SECTION M: DOMESTIC VIOLENCE

M1. We are interested in learning more about women's experiences of abuse in their relationships. Sometimes this can affect their work lives even if they are no longer in a relationship. Since (W3 IW DATE) has a husband, partner, or anyone you have been in a romantic relationship with...

	YES (1)	NO (5)
a. ...threatened to hit you with a fist or anything that could hurt you?		
b. ...thrown anything at you that could hurt you?		
c. ...pushed, grabbed, or shoved you?		
d. ...slapped, kicked, or bit you?		
e. ...hit you with a fist?		
f. ...hit you with an object that could hurt you?		
g. ...beaten you?		
h. ...choked you?		
j. ...threatened to or used a weapon?		
k. ...forced you into any sexual activity against your will?		
m. ...threatened to take your child(ren) away?		

Since (W3 IW DATE) has a husband, partner, or anyone you have been in a romantic relationship with...	YES (1)	NO (5)
n. ...threatened to harm, or harmed, your family or friends?		
p. ...made you do illegal things?		
q. ...threatened to turn you in to child protection or welfare if you didn't do what he wanted you to do?		
r. ...harassed you at work, training, or school?		
s. ...interfered with your attempts to go to work, training, or school?		
t. Since (W3 IW DATE) have you or someone else called the police because you were threatened by a husband or partner?		GO TO M2
u. Was an arrest made?		

M2. INTERVIEWER CHECKPOINT

☐ **1. ONE OR MORE YES ANSWERS IN M1a-M1u**

☐ **2. ALL OTHERS → TURN TO P. 138, SECTION P**

M3. Thinking back to the things you just told me occurred, did any of your children see or hear any of those events?

1. YES 5. NO

M4. Did the father of (your child/any of your children) do any of those things to you since (W3 IW DATE)?

1. YES 5. NO

M5. INTERVIEWER CHECKPOINT

SEE P. 117: J1, J2, J2b

☐ **1. R IS MARRIED AND LIVING WITH HUSBAND (J1=1)**

☐ **2. R HAS BOYFRIEND OR STEADY PARTNER (J2=1 or J2b=1)**

☐ **3. ALL OTHERS → GO TO M7**

M6. Thinking back to the questions you just answered, has your current (husband/partner) done any of those things to you since (W3 IW DATE)?

☐ 1. YES ☐ 5. NO → GO TO M7

M6a. How old were you when this <u>first</u> happened with your current (husband/partner)?

_____ AGE

M7. Since (W3 IW DATE) have you needed to see a doctor or go to the emergency room for an injury because of something a husband or any partner did to you?

☐ 1. YES ☐ 5. NO → NEXT PAGE, M8

M7a. Did you get medical treatment?

☐ 1. YES ☐ 5. NO

M8. Since (W3 IW DATE) have you had to stay home from work or school because of something a husband or any partner did to you?

1. YES

5. NO → GO TO M9

M8a. How many days in total did you need to stay home?

_____ # DAYS

M9. Since (W3 IW DATE) did you try to get a restraining order, or order for protection, to protect yourself from a husband or any partner?

1. YES

5. NO → GO TO M10

M9a. Did you get the order?

1. YES

5. NO

M10. Since (W3 IW DATE) did you leave the home overnight to protect yourself from a husband or any partner?

1. YES

5. NO → GO TO M11

M10a. How many nights did you stay away?

_____ # NIGHTS

M11. Since (W3 IW DATE) did you talk to a professional like a minister or counselor because a husband or partner was physically hurting you or making you afraid?

1. YES

5. NO