



The author(s) shown below used Federal funding provided by the U.S. Department of Justice to prepare the following resource:

Document Title: Effective Methods to Access Exposure to Violence and Victimization Among American Indian and Alaska Native Youth: The Tribal Youth Victimization Study

Author(s): Ada Pecos Melton, Michelle Chino, Rita Martinez, Christine Duclos

Document Number: 303418

Date Received: November 2021

Award Number: 2014-MU-MU-K001

This resource has not been published by the U.S. Department of Justice. This resource is being made publicly available through the Office of Justice Programs' National Criminal Justice Reference Service.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

December 30, 2019

**Effective Methods to Access Exposure to Violence and
Victimization Among American Indian and Alaska Native Youth:
*The Tribal Youth Victimization Study***

Final Research Report

Prepared for

Christine Crossland, Project Director
National Institute of Justice
Office of Research & Evaluation
810 Seventh Street, NW, Office 6135
Washington, DC 20531 (Overnight 20001)
Tel. (202) 616-5166 | USDOJ Mobile (202) 532-3436
Email: christine.crossland@usdoj.gov

Laurie Bright, Program Manager
U.S. Department of Justice
Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531
Email: Laurie.Bright@usdoj.gov

Prepared by

Ada Pecos Melton, Michelle Chino, Rita Martinez, Christine Duclos
American Indian Development Associates, LLC
2401 12th St., NW, # 205-207n
Albuquerque, NM 87104

Award Number: 2014-MU-MU-K001

Effective Methods to Access Exposure to Violence and Victimization Among American Indian and Alaska Native Youth: The Tribal Youth Victimization Study

Abstract

Purpose: Violence and victimization compromise the wellbeing of American Indian (AI) and Alaska Native (AN) youth; however, there is limited information regarding the nature and scope of these issues. This data lack has implications for justice, social services, and public health policy and practice. To address this need, the American Indian Development Associates, LLC was funded by the National Institute of Justice to develop, implement, and pilot test a survey and protocol for collecting prevalence violence and victimization data of AI and AN youth and young adults to inform a future national effort. The primary study components were to: 1) Develop and test a self-report survey instrument, 2) Assess modes of survey implementation, and 3) Test options for survey provision by considering ethical and practical issues for AI and AN youth who participate.

Methods: The research established clear definitions of the constructs of interest through literature review and stakeholder input, formulated appropriate measures in a self-report survey tool, and tested the reliability and validity of the tool at multiple levels through stakeholder review and assessments. Cognitive testing (CT) included 33 participants age 12 -20 at two urban sites, and Pilot testing (PT) included 359 participants age 13-20 at three sites: two urban and one reservation. During PT, the effect of incentive awareness was tested. CT data were analyzed with standard qualitative analysis methods, while the PT data assessments used a mixed methods approach of qualitative interviewing and quantitative descriptive and factor analyses to test measure structural issues such as validity and reliability and process indicators.

Results: The developed survey instrument and protocol appear to be effective at collecting self-report prevalence data. Invaluable assets for the study administration were the partnerships cultivated throughout the study period. Using the two-parent permission institutional review board (IRB) requirement for more than minor risk studies was noted as a burden to potential participants and hindered recruitment efforts. This, combined with the low utilization of the distress protocol, suggests the study could have been categorized as low risk and used a one parent permission rule. For survey administration the use of a computerized mode with the option of audio was the best choice and is recommended. Factor analyses supported the decisions and inclusions of specific measures, with only a few question deletions or stem question clarifications. The reliability assessment indicated that all tested domains met moderate to high reliability except the “perpetrating sexual violence” domain due to a small number of positive responses. The paradata analysis showed an average time for survey completion of 28 minutes and a maximum time of 59 minutes for the few with extensive victimization histories. Most of the respondents (71.7%) found the survey very easy or mostly easy. Less than 3% stated that the survey was very difficult or mostly difficult. The prior knowledge of the incentive affected faster time to site enrollment completion. When asked respondents’ motivation for participating, 32.3% indicated: to help other youth, 28.8% mentioned cash, 24.0% for curiosity, and 15% not sure.

Conclusions: The project unfolded through four phases with time for planning, testing, and re-evaluation of focus and methods. The payoff for a large investment in research and development was a lack of unexpected results and confirmation of the initial assumptions and expertise of the research team. Even so, there are a few key issues and lessons learned that have implications for a large-scale study of violence and victimization among AI and AN youth. The end products will

help fill critical knowledge gaps and permit comparisons with other U.S. populations of youth and young adults and across AI and AN communities on a future national scale.

Keywords: American Indian and Alaska Native youth, violence, victimization, survey methodology, cognitive testing, pilot testing

Effective Methods to Access Exposure to Violence and Victimization Among American Indian and Alaska Native Youth: The Tribal Youth Victimization Study

Table of Contents

| | |
|---|------------|
| Abstract | i |
| Table of Contents | iii |
| List of Tables and Figures | iv |
| Executive Summary | vi |
| Research Design | vi |
| Main Findings..... | ix |
| Conclusions | xii |
| Introduction | 1 |
| Problem Statement..... | 1 |
| Literature Review | 1 |
| Rationale for the Research..... | 14 |
| Methods | 16 |
| Foundational Development Approaches | 16 |
| Survey Development | 18 |
| Construct Development | 20 |
| Question Development | 21 |
| Mode Considerations..... | 22 |
| Remuneration Considerations | 23 |
| Incentives Testing..... | 25 |
| Site Development | 26 |
| Site Documentation | 27 |
| Cognitive Testing | 28 |
| Cognitive Testing Study Sites and Participants..... | 29 |
| Cognitive Testing Materials | 29 |
| Outreach and Recruitment..... | 30 |
| Field Interviewer Training..... | 30 |
| Cognitive Testing Interviews | 31 |
| Cognitive Testing Findings | 31 |
| Conclusion..... | 33 |
| Pilot Testing | 33 |
| Sampling and Recruitment | 35 |
| Protection of Human Subjects | 37 |
| Data Collection and Analysis | 41 |
| Pilot Test Results | 53 |
| Pilot Test Respondent Characteristics | 53 |
| Validity Assessment | 53 |
| Reliability Assessment | 63 |
| Mode Findings..... | 73 |

| | |
|--|------------|
| Remuneration Findings | 76 |
| Implementation and Procedural Findings..... | 77 |
| Survey Revisions | 82 |
| Study Conclusions | 86 |
| Respondent Population..... | 86 |
| Site Logistics | 86 |
| Consent..... | 87 |
| Survey Content..... | 87 |
| Survey Administration..... | 87 |
| Remuneration | 87 |
| Implications for a Future National Study and Further Research..... | 87 |
| Recommendations for a National Level Study..... | 91 |
| Conclusion..... | 93 |
| References | 94 |
| Appendix A. Revised TYVS Survey Instrument | 107 |

List of Tables and Figures

Tables

| | |
|--|----|
| Table 1. TYVS Content Matrix | 19 |
| Table 2. Cognitive Model of Question-Response | 28 |
| Table 3. CT Sites and Participants | 29 |
| Table 4. Sections and Questions in the CT Protocol..... | 30 |
| Table 5. Questionnaire Revision Procedures..... | 32 |
| Table 6. TYVS Pilot Survey Contents | 33 |
| Table 7. Site by Mode and Incentive Testing..... | 35 |
| Table 8. TYVS Survey, Domains, Type, and Questions..... | 43 |
| Table 9. TYVS Survey Constructs | 44 |
| Table 10. Domain 1: Exposure to Violence and Victimization..... | 45 |
| Table 11. Domain 2. Experience of Violence and/or Victimization | 45 |
| Table 12. Domain 3. Perpetrating Violence and/or Victimization..... | 47 |
| Table 13. Domain 4. Respondent Attributes | 48 |
| Table 14. Domain 5. Social Environment Risk and Protective Factors | 49 |
| Table 15. Domain 6. Respondent Behavioral Risk and Protective Factors..... | 49 |
| Table 16. Domain 7. Emotional and Behavioral Response Factors | 50 |
| Table 17. Measurement Scales | 51 |
| Table 18. Standard Effect Size Chart | 53 |
| Table 19. Pilot Test Respondent Demographics by Site | 53 |
| Table 20. Exposure to Violence Reliability Results..... | 63 |
| Table 21. Physical Violence Victimization Reliability Results | 64 |
| Table 22. Sexual Violence Victimization Results..... | 64 |
| Table 23. Psychosocial Violence Reliability Results..... | 65 |
| Table 24. Perpetrate Physical Violence..... | 66 |
| Table 25. Sexual Violence..... | 66 |

| | |
|---|----|
| Table 26. Perpetrate Psychosocial Violence | 66 |
| Table 27. Environmental Risk Factors | 67 |
| Table 28. Environmental Protective Factors | 68 |
| Table 29. Having People Who Care | 68 |
| Table 30. Respondent Risk Behaviors..... | 68 |
| Table 31. Response to Victimization Indicators..... | 69 |
| Table 32. Participant Feedback | 70 |
| Table 33. Mode Strengths and Limitations Assessment | 73 |
| Table 34. Non-Computerized Modes Cost Estimates | 75 |
| Table 35. Survey Questions Revisions Following Pilot Testing..... | 83 |

Figures

| | |
|---|----|
| Figure 1. Project Structure..... | 16 |
| Figure 2. TYVS Informed Consent Process | 39 |
| Figure 3. TYVS Distress Protocol..... | 41 |
| Figure 4. TYVS Measurement Hierarchy | 43 |
| Figure 5. Exposure to Violence Full Model | 55 |
| Figure 6. Exposure to Violence Modified Model..... | 56 |
| Figure 7. Exposure to Violence Modified Model..... | 56 |
| Figure 8. Physical Violence Victimization Model | 57 |
| Figure 9. Full Sexual Violence Model | 58 |
| Figure 10. Sexual Violence Modified Model | 58 |
| Figure 11. Psychosocial Victimization Model | 59 |
| Figure 12. Perpetrating Violence Modified Model | 60 |
| Figure 13. Protective Environment Model | 60 |
| Figure 14. Risk Environment Model | 61 |
| Figure 15. Risk Behavior Model | 62 |
| Figure 16. Emotional Response Indicators Model | 62 |
| Figure 17. Behavioral Response Indicators Model | 63 |
| Figure 18. Motivation for Survey Participation | 71 |
| Figure 19. Participant Suggestions for Survey Incentives..... | 72 |

Effective Methods to Access Exposure to Violence and Victimization Among American Indian and Alaska Native Youth: The Tribal Youth Victimization Study

Executive Summary

The health and safety of American Indian (AI) and Alaska Native (AN) youth are at the heart of the U.S. government's trust responsibility to Native people. Violence and victimization compromise both the current and future wellbeing of AI and AN youth, their families, communities, and tribes. Despite several decades of focused research on youth violence among mainstream populations, however, there is limited information regarding the nature and scope of these issues for AI and AN youth. The lack of current, reliable data has implications for justice, social services, and public health policy and practice. A culturally responsive and tested process for understanding the realities of violence and victimization among AI and AN youth is a critical need by tribes and by federal research entities.

To address this need, the American Indian Development Associates, LLC (AIDA) was funded by the National Institute of Justice (NIJ) to develop, implement, and pilot test a survey and methods for collecting prevalence data on violence and victimization experienced by AI and AN youth and young adults, and to determine the feasibility of using these procedures in tribal settings. The overarching goal of this methodological study was to inform the design of a national level effort to provide tested measures of violence and victimization for this population. There were three primary components of the study:

1. Develop and test a survey instrument designed to collect self-report data from AI and AN youth and young adults living in diverse settings.
2. Assess multiple modes of survey implementation to determine an optimal design that would yield quality data at a relatively reasonable cost.
3. Test options for providing remuneration (incentives and/or compensation) to survey participants by considering ethical and practical issues for AI and AN youth who participate in research.

An essential axiom for this project was the alignment of Western and Indigenous methodologies to design a process for measurement that would document unique situations for tribal youth and young adults as well as identify issues that AI and AN youth may have in common with their peers across the country. The research team included expertise in youth violence and victimization and survey methodologists from both criminal justice and public health perspectives. The indigenous make-up of the research team and a Tribal Advisory Group (TAG) further ensured that tribal knowledge, expertise, and culturally appropriate perspectives were at the core of the resulting methods.

Research Design

The purpose of methodological research is to develop, validate, test, and evaluate survey research instruments and methods. The research design process for this study included establishing clear definitions of the constructs of import, formulating appropriate measures, developing effective instruments, and testing the reliability and validity of the tool at multiple levels. Underlying every step was requisite knowledge of AI and AN people and seeing the issues through a Native lens.

Foundational Development

A firm foundation for the project was an essential first step. This required a skilled research team and a strong network of partners and liaisons. Research with tribes, tribal communities and citizens is never completed in isolation. The ongoing involvement of tribal

leaders is essential as is the respectful engagement of tribal programs, people and entities that serve AI and AN populations. Tribal approvals and regulatory mechanisms serve to protect tribal communities and ensure that outside researchers are informed and respectful of the historical, cultural, social, economic and environmental factors that make up the complex tribal context. Whether tribes are asked to participate in internal or external studies, research in tribal communities requires active and meaningful involvement and input from tribal leaders, citizens, and other stakeholders (Martinez, 2016). Tribal engagement protocols guided initial outreach and subsequent formal contact through introductory letters and meetings to secure approvals from tribes and the more than 28 organizations and partners that would contribute to the project.

Survey Development

Survey design began with a literature review to identify similar studies and relevant factors, concepts, and constructs that influence youth and young adult experiences with violence and victimization, and those specifically with AI and AN youth and young adults. The review led to the development of a content matrix to organize and consider myriad issues. The content ranged from exposure to violence, multiple forms of victimization, and the types of violence perpetrated by youth and young adults. A key issue was deciding on the trade-off between breadth of information rather than depth of experience. Given the limitations of administration time and the array of possible associated factors it was decided the survey would have a broader scope. Survey constructs crossed seven conceptual domains:

- Exposure to violence: being a witness to an act of violence and/or personal knowledge of a violent act experienced by a close friend or family member.
- Violent victimization: personal experiences as a victim of violence including cyber (online) threats, direct threats, and direct acts experienced by the participant.
- Perpetrating violence: personal experiences as a perpetrator of violence including cyber (online) threats, direct threats, and direct acts committed upon others.
- Individual attributes: characteristics of the individual that may either be protective or may increase risk for violence and victimization
- Environmental context: characteristics of the environment that may either be protective or may increase risk for violence and victimization
- Risk Behaviors: behaviors of the individual that may either be protective or may increase risk for violence and victimization
- Correlates: factors associated with experiences of violence and victimization, which may positively or negatively affect an individual physically or emotionally.

A total of 48 published survey instruments with more than 2,000 published questions were reviewed and aligned with the key constructs to identify gaps and redundancies with the selected domains. Some questions were considered for use verbatim to maintain fidelity to the original question while others were modified to increase their relevance to the study. A preliminary Tribal Youth Victimization Study (TYVS) draft survey was sent out to study partners, national experts, and the TAG for peer review. Review comments and suggestions were incorporated into a revised draft for cognitive testing.

Mode Development

After extensive review of all options, three variations of a computerized mode were selected. First is Computer Assisted Self Interviewing (CASI) where the respondent or

participant (these terms are used interchangeably throughout the report) uses a computer to read and respond to survey questions. The second variation is Audio Computer Assisted Self Interviewing (ACASI) where the respondent uses headphones to listen to the questions while they read and then respond. The third variation is Computer-assisted Personal Interviewing (CAPI) where an interviewer uses a computer to ask the questions and record the answers. A paper and pencil mode was eliminated early as an option due to the associated costs of data management and concerns about literacy and respondent privacy. With a computerized mode, data collection, data entry, and simple data analysis occurs simultaneously with ready download into statistical analysis software. The computerized mode significantly decreased the amount of time required to process, analyze, and report the results. Computerization of the questionnaire was subcontracted out to Qualtrics^{XM} (<https://www.qualtrics.com>) a professional survey development company.

Incentives Development

The issue of remuneration was surprisingly contentious. The funding agency was concerned that, because AI and AN youth are a minority population and potentially vulnerable, any type of remuneration would be coercive. The research team and the tribal partners asserted that youth should be provided with an incentive/compensation but in an appropriate amount and type depending on their age. After discussions with NIJ it was decided that \$30 would be provided as compensation for cognitive testing (CT) and \$20 for pilot testing (PT) participants. For younger PT participants the amount would be given in school supplies. For those 16 years of age and older the amount would be in a gift card. The project, however, was charged with assessing the influence of an incentive on participation. Three variations were tested; recruitment procedures and materials would differ by study site. One site would not mention an incentive, the second would mention the incentive but not the amount, and the third site would mention both the incentive and the amount. In addition, three survey questions were added at the end of all CT and PT interviews to gain participants' perspectives on incentives.

Cognitive Testing

The primary goal of cognitive testing was to minimize measurement error resulting from questions and vocabulary that are misunderstood, miscommunicated, biased in structure or overly complex. CT was guided by institutional review board (IRB) approved TYVS CT recruitment materials and protocols. The testing was conducted at two urban sites with 33 total participants 12 to 20 years of age. The results of the cognitive interviews led to removal of 12-year-olds from the study and modifications to some survey items and construction. Despite the sensitive nature of the questions, CT participants continually noted that these were very important questions to ask.

Pilot Testing

The primary purpose of the PT was to fully test and evaluate the process of tribal engagement in the research, recruitment strategies, administration mode(s) of the survey, and provide data to analyze question metrics. PT was conducted at three sites—two urban sites with large populations of AIs and ANs and one tribal community. A total of 359 valid surveys was completed by self-identified AI and AN youth and young adults between 13 and 20 years of age. Participants were recruited by age groups: 13-14 years, 15-17 years, and 18-20 years and by gender to ensure male and female participants in each age group, at each test site.

Analysis of the PT data included a thorough evaluation of the process, the paradata, and the survey data. Paradata included information on mode administration, timing of survey administration, possible measurement errors, and editing failures. The analysis provided insight into field site differences and for guiding structural recommendations for a future study. The primary focus of the TYVS survey data analyses assessed the validity, accuracy, and reliability of the items asked. In addition, the data were analyzed using both descriptive and inferential techniques to closely examine the findings and test the potential for numerous analytical techniques. Based on these results, the TYVS survey was adjusted to its final form.

Main Findings

Based on the experiences and achievements of the TYVS, the methodology and survey instrument that were developed appear to be effective at collecting self-report prevalence data on the AI and AN youth and young adult violence victimization experience. Measurement considerations and analysis of the TYVS data were limited to structural issues. The actual data collected were for testing purposes and will remain confidential. Therefore, effect size rather than statistical significance was used as the basis for understanding the analytical implications of the analysis.

Respondent Population

The final PT sample included 359 completed interviews with n=182 (52%) respondents self-identified as female, and n=169 (48%) respondents self-identified as male. Seven (7) participants self-identified as transgender or gender non-conforming and one participant did not respond to the gender question. Participants tended to be older with an average age of 17 years. This may have been due in part to certain recruitment locations and to the IRB requirement to obtain two-parent or guardian signatures on permission forms. Half of all respondents indicated they live on tribal lands (52.6%), one third (34.5%) lived off tribal lands, and a little over one tenth (12.5 %) indicated they regularly live part of their time in a tribal setting and part of their time living in a non-tribal setting. The respondent sample was originally set for ages 12 through 20 years because violence can be a part of life for children of all ages. However, it became clear through the testing phases that 12-year-olds struggled with the concepts, the process, and articulating their experiences. Feedback from the research team, the field staff, and the respondents themselves suggested that high school age and older participants would be a more effective age group for this study.

Site Logistics

The most valuable asset for the study sites were the partnerships cultivated before, during, and after the study period. Recruiting school age children and youth is very different from recruiting adults. To recruit in non-school settings where youth congregate required local knowledge of programs such as local youth clubs. More importantly, a trusted liaison, such as the local Site Coordinator, who was known and trusted by the local youth programs was pivotal to recruitment efforts. Even in urban settings, organizational relationships were essential to opening lines of communication among AI and AN people, particularly regarding research.

Recruitment and Consent

The two-parent permission requirement was at the direction of the project IRB of record. The rationale was an eventual determination of greater than minimal risk despite earlier support

by the IRB for not greater than minimal risk. The pilot test confirmed the research team's assertion that the prevalence of two-parent homes is lower among AI and AN households compared to other populations. Addressing this requirement was noted as a burden by potential participants and parents and hindered recruitment efforts. Extensive distress protocols were implemented to ensure safety and support for any participant who experienced any level of distress. The PT revealed that participant distress was minimal and that distress protocols were appropriate and effective. It is hoped that the results of the testing will provide support for a not greater than minimal risk determination from future IRB reviews and/or removal of the two-parent permission requirement.

Survey Content

The project tested the content through multiple means including multiple peer reviews and cognitive testing. At every step the research team had to weigh the trade-offs between breadth and depth of information to keep the survey at a reasonable length and still effectively measure key issues. Based on the findings, the research team is confident that the important issues were included with one exception. The importance of understanding resilience and the impact of culture is well known but these protective factors were not sufficiently reflected in the survey. Feedback from tribal partners and new research reiterated the importance of an understanding of how young AI and AN not only cope with adversity but thrive. In retrospect, a few more pointed questions will be an important addition to the final version of the survey.

Validity

TYVS survey instrument validity was assessed in three different ways: face validity, content validity and construct validity. The assessment of face validity was an ongoing process during instrument development. Decision-making relied on expert feedback from project researchers, associates, and Federal partners. Of particular importance was the feedback obtained through the CT process. Content validity was assessed through a thorough review of the literature and multiple levels of peer review and CT. Construct validity was assessed using factor analysis. The data resulting from the PT for all three sites were tested for dimensional consistency and variability.

The results of the factor analysis, with few exceptions, supported the decisions and inclusions of specific measures in that they appear to measure what was intended. Several items did not load/fit into construct assumptions. For example, in the emotional stress response domain, the stress response of feeling "fidgety or restless" did not load at all. This result may indicate feeling "restless" may not be an artifact of being victimized. This was confirmed when all Post Traumatic Stress Disorder symptoms did load as one factor. Additionally, the analyses highlighted several areas where clarifications were needed in the question wording. For example, in the violence experience domain, a question was included that asked if the respondent was "robbed." This item did not load with the other violence indicators suggesting that a clarification in the question is needed which further defines being robbed with "force or violence."

Reliability

The reliability assessment indicated that almost all tested domains met moderate to high reliability or internal consistency (Cronbach's alpha) and across sites and age groups. Only the perpetrating sexual violence domain of questions was found with a low alpha of 0.488 due to the very small number of positive responses. The pilot test results were also consistent with the

cognitive testing results. However, true test-retest of reliability was not feasible within the project parameters.

Paradata

Three sources of paradata contributed to the analysis: respondent characteristics, survey-specific data, and respondent input regarding the survey process. Despite some technical difficulties, the available data indicated that the average time for survey completion was 28 minutes with a standard deviation of 11 minutes. This number is based on a subsample of the data but is supported by estimates provided by Field Interviewers. The maximum time was estimated at 59 minutes, which, according to Field Interviewers, was the time taken by several respondents who appeared to have extensive histories of violent victimization.

After completing the survey, pilot test respondents were asked seven (7) questions about their experience taking the survey. Of interest were responses to the question: How truthful were you in answering the questions in the survey? The research team has used this question in other studies among AI and AN youth and found it to be a good indicator of respondent honesty. Fewer than 10% of respondents indicated they were only partially truthful in their responses with less than 1% saying they were not truthful at all. Regression analysis indicated that there was no statistical relationship between age and truthfulness. A second question asked Did you find the survey easy or difficult to answer? Most of the respondents (71.7%) found the survey very easy or mostly easy. Less than 3% stated that the survey was very difficult or mostly difficult.

Survey Administration/Mode

The findings of the study support the use of a computerized process for the survey mode. Having the field interviewer ask the first few questions builds rapport and demonstrates to the participant how to use the devices. Then when turning over the device for the remainder of the questions, give respondents the option of audio in addition to reading the questions. Use of a tablet, as opposed to a laptop computer, was not only the preferred device of respondents it is also more cost effective and easy to program.

Remuneration

Remuneration in an appropriate amount is both ethical and respectful of the time and input of a research participant. While the sites that did not advertise an incentive lagged in recruitment, it did not significantly impede the process. Not only should remuneration be provided, it can offer a teachable moment for young people regarding the value of their time and their contributions to their communities and to research. An accurate assessment of the effect of incentives was not possible for two reasons. First, the data collection for both the CT and PT timeframes were truncated because of the prolonged time it took the funding agency to provide approvals. Second were unanticipated problems at some of the sites due to changes in location and personnel issues that led to delays in recruitment for both the CT and PT components. Despite these issues all three sites were able to come close to or meet their enrollment goals.

The only aspect of recruitment that appears to have been influenced by varying knowledge of an incentive was the time to enrollment. Recruitment lagged at the site where there was no mention of an incentive. However, each site ultimately approximated their recruitment goals. While about a fourth of participants indicated the incentive was a motivating force, most cited other motivations including curiosity and the desire to help Native people. While the incentives were certainly welcome, and a useful recruitment tool, ultimately, the most effective

recruitment strategy from the participants' perspective was partnering with youth programs that helped recruit. That said, project partners, TAG members and the research team agreed that compensation in AI and AN research is important. Most indigenous cultures see "restoring the balance" as important – "giving of time should be rewarded and respected" as one interviewee stated.

Conclusions

In conclusion, the TYVS provided information about accurate and cost-effective tools and measures for gathering national level baseline data. At every step of this study was the knowledge that each decision would impact not only the findings, but also the lives of AI and AN youth and young adults. Data obtained using these piloted methods will fill critical knowledge gaps and permit comparisons with other U.S. populations of youth and young adults and across AI and AN tribes and communities. The findings and the lessons learned through this research make it clear that any future youth violence research must be grounded in a culturally resonant framework.

Effective Methods to Access Exposure to Violence and Victimization Among American Indian and Alaska Native Youth: The Tribal Youth Victimization Study

Introduction

Problem Statement

Youth today face an enormous burden of violence and victimization that compromises their current and future health and wellbeing. Despite several decades of focused research on youth violence and victimization, there is a dearth of information regarding the nature and scope of these issues for American Indian (AI) and Alaska Native (AN) youth, particularly among those living on tribal lands, jurisdictions or in tribal communities. The lack of available valid data has implications for justice, services, and public health policy and practice. The benefits of a well-crafted and tested prevalence survey instrument for this population is recognized as needed by tribes, tribal citizens, and federal research entities.

The purpose of the Tribal Youth Victimization Study (TYVS) was to develop, implement, and pilot test a survey and methods for collecting self-reported data on violence and victimization experienced by AI and AN youth and young adults, and to determine the feasibility of using these procedures in tribal communities and settings. The study also evaluated the accuracy, utility, and costs of collection procedures relative to those used up until now; the optimal design for measuring violence and victimization; and tested the design using different modes of administration. The study findings will inform the development of a future national level effort to provide tested measures of violence and victimization among tribal youth and young adults.

The project approach needed to have a culturally informed research strategy using appropriate instrumentation, methods, and approaches to collect self-reported data of violence and victimization. The primary research objective was met through:

- Development and two-phase testing of a data collection (survey) instrument and process to collect self-reported data from AI and AN youth and young adults living in diverse settings. The two-phase testing included cognitive testing with participants age 12 to 20 years and pilot testing with participants age 13 to 20 years.
- Testing of multiple modes of survey implementation to determine whether the optimal design would yield quality data feasibly at a relatively reasonable cost.
- Testing options for notice and provision of remuneration (incentives and/or compensation) to survey participants by considering ethical and practical issues for youth who participate in research.

The challenge for this project was to align Western and Indigenous methodologies and design a process for measurement that both documents unique situations for tribal youth and young adults and captures issues that this population may have in common with their peers across the country. To meet these challenges, the research team included expertise in youth and young adult violence and victimization and survey methodologists from criminal justice, health, and public health perspectives. The indigenous make-up of the research team and a Tribal Advisory Group (TAG) further ensured that that tribal knowledge, expertise, and culturally appropriate perspectives were at the core of the resulting methods.

Literature Review

Violence and victimization among youth and young adults in the U.S. has been an evolving issue of concern for many decades. In 2012, the Attorney General's Task Force on Children Exposed to Violence reported that about two out of three children in the U.S. have been

exposed to some type of violence (Listenbee et al., 2012). Despite this prevalence, the report highlighted that the majority of youth never receive help in recovering from the possible psychological damage caused by this experience. Studies on cumulative adversity suggest that the effects of multiple exposures to violence during childhood can impact adolescent and adult health and well-being for the life of the individual (Hickman et al., 2012; Dong et al., 2004; Felitti et al., 1998). Youth are exposed to violence in multiple domains including home (Sousa et al., 2011), school (Copeland et al., 2013), and community (Kelly, 2010). Growing evidence indicates that children exposed to one type of violence are at far greater risk of experiencing other types of violence (Finkelhor et al., 2011; Margolin et al., 2010; Evans & English, 2002).

A better understanding of the scope of the issues, the determinants of violence, and the short- and long-term sequelae of victimization has been the focus of much of the criminal justice, psychosocial, medical, and more recently, public health literature. As research has evolved, there has also been growing support for interdisciplinary and ecological studies on these issues. These multifaceted approaches conclude that there are complex interrelationships between youth violence, violent victimization, and the layers of determinants, correlates, and individual, family, and community consequences (Dahlberg, 1998; Lauritsen, 2001; Reingle & Maldonado-Molina, 2012; Weist, & Cooley-Quille, 2001). While there is a great deal known about the overall etiology of youth violence and victimization, not much of how this plays out for AI and AN youth is known or understood.

American Indian and Alaska Native Violence and Victimization

Of all races, AIs and ANs have the highest per-capita rate of adult violence (Rosay, 2016; Wells & Falcone, 2008) and violent victimization (Manson, et al., 2005; Sarche & Spicer, 2008; Eichenberg, 2014; Harring, 2014). Few works, as compared to those dealing with more “mainstream” populations, focus attention on this disparity (Crazy Bull, 1997; Cochran et al., 2008). This lack of scholarship is a result of numerous factors: research universities remote to AI and AN tribes, general lack of desire of journals to publish such research, and the cyclical absence of general interest which leads to a low level of scholarship, and the dearth of scholarship perpetuates the lack of interest (Eichenberg, 2014). Even urban-dwelling AIs and ANs suffer a higher victimization rate than other racial/ethnic groups in the same community, and this violence is perpetrated by non-Indian actors.

Many social problems disproportionately affect AI and AN tribes and communities (substance abuse, poverty, high dropout rate, poorly performing schools, unemployment, etc.) making it hard to suggest cause and affect relationships with violence and victimization. The interplay of the variables may be similar to other marginalized groups, however, this is not well known or researched. Some literature suggests that for AI and AN people, social ills are the convoluted outcomes of a legacy of chronic trauma due to unresolved grief across generations. It is proposed that this phenomenon, often referred to as historical unresolved grief or historical trauma, originates from the loss of lives, land, and vital aspects of Native culture promulgated by the European conquest of the Americas (Brave Heart & DeBruyn, 1998) and contributes to the current violence and victimization experience.

Research on American Indian and Alaska Native Youth

There has been the emergence of a few victimization studies based on recent data from both national and tribal-specific samples (Sarche & Spicer, 2008). These reports suggest that AI and AN children experience violence at rates higher than any other race (Gutman & Smith,

2015). The 2017 maltreatment rates for children ages 0–17 years varied by racial/ethnic origin, ranging from 1.6 to 14.3 per 1,000 children (the highest rate is among AI and AN children). Of note, this rate is a 13% increase from the 2008 rate for AI and AN children (Federal Interagency Forum on Child and Family Statistics, 2019). When compared to other youth in the U.S., AI and AN youth are more likely to experience a range of violent and traumatic events involving serious injuries, serious violent crime, simple assault, threat of injury to self, to witness such threats, or witness injury to others (Manson et al., 2005; Sarche & Spicer, 2008).

Results from the National Survey of Children's Exposure to Violence (NatSCEV) study indicate AI and AN children and youth have significantly higher rates of victimization for rape, kidnapping and exposure to family violence than other U.S. populations (Hamby, Finkelhor, & Turner, 2012). These experiences are linked to crime, delinquency, perceived discrimination and substance use (Bohn, 2003; Hawkins et al., 2004; Whitbeck et al., 2001). AI and AN youth also have higher rates of violence-related outcomes including suicide (Olson & Wahab, 2006), suicidal behaviors (Pavkov et al., 2010), substance use (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011), injury, chronic disease (Indian Health Service, 2011), perceived discrimination (LaFramboise et al., 2006), poor neuropsychological health, isolation and boredom, diminished cultural pride, erratic/harsh discipline, delinquency, antisocial peers, poor school performance or expulsion, low levels of collective efficacy, lack of prosocial neighborhood organizations, and/or social services (Pridemore 2004, 2005), low self-control, poor parenting (Morris et al., 2007), historical trauma, growing up in poverty (Kids Count, 2019), community disruption (Heart, 2008; Whitbeck et al., 2004; Evans-Campbell, 2008), and extended family dysfunction such as parental crime, violence, and substance abuse (Costello et al., 1997). They are also overrepresented in juvenile federal court caseloads (Motivans & Snyder, 2011) with 60% comprising violent offenses, such as sexual abuse assault, and murder (Adams et al., 2011). Recent juvenile arrest rates for liquor law violations were higher for AI and white youth than black youth (Puzzanchera, 2019).

The literature on AI and AN youth health and well-being is often dated, characterized by insufficient sample sizes and reflecting the multifaceted difficulties in sampling within the distinct groups that form the population (Beals et al., 2003; Ericksen, 1997; Grossman, 2003; National Congress of American Indians (NCAI), 2016; Novins et al., 1996; Sarche & Spicer, 2008). Few studies adequately include youth living on tribal lands or within tribal jurisdictions or communities, which limits in-depth knowledge and understanding of the causal factors and the impact violence, exposure to violence, and victimization has on these youth.

Despite the dearth of reliable data, AI and AN youth appear to experience the same types and effects of violent victimization as other youth only at higher rates (Manson et al., 2005; Sarche & Spicer, 2008). The difference is that AI and AN youth appear to experience more dire outcomes. Life on rural, sometimes isolated reservations may amplify these risks (Freedenthal & Stiffman, 2004). For example, Goldston et al (2008) posits that geographically isolated reservations may increase the likelihood of economic deprivation, lack of education, and limited employment opportunities, thereby contributing to a sense of hopelessness among this already vulnerable population.

Protective factors to counter risk such as positive role models and resiliency are equally important to understand (Pridemore, 2005) but are less well documented. Some resiliency studies indicate AI and AN youth with higher resiliency rates had strong social support from friends (Stumblingbear-Riddle & Romans, 2012), positive self-esteem, family structure, parental and community support, active engagement in culture (Evans & Davis, 2018; LaFromboise et al.,

2006; Melton et al., 2014;), adults who made them feel important, friends who did well in school, and supportive family environments (Chino & Fullerton-Gleason, 2006).

Cross Cutting Issues

Research has historically focused on specific forms of violence but the knowledge gained from earlier studies revealed that violence in its many forms are often connected in important ways (Mercy, 2016). The connection is often through multiple factors that appear repeatedly associated with violent events and their sequelae, particularly among youth. Many reflect the social ecology of family and community violence and include factors that contribute to, exacerbate, and/or result from violence and victimization. These crosscutting factors include characteristics of the victim such as age or gender, and factors such as substance abuse that frequently correlate with both perpetrator and victim experiences. There is a dire need to better understand these issues and how they may interact within the lives of AI and AN youth.

Gender – Sexual Identity Victimization. There is limited research of sexual orientation group differences in victimization and perpetration. The few available studies suggest that Lesbian, Gay, Bi-sexual and Transgender (LGBT) youth are more likely to be victimized than their non-LGBT peers (Garofalo et al., 1998). There is also not much known about the possible role of bullying experiences that adversely affect sexual minority youth, however, they are more likely than their heterosexual peers to be threatened or injured at school, skip school because of feeling unsafe, experience suicidal ideation, or attempted suicide (Berlan et al., 2010; Bontempo & D’Augelli, 2002; DuRant et al., 1998; Garofalo et al., 1998; Russell & Joyner, 2001;). In addition, LGBT youth are more likely than their heterosexual peers to be violently attacked, and to experience sexual and physical abuse (Berlan et al., 2010; Russell et al., 2001; Saewyc et al., 2006; Williams et al., 2003). There is even less information about violence and LGBT AI and AN youth. Barney (2003) examined data from the Indian Adolescent Health Survey and found that AI and AN youth experience higher rates of social disenfranchisement and disadvantage than non-Indians and that gay AI and AN youth are at even higher risk.

Safety & Security. Perceived safety and risk are measures of direct or indirect victimization exposure (Kanan & Pruitt, 2002; Yang & Wyckoff, 2010). While perceived safety of neighborhood and school environments significantly reduce the risk of depression and substance use, exposure to violence increased the risk (Stiffman et al., 1999). Consequently, exposure or victimization and perceptions of safety are interlinked. Schools are a common site for peer aggression and victimization and are viewed as less safe by minority students (Sullivan et al., 2006). Few studies have examined the influence of neighborhood and school characteristics and perceived safety with AI and AN youth. Those that exist tend to focus on adolescent outcomes such as substance use but not on the relationship between fear of or actual victimization or re-victimization.

Substance Abuse. The literature indicates that substance use and/or abuse, violence, and victimization are strongly intertwined in both the mainstream and AI and AN studies. Boles & Miotto (2003) show links between different substances and their correlation with violence (Bearinger et al., 2005). A study of youth aged 15-24 found that from 2007 to 2010, 64% of AI youth were drunk or high at the time of suicide death; 76% were drunk or high during suicide attempt; 49% were drunk or high during suicidal ideation; and 49% were drunk or high during

non-suicidal self-injury (Barlow et al., 2012). Illicit drugs and alcohol abuse are associated with violent crimes such as murder, rape, assault, and family violence (Chikritzhs, et al., 2001; Hingson et al., 2002; Perkins, 2002). Substance use can have potentiating effects on self-directed and interpersonal violence through lowering inhibitions, increasing impulsive behaviors, and the release of aggression (Bearinger et al., 2005). While substance use can precipitate violence perpetration against self or others, research also indicates that victims who abuse drugs and/or alcohol may be at a higher risk for further victimization, causing a cycle of repeat violence and victimization (Center for Substance Abuse Treatment [CSAT], 1997). In addition, trauma brought on by victimization causes many victims to turn to substance abuse as a means of coping.

Sexual Activity and Pregnancy. Adolescents who have sex at an early age have an elevated risk of sexual victimization (Erickson, & Rapkin, 1991; Mynatt & Allegeier, 1990; Nagy et al., 1995). It is recognized that high levels of sexual activity increase the opportunities for victimization (Koss, 1985) and that early sexual experience is the result of victimization. AI and AN youth are more likely to have had sex before age 16 years and more likely to have used alcohol or drugs before their last sexual experience than other teens (National Campaign to Prevent Teen and Unplanned Pregnancy, 2008). Approximately 50% of AI and AN Youth Risk Behavioral Survey (YRBS) respondents reported they “ever had sexual intercourse,” the highest proportion of the races; AI and AN respondents also reported the highest percentage (8.4%) of having sexual intercourse before age 13 years (Center for Disease Control [CDC], 2017). Although the birth rate for AI and AN adolescents has declined over time, AI and AN youth continue to have significantly higher teen birth rates compared to their non-Hispanic white counterparts despite declines overall (Federal Interagency Forum on Child and Family Statistics, 2019; Martin et al., 2018). It has also been known for some time that substance use, sexual behavior, and delinquent or violent behavior are consistently correlated in samples of AI youth (Potthoff et al., 1998). Thus, AI and AN youth and young adults that are engaging in sexual activity may be at an increased risk of exposure to unsafe situations, which may set the stage for victimization, especially if substance use is involved.

Police Involvement. Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59%, as an adult by 28%, and arrest for a violent crime by 30% according to a study that examined over 1,500 cases (Office of Justice Programs [OJP], 2011). Other studies have confirmed that experiences with abuse and later arrest are correlated (Kelley et al., 1997; Smith et al., 2005). When examined by race, both these researchers found that white children who had been abused and neglected were no more likely to be arrested for a violent crime than those who had not been abused or neglected, while black children had increased rates. (AI and AN youth were not analyzed as a separate group but fell in to the “other” categorization.) Adolescent substantiated maltreatment cases (12 to 17 years of age) increased odds of arrest for general crimes and violent offending, and illicit substance use in young adulthood (Smith et al., 2005). Sedlak & McPherson (2010) found high rates of victimization in juvenile justice samples. For example, at least 70% of youth in residential placements had some type of past traumatic experience, with 30% experiencing physical and/or sexual abuse.

Exposure to Violence, Victimization, and Perpetration. The determinants and outcomes of youth and young adult victimization have been a focus of the criminal justice,

psychosocial, medical, and more recently, public health literature. Early research led to the recognition that underlying high rates of violent crime and violent death among adolescents are even higher rates of victimization (Finkelhor & Dzuiba-Leatherman, 1994; Jonson-Reid, 1998; Snyder & Sickmund, 1995). This research indicates that there are complex interrelationships between youth violence, victimization, and the layers of determinants, correlates, and individual, family, and community consequences (Dahlberg, 1998). Even witnessing community and domestic violence can have a negative emotional, social, and cognitive developmental impact. How this exposure to violence affects children and their ability to cope depends on risk and protective or resiliency factors that include individual characteristics and others' support. Youth who have witnessed domestic violence and have been direct victims of child abuse and neglect (i.e., dual exposure) are more consistently at risk for a range of internalizing and externalizing behavior problems including violence perpetration (Moylan et al., 2010).

Deliberate Self Harm. Self-harm (violence to self) refers to a range of behaviors with or without conscious suicidal intent that range from mild to moderate self-injury as a response to emotional pain usually associated with trauma (Skegg, 2005). Self-injurious behavior serves multiple interpersonal and intrapersonal functions and is significantly associated with increased suicidality (Andover, 2010; Muehlenkamp & Kerr, 2010). Several studies that examined intentional self-harm behaviors among AI youth found rates higher than the general population (Cwik et al., 2011; Favazza, 1998; Pattison & Kahan, 1983). Indian Health Service (IHS) data for 2008-2010 ranked suicide as the eighth leading cause of death for the total AI and AN population and the sixth leading cause of death for AI and AN males. The suicide rate among AI and AN 15-24 years old was almost twice the rate of White youth and young adults in this age group (Indian Health Service, 2017). In contrast to reports from other populations, many of the AI youth in these studies were intoxicated or high during the self-injury (Cwik et al., 2011; Nock et al., 2009). AI and AN people, especially youth and young adults living in tribal communities, are more likely to commit suicide than their non-Indian peers (Anderson & Smith, 2003; Keppel et al., 2002; Lubell et al., 2004). Completed suicide cannot be measured within the scope of this survey. However, there are validated measures of suicidal ideation, which can capture intent and will be explored for the future TYVS national effort. There is some evidence that issues of acculturation, traditionalism, cultural disruption, and historical trauma may be linked to disproportionate rates of suicidal ideation and self-harm in AI and AN communities. Furthermore, factors such as relationships with peers, family, and other community members appear to be more protective for AI youth than for their non-Indian peers (Chino & Fullerton, 2005).

Sexual Victimization. Violence against AI and AN women is probably one of the better studied aspects of research about victimization in AI and AN populations. Research in the past decade has led to an improved understanding of physical violence against women but also the nature and extent of sexual violence. A study by Rosay (2016) examined data from the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) and found that more than half (56.1%) of Native women in the survey had experienced sexual violence in their lifetime, with 14.4% experiencing sexual violence in the past year. This study also found that 27.5% of men had experienced sexual violence in their lifetimes and 9.9% reported sexual violence in the past year. An important distinction for AI and AN victims is the rate of interracial victimizations. Almost all AI and AN women (96%) and men (89%) indicated the perpetrator of sexual violence

was not AI or AN (Rosay, 2016). This is higher than previous estimates, for example, Eichenberg's (2014a) literature review of victimization in AI and AN populations indicates that in approximately 75% of reported cases of sexual violence against AI and AN people the perpetrator was not AI or AN. In the general population, the rate of interracial intimate partner violence is 11%.

It is also clear that sexual victimization of AIs and ANs is not just focused on adults. Data from the 2017 Youth Behavior Risk Survey [YRBS] collected through schools, showed that AI and AN youth had a higher endorsement of "Were ever physically forced to have sexual intercourse" at 11.4% compared to all other races in the U.S. ranging from 4.6% to 9.6% (CDC, 2017). The report also indicated AI and AN youth had the third highest (10.1%) endorsement of "experience sexual violence by anyone". Blum et al., (1992) reported that among their AI youth sample, 21.6% of the females reported sexual abuse by the 12th grade. An earlier survey of adult members of a Southwestern tribe found that 49% of the women and 14% of the men reported they were victims of child sexual abuse, indicating this is a persistent issue for AI and AN youth (Robin et al., 1997). Unfortunately, research on the sexual abuse of AI and AN males and youth is limited due to victim underreporting, jurisdictional issues in official reporting, and families' unwillingness to report to a state or federal justice system that they distrust (Malley-Morrison & Hines, 2004; U.S. Department of Health & Human Services [DHHS], 2006; Williams, 2012).

Bullying. Nearly 30% of American adolescents reported at least moderate bullying experiences as the bully, the victim, or both (Hamburger et al., 2011). Bullying experiences include physical and verbal aggression. Two studies were found that examined bullying in samples of AI youth. One study found different correlates between being a bully and being bullied (Melander et al., 2013). Perceived discrimination increased the odds of being either a perpetrator or a victim. Relative to bullying victims, perpetrators were older, experienced less parental warmth and support, more depressive symptoms and anger, and less positive school adjustment. A study of the 2010 Minnesota survey found AI students experienced a higher rate of being threatened with physical harm than other groups of students (Campbell and Smalling, 2013). When gender was examined within the AI sample, it was found that boys experienced significantly higher rates than girls. The 2017 YRBS shows 13.2% of AI and AN youth were electronically bullied, 21.7% were bullied on school property, and 8.1% did not go to school because they felt unsafe at school, going to or from school. A national TYVS effort will facilitate gathering the prevalence data that are currently lacking.

Gang Violence. In the 1990s, AI and AN communities, like the rest of the U.S., saw a rise in the number of gangs and gang members (Freng et al., 2014). Research indicates that for AI and AN youth, gang membership is correlated with a history of inconsistent parenting, social alienation, perceived racism, and hopelessness. Involvement in gangs is then associated with substance abuse, increased delinquency, and increased use of firearms. In contrast to gangs elsewhere in the country, violence among AI and AN gangs has been reported to be relatively rare, but it is rising and more prominent in larger and more urban communities (Freng et al, 2014; Whitbeck et al., 2001). Henderson et al. (1999) found that the primary focus of AI gangs was to hang out and party, mirroring the dominant activities of non-Indian gangs. Although gun use exists and contributes to violence, firearms for the most part are absent from the majority of violent acts committed by AI gangs, especially assault (Major et al., 2004). Most violent acts are used to gain status within the gang rather than in any gang turf warfare. Though AI gangs tend to

be less violent overall, in some settings they have been known to sexually assault, physically assault, intimidate witnesses, use extortion, rob, do drive-by shootings, and kill (Joseph & Taylor, 2003).

Online Victimization & Perpetration. There is growing evidence of increased criminal behavior online that targets and victimizes youth. In the National Online Victimization Survey [NOVS], Wolak et al. (2006) found that many youth who use the internet are receiving sexual solicitations they did not want (one in seven); sexual material they did not seek (one in three, and 83% while they are surfing the web); and receiving threats and harassment (one in eleven). At least 34% used the internet to chat, email, or instant message with people they did not know. Another 4% received aggressive sexual solicitations asking: to meet in person; to talk on the telephone; or, to send the youth offline mail, money, or gifts. Among the youth respondents, 4% were asked for nude or sexually explicit photographs of themselves, 5% received what they termed distressing solicitations, and 9% received distressing exposures to sexual material. Acquaintances are increasingly playing a role in online victimization. The NOVS found that 14% of solicitations were from offline friends and acquaintances. As to perpetration, 9% of youth said that they have used the internet to harass or embarrass someone, an increase from 1% in five years' time.

Dating Violence. Aggression or violence in a dating relationship can have many negative consequences and even set a path for increasing levels of violence in future relationships (Cornelius & Resseguie, 2007; Taylor & Mumford, 2014). Dating violence is highly correlated with alcohol and substance use (Fernandez-Gonzalez et al., 2012), appears to lack gender differences among youth (Wekerle & Tanaka, 2010), and needs to be better understood among same-sex couples. Early child maltreatment can increase the risk for later dating violence (Linder & Collins, 2005; Wekerle et al., 2009; Wolfe et al., 2004). Research indicates that as many as one in three dating couples may experience physical and/or sexual violence in the relationship (Magdol et al., 1997; White & Koss, 1991). While dating violence has not been extensively studied in AI and AN youth and young adult populations, one study found that 92% of AI girls who reported having sexual intercourse also reported being forced to have sex against their will (Indian Health Service, 2010). The 2015 YRBS data indicated 9.6% of AI and AN reported experiencing physical dating violence and 10.5% experienced sexual dating violence (CDC, 2015), however, more specific information was not available due to small sample sizes. With even smaller sample sizes of AI and AN youth in the 2017 data set, no results were available (CDC, 2017). For the first time, the TYVS will allow for more accurate estimates of this issue among a national sample of AI and AN youth.

Resilience. Resilience is defined as a dynamic process that enables the individual to respond or adapt under adverse situations. In this way, it is seen as a protective factor. Enhancing resilience has been proposed as one way to reduce the effects of victimization (Beightol, Jeverson et al., 2009). Experiencing victimization requires one to draw on their resilience (protective factor) such that they are buffered or mediated from potential negative consequences. Research shows that resilience is relatively common (Bonanno, 2004) and most victims of crime do not go on to develop mental health problems or even access services. Furthermore, resilience is a continuum where each youth or young adult has certain strengths and abilities that increase their resiliency and resistance. If attention and support are given to these resiliencies, outcomes

can be more positive (Morris, 2018). One of the strongest predictors of resilience for AI and AN youth is enculturation (Teufel-Shone et al., 2018; Whitbeck et al., 2001; LaFromboise et al., 2006.)

Social Support. Social support is conceptualized as a protective factor that buffers against distress and adversity (Barrera, 1986). Evidence suggests that actual supportive actions of others and the mere perception that support is available are the mechanisms through which effects of stress are reduced, with actual support promoting better coping, and the perception of support allowing one to appraise troublesome situations as less stressful (Lakey & Cohen, 2000). The connection between social support and victimization has not been well studied. A literature review by Yap & Devilly (2004) found that social support is both a moderator and a mediator of distress experienced from victimization. Specifically, social support moderates distress in the early stages but eventually, under chronic stress, a perceived lack of social support mediates victimization and psychological distress.

With a history of chronic exposure to victimization or trauma, victims' perception of social support erodes, and these low levels result in increased levels of distress with subsequent victimization. This becomes important in the AI and AN youth and young adult context where polyvictimization is common (Finkelhor et al., 2009). Another recent study specific to AI youth found that community connections were negatively associated with substance use (Kelley et al., 2019). Higher community connection scores were associated with higher social support and self-esteem scores. Similarly, lack of social support could mediate substance use that commonly is associated with victimization and violence.

Future Outcomes. Youth's future expectations (the extent to which a youth expects an event to actually occur) are related to psychosocial outcomes, resiliency, and risky behaviors among youth (Nurmi, 1991; Wagner et al., 2007; Wyman et al., 1993). If youth have a positive outlook and expectations of their future, they tend to be more resilient (Bondy et al., 2007; Seginer, 2008). Several studies found these links particularly strong among minority and low-income youth, and that lower levels or more negative aspirations are correlated with greater delinquency (Quinton et al., 1993; Sipsman et al., 2012). Several factors are associated with future expectations in youth including age (older youth focus more on education, careers, and family than younger youth), socioeconomic status (higher socioeconomic status is associated with higher future expectations), gender (girls generally emphasize family more), parenting (parents establish standards, function as role models, and propagate belief systems), and peer relationships (peers influence how a youth sees the future and provide pressure for conforming to certain behaviors). There is a dearth of research on this topic specifically for AI and AN youth and its link with victimization and violence, thus, its inclusion in the TYVS will expand understanding of the role of future expectations within the experience of prior victimization.

Positive Peer Association. Peers affect social development and learning related to empathy, caring, social responsibility, negotiation, persuasion, cooperation, compromise, emotional control, and conflict resolution (Quan, 2015). Peer relationships also function as helping interventions. Positive peer relationships have been shown to be valued outcomes or as protective factors against stressors such as victimization (Rohreck & Gray, 2014). Merritt and Snyder (2015) analyzed data from the National Survey of Child and Adolescent Well-Being dataset of youth 11 to 17 years of age who had experienced physical abuse, physical neglect, and supervisory neglect. They found that positive peer networks serve as a buffer for clinical levels

of behavior problems. As in mainstream research, prosocial peer behavior has been found to protect against violent offending in AI and AN populations (Bearinger et al., 2005).

Enculturation. The term enculturation refers to the process by which knowledge, behavioral expectations, attitudes, and values are acquired and shared by members of a cultural group (Whitbeck et al., 2001; Zimmerman et al., 1994). Enculturation represents the degree to which an individual is embedded in his or her cultural traditions, as evidenced by traditional practices, language, spirituality, and cultural identity (Whitbeck et al., 2004). When a person is connected to their culture, they are better equipped to positively influence their overall wellbeing because of an increased sense of identity, commitment and purpose (Wexler, 2014).

Traditional cultural values and spirituality are said to provide a strong foundation for AI and AN adolescent and young adult prosocial behaviors through close ties to family (including extended family), concern by tribal elders for all of the families and children in the community, and affiliation with prosocial peers (Goldston et al., 2008). The role of enculturation may differ somewhat between AI and AN youth and young adults living in non-Indian settings and those living in tribal communities or AN villages. This difference may again be attributed to the limited AI and AN resources that exist in non-Indian settings such as small towns or large cities. Stiffman et al. (2007) examined strengths with regard to personal, familial, and environmental factors among reservation-dwelling and urban youth and found that urban youth in their sample did not identify aspects of their tribal activities as strengths as often as did reservation-dwellers.

Methodological Considerations

Official statistics form the basis of many policy decisions, and for most populations these data provide a heuristic foundation for understanding problems. However, AI and AN data are often inadequate and disconnected from the communities from which they originated (Schnarch, 2004; Smylie et al., 2012;), devoid of context and community participation, and reflective of power relationships rather than the realities of tribal people (Kukutai, 2011; Walter & Anderson, 2013). Current and accurate data are limited in many ways—how data are collected and by whom, how data are used or ignored, compounded by the inability of many communities to access and use local data (Chino & LaValley, 2010; NCAI, 2016). Furthermore, the misidentification or race misclassification of AI and AN people, particularly in national datasets, has been reported for many years (Dominguez, 2019; Jim, et al., 2014; Luna-Firebaugh, 2006; NCAI, 2016). As a result, reports, programs and policies based on limited or wrong data actually can undermine prevention, intervention, and resources (Buchwald et al., 2006; NCAI, 2016).

AIs and ANs have had a very limited role in the research process, serving primarily as passive targets of the data collection process (Baldwin et al., 2009; Beauvais, 1998). Research is rife with examples of data being collected, interpreted and disseminated without the knowledge, consent, or participation of the local people and without respect for local culture and tradition (Caldwell et al, 2005; Hodge et al., 2000; Macaulay et al., 1999). This lack of inclusion does not allow communities to define, shape, interpret, or effectively implement programs or policies based on the findings (Harding, et al, 2012; Warne, 2006). According to the NCAI Policy Research Center (NCAI PRC), tribes see research as a tool for strengthening and enhancing tribal sovereignty (NCAI PRC, 2012). Many tribal leaders support the use of data obtained from research to inform effective tribal public policy, planning (NCAI PRC, 2012) and funding decisions at the national and local levels. Only now, more than 500 years since first contact, is

western academic research beginning to consider indigenous epistemologies (Cochran et al., 2008) and recognize indigenous scholars (Miheuah & Wilson, 2002; Steinhauer, 2002).

Despite these advances, many types of inappropriate and unethical research practices continue to this day, largely through the use of culturally insensitive research designs and methodologies that fail to address the realities of AI and AN people and tribal communities (Cochran et al., 2008; Foulks, 1989; Norton & Manson, 1996; Yuan et al., 2014) and contribute to stereotyping, misinterpretation, and misrepresentation (Baldwin et al., 2009). As a result of this history, AI and AN people are reluctant to participate in research (Baldwin et al., 2009; Burnette & Sanders, 2014;), many saying they have been “researched to death” (Burhansstipanov et al., 2005; Tom-Orme, 2006).

For the past few decades, researchers working with AI and AN populations have recognized that research must address issues beyond standard mainstream social science practices (DeBruyn & Chino, 2001; Fisher & Ball, 2003; Norton & Manson, 1996). The tribal context must include an understanding of the diversity of tribes, tribal histories, the communities’ cultural context, and the unique political relationship tribes have with local, state, and the federal governments (DeBruyn et al., 2001; NCAI, 2012). A history of genocide, forced assimilation, and cultural loss requires also an evolving understanding of the effects of historical trauma (Hartman et al., 2019). This concept, first described in the 1990’s by Brave Heart & DeBruyn, 1988, Duran & Duran 1995, and others, provides a framework for understanding the impact of generations of loss and its resultant impact on health and well-being. Whitbeck et al., (2004) have advanced research in this area by establishing processes for measuring historical trauma, including the perceptions of loss, family separation, and discomfort, fear, and distrust toward the intentions of non-Indians. There is growing consensus that community-specific cultural factors must be incorporated into research and that research must examine issues at the local level (Fisher & Ball, 2003).

Even when research is designed in partnership with the community and led by AI and AN and/or more sensitive researchers, there are still an array of methodological challenges from sampling to maintaining confidentiality. For example, the intrinsic characteristics of most tribes including small population size, geographic dispersion, and concentration in remote areas make it difficult to develop representative sampling strategies (Ericksen, 1997; Westat, 2007). Many tribes are now requiring indigenous interviewers from their communities to be included in the data collection process, which requires additional confidentiality measures to be taken and more preparation time to include recruitment and training of local field staff (Burnette et al., 2014; NCAI, 2016b;).

Survey Mode Considerations

Surveys are one of the primary tools for data collection in the social and behavioral sciences and there are many options for researchers to consider. Each mode may have different implications for recruitment, question delivery, quality of data collection, and administration (Bowling, 2005). Modes range from relatively low-cost and low-tech options to those that require programming expertise and specialized technology. Different modes can result in different response rates and differences in the reliability and accuracy of the data (Bowling, 2005; Dillman, 2000; Gasquet, et al., 2001; McColl et al., 2001). An important consideration in selecting the best mode for a particular survey is the respondent population and the burden of participation.

Survey administration can be particularly challenging when the requested information is potentially embarrassing or dangerous for young people to disclose, socially undesirable, and/or illegal behavior (Watson et al., 2001). Adolescents and young adults also want privacy while completing a survey (Parrott et al., 1989; Resnick et al., 1980). When people report sensitive behaviors, perceptions of privacy and anonymity are important predictors of the honesty of their responses (Ginsburg et al., 1995; Supple et al., 1999). When conducting survey research with a vulnerable population such as adolescents, particularly if the survey includes highly sensitive questions, the choice of survey mode is essential.

Survey mode decision-making must consider many factors that impact cost and data quality. The trade-offs between measurement error issues, ease of administration, and respondent preference all influence the best mode for a study. For example, some people prefer the rapport that comes with face-to-face interviews while others like the privacy that comes with computerized surveys. Studies that asked respondents about their preferences with regard to survey mode found that most prefer face-to-face interviewing to telephone interviews (Bower & Roland, 2003; Nicolas et al., 2000) and computer surveys to paper and pencil surveys (Bowling, et al., 2002; Presser & Stinson, 1998; Ryan et al., 2002; Tourangeau et al., 1997; Tourangeau & Smith, 1996;). These preferences need to be considered along with any specialized needs of certain populations and the requirements for administering and obtaining informed consent.

Remuneration Considerations

The practice of paying incentives or compensation to research participants is a common and acceptable practice (OHRP, 2015), essentially viewed as harmless, and often increases the likelihood of respondent participation. However, several issues needed to be considered for this population prior to a decision regarding compensation, both method and amount.

Coercion-free Consent/Assent

Current regulations are clear that consent to participate in research is valid only if voluntarily given and free of coercion and undue influence (DHHS Belmont report, 2015; Title 45 CFR 46; Title 28 CFR §46.116). Inducements that may be acceptable in some circumstances can become an undue influence if the subject is especially vulnerable, when one choice (to participate or not) becomes more attractive than another, and participants become willing to accept risks they would not otherwise accept. Each of these factors must be eliminated in deciding to provide incentives.

Financial Compensation

Methods and types of financial compensation need to be considered carefully,

particularly for research participants from vulnerable populations, such as children (Dillman et al., 2009; Singer & Bossarte, 2006; Unruh & Bost, 2006; Winnick et al., 2006). The federal regulations provide specific protections for research involving particularly vulnerable subjects, such as children (45 CFR 46 Subpart D). Children, in general, are relatively immature in their ability to weigh benefits and risks, often resulting in ill-informed decisions. For children, participation in research includes special provisions to ensure both autonomy and permissions, as well as assurance that benefits outweigh risks. Their inclusion in research must be just and justifiable. In addition, children can be viewed as economically disadvantaged, which increases the potential for coercion and undue influence. Finally, when children are participants, the recipients of the compensation may end up being adults who control access to the child. In these situations, the surrogate decision makers (adults and/or parents) may tolerate more risk for those in their charge than the individuals (the children) would accept for themselves.

Nomenclature

Terms describing payments need to be defined. Too often terms such as incentives, compensation, and/or remuneration, are used interchangeably to describe payment. There is an important distinction between “incentive” and “compensation,” however. Grant and Sugarman (2004), posit that compensation means “rendering equal” or something that makes up for a loss. They argue that incentives are not a form of compensation, but a benefit designed to motivate or incite to action and cannot be considered fair or unfair the same way compensation can. Further, compensation should be defined as “fair remuneration for the time, effort, and risk involved in participation in this study, based on the increasingly accepted idea of paying research participants as wage earners” (Dickert & Grady, 1999).

Despite common usage, the term “incentive” tends to be more controversial as it implies an attempt to persuade an individual to participate as mentioned above. This is particularly true when an incentive is linked to recruitment strategies. Alderson & Morrow (2004) argue that incentives in any context can be viewed as coercive and lead an individual to participate in research they might not otherwise, violating the standards of the 1947 Nuremberg Code, which state that no persuasion or pressure of any kind should be put on participants. The authors further note that participants from financially disadvantaged groups may be more vulnerable to this kind of coercion.

There is a growing trend to move away from the term “incentive,” as it implies an attempt to persuade an individual to participate in the research program. For any participant in research, incentives can create a tension between fair compensation and coercion (Dillman et al., 2009). For this reason, the terms “compensation” and “remuneration” have become more acceptable in that they recognize the need to compensate or reimburse a person (respondent) for his/her time in completing a survey that, in some circumstances, can be quite time consuming.

Undue Influence

Obviously, the amount of compensation/remuneration can influence a respondent’s decision as to whether to participate in the research. This is especially true to those for whom it will make a significant financial difference. Anderson & Weijer (2002) identify four situations in which compensation or remuneration becomes most problematic: 1) when there is a dependency relationship between the researcher and the subject; 2) when the risks of the research are particularly high; 3) when the research is degrading in some way; or 4) if the participant has

some aversion to the study. Each of these situations should be evaluated and eliminated prior to a decision regarding amount and type of compensation.

Many researchers believe that failing to offer remuneration may be unethical, especially if compensation is offered to some but not others for fear of undue influence. Money may just be one of many influencing factors for participation in research but it should not be the deciding factor. An amount that is not excessive and calculated based on time/contribution is an indication of respect for the participant's time and contribution (Singer & Bossarte, 2006).

A study by Sobbeck et al., (2003) looked at compensation for research participation among AI and found that many researchers were hesitant to offer incentives to this population. The fear of undue influence was high due to the extreme poverty and vulnerability of this population. After careful review, Sobbeck and colleagues concluded that AI and AN respondents should receive compensation for any and all circumstances in which another population would be compensated as recognition of their importance to the research. Even more, the research experience tells us that in deciding whether to provide compensation/remuneration, researchers should focus on protecting research subjects, not by forbidding payment but by carefully establishing a rationale and fair approach to payment.

Rationale for the Research

There is a clear interest and need for obtaining current knowledge about the extent and nature of victimization experiences, including sexual and other abuse experiences, of AI and AN youth and young adults. The few studies that have been done, described above, indicate that exposure to violence is widespread and associated with an array of physical, psychological, and emotional harm. The data that are available are dated and based on small samples that do not reflect the many distinct groups that form the AI and AN population. This makes comparisons with non-Indians/Natives and even across other tribal communities impossible. Past studies are limited in their scope, therefore, the incidence, prevalence and nature of victimization experienced by AI and AN youth are still unknown. Anecdotal information suggests that some AI and AN communities have much lower levels of crime and violence than others. Learning why and from the success stories is critical.

The lack of past interest in gathering the needed information is a reminder of the continued marginalization of AIs and ANs as people and as communities. This continued marginalization is associated with little expenditure of resources to address the cause and mitigation of the issue or for developing comprehensive, culturally effective policies. Tribal societies are usually out of "sight and mind, few in number, and silent in their suffering," thus forgotten (Eichenberg, 2014).

To address the need for more scientifically rigorous research, three U.S. DOJ offices: NIJ, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Office for Victims of Crime (OVC) established funding to develop and pilot test a self-administered instrument and process that would provide prevalence data detailing the occurrence and forms of AI and AN youth victimization.

The Tribal Youth Victimization Study provides information about accurate and cost-effective tools and measures for gathering national level baseline data. Data obtained using these piloted methods will fill critical knowledge gaps and permit comparisons with other U.S. populations of youth and young adults and across AI and AN communities.

Bridging the current knowledge gap does not imply replicating the use of existing tools and instruments in this targeted population. It requires a comprehensive assessment of how the

issues are understood by young AI and AN people and how these issues impact their lives as members of their tribal communities. In addition to a common understanding of problems, the research process must also provide insight into opportunities for prevention and intervention and guide funding. This level of understanding needs to be cross cutting; across tribes, across tribal cultures; and, across local nuances and variants of central themes. Only then can pathways for effective and culturally resonant policy and practice be established.

Methods

Foundational Development Approaches

Study Team and Project Structure

The TYVS research team consisted of four key project staff—Project Director, Project Manager, Field Operations Manager, and Research Assistant—two PHD level research consultants, and field staff that consisted of three Site Coordinators (SC) and nine Field Interviewers (FI) (Figure 1).

Figure 1. Project Structure



Approach to Tribal and Community Engagement

Tribal and community engagement were critical to timely data collection conducted in culturally respectful ways. The ongoing involvement of tribes in research is recognized by tribal leaders (NCAI PRC, 2012) and tribal representatives as being essential for tribal access to up-to-date information on important issues and concerns affecting tribal communities and citizens. All tribes and organizations approached for the TYVS emphatically declared the importance of the study in helping tribes learn from the data collected and apply them to programs, policies and services to improve the quality of life for their young people.

TYVS recruitment of tribes and organizations for the cognitive and pilot testing began with outreach to tribes and non-tribal organizations. Tribal engagement protocols were used to guide initial outreach, followed by formal contact through written introductory letters and personal contacts to secure the tribes' approval or for organizations to allow use of their facilities for data collection. Tribal approval and regulatory mechanisms serve to protect tribal communities and ensure that outside researchers are informed and respectful of the historical, cultural, social, economic and environmental factors that make up the complex tribal context. Whether tribes are asked to participate in internal or external studies, research in tribal

communities requires active and meaningful involvement and input from tribal leaders, citizens, and other stakeholders (Martinez, 2016).

The research team followed the IRB of record approved protocols to obtain tribal and organization approvals. The study team understood the importance of gaining trust (Burhansstipanov et al., 2005; Harding et al., 2012; Morton et al., 2013) and set about enlisting tribal and organizational partners and stakeholders. Tribal and/or organizational approval provided the proper and respectful way to obtain local tribal or organizational support for community level research activities, such as field staff recruitment, participant recruitment, and identification of local trauma support resources. Tribal engagement protocols were infused with community-based participatory research (CBPR) principles wherever possible to ensure local tribal involvement.

A commitment to CBPR is essential but the reality of how it works in the real world is an exercise in bridge-building and capacity building for both communities and researchers. From obtaining tribal resolutions to hiring and training local staff, research and local field staff must be present, committed, and realistic about what a community can do and wants to do when it comes to study implementation. Even when tribal approvals are in place, partnerships are formed, and participants are committed to helping, community events and real life take precedence over research every time. Whether a natural disaster occurs or a human tragedy occurs—research stops. The TYVS project faced multiple challenges at the community level that required major changes to the plans and protocols.

Time constraints for the allotted CT period combined with severe environmental circumstances that caused a state of emergency for the first recruited tribe resulted in this tribal site being withdrawn from the onsite CT and PT components. These circumstances were beyond the control of the tribe or research team. For different public health circumstances that resulted in a state of emergency, the replacement tribe was also withdrawn from the PT component with agreement by the tribe, study team and the funding agency. The study team's extensive knowledge, experience and understanding of life in tribal communities assisted with respectful response to the tribes' dire circumstances in both instances. However, the extensive tribal networks of the research team enabled recruitment of a third tribe to serve as the tribal PT site. These situations exemplify the types of unanticipated experiences that can occur during fieldwork. The flexibility of the research design, coupled with the study team's tribal relationships expedited quick solutions for replacements within the allotted time for the pilot test.

Tribal Advisory Group

A Tribal Advisory Group consisting of AI and AN experts from national level organizations was established and convened during Phase 1 to provide strategic input regarding the TYVS project. The TAG included members from the Alaska Federation of Natives, American Indian Law Center, National American Indian Court Judges Association, National Indian Child Welfare Association, United National Indian Tribal Youth, and the National Congress of American Indians. Interactions with the TAG included one face-to-face meeting and several follow-up conference calls.

The TAG was given important information about the TYVS project and asked for their input regarding the TYVS research goals and objectives. The TAG provided suggestions and guidance on the study design, targeted age cohorts, survey modes, survey administration, the use of incentives with AI and AN participants, the survey content, and the sampling process and offered overall input and recommendations regarding the study methodology. In addition, three

members of the TAG served as peer reviewers of the survey instrument to provide essential feedback on the appropriateness of the questions, clarity of questions, survey construct and overall feedback regarding the survey and its proposed administration. Throughout the project TAG members' input was sought as needed for project implementation activities.

Project Partnerships

Essential to the success of the project were multiple partnerships. Overall the pilot was successfully completed with the help of 28 partners—11 at Site A, 11 at Site C, and six at Site B. The last was at a tribal site that was a more homogenous and self-contained community with a single population, which generated over 100% participation in an approximate two-week period. PT partners at all three sites provided resources that were an enormous contribution to the study:

Site A. Three partners supported participants to be interviewed at their facilities. Eight additional partners provided referrals to the study, including transportation for youth whose parents could not drive them to the interview locations.

Site B. The primary partner provided four offices to conduct participant interviews and the second provided three offices for interviews. Four others assisted with participant and parent referrals and getting the word out, and providing transportation to interview locations.

Site C. The primary partners provided a facility for conducting participant interviews with use of five offices; conducting field staff orientation, interviewer briefings and administrative tasks; and storage of research supplies. Four other partners supported PT participants to be interviewed at their facilities with seven offices, and allowed their staffs to assist with flow of participants to and from interview offices. Additional non-profit organizations were referral partners that connected young people and their parents to the local SCs or FIs.

As a result of partner contributions, participant interviews occurred during the day, evenings and weekends in safe, secure and private offices.

Survey Development

Survey design began with a review of the scholarly literature to identify similar studies and relevant factors, concepts, and constructs that influence AI and AN youth and young adult experiences with violence and victimization. The literature review helped to: 1) select key constructs that need to be measured, 2) find and select the appropriate measurement instruments for further review, 3) anticipate common issues and problems in the research context, and 4) identify possible future data comparisons between other racial and ethnic populations. This process identified both well-studied and lesser-understood topics relevant to the study goal. The myriad of topics highlighted in and missing from the literature review were organized into a content matrix to stimulate discussion and consideration of issues that should be addressed in a national survey of violence and victimization among AI and AN youth. The Content Matrix (Table 1) was divided into the following categories for consideration:

- Respondent characteristics making them prone to violence and victimization,
- Respondent witness/exposure to violence;
- Respondent experience with victimization;
- Respondent as perpetrator of violence;

- Personal, social, and interpersonal impact of violence; and
- Resiliency and support resources at the interpersonal, cultural and system level.

Within each category a list was made of the identified violence and related risk behaviors at the individual, family, peer, and community level. These different constructs were discussed both internally by the research team and externally with the TAG. The objective was to obtain clarity regarding definitions, priority areas, and the scope of data collection.

Table 1. TYVS Content Matrix

| Type of Violence/ Victimization Experience | | | Impact of Violence/ Victimization | | Support Resources | | |
|---|--|--|---|---|---|---|---|
| Exposure/ Witness | Experience Victimization | Perpetrated Violence | Personal Impact | Social Impact | Inter- personal | Cultural Resources | System Support |
| Did you see others do this? | Type of violence/victimization experienced by respondent | Violence/victimization perpetrated by the respondent including self-harm | Physical (injury) or emotional response | Support or sanctions, e.g., What was the result of “X”? | People who help/support e.g., parent, relative, teacher | Cultural resources for support, healing, identity, etc. | Prevention & intervention resources, e.g., victim services, youth clubs |
| Risk Factors | | | | | | | |
| Self | Home/Family | Peers | Neighborhood/Others | Tribe/Culture | | | |
| Substance Abuse | Family Relationships | Relationships | Disorder | No Cultural Resources | | | |
| Sexual Activity & Pregnancy | Substance Abuse | Peer Activity | Violence | No Tribal Services | | | |
| Police Involvement | Homelessness | | Substance Use | Tolerance of Violence | | | |
| Online Activity | Family Neglect | | | | | | |
| Perceived Safety | Family Socio-economic Status | | | | | | |
| | Live in more than one home | | | | | | |
| | Intimate Partner Violence | | | | | | |
| Protective Factors | | | | | | | |
| Self | Home/ Family | Peers | Neighborhood/Others | Tribe/Culture | | | |
| Future Outlook | Positive Family Relationships | Positive Relationships | Social Support | Cultural Resources | | | |
| Personal Safety | Social Support | Social Support | Involved in Culture | Tribal Services | | | |
| Use of Cultural Resources | Stable Home | Peer Future Plans | Involved in Community | Tribal Law and Policy | | | |
| School Ability | Extended Family | | Safe School Attendance | Support/Sanctions | | | |
| Perceived Safety | | | | | | | |
| Demographics/Characteristics | | | | | | | |
| Enculturation | | | | Household Socio-Economic Status | | | |
| Ethnic & Tribal Identity | | | | Physical Health Condition | | | |
| Age | | | | Mental Health Condition | | | |
| Gender Identity | | | | | | | |
| Sexual Orientation | | | | | | | |

The Content Matrix helped ensure an effective balance of pertinent issues and a

comprehensive perspective of the issues. While no study can address every issue, it was crucial for the researchers to cast a wide net at this stage. Input from the TAG raised the following additional issues and decisions for consideration in TYVS content:

- There was general agreement that historical trauma was an important issue to consider, but that youth might not understand the concept. Therefore, trying to measure this type of trauma, which has only recently begun to be addressed by researchers, would not be attempted, but some aspects related to resilience would be considered.
- To obtain currently lacking national level baseline information, the TAG agreed that the survey process should measure the range of experiences (breadth) rather than the depth of experiences because of the myriad factors being measured. Also, 60 minutes was the maximum amount of time allotted to survey administration.
- The TAG emphasized that a survey of this nature should examine risk, protective and resiliency factors in order to contribute to an understanding of the personal, cultural, and community contexts for AI and AN youth.

Construct Development

Using the final Content Matrix, the research team further refined content into measurement constructs. The Office of Justice Programs crimesolutions.gov website lists youth and young adult factors including characteristics that have been shown to increase risk of being exposed to violence (https://www.crimesolutions.gov/OJPRsearch.aspx?Research_id=7). They include:

- Age: Increasing age is associated with increasing risk of exposure to violence and polyvictimization.
- Gender: Boys have higher rates of physical assault than girls. Girls have higher rates of sexual assault.
- Race and ethnicity: Lifetime rates of exposure are higher among black and AI and AN youth than other racial and ethnic groups.
- Family structure: Not living with both biological parents increases the risk of exposure, especially for experiencing both physical and sexual assault within the household, and witnessing domestic and community violence.
- Family substance use: If family substance use problems are present, risk for exposure and polyvictimization increases.
- Intimate partner violence: Risk of subsequent child maltreatment is higher when intimate partner violence is present in the family.
- Peer delinquency: Youth who associate with deviant or delinquent peers in one year are at higher risk for exposure to community violence in the next year.
- Prior victimization: Youth who indicate they have experienced one victimization in the past year and/or lifetime, have double or even triple the risk of experiencing other victimizations.

Key Constructs

Given their importance as outlined by the literature review and expert input, each of the above listed constructs were included, to the extent possible, in appropriate sections of the first draft of the TYVS questionnaire. In addition, specific risk and resiliency constructs were added that the literature identified as important: Gender – Sexual Identity Victimization; Safety and Security; Personal Substance Abuse; Sexual Activity and Pregnancy; Police Involvement;

Exposure to Violence, Victimization, and Perpetration; Deliberate Self Harm; Sexual Specific Victimization; Bullying; Gang Specific Violence; Online Specific Victimization and Perpetration; Dating Specific Violence; Perceived Social Support; Future Expectations; Positive Peer Association; and, Enculturation. The constructs were organized in overall themes:

1. Respondent Characteristics
2. Health & Wellness
3. Home, School, & Community
4. Exposure to Violence
5. Substance Use & Other Behaviors
6. Victimization
7. Perpetrating Violence
8. Resilience

Question Development

The content matrix and construct list guided a search of the published literature for validated survey instruments covering a range of youth violence and victimization topics to provide a foundation for creating an instrument that would address key issues and would be comparable to some degree with other study findings. In particular, efforts were made to identify instruments tested with AI and AN youth. Studies included for consideration were those with tested utility, validity, and findings published within the past ten years. Instruments meeting these criteria were then carefully reviewed for suitability for a national level study.

Survey Review

A total of 48 published survey instruments were reviewed. The 48 surveys reflected a range of perspectives from highly medical to criminal justice, and most focused on one or two key issues and their accompanying risk factors, for example bullying or partner violence. In consultation with the NIJ partners, 26 studies were removed from consideration—those not tested among youth, those that were too clinical, those not normed, and those not amenable to a national survey. The 22 remaining studies were examined for question content and design.

Each instrument was further evaluated for congruence with the study plan and the content matrix and key constructs to be measured (e.g., trauma, bullying, drug use), the targeted age group, the format of the survey (interview, self-report, paper, computer, etc.), the length of the survey, and any costs associated with using the reviewed questionnaire in full or in part. Consideration was also given to how recent the survey was and other issues that might affect the usability of questions such as psychometrics, validity concerns, and adaptability to field administration.

More than 2,000 questions from these published instruments were reviewed and considered for possible inclusion in the TYVS survey. Several were removed from consideration as being redundant or for lack of fit. Where similar questions from multiple instruments existed, the most recent version of the question was the one considered. The question options from the selected surveys were then aligned with the key constructs to identify gaps and redundancies.

To fill the gaps, several newly available surveys were reviewed, and others revisited. A matrix of all questions considered for possible inclusion was created, which included the original question, the response format, the source, the topic, the rationale for inclusion, and review comments. Several questions and their response options were kept verbatim. The majority,

however, were modified to some extent but with as much fidelity to the original content as possible. Only then were new questions developed to fill the identified gaps.

The largest gaps were risks, behaviors, and outcomes specific to the often unique issues faced by AI and AN populations living on tribal lands, jurisdictions or communities. These were addressed by adding questions from existing unpublished instruments used and tested by AIDA, instruments both specific to tribal populations and appropriate to the survey content. The final set of questions selected for inclusion in the first TYVS draft survey reflected constructs noted in the academic literature, input from experts in the field, tested questions from tribal-specific instruments, and questions with some degree of comparability to earlier studies.

The first TYVS draft survey was sent out to national study partners, experts, and the TAG for review. Comments and suggests were the basis for a second draft (incorporating suggested rewording, deletions, additions, etc.).

Readability

Instrument readability was assessed using readability tools and during cognitive testing and pilot testing. TYVS readability assessments included reading level, style, and formatting. The target reading level of the self-administered TYVS survey was 4th – 6th grade to promote understandability by all participants. The challenge for the instrument was to measure constructs that may not be familiar to some participants due to age or inexperience (i.e., sexual activity). Most readability and grade check formulas are designed for narrative text rather than surveys, so survey items were cross-checked using multiple tools. The selected tools have all been used effectively in health literacy environments and for educational testing. The goal was to obtain similar scores in the targeted range from most or all the following:

- The Flesch-Kincaid formula checked the document for overall reading level and percent of passive sentences.
- The Dale-Chall checked individual word difficulty levels.
- The Fry Graph and SMOG checked sample sections for grade readability.
- The FORCAST formula is the only test not designed for running narrative and is useful for survey instruments. FORCAST checked text samples from each section of the survey.

The questions were phrased using an active voice to improve clarity. The Flesch-Kincaid formula identified the percentage of passive sentences. Sentences were shortened wherever possible and headings added to help participants navigate the document more easily. In Phase 3 after cognitive testing, a redrafted survey was programmed for computer application. Definitions were available as clickable pop-up text should the participant want more information on the meaning of a particular term. Skip patterns were built into the programming so questions not relevant to a particular participant would not appear.

Mode Considerations

The increasing array of options allows researchers to tailor the type of survey mode and administration to the specific needs, interests, and characteristics of different groups. Mode selection considerations include population issues such as enumeration, language and literacy levels, sampling issues such as respondent availability, identity, and willingness to participate, question design issues such as question complexity and sequencing, and administration issues

such as facilities, training and personnel. Each different mode comes with its own strengths and limitations; as a result, the choice is usually a trade-off between multiple competing factors.

There were myriad issues to consider regarding survey administration such as cost, time, response rates, ease of administration, response accuracy, available technologies, and target population characteristics (Greenlaw & Brown-Welty, 2009). Often researchers must balance the practical constraints of time and cost against the increasing demand for accuracy and precision in defining sampling, coverage, non-response, and measurement associated with each mode (Dillman, 2000; Groves, 2004). Studies that asked respondents about their preferences with regard to survey mode found that most prefer face-to-face interviewing to telephone interviews (Bower & Roland, 2003; Nicolas et al., 2000) and computer surveys to paper and pencil surveys (Bowling, et al., 2002; Presser & Stinson, 1998; Ryan et al., 2002; Tourangeau et al., 1997; Tourangeau & Smith, 1996).

After much consideration of all the available computerized modes of survey administration, three modes were selected to reduce respondent burden, costs and data entry errors, especially for complex skip patterns and follow-up questions. Data collection, data entry, and simple data analysis can occur simultaneously with these modes which significantly decreased the amount of time required to process, analyze, and report the results. The data can also be easily downloaded into a format readable by most statistics software to permit more advanced data analysis. The three selected modes included:

- **Computer Assisted Self Interview (CASI).**

The CASI mode was administered using a computer without the help of an interviewer to guide the participant through each question. This mode assumed the participant could read the questions and answers and could select pre-programmed response options using the computer keyboard, touchscreen, or mouse. This mode provided the participant complete privacy and confidentiality when answering the questions.

- **Audio Computer Assisted Self Interview (ACASI).**

The ACASI mode added sound to enhance self-administration. The research participant could read and listen to a recorded human voice speaking the question that was transmitted using headphones. The study participant listened, answered and selected pre-programmed response options. ACASI addressed issues with respondent literacy levels while also providing the participant complete privacy and confidentiality when answering the questions.

- **Audio Computer Assisted Self Interview with Interviewer.**

This mode combined the advantages of ACASI by providing headphones with audio for the more sensitive question sections of the survey with those of interviewer administration for the beginning and end sections of the survey. By combining these two interviewer modes, some of the problems with non-response, coverage error, and incomplete data can be addressed (McMorris et al., 2009). The addition of an interviewer and the privacy of the audio, may encourage people to answer more honestly despite social desirability bias (Christensen et al., 2013). This mode also allowed rapport to be built between the interviewer and respondent. The interviewer could provide explanations and probe for additional or more accurate responses.

Remuneration Considerations

Most participants expect compensation of reasonable value regardless of their economic plight or the economic status of the community. Compensation can influence participation; therefore, researchers concentrate on how to best reduce any negative effects of that influence with individuals and communities as part of the decision-making process. Rice and Broome

(2004) recommend researchers consider the following when deciding on compensation for a child's participation in research:

- 1) The incentive should be age appropriate.
- 2) Monetary incentives should be based on a wage model.
- 3) Incentives should be commensurate with the burden on the child.
- 4) Parents who are not part of the research should be reimbursed for expenses only.
- 5) If the child declines to participate but a parent encourages participation, the researcher should determine whether the compensation is coercive for the parent. Parents have been known to take the child's incentive or compensation.

Certainly, AI and AN youth and young adults are a vulnerable population on multiple counts but the issue of fair treatment and compensation for time, effort, and participation clearly indicated the need for an appropriate compensation. To determine an adequate compensation, the study team considered the vulnerabilities of the participants, the burden of participation, the age range of the participants, and input from the TAG and national partners.

Participant Burden

The TYVS included cognitive testing of the survey instrument and pilot testing of the final survey and mode administration options. Each activity required participants to provide important information that could not be obtained in other ways. Participants were being viewed as experts on the subject matter and on the population, with their involvement going beyond responding to survey questions using more time and effort than just merely doing a survey. Participants were asked to consider whether the survey and the component questions would measure effectively the issues in a culturally and age-appropriate manner for the future national study.

Participant Age

The TYVS participants ranged in age from 12 to 20 with a similar administration burden for all ages of participants. While different age groups responded differently and interacted on different levels, each contributed an equal amount of time and effort. As such, the amount of compensation was the same regardless of age. What differed was the form of the compensation, which ranged from goods to cash equivalents.

Input from TAG and National Partners

The issue was first discussed with the TAG members. The consensus from this group confirmed that compensation and the proposed amount were an important way to honor the contributions of participants and to be respectful of their time and effort. There was agreement with Sobek et al. (2003) that to deny compensation to AIs and ANs for situations in which it would be given to others is unfair treatment and disrespectful of tribal peoples' ability to make informed decisions.

Much discussion about this issue was held with NIJ going from no compensation or incentives to providing them. It was decided that reasonable compensation would be provided based on the wage model as well as parent travel expenses, however the influence of these incentives would be assessed both in the cognitive and pilot testing phases of the project. During cognitive testing \$40 and in the Pilot Phase \$20 in a gift certificate or in school supplies depending on age was provided.

Incentives Testing

The TYVS Pilot Study provided an opportunity to better assess the effect of compensation on participation. The Pilot Study was conducted in three different geographic locations with a sample size sufficient to test the effect of compensation on participation. A different approach to compensation was tested at each location. All materials including the recruitment materials and Informed Consents and Assents were modified for each location regarding the mention of compensation. While the researchers note that this design was not scientifically the most optimal, it was designed after stakeholder input and IRB allowances/limitations and would provide some further information delineation of incentive effect. During pilot testing, knowledge of compensation was provided in the following ways:

Site A. No mention of compensation of any kind was included in any recruitment materials, in the Informed Consent and Assent, or during the interview process. At the end of the interview the participant was given merchandise equivalent to \$20 with an option of a gift card for older teens and adult participants. Recruitment activities preceded all interviews and the interviews were scheduled and conducted within a three-week time period. This helped deter participants from widely sharing information about the unexpected compensation. Any other process required violating confidentiality, e.g., sending compensation by mail or through a local agency after the fact.

Site B. A brief mention of compensation, but not an amount or type, was included in recruitment materials, in the Informed Consent and Assent, and during the interview process. At the end of the interview the participant was compensated.

Site C. Mention of compensation in the amount of \$20 in merchandise or a gift card was included in recruitment materials, in the Informed Consent and Assent, and during the interview process. At the end of the interview the participant was given the incentive as promised.

Additionally, a brief set of questions were added to the cognitive testing and pilot testing paradata to gather participant feedback on the issue of incentives. These questions included:

1. What motivated you to participate in the survey? Please check all that apply:
 It sounded interesting
 I was curious
 I want to help my community
 I wanted the compensation that was offered
 Don't know, not sure
 Something else _____
2. What do you think is the best way to encourage other youth/young adults to participate in this survey? Please check all that apply
 Telling them more about the study
 Telling them it is an important study
 Telling them about the compensation
 More or better compensation
 Something else _____

3. If you had a choice, what would be your preferred type of compensation? Please note your top three choices with a 1, 2, and 3.

_____ Cash
_____ Gift Card for a local vendor you can walk to
_____ Gift Card to a chain store such as Walmart you may have to drive to
_____ Merchandise such as food items – e.g., healthy snack kits, restaurant coupon
_____ Merchandise such as school supplies – e.g., backpacks, calculators,
_____ Merchandise such as clothing – e.g. ball caps, T-shirts,
_____ Merchandise such as ear buds, USB drives, simple jewelry, toys
_____ Something else _____

Site Development

The American Indian Development Associates, LLC had primary responsibility for implementing and managing the TYVS research sites located on and off tribal lands or tribal settings. This included working with the selected study sites to gain official approval to conduct the TYVS in their communities or within designated facilities. It also included identifying tribal points of contact (POC) that helped to guide local implementation and planning, obtain tribal input, and advise the TYVS team on the best ways to inform communities about the study. Tribal POCs also helped to identify potential field staff, along with local resources, and provided other important contextual information about the participating tribe and/or urban Indian community or off-reservation settings where the study was implemented.

At each location the research team worked with the tribal organizations or agencies to obtain their assistance with the project and to identify a POC to act as a liaison between the study team, the participating tribe, organizations, and participants. The POC and their affiliated organizations or programs assisted with facilitating recruitment of field staff, identifying participants, recommending a location for interviews, and distributing informational materials about the study and its participation process. Flyers and frequently asked questions (FAQ) documents were tailored by the study team in consultation with the POC and placed within the community where youth or young adults might congregate.

TYVS field staff included a study team made up of a local Site Coordinator and up to five Field Interviewers at each site. The AIDA Project Director and Program Managers provided overall direction and oversight. Site Coordinators conducted local outreach activities and recruitment of interviewers and study participants, monitored data collection activities, scheduled interviews, assisted in consent and assent procedures, managed and disbursed incentives, collaborated with the interviewer for final interview data and site documentation, and secured all paper documentation. The field staff were never able to access the survey data. The computerized mechanism of the survey provided a secure chain of custody of the data directly to Qualtrics^{XM} and then to the Project Director's pass-word protected computer.

Field Interviewers conducted interviews using the TYVS survey, documented interviews, maintained interview schedules, assisted in the securing of the data, managed trauma support when needed, maintained computer equipment and performed other duties as necessary. The FIs also assisted the POCs with local outreach activities, and assisted the SC in monitoring data collection activities where needed.

All field staff members were required to take the Collaborative Institutional Training Initiative (CITI) online course and test to obtain CITI Certification before participating in the field staff training. The Program Manager also completed criminal history and reference checks

for all potential field staff. The field staff were then required to complete 40 to 60 hours of training held at each site. Individuals who completed the training were provided certification by AIDA and were then authorized to conduct research for the TYVS.

Site Documentation

The TYVS study team developed several study and administrative materials that required official documentation in order to effectively capture the needed information for a successful study. This documentation included the following:

- **Research Agreement(s):** Research agreements including tribal approval documents, facility agreements, participatory agreement(s), and/or other agreements negotiated with the participating tribe or organization site, and/or interview location and the AIDA.
- **Participant Consent/Assent Forms:** The Participant Consent/Assent Forms were first obtained by the Site Coordinator or Field Interviewer. They were then turned over to the Program Manager upon completion of field implementation.
- **Interview Notes:** The FIs took interview notes during the CT. Notes and observations were turned into the Program Manager upon completion of field implementation.
- **Participant Tracking Logs:** Participant tracking logs were entered by the Field Interviewer after completion of the Pilot Testing Survey/Interview then turned into the Site Coordinator and AIDA Program Manager or Field Operations Manager upon completion of field implementation
- **Incentive Disbursement Logs:** Research financial tracking logs were entered by the Field Interviewer after completion of the Pilot Testing Interview. Tracking logs were turned into the Site Coordinator and Program Manager upon completion of field implementation.
- **Individual Nondisclosure Agreements:** These documents were signed prior to the training during the contracting phase and were maintained in the contract file.
- **Confidentiality Agreements:** These documents were signed prior to the training during the contracting phase. They are maintained in the contract file.
- **Absent Parent Log:** This form was used by the FIs to recorded absent parents and turned into the Site Coordinator and Program Manager upon completion of field implementation.
- **Distress Protocol Log:** This form was used by the FIs to document any adverse event including distress, trauma, or a referral and turned into the Site Coordinator and Program Manager immediately.

Cognitive Testing

The Phase II Cognitive Testing purpose was to refine the TYVS overall protocol developed in Phase I (questionnaire, methods, protocols and procedures) that then was used for Phase III Pilot Testing. Cognitive testing allows for a better understanding of respondent characteristics and cognitive processes particularly for AI and AN youth and young adults. Ethnic or racial differences in responses to questions continues to be of concern in survey research and points to the importance of cognitive testing in multi-cultural survey development. Before the TYVS survey was pilot tested, it was essential to determine if the survey is appropriate to the target population. The goal of the cognitive data collection phase was to provide information to finalize the substantive content of the TYVS instrument and ensure that the language of the questionnaire and other materials are appropriate for the target population.

The primary CT objective was to assess how youth and young adults interpreted and comprehended the survey questions, recalled information and events, made judgments about how to respond, and then assessed response options. Questions that were misunderstood by youth and young adults or that were difficult to answer were then improved prior to fielding the survey (Phase III – Pilot Testing), thereby increasing the overall quality of the survey instrument. The CT ensured that tested questions successfully captured the intent of the question and, at the same time, made sense to respondents. Cognitive testing examined the question-response process (steps that can be thought of by four stages respondents experience as they try to give an accurate response to the question). In each of the four stages, various types of response errors can occur (Willis, 1999). Table 2 below outlines some of those problems.

Table 2. Cognitive Model of Question-Response

| Cognitive Stage | Definition | Action | Response Errors/Question Problems |
|------------------------|-------------------|--|--|
| Stage 1 | Comprehension | Youth interprets the question | Unknown terms, Ambiguous concepts, Long and overly complex |
| Stage 2 | Retrieval | Youth searches memory for relevant information | Recall difficulty |
| Stage 3 | Judgment | Youth evaluates and/or estimates response | Biased or sensitive, Estimation difficulty |
| Stage 4 | Response | Youth provides information in the format requested | Incomplete or inappropriate response options |

The CT included in-depth interviews guided by the TYVS CT Protocol with a small, purposive sample of respondents similar to those who would be targeted for the actual survey. Data from CT interviews that took place in two sites were qualitative in nature. The study also gathered information about how study incentives may influence participant enrollment. Use of incentives was also studied during the pilot phase.

The CT included site selection, recruitment of study participants, implementation of training materials for field interviews, and execution of approved CT study protocols. The CT took place in Site A in July 2018 and in Site B in May and June 2019. When reviewing the data collected at this point, it was agreed by the researchers that “saturation” that is, the same perspectives being repeated, was reached and that more sampling was not needed.

The CT methods and protocols received human subject protections review in accordance with NIJ regulations. It was determined by the federal funding agency that the Office of Management and Budget (OMB) did not have to review and approve the protocol or

instrumentation. The study team obtained the following approvals prior to implementation of the CT. These approvals included:

U.S.D.OJ Human Subject Protection Officer Approval

U.S.D.OJ research regulations with respect to:

- Confidentiality of Information (42 U.S.C. §3789g).
- Confidentiality of Identifiable Research and Statistical Information (28 CFR Part 22).
- Protection of Human Subjects (28 CFR Part 46).

Institutional Review Board Approval

IRB approvals include:

- University of Nevada Las Vegas (UNLV) IRB – received March 20, 2017 (Cognitive Phase) and renewed annually. CT Protocols changes were reviewed and approved by the UNLV IRB.

Cognitive Testing Study Sites and Participants

The CT testing took place in two U.S. regions: The Northwest and Southwest. The regions were selected to address cultural and historical differences in the U.S. regarding the AI and AN population. The sites selected were large urban centers which attract large AI and AN urban populations which have a mixture of many different tribal affiliations from tribes across the U.S; as well as the availability of community schools that serve AI and AN youth ages 12-17 and job training centers and local technical schools serving AI and AN young adults ages 18-20. Due to extraordinary weather conditions—snow blizzards, rain, and flooding—during the designated CT timeframe, the third a tribal site was not included.

The study used purposive sampling for a total of 33 youth and young adult participants. All original scheduled individuals in Site A participated, and no alternates were utilized. In Site B seven youth were replaced by alternates or new recruited participants. Four of the replaced interviewees experienced scheduling conflicts with academic and/or after school activities. One person could not find the “basecamp” location (the non-profit interview location had recently moved, and the old address still showed up on map searches) and arrived late and couldn’t reschedule the appointment. There were two no shows, no explanation was obtained. Table 3 outlines the sample by site, age, and gender.

Table 3. CT Sites and Participants

| Southwest Location: Site A | Northwest Location: Site B |
|---------------------------------------|---------------------------------------|
| Sample (N=18) | Sample (N=15) |
| 12-14 years – 2 female and 3 male (5) | 12-14 years – 2 female and 1 male (3) |
| 15-17 years – 4 female and 3 male (7) | 15-17 years – 4 female and 1 male (5) |
| 18-20 years – 3 female and 3 male (6) | 18-20 years – 4 female and 3 male (7) |
| Tribal-specific Regulations: None | Tribal-specific Regulations: None |

Cognitive Testing Materials

Knowing that the CT process could not test all the initial survey questions due to participant time burden, sections, questions and/or response categories were identified that were felt to be possibly problematic. A TYVS CT protocol was developed and included the sections and questions as outlined in Table 4.

Table 4. Sections and Questions in the CT Protocol

| Section | Questions | Section | Questions |
|---|---|---|--|
| Section 1: Respondent Characteristics 18 Questions | 1.2 1.5 1.6 1.9 | Section 6: Exposure to Violence 21 Questions | 6.1 - 6.11 6.11.1 - 6.11.3 6.12 6.12.1 - 6.12.3 |
| | 1.13 -1.15 1.17 | | 6.13 - 6.15 |
| Section 2: Health and Wellness 6 Questions | 2.1 - 2.3 2.5 - 2.6 2.11 | Section 7: Substance Use and Other Behavior 12 Questions | 7.1 7.1a - 7.1b 7.2 -7.7 7.20 -7.22 |
| Section 3: School 0 Questions | None | Section 8: Victimization 46 Questions | 8.1- 8.3 8.3a - 8.3b 8.4 8.4a - 8.4b 8.5 - 8.36 8A.1 - 8A.7 |
| Section 4: Household and Living Arrangements 7 Questions | 4.8 4.8a - 4.8b 4.9 - 4.10 4.10a - 4.10c | Section 9: Perpetrate Violence 20 Questions | 9.1 - 9.17 9A.1 - 9A.3 |
| Section 5: Community 12 Questions | 5.3 - 5.15 | Section 10: Resilience 7 Questions | 10.1 - 10.3 10.3.1 10.4 - 10.7 |

Outreach and Recruitment

Implementation of the study protocol began with development of relationships with the local organizations serving AI and AN youth in the two sites. Recruitment methods included posting in public areas TYVS Recruitment Flyers, handing out TYSV FAQs, emailing the materials to membership lists, and by word of mouth. Recruitment materials were tailored for each site. Outreach activities with organization representatives also resulted in the establishment of partnerships for local site “basecamps.”

The recruitment strategy used at both sites resulted in potential participants contacting the study team directly. Thereby the study team followed CT protocols to confirm and schedule participation, added the participant to the alternate list, and began the consent and assenting process. Parental consent was gained either prior to the scheduled interview or when the parent dropped off the youth. Young adults consented for themselves prior to or upon arrival for the interview.

Field Interviewer Training

The CT interviewers and site team participated in a three-hour CT training one week prior to the CT interviews. Although the FIs (who were all part of the study team) had multiple years of experience conducting interviews with AI and AN youth, they received orientation and training on the CT methodology, site protocols, background information regarding CT theoretical frameworks, participant safety, i.e. distress protocols, and other administrative tasks. A Training Manual and accompanying power point materials were developed and utilized.

Cognitive Testing Interviews

CT interviews took place in private offices or spaces. All interviews were audiotaped. Two to three male and female interviewers (one served as an alternate) were utilized. Two TVYS Senior Research Consultants served as note-takers and probed for additional responses when needed. Only one interview ran over the allotted time frame; therefore, a breakoff was initiated by the interviewer at the two-hour mark. Each participant received a \$30 incentive (either in school supplies or gift card depending on age) for their participation in the interview and parents a \$10 travel stipend. Incentives were negotiated with stakeholders at NIJ prior to the CT and did not vary per site. The study team documented the distribution of incentives and travel funds utilizing TYVS tracking forms.

Distress was detected in only one interview. The interviewer followed the distress protocols and immediately stopped the interview allowing the participant to take a break. The participant was in the age range of 18-20 years and female. The interviewer immediately provided the participant the local resource list given to all participants at the conclusion of the interview. The participant was asked if she wanted to discontinue the interview. The participant wanted to continue the interview. No further action by the interviewer was taken, as the distress did not rise to the level of reporting. During debrief of the incident among AIDA staff and the NIJ project officer, it was decided that additional clarification was needed about the steps to be taken if distress results in a need to notify an adolescent participants' parent or guardian. AIDA had protocols set-forth in the CT training manual regarding Mandatory Reporting and U.S. Department of Justice Privacy Regulations and steps to encourage self-reporting. However, exceptions to confidentiality were included if the participant indicated that he or she plans to commit self-harm or harm to another. Policy indicated that participant consent was required to breach confidentiality, regardless of age, if the incident does not rise to the level of reporting. Additional clarifying language was added to the protocol and training materials and a form created for Participant Consent to Breach Confidentiality if needed to notify parents or guardians of distress.

Cognitive Testing Findings

Analysis of the CT data was completed in a team approach using different types of problems or errors identified by the CT process. This was particularly necessary for special populations such as children and youth, and AI and AN population where linguistic and cultural equivalence is essential. The study team used a consensus approach to make final revision decisions. Respondents generally processed the CT questions and responses correctly. Some overall issues emerged that are worthy of note.

Lower Age Point

One TYVS challenge was to define the lower age range of the target youth to be surveyed. It became obvious to the interviewers and the note takers that the 12-year-old participants had trouble with some of the important questions and the response categories (e.g. if sexual in nature and if witnessing, experiencing and perpetrating victimization). This issue seemed to be due to the youth's comprehension and abstract thinking skills and prior experience. Thinking about things removed from the facts of the "here and now," not having extensive specific examples of the things or concepts being thought about, never having had these experiences (especially in respect to sexual or intimate partner violence), and having to sit through the abbreviated CT questionnaire protocol proved hard for most of them. Also, stress

was noted in “trying to please, but perceiving that they were not able.” In sharp contrast, the 13-year-olds seemed to understand what was being asked, assess the questions and responses even if not having experienced, and gave very valuable feedback.

The TYVS research team became concerned that the age of 12 years may be too young for this complex and very invasive inquiry. The 12-year-old is still in early adolescence moving very quickly from concrete to more abstracting thinking, and adding, very quickly, normal adolescent social experiences as they move to upper middle school/lower high school at 13 and/or 14 years (Borges et al., 2000; De Leeuw & Otter, 1995). The researchers felt that gathering data on the experience of a 12-year-old adolescent and an 18-year-old cannot be statistically “averaged” to obtain a valid conclusion of the nature of adolescent risk and victimization. Thus, the TYVS team refined the starting age range for the survey to begin at 13 years of age.

Need for a Shorter Survey

A fear arose that the full survey would be over the planned allotted 60 minutes. The CT process allowed the deletion of questions that were wanted but not as applicable to the mandate of gathering victimization prevalence and risk data. Having opportunity to gather much needed information in the context of victimization in AI and AN youth and young adults (such as effects and service needs) would be of interest to researchers and service providers but would be a major burden to the youth and young adult participants. Therefore, approximately 350 questions and follow-ups were deleted from the 492 originals. The survey to be pilot tested was shortened to 118 stem questions, several follow-up questions, and skip patterns to allow a shorter administration for some respondents who are not led to the follow-up questions.

Questionnaire Revisions

The CT Protocol was divided into sections that coincided with the different overall categories of questions. Table 5 outlines the procedures used for documenting revisions in a way that facilitated an organized approach to the process and enough information for group decision-making.

Table 5. Questionnaire Revision Procedures

| Protocol | Procedures |
|--|--|
| Transcribe Comments in Survey Matrix | Each Participant comment was transcribed into the CT Survey Matrix question by question. |
| Transcribe Interviewer & Notetaker Comments in Survey Matrix | Each interviewer and notetaker comment was transcribed into the Matrix question by question. |
| Summarize Comments | Comments were summarized by question. |
| Evaluate Proposed Revision | Noted question intent and underlying construct. |
| | Explained rationale for proposed revision. |
| | Noted any possible effects of the proposed change (e.g. theoretical, structural, and protection of human subjects etc.). |
| | Discussed proposed revisions with research team to determine and agree to exact changes to be made. |
| | Added revision columns to Matrix. |
| | Noted placement in survey instrument and replace original question. |
| | Redrafted survey and sent to Qualtrics (survey programming consultant) for a second professional review and programming for pilot testing. |

Conclusion

In conclusion, cognitive testing allowed TVYS researchers to understand the interpretive patterns used by respondents as they processed the questions and formulated possible answers. By understanding the various interpretative patterns used by the youth and young adults it was possible to better grasp the actual construct captured by the question. While all questions were not tested due to time constraints, the measures the researchers felt would be of possible issue were. Reviewing the cognitive testing data, the study team used a consensus approach to make final question revision decisions. This process identified issues with our originally proposed lower age target and questions that could be deleted to shorten the TYVS Survey. Recruitment materials and strategies were also assessed for the subsequent pilot phase and were found appropriate for and “friendly” to the target population. Respondents’ thoughts on remuneration were also explored through an anonymous survey in which the data was then added to the data from the same survey administered during the pilot testing stage. Results of this survey can be found in section 5 of this report.

Pilot Testing

The primary task for the project was to develop and test a survey instrument that would obtain future prevalence estimates of types of violence and victimization experienced by AI and AN youth. As mentioned previously in this report, the tasks included survey development, implementation, and pilot testing and provide tested self-report measures of violence and victimization for youth and young adults between the ages of 13 and 20 years who live in diverse settings. The instrument used for the pilot test included eight question sections plus paradata and follow-up questions (Table 6).

Table 6. TYVS Pilot Survey Contents

| Section | Description | # of Items |
|----------------|-----------------------------|--------------------------|
| A | Paradata | 32 indicators |
| 1 | Respondent Characteristics | 5 questions |
| 2 | Health and Wellness | 17 questions |
| 3 | Home, School, and Community | 12 + follow up questions |
| 4 | Exposure to Violence | 15 questions |
| 5 | Substance Abuse and Risk | 9 questions |
| 6 | Victimization | 34 + follow up questions |
| 7 | Perpetrating Violence | 16 + follow up questions |
| 8 | Resilience | 6 questions |
| B | Pilot Follow Up | 7 questions |

Instrument Assessment

The specific purposes of the pilot test (PT) were to field test the TYVS survey instrument and evaluate the process of tribal and organizational engagement in youth violence research, sampling and recruitment strategies, administration mode(s) for the survey, and the effect of incentives on participation. The revised TYVS survey (per the results of cognitive testing) was pilot tested in one tribal site and two urban sites with neighboring tribal communities and with large AI and AN populations. Two of the three sites were also locations for cognitive testing. This was done purposely as tribes and/or organizations were already familiar with the project and approvals for the pilot test required only an amendment or modification of approvals obtained during cognitive testing. In addition, a sufficiently large sample size was already determined during the CT phase, and local support resources were known and prepared to assist with

recruitment, interview space, and/or distress response. CT participants, however, were not eligible to participate in the pilot test.

Mode Assessment

The pilot included testing three modes for administering the survey, one at each of the three sites. The decision was made to use computer technology for all three survey modes to reduce respondent burden, costs, and data entry errors, especially for complex skip patterns and follow-up questions. Computerization allowed simultaneous data collection and data entry, secure storage of the data, and readily downloadable data for analysis.

Site A. Computer Assisted Self Interview (CASI). This mode assumed the participant could read the questions and answers and select preprogrammed response options using the computer keyboard, touch-screen, or mouse. This mode provided the participant complete privacy and confidentiality when answering the questions.

Site B. Audio Computer Assisted Self Interview (ACASI). This mode provided full audio for the study participant who could read and listen to the questions and answers and select preprogrammed response options using the computer keyboard, touch-screen, or mouse. ACASI addressed issues with respondent literacy levels while also providing the participant complete privacy and confidentiality when answering the questions.

Site C. Audio Computer Assisted Personal Interview (ACAPI) with ACASI. This mode combined a traditional face-to-face interview and the use of computer technology to administer the survey. The interviewer began the survey using the computer to ask questions while the participant entered their responses using the preprogrammed answers. For the more sensitive questions, the interviewer turned the computer over to the participant who continued the survey in ACASI mode. This mode allowed the participant and interviewer to build trust and rapport with each other. The participant then answered sensitive questions in complete privacy and confidentiality. Once the sensitive questions were completed, the participant was prompted to turn the survey back over to the interviewer to complete the final questions in ACAPI interview mode.

Remuneration Considerations for American Indian and Alaska Native Youth

The project was tasked with examining the ethical and practical issues of remuneration for Native youth who participate in research. As discussed earlier, the issue of remuneration in research is much debated in research circles, particularly for vulnerable populations. While compensation for participation in research can be problematic, it can also reflect the ethical principles of respect for persons, beneficence, and justice. There were three key issues that resulted from the focus on remuneration for this project.

First was the terminology. The project was instructed by the funding agency to use the term “incentive” as opposed to “compensation” which was the preference of the research team. Based on a comprehensive review of the literature, past research experience, and knowledge of the target population, the TYVS research team supported the use of the term “compensation” as being more appropriate than the use of “incentives.” Compensation implies respect for the contributions of participants and their ability to make an informed decision. Compensation also implies acknowledgment of the benefits received from those who participate in terms of their

time, their stories, and their willingness to contribute, in this instance, to the future wellbeing of AI and AN people. Since, however, “incentive” was the term used by the funding agency, that term will be used in this report.

The second issue was to compare the amount of the incentive, or compensation, offered for other studies with similar populations. The research team and the TAG thought TYVS participants should receive the same consideration. After careful evaluation of the issues, the TYVS determined that an incentive equivalent to \$20 per hour was appropriate and justified for this study. The TYVS was asking young AI and AN people to consider and report what, for some, may be traumatic events in their lives in a survey process that would take approximately 45 minutes to one hour per interview. Four key factors contributed to this determination: the burden on the participant, the age of the participant, the most appropriate model for determining an amount, and oversight considerations beyond the Institutional Review Board to the tribes.

The third issue was the form of the incentive. After much discussion with the TAG and tribal leaders, it was decided that the form of the incentive should be based on the age of the participants. Merchandise such as school supplies, i.e., pens, notebooks and backpacks etc., was given to the 13-15-year-olds and gift cards or cash was given to participants 16 years of age and older.

Incentives Assessment

The pilot test provided an opportunity to assess the effect of incentives on participation. Each of the three sites were randomly selected for one of three approaches to providing prior knowledge of incentives. Site A participants received no notice of incentives during recruitment or at the start of the interview. Site B participants were told that an incentive would be provided upon completion of the survey, but not told the amount or type of incentive. Site C participants received full notice—including the amount and type of incentive—during recruitment and during the consent/assent process, that there would be an incentive upon completion of the survey. Table 7 provides a comparison of mode and incentive testing by study site.

Table 7. Site by Mode and Incentive Testing

| Site | Incentive Approach | Mode |
|------|---|---------------|
| A | No mention of incentive | ACAPI & ACASI |
| B | Brief mention of incentive | CASI |
| C | Full mention of incentive amount and type | ACASI |

Sampling and Recruitment

Sampling

The objectives of PT sampling and recruitment were to select: 1) an adequately sized convenience sample for comparing data collection modes, 2) an adequately diverse sample for testing administration conditions, and 3) an adequately controlled context for carrying out the methods and human subject protections within budget constraints. The individuals recruited for participation were self-identified AI and AN youth and young adults between 13 and 20 years of age. Participants were divided by age groups: 13-14 years, 15-17 years, and 18-20 years and by gender with approximately equal numbers of male and female participants in each age group at each test site. While not individually targeted, it was expected that the final sample might, by chance, include college students, probationers, wards of the state, and pregnant women. There

were no exclusion criteria, however, cognitively disabled teens might not have been able to participate (those unable to understand the questions).

Although prospective youth and young adults were asked about their tribal affiliation and enrollment, they were not asked to provide any proof of their tribal citizenship status, e.g., a tribal census number or identification card. Youth and young adults were eligible to participate even if their tribal affiliation was different from the tribal community in which they were recruited.

Sample Size

A total pilot sample size of 375 completed interviews was deemed sufficient for the goals of the project with up to 125 participants per site. The sample size calculation was based on a, a power of .80 and an alpha error of .10. This sample size estimate allowed for a participation refusal rate difference of 10.6% using different modes of computerized data collection, assuming a 30% refusal rate in the “control” mode. While the PT was not designed to be able to detect small differences between modes, the goal of the pilot study was to exclude the possibility that mode differences would introduce large disparities in the findings. The study also relied on qualitative assessments of the data, noting any consistent trends in mode differences to help guide methodological assessments. To account for an estimate attrition/administration error rate of .075, 135 youth (45 in each age group) were the target for recruitment for a total of 405.

Sampling Strategy

For the pilot test, the study employed non-probability, convenience sampling strategies. Participants were initially recruited using flyers and announcements at locations where AI and AN youth were known to congregate. In addition, a chain referral (snowball) process was used with participants, parents, and known community associates who were asked to find other youth who might be interested in participating.

Engagement and Recruitment

Tribal communities have, historically, suffered abuses and been stigmatized by mainstream research. Informed consent at the community level was considered mandatory for research conducted in the selected tribal communities. AI and AN research participants, while autonomous individuals, are also members of their tribes. In non-tribal locations near to tribes, targeted individuals may still be members of the local tribes; therefore, tribal notification about the TYVS was both a courtesy and a responsibility. Both scenarios were applicable to this study.

Tribal and Community Engagement

Local field staff were essential in helping to engage and inform tribal and/or local organizations working with the targeted participants. In the tribal site, the Project Director approached the tribe to obtain formal approval. Written tribal approval enabled participation of tribal agencies or programs through designation of a tribal POC that assisted with recruitment, identified interview space, trauma support, and other resources that were needed by the study or participants. No information or data about participants or families was shared with the POC. In the two non-tribal communities, local tribes were informed about the study.

Publicity and Recruitment

Flyers and FAQ documents were prepared and tailored by the TYVS research team in consultation with the POC and local stakeholders. Three versions of the FAQ documents were distributed, one for participants, one for parents, and one for tribal and community entities. Participant FAQs differed at each location based on the survey modes used at each test site. Flyers differed at each location regarding what was/was not mentioned about incentives for participation. All flyers had a number, email address and contact information that a youth, young adult, parent and/or guardian could contact for more information.

Individuals who agreed to participate in the study scheduled an interview time at a pre-identified private location in a public building in the community. At each PT site, a public building with private, quiet space was identified to serve as the interview location. These locations included empty offices at administration buildings. A space with a window was preferred, but most important was to ensure the utmost privacy of the participant. Parents/guardians who accompanied their children to the interview were informed that the interview would take approximately one hour. Depending on the facility, they could wait in a common area (waiting room) or leave and return.

Protection of Human Subjects

Protections for study participants proved to be a lengthy process, further hindered by governmental project delays. After multiple revisions and conversations, the IRB of record determined the project to be more than minimal risk. This was due to the nature of the subject matter, the potential vulnerability of the participant population, and the fact that since the issue is understudied in this population, the nature and extent of potential risks were unknown.

Summary of IRB Modifications

Modifications to the protocol required by the IRB included additional information and clarification for field interviewer training and certification, researcher responsibilities for reporting illegal activity, and specifications for the interview settings. The IRB also requested information regarding the researchers' relationships with and engagement with tribal communities as well as some specific information about the participating tribe(s). A request was made by the IRB for the researchers to collect zip code information but ultimately this request was redacted.

Modifications to consent forms were made to further clarify the survey process and privacy protections. In addition, due to the determination that the study met section 46.406 of 45 CFR 46, Subpart D, research with children that is more than minimal risk, changes were made to the permission and assent process and forms. Specific language from the U.S. DOJ and the name of the funding agency (NIJ) were included in the permission and assent forms. The forms were also modified to include information and procedures for obtaining permission from both parents as required by the IRB. It is noteworthy that more than half (54%) of AI children live in single parent homes (Kids Count, 2019) and non-parental caretaker (extended family) homes; this is more common in tribal communities than among other populations.

Risk/Benefit Assessment

The identified risks of participation included both psychological risks and possibly rare physical risks. Some participants might have become uncomfortable hearing some of the questions or talking about violence and victimization issues. Some participants might have become fatigued during the process. It was thought that the probability that participants would be

upset or uncomfortable would be higher with younger participants than with older participants. The probability of fatigue was also thought to be more likely with younger participants than with older participants. Lastly, there was concern that participants in abusive situations might be at increased risk due to their participation. However, it was also thought that abusive parents or guardians would probably deny permission for their youth to be a part of the study.

The study provided no direct benefits to individual participants. However, it was hoped that youth would be pleased to contribute to an important AI and AN youth study. They might also be empowered by “enlightening” the research team about the realities of life for young people living on or off tribal lands or settings and helping to design a survey that would result in knowledge needed to improve the safety, health and well-being of AI and AN youth and young adults.

Informed Consent, Permission, and Assent

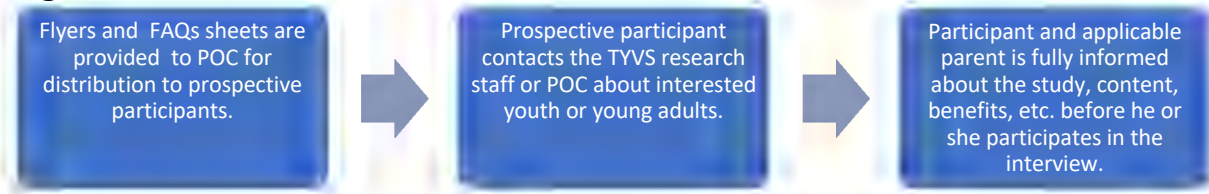
The study required signed consent forms for participants age 18 years and older, and signed youth assent forms plus signed parent permission forms for those under 18 years old. A graduated Informed Consent protocol was put in place to ensure respondent safety and confidentiality in accordance with recommended guidelines for surveys on sensitive topics such as violence and/or victimization (Sullivan & Cain, 2004). The TYVS graduated Informed Consent protocol began at the dissemination of flyers. However, the FAQ informational materials included information that the study would ask about victimization youth have seen or experienced. If interested, the prospective participants called the TYVS Site Coordinator or Field Interviewer and were told about the study. If possible, arrangements were made to provide consent, permission, and assent forms ahead of time for potential participants and parents to review.

Participants age 18 years and older were given the adult consent form during recruitment or at the time of the interview and the interviewer would review the forms and verify consent. As noted above, signatures of both parents were required for permission for youth less than 18 years of age to participate. If only one parent was present the FI asked whether the other parent was living, and if so, whether the parents shared custody and legal authority to make decisions on behalf of the child. If the parent who was present responded that the other parent was deceased, unknown, or did not share custody and legal decision-making authority, permission from the parent who was present with the child was sufficient.

If a parent was not available due to being institutionalized, hospitalized, or residing elsewhere, the FI would ask the available parent for a contact phone number or email for the absent parent, then attempt to contact them to discuss the study and to arrange to send consent forms to obtain their consent. If the absent parent could not be reached by telephone or email and the FI made at least three attempts it was determined and documented that the parent was “not reasonably available.” The interviewer noted this information in the Absent Parent Log.

When parent(s) consented, participants under 18 years of age were read the assent form and given a copy to follow along. The FI then ensured the youth understood everything that would take place and their rights as a TYVS participant. When the FI was confident the youth understood and fully agreed, the participant signed the consent/assent form and the interview began (Figure 2).

Figure 2. TYVS Informed Consent Process



Participant Privacy and Confidentiality

It was essential to protect TYVS research participant privacy and confidentiality by adhering to an informed process protocol. The TYVS followed the U.S. DOJ privacy regulations, which meant that all information provided by a participant would be used for research purposes only. Reporting cases of current or past abuse without the participant’s explicit signed consent would represent a breach of confidentiality. In addition, these regulations prohibited voluntary disclosure by researchers. Local laws statutorily define categories of persons as “mandated reporters,” including, but not limited to, licensed health practitioners, to report to appropriate authorities the known or reasonably suspected abuse or neglect of a child, elder, or dependent adult. TYVS interviewers and research staff were not mandatory reporters in the states in which the pilot took place. If a situation of reported abuse arose, the FI could only encourage the youth to self-report the information to the appropriate agency. This situation did not arise during the PT.

The exceptions to the U.S. DOJ privacy regulations were: 1) imminent danger of harm to oneself or another human being, and 2) if the participant indicates that he or she plans to commit a crime in the future. In addition, the participant could sign a separate consent form that allowed the study staff to report alleged or suspected current or past abuse including notifying parents. This situation also did not arise. The TYVS used this tiered protection plan and the graduated informed consent process discussed above to ensure total awareness of the TYVS study and its potential risks and benefits prior to any agreement to participate.

- **Tier I – Tribal Recruitment Phase.** The TYVS staff kept the names of the selected tribes and sites confidential throughout all phases of the study. The TYVS study team including the field staff also signed confidentiality agreements and agreed not to divulge to anyone the tribes or organizations that participated in the study. This was done to protect the tribes, participating agencies, and/or the community from identification and possible repercussions during dissemination of results.
- **Tier II – Participant Recruitment Phase.** TYVS staff informed invited participants and parents thoroughly about the purpose of the TYVS and their rights as research participants. Participants were also informed about the supportive services available to them as study participants should they be needed. Interested youth informed the local POC that they wanted to participate. This ensured that only the local POC knew who they were —necessary to schedule the actual interview.
- **Tier III - Interview Phase.** The PT interviews took place in a public building with quiet, private space (such as a conference room, personal office, etc.) at a time convenient to the participant. The SCs and FIs protected confidentiality by keeping the purpose of the meeting private. The pilot used CASI, ACASI and ACAPI modes to conduct the surveys. Data were directly compiled into an encrypted computer database. Participant identifiers were not collected on the computerized surveys. The FI could not retrieve the data once

the participant completed the survey.

- **Tier IV – Post-Interview Phase.** The survey was hosted on a web-based platform developed and maintained by Qualtrics^{XM}. Data entry was linked to a secure online account accessible only by Qualtrics^{XM} and the senior TYVS research team. This ensured immediate and secure data transfer from the survey equipment eliminating the need for manual data entry. Once a question was answered, neither the participant nor the FI was able to go back to previous responses, further ensuring confidentiality.

Data collected and used for contact purposes included name and contact information. Gender and age were the only identifiers collected and were used as part of a concatenated identification code number to be included in the database. For example, the ID number might be 09-17-01-16-001 with 09-17 indicating the date of the interview, 01 indicating the participant was male, and 16 indicated the participant was 16 years of age and the last three digits 001 indicating a unique interview ID number.

The data were then securely transmitted to the senior research team members to be cleaned and analyzed. The cleaned data did not include the identification codes nor were the data linked in any way to the respondent's original interview. Any identifying information other than the age and sex of the participant was removed. Per the agreement with the funding agency (NIJ) the data are now stored in secure AIDA offices.

TYVS staff were not allowed to share any information that divulged the participating tribes, organizations, or any individual participants in any reports, documents, or presentations or in any other settings. Any identifiable information used for recruitment purposes will be destroyed upon study completion. Any publications resulting from the TYVS will be methodological in nature. No survey results will be analyzed and reported. Data will be destroyed in accordance with NIJ and IRB requirements.

Distress, Adverse Events and Unanticipated Problems

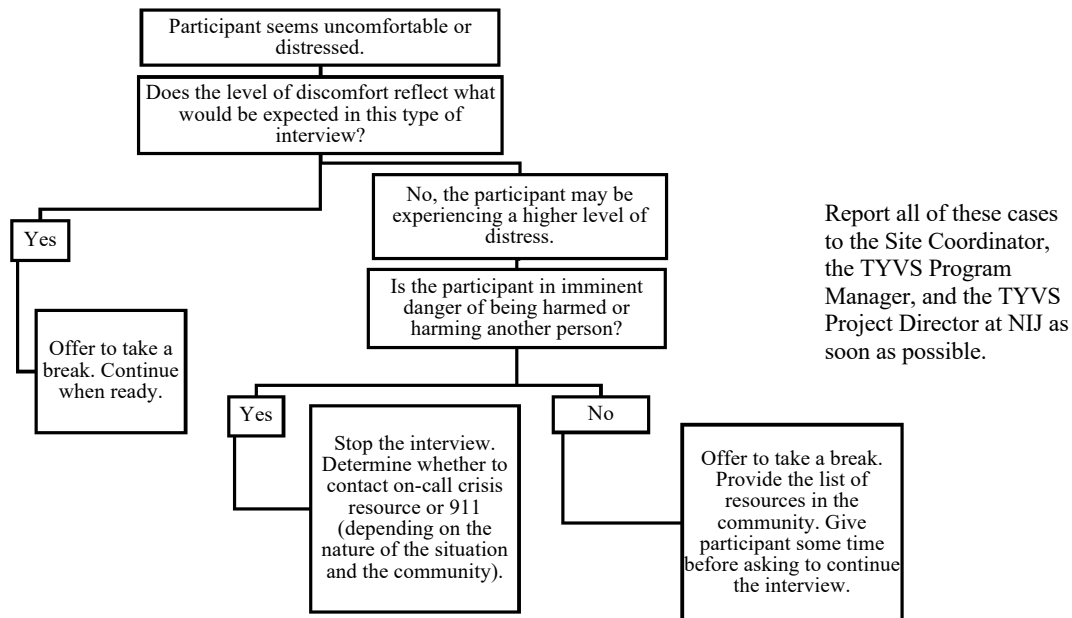
The researchers were very aware that the content of the TYVS might raise safety concerns; therefore, minimizing the possibility that individuals could be harmed in this research was a top priority. The research process included a response protocol for participants who might become uncomfortable and/or distressed. Multiple breaks were also offered to alleviate fatigue. The Distress Protocol included when to pause the interview, how to determine the severity of the distress, when to stop the interview, and whether to contact a local on-call crisis response team. In addition, any participant distress events would be discussed by the research team and reported to the NIJ Project Officer if it was determined that changes to the protocol were warranted. A log was developed to document any adverse event including distress, trauma, or a referral. These situations were defined as:

- **Distress.** An aversive, negative state in which coping processes fail to return the individual to psychological homeostasis. Signs of distress may include crying, body language cues, and/or statements indicating acute stress.
- **Adverse Event.** Any untoward or unfavorable occurrence in a human subject, including any abnormal sign or symptom temporally associated with the subject's participation in the research, whether the event is considered related to the subject's participation in the research. Adverse events encompass both physical and psychological harms.
- **Unanticipated Problems.** Any incident, experience, or outcome that meets all of the following criteria: 1) unexpected (in terms of nature, severity, or frequency) given (a) the

research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent and assent documents; and (b) the characteristics of the population being studied; 2) related or possibly related to participation in the research; and 3) potentially placed subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

The SCs and FIs and other research staff were continually on alert to any indication of potential or actual harm study participants might be experiencing. The TYVS field staff were trained to recognize distress and to follow distress protocols to assist the youth and young adults. They could also offer and help participants seek support services (such as interpreters and trauma support referrals) if needed. The training included: recognition of distress, assessing the distress and the situation, and distress response. A specific distress protocol (Figure 3) was tailored for each PT site, which included a local site resources list with emergency contacts. All study participants were provided the site-specific resource list at the end of their interview.

Figure 3. TYVS Distress Protocol



Data Collection and Analysis

The PT was administered in person using one of the three modes assigned to each site. The Qualtrics^{XM} system ensured that data collection and data entry occurred simultaneously with each mode. Approved senior research staff were able to extract and analyze the data directly from the system or downloaded the data and analyzed it using other statistical analytic software. This significantly decreased the amount of time required to process, analyze, and report the results. Basic frequencies and some descriptive analyses could be computed directly in the Qualtrics system, however, due to some false starts and initial FI input errors this did not always provide accurate information. The data were downloaded into Excel for further cleaning and to identify several data anomalies. The cleaned data set was then downloaded to the JASP statistical

software (JASP Team (2019). JASP (Version 0.11.1) [Computer software]) to conduct preliminary analyses.

Paradata

The paradata collected at the initiation of the survey process and upon survey completion provided administrative data on the survey process and logistics. Multiple process indicators were built in the programming and included date, start time, end time, duration, survey format, and other internal consistency checks. More subjective paradata were collected from participants through a short set of follow-up questions regarding their experience with the survey and the survey process. Additionally, SCs and FIs at each location monitored and documented information relevant to the different modes and incentive strategies including recruitment and scheduling timeframes, interview completions, and response quality.

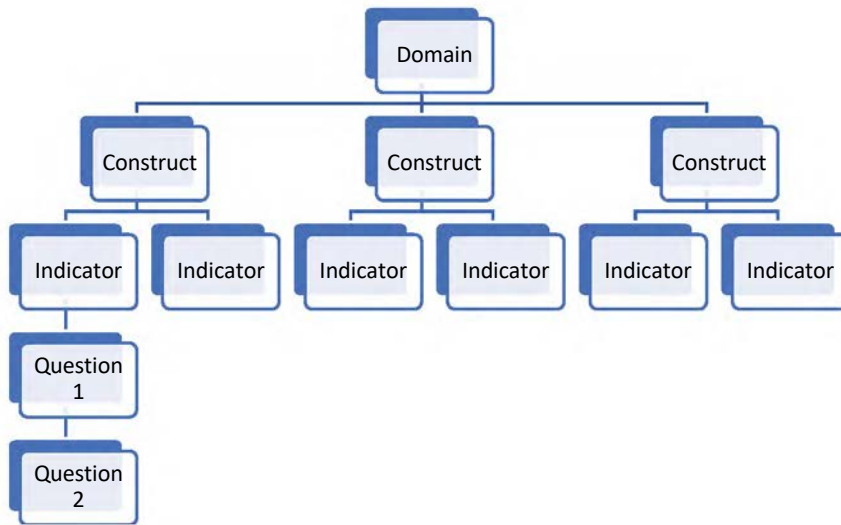
Several metrics were used to assess outcomes and provide guidance for any needed refinements of the instrument. Variations in question response rates across data collection mode, collection site, and age group were examined, including specific response rate components (refusals and partial surveys). Qualitative data concerning reasons given for refusal and interview break-offs, and post-survey interviews were also analyzed. Question response rate data, together with limited demographic data (age, gender, etc.) on non-respondents were used to examine whether any response bias was present and how such bias differed across conditions. Item-level missing data were examined to determine whether any patterns existed.

Program generated skip patterns were checked for accuracy and inconsistencies and to determine if program changes were required and/or if reliability problems in measurement were present. Variations in interview length by mode, site, and age were also assessed. One important outcome was respondents' willingness to disclose information on different forms of violence exposure. The analysis examined whether there was evidence pointing to systematic underreporting by data collection mode or site by comparing rates of exposure within and across different types of violence.

Measurement Hierarchy

The TYVS included four stratification levels: Level 1 Domain, Level 2 Construct, Level 3 Indicator, and Level 4 Measurement or Question. The domain related to the general sphere of information relevant to the experience of violence. Within each domain were one or more constructs. Each construct identified a discrete set of factors relevant to a particular domain and included indicators of violence related acts, behaviors, or attributes. Indicators signify measurable factors that reflect the particular construct and may include one or more measures (individual survey questions). For example, the domain of health and wellness may include a construct such as physical health. This construct may be comprised of an indicator such as existence of a physical disability. This indicator might be measured by asking Do you have a physical condition that limits daily activity or have you ever been diagnosed as having a physical disability? Figure 4 indicates the relationship between domains, constructs, indicators, and specific questions.

Figure 4. TYVS Measurement Hierarchy



Measures of import included the prevalence of violent victimization by type and the risk and protective factors. Prevalence measures included either point prevalence, annual prevalence and lifetime prevalence measures, depending on the nature of the indicator. Disaggregation factors—age, gender, and environment—were used to maximize usefulness of indicators and reveal patterns not apparent from the totals and vulnerable subgroups. The analysis also included data stratification by age, gender, and field site.

Domains

Each section addresses one or more domains of import. Indicators within each domain are organized relative to the sphere of information regarding violence and victimization. Table 8 provides a description of each domain and the number of related questions included in the survey.

Table 8. TYVS Survey, Domains, Type, and Questions

| Domain # | Type | Description | # of Questions |
|----------|-----------------------|---|------------------|
| Domain 1 | Exposure to Violence | This domain includes being a witness to an act of violence and/or personal knowledge of a violent act experienced by a close friend or family member. | 13 |
| Domain 2 | Violent Victimization | This domain includes personal experiences as a victim of violence including cyber (online) threats, direct threats, and direct acts experienced by the participant. | 33 + 2 follow up |
| Domain 3 | Perpetrating Violence | This domain includes personal experiences as a perpetrator of violence including cyber (online) threats, direct threats, and direct acts committed upon others. | 16 + 1 follow up |
| Domain 4 | Personal Attributes | This domain includes characteristics of the individual that may either be protective or may increase risk for violence and victimization. | 13 |
| Domain 5 | Environment | This domain includes characteristics of the environment that may either be protective or may increase risk for violence and victimization. | 20 |
| Domain 6 | Behaviors | This domain includes behaviors of the individual that may either be protective or may increase risk for violence and victimization. | 10 |
| Domain 7 | Associations | This domain includes factors associated with experiences of violence and | 13 |

| Domain # | Type | Description | # of Questions |
|----------|------|---|----------------|
| | | victimization, which may positively or negatively affect an individual physically or emotionally. | |

Relevant Constructs

Each domain is divided into one or more constructs depending upon relevance and locus of control. Some indicators may relate to one or more constructs. Table 9 shows the six core constructs, associated subconstructs and a description of each

Table 9. TYVS Survey Constructs

| Item # | Construct | Description |
|--------|---|--|
| 1 | Physical Violence | Violence associated primarily with physical harm |
| 1a | Physical Act | Direct acts of physical violence |
| 1b | Physical Threat | Direct threats of physical violence |
| 1c | Physical Online or Cyber Threat | Online threats of physical violence |
| 2 | Sexual Violence | Violence associated primarily with sexual harm |
| 2a | Sexual Act | Direct acts of sexual violence |
| 2b | Sexual Threat | Direct threats of sexual violence |
| 2c | Sexual Online Act or Threat | Online threats or demonstrations of sexual harm or violence |
| 3 | Psychosocial Violence | Violence associated primarily with psychosocial harm |
| 3a | Psychosocial Direct Act | Non-contact direct acts of emotional or psychosocial harm including face-to-face bullying and harassment |
| 3b | Psychosocial Online Act | Online acts of emotional or psychosocial harm including cyber bullying and social media harassment |
| 4 | Risk/Protective Factors | Factors that may increase or decrease risk of violence |
| 4a | Risk/Protective Factors - Internal | Risk factors under the control of the individual such as substance use and protective factors such as school achievement |
| 4b | Risk/Protective Factors – Interpersonal | Risk factors related to interpersonal interactions such as domestic violence and/or protective factors such as having friends who care |
| 4c | Risk/Protective Factors – External | Risk factors related to environmental interactions such as community violence and/or protective factors such as cultural participation |
| 5 | Respondent Characteristics | Attributes and characteristics specific to the individual |
| 5a | Derived Attributes | Factors developed by the individual respondent through their experiences |
| 5b | Intrinsic Characteristics | Factors inherent to the individual respondent such as age, health status, and tribal affiliation |
| 6 | Respondent Behaviors | Behavioral responses specific to the individual |
| 6a | Help Seeking | Behaviors indicative of seeking help to cope with victimization |
| 6b | Accountability | Accountability for perpetration of violence |

Indicator Framework

Each construct is comprised of one or more indicators that narrow the focus to a particular aspect of the broader context. Each indicator is then deconstructed into one or more measures. Each measure is a specific question designed to obtain prevalence data within the identified parameters. Annual prevalence was determined to be the optimal measure, with a few exceptions. A series of eight questions was designed to assess the emotional impact of a traumatic experience (such as nightmares) which, although referring to lifetime experience, focused on the past 30 days. Rare events and some intimate partner violence events were

measured as lifetime prevalence. Tables 10 through 16 demonstrate the alignment between the construct, indicator, and actual measure (survey question) for each domain.

Table 10. Domain1: Exposure to Violence and Victimization

| Domain 1: Exposure to Violence and Victimization | | | | | |
|--|---------------------------------------|---|--|--|------|
| Construct | Indicator | Prevalence | Measure | Q# | |
| Exposure to Physical Violence | Friend/ Family Physical Violence | Annual | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been physically beaten up? | 4.2 | |
| | | Annual | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been robbed? | 4.5 | |
| | Friend/ Family Violent Death | Annual | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...taken their own life (suicide)? | 4.6 | |
| | | Annual | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been murdered or killed? | 4.7 | |
| | Household Violence | Annual | At any time in the past 12 months, how often did you SEE... Any adult you live with punch the wall, throw something, break or ruin anything in the house out of anger? | 4.8 | |
| | | Annual | At any time in the past 12 months, how often did you SEE... Any adult you live with hit, beat, kick, or physically hurt another adult household member? | 4.9 | |
| | | Annual | At any time in the past 12 months, how often did you SEE... Any adult you live with hit, beat, kick or physically hurt your brothers, sisters or other child living in the household that was not a hand spanking? | 4.10 | |
| | Community Violence Involving a Weapon | Annual | At any time in the past 12 months, how often did you SEE... Anyone use knives, guns or other dangerous weapons to THREATEN or SCARE someone else? | 4.11 | |
| | | Annual | At any time in the past 12 months, how often did you SEE... Anyone use knives, guns or other dangerous weapons to ATTACK or INJURE someone else? | 4.12 | |
| | Exposure to Sexual Violence | Friend/ Family Sexual Harassment or Assault | Annual | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been sexually harassed (like any unwanted sexual comments, jokes, or gestures that made them uncomfortable or they thought was wrong)? | 4.3 |
| | | | Annual | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been physically sexually assaulted (like rape, unwanted sexual touching, etc.)? | 4.4 |
| | | | Annual | Did this include rape? | 4.4a |
| Exposure to Psychosocial Violence | Friend/ Family Bullied | Annual | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been bullied in person? | 4.1 | |

Table 11. Domain 2. Experience of Violence and/or Victimization

| Domain 2: Experience Violence and Victimization | | | | |
|---|---------------------|------------|---|------|
| Construct | Indicator | Prevalence | Measure | Q# |
| Victim of Physical Violence | Assault with Weapon | Annual | In the last 12 months has anyone done the following to you IN PERSON? ATTACK you with a gun (shot at you, or shot you)? | 6.8 |
| | | Annual | In the last 12 months has anyone done the following to you IN PERSON? Robbed you? | 6.16 |
| | | Annual | In the last 12 months has anyone done the following to you IN PERSON? ...ATTACK you with a knife or sharp weapon? | 6.6 |
| | Family Assault | Annual | In the past 12 months...Did a parent or adult household member hit, beat, kick, or physically hurt you? | 6.18 |

The Tribal Youth Victimization Study

| Domain 2: Experience Violence and Victimization | | | | |
|--|---------------------------------|-------------------|--|-----------|
| Construct | Indicator | Prevalence | Measure | Q# |
| | Alcohol or Drug Related Assault | Annual | In the past 12 months as a result of drinking alcohol or using drugs have you been a victim of a violent crime? | 5.6 |
| | Physical Assault | Annual | In the last 12 months has anyone done the following to you IN PERSON? ... Jumped, kicked, burned, punched, or beat you up? | 6.4 |
| | | Annual | In the past 12 months...Did a group of kids or a gang hit, jump, rank, or attack you? | 6.20 |
| | Partner Assault | Lifetime | Has a romantic partner or someone you've been intimate with or dated ever PHYSICALLY HURT YOU? | 6.32 |
| Victim of Sexual Violence | Online Sexual Assault | Annual | In the past 12 months, how often did someone ONLINE (for example, in emails, posts, or texts)...Ask, send, show or tell you something sexually inappropriate or unwanted? | 6.3 |
| | Direct Sexual Assault | Annual | In the last 12 months has anyone done the following to you IN PERSON? ... Sexually harass you with unwanted sexual comments, jokes, or gestures that made you uncomfortable or you thought was wrong? | 6.10 |
| | | Annual | In the last 12 months has anyone done the following to you IN PERSON? ... Exposed their private body parts to you in a way that made you feel uncomfortable or you thought was wrong? | 6.11 |
| | | Annual | In the last 12 months has anyone done the following to you IN PERSON? ... Shown you sexy or sexual pictures or videos that you didn't want to see and made you uncomfortable or you thought was wrong? | 6.12 |
| | | Annual | In the last 12 months has anyone done the following to you IN PERSON? ... Touched you in an unwanted sexual way? | 6.13 |
| | | Annual | In the last 12 months has anyone done the following to you IN PERSON? ... Physically sexually assaulted you (like rape, unwanted sexual touching, etc.)? | 6.15 |
| | | Annual | Did the physical sexual assault include rape? | 6.15a |
| | | Annual | In the last 12 months has anyone done the following to you IN PERSON? ... Physically THREATEN or frighten you sexually? | 6.14 |
| | Partner Sexual Assault | lifetime | Has a romantic partner or someone you've been intimate with or dated ever make you do unwanted sexual activities? | 6.33 |
| | Family Sexual Assault | Annual | In the last 12 months... Did a parent or adult household member force you to have sex... or do sexual acts when you didn't want to? | 6.19 |
| Victim of Psychosocial Violence | In Person Threat | Annual | In the last 12 months has anyone done the following to you IN PERSON? ... THREATEN you with a knife or other sharp weapon? | 6.5 |
| | | Annual | In the last 12 months has anyone done the following to you IN PERSON? ... THREATEN you with a gun? | 6.7 |
| | | Annual | In the last 12 months has anyone done the following to you IN PERSON? ... Bullied or verbally abused you? | 6.9 |
| | Online Threat | Annual | In the past 12 months, how often did someone ONLINE (for example, in emails, posts, or texts) ... THREATEN to physically hurt or kill you? | 6.2 |
| | Targeted Harassment | Annual | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... Your gender or sexual orientation? | 6.22 |
| | | Annual | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... Your race or ethnicity (being Indian or Native or another | 6.23 |

| Domain 2: Experience Violence and Victimization | | | | |
|---|--------------------------|------------|---|------|
| Construct | Indicator | Prevalence | Measure | Q# |
| | | | race)? | |
| | | Annual | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... You being from a different tribe? | 6.24 |
| | | Annual | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... You being mixed race? | 6.25 |
| | | Annual | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... You being different in some way (dress different, not fitting in, etc.)? | 6.26 |
| | | Annual | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... Your mental or physical disability or because people think you have a disability? | 6.27 |
| | | Annual | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... Your religion or because people think you believe in a certain religion? | 6.28 |
| | In Person Partner Threat | lifetime | Has a romantic partner or someone you've been intimate with or dated ever THREATEN YOU IN PERSON with physical violence? | 6.30 |
| | Online Partner Threat | lifetime | Has a romantic partner or someone you've been intimate with or dated ever THREATEN to hurt you ONLINE using social media, email or text? | 6.31 |
| | Secondary Partner Threat | lifetime | Has a romantic partner or someone you've been intimate with or dated ever damage your property or belongings on purpose? | 6.34 |
| | Online Bullying | Annual | In the past 12 months, how often did someone ONLINE (for example, in emails, posts, or texts)...Cyberbully, tease, or harass you? | 6.1 |
| Victimization context | Knew Perpetrator | NA | How often was the person who hurt you someone you knew? | 6A.1 |
| | Told What Happened | NA | Did you tell someone about what happened to you? (For romantic partner violence only) | 6A.2 |

Table 12. Domain 3. Perpetrating Violence and/or Victimization

| Domain 3: Perpetrating Violence and Victimization | | | | |
|---|---------------------|------------|--|------|
| Construct | Indicator | Prevalence | Measure | Q# |
| Perpetrating Physical Violence | Physical Assault | Annual | In the past 12 months did you ... Jump, kick, burn, punch or beat up someone? | 7.1 |
| | Assault with Weapon | Annual | In the past 12 months did you ... ATTACK someone with a knife or sharp weapon? | 7.3 |
| | | Annual | In the past 12 months did you ... ATTACK someone with a gun (shoot at or shoot them)? | 7.5 |
| | | Annual | In the past 12 months did you ... Rob someone? | 7.9 |
| | Assault Partner | Annual | In the past 12 months did you ... PHYSICALLY HURT in any way a romantic partner or someone you've been intimate with or dated? | 7.14 |
| Perpetrate Sexual Violence | Sexually Harass | Annual | In the past 12 months did you ... Sexually harass someone IN PERSON with unwelcome sexual comments, jokes, or gestures? | 7.7 |

| Domain 3: Perpetrating Violence and Victimization | | | | |
|---|-------------------------------|------------|--|------|
| Construct | Indicator | Prevalence | Measure | Q# |
| | Sexually Assault | Annual | In the past 12 months did you ... Sexually assault someone (forced sexual act)? | 7.8 |
| | Online Sexual Threat | Annual | In the past 12 months did you ... Ask, send, show or tell someone something sexually inappropriate ONLINE using social media, email or by texts? | 7.11 |
| | Partner Sexually Assault | Annual | In the past 12 months did you ... Make a romantic partner or someone you've been intimate with or dated do unwanted sexual things? | 7.15 |
| | Online Bullying | Annual | In the past 12 months did you ... Cyberbully, tease, or harass anyone ONLINE using social media, email or by text? | 7.10 |
| | Threat of Assault with A | Annual | In the past 12 months did you ... THREATEN someone with a knife or sharp weapon? | 7.2 |
| | Weapon | Annual | In the past 12 months did you ... THREATEN someone with a gun? | 7.4 |
| | Direct Bullying | Annual | In the past 12 months did you ... Bully or verbally abuse someone IN PERSON? | 7.6 |
| | Partner Assault Threat | Annual | In the past 12 months did you ... THREATEN IN PERSON a romantic partner, or someone you've been intimate with or dated with physical violence? | 7.12 |
| Perpetrate Psychosocial Violence | Online Partner Assault Threat | Annual | In the past 12 months did you ... THREATEN ONLINE using social media, email or by texts, a romantic partner, or someone you've been intimate with or dated with physical violence? | 7.13 |
| | Secondary Partner Assault | Annual | In the past 12 months did you ... Damage property or belongings on purpose of a romantic partner or someone you've been intimate with or dated? | 7.16 |
| Perpetration Outcome | Held Accountable | NA | Were you punished or held accountable in some way? | 7.A1 |

Table 13. Domain 4. Respondent Attributes

| Domain 4: Respondent Attributes | | | | |
|--|-----------|------------|---|------|
| Construct | Indicator | Prevalence | Measure | Q# |
| Respondent Risk and Protective Factors | Physical | NA | How old are you? | 1.1 |
| | | NA | With which gender do you most identify? | 2.5 |
| | | NA | Have you ever been pregnant or gotten someone pregnant? | 2.4 |
| | | NA | What is your sexual orientation or attraction? | 2.6 |
| | Health | NA | Do you have a physical health condition or disability that limits your daily activities? | 2.1 |
| | | NA | Do you have a mental health condition such as anxiety, depression, ADHD that limits your daily activities? | 2.2 |
| | Social | NA | How old were you when you had sex for the first time? | 2.3 |
| | | NA | What is your school level? | 3.9 |
| | | NA | Please indicate where you usually live. | 1.4 |
| | | NA | Have you ever dated or been in a romantic relationship? | 6.29 |
| | Culture | NA | Besides American Indian or Alaska Native do you identify with any other race or ethnicity? | 1.3 |
| | | NA | Does your culture help you to be strong? | 8.2 |
| | | NA | How traditional in your American Indian or Alaska Native beliefs, customs and culture do you consider yourself? | 8.1 |

Table 14. Domain 5. Social Environment Risk and Protective Factors

| Domain 5: Environmental Risk and Protective Factors | | | | |
|---|---|--------------|---|---|
| Construct | Indicator | Prevalence | Measure | Q# |
| Environmental Risk and Protective Factors | Family Care | NA | I have people in my family that care about me. | 2.7 |
| | Friends Care | NA | I have friends who care about me. | 2.8 |
| | Community Cares | NA | There are people in the community that care about me. | 2.9 |
| | Household Density | NA | Including yourself, how many people live in your household, the place you live at MOST of the time? | 3.1 |
| | Housemates | NA | Who do you live with MOST of the time? | 3.2 |
| | Safe at Home | NA | In general, how often do you feel safe in your household, the place you live at MOST of the time? | 3.3 |
| | Safe in Foster | NA | Did you feel safe in the foster care or foster home(s) you were placed? | 3.7a |
| | Safe at School | Annual | In the last 12 months how safe did you feel at school? | 3.9a |
| | Safe Going to School | Annual | During the last 12 months, how often did you <u>not</u> want to go to school because you were afraid that you would be THREATENED or ATTACKED on your way to or from, or at school? | 3.9b |
| | Safe in Community | NA | In general, how often do you feel safe living in your community? | 3.10 |
| | Resources for Youth | NA | Are there resources or services in your community to help youth who are victims of violence? | 8.3 |
| | Environmental Risk and Protective Factors | People Fight | NA | How often do people in your community get into physical fights in public? |
| Community Drink | | NA | How big a problem is drug or alcohol use in your community? | 3.12 |
| Hunger | | Annual | In the past 12 months, how often did you experience being hungry because there was no food in the house or money to buy food? | 3.4 |
| No Utilities | | Annual | In the past 12 months, how often was your household's phone, gas, or electricity been cut off? | 3.5 |
| Adults Drink | | Annual | In the past 12 months how often did you see adults who you live with drink alcohol in order to get drunk and/or use drugs to get high? | 3.6 |
| Foster Care | | lifetime | Have you ever been in foster care or a foster home? | 3.7 |
| Homeless | | Lifetime | Have you ever been homeless? (This includes living in a car, on the street, moving from place to place, or staying in a homeless or temporary shelter.) | 3.8 |
| Trafficking | | NA | How big a problem is human trafficking (like forced marriage, forced labor, forced sex) in your community? | 4.15 |
| Gone Missing | | NA | How big a problem is people "gone missing" in your community? | 4.14 |

Table 15. Domain 6. Respondent Behavioral Risk and Protective Factors

| Domain 6: Respondent Behaviors | | | | |
|--|---------------|------------|--|-----|
| Construct | Indicator | Prevalence | Measure | Q# |
| Behavioral Risk and Protective Factors | Substance Use | Annual | In the past 12 months, how often did you ... Drink any alcohol to get drunk? | 5.2 |
| | | Annual | In the past 12 months, how often did you ... Use marijuana to get high? | 5.3 |
| | | Annual | In the past 12 months, how often did you ... Use anything else to get high? | 5.4 |
| | | Lifetime | Have you ever used alcohol or drugs to forget about bad things | 5.5 |

| Domain 6: Respondent Behaviors | | | | |
|--------------------------------|------------------|------------|--|------|
| Construct | Indicator | Prevalence | Measure | Q# |
| | | | that happened to you? | |
| | Self-Harm | Annual | In the past 12 months, how many times did you cut or burn yourself on purpose? | 5.7 |
| | | Annual | In the past 12 months, how many times did you seriously think about or consider attempting suicide? | 5.8 |
| | | Annual | How many times did you actually attempt suicide in the last 12 months? | 5.9 |
| | Gang Involvement | Annual | In the past 12 months ... Were you involved with a violent gang in any way? | 6.21 |
| | Carry Weapon | Annual | In the past 12 months, how often did YOU carry a weapon to PROTECT yourself? | 4.13 |
| | Social Media | NA | On an average day, how much time do you use social media (like Facebook, Twitter, Texting, Instagram, Snapchat) that is not for communicating with school, work or family? | 1.5 |

Table 16. Domain 7. Emotional and Behavioral Response Factors

| Domain 7: Factors Associated with a Response to Violence and Victimization | | | | |
|--|--------------------------------|------------|---|------|
| Construct | Indicator | Prevalence | Measure | Q# |
| Emotional Response | Stress Response | 30 days | During the past 30 days, about how often did you feel ... Nervous? | 2.10 |
| | | 30 days | During the past 30 days, about how often did you feel ... Hopeless? | 2.11 |
| | | 30 days | During the past 30 days, about how often did you feel ... Restless or fidgety? | 2.12 |
| | | 30 days | During the past 30 days, about how often did you feel ... So depressed or sad that nothing could cheer you up? | 2.13 |
| | Post-Traumatic Stress Response | 30 days | In your life, have you ever had a trauma or bad experience that was so frightening, horrible, or upsetting that, in the past 30 days, you ... have had nightmares about it or thought about it when you did not want to? | 2.14 |
| | | 30 days | In your life, have you ever had a trauma or bad experience that was so frightening, horrible, or upsetting that, in the past 30 days, you ... Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? | 2.15 |
| | | 30 days | In your life, have you ever had a trauma or bad experience that was so frightening, horrible, or upsetting that, in the past 30 days, you ... Were constantly on guard, watchful, or easily startled? | 2.16 |
| | | 30 days | In your life, have you ever had a trauma or bad experience that was so frightening, horrible, or upsetting that, in the past 30 days, you ... Felt numb or detached from others, activities, or your surroundings? | 2.17 |
| Behavioral Response | Avoidance | Lifetime | Did you ever run away from home because you felt unsafe? | 5.1 |
| | | Annual | During the last 12 months, how often did you <u>not</u> want to go to school because you were afraid that you would be THREATENED or ATTACKED on your way to or from, or at school? | 3.9b |
| Social Response | Resilience | NA | Thinking about the future, do you agree or disagree that the following things will happen? I will be able to stay safe and out of danger. | 8.4 |
| | | NA | Thinking about the future, do you agree or disagree that the following things will happen? I will have friends and people who care about me. | 8.5 |
| | | NA | Thinking about the future, do you agree or disagree that the following things will happen? I will have a good life. | 8.6 |

Statistical Considerations

The data collected from the PT were for administrative purposes only—to test the study methods, not for research. Therefore, the primary purpose for statistical analysis was to test validity and reliability of measures, and to check assumptions about correlated values and related factors. The majority of questions were scaled with a range of options from negative to positive. To maximize the utility of such data, scaling options include six response categories, where appropriate, allowing the data to be converted to dummy variables and treated as ordinal data. No assumptions of normality were made due to small sample sizes and the lack of validated population parameters. Analyses included qualitative and descriptive analysis of the paradata and metadata. Technical documentation includes a master codebook/data dictionary with a section for each tier of data collection. Formulas and syntax used for the creation of variables, scales, and data transformations are included in the data codebook.

Measurement Scales. The data resulting from this survey were cross-sectional and exploratory in nature. Measures were designed to capture breadth across a wide spectrum of violence and victimization indicators. The predominant scale of measurement for the survey was ordinal (see Table 17). Reliable prevalence data were not available for this population, consequently, few assumptions were made about what the results could reveal. Where practical, a five-point or higher scale was used to allow for increased sensitivity and to increase statistical power.

Table 17. Measurement Scales

| Continuous | Discrete | Categorical |
|---------------------------------------|--|--|
| Ratio Scale = 2 Interval scale = 0 | Ordinal 3 = 55 Ordinal 4 = 36 Ordinal 5 = 7 Ordinal 6 = 33 Ordinal 7 = 5 | Nominal = 16 Dichotomous = 11 Open ended = 0 |

Analyzability

The survey was designed to produce prevalence estimates of violence exposures among AI and AN youth. When implemented, these analyses as well as inferential statistics will be appropriate. Depending on the sample size, nonparametric tests can be used to examine associations between, for example, different types of violence or violent victimization and perpetration. A larger sample size introduces the possibility of using parametric tools and employing multivariate analyses. For the present analyses, survey metrics were studied using primarily chi-squared tests and factor analysis.

Descriptive Analysis and Data Visualization. The future study data can yield measures of central tendency and measures of dispersion regardless of sample size. All the variables provide mean, median, mode, range, and/or frequencies. Histograms and frequency distributions can be created for most of the variables.

Correlational Analysis. Some correlational analysis is possible with the data resulting from a future use of this survey. As noted above, a large proportion of the ordinal variables are measured on a 5-point scale (or higher), and can be analyzed using tools appropriate for continuous data to create correlation tables, regression plots and to calculate Pearson’s r.

Nonlinear correlations can be tested as discrete data using non-parametric tests such as Kendall's Tau-b.

Other Relational Analysis. In addition to individual item frequencies the odds ratio and relative risk can be determined. Some transformation of the measures may be necessary if parametric analyses are employed. Confidence intervals can be calculated to assess whether an observed effect is statistically significant or not. Because of the scope of the instrument, many of the measures are likely to be highly associated, however, few questions measured the same construct in different ways. With a larger sample and using the numeric equivalents of the discrete measures, independent samples t-tests, regression, and one-way ANOVAs can be used.

Data can also be grouped to create binary outcomes ("Did this ever occur?" yes/no) and multiple logistic regression used as an analytic tool. This allows researchers to identify risk and protective factors that remain significant predictors of a violent exposure or victimization when other factors are controlled. The existing data, small sample size and primarily discrete measurement scale, lent themselves well to frequency distributions and nonparametric measures of association that included the chi-square test for independence, odds ratios, and relative risk.

Data Limitations

There are several limitations to data interpretation and analysis that should be considered. The major limitation is that, as cross-sectional data, the data cannot identify causal relationships, only associations, and some correlations. In addition, associations identified may be difficult to interpret and data may be susceptible to bias due to low response rates and misclassification due to recall bias. No assumptions of normality should be made due to small sample sizes and the lack of reliable population parameters.

Data Archiving

All research funded by the Federal government must be archived and made available for future research, which includes data collected from both the CT and PT. The U.S. DOJ's strict regulations of research data ensures protection of the confidentiality of research and statistical information as mandated in Title 42 United States Code (U.S.C.) §3789g and Title 28 Code of Federal Regulations (CFR) Part 22. Those interested in the data may apply for access to the TYVS data when it is archived at the National Archive of Criminal Justice Data (see <http://www.icpsr.umich.edu/icpsrweb/content/NACJD/mission.html>).

Pilot Test Results

Because of the sensitive nature of the data, this report will not publish all study results. The NIJ and the study team agreed to keep the prevalence of victimization data confidential. Instead, this report will describe relationships between two variables in terms of the effect size. The effect size measures the magnitude of the difference between two variables. Table 18 provides a standard reference for how results were interpreted. Several types of tests were considered but ultimately, assessment of construct validity and instrument reliability relied primarily on factor analysis and internal consistency measures.

Table 18. Standard Effect Size Chart

| Calculation | Test | Small | Medium | Large |
|------------------|------------------------|---------------|------------------|------------------|
| Phi | Chi squared | 0.1 | 0.3 | 0.5 |
| Pearson’s r | Correlation | 0.1 | 0.3 | 0.5 |
| R2 | Correlation and t-test | 0.01 | 0.09 | 0.25 |
| Cronbach’s alpha | Internal consistency | $\alpha < .6$ | $\alpha \geq .6$ | $\alpha \geq .8$ |
| Eigenvector | Factor Analysis | $\leq .4$ 0 | $> .4$ 0 | $> .6$ 0* |

*Note: factor loadings are regression coefficients and not correlations and as such they can be larger than one in magnitude.

Pilot Test Respondent Characteristics

The final PT sample included 359 completed interviews with n=182 respondents self-identified as female, and n=169 respondents self-identified as male. Seven (7) participants self-identified as transgender or gender non-conforming and one participant did not respond to the gender question. The participants ranged in age from 13 years to 20 years of age. Participants tended to be older with an average age of 17. Both males (48%) and females (52%) were equally distributed in the sample. The demographic breakdown by site is shown in Table 19.

Table 19. Pilot Test Respondent Demographics by Site

| Site | Gender | Age 13 to 14 | Age 15 to 17 | Age 18 to 20 |
|--------------------------------|--------------|--------------|--------------|--------------|
| Site A: N=125 | n=70 females | n=22 | n=31 | n=17 |
| | n=55 males | n=17 | n=25 | n=13 |
| Site B: N=112 | n=62 females | n=17 | n=19 | n=26 |
| | n=50 males | n=14 | n=10 | n=26 |
| Site C: n=114 | n=50 females | n=11 | n=16 | n=23 |
| | n=64 males | n= 8 | n=17 | n=39 |

There were fewer respondents for participants ages 13 to 14 years (n=89) and ages 15 to 17 years (n=121) compared to n=149 for participants ages 18 to 20. This may have been due in part to certain recruitment locations and to the IRB requirement to obtain two-parent or guardian signatures on permission forms. Half of all respondents indicated they live on tribal lands (52.6%), one third (34.5%) lived off tribal land, and a little over one tenth (12.5 %) indicated they regularly live part of their time in a tribal setting and part of their time living in a non-tribal setting.

Validity Assessment

The TYVS survey instrument validity was assessed in three different ways – face validity, content validity and construct validity. Face validity is a subjective assessment of

whether the instrument meets its stated intent; that is, does the instrument measure what it is supposed to measure. The assessment of face validity was an ongoing process during development of the instrument. Decision-making relied on expert feedback from project researchers, associates, and federal partners. Of significant importance was the feedback obtained through the CT process. Participants were asked what they thought a particular question meant, i.e., could they rephrase it in their own words. This process helped ensure the language and phrasing of questions were appropriate. Participants were also asked if questions were relevant to the subject matter and if they were important to ask. Again, this process helped to affirm question choice and design and, if problems were identified, it helped the team to consider alternatives.

Content validity refers to the degree to which an instrument is relevant to, and representative of the targeted construct it is designed to measure. Content validity was assessed through a thorough review of the literature, multiple levels of peer review, and with feedback from the CT. As previously discussed, the TYVS TAG reviewed the instrument and provided additional suggestions and clarity regarding pertinent issues. This level of review was particularly helpful for ensuring the survey would address realities faced by AI and AN youth and the topics to which they would relate both culturally and socially. The TAG raised issues of help-seeking and accountability which were considered and included where feasible.

A revised draft of the instrument was then reviewed by a group of national experts identified by the funding agency. These individuals were asked to review the survey instrument and provide comments and suggestions on both content and format. Questions the reviewers were asked included general questions such as:

- Are the survey questions appropriate? For each age cohort?
- Do the questions cover all key constructs? If not, please explain.

Other questions focused on the structure of the instrument such as:

- Are any questions biased? If so, provide an alternative phrasing to make the question neutral.
- Do response options make sense with the item stem?
- Does the order of questions seem to be in an appropriate sequence?

Reviewers were also asked to bring their expertise to the process through questions such as:

- Can you think of additional questions you would want answered to adequately research the topic?
- Based on your overall review and assessment, does the current draft measure what it is intended to measure?

Reviewer comments and suggestions were incorporated into the design of the instrument where appropriate. Further assessment of content validity was included in the CT by asking participants whether the types of violence and victimization included in the survey were relevant to the lives of AI and AN youth and if there were other issues that should be included, or if questions should be asked in a different way. A final revised draft of the instrument was then prepared for pilot testing.

Construct validity is used to determine how well a test measures what it is supposed to measure. Construct validity was assessed using factor analysis. The data resulting from the PT for all three sites were tested for dimensional consistency and variability. Factor analysis tells us how many groupings of variables/factors are present in the original set of variables which are highly correlated with each other and not strongly correlated with other variables. In other words,

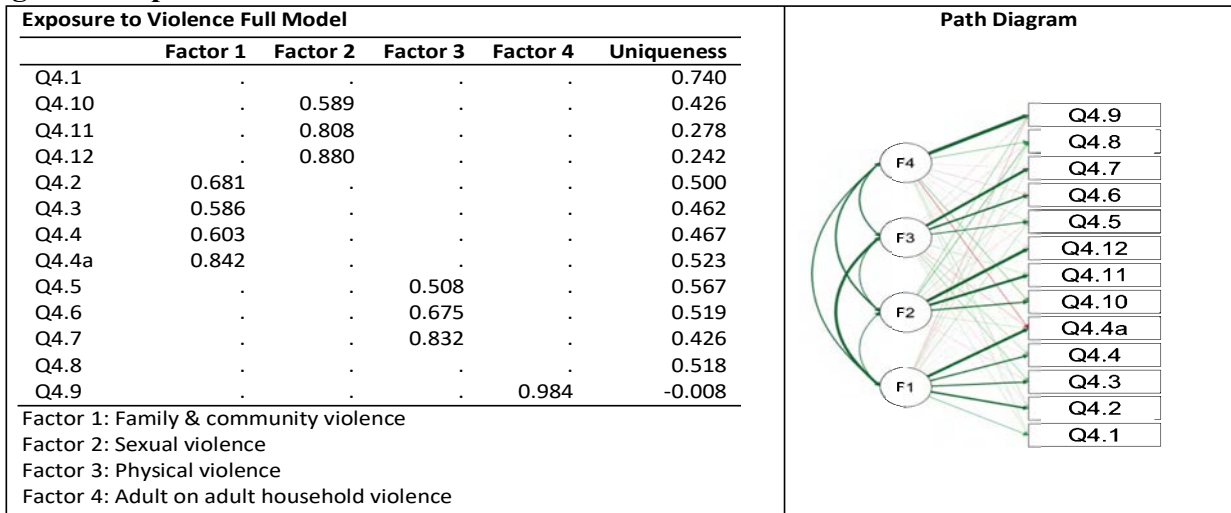
are the variables measuring what it was thought they would measure. The relationship of each variable to the underlying factor is called factor loading, which can be interpreted like standardized regression coefficients.

Ideally, each variable will load highly on one factor and low on all others with the factors with the high loadings expected to have excellent face validity and measuring some underlying construct. This type of analysis is used in survey research not only for testing of validity but also to fine tune a survey (for example, adding explanations or omitting unneeded questions). Below, the pilot findings and interpretations are presented by domain. Domain 4: Respondent Attributes is not included in the analysis as these reflect demographic characteristics and there is no expectation that they are related statistically.

Domain 1: Exposure to Violence and Victimization

Domain 1 included 13 questions that were intended to address multiple factors of exposure to violence including: 1) knowledge of or witnessing physical violence, 2) sexual violence, and 3) psychosocial violence. It was expected that these three factors would load separately in the full model (see Figure 5) and be highly associated, and this was shown statistically ($\chi^2=112.56, P<0.001$). However, the model revealed four factors, the fourth reflected by one variable (Q4.9: Has any adult you live with hit, beat, kick, or physically hurt another adult household member?). It is not clear how this measure differs from what were assumed to be related measures. It is possible that the result reflects experiences of respondents living in group homes, dormitories, or similar residential settings. A higher than expected number of respondents, living in other than family units, are included in the test data, likely as an artifact of recruitment. This focus of this measure needs to be clarified.

Figure 5. Exposure to Violence Full Model

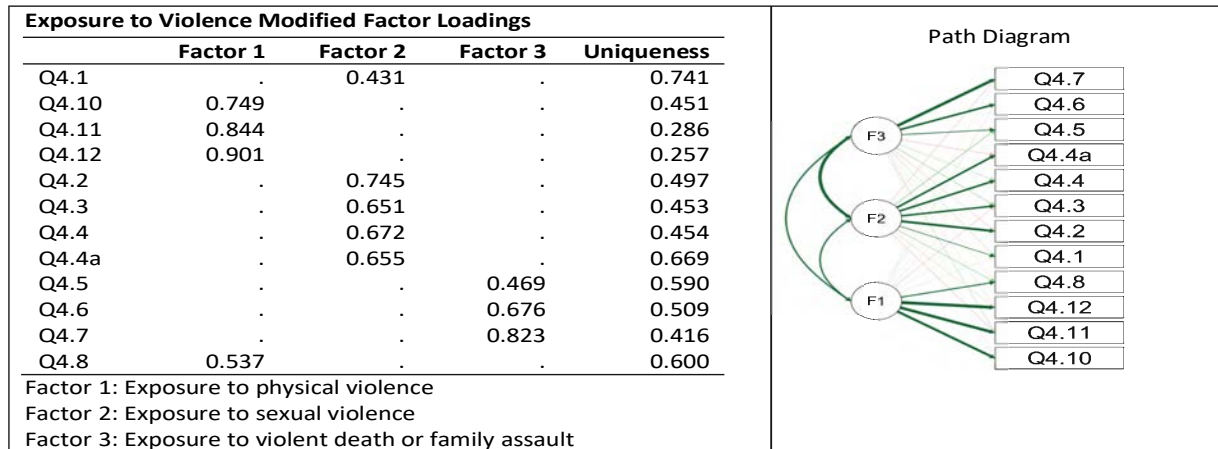


The analysis was then repeated with variable Q4.9 removed (see Figure 6, Modified Exposure Model). Although the results support three separate but related factors ($\chi^2 = 90.10, P<.001$) they differ from the initial assumptions. Factor 1 loaded four variables that include any type of household or community physical violence indicators. This is likely the result of the syntax used for the two questions about community that did not distinguish individuals who the respondents may “live with” from “anyone” in the community. Additional clarification will be added to the stem question for these measures.

Factor 2 loaded five variables, of which three were intended to reflect exposure to sexual

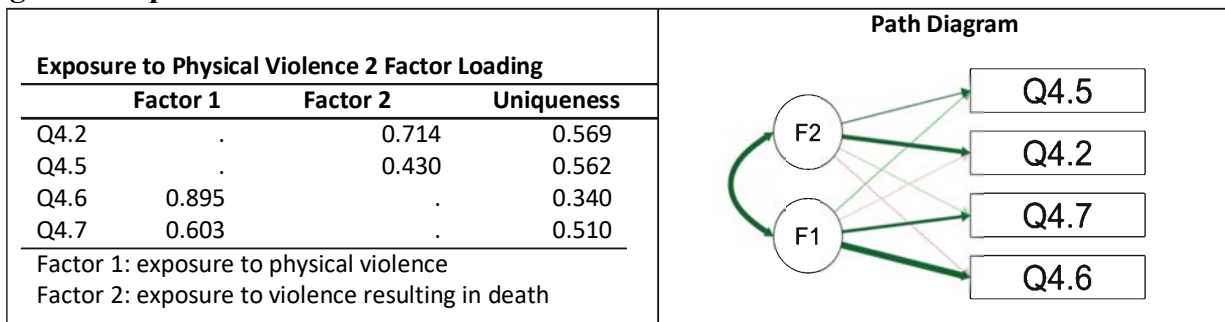
violence. The fourth variable (Q4.2 – friend or family member... physically beaten up) was intended to measure exposure to physical violence and the fifth variable (Q4.1 - friend or family member... bullied in person) was designed to measure exposure to psychosocial violence. It is not clear how these two questions were related to the four sexual violence measures. When Q4.1 was removed from the model the four remaining factors were strongly related. It is not clear how Q4.1 relates to the three questions about exposure to sexual violence. Factor 3 loaded three variables all related to exposure to physical violence. It was expected that Q4.2 (friend or family member... physically beaten up) would load with this grouping, but did not.

Figure 6. Exposure to Violence Modified Model



To better understand how these measures are related, a separate analysis of the four physical violence exposure measures was examined (Figure 7). The results indicate that there is a distinction between exposure to physical violence and exposure to physical violence resulting in death (not defined, $DF < 0$). The variable designed to measure “being robbed” (Q4.5) is only moderately related to the other physical assault variable. This is likely because the term “robbery” was not clearly defined and the research team was concerned that respondents would not understand that it involves force or threat of force, as opposed to burglary or theft. This issue was discussed during the peer review process as potentially problematic. This variable will remain in the survey but will be more clearly defined.

Figure 7. Exposure to Violence Modified Model

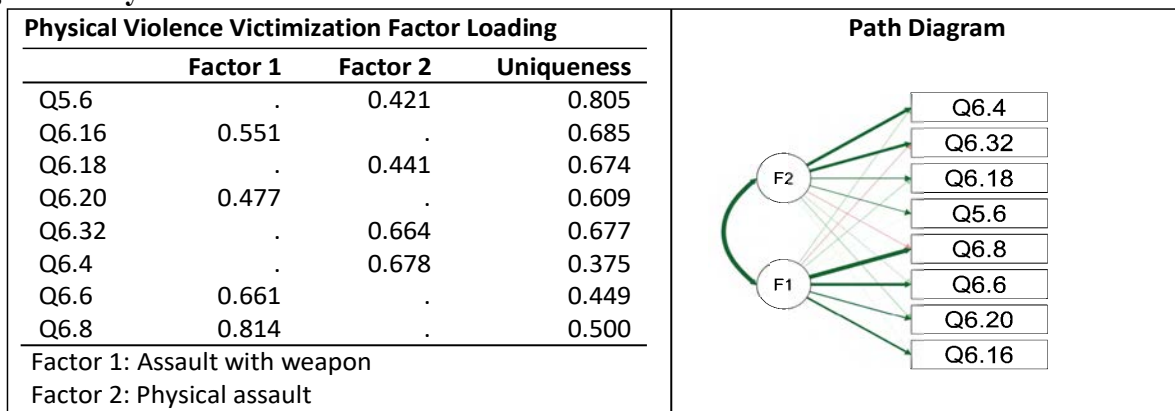


Domain 2: Experience of Violence and Victimization

Domain 2 included 33 questions that were intended to address multiple dimensions of experiencing (being a victim of) violence and victimization. Within the three constructs of physical, sexual, and psychosocial violence were 13 indicators intended to reflect a continuum of victimization events. A full “experience” model was not feasible due to the large number of measures.

Physical Violence Victimization. Physical victimization included eight variables intended to assess five different indicators. The eight factors all met the criterion of loading factor values greater than 4.0 ($\chi^2 = 33.18, P=0.002$). However, as indicated in Figure 8, two factors emerged. Factor 1 included measures of assault with a weapon including gang assault. Factor 2 included measures of being the victim of a physical assault without distinguishing the perpetrator as family, partner, or unknown assailant.

Figure 8. Physical Violence Victimization Model



Sexual violence victimization. Sexual victimization included ten variables that were intended to measure four different indicators – direct sexual assault, online sexual assault, sexual assault by a romantic partner, and sexual assault by a family member. The resulting full model yielded three factors (Figure 9) including one factor (F3) consisting of only one measure (Q6A.15), and one measure (6.33) that did not load ($\chi^2 = 32.63, P=0.018$). Q6A.15 was a direct question regarding being the victim of rape. Initially rape was not distinguished from sexual assault, per the accepted definition, however, the research team believed the act of rape should be asked specifically. These findings support this decision.

To better understand the correlations, however, the model was modified by removing the question about rape (see Figure 10). This revised model resulted in three factors ($\chi^2 = 24.74, P=0.016$). Factor 1 included direct physical acts of sexual assault. Factor 2 included online sexual threats, sexual harassment and other indirect types of sexual intimidation. The measure that did not load in the full model (Q6.33) was correlated with Factor 2 in the revised model. This question is a measure of unwanted sexual behaviors by a romantic partner. This result and similar findings indicate that the issue of intimate partner violence is not well distinguished in the study survey. In the final survey there needs to be a clear distinction between romantic partners and others who commit acts of interpersonal sexual violence. Factor 3 included measures of acts that were visual in nature such as someone exposing themselves or sending unwanted sexual pictures to the respondent. These results suggest the need for reframing some of the indicators for additional clarity.

Figure 9. Full Sexual Violence Model

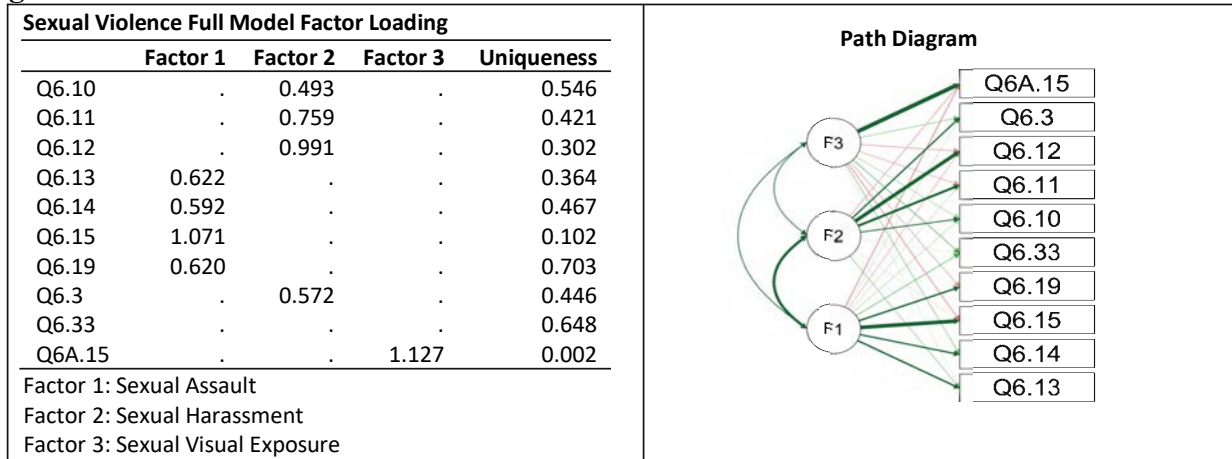
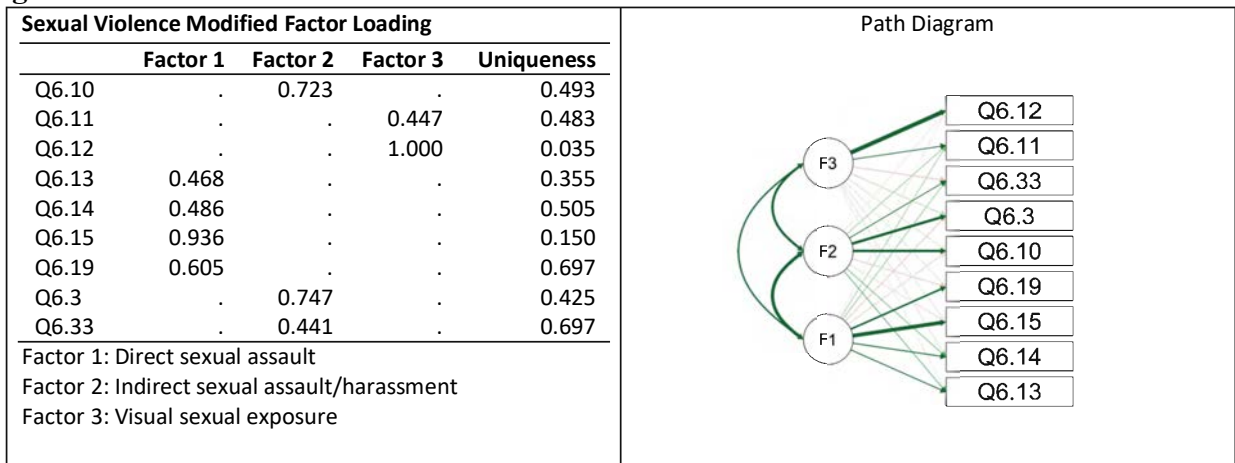
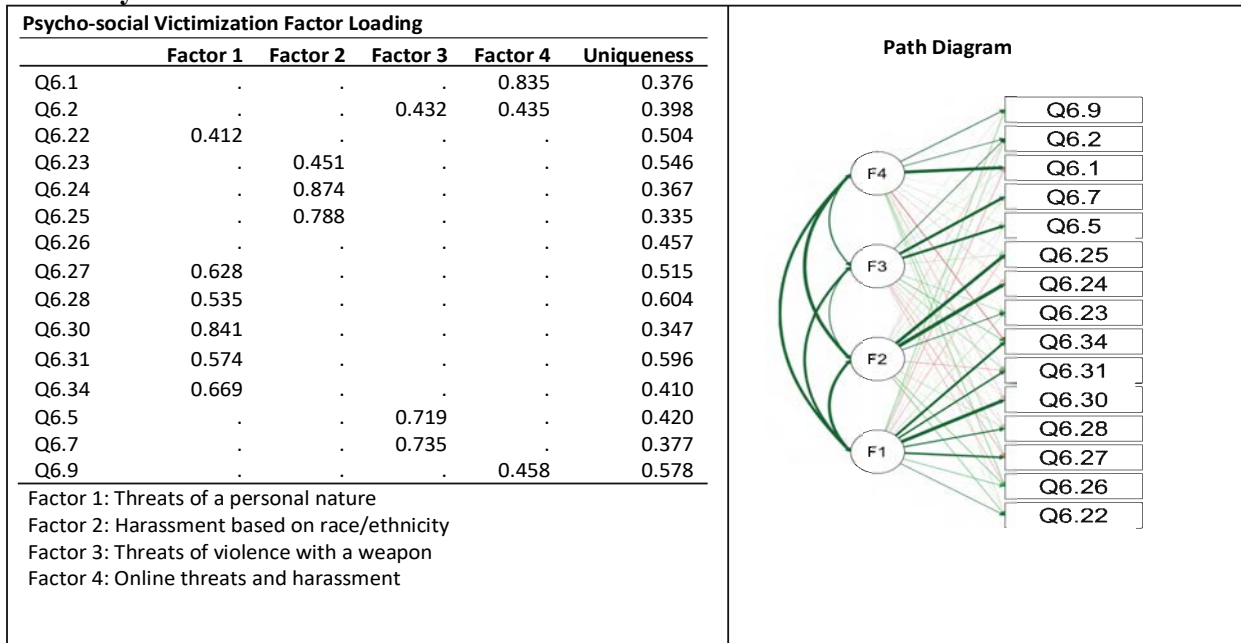


Figure 10. Sexual Violence Modified Model



Psychosocial violence. Psychological and/or social violence included 15 measures intended to assess in-person and online bullying and threats of violence by known and unknown persons including romantic partners. This set of measures also included a set of eight questions regarding harassment due to a particular attribute of the respondent such as race or religion. The full model (see Figure 11), yielded four factors that align in interesting ways ($\chi^2 = 143.79$, $P < 0.001$). Factor 1 included threats from romantic partners and harassment of a more intimate nature regarding sexual orientation or having a physical or mental disability. This may distinguish closely known perpetrators from unknown or more distant perpetrators. Factor 2 included harassment based on race and ethnicity predominantly by lesser-known perpetrators. Factor 3 included measures of threats of violence involving a weapon, and Factor 4, as predicted, correlated online threats and harassment. These results lend support for the original measures as conceived in the development of the instrument.

Figure 11. Psychosocial Victimization Model

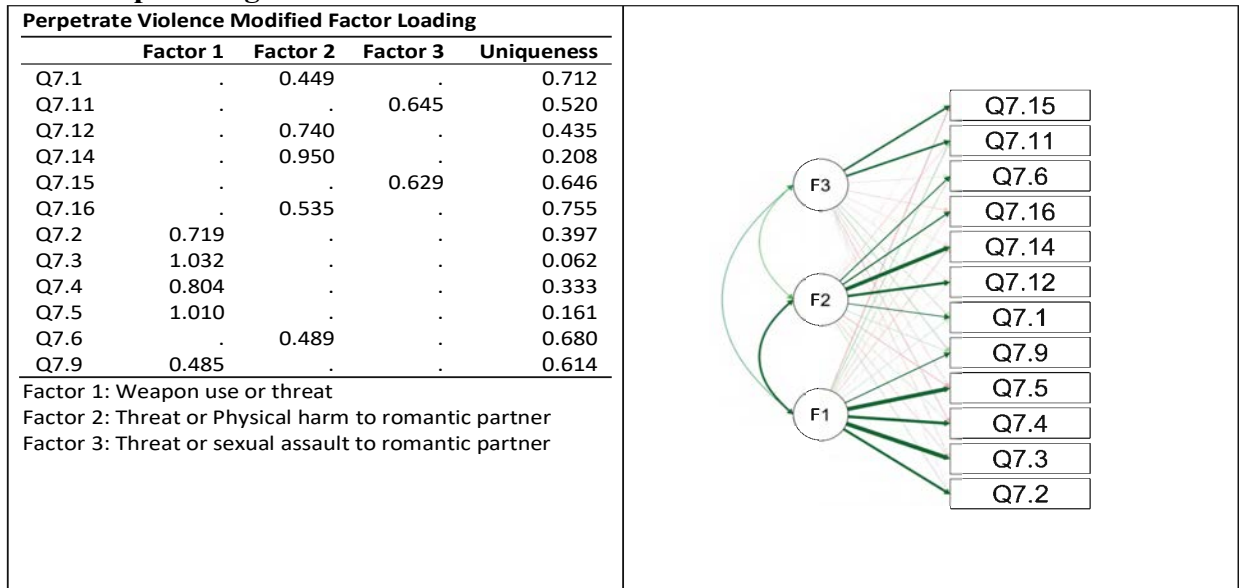


Domain 3: Perpetrate Violence and Victimization

Domain 3 included 16 questions intended to explore perpetration of violence and victimization across the three constructs and several indicators. The full “perpetrator” model loaded four factors with several variables failing to load: 7.7, 7.8, 7.10, and 7.13. The small sample size for respondents who indicated perpetrating a violent act likely contributed to the poorly defined results. To explore the relationships among this set of variables a bit more, a modified model eliminated these four measures to further reexamine these constructs. The revised model (see Figure 12), loaded three related factors ($\chi^2 = 264.75, P < 0.001$). Factor 1 included threats involving a weapon or the use of a weapon to harm someone, including robbery. As expected, these variables were strongly correlated. Factor 2 loaded factors related to threat of harm or actual physical harm to a romantic partner.

Factor 3 loaded two measures related to threats of a sexual nature (Q 7.11) and assaults on a romantic partner (Q 7.15). However, the intent of the questions was different. Q 7.11 was intended to apply to anyone other than a romantic partner while Q7.15 was specific to a romantic partner. Question 7.11 failed to specify “other than a romantic partner”; consequently, there is overlap in the type of victim for this question and romantic partners were counted in both questions. The overlap between measures of acts involving a romantic partner or acts involving “anyone” were addressed in the final survey with a clear separation of the different type of victim.

Figure 12. Perpetrating Violence Modified Model



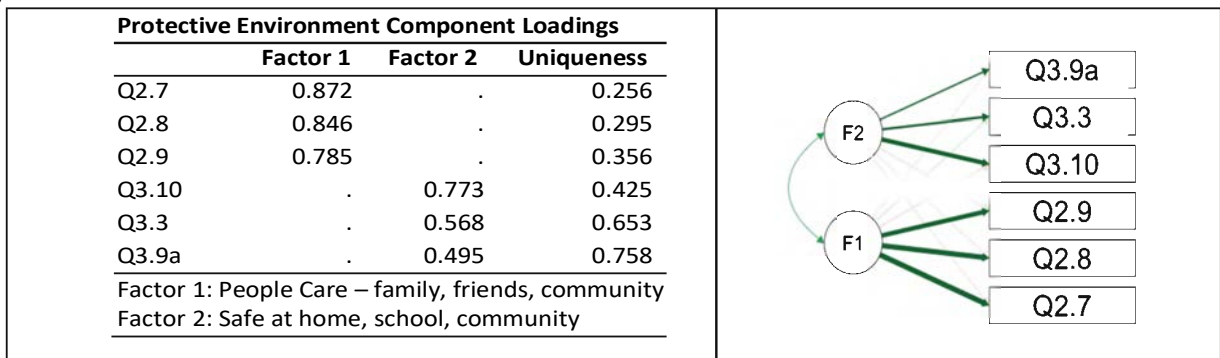
Domain 4. NOTE: As noted above, Domain 4: Respondent Attributes is not included in the analysis as these are demographic characteristics and there is no expectation that they are related statistically.

Domain 5. Environmental Factors

Domain 5 included both risk and protective factors in the environmental context of home, school, and community. Two models were run one for factors thought to be protective against violence and victimization, and one for factors associated with a higher risk of violent victimization.

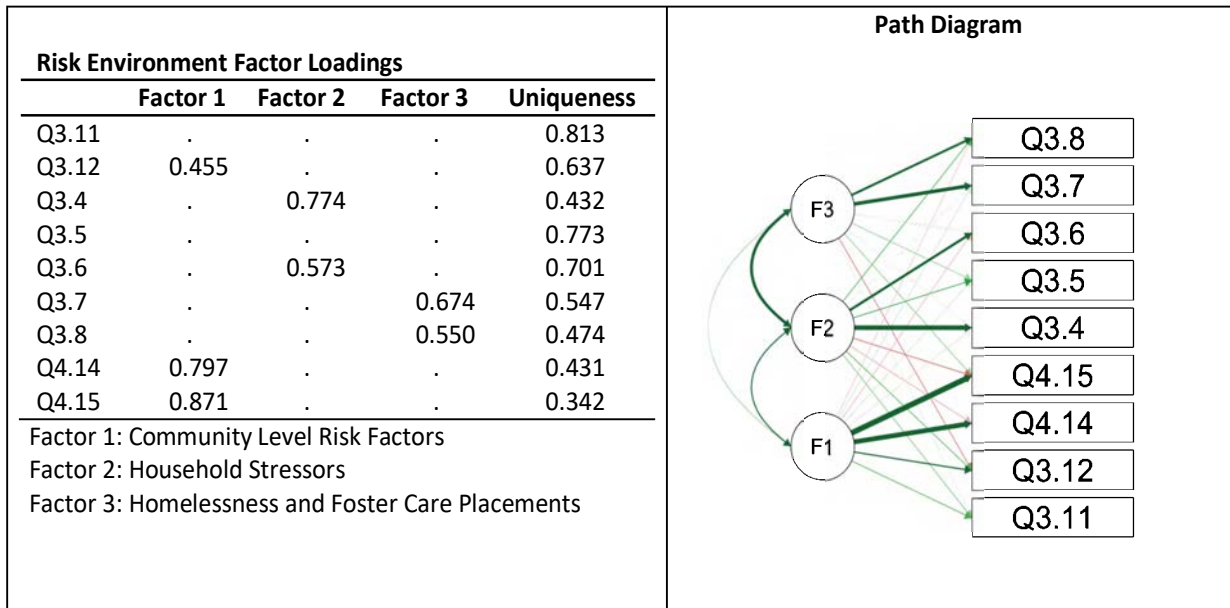
Protective Environment. The best fit protective environment model loaded two factors reflecting the different focus of the variables ($\chi^2 = 19.65, P < 0.001$). Factor 1 included three strongly correlated indicators of having friends, family and people in the community who care about the respondent. Factor 2 was feeling safe at home, school, and the community (see Figure 13).

Figure 13. Protective Environment Model



Risk Environment. A Risk Environment model including indicators associated with risk factors in the respondent’s environment yielded three factors, separated into living conditions, home environment, and community environment ($\chi^2 = 22.79$, $P = 0.030$). Factor 1 included the four measures of community problems including human trafficking and high rates of drug and alcohol use in the community. Factor 2 included the three measures of a stressed household and was strongly correlated with Factor 3, which included homelessness and foster care placements (see Figure 14).

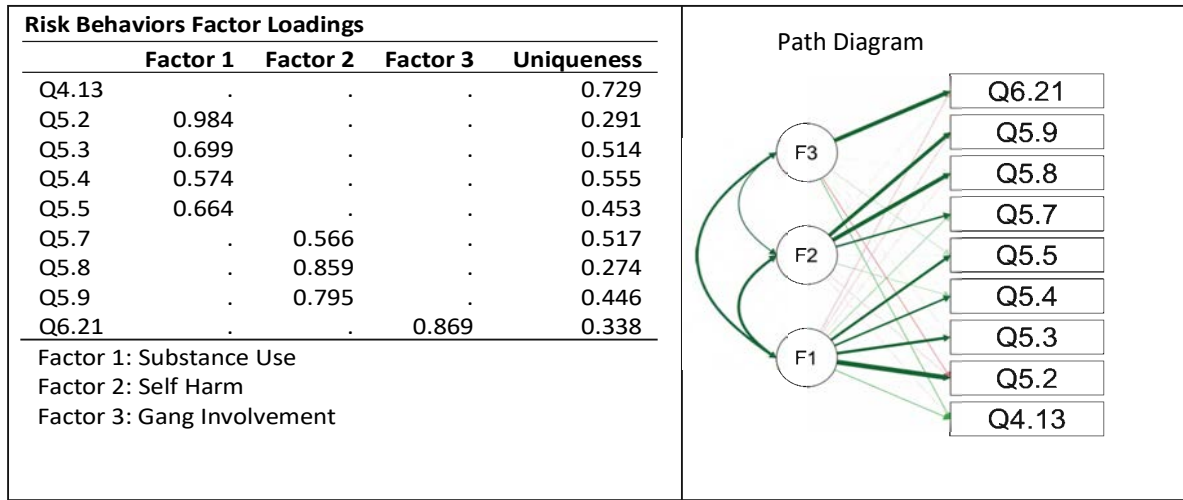
Figure 14. Risk Environment Model



Domain 6: Respondent Risk Behaviors

Domain 6 focused on measures of behaviors by the respondent that might be associated with an increased risk of violence and victimization. Included in the full model was a measure of social media use, assumed to be associated with increased risk of online bullying and threats. However, it appears that social media use is ubiquitous among the respondents and did not correlate as expected. A revised model (see Figure 15), loaded three factors that coincide with the initial assumptions for these measures ($\chi^2=30.916$, $p=0.002$). Factor 1 included measures of substance use and to a lesser extent, carrying a weapon for protection. Factor 2 included the three measures of self-harm, and Factor 3 included gang involvement.

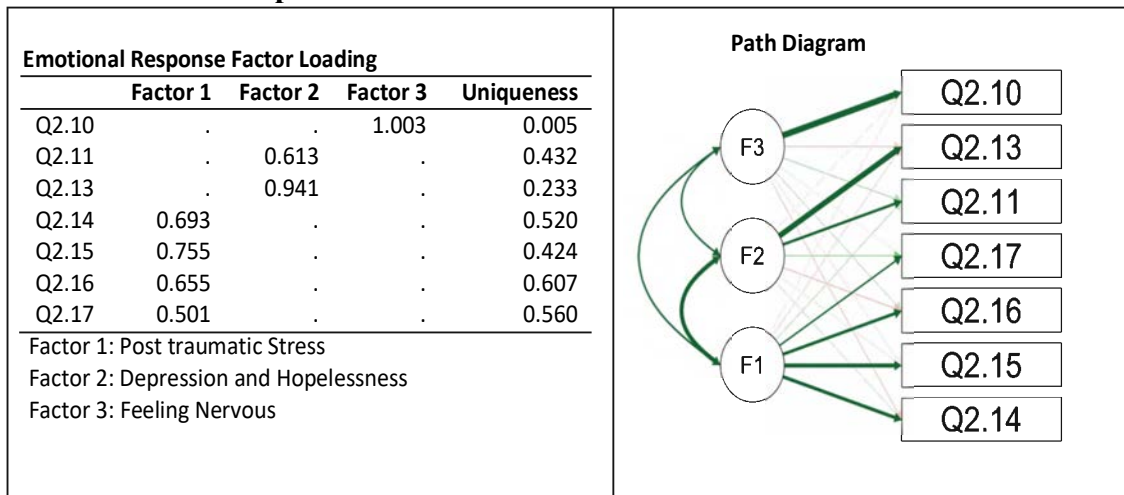
Figure 15. Risk Behavior Model



Domain 7. Stress (Emotional) Response

Domain 7 includes measures of emotional and behavioral responses associated with experiencing violence. The full model included four measures of emotional stress, one of which—feeling restless or fidgety—did not load into the model. It is likely that this specific measure may reflect something other than a response to violent victimization. A revised model (see Figure 16) loaded three factors that help reveal different responses to victimization. Factor 1 included the four measures of post-traumatic stress but was not statistically significant. Factor 2 loaded two emotional response factors—feeling hopeless in the past 30 days and to a greater extent being depressed in the past 30 days. Neither factor included qualifiers or a related context but both are known to be strongly associated with crime victimization. Factor 3 included the fourth emotional response variable—feeling nervous in the past 30 days but it is not clear how it differs from feeling restless, hopelessness, or depressed in its relationship to victimization.

Figure 16. Emotional Response Indicators Model

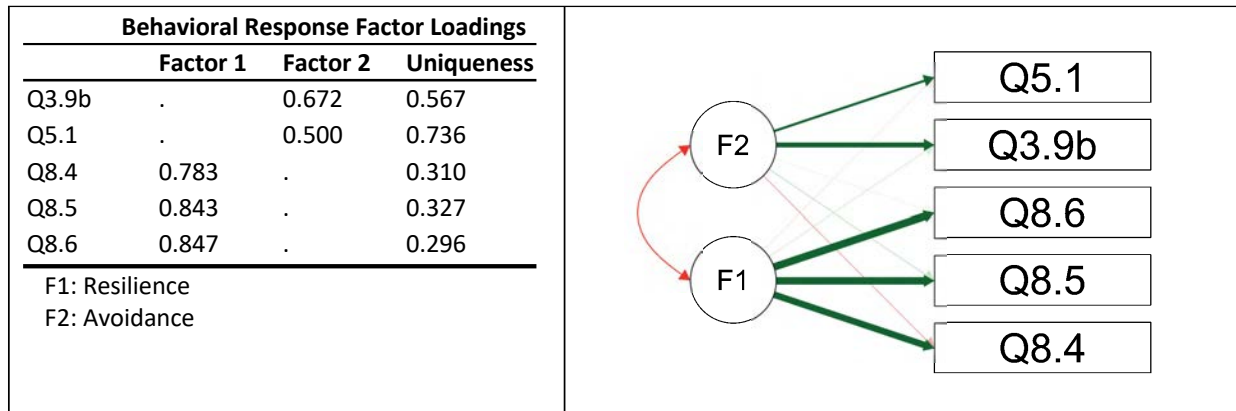


Domain 8. Social-Behavioral Response

The intent of this section of the survey was to measure behavioral responses to violence

and victimization. Two factors, avoidance and resilience, were measured by five questions (see Figure 17). The intent is supported as the analysis indicates that these two factors are separate constructs but not related (NS). This is not unexpected as the avoidance response reflects negative experiences and the resilience response reflects positive experiences. To better understand resilience among youth who have been victimized the research team identified additional questions to add to the survey.

Figure 17. Behavioral Response Indicators Model



Reliability Assessment

The TYVS survey instrument was designed to collect self-report, nominal, ordinal, and continuous data. Internal consistency reliability was computed using both inter-item correlation coefficients and Cronbach’s Alpha. Survey items were then grouped by construct and responses tested for consistency. A true test-retest of reliability is not feasible within the project parameters.

Domain 1: Exposure to Violence

The 13 variables related to exposure to violence indicate a high level of internal consistency (0.863). Removing any of the variables would increase or decrease alpha to only a small extent. Table 20 shows the reliability statistics for Domain 1.

Table 20. Exposure to Violence Reliability Results

| Domain 1: Exposure to Violence Reliability Statistics | | | | | |
|---|--|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | | N of Items | | |
| .863 | .863 | | 13 | | |
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q4.2 | 26.17 | 67.005 | .462 | .543 | .857 |
| Q4.5 | 26.20 | 66.475 | .446 | .333 | .857 |
| Q4.7 | 26.36 | 65.302 | .498 | .495 | .855 |
| Q4.6 | 26.42 | 64.628 | .537 | .440 | .852 |
| Q4.8 | 26.00 | 55.517 | .723 | .596 | .839 |
| Q4.9 | 26.27 | 57.891 | .640 | .681 | .846 |
| Q4.10 | 26.49 | 58.530 | .642 | .641 | .846 |
| Q4.11 | 26.58 | 59.041 | .675 | .651 | .843 |

| Domain 1: Exposure to Violence Reliability Statistics | | | | | | |
|---|----------|--------|----------------|------|------------|--|
| Q4.12 | 26.76 | 60.425 | .636 | .672 | .846 | |
| Q4.3 | 25.92 | 67.838 | .529 | .570 | .855 | |
| Q4.1 | 25.86 | 67.843 | .461 | .300 | .857 | |
| Q4.4 | 26.08 | 71.562 | .313 | .440 | .864 | |
| Q4.4a | 26.78 | 71.795 | .313 | .356 | .864 | |
| Scale Statistics | | | | | | |
| Mean | Variance | | Std. Deviation | | N of Items | |
| 28.49 | 74.427 | | 8.627 | | 13 | |

Domain 2: Physical Violence Victimization

The eight variables related to being a victim of physical violence indicate a high level of internal consistency (0.732). Removal of several of the variables would decrease alpha while removal of only one item (Q5.6 – use of alcohol or drugs while victimized) would increase alpha. Table 21 shows the reliability statistics for Domain 2.

Table 21. Physical Violence Victimization Reliability Results

| Domain 2: Physical Violence Victimization Reliability Statistics | | | | | |
|--|--|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | | | | N of Items |
| .732 | .749 | | | | 8 |
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q5.6 | 8.09 | 3.809 | .297 | .128 | .737 |
| Q6.4 | 8.01 | 3.100 | .636 | .473 | .653 |
| Q6.6 | 8.22 | 3.919 | .519 | .383 | .695 |
| Q6.18 | 8.13 | 3.707 | .439 | .218 | .703 |
| Q6.20 | 8.19 | 3.864 | .515 | .318 | .693 |
| Q6.32 | 8.10 | 3.716 | .373 | .188 | .718 |
| Q6.8 | 8.22 | 4.188 | .393 | .259 | .716 |
| Q6.16 | 8.11 | 3.821 | .359 | .207 | .719 |
| Scale Statistics | | | | | |
| Mean | Variance | | Std. Deviation | | N of Items |
| 9.30 | 4.737 | | 2.177 | | 8 |

Domain 3: Sexual Violence Victimization

The ten variables related to sexual violence victimization indicate a high level of internal consistency (0.736). Removal of any of the variables would decrease alpha. Table 22 shows the reliability statistics for Domain 3.

Table 22. Sexual Violence Victimization Results

| Domain 3: Sexual Violence Victimization Reliability Statistics | | | | | |
|--|--|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | | | | N of Items |
| .736 | .755 | | | | 10 |
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q6.3 | 17.78 | 14.047 | .491 | .378 | .717 |
| Q6.10 | 18.88 | 19.855 | .238 | .463 | .736 |

| Domain 3: Sexual Violence Victimization Reliability Statistics | | | | | |
|--|----------|----------------|------|------------|------|
| Q6.11 | 19.16 | 19.620 | .274 | .413 | .731 |
| Q6.12 | 19.06 | 18.835 | .337 | .464 | .724 |
| Q6.13 | 18.97 | 18.225 | .587 | .632 | .694 |
| Q6.14 | 19.38 | 16.629 | .656 | .628 | .673 |
| Q6.15 | 18.84 | 19.878 | .431 | .290 | .719 |
| Q6.15a | 19.41 | 18.378 | .435 | .613 | .710 |
| Q6.19 | 19.78 | 19.467 | .317 | .245 | .726 |
| Q6.33 | 19.44 | 18.190 | .400 | .331 | .714 |
| Scale Statistics | | | | | |
| Mean | Variance | Std. Deviation | | N of Items | |
| 21.19 | 21.964 | 4.687 | | 10 | |

Domain 4: Psychosocial Violence

The 15 variables related to experiencing psychosocial violence indicate a very high level of internal consistency (0.891). Removal of any of the variables would only serve to decrease alpha. Table 23 shows the reliability statistics for Domain 4.

Table 23. Psychosocial Violence Reliability Results

| Domain 4: Psychosocial Violence Reliability Statistics | | | | | |
|--|--|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | | | N of Items | |
| .891 | .902 | | | 15 | |
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q6.5 | 19.31 | 59.571 | .516 | .486 | .888 |
| Q6.7 | 19.31 | 59.358 | .543 | .541 | .887 |
| Q6.9 | 19.02 | 56.725 | .576 | .389 | .884 |
| Q6.2 | 19.10 | 54.217 | .624 | .538 | .881 |
| Q6.22 | 19.08 | 53.037 | .667 | .472 | .879 |
| Q6.23 | 18.78 | 52.265 | .608 | .476 | .883 |
| Q6.24 | 19.08 | 54.902 | .577 | .479 | .883 |
| Q6.25 | 19.07 | 52.841 | .675 | .552 | .879 |
| Q6.26 | 18.80 | 50.434 | .667 | .489 | .881 |
| Q6.27 | 19.15 | 54.675 | .564 | .400 | .884 |
| Q6.28 | 19.24 | 57.444 | .519 | .360 | .886 |
| Q6.30 | 19.29 | 58.235 | .629 | .546 | .884 |
| Q6.31 | 19.35 | 60.199 | .478 | .383 | .889 |
| Q6.34 | 19.30 | 59.347 | .495 | .479 | .888 |
| Q6.1 | 18.91 | 53.661 | .560 | .465 | .885 |
| Scale Statistics | | | | | |
| Mean | Variance | Std. Deviation | | N of Items | |
| 20.49 | 63.555 | 7.972 | | 15 | |

Domain 5: Perpetrate Physical Violence

The five variables related to the perpetration of physical violence indicate a high level of internal consistency (0.759). Removal of any of the variables would only serve to decrease alpha. Table 24 shows the reliability statistics for Domain 5.

Table 24. Perpetrate Physical Violence

| Domain 5: Perpetrate Physical Violence Reliability Statistics | | | | | |
|---|--|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | | | N of Items | |
| .759 | .821 | | | 5 | |
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q7.1 | 4.26 | .906 | .532 | .303 | .756 |
| Q7.3 | 4.49 | 1.373 | .638 | .790 | .711 |
| Q7.5 | 4.48 | 1.381 | .657 | .806 | .710 |
| Q7.9 | 4.41 | 1.145 | .596 | .419 | .690 |
| Q7.14 | 4.41 | 1.168 | .512 | .310 | .721 |
| Scale Statistics | | | | | |
| Mean | Variance | Std. Deviation | | N of Items | |
| 5.52 | 1.761 | 1.327 | | 5 | |

Domain 6: Sexual Violence

The four variables related to the perpetration of sexual violence indicate a low level of internal consistency (0.488). Removal of any of the variables, however, would only serve to further decrease alpha. The lack of internal consistency may be a factor of a very small sample of respondents who responded positively to these questions. Table 25 shows the reliability statistics for Domain 6.

Table 25. Sexual Violence

| Domain 6: Sexual Violence Reliability Statistics | | | | | |
|--|--|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | | | N of Items | |
| .488 | .522 | | | 4 | |
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q7.7 | 3.16 | .324 | .286 | .084 | .417 |
| Q7.8 | 3.19 | .383 | .232 | .056 | .470 |
| Q7.11 | 3.09 | .147 | .414 | .200 | .344 |
| Q7.15 | 3.19 | .349 | .371 | .155 | .387 |
| Scale Statistics | | | | | |
| Mean | Variance | Std. Deviation | | N of Items | |
| 4.21 | .456 | .676 | | 4 | |

Domain 7: Perpetrate Psychosocial Violence

The seven variables related to perpetrating psychosocial violence indicate a high level of internal consistency (0.737). Removal of any of the variables would only serve to decrease alpha. Table 26 shows the reliability statistics for Domain 7.

Table 26. Perpetrate Psychosocial Violence

| Domain 7: Perpetrate Psychosocial Violence Reliability Statistics | | |
|---|--|------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
| .737 | .758 | 7 |

| Domain 7: Perpetrate Psychosocial Violence Reliability Statistics | | | | | |
|---|----------------------------|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q7.10 | 6.51 | 1.762 | .384 | .180 | .727 |
| Q7.2 | 6.59 | 1.839 | .542 | .453 | .690 |
| Q7.4 | 6.64 | 2.046 | .470 | .450 | .714 |
| Q7.13 | 6.61 | 1.882 | .475 | .288 | .703 |
| Q7.16 | 6.60 | 2.039 | .324 | .186 | .731 |
| Q7.6 | 6.44 | 1.387 | .554 | .362 | .692 |
| Q7.12 | 6.59 | 1.732 | .568 | .375 | .679 |
| Scale Statistics | | | | | |
| Mean | Variance | Std. Deviation | N of Items | | |
| 7.66 | 2.363 | 1.537 | 7 | | |

Domain 8: Environmental Risk Factors

The seven variables related to environmental protective factors indicate a moderate level of internal consistency (0.624). Removal of any of the questions would further reduce alpha. Table 27 shows the reliability statistics for Domain 8.

Table 27. Environmental Risk Factors

| Domain 8: Environmental Risk Factors Reliability Statistics | | | | | |
|---|--|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | | N of Items | | |
| .624 | .669 | | 7 | | |
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q3.11 | 13.01 | 22.539 | .325 | .130 | .602 |
| Q3.12 | 11.47 | 24.405 | .279 | .137 | .613 |
| Q3.4 | 13.88 | 25.238 | .524 | .332 | .541 |
| Q3.5 | 13.95 | 24.671 | .362 | .200 | .578 |
| Q3.6 | 13.68 | 24.767 | .362 | .221 | .578 |
| Q3.7 | 14.60 | 30.940 | .306 | .216 | .618 |
| Q3.8 | 14.13 | 26.097 | .386 | .314 | .574 |
| Scale Statistics | | | | | |
| Mean | Variance | Std. Deviation | N of Items | | |
| 15.79 | 32.689 | 5.717 | 7 | | |

Domain 9: Environmental Protective Factors

The eight variables related to environmental protective factors indicate a moderate level of internal consistency (0.669). Removal of Q3.9b “During the last 12 months, how often did you not want to go to school because you were afraid that you would be THREATENED or ATTACKED on your way to or from, or at school?” would increase alpha while removal of any of the other variables would decrease alpha. Table 28 shows the reliability statistics for Domain 9 factors.

Table 28. Environmental Protective Factors

| Domain 9. Environmental Protective Factors Reliability Statistics | | | | | |
|--|--|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | | | | N of Items |
| .669 | .616 | | | | 8 |
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q2.7 | 28.49 | 19.501 | .599 | .611 | .564 |
| Q2.8 | 28.78 | 19.687 | .636 | .632 | .555 |
| Q2.9 | 29.08 | 19.078 | .686 | .597 | .537 |
| Q3.3 | 28.19 | 25.497 | .344 | .245 | .644 |
| Q3.9a | 28.69 | 25.942 | .195 | .240 | .677 |
| Q3.9b | 32.18 | 31.288 | -.214 | .171 | .735 |
| Q3.10 | 29.02 | 24.431 | .317 | .286 | .649 |
| Q8.3 | 30.98 | 26.628 | .240 | .099 | .663 |
| Scale Statistics | | | | | |
| Mean | Variance | Std. Deviation | | N of Items | |
| 33.63 | 29.938 | 5.472 | | 8 | |

Domain 10: People Who Care

The three variables related to the respondent believing that they have caring people in their life indicate a very high level of internal consistency (0.872). Removal of any of the variables would only serve to decrease alpha. Table 29 shows the reliability statistics for Domain 10.

Table 29. Having People Who Care

| Domain 10: Caring People Reliability Statistics | | | | | |
|--|--|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | | | | N of Items |
| .872 | .873 | | | | 3 |
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q2.7 | 9.54 | 6.697 | .771 | .595 | .807 |
| Q2.8 | 9.78 | 7.239 | .761 | .581 | .815 |
| Q2.9 | 10.07 | 7.295 | .736 | .542 | .837 |
| Scale Statistics | | | | | |
| Mean | Variance | Std. Deviation | | N of Items | |
| 14.70 | 14.969 | 3.869 | | 3 | |

Domain 11: Respondent Risk Behaviors

The eight variables related to respondent risk behaviors indicate a high level of internal consistency (0.825). Removal of one variable (Q6.21) would slightly increase alpha. Table 30 shows the reliability statistics for Domain 11.

Table 30. Respondent Risk Behaviors

| Domain 11: Respondent Risk Behaviors Reliability Statistics | | |
|--|--|------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
| .825 | .832 | 8 |

| Domain 11: Respondent Risk Behaviors Reliability Statistics | | | | | |
|---|----------------------------|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q5.2 | 11.72 | 32.012 | .658 | .501 | .789 |
| Q5.3 | 11.13 | 29.169 | .606 | .441 | .804 |
| Q5.4 | 12.20 | 34.353 | .605 | .383 | .798 |
| Q5.5 | 11.71 | 30.213 | .659 | .466 | .789 |
| Q5.7 | 12.16 | 35.643 | .553 | .439 | .805 |
| Q5.8 | 12.08 | 34.974 | .582 | .537 | .801 |
| Q5.9 | 12.42 | 39.387 | .481 | .436 | .819 |
| Q6.21 | 12.27 | 39.249 | .341 | .145 | .828 |
| Scale Statistics | | | | | |
| Mean | Variance | | Std. Deviation | | N of Items |
| 13.67 | 43.804 | | 6.618 | | 8 |

Domain 12: Response Indicators

The eight variables related to factors that impact a respondent’s response to victimization indicate a high level of internal consistency (0.809). Removal of any of the variables would decrease alpha. Table 31 shows the reliability statistics for Domain 12.

Table 31. Response to Victimization Indicators

| Domain 12: Impact Factors Reliability Statistics | | | | | |
|--|--|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | | N of Items | | |
| .809 | .854 | | 8 | | |
| Item-Total Statistics | | | | | |
| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
| Q2.10 | 11.70 | 17.709 | .546 | .344 | .787 |
| Q2.11 | 12.31 | 17.120 | .693 | .525 | .758 |
| Q2.12 | 11.74 | 15.593 | .624 | .397 | .781 |
| Q2.13 | 12.39 | 17.051 | .637 | .491 | .769 |
| Q2.14 | 12.97 | 22.368 | .527 | .385 | .798 |
| Q2.15 | 12.91 | 22.069 | .570 | .431 | .794 |
| Q2.16 | 13.05 | 22.692 | .496 | .322 | .802 |
| Q2.17 | 13.02 | 22.270 | .582 | .385 | .795 |
| Scale Statistics | | | | | |
| Mean | Variance | | Std. Deviation | | N of Items |
| 14.30 | 24.931 | | 4.993 | | 8 |

Paradata Findings

Paradata is a term referring to data that provide information about the survey process. For the TYVS survey there were three categories of paradata: 1) Respondent characteristics provided information about the PT population. 2) Survey-specific data provided information about the survey process and logistics of administration. 3) The third category of paradata included respondent answers to a group of questions about the survey process.

Survey Paradata

Most of the indicators programmed into the survey were administrative and logistical

measures including date and time stamps, FI and site identifiers, and data download information. These data were useful for confirming site information and for monitoring FI progress. A key indicator of the paradata was the average time to completion of the survey. The survey process was not to exceed one hour of the respondent’s time including the consent process, building rapport, questions, and closure. Due to multiple technical issues, however, some resulting from FIs learning to use the system, precise data on survey timing was not available. A viable estimate was established by eliminating extreme outliers and problematic data points. This process yielded an average time for completion of the survey of 28 minutes with a standard deviation of 11 minutes. This estimate is supported by estimates provided by FIs. The maximum time was estimated at 59 minutes, which, according to FIs, was the time taken by several respondents who appeared to have extensive histories of violent victimization.

Participant Feedback

At the end of the survey, pilot test participants were asked seven questions about their experience taking the survey. The first question was How truthful were you in answering the questions in the survey? The research team has used this question in other studies with AI and AN youth and found it to be a good indicator of participant responsiveness. For the TYVS PT, most participants indicated that they answered the questions truthfully (66.1%) with an additional 22.8% responding that they were very truthful (Table 32). Fewer than 10% of respondents indicated they were only partially truthful in their responses with less than 1% saying they were not truthful at all. Regression analysis indicated that there was no statistical relationship between age and truthfulness. If this question was asked with a larger sample size, it would be possible to eliminate the small percentage that responded they were not truthful and compare the data. It would be of interest to know whether AI and AN youth tend to intentionally manipulate results (to either “faking bad” or “faking good”), and for what topics, compared to other youth participating in similar studies.

Table 32. Participant Feedback

| Q# | Survey Question | Coded Value(s) | Value Labels | Frequency | Percentage |
|------|---|----------------|---------------------------------------|-----------|------------|
| Q9.1 | How truthful were you in answering the questions in the survey? | 1 | Not at all truthful | 3 | 0.8 |
| | | 2 | Slightly truthful | 1 | 0.3 |
| | | 3 | Somewhat truthful | 8 | 2.2 |
| | | 4 | Mostly truthful | 21 | 5.8 |
| | | 5 | Very Truthful | 82 | 22.8 |
| | | 6 | I answered all the questions truthful | 238 | 66.1 |
| Q9.2 | Did you find the survey easy or difficult to answer? | 1 | Very difficult | 2 | 0.6 |
| | | 2 | Mostly difficult | 6 | 1.7 |
| | | 3 | Somewhat difficult | 28 | 7.8 |
| | | 4 | Somewhat easy | 64 | 17.8 |
| | | 5 | Mostly easy | 107 | 29.7 |
| | | 6 | Very easy | 145 | 40.3 |
| Q9.3 | Which device did you use? | 1 | Computer | 82 | 22.8 |
| | | 2 | iPad | 271 | 75.3 |
| Q9.4 | How easy or difficult was taking the survey on a computer or iPad?" | 1 | Very difficult | 2 | 0.6 |
| | | 2 | Mostly difficult | 4 | 1.1 |
| | | 3 | Somewhat difficult | 5 | 1.4 |
| | | 4 | Somewhat easy | 21 | 5.8 |
| | | 5 | Mostly easy | 50 | 13.9 |
| | | 6 | Very easy | 271 | 75.3 |

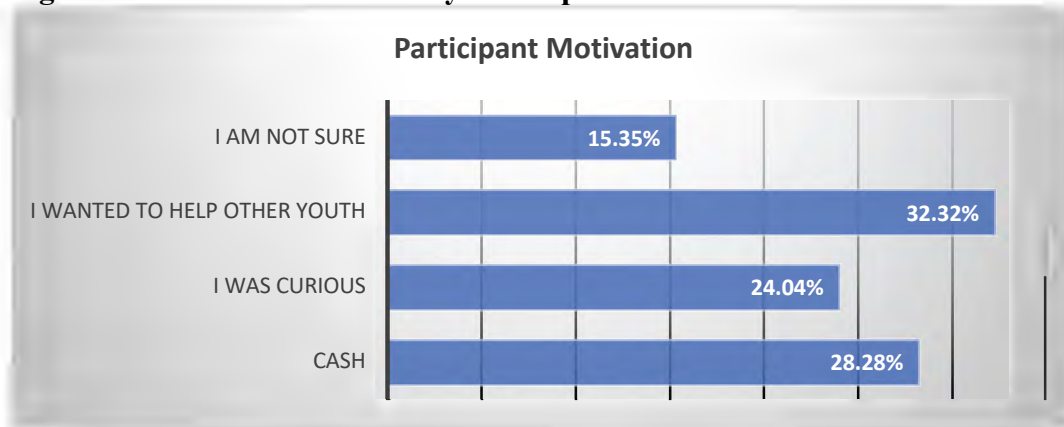
A second question asked Did you find the survey easy or difficult to answer? Most of the respondents (71.7%) found the survey very easy or mostly easy (Table 32 above). Less than 3%

stated that the survey was very difficult or mostly difficult. Anecdotal information from question 9.7 (below) and from FI feedback, suggests that younger participants thought this might be difficult, comparable with a test at school. It might be helpful to clarify what is meant by hard questions and eliminate any respondent anxiety about whether they will do well or not, and affirm that the research is just asking some questions about their experiences with violent situations in their lives.

Two related questions asked: Which device did you use? and, How easy or difficult was taking the survey on (the device) computer or iPad? Most participants (75.3%) used an iPad tablet. The remainder (22.8%) used a laptop computer. (Table 32 above). Although only a very small percentage of respondents found using the iPad difficult, twice as many of those who used a laptop computer found it difficult for taking the survey.

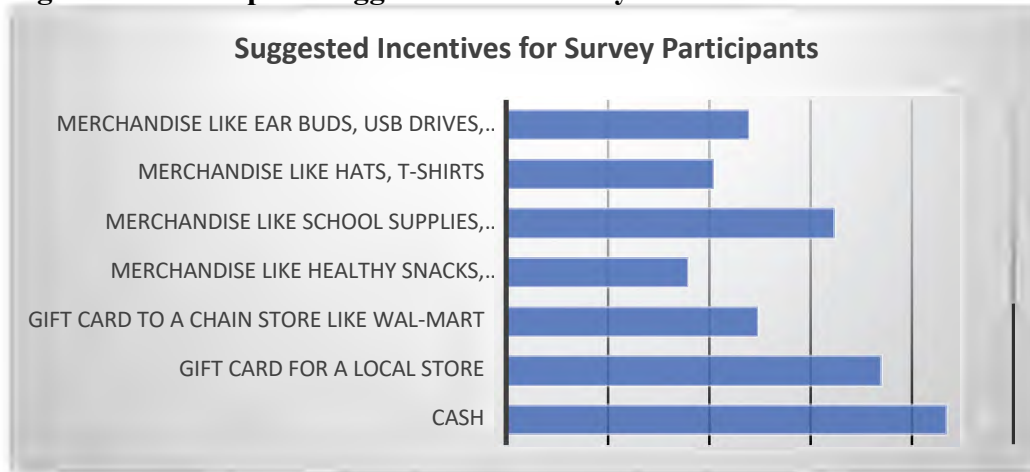
Respondents were then asked What motivated you to participate in the survey? As indicated in Figure 18, there were four response options and respondents could choose all that applied. One option was cash referring to a cash incentive that was only mentioned at one location, and only for participants 16 years of age and older. This was likely in error in survey programming and the option should have read incentive. However, more than a fourth of respondents (28.8%) indicated cash was a motivator. This is supported by the responses to Q9.7 where about the same proportion noted that the incentive would be a good way to help gain interest in participating in the survey. Curiosity about the research was a motivating factor for about a fourth or participants (24.04%) and a lesser amount were not sure (15%). Anecdotal information from FIs, youth, and parents suggest that a proportion of the younger participants were encouraged by their parents to participate. The largest number of respondents (32.32%), almost a full third, indicated that they were motivated to participate to help other youth.

Figure 18. Motivation for Survey Participation



To further explore the issue of incentives, participants were asked What do you think would be a good thank you gift (incentive) to give future survey participants? Cash and gift cards were suggested most often followed by school supplies. Figure 19 indicates the percentage of respondents selecting each option.

Figure 19. Participant Suggestions for Survey Incentives



The final item in the participant feedback survey was an open-ended question – What do you think is the best way to get your peers to participate in the future survey? Three general themes were evident from the more than 300 suggestions: advertising, compensation, and benefiting Native people.

Advertising. About one fourth of suggestions were focused on ways to advertise the research. Social media was a frequent suggestion as were notices and flyers at local schools. Other respondents suggested informing tribal leaders, school officials, and parents. Interestingly, several respondents suggested telling youth that the survey was “easy” but also to tell them the truth about the survey topics. Having a known person do recruiting was mentioned as important.

Compensation. Another fourth of respondents talked about various types of compensation and incentives. The snacks provided were very much appreciated by many of the youth but cash or gift cards were most often mentioned as a good incentive, or as one participant put it, *a gift at the end showing that there (sic) grateful for them for coming*. It was clear, however, that many respondents didn’t fully understand the concept of research compensation or incentives. Terms like “prize”, “reward” and “gift” were used by respondents in their comments.

Benefits for AI and AN People. About half of all the responses talked about telling youth about the benefits for AI and AN youth and tribal communities. For example, one participant stated:

The best way to get our peers to do the survey is to tell them it is for a greater good for all of us in our community. it will possibly benefit us in the future to keep our community safe for our young people.

Others noted that youth need to think about these issues, making people aware that these problems exist, and let them know that it is very important that they participate so the adults know how to make our community safer and better. Several suggestions also talked about the cathartic effect of having a safe and private way to talk about things that may have happened to them. One participant summed up the intent of the research team:

I feel like in order to motivate people to participate in surveys is to give them the facts and what is going on and give them an insight on what you're trying to achieve will help them realize that their voice is important.

Mode Findings

In addition to designing a survey instrument, the research team was tasked with testing multiple modes of survey implementation to determine an optimal design for obtaining quality data at a reasonable cost, and for assessing different modes of administration feasible for AI and AN populations.

Researchers have many established options for administering surveys, each with benefits and limitations. All too often cost is the primary factor that influences decision-making at the expense of the integrity and privacy of the respondent population. For low sensitivity surveys among large populations, lower cost paper and pencil surveys, particularly in classroom or other group settings, may be worth the risk of increased sample bias. For a large, highly sensitive survey with a vulnerable population such as AI or AN youth, the need for privacy and ease of administration in tribal settings may make the costs of computerized interviewing worth the expense. Based on review of the literature and intimate knowledge of the population characteristics, the recommendations for the TYVS were based on the following considerations: the population who will comprise the survey sample, the purpose and goals of the survey that dictate its scope, and the logistics of administration. Table 33 provides a comparison of mode strengths and limitations based on the requirements and considerations of the TYVS.

Table 33. Mode Strengths and Limitations Assessment

| Considerations | PAPI | Telephone | Web | FTE | CATI | CAPI | CASI | ACASI |
|---|-------------|------------------|------------|------------|-------------|-------------|-------------|--------------|
| Materials and administration | Low | Low | Low | High | Low | High | High | High |
| Burden of data management | High | High | Low | High | Low | Low | Low | Low |
| Interviewer training burden | Low | Mid | Low | High | Low | High | Low | Mid |
| Privacy & Sensitivity | | | | | | | | |
| Allows for privacy | Yes | No | Yes | Yes | No | Yes | Yes | Yes |
| Good for sensitive questions | Yes | No | Yes | Yes | No | Yes | Yes | Yes |
| Requires higher literacy level | Yes | No | Yes | No | No | No | Yes | No |
| Format | | | | | | | | |
| Easy assessment of open-ended responses | No | No | No | Yes | No | Yes | No | No |
| Viable for a group setting | Yes | No | Yes | No | No | No | Yes | Yes |
| Allows for longer surveys | No | No | No | Yes | No | Yes | Yes | Yes |
| Allows for visuals and definitions | Yes | No | Yes | Yes | No | Yes | Yes | Yes |
| Ability for complex skip patterns | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Allows for longer response options | No | No | Yes | Yes | No | Yes | Yes | Yes |
| Amenable to Signed | Yes | No | No | Yes | No | Yes | Yes | Yes |

| Considerations | PAPI | Telephone | Web | FTF | CATI | CAPI | CASI | ACASI |
|--------------------------|-------------|------------------|------------|------------|-------------|-------------|-------------|--------------|
| Consent | | | | | | | | |
| Enumeration | | | | | | | | |
| Randomized sample | Yes | No | No | Yes | No | Yes | Yes | Yes |
| Identifiable target | Yes | No | No | Yes | No | Yes | Yes | Yes |
| Measurement | | | | | | | | |
| Response bias | Low | Low | High | Low | Low | Low | Low | Low |
| Social desirability bias | Low | High | Low | Mid | Low | Mid | Low | Low |
| Completion rates | High | High | Low | High | High | High | High | High |

Population Considerations

The TYVS sampling frame includes AI and AN youth between 13 and 20 years of age. A future national level study, for which this study is the pilot, will likely have a diverse sample of multiple tribes and a sample size greater than 1,000 respondents. All potential respondents will be AI or AN youth living on tribal lands, Alaska Native villages, and/or other tribal settings and possibly urban or other non-tribal settings. Although many potential participants may speak a tribal language, it is expected that all will be able to respond effectively to a survey in English. These population considerations suggest that an optimal survey administration mode:

- Should be amenable to a randomized sample in the future.
- Should accommodate a national level multi-tribe sample.
- Should be flexible to meet the needs of different age groups.
- Must be responsive to access issues for AI and AN populations.

Survey Content Considerations

The survey process will likely be lengthy requiring up to an hour for some respondents to complete. (A shorter survey would not provide the breadth of information required to better understand the needs of this vulnerable population.) The survey will include highly sensitive questions about youth and young adult experiences of violence and violent victimization and as such should include a high level of privacy in the mode of administration. Youth may also experience distress during the survey process, reveal information that requires intervention, or discuss behaviors that potentially incriminate them. Although all efforts should be made to avoid such problems, the optimal mode of administration must include protections, referrals if needed, and not leave respondents vulnerable to discomfort or an invasion of their privacy and the privacy of their data. Survey content considerations suggest that the optimal survey administration mode:

- ✓ Should support a longer survey.
- ✓ Should include a high level of privacy for the respondent.
- ✓ Must include protections for vulnerable respondents.

Logistical Considerations

For a survey of this scope and size include the location of survey administration, the format, such as digital (CAPI) or paper and pencil (PAPI), and cost factors. School based surveys with randomized cluster samples are a possibility however this raises concerns about privacy and confidentiality. A private setting at a public location is the preferred option. This was shown to be feasible during the pilot test. Most native youth in the targeted age groups for this study are comfortable with technology which make computerized surveys a viable option. Portable laptop

computers and other mobile devices can be programmed for personal interviews or computer classrooms can be set up with preprogramed survey software. The cost of these technologies is higher than materials for a paper and pencil, web, or telephone surveys, however, apart from a web survey, data management costs will be lower and minimize data input errors.

The costs for different modes include materials and/or software technologies, staff training and administration, data management including data entry and data security, travel, equipment, and participant incentives. Computer assisted options are more expensive but reduce errors. The trade-off is one of equipment cost versus data quality. Without computerized interviewing the value of a face-to-face interview is worth considering. The least expensive options sacrifice potential data integrity and/or the assurance of accurate identification of the sampling frame. Table 34 provides a comparison of estimated costs for non-computerized modes of administration.

In general, mode-specific costs include supplies and printing for modes that include manual data collection and where signed written informed consent is indicated. Computerized modes include equipment costs, programming time and expertise, and technical support. Field-based modes include travel costs for interview teams which is the primary cost difference when compared to telephone or web-based modes. All modes include some level of interviewer training, with in-person modes requiring a high level of interviewer competence, and all include compensation for the respondent. Logistical considerations suggest that the selected survey administration mode(s):

- Should support accurate identification of the targeted sample.
- Be administered through computer-assisted technology.
- Should provide the flexibility needed for the possibility of individual or group surveys.
- Must be portable and reliable for surveys in remote areas.
- Should maximize data quality while minimizing costs.

Table 34. Non-Computerized Modes Cost Estimates

| Mode | Item Description | Low Estimate | High Estimate |
|---|--|---------------------|----------------------|
| Self-Administered paper and pencil surveys – (PAPI) | Printing of consent forms, surveys | 1,527.60 | 2,508.00 |
| | Supplies-pencils, paper, staples, secure storage, etc. | 345.00 | 471.00 |
| | Staff training/field staff/survey administration | 5,369.76 | 7,159.68 |
| | Data entry and management | 892.50 | 1,428.00 |
| | Travel | 12,408.00 | 18,222.00 |
| | Equipment | 4,500.00 | 6,000.00 |
| | Compensation | 7,500.00 | 7,500.00 |
| | Total | | 32,542.86 |
| Telephone Surveys | Telephone usage: local and long distance | 2,250.00 | 3,375.00 |
| | Printing of consent forms, surveys | 1,527.60 | 2,508.00 |
| | Supplies-pencils, paper, staples, secure storage, etc. | 697.50 | 999.75 |
| | Staff training/field staff/survey administration | 5,369.76 | 7,159.68 |
| | Data entry and management | 892.50 | 1,428.00 |
| | Equipment | 4,575.00 | 6,135.00 |
| | Compensation | 7,500.00 | 7,500.00 |
| | Total | | 22,812.36 |
| In-Person Paper Interviews | Printing of consent forms, surveys | 1,527.60 | 2,508.00 |
| | Supplies-pencils, paper, staples, secure storage, etc. | 345.00 | 471.00 |
| | Staff training/field staff/survey administration | 5,369.76 | 7,159.68 |
| | Data entry and management | 892.50 | 1,428.00 |
| | Travel | 12,408.00 | 18,222.00 |
| | Equipment | 4,500.00 | 6,000.00 |

| Mode | Item Description | Low Estimate | High Estimate |
|-------------|-------------------------|---------------------|----------------------|
| | Compensation | 7,500.00 | 7,500.00 |
| | Total | 32,542.86 | 43,288.68 |

The best mode option for the TYVS was determined to be a mobile/portable computerized system, ideally equipped with audio (ACASI) capabilities. Other good options would be CAPI or CASI provided that needed technology is available, such as a computer classroom. Face-to-face modes would support high-level data quality but would be costly in terms of interviewer time and training. PAPI modes would be economical and flexible but not allow for the level of measurement and sensitive information sought for this study. Telephone and web-based modes would be a poor choice primarily because there would be no guarantee that respondents would meet the inclusion criteria.

This decision was based on a careful assessment costs, benefits, strengths, limitations and inherent trade-offs of each mode and the realities of the target population. Mobile interview modes will provide consistency of administration, fewer technological issues in the field compared to reliance on local equipment, and standardize the cost and maintenance of programming, uploads, and data management. The addition of audio for more sensitive segments of the interview should also be considered.

Remuneration Findings

To test the effect on recruitment, the incentive was provided to participants in all three sites, but with a different strategy for notification. In site A participants did not have beforehand knowledge of incentives. There was no mention of incentives during recruitment or enrollment. It was only at the end of their interview that participants were given the incentive. In site B participants were made aware of an incentive but not the amount until after completing the survey. In site C participants were told that they will receive \$20 in either cash or school supplies depending on their age. At all three sites, incentives were given to the participant upon completion of the process, even if the if the interview was terminated before completion of the entire survey.

An accurate assessment of the effect of different information regarding incentives was not possible for two reasons. First, the recruitment timeframes were truncated due to funding agency approval delays that strained project timelines. Second were unanticipated problems at some of the sites due to changes in location and personnel issues that led to changes in staffing and delays in partner and participant recruitment efforts. Despite these issues all three sites were able to come close to or meet their enrollment goals.

The aspect of recruitment that appears to have been influenced by knowledge of the incentive was the time to enrollment. Site C, where the incentive, but not the amount was made known, did reach their recruitment goal faster than the other sites. This was also the tribal site, however, where the SC and the FIs were most known and trusted, which likely further aided faster recruitment and enrollment. Site B struggled with personnel issues that initially hindered recruitment efforts. Once these issues were resolved, the incentive still did not increase recruitment and challenged the field staff to find alternative ways to interest and encourage youth to consider participating. Recruitment at Site A did not include mention of an incentive and found it more difficult to recruit compared to the other two sites.

Feedback from the FIs and the participants noted that while the incentives were certainly welcome, and a useful recruitment tool, ultimately, they were not the primary driver for participation. What appears to be the most effective recruitment strategy is using known

programs that serve youth and known individuals to help recruit. It was more important that word about the research and the survey process came from known and trusted entities. This was expected, as relationships are an essential aspect of interactions between tribal people. That said, the researchers believe compensation/incentives/renumeration are a fair and reasonable way to recognize research participants for their contributions, culturally appropriate, and should be provided to all participants regardless of age or background.

Implementation and Procedural Findings

Study Locations and Timing

The method selected to recruit study participants for the CT and PT presented an extensive need for local partners in the non-tribal sites to assist the study team in obtaining the requisite number of youth needed for each testing phase. While it took time and effort to enlist local stakeholders open communication addressed many of the barriers to engagement. As Martinez (2016) noted, “Stakeholder involvement has specific challenges that researchers and tribal communities can work together to resolve by having an engagement strategy that is open, transparent, and is a collaborative process.”

The decision elements of location and timing are important factors that should be considered in a future national study. The amount of time and effort to enlist partners for large numbers of survey participants would require targeted planning. Schools—tribal, state, federal, nonprofit, or youth learning centers, such as job corps serving AI and AN youth and young adults would be choices to consider. During data collection, the study team learned about Alaska Native owned job corps centers that could facilitate partnership development. Large captured youth and young adult target populations are needed for a national study. Such an approach would cut down on the number of approvals needed from partner organizations.

Study delays beyond the control of the research team also limited the timing for implementing the CT and PT (including all recruitment and data collection activities) to six months from late spring to early fall. This timeframe competed with school schedules, activities, and vacations for study participation and for obtaining parent consents due to seasonal fishing or firefighting. Nonetheless, stakeholder support and involvement contributed to 90% participation in Site A during a seven-week period and 96% participation at Site C during a six-week period for the pilot test. Site B had the fastest completion time; two weeks with 100% participation.

Community Feedback

The AIDA team conducted Closeout Visits at each participating site including one tribe that was withdrawn from the study, scheduling conflicts prohibited a visit to the other tribe withdrawn from the study. Closeout visits with the field staff were used for the following:

- Collection of all participant files, study equipment and/or supplies used for the study.
- Collection of all incentives not used for the study.
- A facilitated discussion with SCs and FIs about their experiences during the data collection period.

Closeout visits with the study Partners were used for the following:

- Personal visits by study staff with project partners where facilities were used to conduct participant interviews and to deliver Certificates of Appreciation.
- These visits were also used to collect any study information, i.e., flyers or supplies that

were stored at the site.

- Study staff answered questions by partners about the possible uses of the PT data collected and to obtain their feedback. Meetings included participation by high-level tribal officials or chief executives of programs and/or organizational staff and assigned tribal or organizational points of contact.
- The communities were also informed about the local trained interviewers that could be available to assist with local data collection studies or assessments

Field Staff Experiences

Group and individual interviews were conducted with FIs and SCs from the three sites where pilot testing was done. Overall the survey itself had few issues. It took sixty minutes or less to complete. Most of the youth and young adults understood what was being asked. If there were comprehension issues it seemed to be with the younger youth. Overall, most of the youth and young adults did not have issues or problems and the reading level seemed to be appropriate. Only a few survey takers asked the FI questions during the administration.

Because of the rushed timeline to complete the pilot testing, the recruitment process suffered in the two urban sites. Least problematic was with the Tribal Site, since the SC who was a community member conducted recruitment. The other site FIs felt pressure to recruit and felt unprepared, and became frustrated. For confidentiality purposes, the sites are referred to as Urban Site 1, Urban Site 2, and Tribal Site. This section summarizes this feedback by areas of specific inquiry and if applicable, where feedback was site specific.

Recruitment

Overall, the Tribal Site seemed to have less challenges in recruitment than the other sites. Having a trusted SC from the community who also did most of the recruiting facilitated participation and, specifically, the parent consenting process. Field staff across sites noted that when the clear purpose of the pilot was explained to the youth, parent, or young adult, the majority were open to participating. Participation facilitators across sites included:

- Easily understood recruitment materials.
- Scripts for recruitment for the FIs and SCs.
- Outreach to organizations that serve youth and young adults.
- Word of mouth.
- Prior prospective participant/parent knowledge of project through outreach, public media, and attendance at public events (booths) – “heads up”.
- Stressing the importance of project to the AI and AN community for youth and young adults.
- Stressing the confidentiality of the process, as well as participants’ data.
- Follow-up communication when interest was shown.
- FIs’ flexibility to be able to accommodate participants’ schedules.

Challenges across sites included:

- Need for FI understanding of research terminology, which is a training issue.
- Funding agency and IRB approval delays between recruitment and pilot testing when interest may have waned.
- Transportation to the test site.
- Having only one CT site to conduct interviews.

- Approaching and involving younger prospects because they were less likely to be at locations where older youth congregate and their increased wariness of talking to unknown persons. (The very youngest participants were primarily recruited through parents and older siblings.)
- Terminology in recruitment—trauma, violence, victimization—certain words worked better than others but depended on the individual, other times none of these words worked.
- FIs feeling unprepared to recruit and the need for more training on how to conduct recruitment activities.
- FI gender and age impediments to “cold call” recruitment, older male FIs felt uncomfortable approaching youth.
- Lack of policies and direction for social media outreach.
- Scheduling conflicts and participants’ availability.

Incentives

The type of incentive information influenced recruitment. In Urban Site 1, no mention of incentives was included during the recruitment process. The FIs and SC from this site all noted how trying to get youth and young adults interested without mention of “what’s in it for me” was difficult. It seemed that more prospects had to be approached to get the target number of completed surveys. The Urban Site 2 where full disclosure was allowed had better reported participation rates than Urban Site 1 as relayed by the FIs and SC.

Urban Site 2 reporters did not report incentive impacting participation rates; their comments centered more on the type of incentives given. Parents seemed to like the backpacks, while the youth wanted the gift cards. This site was in an area that has a high cost of living, and several FIs felt that the monetary incentives should have been higher. One interviewee suggested incentives for the parents that could be shared with the whole family. For Urban Site 2, incentives proved to be important. Most indigenous cultures see “restoring the balance” as important, “giving of time should be rewarded and respected” as one interviewee stated.

Scheduling

Scheduling for the follow-up interviews was hampered by participants’ busy lives. Scheduling required the FIs to be time flexible due to repeated follow-ups with potential participants in order to set up appointments. SCs who did most of the scheduling had to work around participants’ work and activities, especially summer activities as well as the FIs availability. Many FIs recommended having more than one site for the interviews and letting them do the scheduling would be helpful. Having one site that closed at 5:00 pm hindered the survey administration. In addition, several would have liked to have done the survey right after the recruitment process instead of scheduling for a later time. They felt the project lost many participants during that time period.

The Tribal Site went more smoothly since the SC recruited and scheduled and the survey administration site was local. TYVS participants could walk to the interview sites. The SC mentioned that at times, getting the FIs scheduled proved challenging since FIs were not all from the local area. The SC assigned alternative FIs which aided the process.

Two Parent Permission

All sites found obtaining two parent permissions challenging. Many participants did not have two parent households. Some parents were not in youths' lives at all, or they were at work, separated, and possibly living out of state. This piloting experience confirms the high proportion of youth not in a traditionally thought of nuclear family. Some FIs felt they needed training on talking to a parent about their situation and if two parent signatures were a possibility, because it seemed invasive. Most of the time it was very clear why the other parent was absent; in other cases, it was not. This inquiry became awkward for both the FIs and SCs and the present parent.

Survey Administration

There was a difference in reports of mode administration. Sites using headphones for voice application found that many of the participants asked not to use the headphones, or just put them on and did not pay attention to what was spoken. Also, in some cases the participants did not understand that they had to "hit" play. Several suggestions were put forward by the field staff to improve survey administration:

- Question 1.2 which queries tribal affiliation proved to be problematic across all sites. Many of the younger participants did not know their status. Therefore, elimination of this question may be warranted – add a question if they identify as American Indian or Alaska Native and go on to the next question asking of other races/ethnicities they identify with.
- A few times, the computer program asked "Do you know the person who hurt you?" without the prior lead-in question.
- The gender identity and sex questions still seem to confuse some, especially for the younger participants.
- The family drug/alcohol use question prompted some questions on "if the survey means abuse."
- A few younger participants did not understand the question asking about feelings of hopelessness. A definition would provide clarity.
- There was a suggestion to end the survey with a question about what makes the youth or young adult "happy," so they can leave on an "up" note.

Timing

According to the FIs, most of the youth and young adults completed the survey in 30-45 minutes. The more items that were endorsed, the longer the time of administration. None of the surveys took longer than 60 minutes. Some younger participants took longer to complete the survey due to not understanding some of the questions or words, which prompted more discussion with the FIs.

Field Staff Training

All FIs and SCs received training using the same protocols. All reported that the training was applicable and appropriate. All agreed it was useful and empowering, especially the explanation for the need of the project and the project itself. Special inquiry was made of the Trauma Protocol. Very few needed to implement it, but when they did, it helped the participant. Some suggestions for training improvements were cited.

- Explain more about the need for IRB approval and the need for CITI training.
- Add more training on recruitment strategies.
- Use more layman's terms.

- Ensure FIs can demonstrate to respondents how the devices work and how to navigate the survey.
- Have the FIs go through the entire survey themselves.
- More mock interviews from greeting of participant through end of survey administration, filling out the paperwork, and how to use the equipment.
- Add what should the FI do if the SC is absent.
- More specialized training for the SCs on onsite research administration.

Field Interviewer Skills

When asked what skills are important in a good FI, the majority if not all mentioned having good interpersonal skills for rapport building to put participants at ease. Such as being flexible, acceptance, gentleness, compassion and empathy, knowledge, confidence, passionate, and experienced. Several interviewees mentioned specific types of people who they felt would do a good job: public and population health professionals, CHRs, victim advocates, etc. One of the urban sites experienced the need to change the SC, which occurred. This need and subsequent ease after the change was very much a subject of discussion. Having the right SC at the site made all the difference in recruitment as well as survey scheduling and administration.

Field Interviewer and Site Coordinator Roles and Responsibilities

All the field staff interviewees indicated they felt supported by AIDA staff. Paperwork challenges were most often mentioned, such as keeping track of participant IDs, filling out the paperwork, needing more concise and clear forms, and too much paper given that was not needed. Recruitment was the next most often mentioned issue. FIs did not feel prepared to act as recruiters. Because of the project timeline hiatuses due to federal government slowdown changes and IRB review delays, the time for recruiting and completing the pilot testing was greatly truncated. The SCs and the FIs felt this pressure.

Compensation for the Field Staff

All the FIs and the SCs felt that the compensation they received for the completed interviews was adequate. A few mentioned they would have liked to have mileage reimbursement. One research assistant was hired at one of the urban sites. She felt that the research assistant compensation could have been better, however she quickly moved to a SC position in which she felt that then she was rightly compensated.

Would you do this again?

Overwhelmingly, all but one of the FIs and SCs said that they would happily do this again. One FI who lived more remotely said that she was not sure, since timing of and traveling to interviews took away from her family life, which was especially hard when the participant did not show.

Feedback from Site Coordinators

Feedback was also received from the SCs. Challenges cited centered on the FIs availability and motivation. If a FI was not available, then the SC had to complete the interview. They also felt that the FIs needed more training on the paperwork. The SCs spent a lot of time helping the FIs with filling out the required forms. Age of the FIs seemed to matter, with the younger ones needing more help while the older ones worked more on their own. One of the SCs

found that getting to know what matters and motivates a FI was crucial. The SCs all stressed that the FIs must be told ahead of time what the job entails including being on schedule and reliable.

Field Staff Suggestions

Overall suggestions for the survey and the process included:

- Increase the age of participant to 14 instead of 13.
- Only a few questions of the survey need to be “reworked”.
- Skills for the FIs should include interpersonal skills of compassion, empathy, respect, and confidence to build rapport with the youth and young adult.
- Training for the FIs should include:
 - a. How to recruit.
 - b. Talking to parents for two parent consents.
 - c. User friendly terms for some of the more uncommon terminology.
 - d. More mock interviews from start to finish.
 - e. Explanation of the IRB requirements.
 - f. Understanding of research terminology.
 - g. The FI taking the survey themselves.
 - h. FIs awareness of the need for flexibility and reliability.
 - i. Stressing confidentiality of both participation and data is a must.
 - j. Follow-up strategies after initial recruitment.
- Participant knowledge of incentives matters.
- Use event recruiting with prospective participants because it works.
- Address transportation issues related to interview site locations. Be clear about the geographic locations of the interview locations. Several possible participants/families lived in more remote urban areas. They expressed interest; however, the travel involved prohibited participation even with the incentive.
- Allow interviews immediately after recruitment at place of recruitment if consents are obtained.
- More interview sites are needed.
- Allow FIs to schedule their own time.
- Computer-assisted mode of administration is best.
- Majority of FIs and SCs enjoyed the project and would do it again.
- It was suggested that the flyer have the local contact number and not just an email address.
- One SC felt that the provided Resource List might “get kids in trouble” with abusive parents who, for example might question the inclusion of shelter or law enforcement services. It was suggested that the list be more “kid friendly”. Perhaps providing school related resources that could help the child connect to other resources. The resource list should also be offered to the participant rather than required for them to take.

Survey Revisions

There were minimal but important changes to the pilot test instrument. Table 35 shows the questions that indicated the need for change and the subsequent changes. The final survey instrument (see Appendix A) submitted for this project reflects the following changes:

Table 35. Survey Questions Revisions Following Pilot Testing

| Original Question | Problem | Change |
|--|---|---|
| <p>Q1.2 What is your American Indian or Alaska Native affiliation?</p> <ol style="list-style-type: none"> 1. Enrolled American Indian or Alaska Native 2. American Indian or Alaska Native, but not enrolled. 3. Descendent of American Indian or Alaska Native 4. Don't know or not sure | <p>Problem: Many respondents did not know how to answer this question. Since AI/AN self-identification is part of the recruitment process there may be no need to include this question in the survey.</p> | <p>Change: Question was removed from the survey</p> |
| <p>Q1.3 – Besides American Indian or Alaska Native do you identify with any other race or ethnicity?</p> <ol style="list-style-type: none"> 1. White 2. Black or African American 3. Hispanic or Latino 4. Asian 5. Native Hawaiian or other Pacific Islander 6. Other | <p>Problem: allows for multiple answers. Respondents reported as many as three other races (including “other”) with too few of any one race to be useful to analysis. This question should be eliminated or converted to a dichotomous scale, e.g., Mixed race yes/no. Too much variety (all items reflected <3% of the respondent population) to provide added value to the analysis.</p> | <p>Change: Besides American Indian or Alaska Native do you identify with any other race or ethnicity?</p> <ol style="list-style-type: none"> 1. No 2. Yes |
| <p>Q2.5 – With which gender do you most identify?</p> <ol style="list-style-type: none"> 1. Male 2. Female 3. Transgender 4. Gender Non-Conforming or gender queer | <p>Problem: This question was the only one that asked about sex/gender. The few who responded other than male or female (<0.2%) had to be dropped from any analysis by sex of respondent. It is recommended that a question be added to identify sex assigned at birth.</p> | <p>Change: Add additional new question:</p> <p>What is your sex assigned at birth?</p> <ol style="list-style-type: none"> 1. Male 2. Female |
| <p>Q2.12 During the past 30 days, about how often did you feel... Restless or fidgety?</p> <ol style="list-style-type: none"> 1. None of the time 2. A little of the time 3. Some of the time 4. A lot of the time 5. Most of the time 6. All the time | <p>Problem: In the analysis of questions regarding measures of emotional stress, Q2.12 did not load into the model with the other measures. A revised model without this question loaded as predicted. It is likely that this particular measure reflects something other than a response to violent victimization.</p> | <p>Change: remove Q2.12</p> |
| <p>Q3.1 – Including yourself, how many people live in your household, the place you live at MOST of the time? Enter actual number</p> | <p>Problem: This question was intended to assess household density, however, responses to this question ranged from 0 to 60. It was later determined that respondents lived in both private homes and in dormitory and group home settings and reported household member numbers accordingly. For this survey, given the array of alternative living arrangements, it is more important to understand the setting than household density.</p> | <p>Change: remove question, modify Q3.2 (below)</p> |
| <p>Q3.2 Who do you live with MOST of the time?</p> <ol style="list-style-type: none"> 1. Both parents 2. Parent & step parent | <p>Problem: Per Q3.1 above, changes to the response options for this question will add clarity to the understanding of respondent living arrangements.</p> | <p>Change: add additional response options to allow for estimate of household density and type of residence.</p> |

| Original Question | Problem | Change |
|---|--|--|
| <p>3. Mother only 4. Father only 5. Foster parent (including relatives if they are your foster parent) 6. Group home or residential care 7. Grandparent(s) only 8. Other legal guardian 9. Living independently</p> | | <p>Q3.2 Who do you live with MOST of the time?</p> <ol style="list-style-type: none"> 1. Both birth parents 2. Parent & step parent 3. Mother only 4. Father only 5. Grandparent(s) only 6. Other relatives 7. Other legal guardian 8. Foster home or group home (unrelated small group setting) 9. Dormitory or residential settings (e.g., college, Job Corp) 10. Living independently |
| <p>Q4.5 In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been robbed?</p> | <p>Problem: The variable designed to measure “being robbed” (Q4.5) is only moderately related to the other physical assault variables. This is likely because the term “robbery” was not clearly defined and the research team was concerned that respondents would not understand that it involves force or threat of force, as opposed to burglary or theft. This issue was discussed during the peer review process as potentially problematic. This variable will remain in the survey but will be more clearly defined.</p> | <p>Change: In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been robbed? Robbery is the use or threat of <u>force</u> to take something without permission.</p> |
| <p>Q4.9: Has any adult you live with hit, beat, kick, or physically hurt another adult household member?).</p> <ol style="list-style-type: none"> 1. Never 2. Rarely (1-2 times) 3. Sometimes (3-4 times) 4. Frequently (5-6 times) 5. Very frequently (more than 6 times) 6. Always | <p>Problem: This question was flagged during the analysis. It is not clear how this measure differs from what were assumed to be related measures. It is possible that the result reflects experiences of respondents living in group homes, dormitories, or similar residential settings. A higher than expected number of respondents, living in other than family units, are included in the test data, likely as an artifact of recruitment. This variable is stratified by the revised Q3.2 should allow for a better understanding of household physical violence.</p> | <p>Change: Stratify responses to Q4.9 by Q3.2 during analysis for additional clarity.</p> |
| <p>Q4.11: At any time in the past 12 months, how often did you SEE... Anyone use knives, guns or other sharp objects to THREATEN OR SCARE someone else?</p> <p>Q4.12: At any time in the past 12 months, how often did you SEE... Anyone use knives, guns or other dangerous weapons to ATTACK or</p> | <p>Problem: in interpreting factors reflecting exposure to violence, two questions regarding household violence and two similar questions that were intended to reflect community violence loaded together. This is likely the result of the syntax used for the two questions about community that did not distinguish individuals who the respondents may “live with” from</p> | <p>Change: 4.11 – At any time in the past 12 months, how often did you SEE... Anyone (other than those you live with), use knives, guns or other sharp objects to THREATEN OR SCARE someone else?</p> <p>Change :4.12 – At any time in the past 12 months, how often did</p> |

The Tribal Youth Victimization Study

| Original Question | Problem | Change |
|---|--|--|
| INJURE someone else? | “anyone” in the community. Additional clarification will be added to these two questions. | you SEE... Anyone (other than those you live with), use knives, guns or other dangerous weapons to ATTACK or INJURE someone else? |
| <p>Q6.1-Q6.3: In the past 12 months, how often did someone ONLINE (for example, in emails, posts, or texts)...</p> <ol style="list-style-type: none"> 1. Never 2. Rarely (1-2 times) 3. Sometimes (3-4 times) 4. Frequently (5-6 times) 5. Very frequently (more than 6 times) 6. All the time <p>Q6.4 – Q6.16: In the last 12 months has anyone done the following to you IN PERSON?</p> <ol style="list-style-type: none"> 1. No - Go to next question 2. Yes, once - Go to 6A.1 3. Yes, more than once - Go to 6A.1 | <p>Problem: Section 6 of the survey included 16 questions intended to explore perpetration of violence and victimization across the three constructs and several indicators. It was clear from the analysis, however, that respondents did not necessarily distinguish between acts involving a romantic partner and acts involving “anyone”. Because there is a section specific to violence by romantic partners, there needs to be a clear distinction between romantic partners and others who commit acts of interpersonal violence in the above questions.</p> | <p>Change – the stem question for Q6.1- Q6.16 was modified to clearly state “other than a romantic partner”</p> <p>Q1-Q3: In the past 12 months, how often did someone (other than a romantic partner) do the following to you ONLINE (for example, in emails, posts, or texts)</p> <p>Q4 – Q16: In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON?</p> |
| Q7. 1 – Q7.11: In the past 12 months did you... | <p>Problem: This set of questions had a similar problem to Section 6 above. The first 11 questions were intended to ask about violence perpetrated to someone other than a romantic partner. As above it was evident that respondents were including romantic partners in this question set and counting these events again in the following section focused on a romantic partner.</p> | <p>Change – the questions for Q7. 1- Q7.11 were modified to clearly state “other than a romantic partner”</p> |

Study Conclusions

Despite several decades of focused research on youth violence and victimization, there is so much about these issues involving AI and AN youth and young adults that is poorly understood. The available research indicates that while the specific types of violence AI and AN youth and young adults encounter may not differ much from other populations, the scope of violence and its impact on victims may be much higher (Ashcroft et al., 2003; Gutman & Smith, 2015; Hamby et al., 2012; Manson et al., 2005; Mullan-Harris et al., 2006; Sarche & Spicer, 2008; Yuan et al., 2006).

A more recent line of inquiry is exploring the relationship between being a victim of violence and being an offender. The degree of overlap for AI and AN youth and young adults may be higher than for other populations (Piquero et al., 2012; Reingle & Maldonado-Molina, 2012;), To better understand issues like these and the context of violent events in the lives of AI and AN youth and young adults, this project sought to develop a process for collecting self-report prevalence data from this vulnerable population.

The project unfolded through four task phases that included planning, testing, and re-evaluation of focus and methods. The payoff for a large investment in research and development was a lack of unexpected results and confirmation of the initial assumptions and expertise of the research team. Every step in the developmental process and every pause for review along the way ensured that the pilot test would reflect an effective design for a national level study. Even so, there are a few key issues and lessons learned that have implications for a large-scale study of violence and victimization with AI and AN youth and young adults.

Respondent Population

The available research suggests that violence is often a part of life for even very young children. Accordingly, the respondent sample was originally set for ages 12 through 20. However, as discussed previously, it became clear through the testing phases, that the youngest respondents struggled with the concepts, the process, and with articulating their experiences. Feedback from the research team, the field staff, and the respondents themselves suggest that high school age and older participants would be a more effective age group for this study. The testing also revealed important differences among youth who live full time in a tribal setting and those who do not. These are important considerations for a future study.

Site Logistics

An invaluable asset for the study sites were the partnerships cultivated before, during, and after the study period. Recruiting school age children and youth is very different from recruiting adults. The topic of victimization is highly sensitive and administering a survey on this issue in a group setting such as a classroom, would be unethical. As such, recruitment in a school setting was not feasible or appropriate, although schools provided parent and participant referrals. To recruit in other settings where youth congregate required local knowledge of programs such as job corps centers, victim youth shelters, youth clubs and health centers. More importantly, was a trusted liaison, such as the local SC, known and trusted by the local youth program. Even in urban settings, relationships are essential to opening lines of communication with AI and AN people, particularly with regard to research.

Consent

The two-parent permission requirement was at the direction of the project IRB of record. The rationale was a determination of greater than minimal risk. The testing revealed that participant distress was minimal and that distress protocols were appropriate and effective. The prevalence of two-parent homes is lower among AI and AN households compared to other populations. Addressing this requirement was noted as a burden to potential participants and hindered recruitment efforts. It is hoped that the results of the testing provide support for a not greater than minimal risk from future IRB reviews.

Survey Content

The project tested the content and scope of the survey through multiple means including peer review and cognitive testing. At every step the research team had to weigh the trade-offs between breadth of information and depth of information to keep the survey at a reasonable length and still effectively measure key issues. Based on the findings, the research team is confident that the important issues were included with one exception. The importance of understanding resilience and the impact of culture were known but not sufficiently reflected in the survey due to concerns over timing. In retrospect, a few more pointed questions will be an important addition to future administration of the survey and can be balanced by removal of several questions that did not provide any added value.

Survey Administration

The findings of the study support the use of a computerized process for the survey mode that combines elements from each of the three tested modes. Having the field interviewer ask the first few questions builds rapport and demonstrates to the participant how to use the devices. Then when turning over the device for the remainder of the questions, give respondents the option of audio in addition to reading the questions. Use of a tablet, as opposed to a laptop computer, was not only the preferred device of respondents it is also more cost effective and easy to program.

Remuneration

As previously noted, remuneration in an appropriate amount is both ethical and respectful of the time and input of a research participant. The amount should be determined in partnership with local AI and AN entities and be comparable to amounts provided to other youth populations. While the site that did not advertise an incentive lagged in recruitment, it did not significantly impede the process. Not only should remuneration be provided, it can also be a teachable moment for young people about the value of their time and their contributions to their communities and to research.

Implications for a Future National Study and Further Research

The implications for conducting this study were clear. This study had to be grounded in tribal knowledge and the AI and AN experience in order to elucidate priority issues that need to be better understood, and to promote this understanding within a culturally resonant framework. The TYVS had to also ensure that AI and AN expertise on youth violence and victimization was an active presence in study development and implementation. Above all, the methods for project design, testing, and decision-making needed to be ethical on all levels and appropriately incorporate tribal culture, perspectives, sensitivities, and realities. At every step of this study was

the knowledge that each decision would not only have an impact on the findings, but also on the lives of AI and AN youth and young adults.

The complex and multifaceted problems of AI and AN youth and young adult violence and victimization are not yet understood at a level where policy significantly abates the problems or leads to the implementation of community appropriate, evidence-based programs. Currently, solutions mean importing programs effective for mainstream populations, which lack cultural congruence and that frequently fail to accomplish their goals among AI and AN youth and young adults. There is a need to build on current knowledge and establish valid baselines with a focused consideration of the problems, protective factors, strengths of young people, and potential solutions for AI and AN youth and young adults, communities and governments. Specific implications for a future national study and further research reflect findings and lessons learned from this project.

- **Tribal engagement and involvement are the respectful ways to approach AI and AN research.**

Respect for tribal sovereignty and organizational authority was a foundational consideration for the project and the NIJ. This meant not only obtaining permissions from tribes or tribal programs to recruit or conduct interviews but to inform tribal and program leadership about the project, its intent and scope. Engagement is a process, not just a formality. Even when tribal resolutions were not needed, it was important for tribes, whose youth might participate, know about the project and its purpose. Support and permissions obtained by the project from tribes and tribal programs enabled tribal and/or organizational points of contact to be involved with community-level research activities. These included enlistment of tribal and/or organizational partners, recruitment of local tribal SCs and FIs, programs and resources for trauma support, and interview locations. Involvement also included the Tribal Advisory Group who represented tribes and tribal people on a national level.

Community based participatory research approaches are essential when conducting research with tribes and/or tribal citizens and communities. The ideal level of CBPR, when community members are involved in all stages of the research process from conceptualization to publication (Heinzmann et al., 2019), was challenging for the TYVS. First, a methods study implies a different level of connection with the participant community. Second, the specific communities where the survey would be tested were not known at TYVS conceptualization. While full community input was not a viable option, input from the TYVS TAG served as a proxy for obtaining tribal-based input and feedback on the entire process.

- **Tribal culture and Native identity are important to AI and AN youth and young adults, regardless of their level of involvement or understanding of their tribes' culture and traditions.**

The findings from the testing, along with much anecdotal information suggests that AI and AN youth care deeply about their tribal identity, their cultural heritage, and the challenges AI and AN people face in today's world. Youth, regardless of their ability to speak their language or their level of involvement in tribal ceremonies, were proud of who they were, and wanted to do all they could to help other Native people. These results were especially clear during cognitive testing, where participants and interviewers had in-depth conversations that sometimes strayed to topics outside of the interview questions.

It is important to understand that the AI and AN worldview of crime and victimization often differs from that of mainstream society. As explained by Eichenberg (2014a), in mainstream society, the victim of a violent act is the person who suffers the pain and/or loss, in the AI and AN worldview this also includes the community. Melton (1995) further notes that the usual response to violence in mainstream justice paradigms is a vertical and hierarchical power structure that limits participation by those affected by a crime or conflict. It is an adversarial system that focuses on offender rights while promoting punitive consequences. It limits offender accountability and ignores his or her obligations to the crime victim. While it breaks the problems into manageable systemic parts, it leaves many problem aspects undiscovered and unresolved.

- **Random sampling will be a challenge.**

Nonprobability sampling (convenience, snowball) was used for both cognitive and the pilot testing. If, however, a national level study is undertaken a randomized sample may be mandated. While there are strategies that can support random sampling in tribal populations, they require a very high level of trust and communication with the tribes. Randomization will be feasible for individual tribes who may use the survey, but a major challenge and consideration for non-tribal research entities who want to sample multiple tribes. One possibility is to have individual tribes administer the survey to a random sample within their tribe then compile the findings from participating tribes. The best approach with any sampling strategy is to include tribal communities at the beginning and include experts in tribal populations to design an effective sampling strategy.

- **AI and AN youth are as tech savvy as their mainstream counterparts.**

It was not known during the planning phases whether the study population would be as comfortable or familiar with computers, cell phones, social media and other technologies, as their non-Native peers. It has long been assumed that computers and the internet are difficult to access in tribal communities. It was important to explore this issue on two levels. First, online violence and victimization are known to affect young people. Second, a computerized survey mode would allow for a more sophisticated and protective data collection process. It was clear early on, however, that the participants not only enjoyed the computer, but their competence far exceeded the need for FI instruction on the devices used. The participants use technology in their daily lives, and they are well versed in social media. This information both supported use of a computerized mode and the importance of measuring online violence and victimization.

- **Compensation is ethical and appropriate for this population.**

The practice of providing incentives or compensation to research participants is a common and acceptable practice (OHRP 2015). It is usually considered a harmless way to increase the likelihood of respondent participation. Many believe that failing to offer remuneration may be unethical, especially if compensation is offered to some but not others for fear of undue influence. Money may just be one of many influencing factors but it shouldn't be the deciding factor. An amount that is not excessive and calculated based on time/contribution is an indication of respect for the participant's time and contribution. For tribal populations this often means defining remuneration in partnership with the tribe. For the TYVS research team, compensation implies that we respect the contributions of our participants and their willingness to contribute to the future wellbeing of AIAN people. Further, this study was the first time most

of the participants had ever been involved in research. Many saw the incentive as a gift or a prize as opposed to just compensation for their time and effort. Any research with youth can be a teachable moment; one where children and young adults can learn the value of their contributions to science and to their communities.

- **Field staff recruitment and development should be both strategic and about building local capacity.**

Recruiting field staff is more than just posting a job announcement. It's about finding someone who has time, knows the community, is responsible, and most importantly can build rapport with youth and help them through the process. The FI's in this study stated that important skills included empathy, being comfortable with people, and understanding the challenges young people face. Most AI or AN people in a tribal community or urban setting have never conducted interviews before. Hiring and training local field staff helps build skills for the individual workers and potentially for future research in the community. The skills learned in the training process are transferable and help build the capacity of the community to develop and conduct their own research and participate more actively in the research of others.

- **Provide opportunities for the community to participate.**

Communities can participate in many ways. Even beyond the POC and the Site Coordinator, programs that serve young people are key sites for recruitment and disseminating information. In tribal communities, participation can be formal, such as providing approvals and informal such as the word of mouth that builds trust and opens communication. Even in urban settings, where extensive partnerships are needed, AI and AN people are often connected through programs and people. Most want to help with a project of value to the community. Participation, even as limited as posting recruitment flyers, helps to build trust and communication.

- **Violence research must reflect victimization, perpetration, and resilience on individual, family, and community levels.**

The overarching goal of a future research study will be to understand the dynamics of, consequences of, and solutions to violence and victimization experienced by AI and AN youth and young adults. This will require a multi-dimensional approach. The TYVS study identified relevant violence and victimization measures for young AIs and ANs and an effective mode for survey administration. The study also helped to identify what more needs to be understood. For example, understanding community and family level factors help put acts of violence into context.

Any understanding of victimization must also consider the unique historical experiences of tribes. AI and AN communities differ in culture and geography but they have a common shared history of destructive and victimizing federal policies intended to assimilate AI or AN people into the American mainstream of life (e.g. forced relocation, forced removal of children to boarding schools, and prohibition of spiritual and cultural practices) (Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence, 2014). There is growing understanding of this concept—termed historical trauma—and how historic traumatic events move through multiple generations (Brave Heart, 1995) and intensify the contemporary traumatic experiences of youth and families.

Future research also needs to examine how to help young AI and AN people heal and move forward from the violence in their lives. This requires knowing where their individual and

cultural strengths and hopes lie, and the resources they need from family and community to grow from adversity. Research has only recently begun to consider indigenous understandings of resilience and healthy child development. This contrasts with the more typical deficit construction of children within Western child development. This perspective has helped link strong cultural beliefs and values with resiliency among youth and positive health outcomes.

For example, Clark (2016) argues that while the issue of violence against youth and young adults is important to understand, other images of strength, resilience, and resistance beyond narratives of risk and harm are still missing from many discussions. Resistance, she states, is an essential element of health and survivance from the consequences of violence. Clark's framework is grounded in five principles: 1) respect for sovereignty and self-determination, 2) importance of local and global land-based knowledge, 3) understanding holistic health within a framework that recognizes the diversity of indigenous health, 4) importance of agency (power) and resistance, and 5) using approaches that are rooted within specific AI and AN nations relationships, language, land, and ceremony.

These cultural significances and overarching theory are worthy of mention since they can be found in the constructs that were explored, questions asked, the ways cultural nuances influenced response, and finally, the analysis and interpretation of the data. The TYVS researchers chose to emphasize the peer group, family, and community contextual variables; autonomy and control (resiliency); healing and resilience; and the accessibility and use of cultural resources.

Recommendations for a National Level Study

Field Interviewer and Site Coordinator Training

- Provide training on the importance of the project; approval processes; strategies for recruitment; obtaining permissions and consent; administration; distress protocol; and administrative duties (forms, etc.) to all research staff.
 - Use layman's terms.
 - Have any coordinators and administrators do the survey themselves.
 - Do mock interviews from greeting to end for different scenarios.
- Hire flexible, available, accepting, confident, compassionate and if possible, experienced individuals that have worked with AI and AN youth.

Field Recruitment Essentials

- Outreach to organizations that serve youth and young adults in the community as partners to facilitate project support and recruitment.
- Have a trusted SC from the community who can network the parents and participants more easily.
- If using FIs, provide extensive training on recruitment strategies as most community based FIs are novices that may not be familiar or comfortable with recruiting young people or talking to young people of the opposite sex, parents, or guardians.
- Train all field staff to articulate clear purpose and confidentiality of the questionnaire to prospects.
- Use easily understood recruitment materials and prewritten scripts that provide talking points for both the recruiters and the prospects.

Incentives/Compensation

- Use incentives/compensation. The TYVS pilot site where full disclosure of incentives/compensation was mentioned upfront had a shorter time to filling recruitment quota.
- Providing incentives/compensation also speaks to the cultural view of “restoring the balance” (giving of time should be respected).
- The amount of compensation should take into consideration the additional costs for transportation, particularly, in areas where public transit is not available or where there is a longer distance to get to an interview site.

Survey Locations and Scheduling

- Have flexibility to be able to accommodate participants schedules. Use after school and evening hours.
- Use multiple administration sites that can accommodate participant travel limitations and ease of arrival to prevent no shows.
- The topic of victimization is highly sensitive and administering a survey on this issue in a group setting such as a classroom, would be unethical. As such, recruitment in a school setting may not be feasible, appropriate, or necessary to obtain a large sample.
- An extensive number of partners were needed to implement the CT and PT, which included obtaining permissions and approvals from each partner site to use their facilities and arrange local staff support.
- Provide transportation to the administration sites for those who are not easily mobile or that can access inexpensive transportation.
- If using FIs, schedule a backup in case the assigned FI has conflicts or is late.
- If using a SC, ensure the SC is available for issues or to provide FI support.

Two Parent Permission

- If possible, use one parent permission protocols. The PT experience confirmed the high proportion of youth who are not in a traditionally thought of nuclear family. Some parents were reticent to explain why the other parent was absent. Challenges arose while documenting why the two-parent permission was not possible. The resulting situations were awkward for the FIs and for the parents.

Survey Administration

- Use Computer Assisted Self Interview (CASI). Participants showed a preference for this mode. Very frequently, those tested with headsets either did not use them or put them on and did not listen to the voiced questions. Using ACASI is also a viable option.
- Age of participants should range from 14 to 20 years old. The survey was piloted with participants within the age range of 13 to 20 years of age and for the most part the sensitive questions were understood and responded to; however, when issues arose, they did with the youngest set (13-year-olds) during the PT.
- Allot an hour—60 minutes to complete consent/assent forms and to take the survey. Most participants completed the survey in 30-45 minutes and no longer than 60 minutes.
- Have distress protocols delineated and study staff trained. The CT and PT showed that the protocols were not needed in the vast majority of the administrations; however, one participant became visually upset and the TYVS Distress Protocol was used to abate the

situation and comfort the participant during the CT.

Conclusion

This project required an experienced team of Native researchers and skilled academic partners in order to maximize the benefits of the research, identify and minimize the risks to participants and communities, and ensure scientific rigor and validity. The study design helped address methodological issues that limit the availability, interpretability, and applicability of violence and victimization data relevant to AI and AN youth and young adults. The survey instrument created by this project will lead to an increased understanding of factors that increase risks and protective factors that influence violence and victimization experienced by AI and AN youth and young adults. The pilot testing confirmed the importance of measures of AI and AN resiliency and protective factors, as well as question gaps regarding use of available services and services that are not available but are needed.

There is now a viable framework for understanding multiple forms of violence and victimization experienced by AI and AN youth and young adults. The resulting instrument can provide prevalence estimates of violent victimization as well as increase our understanding of the individual, family and community context within which violence occurs. Ultimately, this study created a valid and reliable instrument for collecting violence and victimization data within and across tribes and other settings where young AI and AN people live. The obvious next step is to use this instrument in a national study to obtain generalizable data for young AI and AN people across the U.S.

References

- Adams, W., Samuels, J., Willison, J.B., Dodd, H., Dank, M., Parthasarathy, B., Mallik-Kane, K., Kelly, J., Mendonca, S., & Kim, K. (2011). *Tribal Youth in the Federal Justice System*. Urban Institute.
- Alderson, P. & Morrow, V. (2004). *Ethics, Social Research and Consulting with Children and Young People*. Barnardo's.
- Anderson, J. A. & Weijer, C. (2002). The research subject as wage earner. *Theoretical medicine and bioethics*, 23(4-5), 359-376.
- Anderson, R.N. & Smith, B. (2003). Deaths: Leading causes for 2001. *National Vital Statistics Report*, 52(9), 1-86.
- Andover, M.S. & Gibb, B. (2010). Non-suicidal self-injury, attempted suicide, and suicidal intent among psychiatric inpatients. *Psychiatry Research*, 178, 101-105.
- Ashcroft, J., Daniels, D.J., & Hart, S.V. (2003). *Youth Victimization: Prevalence and Implications*. U.S. Department of Justice.
- Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence. (2014). *Ending Violence So Children Can Thrive*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Baldwin, J.A., Johnson, J.L., & Benally, C., (2009). Building partnerships between indigenous communities and universities: Lessons learned in HIV/AIDS and substance abuse prevention research. *American Journal of Public Health*, 99(S-1), S77-82.
- Barlow, A., Tingey, L., Cwik, M., Goklish, N., Larzelere-Hinton, F., Lee, A., & Walkup, J. (2012). Understanding the relationship between substance use and self-injury in American Indian youth. *The American Journal of Drug and Alcohol Abuse*, 38(5), 403-408.
- Barney, D.D. (2003) Health risk-factors for gay American Indian and Alaska Native adolescent males. *Journal of Homosexuality*, 46(1/2), 137-157.
- Barrera, M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, 14(4), 413-45.
- Beals, J., Manson, S.M., Mitchell, C.M., Spicer P., & AI-SUPERPPF Team (2003). Cultural specificity and comparison in psychiatric epidemiology: Walking the tightrope in American Indian research. *Culture Medicine Psychiatry*, 27, 259-289.
- Bearinger, L.H., Pettingell, S., Resnick, M. D., Skay, C. L., Potthoff, S. J., & Eichhorn, J. (2005). Violence perpetration among urban American Indian youth: Can protection offset risk? *Archives of Pediatrics & Adolescent Medicine*, 159(3), 270-277.
- Beauvais, F. (1998). American Indians and alcohol. *Alcohol Health Research World*, 22(4), 253-259.
- Beightol, J., Jeverson, J., Gray, S., Carter, S., & Gass, M. (2009). The effect of an experiential, adventure-based "Anti-bullying initiative" on levels of resilience: A mixed methods study. *Journal of Experiential Education*. 31(3), 420-424. 10.1177/105382590803100312.
- Berlan, E.D., Corliss, H.L., Field, A.E., Goodman, E., & Austin, S.B. (2010). Sexual orientation and bullying among adolescents in the growing up today study. *Journal of Adolescent Health*, 46(4), 366-371.
- Blum R.W., Harmon B., Bergeise L., & Resnick M. (1992). American Indian-Alaska Native youth health. *Journal of the American Medical Association*, 267, 1637-1644.
- Bohn, D.K. (2003). Lifetime physical and sexual abuse, substance abuse, depression, and suicide attempts among Native American women. *Issues in Mental Health Nursing*, 24(3), 333-352.

- Boles, S.M. & Miotto, K. (2003). Substance abuse and violence: Review of the literature. *Aggression & Violent Behavior, 8*(2), 155-174.
- Bonanno, G.A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely adverse events? *American Psychology, 59*(1), 20-28.
- Bondy, E., Ross, D., Gallingane, C. & Hambacher, E. (2007). Creating environments of success and resilience: Culturally responsive classroom management and more. *Urban Education, 42*, 326-348.
- Bontempo, D.E. & D'Augelli, A.R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *Journal of Adolescent Health, 30*(5), 364-74.
- Borges, N., De Leeuw, E., & Hox, J. (2000). Children as respondents in survey research: Cognitive development and response quality. *Bulletin de Methodologie Sociologique, 66*, 60-75.
- Bower, P. & Roland, M. O. (2003). Bias in patient assessments of general practice: general practice assessment survey scores in surgery and postal responders. *British Journal of General Practice, 53*(487), 126-128.
- Bowling, A. (2005). Mode of questionnaire administration can have serious effects on data quality. *Journal of Public Health, 27*(3), 281-291.
- Bowling, A., Banister, D., Sutton, S., Evans, O., & Windsor, J. (2002). A multidimensional model of the quality of life in older age. *Aging & Mental Health, 6*(4), 355-371.
- Brave Heart, M. (1995). The return to the sacred path: healing from historical unresolved grief among the Lakota and Dakota. PhD diss. Smith College, Northampton, MA.
- Brave Heart, M. & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research, 8*(2), 56-78.
- Brave Heart, M., Bird, D.M., Altschul, D., & Crisanti, A.S. (2014). Wiping the tears of American and Alaska Native youth: Suicide risk and prevention. In J.I. Ross (ed.) *American Indians at Risk*. Greenwood, 495-516.
- Buchwald, D., Mendoza-Jenkins, V., Croy, C., McGough, H., Bezdek, M., & Spicer, P. (2006). Attitudes of urban American Indians and Alaska Natives regarding participation in research. *Journal of General Internal Medicine, 21*(6), 648-651. doi:10.1111/j.1525-1497.2006.00449.
- Burhansstipanov, L., Christopher, S. & Schumacher, S.A. (2005). Lessons learned from community-based participatory research in Indian Country. *Cancer Control, 12*, 70-76.
- Burnette, C. E., & Sanders, S. (2014). Trust development in research with indigenous communities in the United States. *The Qualitative Report, 19*(22), 1-19. Retrieved from <https://nsuworks.nova.edu/tqr/vol19/iss22/2>.
- Caldwell, J.Y., Davis, J.D., DuBois, B., Echo-Hawk, H., Erickson, J.S., Goins, R.T., & Stone, J.B., (2005). Culturally competent research with American Indians and Alaska Natives: Findings and recommendations of the first symposium of the work group on American Indian research and program evaluation methodology. *American Indian and Alaska Native Mental Health Research, 12*(1), 1-21.
- Campbell, E.M. & Smalling, S.E. (2013). American Indians and Bulling in schools. *Journal of Indigenous Social Development, 2*(1), 1-15.
- Center for Disease Control and Prevention. (2015). Youth risk behavior surveillance system (YRBSS). <http://www.cdc.gov/healthyouth/data/yrebs/index.htm>.

- Center for Disease Control and Prevention. (2017). Youth risk behavior surveillance system (YRBSS). <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>.
- Center for Substance Abuse Treatment (1997). Substance Abuse Treatment and Domestic Violence. Treatment Improvement Protocol (TIP) Series 25. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- Chikritzhs, T., Jonas, H., Stockwell, T., Heale, P., & Dietze, P. (2001). Mortality and life-years lost due to alcohol: A comparison of acute and chronic causes. *The Medical Journal of Australia*, 174. 281-4. 10.5694/j.1326-5377.2001.tb143269.
- Chino, M. & Fullerton-Gleason, L. (2005). Understanding suicide attempts among American Indian adolescents in New Mexico: Modifiable factors related to risk and resiliency. *Ethnicity & Disease*, 16(2), 435-442.
- Chino, M. & LaValley, J. (2010). Indigenous Health – Australia, Canada, New Zealand, and the United States – Laying claim to the future that embraces health for us all. In *World Health Report – Financing for Universal Health Coverage Background Paper*. Geneva, Switzerland: World Health Organization.
- Christensen, A.I., Ekholm, O., Glumer, C., & Juel, K. (2013). Effect of survey mode on response patterns: Comparison of face-to-face and self-administered modes in health surveys. *European Journal of Public Health*, 24(2), 327-332.
- Clark, N. (2016). Shock and awe: Trauma as the new colonial frontier. *Humanities*, 5(14).
- Cochran, P.A., Marshall, C.A., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L., & Gover, R.M.S. (2008). Indigenous ways of knowing: Implications for participatory research & community. *American Journal of Public Health*, 98, 22-27.
- Copeland, W. E., Wolke, D., Angold, A., & Costello, E. J. (2013). Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence. *JAMA psychiatry*, 70(4), 419–426.
- Cornelius, T.L. & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior*, 12(3), 364-375.
- Costello, E.J., Farmer, E.M., Angold, A., Burns, B.J., & Erkanli, A. (1997). Psychiatric disorders among American Indian and white youth in Appalachia: the Great Smoky Mountains study. *American Journal of Public Health*, 87(5), 827-832.
- Crazy Bull, C. (1997). A Native conversation about research and scholarship: Tribal College. *Journal of American Indian Higher Education*, 9(1), 16-24.
- Cwik, M.F., Barlow, A., Tingey, L., Larzelere-Hinton, F., Goklish, N, & Walkup, J.T. (2011). Nonsuicidal self-injury in an American Indian reservation community: Results from the White Mountain Apache surveillance system, 2007–2008. *Journal of the American Academy of Child Adolescent Psychiatry*, 50(9) 860–869.
- Dahlberg, L.L. (1998). Youth violence in the United States. Major trends, risk factors, and prevention approaches. *American Journal of Preventive Medicine*, 14(4), 259-272.
- De Leeuw, E.D. & Otter, M.E. (1995). The reliability of children’s responses to questionnaire items: Question effects in children questionnaire data. In: J.J. Hox, B.F. van der Meulen, J.M.A. M. Janssens, J.J.F. der Laak, & W.W. Tavecchio (eds). *Advances in family research*. Amsterdam: Thesis.
- DeBruyn, L., Chino, M., Serna, P., & Fullerton-Gleason, L. (2001). Child maltreatment in American Indian and Alaska Native communities: Integrating culture, history, and public health for intervention and prevention. *Child Maltreatment*, 6(2), 89-102.

- Dickert, N. & Grady, C. (1999). What's the price of a research subject? Approaches to payment for research participation. *New England Journal of Medicine*, 341(3), 198-203.
- Dillman, D.A. (2000). *Mail and Internet Surveys. The tailored design method*, (2nd ed.). John Wiley and Sons Inc.
- Dillman, D.A., Smyth, J.D., & Christian, L.M. (2009). *Internet, Mail, and Mixed-mode Surveys: The Tailored Design Method*, 3rd Edition, John Wiley & Sons.
- Dominguez, A., (2019). Who Counts? Racial Misclassification and American. Retrieved from: <https://www.uihi.org/resources/who-counts-racial-misclassification-and-american-indians-alaska-natives/>.
- Dong, M., Anda, R.F., Felitti, V.J., Dube, S.R., Williamson, D.F., Thompson, T.J., Loo, C.M., & Giles, W.H. (2004). The interrelatedness of multiple forms of child abuse, neglect and household dysfunction. *Child Abuse & Neglect*, 28(7), 771-784.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. Suny Press.
- DuRant, R.H., Krowchuk, D.P., & Sinal, S.H. (1998). Victimization, use of violence, and drug use at school among male adolescents who engage in same-sex sexual behavior. *Journal of Pediatrics*, 133(1), 113-118.
- Eichenberg, M.G. (2014a). Criminal victimization of Native Americans. In J.I. Ross (ed.) *American Indians at Risk: Volume 1*. (pp: 41-58). Greenwood.
- Eichenberg, M.G. (2014b). Native Americans and the abuse of alcohol and drugs. In J.I. Ross (ed.) *American Indians at Risk: Volume 2*. (pp. 419-438). Greenwood.
- Erickson, P.I. & Rapkin, A.J. (1991). Unwanted sexual experiences among middle and high school youth. *Journal of Adolescent Health*, 12(4), 319-325.
- Eriksen, T.H. (1997). Ethnicity, race and nation. In M. Berdun., Guilbernau, M., & Rex, J. (Eds.), *The Ethnicity Reader: Nationalism, Multiculturalism, & Migration*, Polity Press. (pp. 33-42).
- Evans-Campbell, T. (2008). Historical trauma in American Indian/native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence* 23, 316-338. doi: 10.1177/0886260507312290.
- Evans, G.W. & English, K. (2002). The environment of poverty: Multiple stressor exposure, psychophysiological stress, and socioemotional adjustment. *Child Development*, 73(4), 1238-1248.
- Evans, W. & Davis, B. (2018). Exploring the relationship between sense of coherence and historical trauma among American Indian youth. *American Indian and Alaska Native Mental Health Research*, 25(3), 1-25.
- Favazza, A.R. (1998). The coming of age of self-mutilation. *Journal of Nervous Mental Disease*, 186(5), 259-268.
- Federal Interagency Forum on Child and Family Statistics (2019). *America's Children: National Indicators of Well-Being, 2019*. U.S. Government Printing Office.
- 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.
- Fernández-González, L., Wekerle, C., & Goldstein, A. L. (2012). Measuring adolescent dating violence: Development of 'conflict in adolescent dating relationships inventory' short form. *Advances in Mental Health*, 11(1), 35-54.

- Finkelhor, D. & Dzuiba-Leatherman, J. (1994). Children as victims of violence: A national survey. *Pediatrics*, 94(4), 413-420.
- Finkelhor, D., Shattuck, A., Turner, H., Ormrod, R., & Hamby, S.A. (2011). Polyvictimization in developmental context. *Journal of Child & Adolescent Trauma*, 4(4), 291-300.
- Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009). Children's Exposure to Violence: A Comprehensive National Survey. *Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Fisher, P.A. & Ball, T.J. (2003). Tribal participatory research: Mechanism of a collaborative model. *American Journal of Community Psychology*, 32(3-4), 207-216. <https://doi.org/10.1023/B:AJCP.0000004742.39858.c5>.
- Foulks, E. F. (1989). Misalliances in the Barrow Alcohol Study. *American Indian and Alaska Native Mental Health Research*, 2(3), 7-17. <https://doi.org/10.5820/aian.0203.1989.7>.
- Freedenthal, S. & Stiffman, A. (2004). Suicidal behavior in urban American Indian adolescents: A comparison with reservation youth in a southwestern state. *Suicide & Life-Threatening Behavior*, 34, 160–171.
- Freng, A., Davis, T., McCord, K., & Rousell, A. (2014). The new American gang? Gangs in Indian Country. *Journal of Contemporary Criminal Justice*, 28(4), 446-464.
- Garofalo, R., Wolf, R. C., Kessel, S., Palfrey, J., & DuRant, R. (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, 101(5), 895-902.
- Gasquet, I., Falissard, B., & Ravaud, P. (2001). Impact of reminders and method of questionnaire distribution on patient response to mail-back satisfaction survey. *Journal of Clinical Epidemiology*, 54(11), 1174-1180.
- Ginsburg, K. R., Slap, G. B., Cnaan, A., Forke, C. M., Balsley, C. M., & Rouselle, D. M. (1995). Adolescents' perceptions of factors affecting their decisions to seek health care. *JAMA*, 273(24), 1913-1918.
- Goldston, D.B., Molock, S.D., Whitbeck, L.B., Murakami, J.L., Zayas, L.H., & Hall, G.C.N. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist*, 63(1), 14.
- Grant, R. W. & Sugarman, J. (2004). Ethics in human subjects research: do incentives matter? *Journal of Medicine and Philosophy*, 29(6), 717-738.
- Greenlaw, C. & Brown-Welty, S. (2009). A comparison of web-based and paper-based survey methods testing assumptions of survey mode and response cost. *Evaluation Review*, 33(5), 464-480.
- Grossman, D.C. (2003). Measuring disparity among American Indians and Alaska Natives; Who's counting whom? *Medical Care* 41(5), 579-581.
- Groves, R. M. (2004). *Survey Errors and Survey Costs* (Vol. 536). John Wiley & Sons.
- Gutman, C. C. & Smith, R. A. (2015). *Addressing Rampant Violence in Native American Communities*.
- Hamburger, M., Basile, K., & Vivolo, A. (2011). *Measuring Bullying Victimization, Perpetration, & Bystander Experiences: A Compendium of Assessment Tools*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Hamby, S., Finkelhor, D., & Turner, H. (2012). Teen dating violence: Co-occurrence with other victimizations in the National Survey of Children's Exposure to Violence (NatSCEV). *Psychology of Violence*, 2(2), 111–124. <https://doi.org/10.1037/a0027191>.

- Harding, A., Harper, B., Stone, D., O'Neill, C., Berger, P., Harris, S., & Donatuto, J. (2012). Conducting research with tribal communities: Sovereignty, ethics and data sharing issues. *Environmental Health Perspectives*, 120(1), 6-10.
- Harring, S.L. (2014). Criminal violence in American Indian and Alaska Native communities. In J.I. Ross (ed.) *American Indians at Risk: Volume 1*. (pp. 59-75). Greenwood.
- Hartmann, W. E., Wendt, D. C., Burrage, R. L., Pomerville, A., & Gone, J. P. (2019) American Indian historical trauma: Anticolonial prescriptions for healing, resilience, and survivance. *American Psychologist*, 74, 6–19.
- Hawkins, E., Cummins, L., & Marlatt, G. (2004). Preventing substance abuse in American Indian and Alaska Native youth: Promising strategies for healthier communities. *Psychological Bulletin*, 130(2), 304– 323.
- Heinzmann, J., Simonson, A., & Kenyon, D. B. (2019). A transdisciplinary approach is essential to community-based research with American Indian populations. *American Indian and Alaska Native Mental Health Research*, 26(2), 15-41. <http://dx.doi.org/10.5820/aian.2602.2019.15>.
- Henderson, E., Kunitz, S.J., & Levy, J.E. (1999). The origins of Navajo youth gangs. *American Indian Culture and Research Journal*, 23(3), 243-64.
- Hickman, L.J., Jaycox, L.H., & Aronoff, J. (2004). Dating violence among adolescents prevalence, gender distribution, and prevention program effectiveness. *Trauma, Violence & Abuse*, 5, 123–142.
- Hingson, R.W., Heeren, T., Zakocs, R.C., Kapstein, A., & Wechsler, H. (2002). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24. *Journal of Alcohol Studies*, 63(2), 136-144.
- Hodge, F.S., Weinmann, S., & Roubideaux, Y. (2000). Recruitment of American Indians and Alaska Natives into clinical trials. *Annals of Epidemiology*, 10(8 Supplement), S41-S48.
- Indian Health Service (2017). *Indian Health Focus: Injuries: 2017*. Indian Health Service.
- Indian Health Service. (2010). 2010 Announcements: February is national teen dating violence awareness month. Retrieved from <https://www.ihs.gov/newsroom/index.cfm/announcements/2010announcements/februaryisnationalteendatingviolenceawarenessmonth>.
- Indian Health Service. (2011). *Indian Health Disparities*. Retrieved from <https://www.ihs.gov/newsroom/factsheets/disparities/Indians//Alaska Natives>.
- Jim, M. A., Arias, M., Seneca, D. S., Hoopes, M.J., Jim, C. C., Johnson, N. J., & Wiggins, C. L., (2014). Racial misclassification of American Indians and Alaska Natives by Indian Health Service Contract Health Service Delivery Area. *American Journal of Public Health* 104 (Supplement 3): S295-S302. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035863/>.
- Jonson-Reid, M. (1998). Youth violence and exposure to violence in childhood: An ecological review. *Aggression & Violent Behavior*, 3(2), 159.
- Joseph, J. & Taylor, D. (2003). Native American youths and gangs. *Journal of Gang Research*, 10(2), 45-54.
- Kanan, J. & Pruitt, M. (2003). Modeling fear of crime and perceived victimization risk: The (In) Significance of neighborhood integration. *Sociological Inquiry*. 72. 527 - 548.
- Kelley A., Witzel, M, & Fatupaito, B. (2019). Preventing substance use in American Indian youth: The case for social support and community connections. *Substance Use Misuse*. 54(5), 787-795.

- Kelley, B.T., Thornberry, T.P., & Smith, T.P. (1997). In the Wake of Childhood Maltreatment. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention: NCJ 165257.
- Kelly, S. (2010). The psychological consequences to adolescents of exposure to gang violence in the community: An integrated review of the literature, *Journal of Child & Adolescent Psychiatric Nursing*, 23(2), 61-73.
- Keppel, K., Percy, J., & Wagener, D. (2002). Trends in racial and ethnic-specific rates for the health status indicators: United States, 1990-98. *Healthy People 2000 Statistical Notes*. 23, 1-16.
- Kids Count (2019). 2019 Kids Count Data Book. The Annie E. Casey Foundation.
- Koss, M.P. (1985). The hidden rape victim: Personality, attitudinal, and situational characteristics. *Psychology of Women Quarterly*, 9(2), 193-212.
- Kukutai, T. (2011). Māori demography in Aotearoa New Zealand: Fifty years on. Special issue of *New Zealand Population Review*, 37, 45-64.
- LaFromboise, T., Hoyt, D.R., Oliver, L., & Whitbeck, W.B. (2006). Family, community, and school influences on resilience among American Indian adolescents in the upper midwest. *Journal of Community Psychology*, 34(2), 193-209.
- Lakey, B. & Cohen, S. (2000). Social support theory and measurement. In S. Cohen, L. Underwood & B.H. Gottlieb (Eds.) *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*. Oxford: University Press, 22-52.
- Lauritsen, J.L. (2001). The social ecology of violent victimization: Individual and contextual effects in the NCVS. *Journal of Quantitative Criminology*, 17(1), 3-32.
- Linder, J.R. & Collins, W.A. (2005). Parent and peer predictors of physical aggression and conflict management in romantic relationships in early adulthood. *Journal of Family Psychology*, 19(2), 252.
- Listenbee Jr, R. L., Torre, J., Boyle, G., Cooper, S. W., Deer, S., Durfee, D. T., & Jim, M. (2012). Report of the attorney general's National Task: Children exposed to violence.
- Lubell, K.M., Swahn, M.H., Crosby, A.E., & Kegler, S.R. (2004). Methods of suicide among persons aged 10-19 years—United States, 1992-2001. *MMWR* 53, 471-473.
- Luna-Firebaugh, E.M. (2006). Violence against American Indian women and the Service-Training-Officers-Prosecutors (STOP VAIW) program. *Violence Against Women*, 12(20), 125-136.
- Macaulay, A. C., Commanda, L. E., Freeman, W. L., Gibson, N., McCabe, M., & Robbins, C. M. (1999). Participatory research maximizes community and lay involvement. *British Medical Journal*, 319, 774-778.
- Magdol, L., Moffitt, T., Caspi, A., Newman, D., Fagan, J., & Silva, P. (1997). Gender differences in partner violence in a birth cohort of 21-year-olds: Bridging the gap between clinical and epidemiological approaches. *Journal of Consulting and Clinical Psychology*, 65, 68-78.
- Major, A.K., Egley, A., Howell, J.C., Mendenhall, B., & Armstrong, T. (2004). Youth Gangs in Indian Country. *OJJDP Youth Gang Series Bulletin*. Washington, D.C.: National Institute of Justice, Office of Juvenile Delinquency and Prevention.
- Malley-Morrison, K. & Hines, D. (2004). *Family Violence in a Cultural Perspective: Defining, Understanding, and Combating Abuse*. Sage.

- Manson, S.M., Beals J., Klein S.A., Croy, C.D., & the AI-SUPERPPF Team (2005). Social epidemiology of trauma among 2 American Indian reservation populations. *American Journal of Public Health*, 95, 851–859.
- Margolin, G., Vickerman, K. A., Oliver, P. H., & Gordis, E. B. (2010). Violence exposure in multiple interpersonal domains: cumulative and differential effects. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 47(2), 198–205. doi:10.1016/j.jadohealth.2010.01.020.
- Martin, J.A., Hamilton, B.E. & Osterman, M.J.K. (2018). Births in the United States 2017. NCHS U.S. DHHS CDC.
- Martinez, R. (2016) Stakeholder Engagement in Tribal Research Initiatives, American Indian Development Associates, LLC.
- McCull, E., Jacoby, A., Thomas, L., Soutter, J., Bamford, C., Steen, N., Thomas, R., Harvey, L, Garratt, A., & Bond, J. (2001). Design and use of questionnaires: a review of best practice applicable to surveys of health service staff and patients. *Health Technology Assessment*, 5(31) 1-256.
- McMorris, B. J., Petrie, R. S., Catalano, R. F., Fleming, C. B., Haggerty, K. P., & Abbott, R. D. (2009). Use of web and in-person survey modes to gather data from young adults on sex and drug use an evaluation of cost, time, and survey error based on a randomized mixed-mode design. *Evaluation Review*, 33(2), 138-158.
- Melander, L. A., Hartshorn, K. J. S., & Whitbeck, L. B. (2013). Correlates of bullying behaviors among a sample of North American Indigenous adolescents. *Journal of Adolescence*, 36(4), 675–684. <https://doi.org/10.1016>.
- Melton, A.P. (1995). Indigenous justice systems and Tribal society. *Judicature*, 79(3), 126-133.
- Melton, A.P., Martínez, R., & Melton, D. (2014). Experiences with Incorporating Culture into Tribal Green Reentry Programs from the Cross-Site Evaluation of OJJDP's Tribal Green Reentry Program. Office of Juvenile Justice & Delinquency Prevention.
- Mercy, J.A. (2016). Global violence prevention: The time is now. *American Journal of Preventive Medicine*, 50(5), 660-662.
- Merritt, D.H. & Snyder, S.M. (2015). The impact of positive peer relationships, school experiences, and future outlook on behavior scores of abused and neglected youth. Presentation at the Society for Social Work and Research Conference. January. New Orleans, LA.
- Mihesuah, D.A. & Wilson, A.C. (2002). Indigenous scholars versus status quo. *American Indian Quarterly*, 26(1), 145-148.
- Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007). The role of the family context in the development of emotion regulation. *Social Development (Oxford, England)*, 16(2), 361–388. doi:10.1111/j.1467-9507.2007.00389.
- Morton, D., Proudfit, J., Calac, D., Portillo, M., Lofton-Fitzsimmons, G., Molina, T., Flores, R., Lawson-Russo, B., & Majel-McCauley, R. (2013). Creating research capacity through a tribally based institutional review board. *American Journal of Public Health*, 103(2), 2160-2164.
- Motivans, M. & Snyder, H. (2011). Summary: Tribal Youth in the Federal Justice System. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Moylan, C.A., Herrenkohl, T.I., Sousa, C., Tajima, E.A., Herrenkohl, R.C., & Russo, M.J. (2010). The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behavior problems. *Journal of Family Violence*, 25(1), 53-63.

- Muehlenkamp, J.J. & Kerr, P.K. (2010). Untangling the self-harm web: How nonsuicidal self-injury and suicide attempts differ. *Prevention Research*, 17, 8-10.
- Mullan Harris, K., Gordon-Larsen, P., Chantala, K., & Udry, R. (2006). Longitudinal trends in race/ethnic disparities in leading health indicators from adolescence to young adulthood. *Archives of Pediatrics & Adolescent Medicine*, 160, 74–81.
- Mynatt, C.R. & Allgeier, E.R. (1990). Risk factors, self-attributions, and adjustment problems among victims of sexual coercion. *Journal of Applied Social Psychology*, 20(2, pt. 1), 48-58.
- Nagy, S., DiClemente, R., & Adcock, A.G. (1995). Adverse factors associated with forced sex among southern adolescent girls. *Pediatrics*, 96, 944–946.
- National Campaign to Prevent Teen and Unplanned Pregnancy (2008). *Responsible Behavior, Responsible Policies*. Retrieved from: <http://www.thenationalcampaign.org/about-us/PDF/AboutUs.pdf>.
- National Congress of American Indians (2012). *Walk Softly and Listen Carefully: Building Research Relationships with Tribal Communities*. NCAI & MSU Center for Native Health Partnerships.
- National Congress of American Indians Policy Research Center. (2016). *Tips for Researchers: Native Youth Research*. National Congress of American Indians.
- Nicolas, G., Thomson, K., & Lynn, P. (2000). *The Feasibility of Conducting Electoral Surveys in the UK by Telephone*. National Centre for Social Research.
- Nock, M.K., Prinstein, M.J. & Sterba, S.K. (2009). Revealing the form and function of injurious thoughts and behaviors: A real-time ecological assessment study among adolescents and young adults. *Journal Abnormal Psychology*, 118(4), 816–827. <https://doi.org/10.1037/a0016948>
- Norton, I.M. & Manson, S.M. (1996). Research in American Indian and Alaska Native communities: Navigating the cultural universe of values and process. *Journal of Consulting Clinical Psychology*, 64, 856-860.
- Novins, D.K., Beals, J., Shore, J.H., & Manson, S.M. (1996). Substance abuse treatment of American Indian adolescents: Comorbid symptomatology, gender differences, and treatment patterns. *Child Adolescence Psychiatry*, 35, 1593–1601.
- Nurmi, J.E. (1991). How do adolescents see their future? A review of the development of future orientation and planning. *Developmental Review*, 11(1),1-59.
- Office of Justice Programs. (2011). *Impact of Child Abuse and Maltreatment on Delinquency, Arrest and Victimization*. <http://www.nij.gov/topics/crime/child-abuse/Pages/impact-on-arrest-victimization.aspx#arrest>.
- Olson, L. M. & Wahab, S. (2006). American Indians and suicide: A neglected area of research. *Trauma, Violence and Abuse*, 7, 19-33. <http://dx.doi.org/10.1177/1524838005283005>.
- Pattison, E.M. & Kahan, J. (1983). The deliberate self-harm syndrome. *American Journal of Psychiatry*, 140(7), 867–872.
- Pavkov, T.W., Travis, L., Fox, K.A., Bear King, C., & Cross, T.L. (2010). Tribal youth victimization and delinquency: Analysis of Youth Risk Behavior Surveillance Survey data. *Cultural Diversity and Ethnic Minority Psychology*, 16(2), 123-134.
- Perkins, H.W. (2002). Social norms and the prevention of alcohol misuse in collegiate contexts. *Journal of Studies on Alcohol*, (Suppl. 14), 164–172.
- Piquero, A.R., Jennings, W.G., & Reingle, J.M. (2012). On the overlap between victimization and offending: A review of the literature. *Aggression and Violent Behavior*, 17, 16–26.

- Potthoff, S.J., Bearinger, L.H., Skay, C.L., Cassuto, N., Blum, R.W., & Resnick, M.D. (1998). Dimensions of risk behaviors among American Indian youth. *Archives of Pediatrics & Adolescent Medicine*, 152, 157-163.
- Presser, S. & Stinson, L. (1998). Estimating the bias in survey reports of religious attendance. *American Sociological Review*, 63(1), 136-152.
- Pridemore, W.A. (2004). Review of the literature on risk and protective factors of offending among Native Americans. *Journal of Ethnicity in Criminal Justice*, 2(4), 45-63.
- Pridemore, W.A. (2005) A culturally informed developmental approach to understanding risk and resiliency among Native American youth, *Journal of Ethnicity in Criminal Justice*, 3, 1-2, 111-129. DOI: 10.1300/J222v03n01_06.
- Puzzachera, C. (2019). *Juvenile Arrests 2017*. National Institute of Justice, OJJDP National Report Series.
- Quinton, D., Pickles, A., Maughan, B., & Rutter, M. (1993). Partners, peers and pathways: Assortative pairing and continuities and discontinuities in conduct disorder. *Development and Psychopathology*, 5(4), 763-783.
- Reingle, J.M. & Maldonado-Molina, M.M. (2012). Victimization and violent offending: An assessment of the victim-offender overlap among Native American adolescents and youth adults. *International Criminal Justice Review*, 22(2), 123-130.
- Resnick, M., Blum, R., & Hedin, D. (1980). The appropriateness of health services for adolescents: Youths opinions & attitudes. *Journal of Adolescent Health Care*, 1(2), 137-141.
- Rice, M. & Broome, M. E. (2004). Incentives for children in research. *Journal of Nursing Scholarship*, 36(2), 167-172.
- Robin, R.W., Chester, B., & Rasmussen J.K. (1997). Prevalence, characteristics, and impact of childhood sexual abuse in a southwestern American Indian tribe. *Child Abuse & Neglect*, 21, 769-787.
- Rohrbeck, C.A. & Gray, L.S. (2014). Promoting positive peer relationship during childhood. In T.P. Gullotta & M. Bloom (Eds.) *Encyclopedia of Primary Prevention and Health Promotion*, Springer.
- Rosay, A.B. (2016). *Violence Against American Indian and Alaskan Native Women and Men: 2010 Findings from the National Intimate Partner and Sexual Violence Survey*. National Institute of Justice Research Report.
- Russell, S.T. & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health*, 91(8), 1276-81.
- Russell, S.T., Franz, B.T., & Driscoll, A.K. (2001). Same-sex romantic attraction and experiences of violence in adolescence. *American Journal of Public Health*, 91(6), 903-6.
- Ryan, J. M., Corry, J. R., Attewell, R., & Smithson, M. J. (2002). A comparison of an electronic version of the SF-36 General Health Questionnaire to the standard paper version. *Quality of Life Research*, 11(1), 19-26.
- Saewyc, E.M., Skay, C.L., Pettingell, S.L., Reis, E.A., Bearinger, L., Resnick, M., Murphy, A., & Combs, L. (2006). Hazards of stigma: The sexual and physical abuse of gay, lesbian, and bisexual adolescents in the United States and Canada. *Child Welfare*, 85(2), 195- 213.
- Sarche, M. & Spicer, P. (2008). Poverty and health disparities for American Indian and Alaska Native children. *Annals of the New York Academy of Sciences*, 1136(1), 126-136.
- Schnarch, B. (2004). Determination applied to research: A critical analysis of contemporary First Nations research and some options for First Nations communities. *Journal of Aboriginal Health*, 1(1), 80-95.

- Sedlak, A.J. & McPherson, K. (2010). Survey of Youth in Residential Placement: Youth's Needs and Services. SYRP Report. Rockville, MD: Westat.
- Seginer, R. (2008). Future orientation in times of threat and challenge: How resilient adolescents construct their future. *International Journal of Behavioral Development*, 32, 272-282.
- Singer, E. & Bossarte, R.M. (2006). Incentives for survey participation: When are they "coercive"? *American Journal of Preventive Medicine*, 31(5), 411-418.
- Sipsma, H.L., Ickovics, R., Lin, H., & Kershaw, T.S. (2012). Future expectations among adolescents: A latent class analysis. *American Journal of Community Psychology*, 50(1-2), 169-181.
- Skegg, K. (2005). Self-harm. *The Lancet*, 366(9495), 1471-1483.
- Smith, C.A., Ireland, T.O., & Thornberry, T.P. (2005). Adolescent maltreatment and its impact on young adult antisocial behavior. *Child Abuse & Neglect*, 29(10), 1099-1119.
- Smylie, J., Kaplan-Myrth, N., Martine, C.E., & Steele, L.S. (2004). Knowledge translation and indigenous knowledge. *International Journal of Circumpolar Health*. 63 Suppl 2, 139-143.
- Snyder, H. & Sickmund, M. (1995). *Juvenile Offenders & Victims: A National Report*. Office of Juvenile Justice and Delinquency Prevention.
- Sobeck, J. L., Chapleski, E. E., & Fisher, C. (2003). Conducting research with American Indians: a case study of motives, methods, and results. *Journal of Ethnic and Cultural Diversity in Social Work*, 12(1), 69-84.
- Sousa, C.M., Herrenkohl, T.I., Maylan, C.A., Tajima, E.A., Kilka, J.B., Herrenkohl, R.C., & Russo, M.J. (2011). Longitudinal study on the effects of child abuse and children's exposure to domestic violence, parent-held attachments, and antisocial behavior in adolescence. *Journal of Interpersonal Violence*, 26(1), 111-136.
- Steinhauer, E. (2002). Thoughts on an Indigenous research methodology. *Canadian Journal of Native Education* 26, 69-81.
- Stiffman, A. R., Hadley-Ives, E., Elze, D., Johnson, S., & Doré, P. (1999). Impact of environment on adolescent mental health and behavior: Structural equation modeling. *American Journal of Orthopsychiatry*, 69(1), 73-86. <https://doi.org/10.1037/h0080383>.
- Stiffman, A.R., Brown, E., Freedenthal, S., House, L., Ostmann, E., & Man Soo, Y. (2007). American Indian youth: Personal, familial, and environmental strengths. *Journal of Child and Family Studies*, 16, 331-346.
- Stumblingbear-Riddle, G. & Romans, J.S.C. (2012). Resilience among urban American Indian adolescents: Exploration into the role of culture, self-esteem, subjective well-being, and social support. *American Indian and Alaska Native Mental Health Research*, 19(2), 1-19.
- Substance Abuse and Mental Health Services Administration (2011). Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725, Substance Abuse and Mental Health Services Administration.
- Sullivan, C.M., & Cain, D., (2004). Ethical and safety considerations when obtaining information from or about battered women for research purposes. *Journal of Interpersonal Violence*, 19(5), 603-618. http://www.who.int/whr/2001/en/whr01_en.pdf?ua=1.
- Sullivan, T., Farrell, A.D., & Klierer, W. (2006). Peer victimization in early adolescence: Association between physical and relationship victimization and drug use, aggression, and delinquent behaviors among urban middle school students. *Development and Psychopathology*, 18:119-137.

- Supple, A. J., Aquilino, W. S., & Wright, D. L. (1999). Collecting sensitive self-report data with laptop computers: Impact on the response tendencies of adolescents in a home interview. *Journal of Research on Adolescence*, 9(4), 467-488.
- Taylor, B.G. & Mumford, E.A. (2014). A national descriptive portrait of adolescent relationship abuse: Results from the national survey on teen relationships and interpersonal violence. *Journal of Interpersonal Violence*, 31(6), 963-988. <https://doi.org/10.1177/0886260514564070>.
- Teufel-Shone, N.I., Tippens, J.A., McCrary, H.C., Ehiri, J.E., & Sanderson, P.R. (2018). Resilience in American Indian and Alaska Native Public Health: An Underexplored Framework. Faculty Publications, Department of Child, Youth, and Family Studies. 213.
- Tom-Orme, L. (2006). Research and American Indian/Alaska Native health: A nursing perspective. *Journal of Transcultural Nursing*, 17(3), 261-265.
- Tourangeau, R. & Smith, T. W. (1996). Asking sensitive questions, the impact of data collection mode, question format, and question context. *Public Opinion Quarterly*, 60(2), 275-304.
- Tourangeau, R., Rasinski, K., Jobe, J. B., Smith, T. W., & Pratt, W. F. (1997). Sources of error in a survey on sexual behavior. *Journal of Official Statistics*, 13(4), 341.
- U.S. Department of Health & Human Services. (2015). The Belmont Report. Office for Human Research Protections. Retrieved from: <http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>.
- U.S. Department of Health and Human Services (2006). The AFCARS (Adoption and Foster Care Reporting System) Report. United States Government Printing Office.
- Unruh, D. & Bost, L.W. (2006). Finding “hard to find” former students: Increasing response rate and including dropouts. National Forum on Post-School Outcomes. Eugene, OR.
- Wagner, M., Newman, L., Cameto, R. Levine, P., & Marder, C. (2007). Perceptions and expectations of youth with disabilities. A special topic report on findings from the National Longitudinal Study-2 (NLTS2). *The Journal for Vocational Special Needs Education*, 30(1), 18-27.
- Walter, M. & Andersen, C. (2013). *Indigenous Statistics: A Quantitative Methodology*, Left Coast Press.
- Warne, D. (2006). Research and educational approaches to reducing health disparities among American Indians and Alaska Natives. *Journal of Transcultural Nursing*, 17(3), 266-271.
- Watson, P. D., Denny, S. J., Adair, V., Ameratunga, S. N., Clark, T. C., Crengle, S. M., Dixon, R.S., Fa'asisila, M., Merry, S.N., Robinson, E.M., & Sporle, A. A. (2001). Adolescents' perceptions of a health survey using multimedia computer-assisted self-administered interview. *Australian and New Zealand Journal of Public Health*, 25(6), 520-524.
- Weist, M.D. & Cooley-Quille, M. (2001). Advancing efforts to address youth violence involvement. *Journal of Clinical Child & Adolescent Psychiatry*, 30(2), 147-151.
- Wekerle, C. & Tanaka, M. (2010). Adolescent dating violence research and violence prevention: An opportunity to support health outcomes. *Journal of Aggression, Maltreatment & Trauma*, 19(6), 681-698.
- Wekerle, C., Leung, E., Wall, A. M., MacMillan, H., Boyle, M., Trocme, N., & Waechter, R. (2009) The contribution of childhood emotional abuse to teen dating violence among child protective services-involved youth. *Child Abuse & Neglect*, 33(1), 45-58.
- Wells, L.E. & Falcone, D.N. (2008). Rural crime and policing in American Indian communities. *Southern Rural Sociology*, 23(2), 199-225.
- Westat. (2007). Gaps and Strategies for Improving AI/AN/NA Data: Final Report. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and

- Evaluation, Office of Human Services Policy. Available at: <https://aspe.hhs.gov/sites/default/files/pdf/74926/report.pdf>.
- Wexler, L. (2014). Looking across three generations of Alaska Natives to explore how culture fosters indigenous resilience. *Transcultural Psychiatry*, 51(1), 73-92.
- Whitbeck L., Adams, G., Hoyt, D., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian People. *American Journal of Community Psychology*, 33(3-4), 119-30.
- Whitbeck, L, Hoyt, D, Stubben, J, & LaFromboise, T. (2001). Traditional culture and academic success among American Indian children in the Upper Midwest. *Journal of American Indian*
- Whitbeck, L., Hoyt, D., Chen, X., & Stubben, J. (2002). Predictors of gang involvement among American Indian Adolescents. *Journal of Gang Research*, 10,11-26.
- White, J. & Koss, M. (1991) Courtship violence: Incidence in a national sample of higher education students. *Violence and Victims*, 6, 247–256.
- Williams, T. (2012). Higher crime, fewer charges on Indian land. *New York Times*. February 20. <http://www.nytimes.com/2012/02/21/us/on-indian-reservations-higher-crime-and-fewer-prosecutions>.
- Williams, T., Connolly, J, Pepler, D., & Craig, W. (2003). Questioning and sexual minority adolescents: High school experiences of bullying, sexual harassment and physical abuse. *Canadian Journal of Community Mental Health*, 22(2):47–58.
- Willis, G.B. (1999). *Cognitive Interviewing*. Research Triangle Institute. Retrieved from www.hkr.se/pagefiles/35002/gordonwillis.pdf.
- Winnick, S., Palmer, S., & Coleman, A. (2006). *Maximizing the Power of Education Data While Ensuring Compliance with Federal Student Privacy Laws: A Guide for Policymakers*. Retrieved November 11, 2019 from <http://dataqualitycampaign.org/publications/#publication>.
- Wolak, J., Mitchell, K., & Finkelhor, D. (2006). *Online Victimization of Youth: Five Years Later*. Alexandria, VA: National Center for Missing & Exploited Children.
- Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A. L., & Grasley, C. (2004). Predicting abuse in adolescent dating relationships over 1 year: the role of child maltreatment and trauma. *Journal of Abnormal Psychology*, 113(3), 406.
- Wyman, P.A., Cowen, E.L., Work, W.C., & Kerley, J.H. (1993). The role of children’s future expectations self-system functioning and adjustment to life stress: A prospective study of urban at-risk children. *Development and Psychopathology*, 5(4), 649-661.
- Yang, S. & Wyckoff, L.A. (2010). Perceptions of safety and victimization: Does survey construction affect perceptions? *Journal of Experimental Criminology*, 6, 293-323.
- Yap, M.B.H. & Devilly, G.J. (2004). The role of perceived social support in crime victimization. *Clinical Psychology Review*, 24(1), 1-14.
- Yuan, N.P., Bartgis, J., & Demers, D. (2014) Promoting ethical research with American Indian and Alaska Native people Living in urban areas. *American Journal of Public Health*, 104(11), 2085-2091.
- Zimmerman M., Ramirez-Valles J., Washienko, K., Walter B, & Dyer, S. (1994). The enculturation hypothesis: Exploring direct and protective effects among Native American youth. In: McCubbin H, Thompson E, Thompson A, editors. *Resiliency in Ethnic Minority Families: Native and Immigrant American Families*. Vol. 1. Madison: University of Wisconsin. pp. 199–220.

Appendix A. Revised TYVS Survey Instrument

| PARADATA | | | | | | | |
|------------------------|----------------|----------|----------------------|---------|-------|----------------|--------------|
| Variable Name | Variable Label | Location | Survey Question | Format | Width | Coded Value(s) | Value Labels |
| Site Identifier | | | Site ID | Nominal | 3 | 1 | Site A |
| | | | | | | 2 | Site B |
| | | | | | | 3 | Site C |
| Interview Number | | | Interview # | String | 3 | # | |
| Interviewer Identifier | | | Interviewer ID | String | 4 | # | |
| Survey Begin Time | | | Beginning Time Stamp | Date | 7 | 0:00:00 | H:MIN:SEC |

SECTION 1. RESPONDENT CHARACTERISTICS

| Variable Name | Variable Label | Location | Survey Question | Type/Format | Width | Coded Value(s) | Value Labels |
|--------------------------------|----------------|----------|--|-------------|-------|----------------|--|
| Age | Q1.1 | 1.1 | How old are you? | Ratio | 2 | 13 | 13 years old |
| | | | | | | 14 | 14 years old |
| | | | | | | 15 | 15 years old |
| | | | | | | 16 | 16 years old |
| | | | | | | 17 | 17 years old |
| | | | | | | 18 | 18 years old |
| | | | | | | 19 | 19 years old |
| | | | | | | 20 | 20 years old |
| Other Race | Q1.3 | 1.3 | Besides American Indian or Alaska Native do you identify with any other race or ethnicity? | Nominal | 1 | 1 | No Yes |
| Where Live | Q1.4 | 1.4 | Please indicate where you usually live. | Nominal | 1 | 1 | Tribal lands (Reservation, village, pueblo, township, Rancheria, tribal jurisdiction) |
| | | | | | | 2 | Off tribal lands, (City, town, military base, non-tribal setting) |
| | | | | | | 3 | I regularly live part of the time in a tribal setting and part of the time in a non-tribal setting |
| Length of Time on Social Media | Q1.5 | 1.5 | On an average day, how much time do you use social media (like Facebook, Twitter, Texting, Instagram, Snapchat) that is not for communicating with school, work or family? | Ordinal | 1 | 1 | I do not use social media |
| | | | | | | 2 | Less than 1 hour |
| | | | | | | 3 | 1 hour to 2 hours |
| | | | | | | 4 | 3 to 4 hours |
| | | | | | | 5 | More than 4 hours |

| SECTION 2. HEALTH AND WELLNESS | | | | | | | |
|--|----------------|----------|--|---------------|-------|----------------|---------------------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| Physical Health Condition | Q2.1 | 2.1 | Do you have a physical health condition or disability that limits your daily activities? | Dichotomous | 1 | 1 | 1. No |
| | | | | | | 2 | 2. Yes |
| Mental Health Condition | Q2.2 | 2.2 | Do you have a mental health condition such as anxiety, depression, ADHD that limits your daily activities? | Dichotomous | 1 | 1 | 1. No |
| | | | | | | 2 | 2. Yes |
| Sex for First Time | Q2.3 | 2.3 | How old were you when you had sex for the first time? | Ordinal scale | 1 | 1 | I have never had sex. |
| | | | | | | 2 | Less than 10 years old |
| | | | | | | 3 | 10 to 12 |
| | | | | | | 4 | 13 to 14 |
| | | | | | | 5 | 15 to 16 |
| | | | | | | 6 | 17 to 18 |
| | | | | | | 7 | 19 to 20 |
| Gotten Pregnant or Gotten Someone Pregnant | Q2.4 | 2.4 | Have you ever been pregnant or gotten someone pregnant? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Sex | New | New | What is your sex assigned at birth? | Dichotomous | 1 | 1 | Male |
| | | | | | | 2 | Female |
| Gender | Q2.5 | 2.5 | With which gender do you most identify? | Nominal | 1 | 1 | Male |
| | | | | | | 2 | Female |
| | | | | | | 3 | Transgender |
| | | | | | | 5 | Gender Non-Conforming or gender queer |
| Sexual Orientation/Attraction | Q2.6 | 2.6 | What is your sexual orientation or attraction? | Nominal | 1 | 1 | Straight/heterosexual |
| | | | | | | 2 | Lesbian |
| | | | | | | 3 | Gay |
| | | | | | | 4 | Bisexual |
| | | | | | | 5 | Asexual |
| | | | | | | 6 | Not sure |
| Family Cares | Q2.7 | 2.7 | I have people in my family that care about me. | Ordinal | 1 | 1 | Strongly Disagree |
| | | | | | | 2 | Mostly Disagree |
| | | | | | | 3 | Slightly Disagree |
| | | | | | | 4 | Slightly Agree |
| | | | | | | 5 | Mostly Agree |
| | | | | | | 6 | Strongly Agree |
| Friends Care | Q2.8 | 2.8 | I have friends who care about me. | Ordinal | 1 | 1 | Strongly Disagree |
| | | | | | | 2 | Mostly Disagree |
| | | | | | | 3 | Slightly Disagree |
| | | | | | | 4 | Slightly Agree |
| | | | | | | 5 | Mostly Agree |
| | | | | | | 6 | Strongly Agree |
| Community Cares About Me | Q2.9 | 2.9 | There are people in the community that care about me. | Ordinal | 1 | 1 | Strongly Disagree |
| | | | | | | 2 | Mostly Disagree |
| | | | | | | 3 | Slightly Agree |
| | | | | | | 4 | Slightly Disagree |
| | | | | | | 5 | Mostly Agree |
| | | | | | | 6 | Strongly Agree |

| SECTION 2. HEALTH AND WELLNESS | | | | | | | |
|--------------------------------|----------------|----------|---|--------------|-------|----------------|----------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| Nervous | Q2.10 | 2.10 | During the past 30 days, about how often did you feel...Nervous? | Ordinal | 1 | 1 | None of the time |
| | | | | | | 2 | A little of the time |
| | | | | | | 3 | Some of the time |
| | | | | | | 4 | A lot of the time |
| | | | | | | 5 | All the time |
| Hopeless | Q2.11 | 2.11 | During the past 30 days, about how often did you feel...Hopeless? | Ordinal | 1 | 1 | None of the time |
| | | | | | | 2 | A little of the time |
| | | | | | | 3 | Some of the time |
| | | | | | | 4 | A lot of the time |
| | | | | | | 5 | All the time |
| Depressed | Q2.13 | 2.13 | During the past 30 days, about how often did you feel...So depressed or sad that nothing could cheer you up? | Ordinal | 1 | 1 | None of the time |
| | | | | | | 2 | A little of the time |
| | | | | | | 3 | Some of the time |
| | | | | | | 4 | A lot of the time |
| | | | | | | 5 | All the time |
| PTSD- Nightmares | Q2.14 | 2.14 | In your life, have you ever had a trauma or bad experience that was so frightening, horrible, or upsetting that, in the past 30 days, you...Have had nightmares about it or thought about it when you did not want to? | Dichotomous | 1 | 1 | No |
| | | | | | | 2 | Yes |
| PTSD - Avoidance | Q2.15 | 2.15 | In your life, have you ever had a trauma or bad experience that was so frightening, horrible, or upsetting that, in the past 30 days, you...Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? | Dichotomous | 1 | 1 | No |
| | | | | | | 2 | Yes |
| PTSD - On Guard | Q2.16 | 2.16 | In your life, have you ever had a trauma or bad experience that was so frightening, horrible, or upsetting that, in the past 30 days, you...Were constantly on guard, watchful, or easily startled? | Dichotomous | 1 | 1 | No |
| | | | | | | 2 | Yes |
| PTSD - Numbness | Q2.17 | 2.17 | In your life, have you ever had a trauma or bad experience that was so frightening, horrible, or upsetting that, in the past 30 days, you...Felt numb or detached from others, activities, or your surroundings? | Dichotomous | 1 | 1 | No |
| | | | | | | 2 | Yes |

| SECTION 3. HOME, SCHOOL, AND COMMUNITY | | | | | | | |
|--|----------------|----------|---|--------------|-------|----------------|----------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| Primary Caregiver | Q3.2 | 3.2 | Who do you live with MOST of the time? | Nominal | 1 | 1 | Both birth parents |
| | | | | | | 2 | Parent & step parent |
| | | | | | | 3 | Mother only |
| | | | | | | 4 | Father only |

| SECTION 3. HOME, SCHOOL, AND COMMUNITY | | | | | | | |
|--|----------------|----------|--|--------------|-------|----------------|---|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | 5 | Grandparent(s) only |
| | | | | | | 6 | Other relatives |
| | | | | | | 7 | Other Legal guardian |
| | | | | | | 8 | Foster home or group home (unrelated small group) |
| | | | | | | 9 | Dormitory or residential settings (e.g., college, Job Corp) |
| | | | | | | 10 | Living independently |
| Safe - Home | Q3.3 | 3.3 | In general, how often do you feel safe in your household, the place you live at MOST of the time? | Ordinal | 1 | 1 | I never feel safe |
| | | | | | | 2 | I rarely feel safe |
| | | | | | | 3 | I sometimes feel safe |
| | | | | | | 4 | I usually feel safe |
| | | | | | | 5 | I almost always feel safe |
| | | | | | | 6 | I always feel safe |
| No Food | Q3.4 | 3.4 | In the past 12 months, how often did you experience being hungry because there was no food in the house or money to buy food? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| No phone/gas/electricity | Q3.5 | 3.5 | In the past 12 months, how often was your household's phone, gas, or electricity been cut off? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Adult alcohol/drug use in home | Q3.6 | 3.6 | In the past 12 months how often did you see adults who you live with drink alcohol in order to get drunk and/or use drugs to get high? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Foster Care | Q3.7 | 3.7 | Have you ever been in foster care or a foster home? | Dichotomous | 1 | 1 | No, Skip to next question |
| | | | | | | 2 | Yes, Go to 3.7a |
| | | | | | | 3 | Not sure, Skip to next question |
| Safe - Foster Care | Q3.7a | 3.7a | Did you feel safe in the foster care or foster home(s) you were placed? | Ordinal | 1 | 1 | I never felt safe |
| | | | | | | 2 | I rarely felt safe |
| | | | | | | 3 | I sometimes felt safe |
| | | | | | | 4 | I usually felt safe |
| | | | | | | 5 | I almost always feel safe |
| | | | | | | 6 | I always felt safe |
| Ever homeless | Q3.8 | 3.8 | Have you ever been homeless? <i>(This includes living in a car, on the street, moving from place to place,</i> | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | 1 time |
| | | | | | | 3 | 2 to 3 times |

| SECTION 3. HOME, SCHOOL, AND COMMUNITY | | | | | | | |
|--|----------------|----------|--|--------------|-------|----------------|---|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | <i>or staying in a homeless or temporary shelter.)</i> | | | 4 | 4 to 5 times |
| | | | | | | 5 | More than 5 times |
| Level of School | Q3.9 | 3.9 | What is your school level? | Nominal | 1 | 1 | Middle school (Grade 6 to 8) |
| | | | | | | 2 | High school or GED (Grade 9 to 12) |
| | | | | | | 3 | Dropped out of middle or high school, Go to Q. 3.1a |
| | | | | | | 4 | Post high school (college, vocational or technical) |
| Safe - School | Q3.9a | 3.9a | In the last 12 months how safe did you feel at school? | Ordinal | 1 | 1 | I never felt safe |
| | | | | | | 2 | I rarely felt safe |
| | | | | | | 3 | I sometimes felt safe |
| | | | | | | 4 | I usually felt safe |
| | | | | | | 5 | I almost always felt safe |
| | | | | | | 6 | I always felt safe |
| Not go to School - Afraid | Q3.9b | 3.9b | During the last 12 months, how often did you <u>not</u> want to go to school because you were afraid that you would be THREATENED or ATTACKED on your way to or from, or at school? | Ordinal | 1 | 1 | None of the time |
| | | | | | | 2 | A little of the time |
| | | | | | | 3 | Some of the time |
| | | | | | | 4 | A lot of the time |
| | | | | | | 5 | Most of the time |
| Feel Safe in Community | Q3.10 | 3.10 | In general, how often do you feel safe living in your community? | Ordinal | 1 | 1 | I never feel safe |
| | | | | | | 2 | I rarely feel safe |
| | | | | | | 3 | I sometimes feel safe |
| | | | | | | 4 | I usually feel safe |
| | | | | | | 5 | I almost always feel safe |
| Community - Fights | Q3.11 | 3.11 | How often do people in your community get into physical fights in public? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| | | | | | | 7 | Not sure |
| Community - Alcohol/ Drugs | Q3.12 | 3.12 | How big a problem is drug or alcohol use in your community. | Ordinal | 1 | 1 | Not a problem |
| | | | | | | 2 | A small problem |
| | | | | | | 3 | Somewhat of a problem |
| | | | | | | 4 | A fairly big problem |
| | | | | | | 5 | A big problem |
| | | | | | | 6 | A very big problem |
| | | | | | | 7 | Not sure |

| SECTION 4. EXPOSURE TO VIOLENCE | | | | | | | |
|---------------------------------|----------------|----------|--|--------------|-------|----------------|-----------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| Exposure - Been | Q4.1 | 4.1 | In the LAST 12 MONTHS has anyone close to you such as a friend | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, One person |

| SECTION 4. EXPOSURE TO VIOLENCE | | | | | | | |
|---|----------------|----------|---|--------------|-------|----------------|-------------------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| bullied in person? | | | or family member...Been bullied in person? | | | 3 | Yes, More than one person |
| | | | | | | 4 | Not sure |
| Exposure – Been physically beaten up? | Q4.2 | 4.2 | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been physically beaten up? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, One person |
| | | | | | | 3 | Yes, More than one person |
| | | | | | | 4 | Not sure |
| Exposure - Sexually harassed | Q4.3 | 4.3 | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been sexually harassed (<i>like any unwanted sexual comments, jokes, or gestures that made them uncomfortable or they thought was wrong</i>)? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, One person |
| | | | | | | 3 | Yes, More than one person |
| | | | | | | 4 | Not sure |
| Exposure - Sexually assaulted | Q4.4 | 4.4 | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been physically sexually assaulted (<i>like rape, unwanted sexual touching, etc.</i>)? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, One person |
| | | | | | | 3 | Yes, More than one person |
| | | | | | | 4 | Not sure |
| Exposure - Rape | Q4.4a | 4.4a | Did this include rape? | Dichotomous | 1 | 1 | No |
| | | | | | | 2 | Yes |
| Exposure - Robbed | Q4.5 | 4.5 | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been robbed? <i>Robbery is the use or threat of force to take something without permission.</i> | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, One person |
| | | | | | | 3 | Yes, More than one person |
| | | | | | | 4 | Not sure |
| Exposure - Suicide | Q4.6 | 4.6 | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Taken their own life (<i>suicide</i>)? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, One person |
| | | | | | | 3 | Yes, More than one person |
| | | | | | | 4 | Not sure |
| Exposure - Murder | Q4.7 | 4.7 | In the LAST 12 MONTHS has anyone close to you such as a friend or family member...Been murdered or killed? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, One person |
| | | | | | | 3 | Yes, More than one person |
| | | | | | | 4 | Not sure |
| Live With – Adult Destroy Property | Q4.8 | 4.8 | At any time in the past 12 months, how often did you SEE... Any adult you live with punch the wall, throw something, break or ruin anything in the house out of anger? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Live With – Adult Physically Hurt Other | Q4.9 | 4.9 | At any time in the past 12 months, how often did you SEE... Any adult you live with hit, beat, kick, or physically hurt another adult household member?" | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more |

| SECTION 4. EXPOSURE TO VIOLENCE | | | | | | | |
|--|----------------|----------|--|--------------|-------|----------------|-------------------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | | than 6 times) |
| | | | | | | 6 | Always |
| Live With - Adult Physical Abuse of Children | Q4.10 | 4.10 | At any time in the past 12 months, how often did you SEE... Any adult you live with hit, beat, kick or physically hurt your brothers, sisters or other child living in the household that was not a hand spanking? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Exposure - Threaten With Weapon | Q4.11 | 4.11 | At any time in the past 12 months, how often did you SEE... Anyone (other than those you live with) use knives, guns or other sharp objects to THREATEN OR SCARE someone else? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Exposure - Attack With Weapon | Q4.12 | 4.12 | At any time in the past 12 months, how often did you SEE... Anyone (other than those you live with) use knives, guns or other dangerous weapons to ATTACK or INJURE someone else? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Carried Weapon | Q4.13 | 4.13 | In the past 12 months, how often did YOU carry a weapon to PROTECT yourself? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Anyone Gone Missing | Q4.14 | 4.14 | How big a problem is people " <i>gone missing</i> " in your community? | Ordinal | 1 | 1 | Not a problem |
| | | | | | | 2 | A small problem |
| | | | | | | 3 | Somewhat of a problem |
| | | | | | | 4 | A fairly big problem |
| | | | | | | 5 | A big problem |
| | | | | | | 6 | A very big problem |
| | | | | | | 7 | Not sure |
| Human Trafficking | Q4.15 | 4.15 | How big a problem is human trafficking (<i>like forced marriage, forced labor, forced sex</i>) in your community? | Ordinal | 1 | 1 | Not a problem |
| | | | | | | 2 | A small problem |
| | | | | | | 3 | Somewhat of a problem |
| | | | | | | 4 | A fairly big problem |
| | | | | | | 5 | A big problem |
| | | | | | | 6 | A very big problem |
| | | | | | | 7 | Not sure |

| SECTION 5. SUBSTANCE USE & OTHER BEHAVIOR | | | | | | | |
|---|----------------|----------|--|--------------|-------|----------------|--------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| Run away because | Q5.1 | 5.1 | Did you ever run away from home because you felt unsafe? | Dichotomous | 1 | 1 | No |
| | | | | | | 2 | Yes |

| SECTION 5. SUBSTANCE USE & OTHER BEHAVIOR | | | | | | | |
|---|----------------|----------|---|--------------|-------|----------------|-------------------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| unsafe | | | | | | | |
| Drink alcohol to get drunk | Q5.2 | 5.2 | In the past 12 months, how often did you...Drink any alcohol to get drunk? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Marijuana | Q5.3 | 5.3 | In the past 12 months, how often did you...Use marijuana to get high? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Anything else to get high | Q5.4 | 5.4 | In the past 12 months, how often did you...Use anything else to get high? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Alcohol/drugs to forget | Q5.5 | 5.5 | Have you ever used alcohol or drugs to forget about bad things that happened to you? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | Always |
| Alcohol/drugs victimization | Q5.6 | 5.6 | In the past 12 months as a result of drinking alcohol or using drugs have you been a victim of a violent crime? | Dichotomous | 1 | 1 | No |
| | | | | | | 2 | Yes |
| | | | | | | 3 | Don't know or Not sure |
| Cut/burn self | Q5.7 | 5.7 | In the past 12 months how many times did you cut or burn yourself on purpose? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | I thought about it but didn't do it |
| | | | | | | 3 | Rarely (1-2 times) |
| | | | | | | 4 | Sometimes (3-4 times) |
| | | | | | | 5 | Frequently (5-6 times) |
| | | | | | | 6 | Very frequently (more than 6 times) |
| Suicide ideation | Q5.8 | 5.8 | In the past 12 months how many times did you seriously THINK ABOUT or CONSIDER attempting suicide? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Suicide attempt | Q5.9 | 5.9 | How many times did you ACTUALLY ATTEMPT suicide in | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Once |

| SECTION 5. SUBSTANCE USE & OTHER BEHAVIOR | | | | | | | |
|---|----------------|----------|---------------------|--------------|-------|----------------|-----------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | the last 12 months? | | | 3 | Twice |
| | | | | | | 4 | More than twice |

| SECTION 6. VICTIMIZATION | | | | | | | |
|--------------------------------------|----------------|----------|---|--------------|-------|----------------|--------------------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| Online cyberbullying | Q6.1 | 6.1 | In the past 12 months, how often did someone (other than a romantic partner), ONLINE (for example, in emails, posts, or texts)...Cyberbully, tease, or harass you? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Online threat | Q6.2 | 6.2 | In the past 12 months, how often did someone (other than a romantic partner) ONLINE (for example, in emails, posts, or texts)...THREATEN to physically hurt or kill you? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Online sexting | Q6.3 | 6.3 | In the past 12 months, how often did someone (other than a romantic partner) ONLINE (for example, in emails, posts, or texts)...Ask, send, show or tell you something sexually inappropriate or unwanted? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Experienced beating | Q6.4 | 6.4 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? Jumped, kicked, burned, punched, or beat you up? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.4 | 6A.4 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced threat with knife weapon | Q6.5 | 6.5 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? THREATEN you with a knife or other sharp weapon? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.5 | 6A.5 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who |

| SECTION 6. VICTIMIZATION | | | | | | | |
|--------------------------------------|----------------|----------|---|--------------|-------|----------------|--------------------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | | the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced attack with knife weapon | Q6.6 | 6.6 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? ATTACK you with a knife or sharp weapon? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.6 | 6A.6 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced threat with gun | Q6.7 | 6.7 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? THREATEN you with a gun? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.7 | 6A.7 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced attack with gun | Q6.8 | 6.8 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? ATTACK you with a gun (<i>shot at you, or shot you</i>)? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.8 | 6A.8 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced bullying | Q6.9 | 6.9 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? Bullied or verbally abused you? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.9 | 6A.9 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person |

| SECTION 6. VICTIMIZATION | | | | | | | |
|-------------------------------|----------------|----------|--|--------------|-------|----------------|--------------------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | | was |
| | | | | | | 4 | It was always someone I knew |
| Experienced sexual harassment | Q6.10 | 6.10 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? Sexually harass you with unwanted sexual comments, jokes, or gestures that made you uncomfortable or you thought was wrong? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.10 | 6A.10 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced sexual exposure | Q6.11 | 6.11 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? Exposed their private body parts to you in a way that made you feel uncomfortable or you thought was wrong? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.11 | 6A.11 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced sexual pictures | Q6.12 | 6.12 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? Shown you sexy or sexual pictures or videos that you didn't want to see and made you uncomfortable or you thought was wrong? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.12 | 6A.12 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced sexual touching | Q6.13 | 6.13 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |

| SECTION 6. VICTIMIZATION | | | | | | | |
|--|----------------|----------|---|--------------|-------|----------------|--------------------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | Touched you in an unwanted sexual way? | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.13 | 6A.13 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced threatening sexual overtures | Q6.14 | 6.14 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? Physically THREATEN or frighten you sexually? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.14 | 6A.14 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced sexual assault | Q6.15 | 6.15 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? Physically sexually assaulted you (<i>like rape, unwanted sexual touching, etc.</i>)? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person Follow Up | Q6A.15 | 6A.15 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Experienced rape | Q6.15a | 6.15a | Did the physical sexual assault include rape? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Experienced being robbed | Q6.16 | 6.16 | In the last 12 months has anyone (other than a romantic partner) done the following to you IN PERSON? Robbed you? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Know person | Q6A.16 | 6A.16 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |

| SECTION 6. VICTIMIZATION | | | | | | | |
|-----------------------------------|----------------|----------|---|--------------|-------|----------------|--|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | 4 | It was always someone I knew |
| Experienced being physical abused | Q6.18 | 6.18 | In the last 12 months...Did a parent or adult household member hit, beat, kick, or physically hurt you? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Experienced being sexually abused | Q6.19 | 6.19 | In the last 12 months...Did a parent or adult household member force you to have sex or do sexual acts when you didn't want to? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Experienced gang attack | Q6.20 | 6.20 | In the last 12 months...Did a group of kids or a gang hit, jump, rank, or attack you? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Involved with gang | Q6.21 | 6.21 | In the last 12 months...Were you involved with a violent gang in any way? | Ordinal | 1 | 1 | No personal gang involvement |
| | | | | | | 2 | No, I resisted joining a gang |
| | | | | | | 3 | Yes, I'm a (initiated) member of a gang |
| | | | | | | 4 | No, but I have friends or family that are gang members |
| Harassed gender/sex orientation | Q6.22 | 6.22 | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... Your gender or sexual orientation? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Gen Know person | Q6A.22 | 6A.22 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Harassed race | Q6.23 | 6.23 | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... Your race or ethnicity (<i>being Indian or Native or another race</i>)? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Race Knew Person | Q6A.23 | 6A.23 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone |

| SECTION 6. VICTIMIZATION | | | | | | | |
|--------------------------|----------------|----------|---|--------------|-------|----------------|--------------------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | | I knew |
| Harassed tribe | Q6.24 | 6.24 | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... You being from a different tribe? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Tribe knew person | Q6A.24 | 6A.24 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Harassed mixed race | Q6.25 | 6.25 | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... You being mixed race? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Mix Knew Person | Q6A.25 | 6A.25 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Harassed different | Q6.26 | 6.26 | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... You being different in some way (<i>dress different, not fitting in, etc.</i>)? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Diff Knew Person | Q6A.26 | 6A.26 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Harassed disability | Q6.27 | 6.27 | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... Your | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |

| SECTION 6. VICTIMIZATION | | | | | | | |
|---|----------------|----------|--|--------------|-------|----------------|--|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | mental or physical disability or because people think you have a disability? | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Disb Knew Person | Q6A.27 | 6A.27 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Harassed religion | Q6.28 | 6.28 | In the past 12 months, how often have you personally been harassed (name calling, threats, etc.) or treated unfairly because of ... Your religion or because people think you believe in a certain religion? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely (1-2 times) |
| | | | | | | 3 | Sometimes (3-4 times) |
| | | | | | | 4 | Frequently (5-6 times) |
| | | | | | | 5 | Very frequently (more than 6 times) |
| | | | | | | 6 | All the time |
| Rel Know person | Q6A.28 | 6A.28 | How often was the person who hurt you someone you knew? | Ordinal | 1 | 1 | I never knew the person |
| | | | | | | 2 | I sometimes knew who the person was |
| | | | | | | 3 | I frequently knew who the person was |
| | | | | | | 4 | It was always someone I knew |
| Romantic relationship | Q6.29 | 6.29 | Have you ever dated or been in a romantic relationship? | Dichotomous | 1 | 1 | No |
| | | | | | | 2 | Yes |
| Domestic or romantic threat of violence | Q6.30 | 6.30 | Has a romantic partner or someone you've been intimate with or dated ever THREATEN YOU IN PERSON with physical violence? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| PV Tell Someone | Q6A.30 | 6A.30 | Did you tell someone about what happened to you? | Nominal | 1 | 1 | I never told anyone |
| | | | | | | 2 | I reported it to the police or other authority |
| | | | | | | 3 | I told an adult who could help |
| | | | | | | 4 | I told a friend |
| Domestic or romantic online threat | Q6.31 | 6.31 | Has a romantic partner or someone you've been intimate with or dated ever THREATEN to hurt you ONLINE using social media, email or text? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| OSM Tell Someone | Q6A.31 | 6A.31 | Did you tell someone about what happened to you? | Nominal | 1 | 1 | I never told anyone |
| | | | | | | 2 | I reported it to the police or other authority |
| | | | | | | 3 | I told an adult who could help |

| SECTION 6. VICTIMIZATION | | | | | | | |
|---|----------------|----------|---|--------------|-------|----------------|--|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | 4 | I told a friend |
| Domestic or romantic physical abuse | Q6.32 | 6.32 | Has a romantic partner or someone you've been intimate with or dated ever PHYSICALLY HURT YOU? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| P Hurt Tell Someone | Q6A.32 | 6A.32 | Did you tell someone about what happened to you? | Nominal | 1 | 1 | I never told anyone |
| | | | | | | 2 | I reported it to the police or other authority |
| | | | | | | 3 | I told an adult who could help |
| | | | | | | 4 | I told a friend |
| Domestic or romantic sexual abuse | Q6.33 | 6.33 | Has a romantic partner or someone you've been intimate with or dated ever make you do unwanted sexual activities? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Sex Tell Someone | Q6A.33 | 6A.33 | Did you tell someone about what happened to you? | Nominal | 1 | 1 | I never told anyone |
| | | | | | | 2 | I reported it to the police or other authority |
| | | | | | | 3 | I told an adult who could help |
| | | | | | | 4 | I told a friend |
| Domestic or romantic partner damaged property | Q6.34 | 6.34 | Has a romantic partner or someone you've been intimate with or dated ever make you do unwanted sexual activities? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Prop Tell someone | Q6A.34 | 6A.34 | Did you tell someone about what happened to you? | Nominal | 1 | 1 | I never told anyone |
| | | | | | | 2 | I reported it to the police or other authority |
| | | | | | | 3 | I told an adult who could help |
| | | | | | | 4 | I told a friend |

| SECTION 7. PERPETRATE VIOLENCE | | | | | | | |
|--------------------------------|----------------|----------|--|--------------|-------|----------------|--|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| Perpetrate beating | Q7.1 | 7.1 | In the past 12 months did you...Jump, kick, burn, punch or beat up someone (other than a romantic partner) ? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Beat Accountable | Q7A.1 | 7A.1 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community |

| SECTION 7. PERPETRATE VIOLENCE | | | | | | | |
|--------------------------------|----------------|----------|--|--------------|-------|----------------|---|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | | ways |
| Perpetrate threat with knife | Q7.2 | 7.2 | In the past 12 months did you... THREATEN someone with a knife or sharp weapon (other than a romantic partner) ? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| T_knife Accountable | Q7A.2 | 7A.2 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate attack with knife | Q7.3 | 7.3 | In the past 12 months did you... ATTACK someone with a knife or sharp weapon (other than a romantic partner) ? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| A_knife accountable | Q7A.3 | 7A.3 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate threat with gun | Q7.4 | 7.4 | In the past 12 months did you... THREATEN someone with a gun (other than a romantic partner) ? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| T_gun accountable | Q7A.4 | 7A.4 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate attack with gun | Q7.5 | 7.5 | In the past 12 months did you... ATTACK someone (other than a romantic partner) with a gun (<i>shot at or shot them</i>)? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| A_gun accountable | Q7A.5 | 7A.5 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community |

| SECTION 7. PERPETRATE VIOLENCE | | | | | | | |
|--------------------------------|----------------|----------|--|--------------|-------|----------------|---|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | | ways |
| Perpetrate bullying | Q7.6 | 7.6 | In the past 12 months did you...Bully or verbally abuse someone (other than a romantic partner) IN PERSON? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Bully Accountable | Q7A.6 | 7A.6 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate sexual harassment | Q7.7 | 7.7 | In the past 12 months did you...Sexually harass someone (other than a romantic partner) IN PERSON with unwelcome sexual comments, jokes, or gestures? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| H_sx Accountable | Q7A.7 | 7A.7 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate sexual assault | Q7.8 | 7.8 | In the past 12 months did you...Sexually assaulted someone (<i>forced sexual act</i>) <i>other than a romantic partner</i> ? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| A_sx accountable | Q7A.8 | 7A.8 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate robbery | Q7.9 | 7.9 | In the past 12 months did you...Rob someone (other than a romantic partner) ? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Robbery accountable | Q7A.9 | 7A.9 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community |

| SECTION 7. PERPETRATE VIOLENCE | | | | | | | |
|--|----------------|----------|--|--------------|-------|----------------|---|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | | ways |
| Perpetrate Cyberbullying | Q7.10 | 7.10 | In the past 12 months did you...Cyberbully, tease, or harass anyone (other than a romantic partner) ONLINE using social media, email or by text? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Cyberbully accountable | Q7A.10 | 7A.10 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate online sexual harassment | Q7.11 | 7.11 | In the past 12 months did you...Ask, send, show or tell someone (other than a romantic partner) something sexually inappropriate ONLINE using social media, email or by texts? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| H_sx onl Accountable | Q7A.11 | 7A.11 | Were you punished or held accountable in some way? | Ordinal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate threat to romantic partner | Q7.12 | 7.12 | In the past 12 months did you...THREATEN IN PERSON a romantic partner, or someone you've been intimate with or dated with physical violence? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| T_partner accountable | Q7A.12 | 7A.12 | Were you punished or held accountable in some way? | Nominal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate threat online to romantic partner | Q7.13 | 7.13 | In the past 12 months did you... THREATEN ONLINE using social media, email or by texts, a romantic partner, or someone you've been intimate with or dated with physical violence? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| T_onl_partner accountable | Q7A.13 | 7A.13 | Were you punished or held accountable in some way? | Nominal | 1 | 1 | I was not held accountable |

| SECTION 7. PERPETRATE VIOLENCE | | | | | | | |
|---|----------------|----------|---|--------------|-------|----------------|---|
| Variable Name | Variable Label | Location | Survey Question | Type/ Format | Width | Coded Value(s) | Value Labels |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate physical abuse with romantic partner | Q7.14 | 7.14 | In the past 12 months did you...PHYSICALLY HURT in any way a romantic partner or someone you've been intimate with or dated? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Phys_partner accountable | Q7A.14 | 7A.14 | Were you punished or held accountable in some way? | Nominal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate sexual abuse with romantic partner | Q7.15 | 7.15 | In the past 12 months did you...Make a romantic partner or someone you've been intimate with or dated do unwanted sexual things? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Sex_partner accountable | Q7A.15 | 7A.15 | Were you punished or held accountable in some way? | Nominal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |
| Perpetrate damage property of romantic partner | Q7.16 | 7.16 | In the past 12 months did you...Damage property or belongings on purpose of a romantic partner or someone you've been intimate with or dated? | Ordinal | 1 | 1 | No |
| | | | | | | 2 | Yes, once |
| | | | | | | 3 | Yes, more than once |
| Damage partner accountable | Q7A.16 | 7A.16 | Were you punished or held accountable in some way? | Nominal | 1 | 1 | I was not held accountable |
| | | | | | | 2 | I was held accountable by the legal system |
| | | | | | | 3 | I was held accountable through family or community ways |

| SECTION 8. RESILIENCE | | | | | | | |
|-----------------------|----------------|----------|--|-------------|-------|----------------|------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/Format | Width | Coded Value(s) | Value Labels |
| Traditional | Q8.1 | 8.1 | How traditional in your American Indian or Alaska Native beliefs, customs and culture do you consider yourself? | Ordinal | 1 | 1 | Very traditional |
| | | | | | | 2 | Somewhat traditional |
| | | | | | | 3 | Not at all traditional |
| | | | | | | 4 | Don't know or not sure |
| Cultural strength | Q8.2 | 8.2 | Does your culture help you to be strong? | Ordinal | 1 | 1 | Never |
| | | | | | | 2 | Rarely |
| | | | | | | 3 | Sometimes |
| | | | | | | 4 | Frequently |
| | | | | | | 5 | Very frequently |
| | | | | | | 6 | Always |
| Resources | Q8.3 | 8.3 | Are there resources or services in your community to help youth who are victims of violence? | Ordinal | 1 | 1 | None |
| | | | | | | 2 | Yes, a few |
| | | | | | | 3 | Yes, quite a few |
| | | | | | | 4 | Not sure |
| Future - safe | Q8.4 | 8.4 | Thinking about the future, do you agree or disagree that the following things will happen? I will be able to stay safe and out of danger. | Ordinal | 1 | 1 | Strongly disagree |
| | | | | | | 2 | Mostly disagree |
| | | | | | | 3 | Slightly disagree |
| | | | | | | 4 | Slightly agree |
| | | | | | | 5 | Mostly agree |
| | | | | | | 6 | Strongly agree |
| Future - friends | Q8.5 | 8.5 | Thinking about the future, do you agree or disagree that the following things will happen? I will have friends and people who care about me. | Ordinal | 1 | 1 | Strongly disagree |
| | | | | | | 2 | Mostly disagree |
| | | | | | | 3 | Slightly disagree |
| | | | | | | 4 | Slightly agree |
| | | | | | | 5 | Mostly agree |
| | | | | | | 6 | Strongly agree |
| Future - good life | Q8.6 | 8.6 | Thinking about the future, do you agree or disagree that the following things will happen? I will have a good life. | Ordinal | 1 | 1 | Strongly disagree |
| | | | | | | 2 | Mostly disagree |
| | | | | | | 3 | Slightly disagree |
| | | | | | | 4 | Slightly agree |
| | | | | | | 5 | Mostly agree |
| | | | | | | 6 | Strongly agree |

| SECTION 9. SURVEY FOLLOW-UP | | | | | | | |
|-----------------------------|----------------|----------|---|-------------|-------|----------------|---------------------------------------|
| Variable Name | Variable Label | Location | Survey Question | Type/Format | Width | Coded Value(s) | Value Labels |
| Truthfulness | Q9.1 | 9.1 | How truthful were you in answering the questions in the survey? | Ordinal | 1 | 1 | Not at all truthful |
| | | | | | | 2 | Slightly truthful |
| | | | | | | 3 | Somewhat truthful |
| | | | | | | 4 | Mostly truthful |
| | | | | | | 5 | Very Truthful |
| | | | | | | 6 | I answered all the questions truthful |
| Survey ease | Q9.2 | 9.2 | Did you find the survey easy or difficult to answer? | Ordinal | 1 | 1 | Very difficult |
| | | | | | | 2 | Mostly difficult |
| | | | | | | 3 | Somewhat difficult |
| | | | | | | 4 | Somewhat easy |
| | | | | | | 5 | Mostly easy |
| | | | | | | 6 | Very easy |
| Device used | Q9.3 | 9.3 | Which device did you use? | Nominal | 1 | 1 | Computer |

| SECTION 9. SURVEY FOLLOW-UP | | | | | | | |
|-----------------------------|----------------|----------|---|-------------|-------|----------------|--|
| Variable Name | Variable Label | Location | Survey Question | Type/Format | Width | Coded Value(s) | Value Labels |
| | | | | | | 2 | iPad |
| Device ease | Q9.4 | 9.4 | How easy or difficult was taking the survey on a <u>computer</u> or <u>iPad</u> "? [Pipe in from 9.3] | Ordinal | 1 | 1 | Very difficult |
| | | | | | | 2 | Mostly difficult |
| | | | | | | 3 | Somewhat difficult |
| | | | | | | 4 | Somewhat easy |
| | | | | | | 5 | Mostly easy |
| | | | | | | 6 | Very easy |
| Incentives | Q9.6 | 9.6 | What do you think would be a good "Thank you gift " (<i>incentive</i>) to give future survey participates ? | Nominal | 1 | 1 | Cash |
| | | | | | | 2 | I was curious |
| | | | | | | 3 | I wanted to help other youth |
| | | | | | | 4 | I am not sure |
| Incentives | Q9.6 | 9.6 | What do you think would be a good "Thank you gift " (<i>incentive</i>) to give future survey participates ? | Nominal | 1 | 1 | 1. Cash |
| | | | | | | 2 | 2. Gift card for a local store |
| | | | | | | 3 | 3. Gift card to a chain store like Wal-Mart |
| | | | | | | 4 | 4. Merchandise like healthy snacks, restaurant coupon |
| | | | | | | 5 | 5. Merchandise like school supplies, backpacks, calculators |
| | | | | | | 6 | 6. Merchandise like hats, t-shirts |
| | | | | | | 7 | 7. Merchandise like ear buds, USB drives, simple jewelry, toys |
| Recruitment | Verbal | 9.7 | What do you think is the best way to get your peers to participate in the future survey? | Open ended | | | |