# WOMEN'S INTERAGENCY HIV STUDY FORM 26r: HISTORY OF ABUSE

### SECTION A: GENERAL INFORMATION

A1.	PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE	-    -    -
A2.	WIHS STUDY VISIT #:	
A3.	FORM VERSION:	10/01/06
A4.	DATE OF INTERVIEW:	/     /      M D Y
A5.	INTERVIEWER'S INITIALS:	
A6.	TIME MODULE BEGAN:	:    AM1 PM2

#### SECTION B: EVER PHYSICAL VIOLENCE

B1. Have you ever experienced serious physical violence (physical harm by another person)? By that I mean were you ever hurt by a person using an object or were you ever slapped, hit, punched, or kicked?

YES1	
NO2	(SECTION C)
DON'T KNOW	(SECTION C)
DECLINED<-7>	(SECTION C)

B2. I need to ask you who the person or persons were who injured you. (I don't need their names, I just need to know their relationship to you.)
 (PAUSE OR STOP UNTIL THE PARTICIPANT SEEMS READY TO BEGIN.)
 Okay. Are you ready to begin?

YES, PARTICIPANT WILL PROCEED......1 NO, PARTICIPANT DECLINED......2 (SECTION C) B3. Please tell me who this person or these persons were (or are). (I don't need their names, I just need to know their relationship to you.)

[CIRCLE "1" FOR ALL PERSON(S) MENTIONED AND ASK "i", "ii", AND "iii". CIRCLE "2" (NO) FOR THOSE NOT MENTIONED.]

(**PROBE**: Anyone else?)

			i. How old were you when this	ii. Has it	stopped?	iii. How old were you
<b>RELATIONSHIP</b>	<u>MEN</u>	TIONED	first happened? ( <b>PROBE</b> : What			when it stopped?
			is the youngest			
	YES	<u>NO</u>	you remember?)	<u>YES</u>	<u>NO</u>	
a. MOTHER/STEPMOTHER/FOSTER	1	2 <b>(b</b> )	YRS.	1	2 (b)	YRS.
b. FATHER	1	2 (c)	YRS.	1	2 (c)	YRS.
c. STEP/FOSTER FATHER	1	2 ( <b>d</b> )	YRS.	1	2 (d)	YRS.
d. SIBLING/STEP/FOSTER	1	2 (e)	YRS.	1	2 (e)	YRS.
e. MOTHER'S BOYFRIEND/PARTNER	1	2 ( <b>f</b> )	YRS.	1	2 (f)	YRS.
f. OTHER RELATIVE	1	2 (g)	YRS.	1	2 (g)	YRS.
(SPECIFY)						
g. INTIMATE PARTNER/	1	2 ( <b>h</b> )	YRS.	1	2 (h)	YRS.
SPOUSE/BOYFRIEND/					-	
GIRLFRIEND						
h. FRIEND	1	2 (i)	YRS.	1	2 (i)	YRS.
i. ACQUAINTANCE	1	2 (j)	YRS.	1	2 (j)	YRS.
j. STRANGER	1	2 ( <b>k</b> )	YRS.	1	2 (k)	YRS.
k. OTHER	1	2 (C1)	YRS.	1	2 (l)	YRS.
(SPECIFY)						
1. OTHER	1	2 (C1)	YRS.	1	2 (m)	YRS.
(SPECIFY)						
m. OTHER	1	2 (C1)	YRS.	1	2 (C1)	YRS.
(SPECIFY)						

#### **REFER PARTICIPANT TO COUNSELOR**

#### SECTION C: EVER DOMESTIC VIOLENCE

Has a current or previous partner ever: [ASK C1-C7] FOR EACH "YES" ASK "a"	YES	<u>NO</u>	2 = Mo $3 = Mo$ $4 = Mo$	HAND PARTI When was the r (C1 - C7)? Wa thin the past wee re than a week a re than 1 month re than 6 month re than a year ag	nost recent t s it: ek go, but with ago, but wit s ago, but wi	ime your par in the past m hin the past	nonth 6 months
C1. threatened to hurt you or kill you?	1	2 ( <b>C2</b> )	1	2	3	4	5
C2. prevented you from leaving or entering your house?	1	2 ( <b>C3</b> )	1	2	3	4	5
C3. prevented you from seeing friends?	1	2 ( <b>C4</b> )	1	2	3	4	5
C4. prevented you from making phone calls?	1	2 ( <b>C5</b> )	1	2	3	4	5
C5. prevented you from getting or keeping a job?	1	2 ( <b>C6</b> )	1	2	3	4	5
C6. prevented you from continuing your education?	1	2 ( <b>C7</b> )	1	2	3	4	5
C7. prevented you from seeking medical attention?	1	2 ( <b>C8</b> )	1	2	3	4	5

#### **REFER PARTICIPANT TO COUNSELOR**

C8. Have you ever talked with your current or a previous partner about using a condom or other barrier method (such as dental dams)?

YES1	
NO2	(C10)
DECLINED	(C10)

C9. Has your current or a previous partner ever threatened you when you talked about using a condom or other barrier method (such as dental dams)?

YES	1
NO	2
DECLINED	<-7>

C10. Have you ever been afraid that your current or a previous partner would threaten you or hurt you if you asked him/her to use a condom or other barrier method (such as dental dams)?

YES	1
NO	2
DECLINED	<-7>

#### SECTION D: EVER SEXUAL ABUSE

**INTRODUCTION:** At times we may be in difficult situations or things may happen to us that we cannot control, like sexual abuse or physical harm. We realize recalling such experiences can be difficult, so if you need to have some time during these next few sections, just let me know and we will take a break for a few minutes.

D1. At any time in your life, has anyone ever pressured or forced you to have sexual contact? By sexual contact I mean them touching your sexual parts, you touching their sexual parts, or sexual intercourse.

YES 1	
NO	(D5)
DON'T KNOW<-8>	• (D5)
DECLINED	

D2. I need to ask you who the person or persons were who pressured or forced you to have sexual contact. (I don't need their names, I just need their relationship to you.)
 (PAUSE OR STOP UNTIL THE PARTICIPANT SEEMS READY TO BEGIN.)
 Okay. Are you ready to begin?

D3. Please tell me who this person or these persons were (or are). (I don't need their names, I just need to know their relationship to you.)

[CIRCLE "1" FOR ALL PERSON(S) MENTIONED AND ASK "i", "ii", AND "iii". CIRCLE "2" (NO) FOR THOSE NOT MENTIONED.] (PROBE: Anyone else?)

<u>RELATIONSHIP</u>	<u>MEN1</u>	TIONED	<ul> <li>i. How old were you when this first happened?</li> <li>(PROBE: What is the youngest</li> </ul>	ii. Has it		iii. How old were you when it stopped?
	<u>YES</u>	<u>NO</u>	you remember?)	<u>YES</u>	<u>NO</u>	
a. MOTHER/STEPMOTHER/FOSTER	1	2 <b>(b</b> )	YRS.	1	<b>2</b> (b)	YRS.
b. FATHER	1	2 (c)	YRS.	1	2 (c)	YRS.
c. STEP/FOSTER FATHER	1	2 ( <b>d</b> )	YRS.	1	2 (d)	YRS.
d. SIBLING/STEP/FOSTER	1	2 (e)	YRS.	1	2 (e)	YRS.
e. MOTHER'S BOYFRIEND/PARTNER	1	2 ( <b>f</b> )	YRS.	1	2 (f)	YRS.
f. OTHER RELATIVE	1	2 ( <b>g</b> )	YRS.	1	2 (g)	YRS.
(SPECIFY)						
g. INTIMATE PARTNER/ SPOUSE/BOYFRIEND/	1	2 ( <b>h</b> )	YRS.	1	2 (h)	YRS.
GIRLFRIEND						

<u>RELATIONSHIP</u>	<u>MENT</u> YES	IONED NO	<ul><li>i. How old were you when this first happened?</li><li>(PROBE: What is the youngest you remember?)</li></ul>	ii. Has it <u>YES</u>	stopped? <u>NO</u>	iii. How old were you when it stopped?
h. FRIEND	1	2 (i)	YRS.	1	2 (i)	YRS.
i. ACQUAINTANCE	1	2 (j)	YRS.	1	2 (j)	YRS.
j. STRANGER	1	2 ( <b>k</b> )	YRS.	1	2 (k)	YRS.
k. OTHER (SPECIFY)	1	2 ( <b>D</b> 4)	YRS.	1	2 (1)	YRS.
1. OTHER (SPECIFY)	1	2 (D4)	YRS.	1	2 (m)	YRS.
m. OTHER (SPECIFY)	1	2 ( <b>D</b> 4)	YRS.	1	2 (D4)	YRS.

## **REFER PARTICIPANT TO COUNSELOR**

D4. Have you ever been forced to have sex with someone who you now know was HIV positive or had AIDS?

YES	1
NO	2
DON'T KNOW	<-8>
DECLINED	<-7>

**D5.** TIME MODULE ENDED:

<u>  : </u>	AM1
	PM2