



Children's Exposure to Domestic Violence Scale User Manual



Authors of this manual include:
Jeffrey L. Edleson
Katy K. Johnson
Narae Shin

© 2007, Minnesota Center Against Domestic Violence (MINCAVA), University of Minnesota. Support for this project was provided by the Minnesota Agriculture Experiment Station project MIN 55-019, the Burt and Nan Galaway Fellowship Fund, and Title IV-E Child Welfare Training funds. Correspondence should be sent to Professor Jeffrey L. Edleson, MINCAVA, University of Minnesota School of Social Work, 105 Peters Hall, 1404 Gortner Avenue, St. Paul, MN 55108 or via email to <jedleson@umn.edu>.

The project website is located at <http://www.mincava.umn.edu/cedv>.



Acknowledgements

A special thanks to:

Domestic Abuse Project

Cornerstone

Tubman Family Alliance

and

Amanda L. Ellerton

Ellen A. Seagren

Sarah O. Schmidt

Staci L. Kirchberg

Amirthini T. Ambrose

Forward

“But how do you assess children’s exposure?”

This is the question I am most often asked by practitioners and researchers as I travel around North America and beyond to speak about children’s exposure to domestic violence. Ironically, I have often found myself without a useful answer. Thus the CEDV was born when I decided I should do something about it and try to help provide a concrete response to this question.

Several years ago, with generous support from the Minnesota Agriculture Experiment Station (they are interested in families too!), the Burt and Nan Galaway Fellowship Endowment and Title IV-E Child Welfare Training funds, my students and I set out to develop a measure to help fill the clear gap in assessment of children exposed to domestic violence. First we set out to understand the issues requiring assessment and what measures existed that might be useful in this domain. The result of this search was a review article recently published in *Children and Youth Services Review* (Edleson et al., 2007) that served as the basis for Chapter 1 in this *Manual*. Next, we set out to develop a measure and test its reliability and validity. The CEDV is the result and its development is documented in a paper currently under editorial review at a scholarly journal (Edleson, Shin & Johnson, 2007). This newer paper is the basis for Chapters 2 and 3 of this *Manual*.

Our work continues with the launch of the online version of the CEDV and a supporting website where this *Manual* and other materials are available. You can find all of this information and any updates at <http://www.mincava.umn.edu/cedv>. Our desire is to make the CEDV freely available to support your work and hope you will support our work by providing us with feedback on the CEDV. We also hope you find this *Manual* useful and that many children and their families will directly benefit from your improved assessments.

Jeffrey L. Edleson, Ph.D.
St. Paul, Minnesota
June 2007



Table of Contents

1. Assessing Child Exposure	5
2. Overview of the CEDV and its Development	18
3. Validity and Reliability of the CEDV	20
4. How to Score the CEDV	25

Appendices

A. Materials from the Study

- Frequently Asked Questions (FAQs)
- Sample letter to partner agencies
- Sample agreement participation letter for agencies
- Sample recruitment flyer
- Agency Staff Protocol Review Sheet
- Parental Consent Form
- Child Assent Form

B. CEDV Scale

Chapter 1: Assessing Child Exposure*

Child exposure to adult domestic violence has increasingly become a concern for both practitioners and researchers. For example, new research in child welfare systems has revealed that large proportions of children under protective supervision are exposed to adult domestic violence but that screening and investigation of the violence is often inadequate (English, Edleson & Herrick, 2005; Hazen, Connelly, Kelleher, Landsverk & Barth, 2004). Juvenile and family courts struggle to understand and assess the significance of child exposure when making decisions concerning custody and visitation (Jaffe, Lemon & Poisson, 2003; Kernic, Monary-Ernsdorff, Koepsell & Holt, 2005). Law enforcement leaders have questioned their own responses to children who are present when police respond to adult domestic assault reports (International Association of Chiefs of Police, 1997). And, finally, battered women's shelters and other domestic violence prevention programs have increasingly recognized and expanded their responses to the needs of children in the families they serve (Saathoff & Stoffel, 1999).

Professionals working in these programs have little guidance and few tools to carefully assess exposed children so that they can target new policies and practices to best serve them. As a result, several investigators have developed instruments to measure the impact of exposure. For example, Graham-Bermann (1996) developed the *Family Worries Scale*, and Grych and colleagues (Grych, Seid, & Fincham, 1992) developed the *Children's Perception of Interparental Conflict Scale*. These instruments measure the emotional and behavioral consequences of a child's exposure to adult domestic violence, but do not give information about the child's actual exposure experiences.

There are no existing measures of a child's exposure to adult domestic violence that both adequately measure it and have been subjected to rigorous psychometric testing. Hamby and Finkelhor (2001) examined a large number of assessment tools for use in monitoring child victimization but very few of these instruments were designed to monitor childhood exposure to adult domestic violence. Their review reveals that researchers and clinicians have most often adapted the adult version of the widely used Conflict Tactics Scales (Straus, 1979; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) to assess children's levels of exposure. These adaptations vary greatly and leave the field with no standard method of measuring prevalence or individual incidents of exposure (Jouriles, McDonald, Norwood, & Ezell, 2001).

To fill this gap for practitioners and researchers alike, we undertake a review of the research on children's exposure to adult domestic violence with an eye towards understanding what is needed to develop a new assessment tool. To that end we

* This chapter is based on Edleson, J.L., Ellerton, A.L., Seagren, E.A., Schmidt, S.O., Kirchberg, S.L. & Ambrose, A.T. (2007). Assessing child exposure to adult domestic violence. *Children and Youth Services Review*, 29, 961-971.

discuss the pervasiveness of child exposure to domestic violence and the factors that contribute to children's unique experiences with and outcomes from this exposure. We review a selection of commonly-used measures that ask respondents at least one question about domestic violence exposure. We then discuss the degree to which these measures adequately assess the unique experiences of children exposed to domestic violence.

Overview of Children's Exposure to Adult Domestic Violence

Researchers estimate widely ranging numbers of children exposed to adult domestic violence. Many of the estimates are derived by extrapolating from national surveys that were not designed to measure children's exposure. The two most widely cited estimates are those developed by Carlson (1984) and Straus (1992). Based on studies of the number of households experiencing domestic violence each year (Straus, Gelles & Steinmetz, 1980), Carlson estimated that "at least 3.3 million children yearly are at risk of exposure to parental violence" (p. 160). Straus (1992) estimated yet an even higher level of exposure using retrospective accounts by adults of their teen years. He estimated that there may be as many as 10 million American teenagers exposed to adult domestic violence each year. Carlson (2000) has more recently raised her estimate as a result of additional studies. She now conservatively estimates that from 10% to 20% of American children are exposed to adult domestic violence each year (Carlson, 2000). Based on recent US Census data (US Census Bureau, 2000), this would indicate that approximately seven to 14 million American children are exposed to adult domestic violence annually. Finally, Thompson, Saltzman and Johnson (2003) report that 33.2% of Canadian abused women and 40.2% of US battered women responding in national surveys stated that their children had witnessed domestic violence events.

Most of these are rough estimates of the number of children exposed to domestic violence and each relies on imprecise definitions, retrospective accounts or indirect measurement to arrive at a final number. While these estimates give some insight into the extent to which adult domestic violence and children's exposure pervade society, they tell us little about what forms of violence children are being exposed to, how often they are exposed to it and how they are involved in violent events

To delve deeper into children's experiences it is necessary to first define the terms "adult domestic violence" and "exposure". Jouriles, et al. (2001) suggest that a number of issues affect how we define exposure to adult domestic violence. First, the types of exposures children experience may be defined narrowly as only physical violence or more broadly as including additional forms of abuse such as verbal and emotional. Second, even within the narrower band of physical violence exposure, there is controversy about whether we should define adult domestic violence as only severe acts of violence such as beatings, a broader group of behaviors such as slaps and shoves, or a pattern of physically abusive acts (see Osthoff, 2002).

"Exposure" is most commonly defined as being within sight or sound of the violence. However there are compelling arguments to redefine and assess a child's ex-

posure to violent events in broader terms. In their national curriculum for child protection workers, for example, Ganley and Schechter (1996) highlight several ways that batterers expose children to adult domestic violence. These include hitting or threatening a child while in his or her mother's arms, taking the child hostage in order to force the mother's return to the home, forcing the child to watch assaults against the mother or to participate in the abuse, and using the child as a spy through interrogation about the mother's activities. In addition to seeing, hearing, or being used in a direct incident of violence, some mothers and their children describe the aftermath of a violent incident as also having a traumatic effect on them. The aftermath can include a mother who is injured and in need of help, a father who alternates between physical violence and loving care, police intervention to remove a male perpetrator from the home, or moving to a shelter for battered women.

Throughout this article the phrase "exposure to adult domestic violence" will be used to describe the multiple experiences of children living in homes where an adult is using violent behavior in a pattern of coercion against an intimate partner. Violence is experienced in diverse ways in families, including between same-sex partners as well as by women against men. The focus in this paper is on the experience in which most children exposed to domestic violence find themselves, in a home where a man is committing a pattern of violence against an adult woman, who is most often the child's mother.

Factors to Consider in the Assessment of Child Exposure

Child exposure to adult domestic violence is associated with significantly greater behavioral, emotional, and cognitive functioning problems among children, as well as adjustment difficulties that continue into young adulthood. A number of authors have reviewed the research to date on problems associated with children's exposure to domestic violence (see reviews by Appel & Holden, 1998; Edleson, 1999a; Fantuzzo & Mohr, 1999; Lehmann, 2000; Margolin, 1998; Rossman, 2001; O'Leary, Slep, & O'Leary, 2000). More recent meta-analyses by Kitzmann, Gaylord, Holt and Kenny (2003) and Wolfe, Crooks, Lee, McIntyre-Smith and Jaffe (2003) have shown children exposed to domestic violence to exhibit significantly worse problems than children not so exposed but the size of this effect is relatively small ($Z_r = .28$ in Wolfe et al., 2003). Exposed children were not, however, significantly different than children who were physically abused or who were both physically abused and exposed to violence (Kitzmann et al., 2003).

The wide range of behaviors and consequences associated with exposure to domestic violence found in these reviews indicate that the relationship between exposure and possible impacts is complex. As Graham-Bermann (2001) points out, many children exposed to domestic violence show no greater problems than children not so exposed. At least two studies support this claim (Hughes & Luke, 1998; Grych, Jouriles, Swank, McDonald & Norwood, 2000). How does one explain these variations? Rossman, Hughes, and Rosenberg (1999) suggest that risk factors are additive, meaning that they combine to produce greater impacts on children exposed to domestic violence. This is consistent with the literature on children's resilience

(Masten, Best, & Garmezy, 1990; Hughes, Graham-Bermann & Gruber, 2001). It is, however, also generally suggested that a child is differentially affected depending on the number, type, and level of *both* risk and protective factors present in each child's environment (Masten et al., 1990; Masten & Sesma, 1999). A child's gender and age, the frequency, severity and chronicity of violence in the home and the child's relationship with his or her mother and the man who batters her all may influence the impact of exposure on a child (Edleson 2004; Gewirtz & Edleson, in press).

Children may also be at increased risk of physical harm during violent incidents depending on their own responses to the incidents. Children's responses have been shown to vary from becoming actively involved in the conflict, to distracting themselves and their parents, to distancing themselves from the conflict (Margolin, 1998). Adamson and Thompson (1998) found that children from homes in which there was domestic violence were nine times more likely to use verbal or physical aggression to intervene in parental conflict than were children from violence-free homes (27% vs. 3%). The degree to which a child intervenes in adult domestic violence clearly varies from child to child and is likely related to the impact of exposure.

Children exposed to domestic violence may also be direct victims of physical and sexual maltreatment. A number of reviews have examined the co-occurrence of documented child maltreatment in families where adult domestic violence is also occurring. Over 30 studies of the link between these two forms of violence show a 41% median co-occurrence of child maltreatment and adult domestic violence in families studied (Appel & Holden, 1998) with the majority of studies finding a 30% to 60% overlap (Edleson, 1999b). Behaviors often attributed to domestic violence exposure may also derive from the child's concurrent victimization at the hands of his or her parent or caregiver.

A factor that may moderate the impact of exposure is a child's ability to cope with stressful events. Children appear to interpret and cope with conflict differently based on their perception of the cause or content of that conflict. The child may hold him or herself responsible for events over which he or she has no control, developing an inappropriate belief that he or she has significant control over the violent events. For example, Grych, et al. (1992) found that children tended to blame themselves more when the content of parent conflict involved them. Alternately, one child may have greater skills than another to calm him or herself during conflict between parents. For example, Rossman and Rosenberg (1992) found that children who believed they were more able to calm themselves during conflict were reported to have fewer problems.

Given this brief review, it is likely that a number of different factors may influence the degree to which exposure to adult domestic violence may or may not affect a child's development. It is critical to address this array of child, family and social variables in order to thoroughly assess children's exposure.

Assessment Tools Relevant to Child Exposure

Clearly, there is a need for assessment instruments that assess child exposure. Historically, practitioners have "made do" with a variety of measures to assess

various aspects of child exposure to domestic violence, of which several were not originally meant for this purpose. The bulk of these measures focus on the *impact* of exposure to violence, never addressing the specific aspects of the child's individual experience with the violence that may affect behaviors, emotions and perceptions associated with impact. Because the field has so few measures of exposure and is replete with measures of impact, we will focus our analysis on the former. Measurement instruments most likely to be used in the field will be those readily available and those that are easily administered through self-report formats (Feindler, Rathus, & Silver 2003). Thus, this paper will primarily focus on readily available, self-report assessment instruments that include the measurement of children's exposure to domestic violence.

The measures included in our analysis all contain at least one question specifically regarding domestic violence exposure. Measures asking about general "family conflict" but not exposure did not meet the criterion for inclusion here. We also principally focused on measures that use self-report by children up to age 18. Children have been shown to report differently than their parents and other informants (Sternberg, Lamb, Guterman & Abbott, 2006). O'Brien, John, Margolin and Erel, (1994) found that even when one or both parents report that their children were not exposed to the domestic violence, more than one in five children (21%) could provide detailed descriptions of domestic violence in their homes. Thus, it is important to tap directly into children's reports of their exposure.

Based on the above criteria, we found five measures of exposure which are listed in Table 1 below. Each of the measures selected attempts to evaluate the types and frequency of violence to which a child has been exposed. For each measure, Table 1 contains the measure's name, original publication source, the target of assessment, the types of questions, how each item is scaled, the number of questions regarding exposure, and any available information on the psychometric properties of the measure.

One of the most common methods of measuring child exposure, as stated earlier, is to adapt the adult *Conflict Tactics Scales* (Straus, 1979; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) for use with children. In order to assess children's exposure to domestic violence, Kolbo's (1996) adapted version of the *CTS* added columns requiring a parent or caregiver to rate "how often your child witnessed (saw or heard) each" conflict tactic. Kolbo utilized the same seven-point scale as the original *CTS*, with responses ranging from "Never" to "Over 20 Times". However, Kolbo's adapted *CTS* asked both how often each conflict tactic occurred and how often the child witnessed it being used. The measurement tool looks at tactics ranging from "discuss the issue calmly" and "bring in or try to bring in someone to help settle things" to "kick, bite, or hit with a fist" and "use a knife or gun" (Kolbo, 1996).

Things I Have Seen and Heard (Richters & Martinez, 1990) measures types of violence both witnessed and directly experienced by children. Using a five-point scale ranging from "zero" to "many times", it asks children how frequently each of 15 types of violence have occurred. Questions include, "Grown ups in my home hit each other" and "Grown ups in my home yell at each other" (Richters & Martinez 1990).

The most recent addition to the compendium of measures of child exposure is

Table 1: Summary of selected measures of child exposure

Measure Name	Author & Year	Respondents	Domain/Subject	Items/Scaling	Questions Regarding Exposure	Psychometric Properties
Conflict Tactics Scale (Adapted)	Kolbo (1996) Revised version of CTS by Straus (1979)	Parents of children ages 8 to 11 suspected of exposure to domestic violence	Type of conflict tactics use by parent or caregiver. Type, severity, & frequency of conflict tactics witnessed by child used by parent/caregiver against another parent/caregiver	<ul style="list-style-type: none"> • 1 80 items • 2 7-point Likert scale • 3 “Never” to “Over 20 times” 	<ul style="list-style-type: none"> • 19 questions regarding violent & non-violent tactics used in conflict. • Each question asks how often the parent has engaged in the behavior & how often the child has witnessed the tactic. 	<ul style="list-style-type: none"> • Reliability & validity not assessed
Juvenile Victimization Questionnaire	Finklehor, Hamby, Ormrod, & Turner (2005)	Children ages 8 to 17 (Child self report) and 2 to 8 (Parent report)	Covers five areas of concern: Conventional crime, child maltreatment, peer & sibling victimization, sexual assault, & witnessing and indirect victimization.	<ul style="list-style-type: none"> • 4 37 items • 5 3-point scale • 6 1 time to 3 or more times • 7 Follow up questions regarding frequency, victim & perpetrator 	<ul style="list-style-type: none"> • 3 questions specific to exposure to physical domestic violence 	<ul style="list-style-type: none"> • Internal Consistency: $\alpha = .80$ • 3-4 week re-test reliability for youth self-report: $\kappa = .63$ (fair to good), percent agreement = .95
Things I have Seen and Heard	Richters & Martinez (1990)	Children, ages 6 to 14	Exposure to violence at home and in the community	<ul style="list-style-type: none"> • 8 15 items • 9 5-point scale using increasing dots • 10 “Zero times” to “Many times” 	<ul style="list-style-type: none"> • 4 items regarding exposure to violence in the home. 	<ul style="list-style-type: none"> • Internal Consistency: $\alpha = .74$ to .76 • Inter-rater reliability between child & parent on family violence: $r = .67$ • One week test-retest reliability: $r = .81$

Table 1 (continued): Summary of selected measures of child exposure

Measure Name	Author & Year	Respondents	Domain/Subject	Items/Scaling	Questions Regarding Exposure	Psychometric Properties
Violence Exposure Scale for Children – Revised	Fox & Leavitt (1996)	Children, elementary & pre-school age	Exposure to violence within & outside the home. Subsets are: witness to mild violence, victim of mild violence, witness to severe violence, & victim of severe violence	<ul style="list-style-type: none"> • 11 20 items, plus two open ones • 12 20 items use a 4-point scale • 13 Thermometer pictograms illustrating “Never” to “Lots of times” 	<ul style="list-style-type: none"> • Although there are 22 questions regarding exposure to violence or victimization. However, the perpetrator and/or victim is never specified. 	<ul style="list-style-type: none"> • Internal Consistency: $\alpha = .72$ to $.86$
Victimization Scale	Nadel, Spellman, Alvarez-Canino et al (1996)	Middle school students, grades 6-8	Exposure to violence & victimization at home, school, & in neighborhood.	<ul style="list-style-type: none"> • 14 135 items • 15 4 point scale • 16 “Never” to “Often” 	<ul style="list-style-type: none"> • 12 questions regarding exposure to violence in the home. 	<ul style="list-style-type: none"> • Reliability & validity not available

the *Juvenile Victimization Questionnaire (JVQ)* (Finklehor, Hamby, Ormrod, & Turner 2005). The measure is very comprehensive, touching on everything from specific forms of community violence victimization and exposure, to the witness of war and other trauma. It makes a valiant effort to include a wide variety of forms of victimization in order to chart the interrelationship of many of these incidents, pointing out that measures that are too specific often mistakenly attribute children's negative outcomes to the wrong trauma (Finklehor, Ormrod, Turner, & Hamby 2005). The question that most specifically references domestic violence asks, "In the last year did you see one of your parents get hit by another parent, or their boyfriend or girlfriend? How about slapped, hit, punched, or beat up?" (Finklehor, Ormrod, Turner, & Hamby 2005).

A lesser known scale that addresses children's exposure to domestic violence is the *Victimization Scale* (Nadell, Spellman, Alvarez-Canino et al, 1996) as found in the Centers for Disease Control and Prevention's compendium of assessment tools *Measuring Violence-Related Attitudes, Beliefs, and Behaviors Among Youths* (Dahlberg, Toal & Behrens, 1998). Much like the JVQ, the measure addresses several forms of violence exposure and victimization including at school, in the child's neighborhood, at home, and "outside of school". In the section regarding incidents at home, the measure runs the gamut from witnessing hits, kicks, and threats with weapons to verbal and emotional abuse and robbery.

Finally, *The Violence Exposure Scale for Children (VEX-R)*; Fox & Leavitt, 1996), derived from the *Things I Have Seen and Heard* measure, evaluates children's exposure to a wide range of violent acts both within and outside the home, as well as children's victimization from these acts. It is a novel approach with a comic-book style version of the measure for children and a text version for parents. It asks both the child and the parent how often the child has been victimized by and exposed to specific violent acts. Items include "How many times has a person slapped you really hard?" and "How many times have you seen a person point a knife or a real gun at another person?" (Fox & Leavitt, 1996).

As a group, these measures may be useful as broad screening measures for general violence but are inadequate in their ability to extensively measure children's exposure to domestic violence. For example, Kolbo's (1996) adapted version of the *CTS* defines witnessing as "saw or heard," a rather narrow definition of child exposure. In addition, the scale was never subjected to psychometric development and so its properties are unknown. Richters and Martinez's (1990) *Things I Have Seen and Heard* instrument contains only four items specifically about violence exposure in the home and two more about weapons and drugs in the home, focusing mainly on physical incidents of violence, never identifying the victims and perpetrators. While the *JVQ* takes into account who the victims and perpetrators are, the measure is at the same time lacking in depth when it comes to assessment of exposure to domestic violence. The questions specifically ask about violence the child has *seen*, focusing mostly on physical violence, while asking one question about theft from the home. The *Victimization Scale* addresses more forms of domestic violence than the *JVQ*, but does not identify the perpetrators and victims of the violence. Finally, the *VEX-R* (Fox & Leavitt, 1995) focuses broadly on violence exposure but never identifies the victim and perpetrator and does not specify if any of the violence occurs in the home.

In the parent version of the *VEX-R* there is some indication that additional probes are to be included for each question as to the timing, location and perpetrator of the event, yet there is no place on the test itself to indicate answers to these probes. For the most part the measures included in this analysis either fail to reach beyond exposure to physical violence, do not identify the victims or perpetrators, or ask too few questions regarding domestic violence exposure in general.

Toward More Sophisticated Assessment Tools

Admittedly, few measurement instruments will address the needs of all potential users. However, practitioners, advocates, judges, and police currently lack a measurement tool sensitive enough to assess the varied experiences of children exposed to domestic violence. Without such a tool, the field cannot properly tailor services, interventions, and policies to better serve children experiencing such violence. In order to meet this need, Mohr and Tulman (2000) suggest the measurement of child exposure to violence must consider the multiple contextual variables that affect children. The literature is clear that a number of factors affect the child's experience of violent events, yet no tool currently assesses all of the key domains outlined in this paper that affect children's outcomes from such exposure. Such a measure must first ask directly about a child's exposure to adult domestic violence and the manner in which the child has been exposed. Second, such a measure should include reports on the actions of the child in the violent situation. Third, following Mohr and Tulman's (2000) suggestion for a multidimensional assessment, a measure should include some appraisal of the known risk and protective factors in a child's life, including the co-occurrence of child maltreatment and the child's coping abilities. Gauging the level of risk and protective factors in a child's life will be an important aspect of any future measurement instrument. Fourth, the assessment tool must take the form of a self-report to measure the *child's* perception of the violent incidents, as they may differ from parental perceptions. Finally, the measure must be readily available and easily administered so that researchers, practitioners, law enforcement personnel, and the courts may use it in the field.

Considering the possible negative outcomes, public concern has rightfully turned towards child exposure to domestic violence. Yet, the field has been immobilized, with professionals limiting their study and treatment to children's behavioral and emotional impacts from exposure to domestic violence, without adequate exploration of the variations in experience that may cause these outcomes in the first place. Current notions of child exposure to domestic violence tend to assume a universal experience, which anecdotal evidence and a review of the literature refute. Without exploring the bridge between exposure and impacts, it is nearly impossible to both adequately develop services to intervene in and prevent child exposure to domestic violence, and to understand the nature of the problem on a larger scale. Through the creation of a sophisticated, comprehensive assessment tool we can do better to meet the needs of children exposed to domestic violence. This compelling information in-

spired us to create such a tool. We have developed and psychometrically test the *Child Exposure to Domestic Violence (CEDV) Scale* contained in this user manual.

References

- Adamson, J.L., & Thompson, R.A. (1998). Coping with interparental verbal conflict by children exposed to spouse abuse and children from non-violent homes. *Journal of Family Violence, 13* (3), 213-232.
- Appel, A.E. & Holden, G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology, 12*, 578-599.
- Carlson, B. E. (1984). Children's observations of interparental violence. In A. R. Roberts (Ed.), *Battered women and their families*, (pp. 147-167), New York: Springer.
- Carlson, B.E. (2000). Children exposed to intimate partner violence: Research findings and implications for intervention. *Trauma, Violence, and Abuse, 1* (4), 321-342.
- Dahlberg, L.L., Toal, S.B., & Behrens, C.B. (1998). *Measuring Violence-Related Attitudes, Beliefs, and Behaviors Among Youths: A compendium of assessment tools*. Atlanta: Division of Violence Prevention: National Center for Injury Prevention and Control Centers for Disease Control and Prevention.
- Edleson, J.L. (1999a). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence 14* (8), 839-870.
- Edleson, J.L. (1999b). The overlap between child maltreatment and woman battering. *Violence Against Women, 5*(2), 134-154.
- Edleson, J.L. (2004). Should childhood exposure to adult domestic violence be defined as child maltreatment under the law? In Jaffe, P.G., Baker, L.L. & Cunningham, A. (Eds.) *Ending Domestic Violence in the Lives of Children and Parents: Promising Practices for Safety, Healing, and Prevention* (pp. 8-29). New York, NY: Guilford Press.
- English, D.J., Edleson, J.L. & Herrick, M.E. (2005). Domestic violence in one state's child protective caseload: A study of differential case dispositions and outcomes. *Children and Youth Services Review, 27*, 1183-1201.
- Fantuzzo, J. W. & Mohr, W. K. (1999). Prevalence and Effects of Child Exposure to Domestic Violence. *Future of Children, 9*, (3), 21-32.
- Feindler, E.L., Rathus, J.H., & Silver, L.B. (2003). *Assessment of Family Violence: A Handbook for Researchers and Practitioners*. Washington, DC: American Psychological Association.
- Finkelhor, D. Hamby, S.L., Omrod, R. & Turner, H. (2005). The Juvenile Victimization Questionnaire: Reliability, validity and national norms. *Child Abuse and Neglect, 29*, 383-412.
- Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S.L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment, 10*, 5-25.
- Fox, N. A. & Leavitt, L. A. (1996). *Violence Exposure Scale for Children-Revised*.

- Philadelphia: University of Pennsylvania.
- Ganley, A.L. & Schechter, S. (1996). *Domestic violence: A national curriculum for child protective services*. San Francisco, CA: Family Violence Prevention Fund.
- Gewirtz, A. & Edleson, J.L. (In press). Young children's exposure to adult domestic violence: Towards a risk and resilience framework for research and intervention. *Journal of Family Violence*.
- Graham-Bermann, S.A. (1996). Family Worries: The assessment of interpersonal anxiety in children from violent and nonviolent families. *Journal of Clinical Child Psychology*, 25 (3), 280-287.
- Graham-Bermann, S.A. (2001). Designing intervention evaluations for children exposed to domestic violence: Applications of research and theory. In S. A. Graham-Bermann (Ed.) *Domestic Violence in the Lives of Children*, (pp. 237-267). Washington, D.C: American Psychological Association.
- Grych, J.H., Seid, M., & Fincham, F.D. (1992). Assessing marital conflict from the child's perspective: The Children's Perception of Interparental Conflict Scale. *Child Development*, 63, 558-572.
- Grych, J.H., Jouriles, E.N., Swank, P.R., McDonald, R. & Norwood, W.D. (2000). Patterns of adjustment among children of battered women. *Journal of Consulting and Clinical Psychology*, 68, 84-94.
- Hamby, S.L. & Finkelhor, D. (2001). *Choosing and using child victimization questionnaires*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, US Department of Justice.
- Hazen, A.L., Connelly, C.D., Kelleher, K., Landsverk, J. & Barth, R. (2004). Intimate partner violence among female caregivers of children reported for child maltreatment. *Child Abuse and Neglect*, 28, 301-319.
- Hughes, H.M. & Luke, D.A. (1998). Heterogeneity in adjustment among children of battered women. In G.W. Holden, R. Geffner & E.N. Jouriles (Eds.). *Children exposed to marital violence* (pp. 185-221). Washington, D.C.: American Psychological Association.
- Hughes, H. M., Graham-Bermann, S. A., & Gruber, G. (2001). Resilience in children exposed to domestic violence. In S. A. Graham-Bermann (Ed.) *Domestic Violence in the Lives of Children*, (pp. 67-90). Washington, D.C: American Psychological Association.
- International Association of Chiefs of Police (1997). *Family violence in America: Breaking the cycles for children who witness (Recommendations from the 1997 IACP Summit)*. Alexandria, VA: Author.
- Jaffe, P.G., Lemon, N.K.D. & Poisson, S.E. (2003). *Child custody and domestic violence*. Thousand Oaks, CA: Sage.
- Jouriles, E.N., MacDonald, R., Norwood, W.D. & Ezell, E. (2001). Issues and controversies in documenting the prevalence of children's exposure to domestic violence. In S. A. Graham-Bermann (Ed.) *Domestic Violence in the Lives of Children*, (pp. 13-34). Washington, D.C: American Psychological Association.
- Kernic, M.A., Monary-Erensdorff, D.J., Koepsell, J.K. & Holt, V.L. (2005). Children in the cross-fire: Child custody determinations among couples with a history of intimate partner violence. *Violence Against Women*, 11, 991-1021.

- Kitzmann, K.M., Gaylord, N.K., Holt, A.R. and Kenny, E.D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*, 339-352.
- Kolbo, J. R. (1996). Risk and resilience among children exposed to family violence. *Violence & Victims, 11* (2), 113-128.
- Lehmann, P. (2000). Post Traumatic Stress Disorder (PTSD) and child witnesses to mother-assault: A summary and review. *Children and Youth Services Review, 22*, 275-306.
- Margolin, G. (1998). Effects of domestic violence on children. In P. Trickett & C. Shellenback (Eds), *Violence Against Children in the Family and the Community*. (pp 57-101). Washington, D.C.: American Psychological Association.
- Masten, A.S., Best, K.M. & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*, 425-444.
- Masten, A.S. & Sesma, A. Jr. (1999). Risk and resilience among children homeless in Minneapolis. *CURA Reporter, 29*(1), 1-6.
- Mohr, W.K. & Tulman, L.J. (2000). Children exposed to violence: Measurement considerations within an ecological framework. *Advances in Nursing Science, 23*, 59-68.
- Nadel, H.; Spellman, M.; Alvarez-Canino, T.; Lausell-Bryant, L. & Landsberg, G. (1996). The cycle of violence and victimization: A study of the school-based intervention of a multidisciplinary youth violence-prevention program. *American Journal of Preventive Medicine, 12*(5), 109-119.
- O'Brien, M.; John, R.S.; Margolin, G.; Erel, O. (1994). Reliability and diagnostic efficacy of parents' reports regarding children's exposure to marital aggression. *Violence & Victims, 9*, 45-62.
- O'Leary, K.D., Slep, A.M.S., & O'Leary, S.G. (2000). Co-occurrence of partner and parent aggression: Research and treatment implications. *Behavior Therapy, 31*, 631-648.
- Osthoff, S. (2002). But, Gertrude, I beg to differ, a hit is not a hit is not a hit: When battered women are arrested for assaulting their partners. *Violence Against Women, 8*, 1521-1544.
- Richters, J. E. & Martinez, P. (1990). *Things I Have Seen and Heard: An interview for young children about exposure to violence*. Rockville, MD: Child and Adolescent Disorders Research Branch, National Institute of Mental Health.
- Rossmann, B. B. R. (2001). Longer Term Effects of Children's Exposure to Domestic Violence. In S. Graham-Bermann (Ed.) *Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy* (pp. 35-65). Washington, D.C.: American Psychological Association.
- Rossmann, B.B.R., Hughes, H.M., & Rosenberg, M.S. (2000). *Children and interparental violence: The impact of exposure*. Philadelphia, PA: Taylor and Francis.
- Rossmann, B.B.R. & Rosenberg, M.S. (1992). Family stress and functioning in children: The moderating effects of children's beliefs about their control over parental conflict. *Journal of Child Psychology and Psychiatry, 33*, 699-715.
- Saathoff, A.J. & Stoffel, E.A. (1999). Community-based domestic violence services.

- The Future of Children*, 9, 97-110.
- Sternberg, K.J., Lamb, M.E., Guterman, E. & Abbott, C.G. (2006). Effects of early and later family violence on children's behavior problems and depression: A longitudinal, multi-informant study. *Child Abuse and Neglect*, 30, 283-306.
- Straus, M.A., Gelles, R.J., & Steinmetz, S.K. (1980). *Behind closed doors*. Garden City, NY: Anchor/Doubleday.
- Straus, M.A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and the Family*, 41, 75-88.
- Straus, M.A. (1992). Children as witnesses to marital violence: A risk factor for life-long problems among a nationally representative sample of American men and women. *Report of the Twenty-Third Ross Roundtable*. Columbus, OH: Ross Laboratories.
- Straus, M.A., Hamby, S.L., Boney-McCoy, S. & Sugarman, D.B. (1996). The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*, 17, 283-316.
- Thompson, M.P., Saltzman, L.E. & Johnson, H. (2003). A comparison of risk factors for intimate partner violence-related injury across two national surveys on violence against women. *Violence Against Women*, 9, 438-457.
- United States Census Bureau (2000). *2000 Census of the Population*. Retrieved from <http://quickfacts.census.gov/qfd/states/00000.html> on September 4, 2003.
- Wolfe, D.A., Crooks, C.V., Lee, V., McIntyre-Smith, A. & Jaffe, P.G. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review*, 6, 171-187.

Chapter 2: Overview of the CEDV Scale and its Development

Development of the CEDV

This measure was assembled using a number of strategies. First, the research team gathered question items from a number of existing surveys and interview guides based on key areas identified in an earlier review (see Edleson, et al., 2007). A panel of 9 international expert judges working with children exposed to domestic violence was convened and asked to review each item and suggest (1) keeping the question without changes, (2) deleting the question from the measure or (3) revising the question. When revision was suggested the expert judge was provided space to specify what changes should be made as well as a separate space to make comments. At the end of the online review the judges were also provided space to suggest addition items or content that should be included in the measure. A revised CEDV survey based on the feedback of the expert judges was then subjected to a pilot test with 10 children. Further changes were then made based on the pilot testing experience. A copy of the CEDV Survey appears in Appendix A.

The CEDV Scale

The final result is the CEDV consisting of 42 questions in three sections. Part I and Part II of the CEDV contain five subscales that measure (1) Violence, (2) Exposure to Violence at Home, (3) Exposure to Violence in the Community, (4) Involvement to Violence, (5) Risk Factors and (6) Other Victimization. Each question in the first two parts are answered using a four-point Likert-type scale with their choices being “Never,” “Sometimes,” “Often,” and “Almost Always.” Clearly, a higher score indicates more violence, involvement, risks or other victimizations while the lower score indicates less of each category.

Part I: Violence Rates. The first section includes a series of questions that specifically target the types of exposure to domestic violence a child may have experienced. Children are asked to rate 10 different items focused on types of adult domestic violence to which they may have been exposed using the four-point Likert-type scale mentioned above. If a child responds “Never” to a particular question he or she moves onto the next question. However, if she or he indicates exposure to such violence, the child is led by an arrow to an additional set of options that ask how the

* This and the next chapter are based on Edleson, J.L., Shin, N. & Johnson, K.K. (2007). Measuring children's exposure to domestic violence: The development and testing of the *Child Exposure to Domestic Violence (CEDV)* Scale. Manuscript submitted for publication St. Paul, MN: University of Minnesota.

child was exposed, including five choices ranging from “I saw the outcome (like someone was hurt, something was broken, or the police came)” to “I saw it and was near while it was happening.” After checking applicable exposures the child is instructed to move to the next item.

Part II: Exposure rates, Involvement in Violence, Risks and Other Forms of Victimization. The second section of the CEDV Survey asks a series of 23 questions using the same four-point Likert-type scale. The child is asked to rate how often he or she intervened in violence events and about other risk factors present in his or her life.

Part III: Demographic Information. This third and final section of the CEDV consists of nine questions asked to gather demographic information, including gender, age, race and ethnicity, current living situation, family composition, and concluding with a question about favorite hobbies.

Appendix B contains a copy of the complete CEDV and it may also be found on our website at <http://www.mincava.umn.edu/cedv>.

Chapter 3. Validity and Reliability of the CEDV

Study of the CEDV

We conducted a study to validate and test the reliability of the CEDV. First, the research team identified local domestic violence prevention organizations that provide service to large numbers of children. A series of presentations were made to key staff at each agency and they were invited to become partners in the scale development project. Four organizations, representing five shelters for battered women and their children and one non-shelter service agency, agreed to participate. These organizations offer a myriad of services for families experiencing disruption due to domestic violence and abuse, including but not limited to crisis services, legal advocacy, community-based transitional housing, job and education training services, counseling, life skills training, tutoring, and preventative interventions.

Members of the research team then trained staff at each organization according to a specific protocol approved by a university-based Institutional Review Board. The protocol was also provided in written form to the staff members for reference at any time during the project and research team members were available to answer any questions. Agency staff were asked to identify potential mothers or other legal guardians with children between the ages of 10 and 16 who are either residing at the shelter or are participating in other agency programs and services in the community. Agency staff contacted such mothers to explain the purpose of the study, assure confidentiality, review mandated reporting guidelines, and to request their child(ren)'s voluntary participation. A \$25 gift card was offered as an act of gratuity for each child's participation. Each agency was compensated \$100 for the staff time involved in contacting mothers and administering the measures; fifty dollars during the study, and another fifty after completion of the data gathering.

Those mothers who volunteered their children were given an informed consent form to read and verbally indicate consent for their child's participation. Once mothers or legal guardians consented, staff explained the study to each child who was provided with an assent form for their information and asked to voluntarily participate in the study. Agency staff explained the questionnaires to each child, confidentiality measures, mandated reporting requirements and rules, and that they would receive a \$25 gift card upon completion of all measures. All children included in this study provided voluntary assent to participate.

The children were asked to take the CEDV survey twice, one week apart, in order to establish test-retest reliability of the measure. In addition, the children were asked to complete the TISH once, at the same time the first CEDV was administered. The TISH was administered to help establish convergent validity of the CEDV.

Agency staff read the directions on the first page of each survey to the children before getting started and answered any questions that any child may have had be-

fore, during, and after the survey. The measures were administered in both group settings and individually. Agency staff assigned each child a unique research identification number for the purposes of linking each child's completed surveys. The identification numbers on each survey corresponded to the child's name in only one place, on an identification sheet that was maintained by one agency staff member. The completed survey instruments only contained the identification number and no other identifying information. The list of names and corresponding identification numbers were kept for only one week so that staff could be sure to give the same identification number for the administration of the second CEDV survey. Agency staff were given specific instructions not to look at the completed surveys but were advised to follow their agency's mandated reporting requirements for any information that was revealed aloud while the survey administration was in session. After all three surveys were completed, a \$25 gift card was given to either the child or to a parent or guardian for use on the child's behalf.

Completed CEDVs and TISHs (see below) were immediately placed in a sealed envelop after administration and retrieved by a member of the research team. Once all the surveys had been completed, staff destroyed the identification sheet to protect the identity of the study participants. The research team never knew the identity of those children who were involved. In addition, a federal Certificate of Confidentiality was obtained to protect data from being subpoenaed by a court of law.

Things I've Heard and Seen (TISH)

The TISH questionnaire, used in this study to establish the convergent validity of the CEDV Survey, is comprised of 19 questions asking a child about the frequency to which perceived direct experience with and exposure to multiple forms of violence has occurred. The original TISH, developed by Richters and Martinez (1990), was tested on children aged 6 through 14 and intended to measure the level of direct and indirect exposure to violence that children experience at home, as well as in the broader community, by asking the respondent how often s/he has been exposed to or involved with particular violent acts and/or situations. The child is asked to respond to each item using a five-point Likert-type scale that includes: "Zero times," "One time," "Two times," "Three times," and "Many times" (Richters & Martinez, 1990). Items include "Somebody threatened to stab me" and "Grown ups in my home hit each other."

The TISH scale has demonstrated relatively strong internal consistency, with Cronbach's Alpha falling between $\alpha=.74$ and $\alpha=.76$. Additionally, high reliability has been established through strong test-retest ($r=.67$) and inter-rater reliability results ($r=.81$)(Richters & Martinez, 1990). Richter and Martinez (1993) used the TISH in a study of children's exposure to violence and their school performance and parent ratings of child behavior. Other studies have also used the TISH, including a study by Hurt, Malmud, Brodsky and Giannetta (2001) who also used the measure to determine a relationship between child exposure to violence and behavioral problems, school performance, and self-esteem. A more recent study conducted by Bailey, Han-

nigan, Delaney-Black, Covington and Sokol (2006) used the TISH to assess the relationship between child exposure to violence and child functioning.

Study Participants

Participants in the study consisted of 65 children recruited during their stay at one of several domestic abuse shelters or use of the programs' community-based services. Children between the ages of 10 and 16 years were included in the study. Mothers of children between these ages were invited by agency staff to volunteer their children for participation in the study. Mothers were provided with an explanation of the study's purposes, confidentiality procedures as well as the study's risks and benefits.

Table 2. Comparison of child characteristics by group (N=65)

Variable	Mean	SD	%	n
Age of children	12.5	2.1		
Gender				
Male			50.0%	35
Female			42.9%	30
Race				
White/Caucasian			28.6%	20
Black/African American			30.0%	21
American Indian/Native American			5.7%	4
Asian or Pacific Islander			7.1%	5
Multi-racial/No primary identification			5.7%	4
Other			15.7%	11
Where child lived				
House			34.3%	24
Apartment			10.0%	7
Shelter			41.4%	39
Other			7.1%	5
People child lived with				
Father			8.6%	6
Mother			80.0%	56
Grandparent			8.5%	6
Sibling			44.2%	26

As seen in Table 2, child participants varied in age from 10 to 16 with the mean age being 12.5 years ($SD=2.11$). Thirty-five males and an equal number of 35 females participated in the study. Of all participants, 30% ($n=21$) identified themselves as African-American, 28.6% ($n=20$) as Caucasian, 10% ($n=7$) were unsure as to how to categorize themselves based on race, 7.1% ($n=5$) identified as Asian or Pacific Islander, 5.7% ($n=4$) as being multi-racial, another 5.7% ($n=4$) as Native American ($n=4$), and 1.4% ($n=1$) chose not to answer the question. More than one in four of the participating children (41%, $n=29$) stated that they lived in a shelter during the time the survey was completed, roughly one-third lived in a house (34%, $n=24$), another 10% ($n=7$) lived in an apartment and 7.1% ($n=5$) stated "other" as shown in Table 2. Lastly, one child said that he/she was not sure where home was due to frequent traveling and moves that it interfered with his or her ability to answer the question.

Family composition varied with 80% ($n=56$) of the children stating that they lived with their mother, a stark contrast to only 2.9% ($n=2$) who lived with their father ($n=2$) and the 5.7% ($n=4$) who lived with a grandparent. More than four out of 10 children (43%, $n=31$) lived with a sibling in addition to a parent and 2.8% ($n=2$) said that they also lived with their mother's boyfriend or partner. Step-fathers made up 2.8% ($n=2$) of other household members, with step-mothers making up an additional 1.4% ($n=1$).

Data Analysis Procedures

To assess the consistency of results across items, internal consistency reliability using the Cronbach's alpha coefficient was employed. The survey was taken twice with an interval of one week in between. Test-retest reliability was established by Pearson's correlation coefficient, Cronbach's alpha coefficient and paired t-tests between the two reports. For convergent validity, the measure was administered concurrently with the Things I've Seen and Heard (TISH) measure of violence exposure. Additionally, two scales which are designed to assess the same construct were compared to each other using Pearson's correlation coefficient and Cronbach's alpha coefficient.

Results

Cronbach's alpha statistics were calculated to assess the internal consistency of the CEDV Scale. The Cronbach's alpha coefficient for each subscale of the CEDV ranged from $\alpha = .59$ to $.85$ at the first week and the overall α of the CEDV scale was a strong $.86$ according to Table 3. At the second week, similarly, the subscales of the CEDV showed relatively high Cronbach's alpha's ranging from $\alpha = .50$ to $.76$. The only subscale that demonstrated a low alpha score was the risk factor subscale ($\alpha = .24$)

at the first week's administration. The risk factor subscale, however, reported a moderate association at the second week ($\alpha = .60$).

Table 3. Reliability

	Alphas		N of items	<i>r</i>	<i>Paired t-test</i>	
	Week 1	Week 2			<i>t</i>	<i>P</i>
Total	.86	.84	33			
Violence	.78	.74	10	.684**	.564	.576
Home Exposure	.85	.76	(10)	.701**	.336	.739
Community Exposure	.64	.71	8	.674**	.173	.863
Involvement	.67	.50	7	.570**	-2.154*	.035
Risk Factors	.24	.60	4	.632**	.410	.684
Victimization	.59	.70	4	.571**	1.119	.267

* $p < .05$. ** $p < .001$

In order to examine test-retest reliability, Pearson's correlation coefficients and paired t-test statistics between Week 1 and Week 2 were calculated. As can be seen in Table 3, the Pearson's correlation coefficient for each subscale ranged from .57 to .70, and all of them were statistically significant at $p < .001$. Relatively strong and statistically significant Pearson's correlation coefficients and non-significant differences on t-tests between administrations showed that Week 1 and Week 2 test scores for the level of violence in the home, home exposure, community exposure, risk factors and other victimization were very similar and stable over the two scale administrations.

To assess convergent validity, Pearson's correlation coefficients between the CEDV and the TISH were calculated. The results indicated that a statistically significant and positive correlation existed both at the level of home violence exposure ($r = .494$, $p < .001$) and the level of community violence exposure ($r = .397$, $p < .001$).

Chapter 4: How to Score the CEDV

The Child Exposure to Domestic Violence scale is a self-report tool used to measure the degree of exposure to domestic violence on multiple factors reported by children between the ages of 10 and 16. Parts I and II of the CEDV scale contain six subscales that measure (1) Violence, (2) Exposure to Violence at Home, (3) Exposure to Violence in the Community, (4) Involvement in Violence, (5) Risk Factors and (6) Other Victimization. Responses to each item (except Exposure to Violence at Home) are assigned the following values: Never = 0, Sometimes = 1, Often = 2 and Almost Always = 3. Response values to all items within a subscale are then added together. Higher scores indicate more and lower scores indicate less violence, exposure, involvement, risk factors or other victimization depending on the subscale content. The Exposure to Violence at Home subscale requires the child to choose one or more types of exposure. The child is asked to check off all the ways s/he knew about the violence, and then the number of boxes checked are simply added up. Questions in the final section, Part III, ask for information on the child's demographic characteristics.

As a result of the scoring outlined above, the value assigned to each child's responses on subscales and the overall scale may indicate the level of severity of a child's experience. At this time, however, we do not have a large enough sample to confidently assign labels such as "moderate" or "severe" to a specific value. The range of possible scores on the overall scale and each subscale are indicated in Table 4 below.

Table 4. Range of scores on each CEDV subscale

<i>Subscale</i>	<i>Item</i>	<i>Range</i>
Total	Q1-33	0-99
Violence	Q1-10	0-30
Home Exposure	Multiple Checkboxes under Q1-10	0-50*
Community Exposure	Q22-29	0-24
Involvement	Q11-17	0-21
Risk Factors	Q18-21	0-12
Other Victimization	Q30-33	0-12

* *Not included in Total Score*

We hope that future research with a more representative sample may allow a clearer distinction between and labeling of children's scores on each subscale.

Appendix A

This appendix contains materials we used in conducting the study discussed in Chapters 2 and 3.

- Frequently Asked Questions (FAQs)
- Sample letter to partner agencies
- Sample agreement participation letter for agencies
- Sample recruitment flyer
- Agency Staff Protocol Review Sheet
- Parental Consent Form
- Child Assent Form

One aspect of developing cooperative partnerships with local domestic violence prevention organizations was to provide some quick study responses to questions that appeared frequently on staff and parent's minds. It is also true that staff change and these answers provided good orientations to new staff. Using the model from computers, we developed the following FAQs.

FREQUENTLY ASKED QUESTIONS

Why should we be involved?

More and more organizations and individual practitioners are identifying children exposed to domestic violence. There is a dire need for a clinical assessment tool to help practitioners quickly gauge the level of a child's exposure and the type of involvement the child has had in domestic violence events.

Who can complete the questionnaires?

All children between the ages of 10-16 years who have been exposed to domestic violence and whose female caregiver has been victimized are eligible to participate; siblings are to be included. Additionally, there is no time restriction with regards to the period of last exposure. Because this is a tool that aims to measure children's exposure through self-report, we are interested in all instances where the child is able to recall domestic violence events.

Could this emotionally traumatize the children?

This measure may place in front of the child some questions that are uncomfortable. We are only testing this measure with children already engaged with domestic violence service agencies. The measure will be administered only by staff who are directly working with the children on issues related to their violence exposure. Therefore, if there is any discomfort we hope it will be identified quickly and addressed by the agency's staff.

What if a child or parent doesn't want to participate?

Participation is completely voluntary. Parents can decide to say no and there should be no penalty for doing so. Children can also say no without penalty, can decide to skip an uncomfortable question or stop midway through completing the measure. Everyone's participation is strictly voluntary at all times!

Do we have to worry about confidentiality?

No, because we will never know the identity of the children completing the measure. You will keep a temporary list of names matched to identification numbers. After the second administration of the measure is complete you can destroy that list and no one will ever be able to link the child's name to the form he or she completed. We have no need to know the child's identity.

What about mandated reporting?

We will never know the identity of the child completing the measure and will not make any reports to child protective services. If a child is disclosing events that you determine are within the definitions of child abuse or neglect under state statutes and you are a mandated reporter under state laws then you should proceed to make the appropriate report. We believe you, as a professional working directly with the child and his or her family, are in the best position to work through these issues with the family and appropriate authorities.

How long is the study and what is our on-going participation/role?

Our involvement with your agency will be very brief. We want to come and talk to the staff of your agency about this project. We will then want about 30 minutes of specific staff members' time to train them on how to administer the measurement package. We will then ask those staff members to administer the measurement package to each child twice within a period of two weeks. We ask that you administer this twice so that we may determine the "test retest reliability" of the measure.

Won't this take up a lot of our staff's time?

We don't expect this to take up more than a few minutes of time for staff and both parents and children. We are asking that you seek permission from each child's parent which should take approximately 10 minutes per child and then to administer the measure to children, often in a group setting. The measure itself will probably take no more than 10 minutes for most children to complete.

Why are we administering the measure, wouldn't a professional do a better job?

We see your agency's staff as the best people to administer this measure. You know these children and their families and you are already engaged with them regarding

the violence to which they have been exposed. Having a stranger administer the measure may raise additional discomfort for the children. And if there are any issues that require follow-up you are in the best position to do so in a way that is helpful to the children and their families.

What are the perceived benefits and harms of our and the children's participation?

As to the benefits received by participants and you as a participating agency we have elected to compensate participants with a one time \$25 gift card to Target stores and your agency with \$100 in movie tickets. Each child is to receive a gift card following completion of his/her third and final questionnaire. We do not foresee or project any harms to the participants in this study with the potential exception of children becoming distressed from recalling traumatic memories. This is one of the key reasons that we are asking trained staff from your organization to administer the assessment; should a child become distressed during the assessment, your staff will be available to work through the situation with them.

We developed the model letter to make it easier for agencies to respond to our request that they participate and to help us develop the necessary documents for our Institution Review Board.

[Sample Agreement Letter]
MUST BE ON AGENCY LETTERHEAD

[date]

Head researcher's name
Position title
Address

Dear _____(name of head researcher):

I have read the information in your letter concerning the research study on child exposure to domestic violence to be conducted by _____(names of researchers) at _____(name of research center). I have had the opportunity to ask any questions and receive any additional details I wanted about the study.

I acknowledge that all information gathered in this study will be used for research purposes only and will be considered confidential. I am aware that permission may be withdrawn at any time without penalty by advising the researchers.

I realize that the Institutional Review Board at _____
(name of IRB Center) has reviewed this study for ethics clearance and that I may contact this office if I have any comments or concerns.

I agree to have [my agency] participate in this study and look forward to working closely with you and your staff on this project.

Sincerely,

[signature, name and title here]

This is a sample flyer that we used to recruit children and their parents to volunteer.

University of Minnesota –



\$25 Target Gift

The University of MN—School of Social Work is working with Agency XYZ on a research project. We are developing a new assessment tool that will improve how practitioners measure children's exposure to domestic violence. This study involves youth between the ages of 10-16 years to take 2 questionnaires on day 1 and then a week later to take 1 questionnaire again. All answers will remain extremely confidential!

- 10-16 year olds!
- 30 minutes of your time!
- 2 questionnaires one day & then 1 questionnaire again a week later!
- Help develop a new research tool!
- \$25 Target gift card!!!

Following completion of all 3 questionnaires, your child will receive a \$25 Target gift card for you and your family as thank you!!!

Jeff Edleson, PhD
with UofMN—School
of Social Work



These two pages lay out in a step-by-step process how staff were to participate in recruiting children and parents to volunteer for the study.

CEDV Project Staff Review of Recruitment

This step-by-step procedure is a summary of what was discussed during the training!

1. Thank you for agreeing to participate! Your agency will be compensated \$100 worth in movie tickets as gratitude for your participation in this study. These are for staff to take agency clients out for a day of family fun. \$50 will be distributed at the beginning and another \$50 will be distributed upon completion of the study.
2. Identify potential maternal guardians who have children between the ages of 10-16 years who are residing in your shelter or participating in any of support programs and services.
3. Contact such mothers, inquire about participation and discuss the: purpose of the study, Consent and Assent forms, CEDV and Things I Have Seen or Heard measures, Confidentiality, and mandated reporting.
4. Obtain the permission granted agreement signature page attached to the Consent form and keep for your records solely for the purpose of determining which children to consult with and how many are agreeing (for administration and our preparation purposes)
5. Speak with children whose mother's agreed to have them participate, preferably in group situations for your convenience, and discuss: mother's agreement to have them participate should the child consent, Assent forms for the children, number and types of questionnaires they will be taking, when and how they will be taking them, confidentiality, confidentiality, confidentiality, acceptance of the child's decision to take them, mandated reporting, and compensation in the form of a \$25 Target gift card upon completion of third questionnaire.
6. Administer the first CEDV and the TISH, one at a time, reading through the directions with them and answering any questions that arise throughout the duration of the administration. Identify discretely the number on each questionnaire with each child taking the measures. Note: please match the numbers of

each questionnaire to the same child. Ex: John should receive test 1 of the CEDV Scale and test 1 of the Things I Have Seen and Heard measure.

7. Following administration, collect all measures and place in the large manila envelope (provided) and seal them. We will collect the envelope from you so that you are unaware of each child's response and we are unaware of who responded not only to which measure but also who chose to participate.
8. Follow your agency's mandated reporting requirements for any information that was revealed aloud during the administrations.
9. Retain the list with the children's name and assigned numbers on them for one week, until the second administration of the CEDV Scale. Discard upon completion of the last CEDV.
10. The following week, re-explain to the children which measure they are taking and why they must take it again (to see if they are answering consistently). Then re-administer the CEDV Scale to the child and please be sure to appropriately match the child with their corresponding ID number from last week's list.
11. Distribute the \$25 Target gift card to each child after they have turned in the third and final questionnaire to staff.
12. Follow the same procedures as last week's administration; seal the new responses into a new manila envelope (provided) for us to collect, destroy the list with each child's name and number on them, as well as the parental consent agreement.
13. Follow your agency's mandated reporting requirements for any information that was revealed aloud during the administration.
14. Thank you....your participation is complete and we appreciate your assistance and cooperation with this study! Please contact the person and number provided below for pick-up

- C) “How often has your mom’s partner done something to hurt her body like hitting her, punching her, kicking her, choking her, or beating her up?”

Never

Sometimes

A lot

“How did you know about it?”

- I saw the outcome (like someone was hurt, something was broken, or the police came).
- I heard about it afterwards.
- I saw it from far away while it was happening.
- I saw it and was near while it was happening.

Procedures:

If you agree to let your child participate in this study, your child will meet with a shelter staff person on two separate occasions. In the first session, your child will be asked to complete the Child Exposure to Domestic Violence Scale and the Things I Have Seen or Heard measure. In the second session, your child will be given the Child Exposure to Domestic Violence Scale again. These questionnaires ask about the kinds of violence he or she has experienced, seen, heard, or learned about in the community, on T.V. and at home. It will probably take about 30 minutes for the first session and 20 minutes for the second. If you agree to let your child participate and if your child agrees to participate, following the completion of the second session a staff member from your domestic violence program will give your child a \$25 gift card to Target stores for you and your family to use.

Your child will NEVER be asked to write his or her name on the questionnaires, nor the name of any family member. All your child’s answers will be CONFIDENTIAL and will not be shared with shelter staff. Only children ages 10-16 who agree to participate and who have parental permission will be involved in the study.

All the questionnaires will be numbered. When the staff member hands out the questionnaires, your child’s name will be recorded on a separate list that matches his or her name to the number of his or her questionnaire. At the second session, the staff will use the list to make sure your child receives a questionnaire labeled with his or her same number. Matching the questionnaires will help us better understand the information we collect. **The staff member will be the only person to see the list and [s/he] will keep it in a locked area for about one week until it is destroyed.**

A member of the research team will immediately put your child's completed questionnaires in a sealed envelope. The envelope will then be taken to the University of Minnesota, where the questionnaires will be stored in a locked cabinet. Nobody on the research team will ever see the list that matches your child's name and number. Absolutely no one will look at the completed questionnaires until after the list matching names with numbers has been destroyed.

The shelter staff are all mandated reporters. This means that if a child verbally tells a staff member that they are being neglected, physically abused or sexually abused during the survey, then the staff member must report the information to the local social service agency, police department or county sheriff according to Minnesota law. To further help us protect your child's privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, we cannot be forced to release information that may identify your child, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. We would like to emphasize that no identifying information on your child will be retained beyond the one week noted above. During that week, we will use the Certificate to resist any demands for information that would identify your child. Please understand that you or your child may voluntarily release information about your child or their involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then we will not withhold that information. Since we will not be keeping any identifying information beyond the one-week period noted above, we will not have any information to release beyond that period, even if we are asked to do so.

Risks and Benefits of Being in the Study:

The questionnaires ask about sensitive topics that may stir up emotions. The shelter will have a staff member present to answer any questions your child may have and to help him or her with any difficulties that result from the topics.

There are no direct personal benefits to participating in the study.

Voluntary Nature of the Study:

You, your child, or the shelter staff may withdraw permission at any time during the study by indicating this decision to any shelter staff or a member of the research team. There will be no penalty if your child withdraws from the study. Your decision to either let your child or not let your child participate in the study will not affect the services you are receiving at _____(name of agency/program).

Contacts and Questions:

The study has been reviewed by, and received ethics clearance through, the Institutional Review Board at the University of Minnesota. If you have any questions or con-

cerns regarding this study and would like to talk to someone other than a member of the research team, contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota, 55455; (612) 624-1650.

I am the lead researcher conducting this study. My name is _____(name). If you have any questions about this study, or would like additional information to assist you in reaching a decision, please feel free to reach me at _____(name of research center) at _____(phone) or at _____(email address).

You may keep this form for your records.

Sincerely,

(Researcher's name)
(Title)

After a parent volunteered their child for the study, the child was approached to ask for their voluntary assent using the form below.

Child Assent Form for Study Sample Children Exposure to Domestic Violence

We are asking you if you are willing to fill out three questionnaires because we are trying to learn more about how much violence against mothers at _____ (name of agency/program) children have seen and heard. We asked one of your parents or guardians if you could participate in this study. You were given permission to participate if you want to.

If you agree to be in our study, we will ask you to fill out two questionnaires today. Then in a week we will ask you to fill out just one of the questionnaires one more time. After you finish completing the third questionnaire a staff member will give you a \$25 gift card to Target for you and your family to use.

Each questionnaire is a little like a test because you work alone and you fill in your answers with a pencil. But unlike a test at school, there are no right or wrong answers. It will probably take you about thirty minutes to finish both questionnaires.

Some of the questions ask about sad things and events. You may be surprised or you may get upset. _____ (name of staff) from _____ (name of agency/program) will be nearby while you answer the questions in case you want to talk about them. You will never be asked to give your name or the names of any of your family members. This way nobody will know about anything you said on the survey.

Here are some examples of questions on the questionnaires:

- A) “How often have you seen someone else in your community or at school get hurt by being grabbed, slapped, punched, kicked or being hurt by a knife or a gun?”

Never Sometimes Often A lot

B) “If your mom and her partner fight, how often have you called someone else for help?”

Never Sometimes Often A lot

C) “How often has your mom’s partner done something to hurt her body like hitting her, punching her, kicking her, choking her, or beating her up?”

Never Sometimes Often A lot

“How did you know about it?”

- I saw the outcome (like someone was hurt, something was broken, or the police came).
- I heard about it afterwards.
- I saw it from far away while it was happening.
- I saw it and was near while it was happening.

_____ (name of staff) will write a number on your questionnaires. [S/he] will then write both your name and your number on a separate piece of paper. _____ (name of staff) will keep this list so that [s]he can give you a questionnaire next week with your same number on it. This way we can match up questionnaires by their numbers. Matching the questionnaires will help us better understand the information we get. This list of names and numbers will stay at the agency.

Your finished questionnaires will be put into a sealed envelope and taken to _____ (name of research center). No one will look at any of the questionnaires until the kids in this study have had a chance to fill out all three questionnaires. Then the list with your name and number will be ripped up and thrown away. This might sound like a complicated system, but using numbers like this will keep your answers confidential.

If you tell an adult who works at the agency new information about someone in your family hurting you, that worker might need to share this information. The worker might tell other people in the community whose job it is to protect kids. This is a law to help kids who are in danger of getting hurt. All the people who work at this agency need to follow this law.

We also have something called a Certificate of Confidentiality that we got for this study. This means that we won’t share your name or any other information about you that would help someone figure out who you are.

Filling out the questionnaires is totally up to you, and no one will be angry if you don’t want to do it. You can even stop filling out the questionnaires at any time if you de-

side you don't want to finish them.

You can ask any questions that you have about this study. If you have a question later that you didn't think of now, you can still ask it. Just raise your hand and someone will come over to you.

If you fill out the questionnaires, it means that you are willing to be in this study. If you don't want to be in this study, don't fill out the questionnaires. Remember, being in this study is up to you, and no one will be mad at you if you don't want to participate now or your later.

You may keep this form for your records.

These are the instructions given to the agency staff to guide them in systematically administering the CEDV to children.

How to Administer the CEDV Survey

- 1) Distribute a new copy of the Child Assent Form to all participants. Remind them that it is their decision to take part in the study, and that they can choose to participate or not. They can also stop taking the survey at any point. Verify that they understand all the information on the Assent Form before you continue.
- 2) Upon completion of step 1, please read the instructions aloud on page 2 of the CEDV survey. Verify that all participants understand the directions.
- 3) Hand out a questionnaire with an ID number written on it to each child. Note the name of the child and his or her number on a sheet of paper. * Also, write a "1" next to the ID # for the first week and a "2" on the second survey that is distributed the following week. The purpose of this is to make sure that for week 2 (when the second survey is given), you give the same ID number from week 1 to the same child and to help us know which survey was filled out first and which survey was filled out second by each child)
- 4) As the children begin filling out the survey, please note the approximate starting (and later the ending) time. Respond to any questions that may arise while the children are filling out the survey. Note any problems (wording, misunderstandings) that arise.
- 5) Collect completed surveys and put them into the manila envelope that is provided, which will be sealed as soon as all surveys are collected. When all the surveys have been collected, please contact the person from the place of study a member of the research team will pick them up and take them to a locked space at the _____(name of research center).
- 6) After the children are finished, take some time to process any concerns they may have as a result of filling out the questionnaire. Please remind them that their confidentiality will be maintained under all circumstances.
- 7) Once the week 2 CEDV is completed and handed in, please give ONE Target gift card to the child to use at his/her own discretion.

*** Please direct any questions to the contact person at _____**

Appendix B

CEDV Scale (Revised)

ID # _____

***CHILD EXPOSURE
TO DOMESTIC VIOLENCE SCALE
(CEDV)***



Original artwork by Ida Pearle. Artwork used with permission from the artist.

Assessment of Child Violence Exposure to Domestic Violence

These directions are to be read aloud by the practitioner administering this measure.

This is a list of questions about your life and your family. It will probably take you about 30 minutes to fill out. If you have a question when you are filling this out, ask the person who gave this to you.

Your answers will NEVER be given to other people, so do NOT write your name anywhere. If you want to stop taking the survey, you can stop answering the questions anytime you want.

Think about the people you have ever lived with. There are lots of ways to think about the kinds of adults that kids live with. For example, some kids live with a stepparent, or a grandparent, or foster parents. Other kids live with just one parent and maybe a parent's girlfriend or boyfriend too. The questions in the survey are about the adults you have lived with. To make them easy to understand, we use the words "mom" and "mom's partner."

When you read the word "mom," think of the woman you have lived with and who has taken care of you, even if she did not give birth to you. For example, this person might be your mom, your step-mother, your grandma, or your foster mom. When you read the words "mom's partner", think of who that is in your life. For example, it could be your dad, your step dad, your grandpa, or your mom's girlfriend or boyfriend.

Please read all the directions and circle your answers to each question.

Part One

There are two parts to each question.

⇒ First answer the question about how often something happened by circling your answer.

⇒ Then check off all the ways you knew about what happened.

⇒ If you answer “Never” in the first part, skip the second part and go on to the next question.

Example:

How often have there been fights at your school?

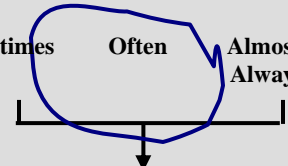


Never

Sometimes

Often

Almost Always



Circle never,
then go to the
next question.

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

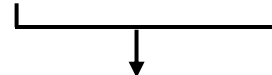
1. How often do adults in your family disagree with one another?

Never

Sometimes

Often

Almost Always



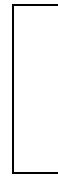
Circle never,
then go to the
next question.

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

2. Has your mom's partner ever hurt your mom's feelings by:

- calling her names
- swearing
- yelling
- threatening her
- screaming at her
- other _____



Never



Circle never,
then go to the
next question.



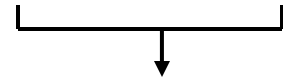
Sometimes



Often



Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

3. How often has your mom's partner stopped your mom from doing something she wanted to do or made it difficult for her to do something she wanted to do? Such as

- leave the house
- go to the doctor
- use the telephone
- visit her friends or relatives
- other _____

Never

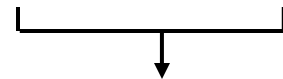


Circle never,
then go to the
next question.

Sometimes

Often

Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

4. How often has your mom's partner stopped your mom from eating or sleeping, or made it hard for her to eat or sleep?

Never

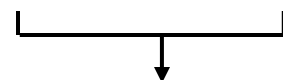


Circle never,
then go to the
next question.

Sometimes

Often

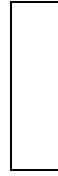
Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

5. How often have your mom and her partner argued about you? *[It is not your fault if your mom and her partner argue about you.]*



Never

Circle never,
then go to the
next question.



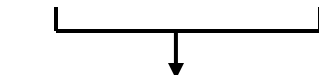
Sometimes



Often



Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

6. How often has your mom's partner hurt, or tried to hurt, a pet in your home on purpose?

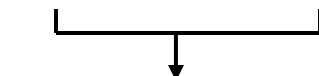
Never

Circle never,
then go to the
next question.

Sometimes

Often

Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

7. How often has your mom's partner broken or destroyed something on purpose, such as:

- punching a wall
- ripping a phone cord out of the wall
- smashing a picture
- other _____

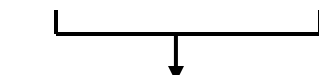
Never

Circle never,
then go to the
next question.

Sometimes

Often

Almost
Always

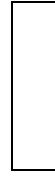


How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

8. How often has your mom's partner done something to hurt her body, such as:

- hitting her
- punching her
- kicking her
- choking her
- shoving her
- pulling her hair
- other _____



Never



Circle never,
then go to the
next question.



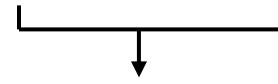
Sometimes



Often



Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

8. How often has your mom's partner *threatened* to use a knife, gun, or other object to hurt your mom?

Never

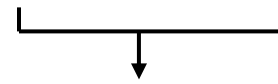


Circle never,
then go to the
next question.

Sometimes

Often

Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

10. How often has your mom's partner *actually* hurt your mom with a knife, gun, or other object?

Never

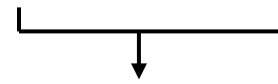


Circle never,
then go to the
next question.

Sometimes

Often

Almost
Always



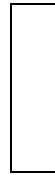
How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

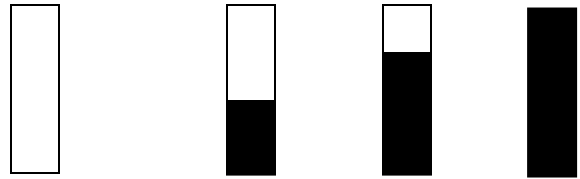
Part Two

It's hard to know what to do when you see someone getting hurt. In the questions on this page the word "hurt" means hurting your mom's feelings on purpose, threatening her, physically hurting her, or stopping her from doing things.

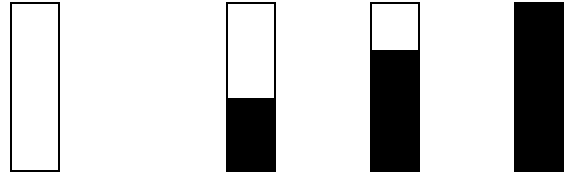
Choose the answer that best describes your situation and circle it. There are no right or wrong answers to these questions.



- | | Never | Sometimes | Often | Almost Always |
|---|-------|-----------|-------|---------------|
| 11. When your mom's partner hurts your mom, how often have you yelled something at them from a <i>different room</i> than where the fight was taking place? | Never | Sometimes | Often | Almost Always |
| 12. When your mom's partner hurts your mom, how often have you yelled something at them in the <i>same room</i> where they are fighting? | Never | Sometimes | Often | Almost Always |
| 13. When your mom's partner hurts your mom, how often have you called someone else for help, like calling someone on the phone or going next door? | Never | Sometimes | Often | Almost Always |
| 14. When your mom's partner hurts your mom, how often have you gotten physically involved trying to stop the fighting? | Never | Sometimes | Often | Almost Always |
| 15. When your mom's partner hurts your mom, how often has your mom's partner done something to you to hurt or scare your mom? | Never | Sometimes | Often | Almost Always |
| 16. When your mom's partner hurts your mom, how often have you tried to get away from the fighting by: <ul style="list-style-type: none"> • hiding • leaving the house • locking yourself in a different room • other _____ | Never | Sometimes | Often | Almost Always |
| 17. How often has your mom's partner asked you to tell what your mom has been doing or saying? | Never | Sometimes | Often | Almost Always |
| 18. How often do you worry about your mom's partner getting drunk or taking drugs? | Never | Sometimes | Often | Almost Always |



- | | Never | Sometimes | Often | Almost Always |
|--|-------|-----------|-------|---------------|
| 19. How often do you worry about your mom getting drunk or taking drugs? | Never | Sometimes | Often | Almost Always |
| 20. How often does your mom seem sad, worried or upset? | Never | Sometimes | Often | Almost Always |
| 21. How often does it seem like you have had big changes in your life? For example: <ul style="list-style-type: none"> • moving homes • staying in the hospital • your parents getting a divorce • the death of someone you're close to • a parent going to jail • other _____ | Never | Sometimes | Often | Almost Always |
| 22. How often have you heard a person hurt another person by making fun of them or calling them names in your neighborhood or at your school? | Never | Sometimes | Often | Almost Always |
| 23. How often has someone from your community or at your school done or said any of these things to hurt you? | Never | Sometimes | Often | Almost Always |
| 24. How often do you hurt a person's feelings on purpose, like making fun of them or calling them names? | Never | Sometimes | Often | Almost Always |
| 25. How often do you physically hurt a person on purpose, such as hitting, kicking or things like that? | Never | Sometimes | Often | Almost Always |



26. How often have you seen someone else in your community or school get hurt by being:

- grabbed
- slapped
- punched
- kicked
- being hurt by a knife or a gun
- other _____

Never **Sometimes** **Often** **Almost Always**

27. How often has someone at school or in your community hurt you by:

- grabbing
- slapping
- punching
- kicking
- threatening you with a knife or gun
- other _____

Never **Sometimes** **Often** **Almost Always**

28. How often have you seen someone being hurt or killed on television or in a movie?

Never **Sometimes** **Often** **Almost Always**

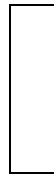
29. How often have you seen someone being hurt or killed in a video game?

Never **Sometimes** **Often** **Almost Always**

30. How often has an adult in your family hurt your feelings by:

- making fun of you
- calling you names
- threatening you
- saying things to make you feel bad
- other _____

Never **Sometimes** **Often** **Almost Always**



Never



Sometimes



Often



Almost
Always

31. How often has an adult in your family done something to hurt your body, like:

- hitting you
- kicking you
- beating you up
- other _____

32. How often has someone who is not in your family:

- touched your private parts when you didn't want them to
- made you touch their private parts
- forced you to have sex?

Never

Sometimes

Often

Almost
Always

33. How often has someone in your family:

- touched your private parts when you didn't want them to
- made you touch their private parts
- forced you to have sex

Never

Sometimes

Often

Almost
Always

Part Three

34. If your mom and her partner fight, when did the fighting start? (Circle one answer.)

1. I don't remember them fighting.
2. They started fighting this year.
3. They started fighting 2-3 years ago.
4. They started fighting 4 or more years ago.
5. They've been fighting for as long as I can remember.

35. Do you think your family has enough money for the things it needs?

1. No, there are times when my family doesn't have enough money for food or rent or other things we need.
 2. We seem to have enough money to pay for what we need.
 3. We have enough money to buy extra things we don't really need.
- I don't know.

36. How old are you? _____

37. Are you male or female? (Circle one answer.)

1. Male
2. Female

38. What race or ethnicity do you consider yourself? (Circle all that describe you.)

1. White/Caucasian/European American
2. Black/African American/African
3. American Indian/Native American
4. Asian or Pacific Islander
5. Latino/Latina/Hispanic
6. Multi-racial/No primary racial or ethnic identification
7. Other (What?) _____
8. I don't know
9. I don't want to answer this question

39. Where did you stay last night? (Circle one answer.)

House

Apartment

Shelter

Other (Where?) _____

40. Where do you live? (Circle one answer.)

1. House

2. Apartment

3. Shelter

4. Other (Where?) _____

41. Who are the people you live with? Circle all that apply.

1. Mother

2. Father

3. Step-Mother

4. Step-Father

5. Grandmother

6. Mother's boyfriend or partner

7. Mother's girlfriend or partner

8. Father's boyfriend or partner

9. Father's girlfriend or partner

10. Grandfather

11. Younger brother (s)

12. Older brother (s)

13. Younger sister(s)

14. Older sister(s)

15. Other (Who?) _____

42. What is your favorite family activity? _____

This measure was created and produced by
Jeffrey L. Edleson and numerous student colleagues.
©2007, Jeffrey L. Edleson, Ph.D.

Minnesota Center Against Violence and Abuse
School of Social Work
University of Minnesota
1404 Gortner Avenue
St. Paul, MN 55108-6142
mincava@umn.edu
Tel: 612-624-0721
Fax: 612-625-4288