items: EF1 parent threat to hurt another parent; EF2 parent violent behavior (break, ruin, throw or punch something because of an

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<sup>5</sup> When a respondent endorsed multiple screeners in relation to a single incident, follow-up questions were asked only once. Follow-up data were backcoded to other related screeners during processing and then used for reporting purposes. For analysis 5, the analysis was limited to the first screener identified as part of a single incident; backcoded data were not included.

argument); EF3 parent pushed another parent; EF4 parent hit or slapped another parent; EF5 parent kicked, choked or beat up another parent. Around half to two-thirds (48.6%-64.8%) of respondents endorsing the EF1 screener also endorsed EF2, EF3, and EF4 as part of the same incident. Around half to more than two-thirds (48.9%-70.4%) of respondents endorsing the EF5 screener also reported EF1, EF2, EF3, and EF4 as part of the same incident. Most notably:

- 74.1 percent of participants who endorsed EF4 also reported EF3 as part of the same incident;
- 70.4 percent of participants who endorsed EF5 also reported EF4 as part of the same incident;
- 68.8 percent of participants who endorsed EF5 also reported EF3 as part of the same incident; and
- 64.8 percent of participants who endorsed EF1 also reported EF3 as part of the same incident.

The last item (EF6) pertained to any grown-up or teen pushing, hitting or beating someone else who lives with the youth (not specific to parents). Not surprisingly, there was relatively little overlap between EF6 and the other EF items.

**Table C-4. Extent of Exposure to Family Violence within-incident overlap, NatSCEV III (weighted percentages)<sup>a</sup>**

		Percentage that co-occurs with row variable as part of the same incident <sup>a</sup>					
		EF1	EF2	EF3	EF4	EF5	EF6
<b>EF1</b>	<b>Parent threatened parent</b>	-	15.8%	24.0%	30.9%	48.9%	7.8%
<b>EF2</b>	<b>Parent violent behavior</b>	48.6%	-	38.7%	34.6%	51.9%	12.1%
<b>EF3</b>	<b>Parent pushed parent</b>	64.8%	34.0%	-	74.1%	68.8%	12.0%
<b>EF4</b>	<b>Parent hit parent</b>	52.4%	19.1%	46.6%	-	70.4%	9.2%
<b>EF5</b>	<b>Parent beat parent</b>	33.4%	11.5%	17.4%	28.3%	-	10.4%
<b>EF6</b>	<b>Adult/teen beat up householder</b>	8.7%	4.4%	5.0%	6.0%	16.9%	-

<sup>a</sup> Numbers to be read as column percentages like this: 48.6% of endorsed EF1 screeners also reported EF2 as part of the same incident.

Based on these data, and the extent to which EF items overlap, we recommend collapsing items EF1 to EF5 into fewer screening items (e.g., combining questions about parental pushing and hitting).

## C.9 Proxy Respondents

One of the key virtues of the NatSCEV methodology is to get information on victimization across the full developmental spectrum of childhood. It is the only source of national epidemiological information on violence exposure among children under 12, not sourced from agency data (police or CPS), that is available. NatSCEV relies on caregiver respondents to get this information for the youth 0-9, because methodologies for getting self-report information from children under 10 are not well-developed or feasible.

However, questions arise about the validity of caregiver reports. One specific question is whether they have sufficient knowledge about the victimizations that may be happening to their children. Another specific question is whether they would be inclined to underreport exposures that might reflect badly on their parenting or even make them vulnerable to sanctions.

This review examined this issue by comparing screener responses for the caregivers of 9-year-olds to the self-report responses of 10-year-olds. The assumption was that across this small developmental segment, we would not expect large differences due to developmental context. Would caregivers systematically report lower rates, give more “not sure” responses, or even refuse to answer questions than the self-reporting youth? The comparisons are shown in Table C-5. To obtain adequate sensitivity, the 9- and 10-year-old rates were aggregated across all three NatSCEV waves, giving a pool of 730 9-year-olds and 584 10-year-olds.

Looking across 42 comparisons, the majority of the proxy and self-report were comparable. For only four items were there lower rates from proxy report compared to self-report. These were for attempted assault, threatened assault, exposure to shooting, and school vandalism. It may make sense that such attempts and threats are more memorable to the victims, who might not have mentioned them to caregivers.

Table C-5. Lifetime endorsement rates by screener item for proxy 9-year-old and self 10-year-old respondents

Screener Item	Lifetime Yes		Lifetime Not Sure		Lifetime Refused	
	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)
C1 Robbery	16.97*	9.23	3.15	1.71	0.00	0.00
C2 Personal theft	19.5	21.57	2.33	1.54	0.00	0.00
C3 Vandalism	25.42	20.85	3.01	3.08	0.00	0.00
C4 Assault with weapon	8.94	8.61	0.41	0.51	0.00	0.00
C5 Assault without weapon	23.72	26.60	1.10	0.86	0.14	0.00
C6 Attempted assault	10.89*	18.41	1.92	2.91	0.00	0.34
C7 Threaten to hurt	13.59*	23.65	2.19	1.54	0.00	0.00
C8 Kidnapping	1.51	1.89	0.14	0.51	0.00	0.00
C9 Bias attack	2.48	3.08	0.41	0.00	0.00	0.00
M1 Physical abuse by caregiver	5.52	6.92	0.68	0.68	0.00	0.34
M2 Psychological/emotional abuse	12.80	9.38	1.37	1.20	0.14	0.17
M3 Neglect	5.91*	2.07	0.27	0.51	0.00	0.34
M4 Custodial interference/family abduction	3.72	2.40	0.41	0.00	0.27	0.00
P1 Gang or group assault	2.74	4.79	0.00	0.00	0.00	0.00
P2 Peer or sibling assault	53.76*	45.78	1.64	0.17	0.00	0.34
P3 Nonsexual genital assault	8.60	8.81	1.23	0.34	0.00	0.51
P4 Bullying	30.76*	17.57	2.47	1.37	0.00	0.17
P5 Emotional bullying	41.78	36.79	1.64	0.51	0.00	0.34
S1 Sexual assault by known adult	0.41	0.52	0.82	0.34	0.00	0.34
S2 Non-specific sexual assault	0.00	0.34	0.55	0.17	0.00	0.17
S3 Sexual assault by peer	2.06*	0.17	0.41	0.34	0.00	0.34
S4 Rape: Attempted or completed	0.55	0.69	0.68	0.34	0.00	0.51
S5 Flashing/sexual exposure	3.32*	1.38	0.96	0.34	0.00	0.51
S6 Verbal sexual harassment	1.51	2.59	0.41	0.17	0.00	0.51

**Table C-5. Lifetime endorsement rates by screener item for proxy 9-year-old and self 10-year-old respondents (continued)**

Screener Item	Lifetime Yes		Lifetime Not Sure		Lifetime Refused	
	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)
W1 Witnessed domestic violence	9.86	7.76	1.23	0.34	0.14	0.34
W2 Witnessed sibling violence by parent	3.72	2.57	0.55	0.00	0.00	0.17
W3 Witnessed attack w/weapon	9.37	12.74	2.05*	0.34	0.00	0.17
W4 Witnessed attack, no weapon	20.53	21.97	2.60*	0.86	0.00	0.17
W5 Theft from home	20.11*	15.89	0.55	0.68	0.00	0.17
W6 Murder of someone close to you	5.51	4.66	0.55	0.51	0.00	0.17
W8 Witnessed street violence	4.95*	7.75	0.41	0.34	0.00	0.17
W9 Witnessed war	0.41	1.03	0.14	0.17	0.00	0.17
EF1 Parent threat parent	8.13*	2.41	0.55	0.34	0.00	0.00
EF2 Parent argue & break	16.69*	6.20	1.51*	0.34	0.00	0.17
EF3 Parent push parent	14.15*	7.64	0.27*	1.20	0.00	0.17
EF4 Parent hit parent	10.73*	5.37	0.41	1.03	0.00	0.17
EF5 Parent beat parent	6.87*	1.38	0.27	0.34	0.00	0.17
EF6 Adult hit adult	5.91	4.45	0.27	0.00	0.00	0.00
SC1 School threat	3.17	3.60	0.55	0.17	0.00	0.00
SC2 School vandalism	7.91*	14.01	1.23	0.86	0.00	0.17
INT1 Internet harass	0.55	1.20	0.00	0.00	0.14	0.00
INT2 Internet sex talk	0.28	1.03	0.14	0.17	0.27	0.51
Number	730	584				

\*Significant difference based on chi-square test.

By contrast, for 12 of the screeners, the proxies reported at higher rates than the self-reporting youth. These higher endorsements are clearly connected to items about which we would expect caregivers to have differential knowledge or memory. For example, they include almost all the parental violence items, which are quite personal to the proxy reports. They also included the

household theft and the neglect items, which also involve situations that likely reflect privileged parental knowledge of situations. Neglect is also a phenomenon that is particularly common in early development that children might not remember as well as caregivers.

Very noteworthy is the fact that there was **no apparent evidence of under-reporting by the caregivers** for the sensitive and possibly embarrassing items that might make reference to their own or another parent’s violent and neglectful behavior. If anything, they were more forthcoming than the children themselves.

The additional analyses in Table C-5 show very low rates of endorsement of “not sure” or refusing to answer a question, which, if higher, might also suggest possible signs of reluctance to disclose or lack of certain knowledge. There were 4 out of 57 items for which caregivers said “not sure” more often than youth. There were no significant differences for the refusals.

Overall, this analysis refutes the common concerns about proxy reporters. Caregivers did not systematically under-report rates or show signs of lack of knowledge. In particular, they did not seem to under-report the kinds of episodes that they might be embarrassed about or want to hide. The general equivalence of proxy and self-reports suggests that there are merits to obtaining proxy information.

## **C.10 Summary and Recommendations**

Overall, these analyses indicate good performance for the majority of screener and follow-up items, with few problems with performance identified. Based on findings from several analyses (1, 3 and 9), we developed a subset of screeners (Table C-6) to consider whether to retain, refine or, in some cases, drop them. These include kidnapping (C8), sexual assault by a known adult (S1), sexual assault by an unknown adult (S2), witnessed war (W9), hurt or threatened with a gun (G1), vandalism at school (SC2), and items from the exposure to family violence module, among others.

Table C-6. Summary of Screener Items to Review and Discuss

Screener Item	Analysis Highlighting the Item	Analysis Findings
C1 Robbery	Analysis 3	17.8% endorsed, moderate trauma correlation (0.21). Low fear, low injury, moderate missed school.
C3 Vandalism	Analysis 3	24.6% endorsement, moderate trauma correlation (0.29), low fear, low missed school.
C8 Kidnap	Analysis 1, 3	Low (<1%) lifetime and past year endorsement, low correlation with trauma (.12). High fear, low injury, high missed school.
M6 Neglect – left alone	Analysis 3	4.8% endorsement, low correlation with trauma (0.15). “Moderate” fear rating (middle third, but little fear), low missed school.
P2 Peer or sibling assault	Analysis 3	47.2% endorsement, moderate correlation with trauma (.26), low fear, moderate injury, low missed school.
P6 Dating violence	Analysis 3	Low (2.4%) endorsement, low correlation with trauma (.16). Low fear, moderate injury, low missed school.
S1 Sexual assault by known adult	Analysis 1, 3	Low (<1%) lifetime endorsement and extremely low number in past year (n=8), but could be under-reported, and respondents report high fear. Low correlation with trauma scores (.10); however, trauma scores were higher for the small number of youth reporting this occurred within the past year vs. more than a year, as would be expected (analysis 4). Moderate injury, low percent missed school.
S2 Sexual assault by an adult not known to child	Analysis 1, 3	Low (<1%) lifetime endorsement and extremely low number in past year (n=1), but could be under-reported, and respondents report high fear. Low correlation with trauma scores (.13). Moderate injury, high percent missed school.
S5 Flashing/sexual exposure	Analysis 3	4.9% endorsement, moderate correlation with trauma (.29). Low fear and low missed school.
W4 Witnessed attack, no weapon	Analysis 3	28.2% endorsed, moderate correlation with trauma (.23). Low fear and low missed school.
W5 Theft from home	Analysis 3	16.7% endorsed, low correlation with trauma (0.18). Low fear, low missed school.
W8 Witnessed street violence	Analysis 3	5.9% endorsed, moderate correlation with trauma (.25). Moderate fear, low injury, and low missed school.
W9 Witnessed war	Analysis 1, 3	Low lifetime endorsement (<1%, n=28), extremely low number in past year (n=8). When asked if happened in the past year, 10.7% of endorsers said not sure/refused. Moderate fear, injury, and missed school.
G1 Hurt/threat with gun	Analysis 1, 3	Low (<1%) lifetime and past year endorsement. Overlaps with follow-up question. Low correlation with trauma (.14). Moderate fear, high injury, low missed school.
G2 Other witness gun	Analysis 3	Low (2.6%) endorsement, low correlation with trauma (.11). Moderate fear, low missed school.

**Table C-6. Summary of Screener Items to Review and Discuss (continued)**

Screener Item	Analysis Highlighting the Item	Analysis Findings
EF1-EF5 exposure to family violence	Analysis 9	EF items 1-5 (EF1 threat, EF2 break/ruin, EF3 push, EF4 hit, EF5 beat up) appear to overlap considerably. Most overlap occurs in EF3 through EF5. Consider combining some of these 5 items.
EF6 Adult/teen beat up householder	Analysis 3	6.1% endorsed, low correlation with trauma (0.19). Moderate fear (but little fear, 1.91), low missed school.
SC2 Vandalism at school	Analysis 3	21.9% endorsement, low (.11) correlation with trauma. Low fear, moderate missed school.

# Appendix D: Cognitive Interview Results

## Introduction

Based on the concept mapping and the detailed statistical analysis, revisions were made to the questionnaire screening items and follow-up questions.

To assess these proposed survey content modifications, cognitive testing of new and modified items was conducted. This section reports on the results of that testing.

## Recruitment and Interview Protocol

Dr. Heather Turner, a researcher from the University of New Hampshire (UNH), conducted all nine in-person cognitive interviews with youth ages 12 to 17 to explore modified item wording and new items that have never been cognitively tested.

Respondents were recruited from Spurwink Services in Portland, Maine. This agency provides clinical and behavioral health services to youth, allowing recruitment of youth who are potentially at higher risk with respect to victimization histories. A flyer advertising the study was posted at the clinic office. Agency staff members also identified eligible youth who were currently receiving services and provided parents with study information. Parents who were interested in allowing their child to participate contacted Dr. Turner directly to arrange for an interview. Dr. Turner conducted the interviews in a private room at the agency in Portland.

Respondents recruited through Spurwink were a mixture of higher-risk respondents (currently receiving behavioral health services at Spurwink) and lower-risk respondents who were siblings or friends of Spurwink clients or children of Spurwink staff members. Age, sex, race, and risk status of respondents is shown in Table D-1. In terms of race, seven respondents were white and two were black/African American; five were female and four were male; five were higher risk (Spurwink clients) and four were lower risk (non-clients). The recruitment plan was to ensure that at least one-half of respondents would be age 12-14 in order to test comprehension among the younger youth. We met this goal: five out of the nine interviews were conducted with youth under age of 15, including four interviews with 12-year-olds and one with a youth age 13.

Table D-1: Respondent characteristics (n=9)

Age	Race	Sex	Risk Status
12	White	Female	lower risk
12	White	Female	higher risk
12	Black	Male	lower risk
12	White	Male	higher risk
13	White	Male	higher risk
15	White	Female	higher risk
16	White	Male	lower risk
17	Black	Female	higher risk
17	White	Female	lower risk

Because the instrument has not yet been programmed for online administration, cognitive testing was conducted using a paper version of the items to be tested. Youth were told to comment only on the meaning and their understanding of each item and not to answer the questions themselves. This point was emphasized throughout the interview. Respondents were asked to read each item, one at a time. After each item, respondents were asked, “What types of situations do you think is this question asking about?” Some additional probes, specific to each item, were also asked.

Interviews took between 27 and 38 minutes to complete. All but one interview was audio recorded. The researcher took notes during the other interview. Following each interview, youth received \$25 for participating and parents who transported youth to the interviews were provided with \$20.

### **Consent/Assent Process**

Written parental consent and youth assent were obtained before each interview. Prior to the interview, parents were brought into the private interview room with the youth. Parents read and signed the consent document, and received their \$20 payment to cover transportation costs. Parents then left the room and youth read the assent form. Youth were then asked if they had any questions about the information they read, and they signed the form. Both parental consent and youth assent processes included permission to audio record the interview. In all but one case, both parents and youth consented/assented to allow the interview to be audiotaped. In the remaining case, it was the parent that did not consent to audio recording. No identifying information was included in any audio recording or interviewer notes; only respondents’ age was included in each interview file name. Following the interview, youth were thanked and given their \$25 stipend and debriefing form, which included a list of phone numbers (e.g., crisis hot lines) that respondents could call if they wanted to talk about any concerns or feelings that might have arisen from the interview.

Audio recordings were uploaded to UNH’s secure cloud storage system, in password-protected files to which only Dr. Turner has access.

The research protocol, consent/assent processes, and all related forms and materials were approved by the institutional review boards of both UNH and Westat.

## **Key Findings and Recommendations**

Results of the cognitive testing are presented below. The wording of each item, findings on youth responses regarding their meaning, and potential sources of confusion are presented. Recommendations on possible wording changes, based on the results, are then proposed.

Screener items tested:

C1. At any time in your life, did anyone use force to take something away from you that you were carrying or wearing?

This item was easily understood by all the youth interviewed, using descriptions like “stealing something from you“ or “bullies might take stuff and throw it in the trash or rob you on the street.” They understood what “using force” meant, saying things like “pushing,” “grabbing” and “hitting,” or “maybe they just ripped something off you and ran.” Examples of things that youth might be carrying or wearing when this happens included “backpack,” “hat,” “purse,” “wallet,” and “cell phone.” Although one youth mentioned more trivial things like a pencil or piece of paper, most examples suggested a more serious situation.

Recommendation: no changes to item

C7. At any time in your life, did someone threaten to hurt you when you thought they might really do it? This could include in person, online or by texting.

This question was well understood. Youth gave appropriate examples of threatening to hurt, including online threats; for example, “If you do this, I’m going to do something to you“; “I’m going to get you at school tomorrow“; “I’m going to hurt you“; “I’m going to come to your house“; “I know your address and I’m going to hurt you“; and “I’m going to find you and break into your house.”

Recommendation: no changes to item

C10. At any time in your life, have you been made fun of or insulted because of your skin color or race, religion, or where your family comes from? Because of a physical problem or special need you have? Or because someone said you were gay, lesbian, bisexual or transgender?

Youth appeared to understand the question; all respondents also indicated that they were familiar with all the words in the question. When explaining its meaning they said things like “when people are mean because someone is different from them”; “when people are racist and do a hate crime”; “when people make fun of you because they think they’re better than you”; “when people use your skin color or sexuality as an insult”; “like when people target exchange students and are racist”; and “if someone is black and someone comes up and is racist.” They also understood what physical problem or special need, saying things like “like when you need more help with schoolwork than other kids”; “like when kids have ADHD”; “it might be a mental disability“; “physical problem could be having trouble walking“; “like if you had a lisp or something“; and “some kids can’t walk and need a wheelchair.”

Recommendation: no changes to item

M4. Sometimes a family fights over where a child should live. At any time in your life did a parent take, keep, or hide you to stop you from being with another parent?

All the youth connected this to a divorce situation and seemed to understand the meaning very well. Examples of descriptions include “sometimes a parent who is divorced wants to have the child in his or her life and so they take the child even though they are not supposed to”; “if a parent thinks the child is not safe with the other parent, they may keep them from that parent to keep him safe”; “after a bad divorce if they don’t care for the court’s ruling they may keep the child from the other parent”; “maybe hiding the child because the other parent is abusive or maybe the parent who has the child is the abusive one and just want to keep the child”; “if one parent thinks that you should live with them but they really shouldn’t, they may hide them, kind of like kidnapping”; “like when one parent is bad so the other parent takes the kid away like across the country”; “when parents are divorced and fight over kids and go to court. Kids go back and forth between parents. But then maybe one parent would try to keep them instead of having him go back to the other parent.”

Recommendation: no changes to item

M5. Was there a time in your life that you often had to look after yourself because a parent drank too much alcohol or took drugs or because a parent was too sad or upset to get out of bed?

Youth appeared to easily understand the meaning of this item. Examples of meaning descriptions included, “The parent might be going through a rough time and thinks drugs or alcohol is the answer so, the child has to live with that and the parent neglects when they don’t mean to. The kid needs to get their own food and get up in the morning on their own”; “parents who have a strong dependency on drugs or alcohol; you have to take on bigger tasks than you would usually need to do like get groceries and get yourself places”; “or a parent might be depressed and the kids has to take care of themselves”; “maybe a parent has mental health issues which was keeping them away from what they needed to do”; “like when parent has a date night and they’ve had too much to drink and aren’t acting right and maybe they don’t feel good in the morning and won’t get up”; “you have to look for them because you don’t know where they are”; “a parent abuses alcohol and drugs and they use that to escape from their problems so the child has to look after himself because the parent can’t physically do it; you have to make your own food as though you are living on your own”; “like if the parent is a drug dealer, the kid has to watch out for himself and be careful not to get involved”; and “if maybe your parent drank too much or took drugs, you would have to make meals and do laundry yourself.”

Recommendation: no changes to item

M6. Was there a time in your life when you often had to go looking for a parent because the parent left you alone, or with brothers and sisters, and you didn’t know where the parent was?

Youth had a little more difficulty with this question. They clearly understood the part about being left alone and not knowing where the parent was. For example: “A parent leaves and the child is scared because they do not know where they are”; “when a parent goes off and it wasn’t the normal time and you’re confused and worried about your parent, and this is a common occurrence”; “the parent went off for the day and you didn’t know where they were”; and “like

you had to going looking for them because you were alone and you didn't know where they were.”

However, some youth seemed a little confused specifically by the phrase “you often had to go looking for a parent.” Although one older youth suggested the idea of needing to look for them at a bar, some other respondents could not think of a specific situation when a kid would have to go looking for a parent. Moreover, one respondent suggested more typical situations, like when the parent loses the kid in the grocery store because the child has wandered off.

Recommendation: Either (1) drop the item completely because it might generate too many false positives among older youth or (2) reword it as follows:

“Was there a time in your life when a parent **very often** left you alone, or with brothers and sisters, and you didn't know where the parent was or when they would be back?”

P Series preamble:

The next questions ask about things that happened with other kids. This includes ANY kids, even brothers and sisters. When we ask these questions, we are NOT talking about times that you were both just playing or fooling around.

After going through the P series questions (see below), respondents were asked whether they had read these instructions at the top of the page before answering. Seven respondents said yes, one said “sort of” and another said no. Two 12-year-olds were also confused by a probe question that asked: “what situations are the questions NOT asking you to include” and said something like “don't give out their names.” However, it appeared that they understood that the questions were not asking about times when kids were both just fooling around, and the examples they gave seemed to be true bullying situations. So this might have just been a confusing probe for some of the youngest kids. All the other respondents said that it was clear that they were not supposed to include times when both kids were just joking.

Recommendation: no changes to preamble

P5. At any time in your life, did other kids call you names, say mean things to you or insult you? This could include in person, online or by texting.

All youth understood this question and interpreted it as being bullied and when it happens online, often referred to it as cyberbullying. Examples were all typically emotional bullying situations.

Recommendation: no changes to item

P6. At any time in your life, did a boyfriend or girlfriend or anyone you went on a date with push, grab or hit you on purpose?

All youth understood this question. Many referred to it as an “abusive relationship”; other descriptions include: “the boyfriend or girlfriend is upset so they take out their anger on them”; “it’s when they wants to show power and scare their significant other”; “someone who pushing and harassing you to be with them and they try to make you do it by hitting you”; and “like when the boyfriend gets mad and might start pushing and hitting her”. They all understood what “on purpose” meant: “they knew what they were doing”; “it wasn’t an accident”; “they meant to do it”; and “like when a boyfriend and girlfriend are arguing and one of them hits the other one.”

Recommendation: no changes to item

P7. At any time in your life, did any kids ever keep you out of things on purpose or tell lies or spread rumors about you?

Respondents generally had no problems with this question. They offered descriptions like “when kids are talking about you behind your back”; “when they ignore and you and not hang out with you”; “they’re showing that they don’t want to be your friend”; “excluding you from activities and events with people”; and “girls who used to be good friends and now they’re not and one starts a rumor about the other.”

The first two respondents suggested that “keeping you out of things” means “keeping you out of the loop” or “not telling you important information.” In later interviews I asked whether using the phrase “excluding you from things” was clearer. Although a couple of youth thought that they were equally good, the rest thought that this phrase was better. All respondents indicated that youth would understand the term “excluding.”

Recommendation: Slight wording change as follows:

“At any time in your life, did any kids ever exclude you from things on purpose or tell lies or spread rumors about you?”

S3. Now think about other kids, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in your life, did another child or teen touch your private parts when they shouldn’t have, make you touch their private parts or force you to have sex?

Youth all appeared to understand the question. They said things like: “it’s basically rape”; “it’s not consensual; you didn’t want it”; “it could be physical force or peer pressure”; “they tried to touch you without your permission”; “they did these things without consent”; “used physical force without consent”; and “someone is sexually harassing you; forcing themselves on you without your permission.”

Recommendation: Since at least one youth also included “pressuring” as a possible interpretation of “force,” use the term “physical force” in this item. As tested in the follow-up items (discussed later), youth appear to clearly interpret physical force in the way attended.

Suggested item wording:

“Now think about other kids, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in your life, did another child or teen touch your private parts when they shouldn’t have, make you touch their private parts or physically force you to have sex?”

S4. At any time in your life, did anyone TRY to force you to have sex, that is sexual intercourse of any kind, even if it didn’t happen?

Respondents seemed to clearly understand the question, saying things like: “The TRY implies that it didn’t actually happen but they tried to”; “they tried to force you but might have failed”; “there may not be physical force but they are being persistent even though the other person has said no”; “a person wants to have sex and he harasses you and says you should do it even though you don’t want to”; “attempts to force himself on you but it didn’t happen”; and “it not ok to try to force someone to do that”.

Recommendation: no changes to item

S8. Was there ever a time that you were asleep or drunk or using drugs when someone tried to have sex with you or touch your private parts when you didn’t want it?

All youth appeared to understand this item. They offered descriptions like, “taking advantage of you because you are in a physical state where you can’t say yes or no”; “like at a party and everyone is drinking and a guy brings a girl into a room but the girl doesn’t know what was happening”; “like when you were at a party and ended up getting in some trouble”; “at a party where people are intoxicated and someone might think that’s an easy in, but if the person is intoxicated or asleep they can’t give consent”; and “if somebody is asleep, maybe someone walks into their room and takes advantage of them.”

Recommendation: no changes to item

I1. Has anyone ever used the Internet, cell phone or other devices to bother or harass you or to spread mean rumors about you?

Youth clearly understand the general meaning of this question. Examples: “this is about cyberbullying; using social media to make you look bad”; “harass might be when someone constantly picks on you”; “they don’t like something you said so they want to get back at you”; “someone who is extremely persistent on social media and trying to talk to you when you don’t want it”; “electronically someone harasses you online”; “harass is like bothering you without stopping”; and “maybe people say mean things to you while texting.”

Youth were also specifically asked what “other devices” mean in this question: most youth said things like “computer,” iPad,” and “gaming console.” However, one youth said it could mean “a manipulative device – like the way you talk to someone” and another said a device could mean “verbally.”

Recommendation: I suggest a minor change (also suggested by one of the respondents) as follows:

“Has anyone ever used the Internet, cell phone or other electronic device to bother or harass you or to spread mean rumors about you?”

This change would also be made to I2 and I3 below.

I2. Has anyone ever used the Internet, cell phone or other devices to send sexual pictures or videos when you did not want them to?

Although one 12-year-old had a hard time describing a situation that the questions ask about, she said she understood what the question meant. All other respondents didn’t seem to have problems with the question and could describe scenarios. For example: “Snapchat makes it easy to send inappropriate pictures and you can’t really choose to see them because you don’t know what you are getting into when you open it“; “like if someone got your cell phone number and wanted to make you uncomfortable so sent that kind of picture“; “I know lots of girls that this happens to – getting unsolicited pictures from someone you know or don’t know and there was no agreement that this was going to happen“; “someone tries to sext you and sends pornographic pictures“; and “maybe out of nowhere someone you don’t know sends something like that.”

Recommendation: no changes to item other than adding “electronic” before “device.”

I3. Has an adult ever used the Internet, cell phone or other devices to try to get you to do sexual things?

The same 12-year-old seemed to have trouble responding to this question, but it was unclear whether she had difficulty understanding it or was embarrassed talking about it. The other respondents seemed to understand what the question was asking. Some description offered included: “an older guy gets a young girl’s phone number and bribes them to do sexual things, like he says he’ll give them things“; “an adult might start speaking to you over social media and it might not be clear it is an adult, and they may ask you to send pictures or videos of you“; and “like an adult bribing you with money or candy to do it.”

Recommendation: no changes to item other than adding “electronic” before “device.”

W8. At any time in your life, were you in any place in real life where you could see or hear people being shot at or violent crowds?

Youth seemed to understand this question, explaining that “it happens to kids who live in an inner city environment, like bad neighborhood.” Others said “violent crowds can be like riots, like white on black violence”; “two large groups who have a serious disagreement about something and it turns to violence”; “a situation when there’s violence and fighting in your neighborhood”; “like when there’s riots about politics, one group attacks another group because they get all fired up”; and “if there’s a big crowd and a riot happens or someone gets targeted and shot.”

When asked what we mean by “in real life,” most respondents said “not TV”; “not movies”; and “real life is you were there walking around the street and it happened.”

Recommendation: no changes to item

The remainder of the cognitive interview focused on newly constructed follow-up questions to be asked when respondents answer positively to specific screener items. Youth were provided context for each follow-up question to explain who would be asked the question. Prior to each follow-up (or series of follow-ups) presented, youth were told “The next question(s) would be asked only when someone said yes to [read screener item].”

Follow-up questions tested:

- a. When this (last) happened, did someone try to force you by pressuring you or threatening you in some way?

- 1 No
- 2 Yes, threatened
- 3 Yes, pressured

Descriptions included: “it’s like peer pressure”; “pressuring means you are trying to get them to do it with what you say; threatening means there will be consequences if you don’t do it”; “threatening has more violent undertones to it”; and “pressuring is trying to persuade you to change your mind; if you don’t do this you won’t be cool; threatening would be like if you don’t do this I’m going to punch you.”

Recommendation: Add “physical force” as a third option. Otherwise, youth who interpreted the question as we intended may assume that “pressured” and “threatened” are the only “correct” answers. In other words, we may get inflated responses for pressured or threatened. All respondents who were asked (the last six of the nine) readily understood what was meant by “physical force.” Modification would be:

- b. When this (last) happened, did someone try to force you by pressuring you, threatening you, or by using physical force? [Mark all that apply]

- 1 Pressured you
- 2 Threatened you
- 3 Used physical force

aaa. When this parent took, kept or hid you, were they breaking a custody agreement? That is, the other parent was supposed to have you with them.

Again, youth were all clear that this would involve a divorce situation. For example, “if the parent took them without the right agreement—legally they are not supposed to” and “your parents made an agreement for visiting purposes and they didn’t follow that.”

Recommendation: no changes to item

bbb. Did the parent try to hide where you were?

Most youth said things like: “Parent tried to keep secret where you were staying”; and “parent tried to hide where you were located.”

But two of the younger youth and one 17-year-old were confused by the phrase “where you were?,” thinking it might be asking where the child was hidden (like maybe hidden in a closet; or at home).

Recommendation: Change wording to: “Did the parent try to hide your location from the other parent?”

ccc. Did the parent take you to another state to make it harder for the other parent to get you back?

This question was clear to all respondents: “means just what is says”; “like if you’re in Maine maybe the parent took him to Massachusetts”; and “take the child away to another state or even another country.”

Recommendation: no changes to item

ddd. Did the parent intend to keep you away from the other parent forever?

Youth understood this question, saying “question is definitely clear and self-explanatory”; “means forever, not just that they were going to the amusement park for the day”; “forbidding you to see your other parent”; “for a long period of time, not just for some event”; “take him forever and not give him back”; and “prohibiting you from ever seeing the other parent.”

Recommendation: no changes to item

ggg. Was this a photo or video of you, someone you knew, or someone you didn't know?

Most respondents understood the intent of the question, saying things like: “seems clear that it’s asking who is in the photo”; “it’s asking if you know the person or if it was of you”; “asking who was in the photo or video”; and “asking whether you know the person in the photo or video.” However, two respondents did not immediately get that it was asking about the identity of the person in the image; instead, they thought it was either asking about who did the sending or whether it was a photo or a video.

Recommend minor wording change as follows:

“Who was the person in the photo or video? Was it a photo or video of you, someone you knew, or someone you didn't know?”

- 1     You
- 2     Someone you knew
- 3     Someone you didn't know

# Appendix E: Full NatSCEV Questionnaire With Potential Edits

## NATSCEV CAREGIVER/YOUTH SURVEY III POTENTIAL CUTS FOR NATSCEV IV PILOT TEST

**YELLOW**=PROPOSED CUT

**GREEN**=POTENTIAL CUT

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**CATI: PLEASE ADD NOT SURE AND REFUSED PUNCH TO ALL QUESTIONS  
(USE 4/98 for DK and 5/99 for R as appropriate/shown)**

**NATIONAL SURVEY OF CHILD & YOUTH SAFETY: III****SECTION 1: PARENT SCREENER INTERVIEW****QUAL LEVEL 2**

[CREATE NEW ADDRESS VARIABLES BELOW, DO NOT UPDATE ADDRESS]

[ASK IF SAMP=MATCHED OR ABS]

PI2C. [IF SAMP=MATCHED: A few weeks ago we sent your household a letter explaining the study.]We want to confirm we are speaking to the household that we mailed to. Could you please confirm your address?

[DISPLAY ADDRESS ON FILE]

Is this correct?

- 1 YES
- 2 NO [CORRECT ADDRESS]
- 3 WAS CORRECT – RECENTLY MOVED [CORRECT ADDRESS]
- 8 DON'T KNOW
- 9 REFUSED

[CREATE NEW VARIABLE “RNAME” FOR RESPONDENT NAME]

[IF SAMP=ABS]

PI2D. Please confirm the spelling of your name.

[DISPLAY FIRST NAME LAST NAME]

Is this correct?

- 1 YES [SET RNAME]
- 2 DIFFERENT RESPONDENT [SET RNAME]
- 8 DON'T KNOW
- 9 REFUSED

[IF SAMP=MATCHED or PRE or LIST or CELL RDD]

PI2E. Can you please spell your name for me?

- 1 YES [SET RNAME]
- 8 DON'T KNOW
- 9 REFUSED

PI3. Parent Gender [Do not ask unless unclear]

Male

Female

PI4. What is your child's date of birth?

\_\_\_\_\_ MM/DD/YYYY

5 (VOL) Don't know

6 (VOL) Refused

PI4a. What is your date of birth?

\_\_\_\_\_ MM/DD/YYYY

5 (VOL) Don't know

6 (VOL) Refused

**[Ask only of children 5 and older]**

PI5. In what grade or year of school is your [CHILD'S AGE]-year-old?

1 1ST,

2 2ND,

3 3RD,

4 4TH,

5 5TH,

6 6TH,

7 7TH,

8 8TH,

9 9TH,

10 10TH,

11 11TH,

12 12TH

13 Kindergarten

14 in college,

15 dropout,

16 GED

17 (VOL) home-schooled

18 (VOL) High School graduate but not in school now

19 (VOL) Not sure

20 (VOL) Refused

**[Ask PI6 only of children 5 and older. Skip if PI5 = 14,15,16,17,18,]**

PI6. How much of a problem is violence in your [CHILD'S AGE]-year-old's school? Is it a big problem, somewhat of a problem, not too much of a problem, or not a problem at all?

1 Big problem

2 Somewhat of a problem

3 Not too much of a problem

4 Not a problem at all

5 (VOL) Not sure

6 (VOL) Refused

PI7. How much of a problem is violence in your neighborhood? Is it a big problem, somewhat of a problem, not too much of a problem, or not a problem at all?

- 1 Big problem
- 2 Somewhat of a problem
- 3 Not too much of a problem
- 4 Not a problem at all
- 5 (VOL) Not sure
- 6 (VOL) Refused

PI8. How much of a problem is violence in your town or city? Is it a big problem, somewhat of a problem, not too much of a problem, or not a problem at all?

- 1 Big problem
- 2 Somewhat of a problem
- 3 Not too much of a problem
- 4 Not a problem at all
- 5 (VOL) Not sure
- 6 (VOL) Refused

PI9. Would you like to see youth organizations pay more attention to preventing victimization, pay less attention or do about what they are doing now?

- 1 Pay more attention
- 2 Pay less attention
- 3 Stay about the same
- 4 (VOL) Not sure
- 5 (VOL) Refused

Now I have a few questions about you and your family for classification purposes.

PI10. Including yourself, how many adults age 18 or older currently live in this household?

\_\_\_\_\_ persons in household (including respondent) (1-8, 9= (VOL) Refused)

**LOOP pi11 FOR EACH ADULT (1-8 TIMES).**

PI11a-h. Who are the adults currently living in the household? Let's start with you.  
What is your relationship to the [CHILD'S AGE] year-old? What is the relationship of the next adult in the household to the [CHILD'S AGE] year-old? [DO NOT READ LIST. CODE RELATIONSHIP TO CHILD FOR EACH ADULT.]

- 1 Biological father
- 2 Adoptive father
- 3 Step-father
- 4 Foster Father
- 5 Biological mother
- 6 Adoptive mother
- 7 Step-mother
- 8 Foster mother
- 9 Mother's unmarried partner (not a parent to [CHILD'S AGE]-year-old)
- 10 Father's unmarried partner (not a parent to [CHILD'S AGE]-year-old)
- 11 Grandfather
- 12 Grandmother
- 13 Brother
- 14 Sister
- 15 Aunt
- 16 Uncle
- 17 Cousin
- 18 In-law
- 19 Renter/room-mate
- 20 Relative's boyfriend/girlfriend
- 21 Friend
- 22 Step-sister/step-brother
- 23 Niece
- 24 Boyfriend/girlfriend
- 25 Nephew
- 26 Some other relative \_\_\_\_\_
- 27 Or something else \_\_\_\_\_
- 28 (VOL) Not sure
- 29 (VOL) Refused

**[CATI CHECK: If child does not live with 2 biological parents IN PI11: Ask PI13]**

**PI13. How old was your [CHILD'S AGE]-year-old when (he/she) stopped living with both (his/her) biological parents?**

- 1 Gave response in months
- 2 Gave response in years
- 3 Gave response in months and years
- 4 (VOL) child never lived with both biological/adoptive parents
- 5 (VOL) Not Sure
- 6 (VOL) Refused

PI14. What is your current marital status? Are you... (READ LIST IF NECESSARY)?

- Married
- Unmarried but living with a partner
- Separated
- Divorced
- Widowed
- Single (Never married)
- (VOL) Refused

PI15. [If PI14 = 1 OR 2, read: "Counting your current partner"], How many DIFFERENT spouses or live-in partners have you had since your [CHILD'S AGE]-year-old was born? [Interviewer: Count marriage or live-in to same partner only once]

\_\_\_\_\_ (code number) (0-7, 8=ns, 9=ref)

PI16. In the last year, has the [CHILD'S AGE]-year-old also lived in some other household than your own? Like, with another parent, relative, friend, or at foster care?

- 1 Yes
- 2 No
- 3 (VOL) Not Sure
- 4 (VOL) Refused

PI17. How long has your [CHILD'S AGE]-year-old been living at his/her CURRENT residence?

- 1 Gave response in months
- 2 Gave response in years
- 3 Gave response in months and years
- 4 (VOL) Not Sure
- 5 (VOL) Refused

PI19. How many times has your [CHILD'S AGE]-year-old moved households since he/she was born?

\_\_\_\_\_ times (0-27)

- 1 – GAVE ANSWER
- 8 – (VOL) Not Sure
- 9 – (VOL) Refused

[Ask PI18 if PI19 is >0, and child age is > 0; else skip to PI38]

PI18. How many times has your [CHILD'S AGE]-year-old moved households in the last year?

\_\_\_\_\_ times (0-7)

- 1 – GAVE ANSWER
- 8 – (VOL) Not Sure
- 9 – (VOL) Refused

PI38. In the last year, did anyone move into or out of the household where your [CHILD'S AGE] lived? Someone like a relative or family member, such as [his/her] grandparent, uncle, or sibling, or another adult like a parent's friend, boyfriend or girlfriend?

- 1 Yes
- 2 No
- 3 (VOL) Not Sure
- 4 (VOL) Refused

PI20. Are you currently employed full-time, employed part-time, in the military, unemployed and looking for work, retired, a student, homemaker or something else?

- 1 Employed full-time
- 2 Employed part-time
- 3 In the military
- 4 Unemployed and looking for work
- 5 Retired
- 6 Student
- 7 Homemaker
- 8 Disabled or too ill to work
- 9 Other
- 10 (VOL) Refused

PI21. What is the highest level of school that you completed?

- 1 Grade school or lower
- 2 Junior high/middle school only
- 3 Some high school, did not graduate
- 4 High school graduate or GED
- 5 Technical or vocational school
- 6 Some college, no degree
- 7 Earned associate (2 year) degree
- 8 Earned bachelors (4 year) degree
- 9 Some graduate school, no additional degrees
- 10 Master's degree
- 11 Doctoral degree (PhD, MD, JD)
- 12 (VOL) Not sure
- 13 (VOL) Refused

PI22. [ASK PI22 AND PI23 ONLY IF PI11=1 through 10 and IF PI10 >1 and <9]]

How about the other adult in your household who is a parent or is your partner? Is this person currently employed full-time, employed part-time, in the military, unemployed and looking for work, retired, a student, homemaker or something else?

- 1 Employed full-time
- 2 Employed part-time
- 3 In the military
- 4 Unemployed and looking for work
- 5 Retired
- 6 Student
- 7 Homemaker
- 8 Disabled or too ill to work
- 9 Other
- 10 (VOL) Refused

PI23. What is the highest level of school that he/she completed?

- 1 Grade school or lower
- 2 Junior high/middle school only
- 3 Some high school, did not graduate
- 4 High school graduate or GED
- 5 Technical or vocational school
- 6 Some college, no degree
- 7 Earned associate (2 year) degree
- 8 Earned bachelors (4 year) degree
- 9 Some graduate school, no additional degrees
- 10 Master's degree
- 11 Doctoral degree (PhD, MD, JD)
- 12 (VOL) Not sure
- 13 (VOL) Refused

PI25. Do you consider yourself to be Hispanic or Latino?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

PI24. Do you consider yourself to be White, Black, Asian, American Indian or Alaskan Native, or Native Hawaiian or other Pacific Islander? *[MULTIPLE RECORD] NOTE: IF RESPONDENT SAYS "MIXED" PROBE FOR SPECIFIC RACES AND RECORD.*

*IF THEY SAY "JUST HISPANIC" ASK "Are you White-Hispanic, Black-Hispanic or Asian-Hispanic?"*

- 1 White
- 2 Black or African American
- 3 Asian
- 4 American Indian or Alaska Native
- 5 Native Hawaiian or other Pacific Islander
- 6 (VOL) Mixed – ASK FOR SPECIFIC RACES AND PUNCH IF POSSIBLE
- 7 (VOL) Hispanic – ASK FOR SPECIFIC RACES AND PUNCH
- 8 (VOL) Not sure
- 9 (VOL) Refused

PI27. Would your [CHILD'S AGE]-year-old child consider himself/herself to be Hispanic or Latino?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 3 (VOL) Refused

PI26. Do you think that your [CHILD'S AGE]-year-old child would consider himself/herself to be White, Black, Asian, American Indian or Alaskan Native, or Native Hawaiian or other Pacific Islander? *[MULTIPLE RECORD] NOTE: IF RESPONDENT SAYS "MIXED" PROBE FOR SPECIFIC RACES AND RECORD.*

*IF THEY SAY "JUST HISPANIC" ASK "Are you White-Hispanic, Black-Hispanic or Asian-Hispanic?"*

- 1 White
- 2 Black or African American
- 3 Asian
- 4 American Indian or Alaska Native
- 5 Native Hawaiian or other Pacific Islander
- 6 (VOL) Mixed – ASK FOR SPECIFIC RACES AND PUNCH IF POSSIBLE
- 7 (VOL) Hispanic – ASK FOR SPECIFIC RACES AND PUNCH
- 8 (VOL) Not sure
- 9 (VOL) Refused

PI28. What was your total household income including all wages, public assistance and child support for 2012, before taxes? Counting all members in your household, was it...?

- |   |                          |              |
|---|--------------------------|--------------|
| 1 | Less than \$20,000       | ASK PI28a    |
| 2 | \$20,000 to \$50,000, or | ASK PI28b    |
| 3 | More than \$50,000       | ASK PI28c    |
| 4 | (VOL) Refused            | SKIP TO PI29 |

PI28a. O.K. Would you say that your total 2012 household income was...?

- |   |                                |                            |
|---|--------------------------------|----------------------------|
| 1 | Less than \$5,000              |                            |
| 2 | \$5,000 to less than \$10,000  |                            |
| 3 | \$10,000 to less than \$15,000 |                            |
| 4 | \$15,000 to less than \$20,000 |                            |
| 5 | (VOL) Refused                  | [ALL PUNCHES SKIP TO PI29] |

PI28b. O.K. Would you say that your total 2012 household income was...?

- |   |                                |                            |
|---|--------------------------------|----------------------------|
| 1 | \$20,000 to less than \$30,000 |                            |
| 2 | \$30,000 to less than \$40,000 |                            |
| 3 | \$40,000 to less than \$50,000 |                            |
| 4 | (VOL) Refused                  | [ALL PUNCHES SKIP TO PI29] |

PI28c. O.K. Would you say that your total 2012 household income was...?

- |   |                                 |
|---|---------------------------------|
| 1 | \$50,000 to less than \$75,000  |
| 2 | \$75,000 to less than \$100,000 |
| 3 | \$100,000 or more               |
| 4 | (VOL) Refused                   |

PI29. Do you currently receive Temporary Aid to Needy Families (TANF), food stamps, welfare, Medicaid, or any other public assistance?

- |   |                |
|---|----------------|
| 1 | Yes            |
| 2 | No             |
| 3 | (VOL) Not sure |
| 4 | (VOL) Refused  |

PI29N. Please indicate whether the following are very true (1), a little true (2), or not true (3) about your financial situation.

- a) You don't have enough money to buy the clothes or household items that you or your family need
- b) You are behind one month or more on your rent or mortgage payment
- c) You don't have enough money to pay your regular bills
- d) You don't have enough money to go out to dinner, or pay for entertainment or recreational activities
- e) It would be hard for you to find the money to cover an unexpected expense, such as a medical bill or repair, that was \$500 or higher

PI30. Would you describe the place in which you live as being a large city, the suburb of a large city, a smaller city, a town, a small town or a rural area? [Interviewer: Read population if needed.]

- 1 Large city (population over 300,000)
- 2 Suburb of a large city
- 3 Smaller city (population about 100,000-300,000)
- 4 Town (population about 20,000-100,000)
- 5 Small town (population about 2,500-20,000)
- 6 Rural area (population under 2,500)
- 7 (VOL) Not sure
- 8 (VOL) Refused

**ASK IF NOT A CELL PHONE. ELSE SKIP TO INSTRUCTION BEFORE PHONE1.**

[ASK IF CELL=0]

**CELL1a** Do you personally or do any other adults in your household have a working cell phone?

- 1 Yes Skip to Cell2a
- 2 No [SKIP TO INSTRUCTIONS FOR PI31]
- 8 (VOL) Don't Know [SKIP TO INSTRUCTIONS FOR PI31]
- 9 (VOL) Refused [SKIP TO INSTRUCTIONS FOR PI31]

**ASK IF CELL PHONE. ELSE SKIP TO CELL2a.**

[Interviewer, if called back on landline, do not ask Phone1, autopunch 3 ("This is a landline?")]

[ASK IF CELL=1]Phone1 Not counting this cell phone do you also have a regular landline phone in your household?

- 1 Cell phone is ONLY phone [SKIP TO INSTRUCTIONS FOR PI31]
- 2 Have landline telephone at home
- 3 (VOL)THIS IS A LANDLINE
- 9 (VOL) Don't Know/Refused

**CELL2a** Of all of the phone calls that you or your family receives, are...(Read List)

- 1 all or almost all calls received on cell phones,
- 2 some received on cell phones and some received on land lines, or
- 3 very few or none on cell phones
- 9 (VOL) Don't Know/Refused

PI31. [SKIP IF CHILD IS 0-2 OR IF PI5 = H.S. GRAD or COLLEGE GRAD, DROPPED OUT, GED, OR HOME-SCHOOLED]

Does your child currently receive special services at school? These might include an individualized education plan (IEP), 504 plan, or special education services.

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[Only ask PI32 for children 2 and older.]**

PI32. Does your child currently take any medication associated with an emotional, behavioral, or learning problem?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

PI33. Has your [CHILD'S AGE]-year-old ever been diagnosed with a physical disability? This would be a physical health or medical problem that affects the kinds of activities that he or she can do?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

PI39. In general, how would you describe your child's physical health? Would you say [his/her] physical health is excellent, very good, good, fair or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 (VOL) Not Sure
- 7 (VOL) Refused

PI40. How tall is your child now?

- 1 GAVE ANSWER
- 8 (VOL) NOT SURE
- 9 (VOL) REFUSED

\_\_\_\_ FEET / \_\_\_\_ INCHES  
[RANGE: 0-7 FEET; 0-84]

PI41. How much does (he/she) weigh?

- 1 GAVE ANSWER IN POUNDS ONLY
  - 2 GAVE ANSWER IN OUNCES ONLY
  - 3 GAVE ANSWER IN POUNDS AND OUNCES
  - 8 (VOL) NOT SURE
  - 9 (VOL) REFUSED
- \_\_\_\_\_ POUNDS/\_\_\_\_\_ OUNCES  
[RANGE: 0-500; 0-8000]

Has your child been limited in any of the following activities due to health problems?

PI42a) Things that take quite a bit of energy like playing soccer, running, or riding a bike? Does he/she have difficulties doing these kinds of things?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

PI42b) How about walking a block, climbing a flight of stairs, bending, or lifting? Does he/she have difficulties doing these kinds of things?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

PI43. How many times in the past month did your child miss school or day care because [he/she] was sick or not feeling well, was experiencing pain, or was bothered by an ongoing health condition?

- 1 GAVE ANSWER
  - 7 (VOL) NOT IN SCHOOL OR DAY CARE
  - 8 (VOL) NOT SURE
  - 9 (VOL) REFUSED
- \_\_\_\_\_ times/ past month  
[RANGE: 0-31]

PI44. [During the past year/Since [his/her] birth], how many times did your child see a doctor, nurse, or other health care provider because he/she was sick or not feeling well, was experiencing pain, or needed to have an ongoing health condition checked on?

- 1 GAVE ANSWER
  - 8 (VOL) NOT SURE
  - 9 (VOL) REFUSED
- \_\_\_\_\_ times/ past year

PI34. Has your [CHILD'S AGE] year-old had an evaluation or received any counseling for emotional, behavioral, or developmental problems in the last year?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

PI36. Has your [CHILD'S AGE]-year-old ever been diagnosed by a doctor, therapist or another professional with any of the following: [*Interviewer: Read list and code all that apply*]

PI36A. For each "yes" response below, ask: "At what age did [he/she] first receive this diagnosis?"

FOR ALL RESPONSES BELOW, USE CODING OF:

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

- 1. Post-traumatic stress disorder (PTSD) or other anxiety disorder
- 3. Attention deficit disorder or Attention deficit hyperactivity disorder (ADD, ADHD)
- 4. Oppositional/defiant disorder or conduct disorder (ODD or CD)
- 5. Autism, Pervasive Developmental Disorder (PDD) or Asperger's ("ahs-per-gerz")
- 6. Developmental delay or retardation
- 7. Depression
- 8. Learning disorders (Dyslexia, reading, math or other learning problem. Code ADD/ADHD under ADD/ADHD above.)
- 9. Another disorder (specify) \_\_\_\_\_ **(If Respondent answers 'YES', Ask "Another disorder (specify #2)" If Respondent answers 'NO', GO TO NEXT QUESTION)**  
Another disorder (specify # 2) \_\_\_\_\_ **(If Respondent answers 'YES', Ask "Another disorder (specify #3)" If Respondent answers 'NO', GO TO NEXT QUESTION)**  
Another disorder (specify # 3) \_\_\_\_\_
- 10. Refused

PI37. Has anyone in your [CHILD'S AGE]-year-old's family ever been diagnosed by a doctor, therapist or another professional with any of the following?

FOR ALL RESPONSES BELOW, USE CODING OF:

- 1 Yes
- 2 No [SKIP TO PI45]
- 3 (VOL) Not sure [SKIP TO PI45]
- 4 (VOL) Refused [SKIP TO PI45]

- a. Major Depressive Disorder
- b. Bipolar Disorder
- c. Anxiety Disorder
- d. Substance or Alcohol Related Disorder
- e. Some other Psychiatric Disorder

PI37a. Was that person (or those people), his/her mother, father, stepmother, stepfather, sister, brother, or someone else? [CODE ALL THAT APPLY]

- 1 Mother
- 2 Father
- 3 Stepmother
- 4 Stepfather
- 5 Sister
- 6 Brother
- 7 Someone else
- 8 (VOL) Not sure
- 9 (VOL) Refused

PI45. Thinking about your own life, is there a trustworthy person you can turn to in times of stress or if you have problems?

- 1 Yes
- 2 No [SKIP PI45a]
- 3 (VOL) Not sure [SKIP PI45a]
- 4 (VOL) Refused [SKIP PI45a]

PI45a. How many people are there that you can turn to if you have problems or need help?

- 1 GAVE ANSWER
- 8 (VOL) NOT SURE
- 9 (VOL) REFUSED

\_\_\_\_\_ [RANGE: 1-20]

**NEW**

[DISPLAY IF TYPE=2, ELSE SKIP TO INSTRUCTIONS FOR Q1]

LANG1

INTERVIEWER – THE PARENT PORTION OF THE SURVEY WAS CONDUCTED IN

1 – ENGLISH

2 – SPANISH

## SECTION 2: BACKGROUND QUESTIONS

*IF TYPE= 1 CAREGIVER, READ “YOUR CHILD”, “YOUR CHILD’S”, “HIS/HER” etc.*

*IF TYPE= 2 YOUTH, READ “YOU”, “YOUR”, etc.*

[Only ask Q1 and Q3 for children 5 and older]

Q1. How much (does your child/do you) like school? Would you say (your child likes/you like) it...READ?

- 1 A lot
- 2 A little
- 3 Not at all
- 4 N/A – not in school/home schooled
- 5 (VOL) Not sure
- 6 (VOL) Refused

Q3. (Is your child/Are you) involved in any sports teams or clubs?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

[SKIP IF Q1=4 (not currently in school)]

**IF CHILD AGE GE 5, SKIP TO Q9**

Q6. Does your child attend a daycare center or pre-school?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

[Only ask Q7 for children under 5]

Q7. At the times when your child is not in daycare, preschool, or kindergarten, who are the people who usually care for (him/her)? CODE ALL THAT APPLY

- 1 Mother
- 2 Father
- 3 Brother or sister
- 4 Other relative
- 5 Babysitter who is not a relative
- 6 Someone else (specify)
- 7 (VOL) Not sure
- 8 (VOL) Refused

[Only ask Q9 and Q10 for children 5 and older]

Q9. How many really good friends (does your child/do you) have? These would be kids that (your child plays /you play) with or hang out with a lot.

\_\_\_\_\_ GOOD FRIENDS RANGE 0-96, 97=97 OR MORE, 98=NOT SURE, 99=REF

Q10. Do you think (your child's/your) friends would stick up for (him/her /you) if other kids were being mean or picking on (your child/you)? Would you say... Yes definitely, maybe, or probably not.

- 1 Yes
- 2 Maybe
- 3 Probably not
- 4 (VOL) Not sure
- 5 (VOL) Refused

[ASK Q11-Q13 IF TYPE=1 (CAREGIVER); ELSE SKIP TO INSTRUCTIONS BEFORE C1]

Q11. How many times have you changed your child care arrangements in the last year? By changes I mean, for example, that your child got a new babysitter, went to a different after school program, or started going to a new child care program.

[INTERVIEWER: IF NO CHILD CARE, CODE 0 TIMES]

\_\_\_\_\_ (times in past year) (0-97, 97=97 times or more, 98=not sure, 99=refused)

Q13. How many times in the past month did you have to make special arrangements because your usual child care arrangement fell through?

[INTERVIEWER: IF NO CHILD CARE, CODE 0 TIMES]

\_\_\_\_\_ (times in past month) (0-31, 31=31 times or more, 98=not sure, 99=refused)

## SECTION 3: JVQ SCREENER QUESTIONS

### MODULE A: CONVENTIONAL CRIME SCREENERS

Now we are going to ask you about some things that might have happened in (your child's/your) life.

[ONLY ASK C1, C2 and C3 FOR YOUTH 2 AND OLDER]

C1. At any time in (your child's/your) life, did anyone use force to take something away from (your child/you) that (he/she was/you were) carrying or wearing?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

C2. At any time in (your child's/your) life, did anyone steal something from (your child/you) and never give it back? Things like a backpack, money, watch, clothing, bike, cell phone, computer, or anything else?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

C3. At any time in (your child's/your) life, did anyone break or ruin any of (your child's/your) things on purpose?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

C4. Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time in (your child's/your) life did anyone hit or attack (your child/you) on purpose with an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

C5. At any time in (your child's/your) life, did anyone hit or attack (your child/you) WITHOUT using an object or weapon?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

C6. At any time in (your child's/your) life, did someone start to attack (your child/you) , but for some reason, it didn't happen? For example, someone helped (your child/you) or (your child/you) got away?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[ONLY ASK C7 FOR YOUTH 2 AND OLDER]**

C7. At any time in (your child's/your) life, did someone threaten to hurt (your child/you) when (your child/you) thought they might really do it?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

C8. **[IF TYPE=2 YOUTH, READ:** When a person is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought might hurt them. ] At any time in (your child's/your) life, has anyone ever tried to kidnap (your child/you) ?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[ONLY ASK C9 FOR YOUTH 2 AND OLDER]**

C9. At any time in (your child's/your) life, (has your child/have you) been hit or attacked because of (your child's/your) skin color, religion, or where (your child's/your) family comes from? Because of a physical problem (your child has/you have)? Or because someone said (your child was/you were) gay?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

## MODULE B: CHILD MALTREATMENT SCREENERS

**Next, we are going to ask about grown-ups who take care of (your child/you). This means parents, babysitters, adults who live with (your child/you), or others who watch (your child/you). Before we begin, I want to remind you that your answers will be kept totally private. If there is a particular question that you don't want to answer, that's O.K. But it is important that you be as honest as you can, so that the researchers can get a better idea of the kinds of things that kids (your child's/your) age sometimes face.**

M1. Not including spanking on (his/her /your) bottom, At any time in (your child's/your) life did a grown-up in (your child's/your) life hit, beat, kick, or physically hurt (your child/you) in any way?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

### **[ONLY ASK M2 FOR YOUTH 2 AND OLDER]**

M2. At any time in (your child's/your) life , did (your child/you) get scared or feel really bad because grown-ups in (your child's/your) life called (him/her /you) names, said mean things to (him/her /you), or said they didn't want (him/her /you)?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

M3. When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. At any time in (your child's/your) life, (was your child/were you) neglected?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

M4. Sometimes a family fights over where a child should live. At any time in (your child's/your) life did a parent take, keep, or hide (your child/you) to stop (him/her /you) from being with another parent?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

MODULE C: PEER AND SIBLING VICTIMIZATION SCREENERS

**[ONLY ASK P1 FOR YOUTH 2 AND OLDER]**

P1. Sometimes groups of kids or gangs attack people. At any time in (your child's/your) life, did a group of kids or a gang hit, jump, or attack (your child/you)?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

P2. (If yes to P1, say: "Other than what you just told me about....") At any time in (your child's/your) life, did any kid, even a brother or sister, hit (your child/you) ? Somewhere like: at home, at school, out playing, in a store, or anywhere else?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[ONLY ASK P3 FOR YOUTH 2 AND OLDER]**

P3. At any time in (your child's/your) life, did any kids try to hurt (your child's/your) private parts on purpose by hitting or kicking (your child/you) there?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[ONLY ASK P4 FOR YOUTH 2 AND OLDER]**

P4. At any time in (your child's/your) life, did any kids, even a brother or sister, pick on (your child/you) by chasing (your child/you) or grabbing (your child/you) or by making (him/her /you) do something (he/she /you) didn't want to do?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[ONLY ASK P5 FOR YOUTH 2 AND OLDER]**

P5. At any time in (your child's/your) life, did (your child/you) get really scared or feel really bad because kids were calling (him/her /you) names, saying mean things to (him/her /you), or saying they didn't want (him/her /you) around?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[IF TYPE=1 CAREGIVER, SKIP TO S1] [ASK FOR CHILDREN 12 AND OLDER]**

P6. At any time in your life, did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**MODULE D: SEXUAL ASSAULT SCREENERS**

S1. At any time in (your child's/your) life, did a grown-up (your child knows/you know) touch (your child's/your) private parts when they shouldn't have or make (your child/you) touch their private parts? Or did a grown-up (your child knows/you know) force (your child/you) to have sex?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

S2. At any time in (your child's/your) life, did a grown-up (your child/you) did not know touch (your child's/your) private parts when they shouldn't have, make (your child/you) touch their private parts or force (your child/you) to have sex?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

S3. Now think about other kids, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in (your child's/your) life, did another child or teen make (your child/you) do sexual things?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

S4. At any time in (your child's/your) life, did anyone TRY to force (your child/you) to have sex, that is sexual intercourse of any kind, even if it didn't happen?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[ONLY ASK S5 FOR YOUTH 2 AND OLDER]**

S5. At any time in (your child's/your) life, did anyone make (your child/you) look at their private parts by using force or surprise, or by "flashing" (your child/you) ?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[ONLY ASK S6 FOR YOUTH 2 AND OLDER]**

S6. At any time in (your child's/your) life, did anyone hurt (your child's/your) feelings by saying or writing something sexual about (your child/you) or (your child's/your) body?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[IF TYPE=1 CAREGIVER, SKIP TO W1] [ASK FOR CHILDREN 12 AND OLDER]**

S7. At any time in your life, did you do sexual things with anyone 18 or older, even things you wanted?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

S8. **[ASK FOR CHILDREN 12 AND OLDER]** Has anyone ever had sex or tried to have sex with you when you didn't want it, when you were very high, drunk, or drugged?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

MODULE E: WITNESSING AND INDIRECT VICTIMIZATIONS SCREENERS

W1. At any time in (your child's/your) life did (your child/you) SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

W2. At any time in (your child's/your) life, did (your child/you) SEE a parent hit, beat, kick, or physically hurt (his/her /your) brothers or sisters, not including a spanking on the bottom?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

W3. At any time in (your child's/your) life, in real life, did (your child/you) SEE anyone get attacked or hit on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

W4. At any time in (your child's/your) life, in real life, did (your child/you) SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife, or something that would hurt?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

W5. At any time in (your child's/your) life, did anyone steal something from your house that belongs to (your child's/your) family or someone (your child lives/you live) with? Things like a TV, stereo, car, or anything else?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

W6. At any time in (your child's/your) life, was anyone close to (your child/you) murdered, like a friend, neighbor or someone in (your child's/your) family?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

W8. At any time in (your child's/your) life, (was your child/ were you) in any place in real life where (he/she /you) could see or hear people being shot, bombs going off, or street riots?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

W9. At any time in (your child's/your) life, (was your child/ were you) in the middle of a war where (he/she/you) could hear real fighting with guns or bombs?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

#### MODULE F: GUN VIOLENCE

G1. At any time in (your child's/your) life, did anyone hurt or threaten (him/her/you) with a real gun?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

G2. At any time in (your child's/your) life, did (he/she/you) see someone else get hurt or threatened with a real gun?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

## SECTION 4: SOCIAL SUPPORT

[IF TYPE=1 CAREGIVER, SKIP TO SS9 ]

### WHOLE SECTION IS

Next we'd like to ask you about [your child's/your] relationships with family and friends. For each of the following statements please tell me if the statement is TRUE "never," "sometimes," or "often." The first statement is:

- 1 Never
- 2 Sometimes
- 3 Often
- 5 (VOL) Not sure
- 6 (VOL) Refused

Would you say this is true never, sometimes, or often? (REDUCE TO 4 ITEMS – 2 FOR FAMILY, 2 FOR FRIENDS)

- SS1. My family really tries to help me
- SS2. My family lets me know that they care about me
- SS3. I can talk about my problems with my family
- SS4. My family is willing to help me make decisions
- SS5. My friends really try to help me
- SS6. I can count on my friends when things go wrong
- SS7. I have friends with whom I can share my good times and bad times
- SS8. I can talk about my problems with my friends

### [DO NOT ASK SS12-SS14 IF CHILD AGE 0-1]

- SS12. [My child has/I have] adults other than [his/her/my] parents that [he/she/I] can talk to.
- SS13. [My child has/I have] adults other than [his/her/my] parents who would give good suggestions and advice about problems.
- SS14. [My child has/I have] adults other than [his/her/my] parents who would help with practical problems, like helping getting somewhere or help with a project.

**[ASK IF CHILD IS 12 OR OLDER]**

SS15. Have you ever had a boyfriend or girlfriend or dated anyone?

- 1 yes
- 2 no [GO TO ITS1]
- 3 (VOL) Not Sure [GO TO ITS1]
- 4 (VOL) Refused

SS16. How old were you the first time that you had a boyfriend or girlfriend or started dating someone?

- 1 GAVE ANSWER
  - 8 (VOL) NOT SURE
  - 9 (VOL) REFUSED
- \_\_\_\_\_ age  
[RANGE 1-18]

**SECTION 5: MENTAL HEALTH**

**WHOLE SECTION IS**

**[IF TYPE=1 CAREGIVER CONTINUE. IF TYPE=2 YOUTH, SKIP TO INTRO BEFORE TSC1]**

**[ASK ITS1 – ITS19 ONLY FOR CHILDREN FROM BIRTH TO 3. CHILDREN AGE 4-9 SKIP TO INTRO BEFORE TSCY1]**

Please tell me how often your [CHILD AGE] behaved in the following ways in the last month. READ... Would you say never, sometimes or often? **(REDUCE TO 14 ITEMS MAXIMUM INCLUDING ITS1, TSC, TSCY)**

- 1 never
- 2 sometimes, or
- 3 often
- 4 (VOL) Not sure
- 5 (VOL) Refused

ITS1. Was unfriendly with people?

ITS2. Was quiet and seemed to keep to him/herself?

ITS3. Didn't want to play or be active?

ITS4. Woke with a panicky scream soon after s/he fell asleep?

ITS5. Had trouble going to sleep?

ITS6. Woke up often during the night?

- ITS7. Had difficulty concentrating or focusing?
- ITS8. Got startled or spooked easily?
- ITS9. Was aggressive or mean to people or animals?
- ITS10. Seemed afraid of the dark?
- ITS11. Acted in ways that made you want to punish him/her?
- ITS12. Acted in aggressive ways?
- ITS13. Had physical problems?
- ITS14. Did not make eye contact?
- ITS15. Refused to eat?
- ITS16. Cried or had a tantrum until s/he was exhausted?
- ITS17. Had trouble adjusting to changes?
- ITS18. Had trouble calming down when upset?
- ITS19. Cried or hung onto you when you tried to leave?

**[ASK TSCY1 – TSCY38 FOR TYPE 1 AND MUST BE 2 YEARS OR OLDER.  
CHILDREN AGE 0-1 SKIP TO SECTION 6]**

Now I'd like to ask you some questions about things your child has been doing and how your child has been feeling lately. I am going to read you statements that describe things that kids sometimes think, feel, or do. Please tell me how often your child has done or felt each of the following things in the last month.

In the last month, how often has your child [read item]..... would you say never, sometimes, often, or very often.” [Repeat response scale as necessary]

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Very often
- 5 (VOL) Not sure
- 6 (VOL) Refused

- TSCY1. Had temper tantrums
- TSCY2. Been easily scared

- TSCY3. Blamed him/herself for things that weren't his/her fault
- TSCY4. Been worried
- TSCY5. Been afraid of the dark
- TSCY6. Been afraid to be alone
- TSCY7. Been too aggressive
- TSCY8. Not been laughing or not been happy like other children
- TSCY9. Become very angry over a little thing
- TSCY10. Called him/herself bad, stupid, or ugly
- TSCY11. Said that nobody liked him/her
- TSCY12. Been frightened by things that didn't used to scare him/her
- TSCY13. Acted sad or depressed
- TSCY14. Yelled at family, friends or teachers
- TSCY15. Intentionally hurt other children or family members
- TSCY16. Not noticed what he or she was doing
- TSCY17. Seemed to be in a daze
- TSCY18. Stared off in space
- TSCY19. Not paid attention because he or she was in his or her own world
- TSCY20. Had bad dreams or nightmares
- TSCY21. Not wanted to go somewhere that reminded him/her of a bad thing from the past
- TSCY22. Been bothered by memories of something that happened to him/her
- TSCY23. Not wanted to talk about something that happened in the past
- TSCY24. Had trouble sitting still
- TSCY25. Been tense

**[IF TYPE=2 YOUTH, CONTINUE. IF TYPE=1 CAREGIVER, SKIP TO NEXT SECTION 6]**

Now I'd like to ask you some questions about things you've been doing and how you've been feeling lately. I am going to read you statements that describe things that kids sometimes think, feel, or do. Please tell me how often you have done or felt each of the following things in the last month.

In the last month, how often have you been [read item]..... would you say never, sometimes, often, or very often. [Repeat response scale as necessary]

- 1 Never
- 2 Sometimes
- 3 Often
- 3 Very often
- 5 (VOL) Not sure
- 6 (VOL) Refused

- |   |   |   |   |   |
|---|---|---|---|---|
| TSC1. Arguing too much                                  | 1 | 2 | 3 | 4 |
| TSC2. Feeling lonely                                    |   |   |   |   |
| TSC3. Feeling sad or unhappy                            |   |   |   |   |
| TSC4. Crying  |   |   |   |   |
| TSC5. Getting scared all of a sudden and don't know why |   |   |   |   |
| TSC6. Getting mad and can't calm down                   |   |   |   |   |
| TSC7. Wanting to yell at people                         |   |   |   |   |
| TSC8. Wanting to hurt yourself                          |   |   |   |   |
| TSC9. Wanting to hurt other people                      |   |   |   |   |
| TSC10. Feeling stupid or bad                            |   |   |   |   |
| TSC11. Feeling like you did something wrong             |   |   |   |   |
| TSC12. Feeling nervous or jumpy inside                  |   |   |   |   |
| TSC13. Feeling afraid                                   |   |   |   |   |
| TSC14. Feeling mean                                     |   |   |   |   |
| TSC15. Worrying about things                            |   |   |   |   |
| TSC16. Feeling like nobody likes you                    |   |   |   |   |

- TSC17. Feeling like you hate people
- TSC18. Wanting to kill yourself
- TSC19. Going away in your mind, trying not to think
- TSC20. Forgetting things, or you can't remember things
- TSC21. Pretending you're somewhere else
- TSC22. Having your mind going empty or blank
- TSC23. Trying not to have feelings
- TSC24. Having bad dreams or nightmares
- TSC25. Having scary ideas or pictures just pop into your head
- TSC26. Remembering things that happened that you didn't like
- TSC27. Wishing bad things had never happened
- TSC28. Remembering things that you don't want to remember

## **SECTION 6: NATSCEV SUPPLEMENTAL SCREENER QUESTIONS**

### MODULE G: EXPOSURE TO FAMILY VIOLENCE AND ABUSE

The next set of questions are about people who have taken care of (your child/you) – that would include (your child's/your) parents, stepparents, and (his/her/your) parents' boyfriends or girlfriends, whether (your child/you) lived with them or not. It would also include other grown-ups, like grandparents or foster parents if they took care of (your child/you) on a regular basis. When we say "parent" in these next questions, we mean any of these people.

EF1. At any time in (your child's/your) life, did one of (your child's/your) parents threaten to hurt another parent and it seemed they might really get hurt?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

EF2. At any time in (your child's/your) life, did one of (your child's/your) parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

EF3. At any time in (your child's/your) life, did one of (your child's/your) parents get pushed by another parent?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

EF4. At any time in (your child's/your) life, did one of (your child's/your) parents get hit or slapped by another parent?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

EF5. At any time in (your child's/your) life did one of (your child's/your) parents get kicked, choked, or beat up by another parent?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

EF6. Now we want to ask you about fights between any grown-ups and teens, not just between (your child's/your) parents. At any time in (your child's/your) life, did any grown-up or teen who lives with (your child/you) push, hit, or beat up someone else who lives with (your child/you), like a parent, brother, grandparent, or other relative?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

### Supplemental JVQ Victimization Screeners

M5. Was there a time in (your child's/your) life that (your child/you) often had to look after (your/himself/herself) because a parent drank too much alcohol, took drugs, or wouldn't get out of bed?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

M6. Was there a time in (your child's/your) life when (your child/you) often had to go looking for a parent because the parent left (your child/you) alone, or with brothers and sisters, and (your child/you) didn't know where the parent was?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

M7. Was there a time in (your child's/your) life when (his/her/your) parents often had people over at the house who (your child was/you were) afraid to be around?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

M8. Was there a time in (your child's/your) life when (you/he/she) lived in a home that was broken down, unsafe, or unhealthy? For example, it had broken stairs, toilets or sinks that didn't work, trash piled up, and things like that?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

M9. Was there a time in (your child's/your) life when (his/her/your) parents did not care if (you were /he was/she was) clean, wore clean clothes, or brushed (your/his/her) teeth and hair?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

CATI Instruction: If age < 2 yrs, SKIP to Instruction before Incident Loop

P7 At any time in (your child's/your) life, did any kids ever tell lies or spread rumors about (him/her/you), or tried to make others dislike (him/her/you)?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

P8. At any time in (your child's/your) life, did any kids ever keep (him/her/you) out of things on purpose, excluded (him/her/you) from their group of friends, or completely ignored (him/her/you)?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

#### MODULE H: SCHOOL VIOLENCE AND THREAT

#### **[ASK SC1 and SC2 ONLY FOR YOUTH 5 AND OLDER]**

Now we'd like to know about (your child's/your) school. Just as with other questions, we want to know about anything that happened in (your child's/your) whole life, including at the school (your child goes/you go) to now and any schools (your child/you) went to when (your child was/you were) younger.

SC1. (Has your child/Have you) ever gone to a school where someone said there was going to be a bomb or attack on the school and (your child/you) thought they might really mean it?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

SC2. (Has your child/Have you) ever gone to a school where someone damaged the school or started a fire in the school on purpose? Or did anyone break or ruin other school property like buses, windows, or sports equipment?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[IF NO TO ALL INCIDENTS IN C1 - A2 and EF1 – SC2, SKIP TO LIFE EVENTS SECTION 8]**

## SECTION 7: JVQ & NATSCEV SCREENER FOLLOWUP QUESTIONS

O.K. Now I just have a few more questions about some of the event(s) you told me about earlier.

### FOLLOWUP LOOP GETS ASKED FOR THESE QUESTIONS:

C1 C2 C3 C4 C5 C6 C7 C8 C9

M1 M2 M3 M4

P1 P2 P3 P4 P5 P6

S1 S2 S3 S4 S5 S6 S7 S8

W1 W2 W3 W4 W5 W6 W8 W9

G1 G2

EF1 EF2 EF3 EF4 EF5 EF6

M5 M6 M7 M8 M9

P7 P8

SC1 SC2

- c. How many times did this happen to (your child/you) in (his/her/your) whole life?

*[Interviewer: If respondent is unsure, say "Would you say it was closer to 10 times, closer to 50 times, or more than that?" Assist respondent in pinpointing number of times. If more than one time, say "Answer the next questions about the **last time** this happened."]*

\_\_\_\_\_ times [Range: 1-96; 97 = 97 or more; 98 = Not sure; 99 = Refused]

### IF CHILD AGE=0 (UNDER 1 YEAR OLD) AUTOPUNCH 'YES' AND SKIP TO-E

- d. Thinking of (the last time/when) this happened to (your child/you)...did it happen within the last year? By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now?" *[Interviewer: Read definition of "year" when this question is asked the first time and then as many times as needed]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

- e. How old (was your child/were you) (the last time/when) this happened? **[IF CHILD 2 OR YOUNGER, RECORD AGE IN MONTHS IF PARENT STATES IT THAT WAY.]**

*[Interviewer: Use grade/age chart to assist respondent.]*

- 1 Gave in years
- 2 Gave in months
- 3 Gave in years and months

\_\_\_\_\_ years old (1-17, 18=ns, 19=ref)

\_\_\_\_\_ months old (0-24, 28=ns, 29=ref)

f. [IF YES TO more than 1 PREVIOUS VICTIMIZATION, SAY]: Is this part of some other time you have already given me details about?

[IF YES TO ONLY 1 PREVIOUS VICTIMIZATION, SAY: Is this part of the other time you have already given me details about?

- |   |                |            |
|---|----------------|------------|
| 1 | Yes            |            |
| 2 | No             | [GO TO g1] |
| 3 | (VOL) Not sure | [GO TO g1] |
| 4 | (VOL) Refused  | [GO TO g1] |

f1. IF yes to f and only one additional event, autopunch that one even and skip to next question.

If Yes to f, ask “Which time was that?” [CATI – SHOW ONLY ONES THEY SAID YES TO AND HAVE ALREADY COME UP IN THE LOOP]

[Record item number here: \_\_\_\_\_]

[IF S1 LOOP, ASK AA, BB, CC. THEN SKIP TO NEXT LOOP A]

[IF S2 LOOP AND (F1 NE (F1 FOR S1 LOOP OR 20)) ASK AA, BB, CC. THEN SKIP TO NEXT LOOP A]

[IF S3 LOOP AND (F1 NE (F1 FOR S1 OR S2 LOOP OR 20-21)) ASK AA, BB, CC. THEN SKIP TO NEXT LOOP A]

[IF S4 LOOP AND (F1 NE (F1 FOR S1 OR S2 OR S3 LOOP OR 20-22)) ASK AA, BB, CC. THEN SKIP TO NEXT LOOP A]

[IF S7 LOOP AND (F1 NE (F1 FOR S1 OR S2 OR S3 OR S4 LOOP OR 20-23)) ASK AA, BB, CC. THEN SKIP TO NEXT LOOP A]

[IF S8 LOOP AND (F1 NE (F1 FOR S1 OR S2 OR S3 OR S4 OR S7 LOOP OR 20-23 OR 26)) ASK AA, BB, CC. THEN SKIP TO NEXT LOOP A]

[SKIP TO next loop A]

g1. Why do you think this happened?

- |   |   |
|---|---|
| 1 | You were arguing or your partner was angry about something you had done |
| 2 | You were play fighting, wrestling, or joking                            |
| 3 | Your partner was trying to “get through” to you                         |
| 4 | Your partner was protecting himself or herself from you                 |
| 5 | It was accidental; not on purpose                                       |
| 6 | (VOL) Not sure  |
| 7 | (VOL) Refused   |

g. (Was your child/Were you) physically hurt when this happened? Hurt means you could still feel pain in your body the next day. You are also hurt when you have a bruise, a cut that bleeds, or a broken bone. [Interviewer: Read definition of “hurt” when this question is asked the first time and then as many times as needed].:

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

i. Did (your child/you) go to the hospital, a doctor’s office, or some kind of health clinic because of what happened?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

[IF LOOP M5, M6, M7, M9 LOOP READ “Which parent or guardian did this?”]

[IF LOOP M8 READ “Which parent or guardian (were you/was your child) living with when this happened?”]

j. Who did this? [Interviewer: Try to categorize from open-ended responses. Read categories only if respondent needs help. It is important to be sure to distinguish between perpetrators who are known and strangers]

- 1 Brother, sister, or other child who lives with (your child/you) (cousin, foster sibling, etc.)
- 2 Biological or adoptive father
- 3 Step-father or live-in boyfriend
- 4 Biological or adoptive mother
- 5 Step-mother or live-in girlfriend
- 6 Foster parent
- 7 A relative who lives in (your child’s/your) home (uncle, grandparent, etc.)
- 8 A relative who does not live with (your child/you)
- 9 A parent’s boyfriend, girlfriend, date, or ex-boyfriend or girlfriend who does not live with (you/your child).
- 10 Grown-up (your child/you) know(s) from some organization, such as a teacher, coach, or youth group leader
- 11 Anyone else (your child/you) know(s) such as a friend or neighbor or schoolmate
- 12 Stranger (a stranger is someone (your child/you) doesn’t know)
- 13 Boyfriend/girlfriend, or ex-boyfriend/ex-girlfriend
- 14 Other \_\_\_\_\_ (*write in who it was*)
- 15 (VOL) Not sure
- 16 (VOL) Refused

[CATI - IF j=2 or 3, autopunch 1 here, if j=4 or 5, autopunch 2 here and do not show question]

k. Was this person a man, woman, boy, or girl?

*[Interviewer: Ask only for perpetrators when gender is not clear but always code gender.]*

- 1 Man
- 2 Woman
- 3 Boy
- 4 Girl
- 5 (VOL) Not sure
- 6 (VOL) Refused

l. Where (was your child/were you) when this happened?

[INTERVIEWER: CODE FROM RESPONDENT'S ANSWER. PROBE IF NEEDED]

- 1 At or near home
- 2 At school (inside, in school yard, or on bus) [HIDE FOR 0-4 YEAR OLDS]
- 3 At daycare or an after school program [HIDE FOR 12+ YEAR OLDS]
- 4 Somewhere else
- 5 (VOL) Not sure
- 6 (VOL) Refused

m. Thinking back to when it happened, how afraid did (your child/you) feel? Would you say (your child/you) felt...

- 1 Not at all afraid
- 2 A little afraid
- 3 Very afraid
- 4 (VOL) Not sure
- 5 (VOL) Refused

[DO NOT ASK N IF CHILD AGE 0-1]

n. Did (your child/you) miss any days of school, or (was/were) (your child/you) unable to complete your schoolwork, because of what happened?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

o. Do any of these people know about what happened?

*[Interviewer: Read each response and code all that apply.]*

oa. **[SKIP if TYPE=1, CAREGIVER]** A parent (or ANOTHER parent if one parent did this)?

- 1 Yes
- 2 No
- 3 (VOL) Don't Know / Refused

ob. A teacher, counselor, or other adult at (your child's/your) school or daycare?

- 1 Yes
- 2 No
- 3 (VOL) Don't Know / Refused

oc. A police officer or some other law official?

- 1 Yes
- 2 No
- 3 (VOL) Don't Know / Refused

**[DO NOT ASK PF IF CHILD AGE 0-1]**

pf. Did (your child/you) talk with someone other than friends or family about what happened — someone like a counselor or minister who tried to help (your child/you) deal with it?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

r. Did the person who did this use any of these?

**[SELECT ALL THAT APPLY]**

- 1 Gun
- 2 Knife
- 3 Stick, rock, bottle, or tool such as a hammer
- 4 Other (Specify \_\_\_\_\_)
- 5 (VOL) No weapon used
- 6 (VOL) Not sure
- 7 (VOL) Refused

s. (Was your child/were you) actually kidnapped or did (he/she /you) get away before it happened?

- 1 Kidnapped
- 2 Got away (*Note to interviewer: This includes with any help*)
- 3 (VOL) Not sure
- 4 (VOL) Refused

u. Did (your child/you) get sick when this happened?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

v. Did this person take, keep, or hide (your child/you) to try to keep (your child/you) from ever living with this other parent?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

Ask z if k = 3 or 4 [boy or girl]

z. How old was the person(s) who **did this**?

[Interviewer: If the respondent doesn't know, ask him/her to guess. At a minimum determine whether the person was 18 or older.]

[Interviewer: If the respondent doesn't know or guess, ask what grade the person was in]

\_\_\_\_\_ years old (0-97,98=ns, 99=ref)

aa. Did this person(s) put any part of her/his body inside (your child/you)?

- 1 Yes [SKIP TO CC]
- 2 No [GO TO BB]
- 3 (VOL) Not Sure [SKIP TO CC]
- 4 (VOL) Refused [SKIP TO CC]

bb. Did this person (these persons) try to do that?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

cc. When this (last) happened did someone actually use physical force by pushing, grabbing, hitting or threatening (your child/you) with a weapon?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

dd. Who did this happen to? How (does your child/do you) know this person?

- 1 Brother, sister, or other child who lives with (your child/you) (cousin, foster sibling, etc.)
- 2 Biological or adoptive father
- 3 Step-father or live-in boyfriend
- 4 Biological or adoptive mother
- 5 Step-mother or live-in girlfriend
- 6 Foster parent
- 7 A relative who lives in (your child's/your) home (uncle, grandparent, etc.)
- 8 A relative who does not live with (your child/you)
- 9 A parent's boyfriend, girlfriend, date, or ex-boyfriend or girlfriend who does not live with (your child/you).
- 10 Grown-up (your child/you) know(s) through some organization, such as a teacher, coach, or youth group leader
- 11 Anyone else (your child/you) know(s) such as a friend or neighbor or schoolmate
- 12 Stranger (a stranger is someone you don't know)
- 13 Boyfriend/girlfriend, or ex-boyfriend/ex-girlfriend
- 14 An adult/group of adults (unspecified)
- 15 A kid/group of kids (unspecified)
- 16 Other \_\_\_\_\_ (*write in who it was*)
- 98 (VOL) Not sure
- 99 (VOL) Refused

**[CATI – IF dd=2 or 3, autopunch 1 here, if dd=4 or 5, autopunch 2 here and do not show question]**

ee. Was this person a man, woman, boy, or girl?

*[Interviewer: Ask only if gender is not clear but always code gender.]*

- 1 Man
- 2 Woman
- 3 Boy
- 4 Girl
- 5 (VOL) Not sure
- 6 (VOL) Refused

ff. When this happened, did (your child/you) yell at them to stop?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

[DO NOT ASK NN IF CHILD AGE 0-1]

Ask nn if k = 3 or 4 [boy or girl]

nn. Did the person who did this have an advantage over [you/your child] because [he/she] is stronger, more popular, or has a lot of influence over other kids?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

oo. Was anyone else present when this happened besides you/your child and the person who did this? I mean someone who could see or knew what happened.

- Yes 1
- No 2 [SKIP TO rr]
- Don't know / not sure 97 [SKIP TO rr]
- Refused/Not ascertainable 98 [SKIP TO rr]

pp. Did anyone who could see what happened do anything to try to help you/your child?

- Yes 1
- No 2 [SKIP TO rr]
- Don't know / not sure 97 [SKIP TO rr]
- Refused/Not ascertainable 98 [SKIP TO rr]

qq. Did the actions of this person help you/your child in any way?

- Yes 1
- No 2
- Don't know / not sure 97
- Refused/Not ascertainable 98

rr [was TR4]. Did someone get hurt when this happened?

- 1 Yes
- 2 No
- 98 (VOL) Don't know
- 99 (VOL) Refused

[ASK IF oc=1]

ss. You said that the police knew about what happened. Did the police talk to (you/your child) about this incident?

- 1 Yes
- 2 No
- 8 (VOL) Don't know
- 9 (VOL) Refused

[ASK IF oc=1]

tt. [IF ss=1: Besides (you/your child),] did the police talk to any other family member about this incident?

- 1 Yes
- 2 No
- 8 (VOL) Don't know
- 9 (VOL) Refused

[ASK IF ss=1 or uu=1]

uu. Were the police spoken to in-person, like at your home, at school, or at the police station, or was it dealt with only over the phone?

- 1 Spoke to family in person
- 2 Dealt with only over the phone
- 8 (VOL) Don't know
- 9 (VOL) Refused

1 **IF YES TO C1, SAY:** “Earlier you said that at some time in (your child’s/your) life someone used force to take something from (your child/you) that (he/she was/you were) carrying or wearing.”

**IF NO TO C1, SKIP TO C2 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E G I J K L M N O P f R Z N N O O P P Q Q S S T T U U*

2 **IF YES TO C2, SAY:** “Earlier you said that at some time in (your child’s/your) life someone stole something from (your child/you) and never gave it back. Something like a backpack, money, watch, clothing, bike, stereo, or something else.”

**IF NO TO C2, SKIP TO C3 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z N N S S T T U U*

3 **IF YES TO C3, SAY:** “Earlier you said that at some time in (your child’s/your) life someone broke or ruined (your child’s/your) things on purpose.”

**IF NO TO C3, SKIP TO C4 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z N N O O P P Q Q S S T T U U*

4 **IF YES TO C4, SAY:** “Earlier you said that at some time in (your child’s/your) life someone hit or attacked (your child/you) on purpose with a stick, rock, gun, knife or something that would hurt.”

**IF NO TO C4, SKIP TO C5 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f R Z N N O O P P Q Q S S T T U U*

5 **IF YES TO C5 SAY:** “Earlier you said that at some time in (your child’s/your) life someone hit or attacked (your child/you) without using a stick, rock, gun, knife, or something that would hurt.”

**IF NO TO C5, SKIP TO C6 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f Z N N O O P P Q Q S S T T U U**

6 **IF YES TO C6, SAY:** “Earlier you said that at some time in (your child’s/your) life someone started to attack (your child/you) but for some reason it didn’t happen. For example, someone helped (your child/you) or (your child/you) got away.”

**IF NO TO C6, SKIP TO C7 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z N N O O P P Q Q S S T T U U**

7 **IF YES TO C7, SAY:** “Earlier you said that at some time in (your child’s/your) life someone threatened to hurt (your child/you) when it seemed like they might really do it.”

**IF NO TO C7, SKIP TO C8 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z N N O O P P Q Q S S T T U U**

8 **IF YES TO C8, SAY:** “Earlier you said that at some time in (your child’s/your) life someone tried to kidnap (your child/you).”

**IF NO TO C8, SKIP TO C9 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f R S Z N N O O P P Q Q S S T T U U**

9 **IF YES TO C9 SAY:** “Earlier you said that at some time in (your child’s/your) life (your child/you) had been hit or attacked because of your skin color, religion, where your family comes from, because of a physical problem or because someone said (your child was/you were) gay.”

**IF NO TO C9, SKIP TO M1 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f R Z N N O O P P Q Q S S T T U U**

10 **IF YES TO M1, SAY:** “Earlier you said that at some time in (your child’s/your) life a grown-up in your child’s life hit, beat, kicked or physically hurt (your child/you), not including a spanking on the bottom.”

**IF NO TO M1, SKIP TO M2 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f R Z N N O O P P Q Q S S T T U U**

11 **IF YES TO M2 SAY:** “Earlier you said that at some time in (your child’s/your) life (your child/you) got scared or felt really bad because a grown-up in (your child’s/your) life called (him/her/you) names, said mean things to (him/her/you), or said they didn’t want (him/her/you).”

**IF NO TO M2, SKIP TO M3 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z N N O O P P Q Q S S T T U U**

12 **IF YES TO M3, SAY:** “Earlier you said that at some time in (your child’s/your) life (your child was/you were) neglected – that grown-ups did not take care of (your child/you) the way they should.”

**IF NO TO M3, SKIP TO M4 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 J K M N O P f U Z N N S S T T U U*

13 **IF YES TO M4 SAY:** “Earlier you said that at some time in (your child’s/your) life a parent took, kept or hid (your child/you) to stop (your child/you) from being with another parent.”

**IF NO TO PM4, SKIP TO P1 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f V Z N N O O P P Q Q S S T T U U*

14 **IF YES TO P1, SAY:** “Earlier you said that at some time in (your child’s/your) life a group of kids or a gang hit, jumped or attacked (your child/you).”

**IF NO TO P1, SKIP TO P2 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 G I L M N O P f R O O P P Q Q S S T T U U*

15 **IF YES TO P2, SAY:** “Earlier you said that at some time in (your child’s/your) life, a kid, even if it was a brother or sister, hit (your child/you).”

**IF NO TO P2, SKIP TO P3 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f R Z N N O O P P Q Q S S T T U U*

16 **IF YES TO P3, SAY:** “Earlier you said that at some time in (your child’s/your) life a kid tried to hurt (your child’s/your) private parts on purpose by hitting or kicking (your child/you) there.”

**IF NO TO P3, SKIP TO P4 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f R Z N N O O P P Q Q S S T T U U*

17 **IF YES TO P4 SAY:** “Earlier you said that at some time in (your child’s/your) life a kid picked on (your child/you) by chasing (your child/you), grabbing (your child/you), or making (your child/you) do something (he/she/ you) did not want to do.”

**IF NO TO P4, SKIP TO P5 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f Z N N O O P P Q Q S S T T U U*

18 **IF YES TO P5, SAY:** “Earlier you said that at some time in (your child’s/your) life (your child/you) got scared or felt really bad because other kids were calling (him/her/you) names, saying mean things to (him/her/you), or saying they didn’t want (him/her/you) around.”

**IF NO TO P5, SKIP TO P6 INTRODUCTION, IF APPLICABLE.**

*ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z N N O O P P Q Q S S T T U U*

*(added 1-25/08)*

**19 IF TYPE 2 (YOUTH) age 12 to 17 only, ASK P6 LOOP. ELSE SKIP TO NEXT INCIDENT.**

**IF YES TO P6 (youth age 12 to 17 only), SAY:** “Earlier you said that at some time in your life a boyfriend or a girlfriend or anyone you went on a date with slapped or hit you.”

**IF NO TO P6, SKIP TO S1 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f R Z N N O O P P Q Q S S T T U U**

**20 IF YES TO S1, SAY:** “Earlier you said that at some time in (your child’s/your) life a grown-up (your child/you) know(s) touched (your child’s/your) private parts when they shouldn’t have, made (your child/you) touch their private parts, or forced (your child/you) to have sex.”

**IF NO TO S1, SKIP TO S2 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f Z A A B B C C N N O O P P Q Q S S T T U U**

**21 IF YES TO S2 SAY:** “Earlier you said that a grown-up (your child/you) did not know touched (your child’s/your) private parts when they shouldn’t have, made (your child/you) touch their private parts, or forced (your child/you) to have sex.”

**IF NO TO S2, SKIP TO S3 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I K L M N O P f Z A A B B C C N N O O P P Q Q S S T T U U**

**22 IF YES TO S3, SAY:** “Earlier you said that at some time in (your child’s/your) life another child made (your child/you) do sexual things.”

**IF NO TO S3, SKIP TO S4 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f Z A A B B C C N N O O P P Q Q S S T T U U**

**23 IF YES TO S4 SAY:** “Earlier you said that at some time in (your child’s/your) life someone tried to force (your child/you) to have sexual intercourse, even if it didn’t happen.”

**IF NO TO S4, SKIP TO S5 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f Z A A C C N N O O P P Q Q S S T T U U**

**24 IF YES TO S5, SAY,** “Earlier you said that at some time in (your child’s/your) life someone made (your child/you) look at their private parts by using force, surprise, or by “flashing” (your child/you).”

**IF NO TO S5, SKIP TO S6 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z N N O O P P Q Q S S T T U U**

**25 IF YES TO S6, SAY,** “Earlier you said that at some time in (your child’s/your) life someone hurt (your child’s/your) feelings by saying or writing something sexual about (your child/you) or (your child’s/your) body.”

**IF NO TO S6, SKIP TO S7 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z N N O O P P Q Q S S T T U U**

**26 IF TYPE 2 (YOUTH), ASK S7 LOOP. ELSE SKIP TO NEXT INCIDENT.**

**IF YES TO S7 (youth only) SAY:** “Earlier you said that at some time in your life you did sexual things with someone 18 or older, even things you wanted.”

**IF NO TO S7, SKIP TO W1 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z A A B B N N S S T T U U**

**27 IF YES TO S8, SAY** “Earlier you said that at some time in your life someone had sex or tried to have sex with you when you didn’t want it, when you were very high, drunk, or drugged?”

**ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f Z A A B B C C N N O O P P Q Q S S T T U U**

**IF NO TO S8 SKIP TO W1 INTRODUCTION**

**28 IF YES TO W1, SAY:** “Earlier you said that at some time in (your child’s/your) life (your child/you) saw a parent get pushed, slapped, hit, punched or beat up by another parent, boyfriend or girlfriend.”

**IF NO TO W1, SKIP TO W2 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f R Z D D E E F F R R S S T T U U**

**29 IF YES TO W2, SAY:** “Earlier you said that at some time in (your child’s/your) life (your child/you) saw a parent beat, kick or physically hurt (his/her/your) brothers or sisters, not including a spanking on the bottom.”

**IF NO TO W2, SKIP TO W3 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f R Z D D E E F F R R S S T T U U**

**30 IF YES TO W3, SAY:** “Earlier you said that at some time in (your child’s/your) life (your child/you) saw someone get attacked or hit on purpose with a stick, rock, gun, knife or other thing that would hurt.”

**IF NO TO W3, SKIP TO W4 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f R Z D D E E R R S S T T U U**

**31 IF YES TO W4, SAY:** “Earlier you said that at some time in (your child’s/your) life (your child/you) saw someone get attacked or hit on purpose without using a stick, rock, gun, knife or something that would hurt.”

**IF NO TO W4, SKIP TO W5 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z D D E E R R S S T T U U**

**32 IF YES TO W5, SAY:** “Earlier you said that at some time in (your child’s/your) life someone stole something from (his/her/your) house.”

**IF NO TO W5, SKIP TO W6 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z D D E E R R S S T T U U**

**33 IF YES TO W6, SAY:** “Earlier you said that at some time in (your child’s/your) life someone close to (your child/you) had been murdered.”

**IF NO TO W6, SKIP TO W8 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K M N O P f Z D D E E**

**34 IF YES TO W8, SAY:** “Earlier you said that at some time in (your child’s/your) life (your child was /you were) in a place where (your child/you) could see or hear people being shot, bombs going off or street riots.”

**IF NO TO W8, SKIP TO W9 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I L M N O P f**

**35 IF YES TO W9, SAY:** “Earlier you said that at some time in (your child’s/your) life (your child was/you were) in the middle of a war.”

**IF NO TO W9, SKIP TO A1 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 G I M N P f**

**36 IF YES TO G1, SAY:** “Earlier you said that at some time in (your child’s/your) life, someone hurt or threatened (him/her/you) with a real gun.”

**ASK FOLLOWUP QXS - C D E F F1 G I J K L M N O P f Z N N O O P P Q Q S S T T U U**

**IF NO TO G1, SKIP TO G2 INTRODUCTION.**

**37 IF YES TO G2, SAY:** “Earlier you said that at some time in (your child’s/your) life, (he/she/you) saw someone else get hurt or threatened with a real gun.”

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z D D E E R R S S T T U U**

**IF NO TO G2, SKIP TO EF1 INTRODUCTION.**

**38 IF YES TO EF1, SAY:** “Earlier you said that at some time in (your child’s/your) life one of (your child’s/your) parents threatened to hurt another parent when it seemed they might really get hurt.”

**IF NO TO EF1, SKIP TO EF2 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K M N O P f Z D D E E F F N N R R S S T T U U**

**39 IF YES TO EF2, SAY:** “Earlier you said that at some point in (your child’s/your) life one of (your child’s/your) parents, because of an argument, broke or ruined something belonging to another parent, punched the wall, or threw something.”

**IF NO TO EF2, SKIP TO EF3 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 J K M N O Pf Z DD FF NN RR SS TT UU*

**40 IF YES TO EF3, SAY:** “Earlier you said that at some time in (your child’s/your) life one of (your child’s/your) parents got pushed by another parent.”

**IF NO TO EF3, SKIP TO EF4 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 J K M N O Pf Z DD EE FF NN RR SS TT UU*

**41 IF YES TO EF4, SAY:** “Earlier you said that at some time in (your child’s/your) life, one of (your child’s/your) parents got hit or slapped by another parent.”

**IF NO TO EF4, SKIP TO EF5 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 J K M N O Pf R Z DD EE FF NN RR SS TT UU*

**42 IF YES TO EF5, SAY:** “Earlier you said that at some time in (your child’s/your) life, one of (your child’s/your) parents got kicked, choked, or beat up by another parent.”

**IF NO TO EF5, SKIP TO EF6 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 J K M N O Pf R Z DD EE FF NN RR SS TT UU*

**43 IF YES TO EF6, SAY:** “Earlier you said that at some time in (your child’s/your) life a grown-up or teen who lives with (your child/you) pushed, hit, or beat up someone else who lives with (your child/you).”

**IF NO TO EF6, SKIP TO SC1 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 J K M N O Pf R Z DD EE FF NN RR SS TT UU*

**44 IF YES TO M5, SAY:** “Earlier you said that at some time in (your child’s/your) life, (your child/you) often had to look after (himself/herself/yourself) because a parent drank too much alcohol, took drugs, or wouldn’t get out of bed.”

**IF NO TO M5, SKIP TO M6 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 J K M N O Pf Z NN SS TT UU*

**45 IF YES TO M6, SAY:** “Earlier you said that at some time in (your child’s/your) life, (your child/you) often had to go looking for a parent because the parent left (your child/you) alone, or with brothers and sisters, and (your child/you) didn’t know where the parent was.”

**IF NO TO M6, SKIP TO M7 INTRODUCTION.**

*ASK FOLLOWUP QXS - C D E F F1 J K M N O Pf Z NN SS TT UU*

**46 IF YES TO M7, SAY:** “Earlier you said that at some time in (your child’s/your) life, (his/her/your) parents often had people over at the house who (your child was/you were) afraid to be around.”

**IF NO TO M7, SKIP TO M8 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K M N O P f Z N N S S T T U U**

**47 IF YES TO M8, SAY:** “Earlier you said that at some time in (your child’s/your) life, (your child/you) lived in a home that was broken down, unsafe, or unhealthy.”

**IF NO TO M8, SKIP TO M9 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K M N O P f U Z N N S S T T U U**

**48 IF YES TO M9, SAY:** “Earlier you said that at some time in (your child’s/your) life, (your child’s parents/your parents) did not care if (your child was/you were) clean, wore clean clothes, or brushed (his/her/your) teeth and hair.

**IF NO TO M9, SKIP TO P7 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E F F1 J K M N O P f U Z N N S S T T U U**

**49 IF YES TO P7, SAY:** “Earlier you said that at some time in (your child’s/your) life, kids told lies, spread rumors, or tried to make others dislike (him/her/you).”

**IF NO TO P7, SKIP TO P8 INTRODUCTION, IF APPLICABLE.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z N N O O P P Q Q S S T T U U**

**50 IF YES TO P8, SAY:** “Earlier you said that at some time in (your child’s/your) life, other kids kept (him/her/you) out of things on purpose, excluded (him/her/you) from their group of friends, or ignored (him/her/you).”

**IF NO TO P8, SKIP TO SC1 INTRODUCTION, IF APPLICABLE.**

**ASK FOLLOWUP QXS - C D E F F1 J K L M N O P f Z N N O O P P Q Q S S T T U U**

**51 IF YES TO SC1, SAY:** “Earlier you said that at some time in (your child’s/your) life (your child/you) went to a school where someone said there was going to be a bomb or attack on the school and (your child/you) thought they might really mean it.”

**IF NO TO SC1, SKIP TO SC2 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E M N O P f R R S S T T U U**

**52 IF YES TO SC2, SAY:** “Earlier you said that at some time in (your child’s/your) life (your child/you) went to a school where someone damaged the school, started a fire in the school on purpose, or broke or ruined other school property.”

**IF NO TO SC2, SKIP TO A1 INTRODUCTION.**

**ASK FOLLOWUP QXS - C D E M N O P f S S T T U U**

## SECTION 8: LIFETIME & PAST YEAR ADVERSITY

Now I'd like to ask you about some other experiences that (your child/you) or someone in your family may have had. Some of these things happen to most people at one time or another, while some happen to only a few people. I'd like to know about things that have happened to (your child/you) in (your child's/your) lifetime

LE1. In (his/her/your) whole life, (was your child/were you) ever in a VERY BAD fire, flood, tornado, hurricane, earthquake or other disaster? This would be a time that (your child's/your) home or apartment was damaged and (your child/you) might have had to live somewhere else for a while.

- |   |                |               |
|---|----------------|---------------|
| 1 | Yes            | [GO TO LE1a]  |
| 2 | No             | [SKIP TO LE2] |
| 3 | (VOL) Not sure | [SKIP TO LE2] |
| 4 | (VOL) Refused  | [SKIP TO LE2] |

LE1a. [If yes to LE1]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- |   |                |
|---|----------------|
| 1 | Yes            |
| 2 | No             |
| 3 | (VOL) Not sure |
| 4 | (VOL) Refused  |

LE2. (Was your child/Were you) ever in a VERY BAD accident (at home, school, or in a car) where (your child/you) had to go to the hospital? This would be a time that (your child was /you were) was very hurt and needed to spend a long time in the hospital. Has that ever happened?

- |   |                |               |
|---|----------------|---------------|
| 1 | Yes            | [GO TO LE2a]  |
| 2 | No             | [SKIP TO LE3] |
| 3 | (VOL) Not sure | [SKIP TO LE3] |
| 4 | (VOL) Refused  | [SKIP TO LE3] |

LE2a. [If yes to LE2]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- |   |                |
|---|----------------|
| 1 | Yes            |
| 2 | No             |
| 3 | (VOL) Not sure |
| 4 | (VOL) Refused  |

LE3. Did (your child/you) ever have a VERY BAD illness where (your child/you) had to go to the hospital? This could be a time when (your child was/you were) so sick that (he/she / you) had to be in the hospital a lot. Has that ever happened?

- |   |                |               |
|---|----------------|---------------|
| 1 | Yes            | [GO TO LE3a]  |
| 2 | No             | [SKIP TO LE4] |
| 3 | (VOL) Not sure | [SKIP TO LE4] |
| 4 | (VOL) Refused  | [SKIP TO LE4] |

LE3a. [If yes to LE3]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- |   |                |
|---|----------------|
| 1 | Yes            |
| 2 | No             |
| 3 | (VOL) Not sure |
| 4 | (VOL) Refused  |

LE4. Has someone (your child was/you were) really close to ever had a VERY BAD accident where they had to spend a long time in the hospital? This would be someone important to (your child/you), like a parent, brother or sister, or best friend.

- |   |                |               |
|---|----------------|---------------|
| 1 | Yes            | [GO TO LE4a]  |
| 2 | No             | [SKIP TO LE5] |
| 3 | (VOL) Not sure | [SKIP TO LE5] |
| 4 | (VOL) Refused  | [SKIP TO LE5] |

LE4a. [If yes to LE4]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- |   |                |
|---|----------------|
| 1 | Yes            |
| 2 | No             |
| 3 | (VOL) Not sure |
| 4 | (VOL) Refused  |

**LE5.** Has someone (your child was/you were ) really close to ever had a VERY BAD illness where they had to be in the hospital for more than a couple of days? Again, this would be someone important to (your child/you), like a parent, brother or sister, or best friend.

- |   |                |               |
|---|----------------|---------------|
| 1 | Yes            | [GO TO LE5a]  |
| 2 | No             | [SKIP TO LE6] |
| 3 | (VOL) Not sure | [SKIP TO LE6] |
| 4 | (VOL) Refused  | [SKIP TO LE6] |

LE5a. [If yes to LE5]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**LE6.** Was there ever a time in (your child's/your) life when (your child's/your) family had to live on the street or in a shelter because they had no other place to stay?

- 1 Yes [GO TO LE6a]
- 2 No [SKIP TO LE7]
- 3 (VOL) Not sure [SKIP TO LE7]
- 4 (VOL) Refused [SKIP TO LE7]

LE6a. [If yes to LE6]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**[ASK ONLY FOR YOUTH 5 AND OLDER]**

**LE7.** Did (your child/you) ever have to do a school year over again? *[Interviewer: Children may refer to this as "being held back"]*

- 1 Yes [GO TO LE7a]
- 2 No [SKIP TO LE8]
- 3 (VOL) Not sure [SKIP TO LE8]
- 4 (VOL) Refused [SKIP TO LE8]

LE7a. [If yes to LE7]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

LE8. Have there ever been any times when (your child's/your) mother, father, or guardian lost a job or couldn't find work?

- |   |                |               |
|---|----------------|---------------|
| 1 | Yes            | [GO TO LE8a]  |
| 2 | No             | [SKIP TO LE9] |
| 3 | (VOL) Not sure | [SKIP TO LE9] |
| 4 | (VOL) Refused  | [SKIP TO LE9] |

LE8a. [If yes to LE8]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- |   |                |
|---|----------------|
| 1 | Yes            |
| 2 | No             |
| 3 | (VOL) Not sure |
| 4 | (VOL) Refused  |

LE9. (Was your child/Were you) ever sent away or taken away from your family for any reason?

- |   |                |                |
|---|----------------|----------------|
| 1 | Yes            | [GO TO LE9a]   |
| 2 | No             | [SKIP TO LE10] |
| 3 | (VOL) Not sure | [SKIP TO LE10] |
| 4 | (VOL) Refused  | [SKIP TO LE10] |

LE9a. [If yes to LE9]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- |   |                |
|---|----------------|
| 1 | Yes            |
| 2 | No             |
| 3 | (VOL) Not sure |
| 4 | (VOL) Refused  |

LE10. At any time in (your child's/your) life did either of (your child's/your) parents, a stepparent, or guardian ever have to go to prison?

- |   |                |                |
|---|----------------|----------------|
| 1 | Yes            | [GO TO LE10a]  |
| 2 | No             | [SKIP TO LE12] |
| 3 | (VOL) Not sure | [SKIP TO LE12] |
| 4 | (VOL) Refused  | [SKIP TO LE12] |

LE10a. [If yes to LE10]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- |   |                |
|---|----------------|
| 1 | Yes            |
| 2 | No             |
| 3 | (VOL) Not sure |
| 4 | (VOL) Refused  |

LE12. Has there ever been a time that a member of (your child's/your) family drank or used drugs so often that it caused problems?

- 1 Yes [GO TO LE12a]
- 2 No [SKIP TO LE13]
- 3 (VOL) Not sure [SKIP TO LE13]
- 4 (VOL) Refused [SKIP TO LE13]

LE12a. [If yes to LE12]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed.: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

LE13. Has there ever been a time when (your child's/your) parents or stepparents were ALWAYS arguing, yelling, and angry at one another a lot of the time?

- 1 Yes [GO TO LE13a]
- 2 No [SKIP TO LE14]
- 3 (VOL) Not sure [SKIP TO LE14]
- 4 (VOL) Refused [SKIP TO LE14]

LE13a. [If yes to LE13]: Did this happen in the last year?*[Interviewer: Read definition when this question is asked the first time and then as many times as needed.: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

LE14. Has someone close to (your child/you) ever tried to kill him or herself on purpose (like by shooting or cutting him or herself, or taking too many pills or drugs)?

- 1 Yes [GO TO LE14a]
- 2 No [SKIP TO LE15]
- 3 (VOL) Not sure [SKIP TO LE15]
- 4 (VOL) Refused [SKIP TO LE15]

LE14a. [If yes to LE14]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed.: “By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now.”]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**LE15.** Did a parent or someone who takes care of (your child/you) ever have to leave the country to fight in a war, when he or she had to be away for several months or longer?

- 1 Yes [GO TO LE15a]
- 2 No [SKIP TO LE16]
- 3 (VOL) Not sure [SKIP TO LE16]
- 4 (VOL) Refused [SKIP TO LE16]

LE15a. [If yes to LE15]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed.: “By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now.”]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**LE16.** Did (your child/you) ever have anyone close to (him/her/you) die because of an illness or an accident?

- 1 Yes [GO TO LE16a]
- 2 No [SKIP TO INT1]
- 3 (VOL) Not sure [SKIP TO INT1]
- 4 (VOL) Refused [SKIP TO INT1]

LE16a. [If yes to LE16]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed.: “By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now.”]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**LE17.** Was there ever any time when the parents (your child was/you were) living with got divorced or separated and (your child/you) stopped living with one of them?

- 1 Yes [GO TO LE17A]
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

LE17A. [IF yes to LE17] Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed.: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

LE18. Has someone close to (your child/you) ever overdosed on medication or pills so that he/she got really sick and had to go to the hospital? By overdose, we mean taken more medicine or pills than they should have.

- 1 Yes [GO TO LE18a]
- 2 No [SKIP TO INT1]
- 3 (VOL) Not sure [SKIP TO INT1]
- 4 (VOL) Refused [SKIP TO INT1]

LE18a. [If yes to LE18]: Did this happen in the last year? *[Interviewer: Read definition when this question is asked the first time and then as many times as needed.: "By the last year we mean between (current month) when (your child was /you were) (current age – 1) and now."]*

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

## SECTION 9: INTERNET VICTIMIZATION

**[ASK ONLY FOR YOUTH 5 AND OLDER. IF CHILD 4 OR YOUNGER, SKIP TO CD1]**

INT1. Has anyone ever used the Internet to bother or harass (your child/you) or to spread mean words or pictures about (your child/you)?

- 1 Yes
- 2 No [SKIP TO INT1B]
- 3 (VOL) Not sure [SKIP TO INT1B]
- 4 (VOL) Refused [SKIP TO INT1B]

INT1c. How many times did this happen to [your child/you] in [his/her/your] whole life?

\_\_\_\_ times (RANGE: 1- 97; 97 = 97 or more; 98 = Don't know; 99 = Refused)

(INTERVIEWER: If don't know, probe: "Would you say it was closer to 10 times, closer to 50 times, or more than that? Assist respondent in pinpointing number of times as best he/she can)

INT1a. Thinking of [If INT1c > 1 READ: "the last time" else read "when"] this happened to (your child/you)...did it happen within the last year?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

INT1B. Has anyone ever used a cell phone or texting to bother or harass (your child/you) or to spread mean words or pictures about (your child/you)?

- 1 Yes
- 2 No [SKIP TO INT2]
- 3 (VOL) Not sure [SKIP TO INT2]
- 4 (VOL) Refused [SKIP TO INT2]

INT1Bc. How many times did this happen to [your child/you] in [his/her/your] whole life?

\_\_\_\_ times (RANGE: 1- 97; 97 = 97 or more; 98 = Don't know; 99 = Refused)

(INTERVIEWER: If don't know, probe: "Would you say it was closer to 10 times, closer to 50 times, or more than that? Assist respondent in pinpointing number of times as best he/she can)

INT1Bb. Thinking of [If INT1B c > 1 READ: "the last time" else read "when"] this happened to (your child/you)...did it happen within the last year?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

INT2. Did anyone on the Internet ever ask (your child/you) sexual questions about (himself/herself/ yourself) or try to get (your child/you) to talk online about sex when (your child/you) did not want to talk about those things?

- 1 Yes
- 2 No [SKIP TO INSTRUCTIONS BEFORE INT2a1]
- 3 (VOL) Not sure [SKIP TO INSTRUCTIONS BEFORE INT2a1]
- 4 (VOL) Refused [SKIP TO INSTRUCTIONS BEFORE INT2a1]

INT2c. How many times did this happen to [your child/you] in [his/her/your] whole life?  
\_\_\_\_ times (RANGE: 1- 97; 97 = 97 or more; 98 = Don't know; 99 = Refused)

(INTERVIEWER: If don't know, probe: "Would you say it was closer to 10 times, closer to 50 times, or more than that? Assist respondent in pinpointing number of times as best he/she can)

INT2a. Thinking of [If INT2c > 1 READ: "the last time" else read "when"] this happened to (your child/you)...did it happen within the last year?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

IF INT1 and INT1B and INT2 ALL = NO, skip to COMMUNITY DISORDER SECTION

### INTERNET VICTIMIZATION LOOP (INT2a1 thru INT8)

You said that [READIN: INT Incident (INT1, INT1B or INT2)]....

INT1 – "You said that someone had used the Internet to bother or harass (your child/you) or to spread mean words or pictures about (your child/you)."

INT1B – "You said that someone had used a cell phone or texting to bother or harass (your child/you) or to spread mean words or pictures about (your child/you)."

INT2 – "You said that someone on the Internet asked (your child/you) sexual questions about (himself/herself/ yourself) or tried to get (your child/you) to talk online about sex when (your child/you) did not want to talk about those things."

IF INT1 or INT1B or INT2 = YES

[If YES TO ANY VICTIMIZATION (C1, C2, C3, C4, C5, C6, C7, C8, C9, M1, M2, M3, M4, P1, P2P3, P4, P5, P6, S1, S2, S3, S4, S5, S6, S7, S8, W1, W2, W3, W4, W5, W6, W8, W9, G1, G2, EF1, EF2, EF3, EF4, EF5, EF6, M5, M6, M7, M8, M9, P7, P8, SC1, SC2, INT1, INT1B) ASK INT2a1 through INT8; ELSE ASK INT3 through INT8]

INT2a1. Is this part of some other time you have already given me details about?

- 1 Yes
- 2 No [GO TO INT3]
- 3 (VOL) Not sure [GO TO INT3]
- 4 (VOL) Refused [GO TO INT3]

INT2a2. Which time was that?

[CATI - List text for victimizations (including INTERNET VICTIMIZATIONS) respondent said 'YES' to; include not sure and refused]

For respective loops, if INT1c/INT1Bc/INT2c >1 Read: “For the next set of questions, I’d like for you to think about the last time that [READIN: INT Incident (INT1, INT1B or INT2)]”

**[CATI: For the interviewer, at the top of the page, please display which incident the loop is referring to]**

INT3. Did you know or meet the individual who did this in person? [If say more than 1, read, “I’m going to ask you some questions about the person who was *most responsible* for what happened.”]

- 1 Yes
- 2 No **(skip to INT6)**
- 97 Not applicable **(skip to INT6)**
- 98 Don’t know / not sure **(skip to INT6)**
- 99 Refused/Not ascertainable **(skip to INT6)**

INT4. Was this someone you knew in person before this happened?

- 1 Yes
- 2 No
- 97 Not applicable
- 98 Don’t know / not sure
- 99 Refused/Not ascertainable

INT5. Who did this? [Interviewer: Try to categorize from open-ended responses. Read categories only if respondent needs help.]

- 1 Brother, sister, or other child who lives with (your child/you) (cousin, foster sibling, etc.)
- 2 Biological or adoptive father
- 3 Step-father or live-in boyfriend
- 4 Biological or adoptive mother
- 5 Step-mother or live-in girlfriend
- 6 Foster parent
- 7 A relative who lives in (your child’s/your) home (uncle, grandparent, etc.)
- 8 A relative who does not live with (your child/you)
- 9 A parent’s boyfriend, girlfriend, date, or ex-boyfriend or girlfriend who does not live with (you/your child).
- 10 Grown-up (your child/you) know(s) from some organization, such as a teacher, coach, or youth group leader
- 11 Anyone else (your child/you) know(s) such as a friend or neighbor or schoolmate
- 12 Stranger (a stranger is someone (your child/you) doesn’t/don’t know)
- 13 Boyfriend/girlfriend, or ex-boyfriend/ex-girlfriend
- 14 Other \_\_\_\_\_ (*write in who it was*)
- 15 (VOL) Not sure
- 16 (VOL) Refused

INT6. Was the person who did this male or female?

[INTERVIEWER NOTE: If obvious, punch answer and don't ask]

- 1 Male
- 2 Female
- 97 Not applicable
- 98 Don't know / not sure
- 99 Refused/Not ascertainable

INT7. How old was this person? (Your best guess is fine.)

- \_\_\_\_\_ (enter age 5-96)
- 97 Not applicable **(skip to INT9)**
  - 98 Don't know / not sure **(skip to INT9)**
  - 99 Refused/Not ascertainable **(skip to INT9)**

INT8. How certain are you that you know this person's true age? Would you say ...

- 1 Not at all
- 2 Somewhat
- 3 Very
- 97 Not applicable
- 98 Don't know / not sure
- 99 Refused/Not ascertainable

INT9. Thinking back to when it happened, how afraid did (your child/you) feel? Would you say (your child/you) felt...

- 1 Not at all afraid
- 2 A little afraid
- 3 Very afraid
- 4 (VOL) Not sure
- 5 (VOL) Refused

INT10. Did (your child/you) miss any days of school, or (was/were) (your child/you) unable to complete (his/her/your) schoolwork, because of what happened?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

INT11. Did the person who did this have an advantage over [you/your child] because he/she is stronger, more popular, or has a lot of influence over other kids? (NOTE: only if perpetrator is under 18 (INT7 LT 18))

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

INT12. Do any of these people know about what happened?

*[Interviewer: Read each response and code all that apply.]*

INT12A. [SKIP if TYPE=1, CAREGIVER] A parent (or ANOTHER parent if one parent did this)

- 1 Yes
- 2 No
- 3 (VOL) Don't Know / Refused

INT12B. A teacher, counselor, or other adult at (your child's/your) school or daycare

- 1 Yes
- 2 No
- 3 (VOL) Don't Know / Refused

INT12C. A police officer or some other law official

- 1 Yes
- 2 No
- 3 (VOL) Don't Know / Refused

**[CATI NOTE: DO a separate INTERNET LOOP for EACH INT1, INT1B and INT2 that = YES; if no more YES, continue to CD1]**

### SECTION 10: COMMUNITY DISORDER

CD1. At any time in (your/your child's) life, did (your child/you) ever see someone selling marijuana, cocaine, meth, or other illegal drugs to someone else in (your/ his/her) neighborhood or school? (REDUCE CD1-CD10 TO A SINGLE ITEM)

- 1 Yes [GO TO CD1a]
- 2 No [SKIP TO CD2]
- 3 (VOL) Not sure [SKIP TO CD2]
- 4 (VOL) Refused [SKIP TO CD2]

CD1a. [If yes to CD1]: Did this happen in the last year?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

CD2. At any time in (your child's/your) life, did (your child/you) ever see the police arrest someone in (his/her/your) neighborhood and take that person to jail in a police car?

- 1 Yes [GO TO CD2a]
- 2 No [SKIP TO CD3]
- 3 (VOL) Not sure [SKIP TO CD3]
- 4 (VOL) Refused [SKIP TO CD3]

CD2a. [If yes to CD2]: Did this happen in the last year?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

CD3. (Has your child/Have you) ever lived in a neighborhood where there were gangs?

- 1 Yes [GO TO CD3a]
- 2 No [SKIP TO CD5]
- 3 (VOL) Not sure [SKIP TO CD5]
- 4 (VOL) Refused [SKIP TO CD5]

CD3a. [If yes to CD3]: Was this true in the last year?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

CD5. At any time in (your child's/your) life, (has your child/have you) ever seen the police raid or enter a house in (his/her/your) neighborhood looking for a criminal or block off a place in (his/her/your) neighborhood because a crime happened there?

- 1 Yes [GO TO CD5a]
- 2 No [SKIP TO CD7]
- 3 (VOL) Not sure [SKIP TO CD7]
- 4 (VOL) Refused [SKIP TO CD7]

CD5a. [If yes to CD5]: Did this happen in the last year?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

CD7. At any time in (your child's/your) life, did (your child/you) ever-live in a house where (his/her/your) parents did not like to let (him/her/you) play outside because of crime around the house?

- 1 Yes [GO TO CD7a]
- 2 No [SKIP TO CD8]
- 3 (VOL) Not sure [SKIP TO CD8]
- 4 (VOL) Refused [SKIP TO CD8]

CD7a. [If yes to CD7]: Was this true in the last year?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

CD8. In some neighborhoods, because of lack of money or for other reasons, no one seems to fix things that break—houses don't get fixed, signs don't get fixed, trash doesn't get picked up. Sometimes heat or water doesn't work for a really long time. At any time in (your child's/your) life, did (your child/you) ever live in a neighborhood like that?

- 1 Yes [GO TO CD8a]
- 2 No [SKIP TO CD9]
- 3 (VOL) Not sure [SKIP TO CD9]
- 4 (VOL) Refused [SKIP TO CD9]

CD8a. [If yes to CD8]: Was this true in the last year?

- 1 Yes
- 2 No
- 3 (VOL) Not sure
- 4 (VOL) Refused

**IF CHILD 0-4, SKIP TO SECTION 11**

CD9. Gangs or crews are groups that use a name, colors, or signs to let people know which kids are in the gang. Sometimes they get in fights and sell drugs. (Has your child/Have you) ever gone to a school where there were kids in gangs?

- |   |                |                |
|---|----------------|----------------|
| 1 | Yes            | [GO TO CD9a]   |
| 2 | No             | [SKIP TO CD10] |
| 3 | (VOL) Not sure | [SKIP TO CD10] |
| 4 | (VOL) Refused  | [SKIP TO CD10] |

CD9a. [If yes to CD9]: Was this true in the last year?

- |   |                |
|---|----------------|
| 1 | Yes            |
| 2 | No             |
| 3 | (VOL) Not sure |
| 4 | (VOL) Refused  |

CD10. (Has your child/ have you) ever gone to a school where a kid brought a gun or knife to school?

- |   |                |               |
|---|----------------|---------------|
| 1 | Yes            | [GO TO CD10a] |
| 2 | No             | [SKIP TO D1]  |
| 3 | (VOL) Not sure | [SKIP TO D1]  |
| 4 | (VOL) Refused  | [SKIP TO D1]  |

CD10a. Was this true in the last year?

- |   |                |
|---|----------------|
| 1 | Yes            |
| 2 | No             |
| 3 | (VOL) Not sure |
| 4 | (VOL) Refused  |

## SECTION 11: BULLYING

[ASK IF CHILD is 5 or older]

Being bullied is when another student or students, say mean things, exclude another kid from their group of friends, tell lies or spread false rumors about [him/her], hit, kick, push, or shove [him/her] around, or break, ruin, or take [his/her] things.

When we talk about bullying, these things happen repeatedly, and it is difficult for the student being bullied to defend himself or herself. We don't call it bullying when the teasing is done in a friendly and playful way. Also, it is not bullying when two students of about equal strength or power argue or fight.

BULN. How often (has your child/have you) been bullied at school in the past year?

1 GAVE ANSWER

8 (VOL) NOT SURE

9 (VOL) REFUSED

\_\_\_\_\_ times [Range: 0-96; 97 = 97 or more; 98 = Not sure; 99 = Refused; If 0, skip to Section 12]

BUL1. Did kids call (him/her/you) names, make fun of (him/her/you), exclude (him/her/you), or spread rumors about (him/her/you)?

- 1 Yes
- 2 No [skip to BUL2]
- 3 (VOL) Not sure/don't know [skip to BUL2]
- 4 (VOL) Refused [skip to BUL2]

BUL1a. Thinking of the last time this happened, did the person who did it have more power or strength than (your child/you)? This could be because the person was bigger than (your child/you), was more popular, or had more power in another way.

- 1 Yes
- 2 No
- 3 (VOL) Not sure/don't know
- 4 (VOL) Refused

BUL1b. Was this something that that this person did repeatedly to (your child/you), so that it happened again and again?

- 1 Yes
- 2 No
- 3 (VOL) Not sure/don't know
- 4 (VOL) Refused

BULc. Was this something that happened over a long period of time, say for more than a week?

- 1 Yes
- 2 No
- 3 (VOL) Not sure/don't know
- 4 (VOL) Refused

BUL2. Did kids break, ruin or take (his/her/your) things?

- 1 Yes
- 2 No [skip to BUL3]
- 3 (VOL) Not sure/don't know [skip to BUL3]
- 4 (VOL) Refused [skip to BUL3]

BUL2a. Thinking of the last time this happened, did the person who did it have more power or strength than (your child/you)? This could be because the person was bigger than (your child/you), was more popular, or had more power in another way.

- 1 Yes
- 2 No
- 3 (VOL) Not sure/don't know
- 4 (VOL) Refused

BUL2b. Was this something that that this person did repeatedly to (your child/you), so that it happened again and again?

- 1 Yes
- 2 No
- 3 (VOL) Not sure/don't know
- 4 (VOL) Refused

BUL2c. Was this something that happened over a long period of time, say for more than a week?

- 1 Yes
- 2 No
- 3 (VOL) Not sure/don't know
- 4 (VOL) Refused

BUL3. Did kids push, shove, attack, or hit (him/her/you)?

- 1 Yes
- 2 No [skip to section 12]
- 3 (VOL) Not sure/don't know [skip to section 12]
- 4 (VOL) Refused [skip to section 12]

BUL3a. Thinking of the last time this happened, did the person who did it have more power or strength than (your child/you)? This could be because the person was bigger than (your child/you), was more popular, or had more power in another way.

- 1 Yes
- 2 No
- 3 (VOL) Not sure/don't know
- 4 (VOL) Refused

BUL3b. Was this something that that this person did repeatedly to (your child/you), so that it happened again and again?

- 1 Yes
- 2 No
- 3 (VOL) Not sure/don't know
- 4 (VOL) Refused

BUL3c. Was this something that happened over a long period of time, say for more than a week?

- 1 Yes
- 2 No
- 3 (VOL) Not sure/don't know
- 4 (VOL) Refused

## SECTION 12: DELINQUENCY

[If child is younger than 5, skip to Section 14]

D1 – D16

Now I'm going to ask you about some things that (your child/you) might have done in the last year. It is common for kids, even young kids, to do things that they are not supposed to or that get them into trouble. Tell me whether (your child has/you have) done any of the following things in the last year.

In the last year did (your child/you)... READ?

- 1 Yes
- 2 No
- 3 (VOL) Don't Know
- 4 (VOL) Refused

D1. On purpose break, damage or destroy something that belonged to someone else? 1 2 3 4

D2. Hit, slap or push other kids or get into a physical fight with them?

D3. Hit, slap, or push a parent or other grown-up?

- D4. Take anything at school from other kids or a teacher that did not belong to (him/her/you)?
- D5. Take money at home that did not belong to (him/her/you) like from (his/her/your) mother's purse or a parent's dresser?
- D6. Take something from a store without paying for it?
- D7. Cheat on school tests?
- D8. Skip school without an excuse?
- D9. Write things or spray paint on walls or sidewalks or cars, where (he was/she was/you were) not supposed to do that?
- D10. Carry a weapon with (him/her/you)?
- D11. Avoid paying for things such as movies, bus or subway rides, or food?
- D12. Smoke or chew tobacco?
- D13. Smoke marijuana?
- D14. Take any other drugs (that were not prescribed medication)?
- D15. Hurt someone badly enough to need bandages or care from a doctor?
- D16. Get arrested or taken into custody by the police?
- D17. Pick on another kid by chasing or grabbing him or her or by making him or her do something he or she didn't want to do?
- D18. Try to scare or make another kid feel bad by calling him or her names, saying mean things to him or her, or saying (he/she/you) didn't want him or her around?
- D19. Drink alcohol?

We're almost done. Just a few more questions.

## SECTION 13: INTERPERSONAL DEPENDENCY

[ASK if Child is 10-17; If Caregiver skip to Section 14]

The next questions are about how people sometimes feel. Please tell me how much these things describe YOUR feelings by saying how much you agree or disagree with each sentence. [read response categories after each statement “Would you say you strongly disagree, disagree, agree, or strongly agree?”]

Strongly Disagree	1
Disagree	2
Agree	3
Strongly Agree	4

ID1. The idea of losing a friend is scary to me

ID2. Most people don't realize how easily they can hurt my feelings

ID3. I would be completely lost if I did not have someone special

ID4. I would feel hopeless if someone I loved left me

ID5. What people think does not affect how I feel

ID6. What people say does not bother me

ID7. I do not need other people to make me feel good

## SECTION 14: PARENTAL CONFLICT

In every family there are times when the parents don't get along. Tell me whether the next two sentences are very true for you, a little true, or not true.

CNF1. (My child/You) often (sees/see) (his/her/your) parents arguing.

1	Very true
2	A little true
3	Not true
4	(VOL) Not sure
5	(VOL) Refused

CNF2. (My child's/Your) parents get really mad when they argue.

1	Very true
2	A little true
3	Not true
4	(VOL) Not sure
5	(VOL) Refused

## SECTION 15: PARENTING BEHAVIORS

[IF TYPE 1 (CAREGIVER) SKIP CNF3 (ASK CNF4-CNF20 if child is 5 and older); Else skip to CP1]

[IF TYPE=2 (YOUTH) ASK CNF3- CNF20]]

CNF3 Which parent or caregiver do you have the most contact with or spend the most time with?

- 1 Father (including step-father, foster father, or live-in boyfriend)
- 2 Mother (including step-mother, foster mother, or live-in girlfriend)
- 3 Another male relative (uncle, grandfather, etc.)
- 4 Another female relative (aunt, grandmother, etc.)
- 5 (VOL) Not sure
- 6 (VOL) Refused

[CATI: INSERT "HE" or "SHE" in items CNF4-20 below depending on gender of caregiver above]

[CATI: INSERT [phrase in bracket] IF in items CNF4-20 below IF TYPE 1(Caregiver)]

IF TYPE 1 (CAREGIVER) I'm going to read you some things that describe parents and their children. Please tell me how much these things are true about you and your x-year-old. Very true (1), a little true (2) or not true (3)

IF TYPE 2 (YOUTH) I'm going to read you some things that kids often say about their parents and caregivers. Thinking of the parent or caregiver that you spend the most time with, please tell me how much these things are true about him/her. Very true (1), a little true (2) or not true (3)

FOR ALL RESPONSES BELOW USE CODING OF:

- 1 Very True
- 2 A Little True
- 3 Not True
- 4 (Vol) Not Sure
- 5 (Vol) Refused

CNF4. [He/She] is always telling me what to do. [I'm always telling him/her what to do]

CNF5. [He/She] makes rules without asking what I think. [I make rules without asking him/her what he/she thinks]

CNF6. [He/She] makes me feel better when I am upset. [I make him/her feel better when he/she is upset]

CNF7 [He/She] is too busy to talk to me. [I'm too busy to talk with him/her]

CNF8 [He/She] listens to what I have to say. [I listen to what he/she has to say]

- CNF9 [He/She] likes me just the way I am. [I like him/her just the way he/she is]
- CNF10 [He/She] tells me when I do a good job on things. [I tell him/her when he/she does a good job on things]
- CNF11 [He/She] wants to hear about my problems. [I want to hear about his/her problems]
- CNF12 [He/She] is pleased with how I behave. [I am pleased with how he/she behaves]
- CNF13 [He/She] has rules that I must follow. [I have rules that he/she must follow]
- CNF14 [He/She] tells me times when I must come home. [I tell him times when he/she must come home]
- CNF15 [He/She] makes sure I tell [him/her] where I am going. [I make sure he/she tells me where he/she is going]
- CNF16 [He/She] makes sure I go to bed on time. [I make sure he/she goes to bed on time]
- CNF17 [He/She] asks me what I do with friends. [I ask what he/she does with friends]
- CNF18 [He/She] knows where I am after school. [I know where he/she is after school]
- CNF19 [He/She] checks to see if I do my homework. [I check to see if he/she does his/her homework]
- CNF 26. When [he/she] is upset or under stress, [he/she] is picky and gets on my back. [When I'm upset or under stress, I am picky and on my child's back]
- PI54. [He/she] loses control of [his/her] temper when I misbehave [I lose control of my temper when my child misbehaves]
- PI58. The punishment [he/she] gives me depends on his/her mood [The punishment I give my child depends on my mood]
- PI59. [He/she] yells or shouts when I misbehave [I yell or shout when my child misbehaves].
- PI63. [He/she] argues with me [I argue with my child].

CNF20. [TYPE 2 (YOUTH) Please tell me if you have done any of the following things with a PARENT or CAREGIVER in the past month?][TYPE 1 (CAREGIVER) Please tell me if you have done any of the following things with your [CHILD AGE]-year-old in the past month?

- 1 Yes
- 2 No
- 3 (VOL) Don't Know
- 4 (VOL) Refused

- 1 gone shopping?
- 2 played a sport?
- 3 gone to a religious service or church-related event?
- 4 talked about your/his/her friends, or a party you/he/she went to?
- 5 gone to a movie, play, museum, concert, or sports event?
- 6 had a talk about a personal problem you/he/she were having?
- 7 talked about your/his/her school work or grades?
- 8 worked on a project for school?
- 9 talked about other things you're he/she's doing in school?

[ASK IF CAREGIVER]

CP1. Sometimes kids listen to their parents pretty well and sometimes they do not. Thinking of the past year, about how often have you had to spank or slap your child to get him/her to behave?

- 1 One or more times a day
- 2 Several times a week
- 3 Once or twice a week
- 4 About once or twice a month
- 5 A few times in the past year
- 6 Never
- 8 (VOL) DON'T KNOW
- 9 (VOL) REFUSED

[NOTE TO DP: RECODE 1 THROUGH 6 TO 6 THOUGH 1]

[ASK IF YOUTH]

CP2. Sometimes kids listen to their parents pretty well and sometimes they do not. Thinking of the past year, about how often did a parent spank or slap you to get you to behave?

- 1 One or more times a day
- 2 Several times a week
- 3 Once or twice a week
- 4 About once or twice a month
- 5 A few times in the past year
- 6 Never
- 8 (VOL) DON'T KNOW
- 9 (VOL) REFUSED

[NOTE TO DP: RECODE 1 THROUGH 6 TO 6 THOUGH 1]

### SECTION 16: ALCOHOL USE

Earlier you said you drank alcohol in the past year

ASK ALC3 thru ALC4 IF D19 = 1 (Yes, drank alcohol); ELSE SKIP F1.

ALC3. Thinking of the last month [since (month)], about how many days did you drink alcohol?

- 1 0 days – **SKIP TO F1**
- 2 1 day
- 3 2 days
- 4 3 to 5 days
- 5 6 to 9 days
- 6 10 to 19 days
- 7 20 days or more
- 8 (VOL) Not sure
- 9 (VOL) Refused

ALC4. On how many of those days in the last month did you drink a lot – say five or more drinks within a few hours?

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 to 5 days
- 5 6 to 9 days
- 6 10 to 19 days
- 7 20 days or more
- 8 (VOL) Not sure
- 9 (VOL) Refused

# Appendix F. Sample Design Considerations

## Proxy Respondents

One of the key virtues of the NatSCEV methodology is its capacity to obtain information on victimization across the full developmental spectrum of childhood. It is the only available source of national epidemiological information on violence exposure among children under 12 that is not sourced from agency data (police or CPS). NatSCEV relies on caregiver respondents to get this information for the youth 0-9, because the methodologies for getting self-report information from children under 10 are not well-developed or feasible.

However, questions arise about the validity of caregiver reports. One specific question is whether caregivers have sufficient knowledge about the victimizations that may be happening to their children. Another specific question is whether they would be inclined to under-report exposures that might reflect badly on their parenting or even make them vulnerable to sanctions.

This review examined this issue by comparing screener responses for the caregivers of 9-year-olds to the self-report responses of 10-year-olds. The assumption was that across this small developmental segment, we would not expect large differences due to developmental context. Would caregivers systematically report lower rates, give more “not sure” responses, or even refuse to answer questions than the self-reporting youth? The comparisons are shown in Table F-1. To obtain adequate sensitivity, the 9- and 10-year-old rates were aggregated across all three NatSCEV waves, yielding a pool of 730 9-year-olds and 584 10-year-olds.

Looking across 42 comparisons, the majority of the proxy and self-report were comparable. For only four items were there lower rates from proxy report compared to self-report. These were for attempted assault, threatened assault, exposed to shooting, and school vandalism. It may make sense that attempts and threats are more memorable to the victims, who might not have mentioned them to caregivers.

**Table F-1. Lifetime endorsement rates by screener item for proxy 9-year-old and self 10-year-old respondents**

Screener Item	Lifetime Yes		Lifetime Not Sure		Lifetime Refused	
	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)
C1 Robbery	16.97*	9.23	3.15	1.71	0.00	0.00
C2 Personal theft	19.5	21.57	2.33	1.54	0.00	0.00
C3 Vandalism	25.42	20.85	3.01	3.08	0.00	0.00
C4 Assault with weapon	8.94	8.61	0.41	0.51	0.00	0.00
C5 Assault without weapon	23.72	26.60	1.10	0.86	0.14	0.00
C6 Attempted assault	10.89*	18.41	1.92	2.91	0.00	0.34
C7 Threaten to hurt	13.59*	23.65	2.19	1.54	0.00	0.00
C8 Kidnapping	1.51	1.89	0.14	0.51	0.00	0.00
C9 Bias attack	2.48	3.08	0.41	0.00	0.00	0.00
M1 Physical abuse by caregiver	5.52	6.92	0.68	0.68	0.00	0.34
M2 Psychological/ emotional abuse	12.80	9.38	1.37	1.20	0.14	0.17
M3 Neglect	5.91*	2.07	0.27	0.51	0.00	0.34
M4 Custodial interference/ family abduction	3.72	2.40	0.41	0.00	0.27	0.00
P1 Gang or group assault	2.74	4.79	0.00	0.00	0.00	0.00
P2 Peer or sibling assault	53.76*	45.78	1.64	0.17	0.00	0.34
P3 Nonsexual genital assault	8.60	8.81	1.23	0.34	0.00	0.51
P4 Bullying	30.76*	17.57	2.47	1.37	0.00	0.17
P5 Emotional bullying	41.78	36.79	1.64	0.51	0.00	0.34
S1 Sexual assault by known adult	0.41	0.52	0.82	0.34	0.00	0.34
S2 Non-specific sexual assault	0.00	0.34	0.55	0.17	0.00	0.17
S3 Sexual assault by peer	2.06*	0.17	0.41	0.34	0.00	0.34
S4 Rape: Attempted or completed	0.55	0.69	0.68	0.34	0.00	0.51
S5 Flashing/ sexual exposure	3.32*	1.38	0.96	0.34	0.00	0.51

S6	Verbal sexual harassment	1.51	2.59	0.41	0.17	0.00	0.51
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Table F-1. Lifetime endorsement rates by screener item for proxy 9-year-old and self 10-year-old respondents (continued)

Screener Item	Lifetime Yes		Lifetime Not Sure		Lifetime Refused		
	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)	Proxy 9 Yr. Olds Rate (%)	Self 10 Yr. Olds Rate (%)	
W1	Witnessed domestic violence	9.86	7.76	1.23	0.34	0.14	0.34
W2	Witnessed sibling violence by parent	3.72	2.57	0.55	0.00	0.00	0.17
W3	Witnessed attack w/ weapon	9.37	12.74	2.05*	0.34	0.00	0.17
W4	Witnessed attack, no weapon	20.53	21.97	2.60*	0.86	0.00	0.17
W5	Theft from home	20.11*	15.89	0.55	0.68	0.00	0.17
W6	Murder of someone close to you	5.51	4.66	0.55	0.51	0.00	0.17
W8	Witnessed street violence	4.95*	7.75	0.41	0.34	0.00	0.17
W9	Witnessed war	0.41	1.03	0.14	0.17	0.00	0.17
EF1	Parent threat	8.13*	2.41	0.55	0.34	0.00	0.00
EF2	Parent argue & break	16.69*	6.20	1.51*	0.34	0.00	0.17
EF3	Parent push	14.15*	7.64	0.27*	1.20	0.00	0.17
EF4	Parent hit	10.73*	5.37	0.41	1.03	0.00	0.17
EF5	Parent beat	6.87*	1.38	0.27	0.34	0.00	0.17
EF6	Adult hit adult	5.91	4.45	0.27	0.00	0.00	0.00
SC1	School threat	3.17	3.60	0.55	0.17	0.00	0.00
SC2	School vandalism	7.91*	14.01	1.23	0.86	0.00	0.17
INT1	Internet harass.	0.55	1.20	0.00	0.00	0.14	0.00
INT2	Internet sex talk	0.28	1.03	0.14	0.17	0.27	0.51
	<b>Number</b>	<b>730</b>	<b>584</b>				

\*Significant difference based on chi-square test.

By contrast, the proxies reported at higher rates than the self-reporting youth did for 12 of the screeners. These higher endorsements are clearly connected to items that we would expect caregivers to have differential knowledge or memory about. For example, they include almost all the

parental violence items, which are quite personal to the proxy reports. They also included the household theft and the neglect items, which also involve situations that likely reflect privileged parental knowledge of situations. Neglect is also a phenomenon that is particularly common in early development that children might not remember as well as caregivers.

Very noteworthy is the fact that there was no apparent evidence of under-reporting by the caregivers for the sensitive and possibly embarrassing items that might make reference to their own or another parent's violent and neglectful behavior. If anything, they were more forthcoming than the children themselves.

The additional analyses in Table F-1 show very low rates of endorsement of “not sure” or refusing to answer a question, which, if higher, might also suggest possible signs of reluctance to disclose or lack of certain knowledge. There were 4 out of 57 items for which caregivers said “not sure” more often than youth. There were no significant differences for the refusals.

Overall, this analysis does not confirm the common concerns about proxy reporters. Caregivers did not systematically under-report rates or show signs of lack of knowledge. In particular, they did not seem to under-report the kinds of episodes that they might be embarrassed about or want to hide. The general equivalence of proxy and self-reports suggests that there are merits to obtaining proxy information.

## Statistical Consequences of ABS Designs

Here we provide some details on the statistical implications of the two-phase design for the NatSCEV application. The overall response rate, including both phases of sampling (the weighted response rate accounts for any subsampling at the second phase), depends on the Web push response rate and the face-to-face (FTF) response rate. Table F-2 gives overall response rates for varying Web and conditional FTF response rates. For the younger children with parent respondents, we might be able to obtain overall rates around 35 percent to 45 percent. These rates correspond to those in the middle of the table, with Web rates of 15 to 20 percent, and conditional FTF rates of 25 to 30 percent. If the survey obtains relatively low Web response rates, then it might be necessary to use both Web and mail to obtain response rates in the first phase in the 20 to 30 percent range. For the youth rates using the standard two-phase design, the overall rates are likely to be closer to 20 to 30 percent, and even these are probably optimistic. We discuss the statistical ramifications for optional designs A and B for youth later.

The table and discussion focus on response rates rather than nonresponse bias; the two are not always that correlated, as discussed earlier. An important empirical finding from several studies shows that a second mode of data collection following the Web push tends to increase the diversity of the respondents (Messer & Dillman, 2011). Thus, moving a first-phase-only response rate of, say, 20 percent to an overall response rate of 40 percent not only gives response rates that have greater face validity, it is also likely to substantially reduce nonresponse bias, which is the ultimate goal.

**Table F-2. Projected overall response rates for two-phase design (Web 1st phase and FTF 2nd phase)**

Web rate	Conditional FTF response rate			
	20%	25%	30%	40%
10%	28%	33%	37%	46%
15%	32%	36%	41%	49%
20%	36%	40%	44%	52%
30%	44%	48%	51%	58%

Next, we examine the effect of the two-phase design on sample yield or the sample yield ratio, defined as the ratio of a number of completed interviews to the number sampled in the first phase. This ratio is between zero and one. The inverse of this sample yield ratio is the number of addresses that need to be sampled to get one complete. For example, if the sample yield ratio is .25, then four cases need to be sampled to get one complete. Clearly, the subsampling rate for the second-phase sample plays a major role in the yield (as well as in the effective sample size and costs discussed below).

Table F-3 shows yield ratios for the same response rates (first phase and conditional second phase) shown in Table F-2 for four different subsampling rates (10%, 20%, 33%, and 50%). We would not recommend subsampling rates below 20 percent because of their other effects, but have included them in this and later tables for completeness.

The table shows that the yield is affected by response rates for both phases (Web and FTF), but the first-phase rates play a more critical role. For example, with a subsampling rate of 20 percent, the yield increases from 0.14 to 0.23 when the Web rate goes from 10 percent to 20 percent and the conditional second phase rate is 20 percent. Doubling the second phase rate from 20 percent to 40 percent but holding the first phase rate at 10 percent increases the yield only from 0.14 to 0.17. The effects of the Web rates on the yield rate are especially large when the subsampling rates are low.

The subsampling rates also affect the precision of the estimates because the second-phase completed cases (FTF) have weights that are larger than the first-phase completed cases by the inverse of the subsampling rate. Thus, with a 20 percent subsampling rate, the weights for the FTF cases are, on average, 5 times larger than the weights of the Web respondents. The design effect associated with the variation in the weights is approximated as an inflation factor compared to simple random sampling. In other words, if the design effect is two, then the variance is twice as large as it would be under equal probability sampling. This corresponds to an effective sample size that is half of what would be obtained without differential weights. The conditions for this approximation to be useful are very likely to hold in the two-phase sampling situation, so these computations are informative. The computed design effect does not account for clustering for the FTF interviewing. We will discuss this more later.

Table F-4 shows the approximate design effects due to the differential weights in a two-phase design with the same set of first- and second-phase response rates, with the subsampling rates ranging from 50 percent to 10 percent. The effects are relatively small when the subsampling rate is 50 percent, with a design effect of about 1.1. However, as the subsampling rate decreases, the design effects increase substantially and the sample is less precise. With a subsampling rate of 20 percent, the design effect is roughly 1.75. With a 10 percent subsampling rate, the design effect is nearly three (the effective sample size is one-third of the nominal sample size).

The other consequence of using a very low subsampling rate is that domain estimates become very unstable. For example, with a 10 percent subsampling rate, suppose an estimate for a domain is based on 20 completed cases with 2 from the FTF and 18 from the Web (close to the expected rates). Because the FTF cases have weights 10 times the weights of the Web cases, the 2 FTF cases would account for more of the domain estimate than the 18 Web cases. The estimate is very dependent on a few FTF cases, and this leads to great instability.

**Table F-3. Sample yield ratios for two-phase design (Web 1st phase and FTF 2nd phase)**

<b>Subsampling 10%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
10%	0.12	0.12	0.13	0.14
15%	0.17	0.17	0.18	0.18
20%	0.22	0.22	0.22	0.23
30%	0.31	0.32	0.32	0.33
<b>Subsampling 20%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
10%	0.14	0.15	0.15	0.17
15%	0.18	0.19	0.20	0.22
20%	0.23	0.24	0.25	0.26
30%	0.33	0.34	0.34	0.36
<b>Subsampling 33%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
10%	0.16	0.17	0.19	0.22
15%	0.21	0.22	0.23	0.26
20%	0.25	0.27	0.28	0.31
30%	0.35	0.36	0.37	0.39
<b>Subsampling 50%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
10%	0.19	0.21	0.24	0.28
15%	0.24	0.26	0.28	0.32
20%	0.28	0.30	0.32	0.36
30%	0.37	0.39	0.41	0.44

**Table F-4. Weighting design effects for two-phase design (Web 1st phase and FTF 2nd phase)**

<b>Subsampling 10%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>2.86</b>	<b>2.73</b>	<b>2.60</b>	<b>2.38</b>
<b>15%</b>	<b>3.02</b>	<b>2.96</b>	<b>2.89</b>	<b>2.72</b>
<b>20%</b>	<b>3.00</b>	<b>3.03</b>	<b>3.01</b>	<b>2.92</b>
<b>30%</b>	<b>2.76</b>	<b>2.88</b>	<b>2.96</b>	<b>3.02</b>
<b>Subsampling 20%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>1.73</b>	<b>1.68</b>	<b>1.63</b>	<b>1.54</b>
<b>15%</b>	<b>1.80</b>	<b>1.78</b>	<b>1.75</b>	<b>1.68</b>
<b>20%</b>	<b>1.79</b>	<b>1.80</b>	<b>1.79</b>	<b>1.76</b>
<b>30%</b>	<b>1.69</b>	<b>1.74</b>	<b>1.78</b>	<b>1.80</b>
<b>Subsampling 33%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>1.31</b>	<b>1.29</b>	<b>1.27</b>	<b>1.23</b>
<b>15%</b>	<b>1.34</b>	<b>1.33</b>	<b>1.32</b>	<b>1.29</b>
<b>20%</b>	<b>1.34</b>	<b>1.34</b>	<b>1.34</b>	<b>1.32</b>
<b>30%</b>	<b>1.30</b>	<b>1.32</b>	<b>1.33</b>	<b>1.34</b>

**Table F-4. Weighting design effects for two-phase design (Web 1st phase and FTF 2nd phase) (continued)**

<b>Subsampling 50%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>1.11</b>	<b>1.11</b>	<b>1.10</b>	<b>1.09</b>
<b>15%</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.11</b>
<b>20%</b>	<b>1.12</b>	<b>1.13</b>	<b>1.12</b>	<b>1.12</b>
<b>30%</b>	<b>1.11</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>

A cost model is needed to approximate the effect of the design on the overall cost of data collection. We assume the costs differ by mode and that the costs are a function of the number of cases fielded by mode. A simple model<sup>6</sup> to compute relative costs assumes the cost of each case fielded in the Web mode costs \$1 and the cost of each case fielded in the FTF mode costs \$ $k$ . Thus, the total cost is the number of Web cases fielded plus  $k$  times the number of FTF cases fielded. The number of FTF cases fielded can be computed by multiplying the Web cases fielded by the Web nonresponse rate and the subsampling rate. To account for the differential yields due to the varying response rates, we divide the total cost by the number of completed cases to get a cost per completed case. This is a relative cost per complete because the model assumes the FTF cost is  $k$  times the Web cost.

<sup>6</sup> A more complex model would include features of the second phase sample. For example, as more FTF interviews are introduced, more geographic clusters would be needed, implying a need for more interviewers and training. These features are difficult to include in a broad cost model but would be considered once the range of designs is more specified.

Table F-5 shows the relative costs per nominal completed case for the various design options. For this table, we assume the FTF case fielded is 10 times as costly as the Web ( $k=10$ ). Again, this cost ratio is an approximation. We refer to these as nominal because the denominator is the actual number of completed interviews that does not consider the design effect. The table shows the lowest cost for each fixed subsampling rate is for the cell with the highest response rates (bottom right cell) as expected. The Web response rate has a particularly large effect, with the cost dropping very substantially as the Web response rate increases. The main finding from the table is that the lowest cost for each Web/FTF response rate is the one with lowest subsampling rate, because the Web is the lower cost mode, so reducing the subsampling rate results in a higher percentage of the completed cases being done by Web. This result says that if the number of completes drives the design, then low subsampling rates are optimal.

Table F-6 is the same as Table F-5 except the effective sample size is used as the denominator rather than the nominal sample size. We believe this is a more relevant cost table as it shows the amount of statistical information gained for the cost. We again assume the FTF case fielded is 10 times as costly as the Web ( $k=10$ ). Table F-6 shows that the cost per effective case goes down as the response rates increase (as expected), but the overall effect is more nuanced. The lowest subsampling rate is never the best alternative for the response rates shown. When the Web response rate is low, the cost per effective completion is lowest when the subsampling rate is high. The 33 percent subsampling rate is the best for higher Web rates, although the 50 percent subsampling rate has a lower cost if the FTF conditional response rate is high. If the additional variance due to clustering is included and the cost ratio is higher than 10:1, it is likely that a subsampling rate of between 33 percent and 25 percent would be approximately optimal for the response rates expected in the parent interview. The details on this can be refined if this design is to be adopted.

**Table F-5. Relative cost per nominal completed case assuming FTF cost is 10 times Web cost\* for two-phase design (Web 1st phase and FTF 2nd phase)**

<b>Subsampling 10%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>16.10</b>	<b>15.51</b>	<b>14.96</b>	<b>13.97</b>
<b>15%</b>	<b>11.08</b>	<b>10.80</b>	<b>10.54</b>	<b>10.05</b>
<b>20%</b>	<b>8.33</b>	<b>8.18</b>	<b>8.04</b>	<b>7.76</b>
<b>30%</b>	<b>5.41</b>	<b>5.35</b>	<b>5.30</b>	<b>5.18</b>
<b>Subsampling 20%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>20.59</b>	<b>19.31</b>	<b>18.18</b>	<b>16.28</b>
<b>15%</b>	<b>14.67</b>	<b>14.03</b>	<b>13.43</b>	<b>12.39</b>
<b>20%</b>	<b>11.21</b>	<b>10.83</b>	<b>10.48</b>	<b>9.85</b>
<b>30%</b>	<b>7.32</b>	<b>7.16</b>	<b>7.02</b>	<b>6.74</b>

<b>Subsampling 33%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>24.91</b>	<b>22.78</b>	<b>20.99</b>	<b>18.14</b>
<b>15%</b>	<b>18.46</b>	<b>17.29</b>	<b>16.25</b>	<b>14.51</b>
<b>20%</b>	<b>14.40</b>	<b>13.68</b>	<b>13.04</b>	<b>11.91</b>
<b>30%</b>	<b>9.56</b>	<b>9.25</b>	<b>8.96</b>	<b>8.44</b>

<b>Subsampling 50%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>28.95</b>	<b>25.88</b>	<b>23.40</b>	<b>19.64</b>
<b>15%</b>	<b>22.34</b>	<b>20.49</b>	<b>18.92</b>	<b>16.41</b>
<b>20%</b>	<b>17.86</b>	<b>16.67</b>	<b>15.63</b>	<b>13.89</b>
<b>30%</b>	<b>12.16</b>	<b>11.61</b>	<b>11.11</b>	<b>10.23</b>

\*See text for description of the cost model assumed.

**Table F-6. Relative cost per effective completed case assuming FTF cost is 10 times Web cost\* for two-phase design (Web 1st phase and FTF 2nd phase)**

<b>Subsampling 10%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>46.05</b>	<b>42.27</b>	<b>38.86</b>	<b>33.22</b>
<b>15%</b>	<b>33.42</b>	<b>32.03</b>	<b>30.45</b>	<b>27.35</b>
<b>20%</b>	<b>25.00</b>	<b>24.75</b>	<b>24.17</b>	<b>22.63</b>
<b>30%</b>	<b>14.93</b>	<b>15.45</b>	<b>15.69</b>	<b>15.67</b>
<b>Subsampling 20%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>35.71</b>	<b>32.47</b>	<b>29.66</b>	<b>25.14</b>
<b>15%</b>	<b>26.37</b>	<b>24.91</b>	<b>23.46</b>	<b>20.80</b>
<b>20%</b>	<b>20.06</b>	<b>19.50</b>	<b>18.80</b>	<b>17.31</b>
<b>30%</b>	<b>12.40</b>	<b>12.50</b>	<b>12.46</b>	<b>12.13</b>
<b>Subsampling 33%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>32.68</b>	<b>29.39</b>	<b>26.63</b>	<b>22.34</b>
<b>15%</b>	<b>24.72</b>	<b>22.99</b>	<b>21.41</b>	<b>18.70</b>
<b>20%</b>	<b>19.23</b>	<b>18.34</b>	<b>17.43</b>	<b>15.75</b>
<b>30%</b>	<b>12.38</b>	<b>12.18</b>	<b>11.92</b>	<b>11.30</b>
<b>Subsampling 50%</b>				
	<b>Conditional FTF rate</b>			
<b>Web rate</b>	<b>20%</b>	<b>25%</b>	<b>30%</b>	<b>40%</b>
<b>10%</b>	<b>32.27</b>	<b>28.64</b>	<b>25.71</b>	<b>21.31</b>
<b>15%</b>	<b>25.12</b>	<b>22.97</b>	<b>21.12</b>	<b>18.15</b>
<b>20%</b>	<b>20.06</b>	<b>18.75</b>	<b>17.56</b>	<b>15.53</b>
<b>30%</b>	<b>13.48</b>	<b>12.96</b>	<b>12.46</b>	<b>11.50</b>

\*See text for description of the cost model assumed.

For youth self-reporting, the expected first-phase Web response rates are likely to be very low as discussed before and the optimal two-phase subsampling rates are high (50% for those shown in Table F-6) even after refining the cost and variance computations. The result is that the two-phase design is not very effective at reducing costs.

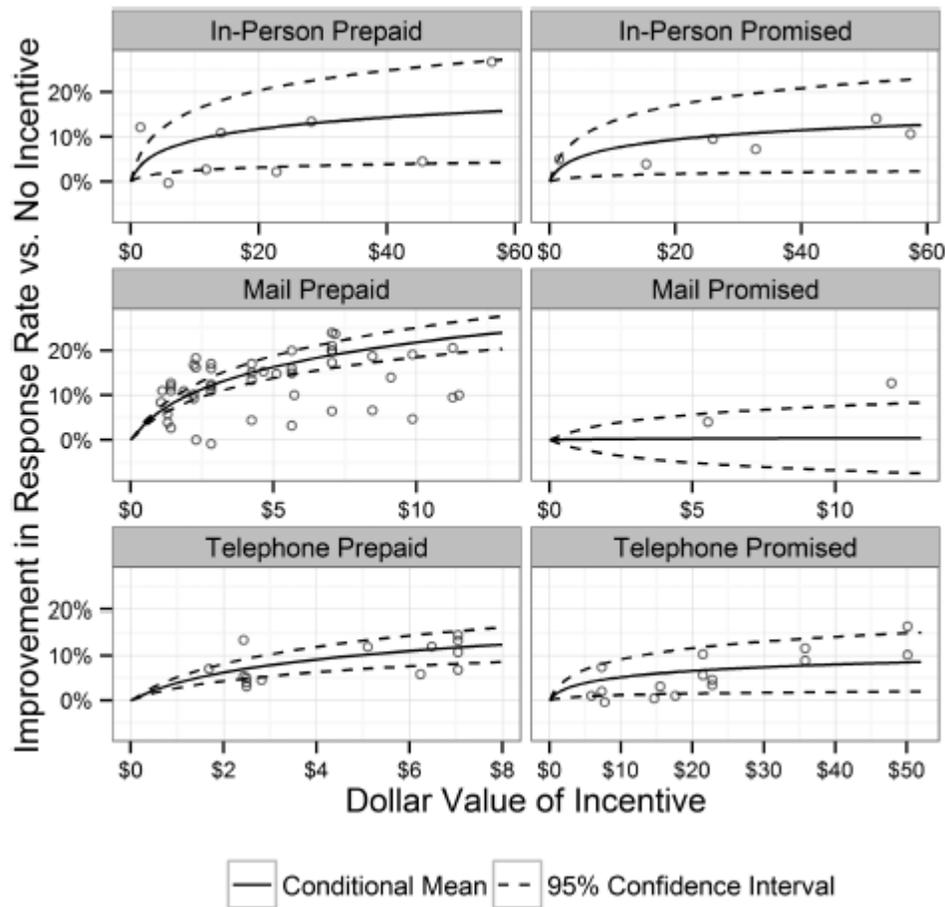
Option A and Option B make the two-phase design more attractive and reduce costs. With Option B, the optimal subsampling rates should be close to those of younger children because the Web response rate of parents should be similar to those of the younger children. Option A is more difficult to formulate statistically because the benefit of the parent reporting depends on the correlation between the parent and self-reports of the youth. If we assume this correlation is high (and it will likely vary depending on the type of incident), then we think it is likely that the two-phase design might be more effective and optimal subsampling rates might be between 50 percent and 33 percent. It is necessary to evaluate many of the assumptions presented here.

## Incentives in ABS

The primary method of increasing response rates for the Web is by the use of incentives. Other methods such as material design and number of attempts are important, but if best practices are followed for these design features, then incentives remain the best alternative to further increase the Web rates substantially.

The literature on the effects of incentives in mail, telephone, and FTF surveys is extensive and contains many experiments. Mercer et al. (2015) provide an excellent overview and include tables and graphs that show the effect of incentives on response rates by mode. Figure F-1 from their article gives a nice summary of the effects with the typical curve showing incentives have a substantial effect in increasing response rates, but those increases get smaller as the amount of the incentive gets larger. A shortcoming for using these data for NatSCEV is the lack of a graph where the Web is the mode as proposed above. Although several incentive experiments for Web data collection confirm that monetary incentives do generally increase response rates to Web surveys (Goritz, 2006), the approaches to Web data collection and incentives are still emerging, and not enough data exist yet to make more detailed conclusions about the relationship between incentive amount and change in response rate. We discuss one example of an incentive experiment in an ABS push-to Web survey below. Another shortcoming of the Mercer et al. meta-analysis is that, except for FTF, the incentive amounts given to respondents are relatively low. Even though the effect diminishes as the amount of the incentive increases, larger amounts might still show larger response rates. This conclusion is based on the relatively steep slope of the mail mode curve in Mercer et al.

**Figure F-1. Dose-response effect of incentives on response rate by survey mode and incentive delivery timing**



From Mercer et al. (2015)

In 2015 and 2016, Westat conducted a pilot test and a main study of the American National Election Studies (ANES) for the University of Michigan and Stanford University. The 2016 ANES had one component that was done FTF as has been done traditionally for this study. The FTF overall response rate was 51.5 percent for this survey done by CAPI/CASI (average interview length was about 1 hour). There was a separate component that was done by Web with a sample selected by ABS, as suggested for the NatSCEV. The overall response rate for this survey (with the same content and average length of the FTF survey) was 44.9 percent.

The high response for the Web ANES was largely due to the cash incentives offered to sampled households for doing the survey.<sup>7</sup> The pilot study examined a number of alternative methods of

<sup>7</sup> The FTF survey also had a large incentive.

offering incentives. Using the data from the pilot, the main study<sup>8</sup> provided a prepaid incentive to each household to respond to a Web screener (either \$10 or \$20 randomly allocated). The \$20 prepaid incentive had a screener response rate of 54.6 percent and the \$10 incentive was just under 3 percentage points lower (51.8%). An adult citizen was selected in the screener and asked to respond to the extended instrument (if it was the screener respondent, the person just continued with the interview and if it was a different adult, a package was sent to gain that sampled person's cooperation). The person sampled for the extended interview was offered \$40 to complete the interview (a postpaid incentive). As the election date grew nearer, the offer to the remaining nonrespondents was escalated to \$80 to complete the extended interview. Roughly two-thirds of the completed extended interviews were given the postpaid \$40 and the others got \$80. The percentage point difference in the response rate from using the \$20 prepaid incentive persisted in the extended interview (the overall screener and extended rate for the ones given \$20 was 46.9 percent compared to 44.5 percent for those given \$10).

The key result is that it is possible to achieve relatively high response rates when sampling from the ABS frame and pushing the respondents to the Web while providing substantial cash incentives. We believe the protocol of a prepaid incentive and a postpaid incentive is essential to achieve this goal. The prepaid incentive establishes trust and initial cooperation and provides a basis for respondents to believe the promise of the postpaid incentive. A \$10 or \$20 prepaid incentive in the NatSCEV may be problematic given that roughly two-thirds of the households will not have children. However, without some prepaid incentive, respondents are unlikely to go to the Web in sufficient numbers to even respond that they do not have children. Even a \$5 prepaid incentive might result in reasonable response rates.

Although the ANES provides evidence that there is a way to obtain good responses from adults, they only sampled people 18 years or older at the time of the election. The Mercer et al. graphs do not identify any incentive experiments with youth, and few experiments are available. Although they are in slightly different settings, some recent findings (Fidler, Mis et al., 2018; Oh et al., 2021) do show that monetary incentives appear to be effective at increasing participation in surveys of youth as well. Studies of college students have also found that even small monetary incentives can provide a significant boost in response rate compared to lottery incentives (Cantor et al., 2017). These results indicate that it is likely that the ANES results would apply to youth.

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<sup>8</sup> The total protocol included a varied series of contacts with the sampled households and persons, but that is not discussed here.

## Response Rates and Nonresponse Bias

As we have noted in the report, response rates alone are not very predictive of nonresponse bias. Several scholarly articles found this empirically beginning around 2000, with the culmination of this research being the meta-analysis by Groves and Peytcheva (2008). They found large within-study variation in nonresponse bias and consequently a very low correlation between response rates and nonresponse bias. Some researchers concluded this finding implies the response rate for a study is not important, even though Groves and Peytcheva do not endorse that position.

Brick and Tourangeau (2017) re-analyzed the Groves and Peytcheva (2008) data set and focused on the contribution of the between-study component of the variance associated with nonresponse bias. Figure F2 from their analysis shows there is an important effect at the study level, with a correlation of around 0.5. The implication of this re-analysis is that, although there is substantial within-study variation in nonresponse bias, the average nonresponse bias at the study level (mean of the nonresponse bias estimates over all the estimates computed for a study) decreases as the response rate goes up. The line in Figure F2 shows this relationship clearly. Brick and Tourangeau conclude that increasing response rates is a method for reducing nonresponse bias, but the effect on the nonresponse bias is likely to be diluted because of the large within-study variation.

Hedlin (2020) has an interesting simulation study that shows that most studies do not suffer from large nonresponse bias if the response rates are over 30 percent. He does point out exceptions, but his study provides a general guideline for when low response rates should be most troubling.

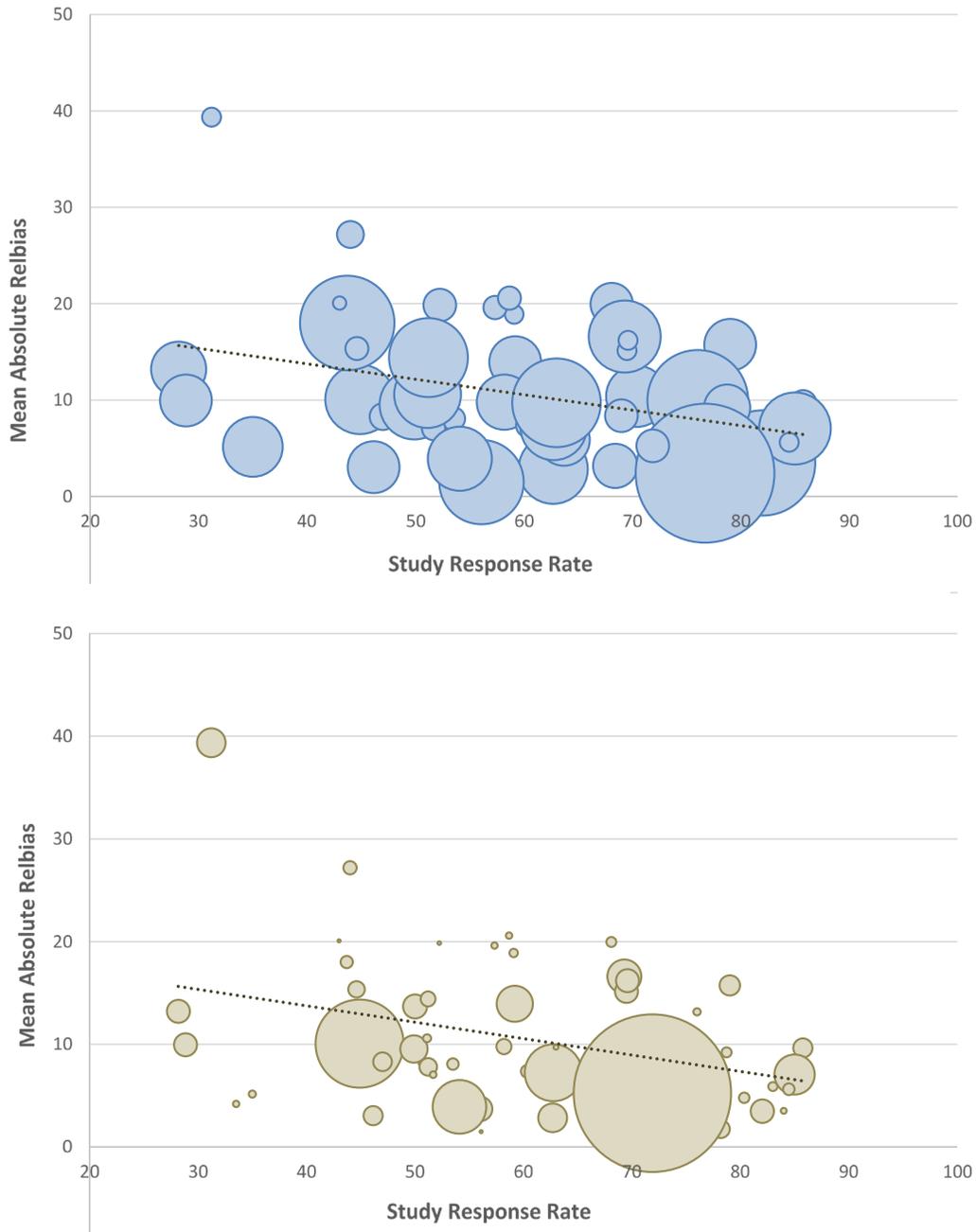
The relationship between response rate and nonresponse bias has also been examined for random digit dialing (RDD) surveys specifically (Dutwin & Buskirk, 2018). While the inclusion of cell phone samples in a dual frame design helped to mitigate rising nonresponse bias among RDD surveys, the overall trends seems to confirm that nonresponse bias in RDD surveys is rising as response rates continue to fall.

Balancing the potential nonresponse bias associated with response rates and the variance associated with sample size (corrected for design effects) is difficult for several reasons. Foremost, it is difficult to anticipate nonresponse biases and how they may be affected by response rates. Figure F-2 shows there is a relationship but that increasing the response rate slightly does not dramatically reduce average nonresponse bias. As a result, incorporating bias and variance into an overall measure such as the mean square error (MSE), which is the variance plus the bias squared, is not easily quantified.

Furthermore, Brick and Lepkowski (2006) show that the bias, which enters the MSE as a squared term, has a pernicious effect on inferences based on confidence intervals.

Our view is that efforts to obtain reasonable response rates are prudent, but small increases in the response rate are not likely to be very important to most studies and estimates. For example, we view the difference between a 10 percent and 30 percent response rate as potentially very important while the difference between a 30 percent and 35 percent response rate as being generally less important. Of course, there are situations where the latter difference can be very important to particular estimates. Brick and Tourangeau (2017) discuss this issue and provide some models to help guide practice. In many ways, the variance of the estimates, which largely depends on the sample size, is much easier to address. If the sample size is too small, the sample will be unable to provide estimates for key estimates irrespective of the bias of the estimates. In essence, the sample size must be large enough to support the key estimation goals, and only then do the effects of bias due to nonresponse become important to consider.

Figure F-2. Mean absolute relbias by study response rate (Brick and Tourangeau, 2017)



**Figure 1.** Bubble plots of the mean absolute relbias of the estimates against the study’s response rate. In the top figure, the bubble sizes are proportional to the number of bias estimates from the study. In the bottom figure, they are proportional to the average sample size for the estimates from the study. The dashed lines are the regression lines for the response rate-mean relbias relationship. The regressions were weighted by the number of estimates (top figure) and average sample size (bottom figure).

## Methods for Maximizing Response Rates

The study design incorporates a number of features to maximize response rates:

- **Total Design Method/Respondent-Friendly Design.** The approach combines the attributes of the least expensive and best methods available, beginning with the least labor-intensive Web mode to the mail mode that requires more costs. While this places an emphasis on utilization of resources, these procedures create a respondent-friendly approach that uses design attributes, a scheduled sequence of contacts, and survey mode to motivate and encourage survey participation. Surveys that take advantage of respondent-friendly design have demonstrated increases in survey response (Dillman, Sinclair, and Clark, 1993; Dillman, Smyth, and Christian, 2008).
- **Engaging Respondent Interest and Cooperation.** The content of respondent letters and frequently asked questions (FAQs) will communicate the legitimacy and importance of the study.
- **Nonresponse Follow-up.** The data collection protocol includes several stages of nonresponse follow-up. Sampled households that do not respond to the push-to-Web prompts will be provided with a hard-copy questionnaire in the final mailing in order to ensure that all have access to participate in the study. Parents will be sent an embedded mailing so that they may directly encourage youth to participate. Youth who do not respond will be sent additional embedded mailings through their parent to participate in the interview.

## References

- Brick, J.M., and Lepkowski, J.M. (2006). Multiple mode and frame telephone surveys. *Advances in Telephone Survey Methodology*, 49-169.
- Brick, J.M., and Tourangeau, R. (2017). Responsive survey designs for reducing nonresponse bias, *Journal of Official Statistics*, 33(3), 735-752.
- Cantor, D. & Townsend, R. (2017) How Much Does a Promise of a \$5 Gift Card Buy for a Web Survey of College Students? Probably More Than You Think. *Presented at the 72<sup>nd</sup> Annual Conference of the American Association for Public Opinion Research*. New Orleans, LA.
- Dillman, D.A., Sinclair, M.D., and Clark, J.R. (1993). Effects of questionnaire length, respondent-friendly design, and difficult questions on response rates for occupant-addressed Census mail surveys. *Public Opinion Quarterly*, 57, 289-304.
- Dillman, D.A., Smyth, J.D., and Christian, L.M. (2008). *Internet, mail, and mixed mode surveys: The Tailored Design Method*. New York: Wiley.
- Dutwin, D. and Buskirk, T.D. (2018) “Telephone Sample Surveys: Dearly Beloved or Nearly Departed? Trends in Survey Errors in the Era of Declining Response Rates.” *Journal of Survey Statistics and Methodology*, 0, 1-28.
- Görizt, A. S. (2006). Incentives in web studies: Methodological issues and a review. *International Journal of Internet Science*, 1(1), 58-70.
- Groves, R.M., and Peytcheva, E. (2008). The impact of nonresponse rates on nonresponse bias a meta-analysis. *Public Opinion Quarterly*, 7, 167-189.
- Hedlin, D. (2020). Is there a ‘safe area’ where the nonresponse rate has only a modest effect on bias despite non-ignorable nonresponse?, *International Statistical Review*, 88, 642-657.
- Mercer, A., Caporaso, A., Candor, D., and Townsend R. (2015). Monetary incentives and response rates in household surveys. *Public Opinion Quarterly* 79, 105-129.
- Messer, B.L., and Dillman, D.A. (2011). Surveying the general public over the internet using address-based sampling and mail contact procedures. *Public Opinion Quarterly*, 75, 429-457.
- Mis, N. F., Kennedy, K., Fewtrell, M., Campoy, C., & Koletzko, B. (2018). Role of Incentives in Long-term Nutritional and Growth Studies in Children. *Journal of pediatric gastroenterology and nutrition*, 67(6), 767-772.
- Oh, A. Y., Caporaso, A., Davis, T., Dwyer, L. A., Nebeling, L. C., Liu, B., & Hennessy, E. (2021). Effect of Incentive Amount on US Adolescents’ Participation in an Accelerometer Data Collection Component of a National Survey. *Field Methods*. url: <https://journals.sagepub.com/doi/pdf/10.1177/1525822X21989841>