SECTION K: DOMESTIC VIOLENCE

K1. We are interested in learning more about women's experiences of abuse in their relationships. Sometimes this can affect their work lives. In your current or past relationships, has a husband, or partner, or anyone you have been in a romantic relationship with, ever...

		K2. Did this happen in the last 12 months?
a. ...threatened to hit you with a fist or anything that could hurt you?	1. YES → / 5. NO	1. YES 5. NO
b. ...thrown anything at you that could hurt you?	1. YES → / 5. NO	1. YES 5. NO
c. ...pushed, grabbed, or shoved you?	1. YES → / 5. NO	1. YES 5. NO
d. ...slapped, kicked, or bit you?	1. YES → / 5. NO	1. YES 5. NO
e. ...hit you with his fist?	1. YES → / 5. NO	1. YES 5. NO
f. ...hit you with an object that could hurt you?	1. YES → / 5. NO	1. YES 5. NO

Has a husband or any partner ever...		K2. Did this happen in the last 12 months?
g. ...beaten you?	1. YES → / 5. NO ↓	1. YES / 5. NO
h. ...choked you?	1. YES → / 5. NO ↓	1. YES / 5. NO
j. ...threatened to or used a weapon?	1. YES → / 5. NO ↓	1. YES / 5. NO
k. ...forced you into any sexual activity against your will?	1. YES → / 5. NO ↓	1. YES / 5. NO
m. ...threatened to take your children away?	1. YES → / 5. NO ↓	1. YES / 5. NO
n. ...threatened to harm, or harmed, your family or friends?	1. YES → / 5. NO ↓	1. YES / 5. NO
p. ...made you do illegal things?	1. YES → / 5. NO ↓	1. YES / 5. NO
q. ...threatened to turn you in to child protection or welfare if you didn't do what he wanted you to do?	1. YES → / 5. NO ↓	1. YES / 5. NO
r. ...harassed you at work, training, or school or interfered with your attempts to go to work, training, or school?	1. YES → / 5. NO ↓	1. YES / 5. NO

		K2. Did this happen in the last 12 months?
s. Have you or someone else ever called the police because you were threatened by a husband or partner?	1. YES → 5. NO ▼	1. YES 5. NO
t. Did you ever need to see a doctor or go to the emergency room for an injury because of something a husband or partner did to you?	1. YES → 5. NO ▼	1. YES 5. NO
u. Did you ever have to stay home from work or school because of something a husband or partner did to you?	1. YES → 5. NO ▼	1. YES 5. NO
v. Did you ever try to get a restraining order, or order for protection, to protect yourself from a husband or partner?	1. YES → 5. NO ▼	1. YES 5. NO
w. Did you ever leave the home overnight to protect yourself from a husband or partner?	1. YES → 5. NO ▼	1. YES 5. NO
x. Did you ever try to talk to someone like a minister or counselor because a husband or partner was physically hurting you or making you afraid?	1. YES → 5. NO ▼	1. YES 5. NO

K3. INTERVIEWER CHECKPOINT

☐ 1. ONE OR MORE "YES" ANSWERS IN K1a-x

☐ 2. ALL OTHERS ⟶ NEXT PAGE, K6

▼

K4. How old were you when any of those things first happened to you in a relationship?

_____ AGE

K5. Did the father of (your child/any of your children) do any of those things to you?

1. YES	5. NO

K6. INTERVIEWER CHECKPOINT

SEE PGS. 70–71, J3, J4, J4b

☐ 1. R IS CURRENTLY MARRIED OR HAS PARTNER OR STEADY BOYFRIEND

☐ 2. ALL OTHERS ⟶ TURN TO P. 78, SECTION M

K6a. INTERVIEWER CHECKPOINT

SEE P. 75, K3

☐ 1. K3 = 1 (ONE OR MORE "YES" ANSWERS IN K1a–x)

☐ 2. ALL OTHERS ⟶ NEXT PAGE, K8

K7. Thinking back to the questions you just answered, has your current (husband/partner) done any of those things to you?

1. YES	5. NO ⟶ NEXT PAGE, K8

K7a. How old were you when this first happened with your current (husband/partner)?

_____ AGE

K8. (RB, P. 20) I'm now going to read some statements that women have used to describe how they feel about their lives with their husbands or partners. Please tell me whether you, in general, strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement in terms of how you feel about your current (husband/partner).

	Strongly Agree (1)	Somewhat Agree (2)	Somewhat Disagree (3)	Strongly Disagree (4)	Don't Know (8)
a. My (husband/ partner) makes me feel unsafe even in my own home--do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?					
b. I feel ashamed of the things my (husband/ partner) does to me					
c. I feel like my (husband/ partner) keeps me prisoner (strongly agree, somewhat agree, somewhat disagree, or strongly disagree)					
d. My (husband/ partner) makes me feel like I have no control over my life, no power, no protection					
e. My (husband/ partner) can scare me without laying a hand on me					