

NATIONAL SURVEY OF YOUTH IN CUSTODY (NSYC-3)

COGNITIVE TESTING INSTRUMENTS

PART ONE

Version 1

- Facility living conditions (9 questions)
- Staff treatment (6 questions)
- Misconduct/victimization (1 question)
- Education on PREA (3 questions/8 items)
- Grooming behaviors (4 questions)
- Mental health (4 questions/15 items)
- Youth incident details (7 questions/18 items)
- Disability items (if time permits) (3 questions)
- Sexual orientation/gender identity (if time permits) (4 questions)

Version 2

- Legal counsel & institutional experiences (4 questions)
- Solitary confinement (5 questions/9 items)
- Youth/gang involvement (4 questions)
- Drug use (1 question, 2 items)
- Staff incident details (9 questions/25 items)
- History of victimization (3 questions)
- Treatment program and services (if time permits) (6 questions, 11 items)
- Sexual orientation/gender identity (if time permits) (4 questions)

NSYC-3

Version 1 Items for Cognitive Testing

SECTION 1:

Please answer the following questions about this facility.	<u>Yes</u>	<u>No</u>
FL5. The temperature usually feels ok here--it isn't too hot or too cold.	1	2
FL6. Room lights are turned off at night when youth are sleeping.	1	2
FL7. The facility is noisy at night when youth are sleeping.	1	2
FL8. I am allowed to take a shower every day... ..	1	2
FL9. I feel like I have enough privacy here from staff and other youth.....	1	2
F10. I am allowed to decorate where I sleep to make it feel like I have my own personal space.....	1	2
F11. I am allowed to wear my hair the way I want	1	2
F12. I am allowed to talk to other youth during meal time.	1	2
F13. The staff here set up celebrations for holidays and youths' birthdays.....	1	2

SECTION 2

ST1. How many staff explain facility rules clearly?

- None of the staff.....1
- Few of the staff.....2
- Most of the staff.....3
- All of the staff.....4

ST2. How many staff use force when they don't really need to?

- None of the staff.....1
- Few of the staff.....2
- Most of the staff.....3
- All of the staff.....4

ST3. How many staff give fair punishments?

- None of the staff.....1
- Few of the staff.....2
- Most of the staff.....3
- All of the staff.....4

ST4. Are staff disrespectful?

- Yes.....1
- No.....2

ST5. Do staff give youth the chance to tell their side before making decisions?

- Yes.....1
- No.....2

ST6. Do staff act honestly?

- Yes.....1
- No.....2

SECTION 3:

MV12. [Since coming to this facility OR In the past 12 months] Have you been written up or charged for breaking facility rules such as talking back to staff, being out of place, or not following directions?

Yes.....1

No.....2

SECTION 4:

EP1. After you got to this facility (this time), when did you first learn that all forms of sexual abuse and harassment are not allowed?

Within the first 24 hours after you got here (this time).....1

Between 1 and 10 days after you got here (this time).....2

More than 10 days after you got here (this time).....3

I was never told that all forms of sexual abuse and harassment are not allowed 4

.....

EP4. How were you given information about these rules?

	<u>Yes</u>	<u>No</u>
a. Facility staff	1	2
b. Posters/signs.....	1	2
c. Brochure/flier/pamphlet/handout	1	2
d. Handbook.....	1	2
e. Video	1	2
f. Telephone system.....	1	2

EP5. Do you think youth in this facility would feel safe reporting any sexual abuse to staff?

Yes.....1

No.....2

SECTION 5: PLEASE DO NOT CIRCLE ANY RESPONSES ON THIS PAGE

GRpre4. Since you got here, has any staff member offered you extra privileges at the canteen or commissary including food, personal items, clothing, or other items?

Yes.....1

No.....2

GR7. Since you got here, has any staff member ever spent time alone with you and asked you not to tell anyone?

Yes.....1

No.....2

GR8. Since you got here, has any staff member ever shared that they felt emotionally close to you or that they had special feelings for you?

Yes.....1

No.....2

GR9. Since you got here, has any staff member talked to you about sex in a way that was not part of their regular job duties, joked with you about sex, or shared sexual stories with you?

Yes.....1

No.....2

SECTION 6:

MH1. In the past 30 days, how often did you have each of the following experiences:

	<u>All</u> of the <u>time</u>	<u>Most</u> of the <u>time</u>	<u>Some</u> of the <u>time</u>	<u>A little</u> of the <u>time</u>	<u>None</u> of the <u>time</u>
a. How often did you feel nervous?	1	2	3	4	5
b. How often did you feel hopeless?	1	2	3	4	5
c. How often did you feel restless or fidgety? ..	1	2	3	4	5
d. How often did you feel so depressed that nothing could cheer you up?	1	2	3	4	5
e. How often did you feel that everything was an effort?	1	2	3	4	5
f. How often did you feel worthless?.....	1	2	3	4	5

	<u>More</u> <u>often</u>	<u>Less</u> <u>often</u>	<u>About</u> <u>the</u> <u>same</u>	<u>Never</u> <u>had</u> <u>any</u>
g. We just reviewed a number of negative feelings and experiences during the past 30 days. Taking them altogether, did these feelings occur <u>more</u> <u>often</u> in the past 30 days than is usual for you, <u>less</u> <u>often</u> than usual, or <u>about the same</u> as usual?	1	2	3	4

MH2. During your first years at school—say between the ages of kindergarten and second grade—was there ever a period lasting six months or longer when you:

- a. Lost interest very quickly in games or work
 - YES.....1
 - NO.....2

- b. Had trouble finishing what you started without being distracted
 - YES.....1
 - NO.....2

- c. Were not listening when people spoke to you.
 - YES.....1
 - NO.....2

MH4. Did you ever have a period lasting six months or longer when you often did things that got you in trouble with adults such as:

	<u>YES</u>	<u>NO</u>
a. losing your temper, arguing?.....	1	2
b. talking back to adults.....	1	2
c. refusing to do what your teachers or parents asked you to do	1	2
d. annoying people on purpose	1	2
e. being grouchy or irritable	1	2

MH22. Before you came to this facility, did a professional ever tell you have..

	<u>YES</u>	<u>NO</u>
a. Depression?.....	1	2
b. Post-traumatic stress disorder or PTSD?	1	2
c. Another anxiety disorder, such panic disorder, obsessive compulsive disorder (OCD), or social anxiety?	1	2
d. A mental or emotional condition other than those listed above?	1	2

SECTION 7: PLEASE DO NOT CIRCLE ANY RESPONSES ON THIS PAGE

4. Where was the other youth living at the time?

- In the same room as you.....1
- In the same housing area as you, but not in the same room.....2
- In a different housing area than you.....3

5. How well did you know the other youth at the time?

- By sight only.....1
- A casual acquaintance.....2
- Well known.....3

13. In the days after this happened, how did you feel about what happened?

- Extremely upset.....1
- Quite upset.....2
- A little upset.....3
- Not upset at all.....4
- Glad it happened.....5

14. (IF Q13=1, 2 or 3) Did you feel any of the following ways after this happened?

	<u>YES</u>	<u>NO</u>
a. Worried or anxious?.....	1	2
b. Angry?.....	1	2
c. Sad or depressed?.....	1	2
d. Vulnerable?.....	1	2
e. Violated?.....	1	2
f. Like you couldn't trust people?.....	1	2
g. Fearful?.....	1	2

15. (IF Q13=4 or 5) Did you feel any of the following ways after this happened? (NEW)

	<u>YES</u>	<u>NO</u>
a. Like the other youth really cared about you.....	1	2

- b. Like you really cared about the other youth..... 1 2
- c. Like you had gotten what you wanted..... 1 2
- d. Like you would get something from the other youth in return. 1 2
- e. Like you were in control..... 1 2
- f. Like you wanted it to happen again..... 1 2

SECTION 7: PLEASE DO NOT CIRCLE ANY RESPONSES ON THIS PAGE

16. Have your feelings changed since the incident happened?

YES.....1

NO.....2

17. (IF Q16=1) Thinking about it now, how do you feel about what happened?

Extremely upset.....1

Quite upset.....2

A little upset.....3

Not upset at all.....4

Glad it happened.....5

SECTION 8: PLEASE DO NOT CIRCLE ANY RESPONSES ON THIS PAGE

DI1. Because of a physical, mental or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?

YES.....1

NO.....2

DI2. Is the difficulty you experience because of a physical problem?

YES.....1

NO.....2

DI3. Is the difficulty you experience because of a mental or emotional problem?

YES.....1

NO.....2

SECTION 9:

GI1. What sex were you assigned at birth, on your original birth certificate?

- Male.....1
- Female.....2

GI2. Do you currently describe yourself as male, female or transgender?

- Male.....1
- Female.....2
- Transgender.....3
- None of these.....4
- Not sure.....5

(IF YOU ARE MALE:)

GI3. Do you consider yourself...

- Gay.....1
- Straight, that is, not gay.....2
- Bisexual.....3
- Something else.....4
- Not sure.....5

(IF YOU ARE FEMALE:)

GI3. Do you consider yourself...

- Lesbian or gay.....1
- Straight, that is, not lesbian or gay.....2
- Bisexual.....3
- Something else.....4
- Not sure.....5

GI4. People are different in their sexual attraction to other people. Which best describes your feelings?

- Only attracted to males.....1
- Mostly attracted to males.....2

Equally attracted to females and males.....	3
Mostly attracted to females.....	4
Only attracted to females.....	5
Not sure.....	6

NSYC-3

Version 2 Items for Cognitive Testing

SECTION 1:

AE0080. Who was responsible for taking care of you when you were growing up? You may choose more than one answer.

- Your mother or step-mother.....1
- Your father or step-father.....2
- Your grandparents.....3
- Foster parent.....4
- A sister or brother.....5
- Other relative.....6
- Friend.....7
- Group home.....8
- Other.....9

1. Do you have a lawyer or legal counsel?

Yes.....1

No.....2

2. Since you came to this facility, have you asked to see, call, or write to (your/a) lawyer or legal counsel?

Yes.....1

No.....2

3. Since you have been here, have you been allowed to see, call, or write to (your/a) lawyer or legal counsel?

Yes.....1

No.....2

SECTION 2:

SC1. Since coming to this facility have you ever been confined in a separate room other than your own room without contact with other youth?

Yes.....1
No.....2

SC2. What was the reason you were confined in a separate room, other than your own room, without contact with other youth?

	<u>Yes</u>	<u>No</u>
a. You were accused of or punished for breaking the rules	1	2
b. You were waiting to be moved to another unit or facility.....	1	2
c. You were sick.....	1	2
d. To protect you from harming yourself	1	2
e. To protect you from being harmed by others	1	2

SC4. Since coming to this facility, what was the longest time you were confined in a separate room, other than your own room, without contact with other youth?

Less than 3 hours.....1
3 hours but less than 6 hours.....2
6 hours but less than 1 day.....3
1 day but less than 1 week.....4
1 week or more.....5

SC5. Since coming to this facility, have you been confined to your room for breaking facility rules?

Yes.....1

No.....2

SC7. Since coming to this facility, what was the longest time you have been confined to your room for breaking facility rules?

Less than 3 hours.....1

3 hours but less than 6 hours.....2

6 hours but less than 1 day.....3

1 day but less than 1 week.....4

1 week or more.....5

SECTION 3:

GA3. Are you a member of a gang in this facility?

Yes.....1

No.....2

GA4. When did you join this gang?

Since I got here.....1

Before I got here.....2

GA7. Has a gang in this facility ever tried to recruit you?

Yes.....1

No.....2

GA8. Have you ever had to do or pay something to have gangs leave you alone?

Yes.....1

No.....2

SECTION 4: PLEASE DO NOT CIRCLE ANY ANSWERS ON THIS PAGE

C1. The next questions are about drugs you may have taken on your own – that is, without a doctor telling you to take them.

Have you ever used...

	<u>YES</u>	<u>NO</u>
n. Synthetic drugs (such as synthetic marijuana, K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, bath salts)	1	2
o. Cough syrup to get high.....	1	2

SECTION 5: PLEASE DO NOT CIRCLE ANY ANSWERS ON THIS PAGE

3. Still thinking just about this time that you had sexual contact with a staff member, was the staff member who you had sexual contact with...

- A staff member who directly supervises youth/correctional officer.....1
- A teacher or educator.....2
- Medical or mental health staff.....3
- Other staff working in the facility.....4
- A volunteer in the facility.....5

7. Still thinking just about this time that you had sexual contact with a staff member, was there anyone who knew what was happening?

- Yes, other youth.....1
- Yes, other staff.....2
- Yes, both youth and staff.....3
- No.....4

8. What were these other youth doing at the time?

- They were helping make it happen.....1
- They were trying to stop it from happening.....2
- They knew it was happening, but did nothing.....3

DO NOT CIRCLE ANY ANSWERS TO THE QUESTIONS ON THIS PAGE

11. Did (this staff person/any of those staff persons) do any of the following AFTER this happened?

	<u>Yes</u>	<u>No</u>
h. Gave you gifts or money so that you would keep it a secret	1	2
i. Threatened to hurt you so that you would keep it a secret.....	1	2
j. Said he/she would blame it on you if you told anyone	1	2
k. Said he/she would stop spending time with you if you told anyone.	1	2
l. Had sexual contact with you again.....	1	2
m. Ignored you or stayed away from you.....	1	2
n. No change – the staff person treated me the same as before.	1	2

12. In the days after this happened, how did you feel about what happened?

- Extremely upset..... 1
- Quite upset..... 2
- A little upset..... 3
- Not upset at all..... 4
- Glad it happened..... 5

13. (IF Q12=1, 2 or 3) Did you feel any of the following ways after this happened?

	<u>YES</u>	<u>NO</u>
a. Worried or anxious?.....	1	2
b. Angry?.....	1	2
c. Sad or depressed?.....	1	2
d. Vulnerable?.....	1	2
e. Violated?.....	1	2
f. Like you couldn't trust people?.....	1	2
g. Fearful?.....	1	2

DO NOT CIRCLE ANY ANSWERS TO THE QUESTIONS ON THIS PAGE

14. (IF Q12=4 or 5) Did you feel any of the following ways after this happened? (NEW)

	<u>YES</u>	<u>NO</u>
a. Like the staff member really cared about you.....	1	2
b. Like you really cared about the staff member.....	1	2
c. Like you had gotten what you wanted.....	1	2
d. Like you would get something from the staff member in return.....	1	2
e. Like you were in control.....	1	2
f. Like you wanted it to happen again.....	1	2

15. Have your feelings changed since the incident happened? (NEW)

- YES.....1
- NO.....2

16. (IF Q15=1) Thinking about it now, how do you feel about what happened? (NEW)

- Extremely upset.....1
- Quite upset.....2
- A little upset.....3
- Not upset at all.....4
- Glad it happened.....5

SECTION 6: PLEASE DO NOT CIRCLE ANY ANSWERS ON THIS PAGE

HV7. Before you came to this place, had anyone ever forced you to have any kind of sexual contact?

YES.....1

NO.....2

HV8. Did any of this happen while you were in a corrections facility?

YES.....1

NO.....2

HV9. Did any of this happen while you were being arrested or detained by a law enforcement officer?

YES.....1

NO.....2

SECTION 7:

TP2. Since coming to this facility, have you received counseling for drug or alcohol problems?

Yes.....1
No.....2

TP3. When you received counseling for your drug or alcohol problems, what kind of counseling was it?

	<u>Yes</u>	<u>No</u>
e. Just you and the counselor	1	2
f. Yourself and other youths with a counselor	1	2
g. Yourself and your family with a counselor	1	2
h. Other	1	2

TP4. How helpful was the counseling for your drug or alcohol problems?

Very helpful.....1
Somewhat helpful.....2
Not very helpful.....3

TP5. Since coming to this facility, have you received counseling to help you deal with any of your feelings and emotions?

- Yes.....1
- No.....2

TP6. When you received counseling about your feelings and emotions, what kind of counseling was it?

	<u>Yes</u>	<u>No</u>
e. Just you and the counselor	1	2
f. Yourself and other youths with a counselor	1	2
g. Yourself and your family with a counselor	1	2
h. Other	1	2

TP7. Since coming to this facility, how often did you receive counseling about your feelings and emotions?

- Never.....1
- Less than once a month.....2
- About once a month.....3
- A few times each month.....4
- Once a week.....5
- Twice a week.....6
- Three or more times a week.....7
- Other.....8

TP8. When did you last receive counseling about your feelings and emotions?

- Today or yesterday.....1
- Within the last week.....2
- Within the last three weeks.....3
- Within the last month.....4
- More than one month ago.....5

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