

Section 13 - BACKGROUND INFORMATION - III

Statement Y

Now I would like to ask you a few questions about your childhood and background. N13STY

1a. (SHOW FLASHCARD 46)

The next few questions are about how your parents or caregivers treated you while you were growing up, that is, BEFORE you were 18 years old. By parents or caregivers, I mean your mother, father, stepmother, stepfather, adoptive mother or father, foster parent or other adult living in your home.

BEFORE you were 18 years old...

(Repeat phrase frequently)

How often were you made to do chores that were too difficult or dangerous for someone your age?

- 1 Never **N13Q1A**
 2 Almost never
 3 Sometimes
 4 Fairly often
 5 Very often

b. **How often were you left alone or unsupervised when you were too young to be alone, that is, before you were 10 years old?**

- 1 Never **N13Q1B**
 2 Almost never
 3 Sometimes
 4 Fairly often
 5 Very often

c. **How often did you go without things you needed like clothes, shoes or school supplies because a parent or other adult living in your home spent the money on themselves?**

- 1 Never **N13Q1C**
 2 Almost never
 3 Sometimes
 4 Fairly often
 5 Very often

d. **How often did a parent or other adult living in your home make you go hungry or not prepare regular meals?**

- 1 Never **N13Q1D**
 2 Almost never
 3 Sometimes
 4 Fairly often
 5 Very often

e. **How often did a parent or other adult living in your home ignore or fail to get you medical treatment when you were sick or hurt?**

- 1 Never **N13Q1E**
 2 Almost never
 3 Sometimes
 4 Fairly often
 5 Very often

f. **How often did a parent or other adult living in your home swear at you, insult you or say hurtful things?**

- 1 Never **N13Q1F**
 2 Almost never
 3 Sometimes
 4 Fairly often
 5 Very often

g. **How often did a parent or other adult living in your home threaten to hit you or throw something at you, but didn't do it?**

- 1 Never **N13Q1G**
 2 Almost never
 3 Sometimes
 4 Fairly often
 5 Very often

h. **How often did a parent or other adult living in your home act in ANY other way that made you afraid that you would be physically hurt or injured?**

- 1 Never **N13Q1H**
 2 Almost never
 3 Sometimes
 4 Fairly often
 5 Very often

i. **How often did a parent or other adult living in your home push, grab, shove, slap or hit you?**

- 1 Never **N13Q1I**
 2 Almost never
 3 Sometimes
 4 Fairly often
 5 Very often

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<p><i>(SHOW FLASHCARD 46)</i></p> <p>1j. How often did a parent or other adult living in your home hit you so hard that you had marks or bruises or were injured?</p>	<p>1 <input type="checkbox"/> Never N13Q1J 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>How often did your father, stepfather, foster or adoptive father or mother's boyfriend do ANY of these things to your mother, stepmother, father's girlfriend, or your foster or adoptive mother?</p> <p>k. Push, grab, slap or throw something at her?</p>	<p>1 <input type="checkbox"/> Never N13Q1K 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>l. Kick, bite, hit her with a fist, or hit her with something hard?</p>	<p>1 <input type="checkbox"/> Never N13Q1L 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>m. Repeatedly hit her for at least a few minutes?</p>	<p>1 <input type="checkbox"/> Never N13Q1M 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>n. Threaten her with a knife or gun or use a knife or gun to hurt her?</p>	<p>1 <input type="checkbox"/> Never N13Q1N 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p><i>(SHOW FLASHCARD 46)</i></p> <p>2a. Now I'd like to know if you had any of the following sexual experiences with an adult or any other person BEFORE you were 18 years old. By adult or other person I mean a parent, stepparent, foster parent, adoptive parent, a relative, friend, family friend, teacher or stranger.</p> <p>BEFORE you were 18 years old... <i>(Repeat phrase frequently)</i></p> <p>How often did an adult or other person touch or fondle you in a sexual way when you didn't want them to or when you were too young to know what was happening?</p>	<p>1 <input type="checkbox"/> Never N13Q2A 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>b. How often did an adult or other person have you touch their body in a sexual way when you didn't want to or you were too young to know what was happening?</p>	<p>1 <input type="checkbox"/> Never N13Q2B 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>c. How often did an adult or other person attempt to have sexual intercourse with you when you didn't want them to or you were too young to know what was happening?</p>	<p>1 <input type="checkbox"/> Never N13Q2C 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>d. How often did an adult or other person actually have sexual intercourse with you when you didn't want them to or you were too young to know what was happening?</p>	<p>1 <input type="checkbox"/> Never N13Q2D 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>

Section 13 - BACKGROUND INFORMATION - III (Continued)

<p>3a. (SHOW FLASHCARD 47)</p> <p>Now I'd like to know how true each of the following statements was when you were growing up, that is, BEFORE you were 18 years old.</p> <p>I felt there was someone in my family who wanted me to be a success.</p>	<p>1 <input type="checkbox"/> Never true N13Q3A 2 <input type="checkbox"/> Rarely true 3 <input type="checkbox"/> Sometimes true 4 <input type="checkbox"/> Often true 5 <input type="checkbox"/> Very often true</p>
<p>b. There was someone in my family who helped me feel that I was important or special.</p>	<p>1 <input type="checkbox"/> Never true N13Q3B 2 <input type="checkbox"/> Rarely true 3 <input type="checkbox"/> Sometimes true 4 <input type="checkbox"/> Often true 5 <input type="checkbox"/> Very often true</p>
<p>c. My family was a source of strength and support.</p>	<p>1 <input type="checkbox"/> Never true N13Q3C 2 <input type="checkbox"/> Rarely true 3 <input type="checkbox"/> Sometimes true 4 <input type="checkbox"/> Often true 5 <input type="checkbox"/> Very often true</p>
<p>d. I felt that I was part of a close-knit family.</p>	<p>1 <input type="checkbox"/> Never true N13Q3D 2 <input type="checkbox"/> Rarely true 3 <input type="checkbox"/> Sometimes true 4 <input type="checkbox"/> Often true 5 <input type="checkbox"/> Very often true</p>
<p>e. Someone in my family believed in me.</p>	<p>1 <input type="checkbox"/> Never true N13Q3E 2 <input type="checkbox"/> Rarely true 3 <input type="checkbox"/> Sometimes true 4 <input type="checkbox"/> Often true 5 <input type="checkbox"/> Very often true</p>
<p>4a. BEFORE you were 18 years old, was a parent or other adult living in your home a problem drinker or alcoholic?</p> <p>(By alcoholic or problem drinker, I mean a person who had physical or emotional problems because of drinking; problems with a spouse, family, or friends because of drinking; problems at work or school because of drinking; problems with the police because of drinking – like drunk driving; or a person who seemed to spend a lot of time drinking or being hung over.)</p>	<p>1 <input type="checkbox"/> Yes N13Q4A 2 <input type="checkbox"/> No</p>
<p>b. BEFORE you were 18 years old, did a parent or other adult living in your home have some similar problems with drugs?</p>	<p>1 <input type="checkbox"/> Yes N13Q4B 2 <input type="checkbox"/> No</p>
<p>5. BEFORE you were 18 years old, did a parent or other adult living in your home go to jail or prison?</p>	<p>1 <input type="checkbox"/> Yes N13Q5 2 <input type="checkbox"/> No</p>
<p>6. BEFORE you were 18 years old, was a parent or other adult living in your home treated or hospitalized for a mental illness?</p>	<p>1 <input type="checkbox"/> Yes N13Q6 2 <input type="checkbox"/> No</p>
<p>7. BEFORE you were 18 years old, did a parent or other adult living in your home attempt suicide?</p>	<p>1 <input type="checkbox"/> Yes N13Q7 2 <input type="checkbox"/> No</p>
<p>8. BEFORE you were 18 years old, did a parent or other adult living in your home actually commit suicide?</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to Section 14</i> N13Q8 2 <input type="checkbox"/> No }</p>