

The Detection of Domestic Violence through Routine Screening at Drug and Alcohol Clinics

A report prepared for the Criminology Research Council

Volume 2

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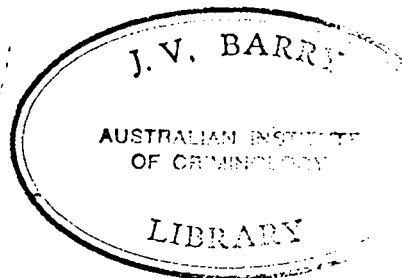
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Appendix 1

Client Information and Consent form

Safety Checklist and Procedure



MANLY HOSPITAL
PHOENIX UNIT
CLIENT INFORMATION STATEMENT

Purpose

The purpose of this research study is to better understand the ways in which alcohol use interrelates with:

- mood and personality characteristics
- relationships with family members, partners and friends, both in terms of closeness and domestic conflict, whether verbal or physical

From this data, we hope to broaden the scope of alcohol treatment interventions and make them more effective.

All clients of the clinic and their partners will be approached to participate in this study.

Procedures

You will be asked to answer questions about yourself and important people in your life. You will also be asked to complete several questionnaires relating to your emotions, personality and relationship with your partner. This will take approximately one hour.

During and after the completion of the interview, you will be able to ask any questions you may have about the study. If you find that some of the questions upset you or make you angry at your partner, you will be encouraged to discuss these reactions further, then referrals for assistance can be provided by the interviewer.

Finally, you will be asked some questions about your participation in this study and the effect it has had on you.

Other information

The interview will be undertaken in a closed room, in complete privacy. Your responses will be completely confidential and a code, not your name will be used.

The only exception to confidentiality is that we are required by law to report cases of suspected child abuse and homicidal intent. We would not do this without telling you of our intent to do so. Only research staff will have access to your responses. Your partner/ spouse will not be given access.

Your participation is completely voluntary. You are completely free to discontinue your participation in this study at any time without affecting your treatment in any way.

We would also like your permission to ask your partner/ spouse to participate in the study and complete the same questionnaires. The procedure followed will in all respects, be similar to that taken with you.

If you have any questions about the study, you can contact the principal investigators, Dr. Gomel or Dr. Gertler by telephoning 692 4186; and if necessary, you can contact the Chairman or Secretary of the Manly Hospital Ethics Committee should you wish to make a complaint about the conduct of the project.

Please keep this 'Client Information Sheet' for future reference as required.

Thank you

MANLY HOSPITAL
PHOENIX UNIT
CLIENT CONSENT FORM

The procedure involved in answering these questionnaires and the reasons for doing so has been explained to me.

I have read and understood the Client Information Sheet and have been informed that I can withdraw from the study any time without my treatment being affected. I understand that my answers to the questions asked will remain confidential. I also understand that the research may or may not be of direct personal benefit to me.

I also give/ refuse permission for my partner/ spouse to be approached and asked to participate in this study.

I also give/ refuse permission to be contacted in the future for follow-up.

Client

Witness

Date

**MANLY HOSPITAL
PHOENIX UNIT**

SAFETY CHECK

Well, we are almost finished with our interview. Again I would like to thank for coming in and helping us out with this study. There is one more form I would like you to fill out today.

HAND SUBJECT A CHECKLIST AND WAIT WHILE HE/ SHE COMPLETES IT.

REVIEW CHECKLIST

- If none of the negative emotions is rated greater than "somewhat", ask the Level 1 question.
- If any negative emotion is rated greater than "somewhat", ask Level 3 question

LEVEL 1

Do you think that participating in this study will make things with your partner uncomfortable in any way?

If "NO", then the interview is over.

If "YES", ask the Level 2 question.

LEVEL 2

How likely are you to have a fight today, or in the near future because of your conversation here?

If "YES", ask the Level 3 question

LEVEL 3

Males

Do you feel more like hitting your partner, or being physically aggressive in any way, because of your interview today? We would like to help you avoid any violence.

Females

Do you feel safe seeing your partner? We would like to help you avoid any violence. Would you like to call someone and make plans to stay somewhere else?

Regardless of level of safety, give all women in violent relationships the referral sheet and briefly explain what each resource provides by way of services.

CHECKLIST

Based on my experiences today, my feelings are:

- | | | | |
|---------------|------------|----------|--------------|
| 1. Affection | Not at all | Somewhat | A great deal |
| 2. Anger | Not at all | Somewhat | A great deal |
| 3. Contempt | Not at all | Somewhat | A great deal |
| 4. Controlled | Not at all | Somewhat | A great deal |
| 5. Disgust | Not at all | Somewhat | A great deal |
| 6. Furious | Not at all | Somewhat | A great deal |
| 7. Humor | Not at all | Somewhat | A great deal |
| 8. Interested | Not at all | Somewhat | A great deal |
| 9. Jealous | Not at all | Somewhat | A great deal |
| 10. Joy | Not at all | Somewhat | A great deal |
| 11. Neutral | Not at all | Somewhat | A great deal |

12. Sad

| | | |
|------------|----------|--------------|
| Not at all | Somewhat | A great deal |
|------------|----------|--------------|

13. Want revenge/
vengeful

| | | |
|------------|----------|--------------|
| Not at all | Somewhat | A great deal |
|------------|----------|--------------|

14. Whining

| | | |
|------------|----------|--------------|
| Not at all | Somewhat | A great deal |
|------------|----------|--------------|

15. Worried

| | | |
|------------|----------|--------------|
| Not at all | Somewhat | A great deal |
|------------|----------|--------------|

INTERVIEWER TO SIGN ONE OF THE TWO STATEMENTS BELOW

- I. Based on an examination of the Checklist completed today (ie. the last page of the subject's answer pack has no negative emotion greater than "somewhat") and /or my routine interview for the study, I believe no intervention is necessary with this individual.

Interviewer's signature

- II. Based on an examination of the Checklist completed today (ie. the last page of the subject's answer packet has at least one negative emotion greater than "somewhat") and my routine interview for the study, I believe some intervention is necessary with this individual. I have provided her/ him with a referral sheet. I will speak with Dr. Gertler or Dr. Gomel for a verbal cosignature within 24 hours to ensure that everything possible is done to avoid violence.

Interviewer's signature

IF "II" IS SIGNED, RECORD THE FOLLOWING ON YOUR LOGSHEET:

1. The risk of violence was assessed by looking for strong negative emotions on the Checklist and Safety Check
2. Which interventions were discussed and referrals given to subjects
3. Client's signature indicating refusal of intervention

Appendix 2

Structured Interview for Clinic Policies and Procedures

Please complete the details below by entering your response in the spaces provided. Remember, this information is completely confidential and for research use only.

[illegible]

For each of your clinic's therapy programmes, please briefly explain its *philosophy*, its *target population* i.e. alcohol-dependency, sexual abuse in childhood etc; *form(s) of therapy* i.e. groups, individual counselling; *types of techniques used* e.g. cognitive-behavioural; topics explored e.g. anger, current relationships. Please enter this information on the following pages, question 7(i) to 7(v), where there is one page/question number provided for each therapy programme available at your clinic.

7(i)

a) Title of treatment programme

7a1 ☐

b) Philosophy of treatment programme

7a2 ☐7a21 ☐7a22 ☐

c) Inpatients / outpatients (please tick)

☐ Inpatients☐ Outpatients7a3 ☐

d) Target population

7a4 ☐7a41 ☐7a42 ☐

e) Forms of therapy (please tick)

☐ Group☐ Individual☐ Couples☐ Family☐ Other7a5 ☐7a51 ☐7a52 ☐7a53 ☐7a54 ☐

f) Types of techniques used

7a6 ☐7a61 ☐7a62 ☐7a63 ☐7a64 ☐

g) Topics explored (please state)

Standard topics

7a7 ☐7a71 ☐7a72 ☐7a73 ☐7a74 ☐

OFFICE USE

For each of your clinic's therapy programmes, please briefly explain its *philosophy*, its *target population* i.e. alcohol-dependency, sexual abuse in childhood etc; *form(s) of therapy* i.e. groups, individual counselling; *types of techniques used* e.g. cognitive-behavioural; topics explored e.g. anger, current relationships.

7(ii)

a) Title of treatment programme

7b1 ☐

b) Philosophy of treatment programme

7b2 ☐7b21 ☐7b22 ☐

c) Inpatients / outpatients (please tick)

- ☐ Inpatients
☐ Outpatients

7b3 ☐

d) Target population

7b4 ☐7b41 ☐7b42 ☐

e) Forms of therapy (please tick)

- ☐ Group
☐ Individual
☐ Couples
☐ Family
☐ Other

7b5 ☐7b51 ☐7b52 ☐7b53 ☐7b54 ☐

f) Types of techniques used

7b6 ☐7b61 ☐7b62 ☐7b63 ☐7b64 ☐g) Topics explored (please state)
Standard topics

7b7 ☐7b71 ☐7b72 ☐7b73 ☐7b74 ☐

For each of your clinic's therapy programmes, please briefly explain its *philosophy*, its *target population* i.e. alcohol-dependency, sexual abuse in childhood etc; *form(s) of therapy* i.e. groups, individual counselling; *types of techniques used* e.g. cognitive-behavioural; topics explored e.g. anger, current relationships.

7(iii)

a) Title of treatment programme

7c1 ☐

b) Philosophy of treatment programme

7c2 ☐7c21 ☐7c22 ☐

c) Inpatients / outpatients (please tick)

☐ Inpatients☐ Outpatients7c3 ☐

d) Target population

7c4 ☐7c41 ☐7c42 ☐

e) Forms of therapy (please tick)

☐ Group☐ Individual☐ Couples☐ Family☐ Other7c5 ☐7c51 ☐7c52 ☐7c53 ☐7c54 ☐

f) Types of techniques used

7c6 ☐7c61 ☐7c62 ☐7c63 ☐7c64 ☐

g) Topics explored (please state)

Standard topics

7c7 ☐7c71 ☐7c72 ☐7c73 ☐7c74 ☐

OFFICE USE

For each of your clinic's therapy programmes, please briefly explain its *philosophy*, its *target population* i.e. alcohol-dependency, sexual abuse in childhood etc; *form(s) of therapy* i.e. groups, individual counselling; *types of techniques used* e.g. cognitive-behavioural; topics explored e.g. anger, current relationships.

7(iv)

a) Title of treatment programme

7d1 ☐

b) Philosophy of treatment programme

7d2 ☐7d21 ☐7d22 ☐

c) Inpatients / outpatients (please tick)

☐ Inpatients☐ Outpatients7d3 ☐

d) Target population

7d4 ☐

e) Forms of therapy (please tick)

☐ Group☐ Individual☐ Couples☐ Family☐ Other7d5 ☐7d51 ☐7d52 ☐7d53 ☐7d54 ☐

f) Types of techniques used

7d6 ☐7d61 ☐7d62 ☐7d63 ☐7d64 ☐

g) Topics explored (please state)

7d7 ☐7d71 ☐7d72 ☐7d73 ☐7d74 ☐

Standard topics

For each of your clinic's therapy programmes, please briefly explain its *philosophy*, its *target population* i.e. alcohol-dependency, sexual abuse in childhood etc; *form(s) of therapy* i.e. groups, individual counselling; *types of techniques used* e.g. cognitive-behavioural; topics explored e.g. anger, current relationships.

7(v)

a) Title of treatment programme

7e1 ☐

b) Philosophy of treatment programme

7e2 ☐7e21 ☐7e22 ☐

c) Inpatients / outpatients (please tick)

- ☐ Inpatients
☐ Outpatients

7e3 ☐

d) Target population

7e4 ☐7e41 ☐7e42 ☐

e) Forms of therapy (please tick)

- ☐ Group
☐ Individual
☐ Couples
☐ Family
☐ Other

7e5 ☐7e51 ☐752 ☐7e53 ☐7e54 ☐

f) Types of techniques used

7e6 ☐7e61 ☐7e62 ☐7e63 ☐7e64 ☐

g) Topics explored (please state)

Standard topics

7e7 ☐7e71 ☐7e72 ☐7e73 ☐7e74 ☐

| <p>15) How many staff members (full-time, part-time, etc.) are currently employed in your D&A clinic? _____ staff</p> | <p>15 <input type="text"/> <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|----------|----------|------------------|--------------------------|--------------------------|--|-----------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------|--|--------------------------------|--------------------------|--------------------------|--|------------------|--------------------------|--------------------------|--|--------------|--------------------------|--------------------------|--|-------------------|--------------------------|--------------------------|--|-------------------------------|--------------------------|--------------------------|--|----------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|--------------|--------------------------|--------------------------|--|--------------------------------------|--|--|--|---|
| <p>16) How would you describe your staff turnover during the past 12 months? Has it been...</p> <p><input type="checkbox"/> very stable</p> <p><input type="checkbox"/> quite stable</p> <p><input type="checkbox"/> not so stable</p> <p><input type="checkbox"/> unstable</p> | <p>16 <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>17a Please indicate whether it is mandatory for <u>any</u> staff to complete training in each of the following areas. Tick the appropriate box for <u>each</u> area of training listed below. IF 'YES'</p> <p>17b) please indicate for whom it is mandatory ie. the position of the staff members</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 40%;">POSITION</th> </tr> </thead> <tbody> <tr><td>[1] Sexual abuse</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[2] Child abuse</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[3] Domestic violence/ spouse abuse</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[4] Relationships and intimacy</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[5] Codependency</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[6] AA model</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[7] Communication</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[8] Self-esteem/assertiveness</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[9] Anger management</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[10] Chemical dependency</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[11] Suicide</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>[12] Other (please specify) _____</td><td></td><td></td><td></td></tr> </tbody> </table> | | YES | NO | POSITION | [1] Sexual abuse | <input type="checkbox"/> | <input type="checkbox"/> | | [2] Child abuse | <input type="checkbox"/> | <input type="checkbox"/> | | [3] Domestic violence/ spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | | [4] Relationships and intimacy | <input type="checkbox"/> | <input type="checkbox"/> | | [5] Codependency | <input type="checkbox"/> | <input type="checkbox"/> | | [6] AA model | <input type="checkbox"/> | <input type="checkbox"/> | | [7] Communication | <input type="checkbox"/> | <input type="checkbox"/> | | [8] Self-esteem/assertiveness | <input type="checkbox"/> | <input type="checkbox"/> | | [9] Anger management | <input type="checkbox"/> | <input type="checkbox"/> | | [10] Chemical dependency | <input type="checkbox"/> | <input type="checkbox"/> | | [11] Suicide | <input type="checkbox"/> | <input type="checkbox"/> | | [12] Other (please specify) _____ | | | | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>17a1 <input type="text"/></p> <p>17a2 <input type="text"/></p> <p>17a3 <input type="text"/></p> <p>17a4 <input type="text"/></p> <p>17a5 <input type="text"/></p> <p>17a6 <input type="text"/></p> <p>17a7 <input type="text"/></p> <p>17a8 <input type="text"/></p> <p>17a9 <input type="text"/></p> <p>17a10 <input type="text"/></p> <p>17b10 <input type="text"/></p> <p>17a11 <input type="text"/></p> <p>17b11 <input type="text"/></p> <p>17a12 <input type="text"/></p> <p>17b12 <input type="text"/></p> </div> <div style="width: 45%;"> <p>17b1 <input type="text"/></p> <p>17b2 <input type="text"/></p> <p>17b3 <input type="text"/></p> <p>17b4 <input type="text"/></p> <p>17b5 <input type="text"/></p> <p>17b6 <input type="text"/></p> <p>17b7 <input type="text"/></p> <p>17b8 <input type="text"/></p> <p>17b9 <input type="text"/></p> </div> </div> |
| | YES | NO | POSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [1] Sexual abuse | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [2] Child abuse | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [3] Domestic violence/ spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [4] Relationships and intimacy | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [5] Codependency | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [6] AA model | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [7] Communication | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [8] Self-esteem/assertiveness | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [9] Anger management | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [10] Chemical dependency | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [11] Suicide | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [12] Other (please specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>18) Has <u>spouse abuse</u> been the topic of any staff in-service training course in the past 18 months?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>18 <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>19) Please briefly outline below your clinic's philosophical position towards spouse abuse</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>19a <input type="text"/> <input type="text"/></p> <p>19b <input type="text"/> <input type="text"/></p> <p>19c <input type="text"/> <input type="text"/></p> <p>19d <input type="text"/> <input type="text"/></p> <p>19e <input type="text"/> <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>20a) Does your clinic have a protocol for staff raising the subject of spouse abuse?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>20a <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IF 'YES'

20b) Please give details of your clinic's protocol for staff **raising** the subject of spouse abuse

20b1 ☐ ☐
20b2 ☐ ☐
20b3 ☐ ☐
20b4 ☐ ☐
20b5 ☐ ☐

IF 'NO'

20c) Please give details of why not

20c1 ☐ ☐
20c2 ☐ ☐
20c3 ☐ ☐
20c4 ☐ ☐
20c5 ☐ ☐

21a) Does your clinic provide any recommendations for staff **assessing** and **referring victims** of spouse abuse?

- ☐ Yes
☐ No

21a ☐

IF 'YES'

21b) Please give details of your clinics recommendations for **assessing** and **referring victims**

21b1 ☐ ☐
21b2 ☐ ☐
21b3 ☐ ☐
21b4 ☐ ☐
21b5 ☐ ☐

IF 'NO'

21c) Please give details of why not

21c1 ☐
21c2 ☐
21c3 ☐
21c4 ☐
21c5 ☐

22a) Does your clinic provide any recommendations or guidelines for staff **assessing** and **referring perpetrators** of spouse abuse?

- ☐ Yes
☐ No

22a ☐

IF 'YES'

22b) Please give details of your clinic's recommendations of **assessing** and **referring perpetrators**

22b1 ☐ ☐
22b2 ☐ ☐
22b3 ☐ ☐
22b4 ☐ ☐
22b5 ☐ ☐

If 'NO'

22c) Please give details of why not

OFFICE USE

22c1 ☐ ☐
22c2 ☐ ☐
22c3 ☐ ☐
22c4 ☐ ☐
22c5 ☐ ☐

23) How long after admission is the intake assessment completed? Is it ...
Please tick one response only

- ☐ Within 24 hours
☐ 24 - 36 hours
☐ Other (please state) _____

23 ☐

24) Which staff member(s) is/are responsible for conducting intake assessments?
Please tick one response only

- ☐ All staff
☐ Assessment officer(s) (not all staff)
☐ Nursing staff only
☐ Psychiatrist / Psychiatric registrar
☐ Medical officer
☐ Other (please state) _____

24 ☐

25a) Does this D&A clinic have a standard intake admission form(s)?

- ☐ Yes
☐ No

25a ☐

25b) Is there a question on the clinic's admission form which asks a client **directly** if
he/she is in a relationship where **physical violence occurs between partners**?

- ☐ Yes
☐ No

25b ☐

26) Are staff members required to report client details of spouse abuse in progress notes?

- ☐ Yes
☐ No

26 ☐

27) Please indicate whether it is **standard** practice in this clinic to refer **victims** of spouse
abuse to any of the following agencies or services, to address abuse issues

Please tick the appropriate response, 'YES' or 'NO' for each agency / service below.

| | YES | NO |
|--|-----|----|
| [a] Women's refuges | | |
| [b] Legal services | | |
| [c] Police | | |
| [d] Women's Resources Centres | | |
| [e] Women's Health Centres | | |
| [f] Community Health Centres | | |
| [g] Family Support Services | | |
| [h] Counselling Services | | |
| [i] Housing Service | | |
| [j] Domestic Violence Advocacy Service | | |
| [k] General practitioners | | |
| [l] Sexual assault centres | | |
| [m] Other (please specify) _____ | | |
| [n] It is not standard practice to refer victims to any agencies or services to address domestic violence issues | | |

27a ☐

27b ☐

27c ☐

27d ☐

27e ☐

27f ☐

27g ☐

27h ☐

27i ☐

27j ☐

27k ☐

27l ☐

27m ☐

27n ☐

| 28) Please indicate whether it is standard practice in this clinic to refer <u>perpetrators</u> of spouse abuse to any of the following agencies or services, to address spouse abuse issues? | | OFFICE USE | |
|---|-----|------------|------------------------------|
| Please tick the appropriate response, 'YES' or 'NO' for each agency / service below. | | | |
| | YES | NO | |
| [a] Legal services | | | 28a <input type="checkbox"/> |
| [b] Police | | | 28b <input type="checkbox"/> |
| [c] Community Health Centres | | | 28c <input type="checkbox"/> |
| [d] Family Support Services | | | 28d <input type="checkbox"/> |
| [e] Counselling services | | | 28e <input type="checkbox"/> |
| [f] General Practitioners | | | 28f <input type="checkbox"/> |
| [g] Psychiatrists / psychologists | | | 28g <input type="checkbox"/> |
| [h] Other (please specify) _____ _____ | | | 28h <input type="checkbox"/> |
| [i] It is not standard practice to refer perpetrators to any agencies or services to address domestic violence issues | | | 28i <input type="checkbox"/> |

Appendix 3

Staff Baseline Questionnaire

QUESTIONNAIRE FOR DRUG AND ALCOHOL WORKERS

Spouse Abuse in Drug and Alcohol clinics

Thank you for participating in this study, your time and effort is greatly appreciated.

Drug and Alcohol workers throughout Sydney will be completing this questionnaire on a number of issues related to spouse abuse, including attitudes, beliefs and current practices.

Please remember that the information collected is confidential. Only members of the research team will see your questionnaire responses. It is necessary to know your name as part of the process involved in administering the questionnaire **only**. It will **not** appear in any report or document.

Once again thank you for completing this questionnaire!

OFFICE USE ONLY

Clinic _____

a ☐

Sub No. _____

b ☐

Please complete the section below by entering details in the spaces provided. Remember, this information is completely confidential and for research use only.

Demographic Information

Name _____

1) Age _____ years

1 ☐

2) Sex (please tick the appropriate box)

☐ Male☐ Female2 ☐

3) Country of birth _____

3 ☐

4) Religion _____

4 ☐

5) Marital status (please tick the appropriate box)

☐ Never married☐ Married☐ Separated☐ Divorced☐ Widowed☐ Defacto5 ☐6a) Current employment
Position _____6a ☐

6b) How long have you been employed at this clinic?

_____ months OR _____ years

6b ☐

6c) How long have you worked in the Drug and Alcohol area?

_____ months OR _____ years

6c ☐

7 ☐8a ☐8b ☐8c ☐8d ☐8e ☐9a1 ☐ 9a2 ☐9a3 ☐ 9a4 ☐9b1 ☐ 9b2 ☐9b3 ☐ 9b4 ☐9c1 ☐ 9c2 ☐9c3 ☐ 9c4 ☐9d1 ☐ 9d2 ☐9d3 ☐ 9d4 ☐9e1 ☐ 9e2 ☐9e3 ☐ 9e4 ☐9f1 ☐ 9f2 ☐9f3 ☐ 9f4 ☐7) **Education**Please only tick the highest level of education completed

- ☐ Primary school (1-7)
- ☐ Secondary school (8,9,10,11)
- ☐ Secondary school (HSC)
- ☐ Technical /trade certificate
- ☐ College (Diploma)
- ☐ University

8) **Qualifications**

Please state any qualifications that you hold

The next question is about any training that you may have undertaken over the past five (5) years. In this case, the training refers to both seminars and counselling courses. Whilst there may have been several themes covered in any seminar or counselling course attended, we are only interested in the **major themes** of the session. It is important that you are clear about this point.

9) Please give details below of all of the seminars and counselling courses that you attended over the past five (5) years where the **major themes** were any of the following :

- . Sexual abuse
- . Domestic violence / spouse abuse
- . Relationships and intimacy
- . Co-dependency
- . Communication
- . Self esteem / assertiveness
- . Anger management
- . Chemical dependency
- . Suicide

The details required are: the *title* or a description as close as possible to the title; whether it was a *seminar* or *counselling course* , the *year* in which it was undertaken or as close as possible; the *major theme(s)* eg. sexual assault, co-dependency; and the *length of time* over which the seminar was run eg. 7 days or 35 hours

| Title | Seminar or Counselling course | Year | Major theme | Length of time |
|-------|-------------------------------|------|-------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

10a) Have you ever covered the topic of spouse abuse as part of your formal studies in nursing, drug and alcohol etc., that is, in any degree or certificate(s) course that you have completed?

Please tick one response only

- ☐ Yes
☐ No
☐ Can't remember

10a ☐

IF 'YES'

10b) please state the degrees(s) or certificate(s); the year completed; and the information covered about spouse abuse:

| Degree/Certificate | Year completed course | Information covered |
|--------------------|-----------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|----------------------------------|-----------|-----------|
| 10b1 <input type="checkbox"/> | 10b2 : | 10b3 : |
| 10c1 <input type="checkbox"/> | 10c3 : | 10c3 : |
| 10d1 <input type="checkbox"/> | 10d2 : | 10d3 : |
| 10e1 <input type="checkbox"/> | 10e2 : | 10e3 : |
| 10f1 <input type="checkbox"/> | 10f2 : | 10f3 : |

11) What visual images, if any, come to mind when you see or hear the term spouse abuse?
Please describe your image below.

11a ☐11b ☐11c ☐11d ☐11e ☐

12) What do you understand spouse abuse to be?

12a ☐12b ☐12c ☐12d ☐12e ☐

OFFICE USE

For the purposes of this questionnaire, the definition of *spouse abuse* is limited to:

any situation where one person, the perpetrator, attempts to control another person, the victim, through threatened or actual physical, emotional and/ or sexual abuse; the two people are or have been, intimate partners.

This definition of spouse abuse will apply to each question beyond this point.

13) What percentage of the Australian population do you believe is in a relationship where **both partners** inflict the following forms of abuse on each other:

Please write your responses in the appropriate spaces below

| | Both partners | |
|----------------------|---------------|--|
| | % | No idea at all (tick if applicable) |
| [i] Physical abuse | | <input type="checkbox"/> |
| [ii] Emotional abuse | | <input type="checkbox"/> |
| [iii] Sexual abuse | | <input type="checkbox"/> |

14) What percentage of males and females in the Australian population do you believe to be **victims** of each of the following forms of spouse abuse? Only an estimate is required.

Please write your responses in the appropriate spaces below

| | Males | | Females | |
|----------------------|-------|--|---------|--|
| | % | No idea at all (tick if applicable) | % | No idea at all (tick if applicable) |
| [i] Physical abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |
| [ii] Emotional abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |
| [iii] Sexual abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |

15) What percentage of males and females in the Australian population do you believe to be **perpetrators** of each of the following forms of spouse abuse? Only an estimate is required.

Please write your responses in the appropriate spaces below

| | Males | | Females | |
|----------------------|-------|--|---------|--|
| | % | No idea at all (tick if applicable) | % | No idea at all (tick if applicable) |
| [i] Physical abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |
| [ii] Emotional abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |
| [iii] Sexual abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |

13a1

13a2

13b1

13b2

13c1

13c2

14a1

14a2

14b1

14b2

14c1

14c2

15a1

15a2

15b1

15b2

15c1

15c2

16) How would you describe the typical pattern of spouse abuse over time? In most cases, the pattern of spouse abuse ...

Please tick one response only

- ☐ diminishes over time
☐ continues in the same way
☐ escalates
☐ don't know

16 ☐

17a) From what you know or have heard, does spouse abuse occur equally often in all socioeconomic groups or is it more common in some than in others?

Please tick one response only

- ☐ Equally in all socioeconomic groups
☐ More common in some socioeconomic groups
☐ Don't know

17a ☐

IF MORE COMMON IN SOME SOCIOECONOMIC GROUPS:

17b) in which socio-economic groups is spouse abuse more common?

17b1 ☐

17b2 ☐

18a) From what you know or have heard, does spouse abuse occur equally often in all ethnic groups or is it more common in some than in others?

Please tick one response only

- ☐ Equally in all ethnic groups
☐ More common in some ethnic groups
☐ Don't really know

18a ☐

IF MORE COMMON IN SOME ETHNIC GROUPS:

18b) in which ethnic groups is spouse abuse more common?

18b1 ☐

18b2 ☐

18b3 ☐

19) To what extent, if any, do each of the following apply to victims of spouse abuse?

Please tick one response only for each statement

| Statements | Definitely never do | Probably never do | Probably do sometimes | Definitely do sometimes |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Victims consciously provoke abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Victims unconsciously provoke abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Victims enjoy being hit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Victims enjoy the atmosphere of abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19a ☐

19b ☐

19c ☐

19d ☐

20) Which of the following statements is closest to your personal opinion for most cases of spouse abuse?

Please tick one response only

- ☐ The perpetrator is totally responsible for spouse abuse
- ☐ The perpetrator is mainly responsible for spouse abuse, but the victim also contributes
- ☐ Both the perpetrator and the victim are equally responsible
- ☐ The victim is mainly responsible for spouse abuse, but the perpetrator also contributes
- ☐ The victim is totally responsible for spouse abuse
- ☐ None of these statements
- ☐ Have no opinion about most cases of spouse abuse

20 ☐

21a) How much do you believe the following factors contribute to most cases of spouse abuse?

21b) Please rank these factors in order of importance with 1 being the most important factor and so on.

| Statement | Very much so | Quite a lot | A little bit | Not at all | Rank |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| Alcohol/drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Social conditions like unemployment, lack of social or family support, poverty and financial problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Social attitudes like little respect for women, men's ownership of women and patriarchal concepts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Dysfunctional family systems such as poor negotiation and communications skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Psychological problems like emotional immaturity, difficulties in forming relationships, a traumatic or deprived childhood and personality factors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

21a1 ☐ 21b1 ☐

21a2 ☐ 21b2 ☐

21a3 ☐ 21b3 ☐

21a4 ☐ 21b4 ☐

21a5 ☐ 21b5 ☐

22a) How likely do you think those who suffer physical, emotional and/or sexual abuse as a child are to perpetrate spouse abuse as an adult? Do you think they are...?

Please tick one response only

- ☐ more likely to perpetrate spouse abuse as an adult
- ☐ less likely to perpetrate spouse abuse as an adult
- ☐ doesn't affect the likelihood of perpetrating spouse abuse as an adult
- ☐ no idea at all

22a ☐

22b) How likely do you think those who witness physical, emotional and/or sexual abuse as a child, are to perpetrate spouse abuse as an adult? Do you think they are...?

Please tick one response only

- ☐ more likely to perpetrate spouse abuse as an adult
☐ less likely to perpetrate spouse abuse as an adult
☐ doesn't affect the likelihood of perpetrating spouse abuse as an adult.
☐ no idea at all

22b ☐

22c) And how likely do you think those who suffer physical, emotional and/or sexual abuse as a child are to suffer from spouse abuse as an adult? Do you think they are...?

Please tick one response only

- ☐ more likely to suffer from spouse abuse as an adult
☐ less likely to suffer from spouse abuse as an adult
☐ doesn't affect the likelihood of perpetrating spouse abuse as an adult.
☐ no idea at all

22c ☐

22d) And how likely do you think those who witness physical, emotional and/or sexual abuse as a child are to suffer from spouse abuse as an adult? Do you think they are...?

Please tick one response only

- ☐ more likely to suffer from spouse abuse as an adult
☐ less likely to suffer from spouse abuse as an adult
☐ doesn't affect the likelihood of perpetrating spouse abuse as an adult
☐ no idea at all

22d ☐

23a) For how many victims of spouse abuse, do you believe each of the following conditions apply **PRIOR TO THE ABUSE STARTING?**
Please tick one response only for each statement

| Statements | Victims | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | All | Most | Only a few | None | No idea at all |
| Have a psychiatric illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are very angry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are emotionally disturbed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suffer from low self-esteem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have an uncontrollable temper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suffer from anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy being abused | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have suicidal tendencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are alcohol abusers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are drug abusers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have an impulse disorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feel guilty and ashamed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear a loss of control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feel remorseful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23a1 ☐23a2 ☐23a3 ☐23a4 ☐23a5 ☐23a6 ☐23a7 ☐23a8 ☐23a9 ☐23a10 ☐23a11 ☐23a12 ☐23a13 ☐23a14 ☐

23b) For how many victims of spouse abuse, do you believe each of the following conditions apply AFTER THE ABUSE COMMENCED?
Please tick one response only for each statement

| Statements | Victims | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | All | Most | Only a few | None | No idea at all |
| Have a psychiatric illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are very angry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are emotionally disturbed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suffer from low self-esteem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have an uncontrollable temper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suffer from anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy being abused | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have suicidal tendencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are alcohol abusers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are drug abusers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have an impulse disorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feel guilty and ashamed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear a loss of control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feel remorseful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23b1 ☐
23b2 ☐
23b3 ☐
23b4 ☐
23b5 ☐
23b6 ☐
23b7 ☐
23b8 ☐
23b9 ☐
23b10 ☐
23b11 ☐
23b12 ☐
23b13 ☐
23b14 ☐

23c) For how many perpetrators of spouse abuse, do you believe each of the following conditions apply?
Please tick one response only for each statement

| Statements | Perpetrators | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | All | Most | Only a few | None | No idea at all |
| Have a psychiatric illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are very angry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are emotionally disturbed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suffer from low self-esteem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have an uncontrollable temper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suffer from anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy inflicting abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have suicidal tendencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are alcohol abusers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are drug abusers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have an impulse disorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feel guilty and ashamed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear a loss of control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feel remorseful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23c1 ☐
23c2 ☐
23c3 ☐
23c4 ☐
23c5 ☐
23c6 ☐
23c7 ☐
23c8 ☐
23c9 ☐
23c10 ☐
23c11 ☐
23c12 ☐
23c13 ☐
23c14 ☐

OFFICE USE

24a) From what you know or have heard, do many victims find it difficult to leave an abusive relationship?

Please tick one response only

- ☐ Yes, many find it difficult
☐ Not many, but some find it difficult
☐ None finds it difficult
☐ No idea at all

24a ☐

IF YES, MANY FIND IT DIFFICULT or NOT MANY, BUT SOME FIND IT DIFFICULT:

24b1 ☐

24b) why, if at all, do you think that many or some victims do not leave abusive relationships?

24b2 ☐

24b3 ☐

24b4 ☐

24b5 ☐

24c) why, if at all, do you think that many or some perpetrators do not leave abusive relationships?

24c1 ☐

24c2 ☐

24c3 ☐

24c4 ☐

24c5 ☐

There is some debate about the issue of spouse abuse being viewed as a legal matter. There is no right or wrong position to take. We are simply interested in your opinion.

25) Do you believe it is appropriate for spouse abuse to be treated as an issue by the criminal justice system? Please comment.

25a ☐

25b ☐

25c ☐

26) What are other ways for dealing with spouse abuse?

26a ☐

26b ☐

26c ☐

26d ☐

26e ☐

27) What do you believe to be the most effective way of dealing with spouse abuse?

27

:

28) In your opinion what effect, if any, does an abusive relationship have on most victims? Are there...?

Please tick one response only

- ☐ short term damaging psychological effects
☐ long term damaging psychological effects
☐ no damaging effects
☐ no idea at all

28

29a) Are there any circumstances in which you think it would be acceptable for a man to use physical force against his partner?

- ☐ Yes
☐ No
☐ Unsure

29a

If 'YES' or 'UNSURE'

29b) please state reason

29b1

29b2

29b3

30a) Are there any circumstances in which you think it would be acceptable for a woman to use physical force against her partner?

- ☐ Yes
☐ No
☐ Unsure

30a

If 'YES' or 'UNSURE'

30b) please state reason

30b1

30b2

30b3

Remember spouse abuse refers to

any situation where one person, the perpetrator, attempts to control another person, the victim, through threatened or actual physical, emotional and/ or sexual abuse; the two people either are or have been, intimate partners.

- 31) What percentage of clients coming into this clinic do you believe to be in a relationship where both partners inflict the following forms of abuse on each other:

Please write your responses in the appropriate spaces below

| | | Both partners | |
|-------|-----------------|---------------|--|
| | | % | No idea at all (tick if applicable) |
| [i] | Physical abuse | | <input type="checkbox"/> |
| [ii] | Emotional abuse | | <input type="checkbox"/> |
| [iii] | Sexual abuse | | <input type="checkbox"/> |

31a :
31b :
31c :

- 32) What percentage of males and females coming into this clinic do you believe to be victims of each of the following forms of spouse abuse? Only an estimate is required.

Please write your response in the appropriate spaces below

| | | Males | | Females | |
|-------|-----------------|-------|--|---------|--|
| | | % | No idea at all (tick if applicable) | % | No idea at all (tick if applicable) |
| [i] | Physical abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |
| [ii] | Emotional abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |
| [iii] | Sexual abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |

32a1 : 32a2 :
32b1 : 32b2 :
32c1 : 32c2 :

- 33) What percentage of males and females coming into this clinic do you believe to be perpetrators of each of the following forms of spouse abuse? Only an estimate is required.

Please write your response in the appropriate spaces below

| | | Males | | Females | |
|-------|-----------------|-------|--|---------|--|
| | | % | No idea at all (tick if applicable) | % | No idea at all (tick if applicable) |
| [i] | Physical abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |
| [ii] | Emotional abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |
| [iii] | Sexual abuse | | <input type="checkbox"/> | | <input type="checkbox"/> |

33a1 : 33a2 :
33b1 : 33b2 :
33c1 : 33c2 :

In this questionnaire, D&A clinics refer to Drug and Alcohol clinics where a client's average length of stay is greater than seven (7) days.

34) The following are possible roles for D&A clinics in relation to spouse abuse. Please indicate how strongly you agree or disagree with each role being suitable for D&A clinics

Please tick one response for each statement on the following scale.

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | |
|--|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------------|
| | | | | | | OFFICE USE |
| For victims of spouse abuse | | | | | | |
| (i) to routinely screen D & A clients to identify victims of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34a1 <input type="checkbox"/> |
| (ii) to counsel victims for the effects of the abuse within the clinic program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34a2 <input type="checkbox"/> |
| (iii) to systematically discuss all options available to the victim eg. refuges, welfare services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34a3 <input type="checkbox"/> |
| (iv) to call in specialists (eg., counsellors, psychiatrists, legal advisers, police, social worker) to advise and assist (identified) victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34a4 <input type="checkbox"/> |
| (v) to provide an outpatient service dealing with spouse abuse issues for victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34a5 <input type="checkbox"/> |
| (vi) provide referrals to other agencies eg., therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34a6 <input type="checkbox"/> |
| (vii) provide referrals to legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34a7 <input type="checkbox"/> |
| (viii) other (please list) | | | | | | 34a81 <input type="checkbox"/> |
| | | | | | | 34a82 <input type="checkbox"/> |
| | | | | | | 34a83 <input type="checkbox"/> |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Please note, this scale continues on the next page.

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly disagree

For perpetrators of spouse abuse**OFFICE USE**

(i) to routinely screen clients to identify perpetrators of spouse abuse

☐ ☐ ☐ ☐ ☐34b1 ☐

(ii) to counsel perpetrators for the abuse within the clinic program

☐ ☐ ☐ ☐ ☐34b2 ☐

(iii) to systematically discuss all options available to the perpetrators

☐ ☐ ☐ ☐ ☐34b3 ☐

(iv) to call in specialists (eg., counsellors, psychiatrists, legal advisers, anger management, social worker) to advise and assist (identified) victims

☐ ☐ ☐ ☐ ☐34b4 ☐

(v) to provide an outpatient service dealing with spouse abuse issues for perpetrators

☐ ☐ ☐ ☐ ☐34b5 ☐

(vi) provide referrals to other agencies eg., therapy

☐ ☐ ☐ ☐ ☐34b6 ☐

(vii) provide referrals to legal services

☐ ☐ ☐ ☐ ☐34b7 ☐

(viii) other (please list)

34b81 ☐34b82 ☐34b83 ☐35a) Does your clinic recommend any actions for dealing with victims of spouse abuse?

- ☐ Yes
- ☐ No
- ☐ Don't know

35a ☐**If 'YES':**

35b) please state the recommended actions:

35b1 ☐35b2 ☐35b3 ☐35b4 ☐35b5 ☐36a) Does your clinic recommend any actions for dealing with perpetrators of spouse abuse?

- ☐ Yes
- ☐ No
- ☐ Don't know

36a ☐**If 'YES':**

36b) please state the recommended actions:

36b1 ☐36b2 ☐36b3 ☐36b4 ☐36b5 ☐

37a) In which areas, if any, do you believe that your clinic could improve the support given to victims of spouse abuse?

OFFICE USE

37a1 ☐

37a2 ☐

37a3 ☐

37b) In which areas, if any, do you believe that your clinic could improve the support given to perpetrators of spouse abuse?

37b1 ☐

37b2 ☐

37b3 ☐

38a) There are a number of possible barriers to staff addressing spouse abuse issues with clients. We have listed some of these below. Could you please indicate how strongly you agree or disagree with each of the following statements?

38b) After completing this, could you please rank those statements with which you agree (strongly agree, agree ratings) are barriers to staff addressing spouse abuse issues, where 1 is the most important barrier and so on.

| Statement | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Rank of barriers | OFFICE USE | |
|---|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|---------------------|--------------------------------|--------------------------------|
| (i) lack of time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a1 <input type="checkbox"/> | 38b1 <input type="checkbox"/> |
| (ii) lack of knowledge and skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a2 <input type="checkbox"/> | 38b2 <input type="checkbox"/> |
| (iii) main concern is the drug and alcohol dependency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a3 <input type="checkbox"/> | 38b3 <input type="checkbox"/> |
| (iv) limited resources within the clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a4 <input type="checkbox"/> | 38b4 <input type="checkbox"/> |
| (v) issue is too emotional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a5 <input type="checkbox"/> | 38b5 <input type="checkbox"/> |
| (vi) the problem is too complex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a6 <input type="checkbox"/> | 38b6 <input type="checkbox"/> |
| (vii) concern for staff safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a7 <input type="checkbox"/> | 38b7 <input type="checkbox"/> |
| (viii) lack of support from the clinic administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a8 <input type="checkbox"/> | 38b8 <input type="checkbox"/> |
| (ix) lack of external resources and support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a9 <input type="checkbox"/> | 38b9 <input type="checkbox"/> |
| (x) possible legal complications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a10 <input type="checkbox"/> | 38b10 <input type="checkbox"/> |
| (xi) extra demands with training, seminars etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a11 <input type="checkbox"/> | 38b11 <input type="checkbox"/> |
| (xii) others (please list) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 38a12 <input type="checkbox"/> | 38b12 <input type="checkbox"/> |
| _____ | | | | | | | 38c <input type="checkbox"/> | 38c1 <input type="checkbox"/> |
| _____ | | | | | | | 38c2 <input type="checkbox"/> | 38c3 <input type="checkbox"/> |
| _____ | | | | | | | | |

OFFICE USE

39a) To which of the following services if any, do you think it is appropriate for D&A clinics to refer victims?

Please tick the appropriate response(s)

- ☐ Women's refuges
☐ Legal services
☐ Police
☐ Women's Resources Centres
☐ Women's Health Centres
☐ Community Health Services
☐ Family Support Services
☐ Counselling services eg. marriage counselling, individual therapy...
☐ Housing services
☐ Domestic Violence Advocacy Service
☐ General practitioners
☐ Sexual assault centres
☐ Psychiatrists / psychologists
☐ Other (please specify) _____

☐ none

- 39a1 ☐
 39a2 ☐
 39a3 ☐
 39a4 ☐
 39a5 ☐
 39a6 ☐
 39a7 ☐
 39a8 ☐
 39a9 ☐
 39a10 ☐
 39a11 ☐
 39a12 ☐
 39a13 ☐
 39a14 ☐
 39a14a ☐
 39a14b ☐
 39a14c ☐

IF 'NONE'

39b) please explain why not

- 39b1 ☐
 39b2 ☐
 39b3 ☐

40a) To which of the following services, if any, do you think is it appropriate for D&A clinics to refer perpetrators?

Please tick the appropriate response(s)

- ☐ Legal services
☐ Police
☐ Community Health Services
☐ Family Support Services
☐ Counselling services eg. marriage counselling, individual therapy...
☐ General practitioners
☐ Psychiatrists / psychologists
☐ Other (please specify) _____

☐ none

- 40a1 ☐
 40a2 ☐
 40a3 ☐
 40a4 ☐
 40a5 ☐
 40a6 ☐
 40a7 ☐
 40a8 ☐
 40a8a ☐
 40a8b ☐
 40a8c ☐

IF 'NONE'.

40b) please explain why not

OFFICE USE

40b1 ☐
40b2 ☐
40b3 ☐

41) Which areas of training do you think D & A staff require to deal effectively with victims and perpetrators of spouse abuse?

Please tick the appropriate response(s)

- ☐ sexual abuse
- ☐ domestic violence/ spouse abuse
- ☐ relationships and intimacy
- ☐ co-dependency
- ☐ AA model
- ☐ communication
- ☐ self esteem / assertiveness
- ☐ anger management
- ☐ chemical dependency
- ☐ suicide
- ☐ others (please specify) _____

41a ☐
41b ☐
41c ☐
41d ☐
41e ☐
41f ☐
41g ☐
41h ☐
41i ☐
41j ☐
41k ☐
41k1 ☐
41k2 ☐
41k3 ☐

42a) In your current role, how willing are you to work with victims on issues related to spouse abuse? Are you...

Please tick one response only

- ☐ very willing
- ☐ quite willing
- ☐ no feelings either way
- ☐ quite unwilling
- ☐ very unwilling

42a ☐

42b) Please briefly explain why you feel this way

42b1 ☐
42b2 ☐
42b3 ☐

43) In your current role, how satisfying do you/ would you find it to work with victims ?
Do you/would you find it ...

Please tick one response only

- ☐ very satisfying
- ☐ quite satisfying
- ☐ no feelings either way
- ☐ quite dissatisfying
- ☐ very dissatisfying

43 ☐

44a) What do you/would you consider to be positive aspects of working with victims of abuse?
Please state below

OFFICE USE

44a1 ☐

44a2 ☐

44a3 ☐

44a4 ☐

44a5 ☐

44b) What do you/would you consider to be negative aspects of working with victims of abuse?
Please state below

44b1 ☐

44b2 ☐

44b3 ☐

44b4 ☐

44b5 ☐

45a) In your current role, how willing are you to work with perpetrators on issues related to spouse abuse? Are you...

Please tick one response only

- ☐ very willing
☐ quite willing
☐ no feelings either way
☐ quite unwilling
☐ very unwilling

45a ☐

45b) Please briefly explain why you feel this way

45b1 ☐

45b2 ☐

45b3 ☐

46) In your current role, how satisfying do you/ would you find it to work with perpetrators on issues related to spouse abuse? Do you / would you find it. . .

Please tick one response only

- ☐ very satisfying
☐ quite satisfying
☐ no feelings either way
☐ quite dissatisfying
☐ very dissatisfying

46 ☐

47a) What do you/would you consider to be positive aspects of working with perpetrators of abuse? Please state below

47a1 ☐

47a2 ☐

47a3 ☐

47a4 ☐

47a5 ☐

47b) What do you/would you consider to be **negative** aspects of working with **perpetrators** of abuse? Please state below

OFFICE USE

47b1 ☐

47b2 ☐

47b3 ☐

47b4 ☐

47b5 ☐

48) How **knowledgeable** are you in each of the following areas listed below? Please tick **one** response for each statement on this scale.

Statements

Very knowledgeable
Quite knowledgeable
Not very knowledgeable
Not at all knowledgeable

OFFICE USE

(a) about the causes of spouse abuse

☐ ☐ ☐ ☐

48a ☐

(b) about the effects of spouse abuse

☐ ☐ ☐ ☐

48b ☐

(c) about the issues to be addressed when assessing victims

☐ ☐ ☐ ☐

48c ☐

(d) about the range of services/agencies available for victims

☐ ☐ ☐ ☐

48d ☐

(e) about the issues to be addressed when assessing perpetrators of abuse

☐ ☐ ☐ ☐

48e ☐

(f) about the range of services/agencies available for perpetrators

☐ ☐ ☐ ☐

48f ☐

(g) about the procedures involved in taking out an AVO or restraining order

☐ ☐ ☐ ☐

48g ☐

49) How **confident** do you feel about doing each of the following activities? Please tick one response for each statement on this scale.

Very confident
Quite confident
Not very confident
Not at all confident

Statements

| Statements | Very confident | Quite confident | Not very confident | Not at all confident | OFFICE USE |
|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| (a) in initiating discussion on spouse abuse with clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49a <input type="checkbox"/> |
| (b) about discussing experiences of spouse abuse with victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49b <input type="checkbox"/> |
| (c) about determining the appropriate course of action for victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49c <input type="checkbox"/> |
| (d) about providing therapy for victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49d <input type="checkbox"/> |
| (e) about making referrals to a variety of agencies depending on the needs for victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49e <input type="checkbox"/> |
| (f) about discussing experiences of spouse abuse with perpetrators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49f <input type="checkbox"/> |
| (g) about determining the appropriate course of action for perpetrators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49g <input type="checkbox"/> |
| (h) about providing therapy for perpetrators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49h <input type="checkbox"/> |
| (i) about making referrals to a variety of agencies depending on the needs of perpetrators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49i <input type="checkbox"/> |

50) How **effective** do you think you are in each of the following areas? Please tick one response for each statement on this scale.

Very effective
Quite effective
Not very effective
Not at all effective

| Statements | Very effective | Quite effective | Not very effective | Not at all effective | OFFICE USE |
|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| (a) in initiating discussion on spouse abuse with clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50a <input type="checkbox"/> |
| (b) discussing experiences of spouse abuse with victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50b <input type="checkbox"/> |
| (c) determining the appropriate course of action for victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50c <input type="checkbox"/> |
| (d) providing therapy for victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50d <input type="checkbox"/> |
| (e) making referrals to a variety of agencies depending on the needs of victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50e <input type="checkbox"/> |
| (f) discussing experiences of spouse abuse with perpetrators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50f <input type="checkbox"/> |
| (g) determining the appropriate course of action for perpetrators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50g <input type="checkbox"/> |
| (h) providing therapy for perpetrators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50h <input type="checkbox"/> |
| (i) making referrals to a variety of agencies depending on the needs of perpetrators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50i <input type="checkbox"/> |

Please think about the counselling and therapy issues victims and perpetrators of spouse abuse

OFFICE USE

51a) Do you believe it is worthwhile to counsel victims about spouse abuse ?

- ☐ Yes
☐ No
☐ Unsure
☐ Don't know

51a ☐

51b) For what proportion of victims of spouse abuse do you believe counselling would be effective? Please tick one response only

- ☐ all victims
☐ most victims
☐ some victims
☐ no victims
☐ no idea at all

51b ☐

52a) Do you believe it is worthwhile to counsel perpetrators about spouse abuse ?

- ☐ Yes
☐ No
☐ Unsure
☐ Don't know

52a ☐

52b) For what proportion of perpetrators of spouse abuse do you believe counselling would be effective? Please tick one response only

- ☐ all perpetrators
☐ most perpetrators
☐ some perpetrators
☐ no perpetrators
☐ no idea at all

52b ☐

53) Please indicate how effective you think each counselling approach is for most victims. Just tick one response for each statement

Statements

Very effective
 Quite effective
 A little effective
 Not at all effective
 Don't know

(i) anger management

☐ ☐ ☐ ☐ ☐

53a ☐

(ii) 'time-out' strategies

☐ ☐ ☐ ☐ ☐

53b ☐

(iii) self-esteem classes

☐ ☐ ☐ ☐ ☐

53c ☐

(iv) self-awareness classes

☐ ☐ ☐ ☐ ☐

53d ☐

(v) couples counselling

☐ ☐ ☐ ☐ ☐

53e ☐

(vi) mediation

☐ ☐ ☐ ☐ ☐

53f ☐

(vii) family therapy

☐ ☐ ☐ ☐ ☐

53g ☐

(viii) psychotherapy

☐ ☐ ☐ ☐ ☐

53h ☐

(ix) cognitive-behavioural therapy

☐ ☐ ☐ ☐ ☐

53i ☐

(x) assertiveness training

☐ ☐ ☐ ☐ ☐

53j ☐

54) Please indicate how **effective** you think each counselling approach is for **most perpetrators**. Just tick **one** response for each statement

| Statements | Very effective | Quite effective | Not very effective | Not at all effective | Don't know | |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| (a) anger management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54a <input type="checkbox"/> |
| (b) 'time-out' strategies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54b <input type="checkbox"/> |
| (c) self-esteem classes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54c <input type="checkbox"/> |
| (d) self-awareness classes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54d <input type="checkbox"/> |
| (e) couples counselling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54e <input type="checkbox"/> |
| (f) mediation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54f <input type="checkbox"/> |
| (g) family therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54g <input type="checkbox"/> |
| (h) psychotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54h <input type="checkbox"/> |
| (i) cognitive-behavioural therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54i <input type="checkbox"/> |
| (j) assertiveness training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54j <input type="checkbox"/> |

55) Please indicate how strongly you agree or disagree with the following statements about working with **victims and perpetrators** of spouse abuse. Please tick **one** response for each statement on this scale.

| Statements | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------------|
| (i) I feel that I have a responsibility to ask clients whether they are experiencing spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a1 <input type="checkbox"/> |
| (ii) I am committed to assisting victims of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a2 <input type="checkbox"/> |
| (iii) It is/ would be rewarding to work with victims of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a3 <input type="checkbox"/> |
| (iv) There could be a risk of court proceedings if I identify a client as a victim | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a4 <input type="checkbox"/> |
| (v) I don't want to work with victims of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a5 <input type="checkbox"/> |
| (vi) It's not my place to be asking clients whether they are victims of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a6 <input type="checkbox"/> |
| (vii) I believe that counselling victims is effective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a7 <input type="checkbox"/> |
| (viii) I feel so powerless when I work with victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a8 <input type="checkbox"/> |
| (ix) Clients would resent being asked about spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a9 <input type="checkbox"/> |
| (x) It's not my place to be asking clients whether they are perpetrators of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a10 <input type="checkbox"/> |

Statements

Strongly agree
Agree
Neither agree
nor disagree
Disagree
Strongly disagree

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| (xi) It is/ would be rewarding to work with <u>perpetrators</u> of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a11 <input type="checkbox"/> |
| (xii) I feel so powerless when I work with <u>perpetrators</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a12 <input type="checkbox"/> |
| (xiii) I don't want to work with <u>perpetrators</u> of domestic abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a13 <input type="checkbox"/> |
| (xiv) I am committed to assisting <u>perpetrators</u> of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a14 <input type="checkbox"/> |
| (xv) I do not believe that counselling <u>perpetrators</u> is effective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a15 <input type="checkbox"/> |
| (xvi) There could be a risk of court proceedings if I identify a <u>client</u> to be a <u>perpetrator</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a16 <input type="checkbox"/> |
| (xvii) I feel that I can adequately assess and advise <u>victims</u> of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a17 <input type="checkbox"/> |
| (xviii) I wouldn't be particularly good at helping <u>victims</u> of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a18 <input type="checkbox"/> |
| (xix) I feel quite negative about my ability to work with <u>victims</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a19 <input type="checkbox"/> |
| (xx) I feel that I can adequately assess and advise <u>perpetrators</u> of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a20 <input type="checkbox"/> |
| (xxi) I wouldn't be particularly good at helping <u>perpetrators</u> of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a21 <input type="checkbox"/> |
| (xxii) I feel quite negative about my ability to work with <u>perpetrators</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a22 <input type="checkbox"/> |
| (xxiii) I feel that I'm in touch with the issues of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a23 <input type="checkbox"/> |
| (xxiv) I'm not well informed about spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a24 <input type="checkbox"/> |
| (xxv) I am not skilled in techniques for helping <u>victims</u> of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a25 <input type="checkbox"/> |
| (xxvi) I'm too busy dealing with drug and alcohol problems to spend time on anything else | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a26 <input type="checkbox"/> |
| (xxvii) I am well-supported at my clinic when dealing with victims of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a27 <input type="checkbox"/> |
| (xxviii) There are sufficient resources within the clinic to provide the care and support needed by victims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a28 <input type="checkbox"/> |
| (xxix) I am not skilled in techniques for helping <u>perpetrators</u> of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a29 <input type="checkbox"/> |

Strongly agree
Agree
Neither agree
nor disagree
Disagree
Strongly disagree

Statements

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| (xxx) All of my efforts are futile when it comes to enlisting outside help for <u>victims</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a30 <input type="checkbox"/> |
| (xxxi) The number of agencies and services in this area enables me to do as much as I would like to do for <u>victims</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a31 <input type="checkbox"/> |
| (xxxii) I am well-supported at my clinic when dealing with <u>perpetrators</u> of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a32 <input type="checkbox"/> |
| (xxxiii) There are sufficient resources within the clinic to provide the care and support needed by <u>perpetrators</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a33 <input type="checkbox"/> |
| (xxxiv) All of my efforts are futile when it comes to enlisting outside help for <u>perpetrators</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a34 <input type="checkbox"/> |
| (xxxv) The number of agencies and services in this area enables me to do as much as I would like to do for <u>perpetrators</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55a35 <input type="checkbox"/> |

Lastly, we would like to look at the different detection procedures of, and responses to, spouse abuse.

56) With what percentage of clients do you initiate discussion on spouse abuse?
Only an estimate is required.

_____ %

56

57) What percentage of clients do you initiate discussion on spouse abuse with you?

Again, only an estimate is required.

_____ %

57

58) Why do you usually initiate a discussion on spouse abuse? Is it where?

Please tick the appropriate response(s)

- ☐ it is a standard question in the clinic's assessment of any client
- ☐ it is a standard question in my assessment of any client
- ☐ the client has bruising and/or injuries
- ☐ the client has a documented history of spouse abuse
- ☐ the client has a history of abuse (of any kind)
- ☐ the client is currently experiencing difficulties in his/her relationship
- ☐ the client's partner is chemically dependent
- ☐ the client denies any experience with spouse abuse prior to being asked
- ☐ other (please state) _____

58a ☐
58b ☐
58c ☐
58d ☐
58e ☐
58f ☐
58g ☐
58h ☐
58i ☐
58i1 ☐
58i2 ☐
58i3 ☐

| | | OFFICE USE |
|--------------------------------------|--|------------------------------|
| 59) | Have you ever come into contact with a client who is a <u>victim</u> of spouse abuse? | |
| <input type="checkbox"/> | Yes [continue to next question] | 59 <input type="checkbox"/> |
| <input type="checkbox"/> | No [go to question 62] | |
| 60) | What sort of responses do you give to a client's disclosure of being a <u>victim</u> of spouse abuse? | |
| | | 60a <input type="checkbox"/> |
| | | 60b <input type="checkbox"/> |
| | | 60c <input type="checkbox"/> |
| | | 60d <input type="checkbox"/> |
| | | 60e <input type="checkbox"/> |
| 61) | Once he/she discloses spouse abuse, to what extent do you encourage <u>the victim</u> to discuss this issue whilst attending the clinic? | |
| Please tick <u>one</u> response only | | |
| <input type="checkbox"/> | strongly encourage | 61 <input type="checkbox"/> |
| <input type="checkbox"/> | encourage | |
| <input type="checkbox"/> | neither encourage nor discourage | |
| <input type="checkbox"/> | discourage | |
| <input type="checkbox"/> | strongly discourage | |
| 62) | When you discuss spouse abuse issues with <u>victims</u> , how often do you ask each of the following? | |

| Statements | Always | Usually | Sometimes | Rarely | Never | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| (a) History of the relationship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62a <input type="checkbox"/> |
| (b) History of the abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62b <input type="checkbox"/> |
| (c) Frequency of abusive episodes over time/currently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62c <input type="checkbox"/> |
| (d) Whether he/she has ever discussed the abuse with a GP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62d <input type="checkbox"/> |
| (e) Whether he/ she has ever discussed the abuse with anyone else (excluding GP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62e <input type="checkbox"/> |
| (f) Number of times visited an emergency department due to effects of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62f <input type="checkbox"/> |
| (g) Serious injuries received | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62g <input type="checkbox"/> |
| (h) Severity of injuries received recently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62h <input type="checkbox"/> |
| (i) Worst case of abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62i <input type="checkbox"/> |
| (j) Immediate and future fears about the abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62j <input type="checkbox"/> |
| (k) Whether he/she has ever left the partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62k <input type="checkbox"/> |
| (l) What his/her financial position is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62l <input type="checkbox"/> |

| Statements | Always | Usually | Sometimes | Rarely | Never | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| (m) Nature of his/her social support / network | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62m <input type="checkbox"/> |
| (n) Possibility of counselling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62n <input type="checkbox"/> |
| (o) Requirement for housing/ finance etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62o <input type="checkbox"/> |
| (p) Requirement for legal advice and services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62p <input type="checkbox"/> |
| (q) Effect on children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62q <input type="checkbox"/> |
| (r) Fear of partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62r <input type="checkbox"/> |
| 63a) Do you ever address any other issues with <u>victims</u> ? | | | | | | |
| <input type="checkbox"/> Yes | | | | | | 63a <input type="checkbox"/> |
| <input type="checkbox"/> No | | | | | | |
| If 'YES' | | | | | | |
| 63b) What other issues do you address with <u>victims</u> ? Please state below | | | | | | |
| _____ | | | | | | 63b1 <input type="checkbox"/> |
| _____ | | | | | | 63b2 <input type="checkbox"/> |
| _____ | | | | | | 63b3 <input type="checkbox"/> |
| 64a) Do you record details of your assessment of victims anywhere? | | | | | | |
| <input type="checkbox"/> Yes | | | | | | 64a <input type="checkbox"/> |
| <input type="checkbox"/> No | | | | | | |
| If 'YES' | | | | | | |
| 64b) where do you record these details? | | | | | | |
| Please tick the appropriate response(s) | | | | | | |
| <input type="checkbox"/> Intake assessment | | | | | | 64b1 <input type="checkbox"/> |
| <input type="checkbox"/> Progress notes | | | | | | 64b2 <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify) _____ | | | | | | 64b3 <input type="checkbox"/> |
| | | | | | | 64c1 <input type="checkbox"/> |
| | | | | | | 64c2 <input type="checkbox"/> |
| | | | | | | 64c3 <input type="checkbox"/> |
| 65a) Do you discuss the <u>victim's</u> situation with any other staff members? | | | | | | |
| <input type="checkbox"/> Yes | | | | | | 65a <input type="checkbox"/> |
| <input type="checkbox"/> No | | | | | | |
| If 'YES' | | | | | | |
| 65b) where do your discussions <u>usually</u> take place? Is it... | | | | | | |
| Please tick the appropriate response(s) | | | | | | |
| <input type="checkbox"/> Case conferences | | | | | | 65b1 <input type="checkbox"/> |
| <input type="checkbox"/> Informal discussions | | | | | | 65b2 <input type="checkbox"/> |
| <input type="checkbox"/> Supervision | | | | | | 65b3 <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify) _____ | | | | | | 65b4 <input type="checkbox"/> |
| | | | | | | 65c1 <input type="checkbox"/> |
| | | | | | | 65c2 <input type="checkbox"/> |
| | | | | | | 65c3 <input type="checkbox"/> |

OFFICE USE

66) What percentage of victims do you refer to each of the following agencies or services?
Please specify in the appropriate space below

- | | |
|--|---------|
| (a) Women's refuges | _____ % |
| (b) Legal services | _____ % |
| (c) Police | _____ % |
| (d) Women's Resources Centres | _____ % |
| (e) Women's Health Centres | _____ % |
| (f) Community Health Services | _____ % |
| (g) Family Support Services | _____ % |
| (h) Counselling services | _____ % |
| (i) Housing services | _____ % |
| (j) Domestic Violence Advocacy Service | _____ % |
| (k) General practitioners | _____ % |
| (l) Sexual assault centres | _____ % |
| (m) Psychiatrists / psychologists | _____ % |
| (n) Other (please specify) | _____ % |
| _____ | _____ % |
| _____ | _____ % |

(o) I don't refer victims to any agencies or services for spouse abuse matters (tick if appropriate)

67) Have you ever come into contact with a client who is a perpetrator of spouse abuse?

- ☐ Yes (continue to next question)
☐ No (go to Q74)

68a) What sort of responses do you generally give to a client's disclosure of being a perpetrator of spouse abuse? Please state below

69) Once he/she discloses spouse abuse to what extent do you encourage the perpetrator to discuss this issue whilst attending the clinic?

Please tick one response only

- ☐ strongly encourage
☐ encourage
☐ neither encourage nor discourage
☐ discourage
☐ strongly discourage

66a ☐

66b ☐

66c ☐

66d ☐

66e ☐

66f ☐

66g ☐

66h ☐

66i ☐

66j ☐

66k ☐

66l ☐

66m ☐

66n ☐

66n2 ☐

66n3 ☐

66o ☐

67 ☐

68a1 ☐

68a2 ☐

68a3 ☐

68a4 ☐

68a5 ☐

69 ☐

70) When you discuss spouse abuse with **perpetrators**, how often do you ask each of the following?
Please tick one response for each statement

| Statements | Always | Usually | Sometimes | Rarely | Never | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| (a) History of the relationship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70a <input type="checkbox"/> |
| (b) History of the abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70b <input type="checkbox"/> |
| (c) Frequency of abusive episodes over time/currently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70c <input type="checkbox"/> |
| (d) Whether he/she has ever discussed the above with a GP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70d <input type="checkbox"/> |
| (e) Whether he/ she has ever discussed the abuse with anything else (excluding GP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70e <input type="checkbox"/> |
| (f) Number of times his/her partner has visited an emergency department due to effects of spouse abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70f <input type="checkbox"/> |
| (g) Serious injuries inflicted on partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70g <input type="checkbox"/> |
| (h) Severity of injuries recently inflicted on partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70h <input type="checkbox"/> |
| (i) Worst case of abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70i <input type="checkbox"/> |
| (j) Immediate and future fears about the abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70j <input type="checkbox"/> |
| (k) Whether he/she has ever left the partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70k <input type="checkbox"/> |
| (l) What his/her financial position is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70l <input type="checkbox"/> |
| (m) Nature of his/her social support / network | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70m <input type="checkbox"/> |
| (n) Possibility of counselling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70n <input type="checkbox"/> |
| (o) Requirement for finance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70o <input type="checkbox"/> |
| (p) Requirement for legal advice and services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70p <input type="checkbox"/> |
| (q) Effect on children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70q <input type="checkbox"/> |
| (r) Remorse for actions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70r <input type="checkbox"/> |

71a) Do you ever address any other issues with **perpetrators**?

- ☐ Yes
☐ No

71a ☐

IF 'YES'

71b) what other issues do you address with **perpetrators**? Please state below

71b1 ☐

71b2 ☐

71b3 ☐

72a) Do you record details of your assessment of perpetrators anywhere?

- ☐ Yes
☐ No

OFFICE USE

72a ☐

IF 'YES':

72b) where do you record these details?

Please tick the appropriate response(s)

- ☐ Intake assessment
☐ Progress notes
☐ Other (please specify) _____

72b1 ☐

72b2 ☐

72b3 ☐

72c1 ☐

72c2 ☐

72c3 ☐

73a) Do you discuss the perpetrator's situation with any other staff members?

- ☐ Yes
☐ No

73a ☐

IF 'YES':

73b) where do your discussions usually take place?

Please tick the appropriate response(s)

- ☐ Case conferences
☐ Informal discussions
☐ Supervision
☐ Other (please specify) _____

73b1 ☐

73b2 ☐

73b3 ☐

73b4 ☐

73c1 ☐

73c2 ☐

73c3 ☐

74) What proportion of perpetrators would you refer to each of the following agencies or services?

Please specify in the appropriate space below

- (a) Legal services _____ %
(b) Police _____ %
(c) Community Health Services _____ %
(d) Counselling services _____ %
(e) General practitioners _____ %
(f) Psychiatrists / psychologists _____ %
(g) I don't refer perpetrators to any agencies or services
for spouse abuse matters _____ %
_____ %
_____ %
_____ %

74a ☐

74b ☐

74c ☐

74d ☐

74e ☐

74f ☐

74g ☐

74g1 ☐

74g2 ☐

74g3 ☐

At this point, the next few questions will now centre on this clinic's resources and staff support.

75) What forms of support for dealing with spouse abuse issues are available to staff in this clinic?

Please tick the appropriate response(s)

- ☐ Supervision
- ☐ Case conferences
- ☐ Other staff
- ☐ Counselling services for staff
- ☐ In-service training
- ☐ Other (please specify) _____

76) How satisfied are you with staff support for spouse abuse crimes in this clinic? Are you...

Please tick one response only

- ☐ very satisfied
- ☐ quite satisfied
- ☐ neither satisfied nor dissatisfied
- ☐ quite dissatisfied
- ☐ very dissatisfied

77a) Do you think there are any forms of staff support which should be improved or added in this clinic?

- ☐ Yes
- ☐ No
- ☐ Don't know

If 'YES'

77b) please describe the improvements that you think are required

78) Please indicate whether any of the following information is currently available in your clinic

Please tick the appropriate item(s)

- ☐ women's refuges, local and outside this area
- ☐ the law and legal proceedings in relation to spouse abuse
- ☐ counselling services specialising in spouse abuse
- ☐ Domestic Violence Advocacy Service
- ☐ legal advice centres specialising in spouse abuse
- ☐ community health services
- ☐ marriage counsellors
- ☐ sexual assault centres
- ☐ social workers
- ☐ psychiatrists and psychologists
- ☐ other (please specify) _____

75a ☐

75b ☐

75c ☐

75d ☐

75e ☐

75f ☐

75f1 ☐

75f2 ☐

75f3 ☐

76 ☐

75f1 ☐

76b1 ☐

76b2 ☐

76b3 ☐

78a ☐

78b ☐

78c ☐

78d ☐

78e ☐

78f ☐

78g ☐

78h ☐

78i ☐

78j ☐

78k ☐

78k1 ☐

78k2 ☐

78k3 ☐

Thank you very much for participation in this study. Your contribution is greatly appreciated.

Appendix 4

Client Medical Record Assessment Checklist

CLIENT INFORMATION SHEET
BASELINE: DETECTION AND RESPONSE RATES

Date _____

1) Subject number _____

OFFICE USE

1 ☐

2) Clinic

2 ☐

- ☐ Richmond - St. John of God
☐ Burwood - St. John of God
☐ Parramatta - Wistaria House
☐ Manly - Phoenix Unit
☐ St. Edmond's - Eastwood

3) Admission number:

3 ☐☐☐☐☐
☐☐☐☐☐

4) Medical Record number:

4 ☐☐☐☐☐
☐☐☐☐☐

5 a) Admission date: _____

5a ☐☐☐☐☐☐

5 b) Discharge date: _____

5b ☐☐☐☐☐☐

5 c) Period spent at clinic: _____ days

5c ☐☐

6) Residence:

Country _____

Postcode _____

6a ☐
6b ☐☐☐☐

7) Age : _____ years

7 ☐☐

8) Sex (tick): ☐ MALE ☐ FEMALE

8 ☐

9) Country of birth: _____

9 ☐

10 a) Language spoken at home: _____

10a ☐☐

10 b) Language (only if state as such): _____

10b ☐☐

11) Religion _____

11 ☐

12) Education: Highest level achieved

12 ☐

- ☐ Primary [1, 2, 3, 4, 5, 6, 7,]
- ☐ Secondary [8,9,10 11]
- ☐ Secondary [HSC]
- ☐ Trade/ technical certificate
- ☐ College (no degree)
- ☐ College degree)
- ☐ University (no degree)
- ☐ University (degree)
- ☐ other (state) _____
- ☐ Not stated in client's history

13) Occupation: _____

13 ☐

14 a) Relationship status:

14a ☐

- ☐ Single
- ☐ Married
- ☐ Defacto
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

14 b) Is the client currently in an intimate relationship?14b ☐

- ☐ Yes
- ☐ No
- ☐ Not stated

14 c) Does the client have any children?

14c ☐

- ☐ Yes
- ☐ No
- ☐ Not stated

If 'YES' at 16c.

14 d) how many children does the client have?

14d ☐

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4+

OFFICE USE

15) Chemical dependency

a) Drug(s) taken in past 24 hours

b) Primary drug(s) of treatment

| | 15 (a) Past 24 hrs | 15(b) Treatment | 15a1 <input type="checkbox"/> | 15b1 <input type="checkbox"/> |
|-----------------|--------------------------|--------------------------|--------------------------------|--------------------------------|
| alcohol | <input type="checkbox"/> | <input type="checkbox"/> | 15a2 <input type="checkbox"/> | 15b2 <input type="checkbox"/> |
| narcotics | <input type="checkbox"/> | <input type="checkbox"/> | 15a3 <input type="checkbox"/> | 15b3 <input type="checkbox"/> |
| anxiolytics | <input type="checkbox"/> | <input type="checkbox"/> | 15a4 <input type="checkbox"/> | 15b4 <input type="checkbox"/> |
| sedatives | <input type="checkbox"/> | <input type="checkbox"/> | 15a5 <input type="checkbox"/> | 15b5 <input type="checkbox"/> |
| cannabis | <input type="checkbox"/> | <input type="checkbox"/> | 15a6 <input type="checkbox"/> | 15b6 <input type="checkbox"/> |
| stimulants | <input type="checkbox"/> | <input type="checkbox"/> | 15a7 <input type="checkbox"/> | 15b7 <input type="checkbox"/> |
| hallucinogens | <input type="checkbox"/> | <input type="checkbox"/> | 15a8 <input type="checkbox"/> | 15b8 <input type="checkbox"/> |
| inhalants | <input type="checkbox"/> | <input type="checkbox"/> | 15a9 <input type="checkbox"/> | 15b9 <input type="checkbox"/> |
| antipsychotics | <input type="checkbox"/> | <input type="checkbox"/> | 15a10 <input type="checkbox"/> | 15b10 <input type="checkbox"/> |
| antidepressants | <input type="checkbox"/> | <input type="checkbox"/> | | |
| other (state) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

16) Any history of psychiatric illness?

- ☐ Yes
☐ No
☐ Not stated

16 ☐

17) Description of childhood

- ☐ unhappy
☐ happy
☐ not stated

17 ☐

18 a) History of abuse

- ☐ Abuse suffered
☐ No abuse suffered
☐ Not stated

18a ☐

18 b) Forms of abuse suffered in childhood

- ☐ sexual abuse
☐ emotional abuse
☐ physical abuse
☐ other (state) _____
- _____
- _____

18b ☐

19) Legal history

- ☐ legal history
☐ no legal history
☐ not stated

OFFICE USE

19 ☐

20) DV status noted in medical record for given period of admission

- ☐ currently a victim of physical abuse inflicted by partner
☐ not currently a victim of physical abuse inflicted by partner
(if stated)
☐ currently inflicting physical abuse on partner
☐ not currently inflicting any physical abuse on partner (if stated)
☐ no comments referring to physical abuse occurring at present
time
☐ other (state)
- _____

20 ☐

21) Source of DV status - where noted in medical record for given
period of admission

- ☐ Initial assessment form
☐ Secondary assessment (if applicable)
☐ Clinical notes
☐ Psychiatrist notes???
☐ Other (state)
- _____

21 ☐

22) How long after admission was spouse abuse first entered in the
client's medical notes?

_____ days

22 ☐ ☐

**WHERE PHYSICAL ABUSE HAS BEEN IDENTIFIED IN THE
CURRENT PERIOD OF ADMISSION, ENTER THE FOLLOWING
DETAILS:**

23 ☐

23) Initial discussion initiated by....

- ☐ client
☐ assessor
☐ other staff member
☐ not stated

24) Client presented with bruising and/ injury

- ☐ Bruising
☐ Injury (state) _____

☐ Not stated

24a ☐

24b ☐

25) Issues recorded in relation to physical abuse

- ☐ History of the relationship
- ☐ History of the violence
- ☐ Whether he/she has ever discussed the violence with a GP
- ☐ Whether he/she has ever discussed the violence with anyone else (excluding GP)
- ☐ Number of times victim has visited an emergency department
- ☐ Number of times partner of perpetrator has visited an emergency department
- ☐ Serious injuries that victim has received
- ☐ Serious injuries that perpetrator has inflicted
- ☐ Severity of injuries that victim has received recently
- ☐ Severity of injuries that perpetrator has inflicted recently
- ☐ Worst case of abuse
- ☐ Greatest fear about violence
- ☐ Whether he/she has ever left the perpetrator
- ☐ Whether he/she has ever left victim
- ☐ What his/her financial position is
- ☐ Nature of his/her social support / network
- ☐ Possibility of counselling
- ☐ Requirement for housing / finance etc.
- ☐ Requirement for legal advice and services
- ☐ Other (state)

OFFICE USE

25a ☐

25b ☐

25c ☐

25d ☐

25e ☐

25f ☐

25g ☐

25h ☐

25i ☐

25j ☐

25k ☐

25l ☐

25m ☐

25n ☐

25o ☐

25p ☐

25q ☐

25r ☐

25s ☐

25t ☐

25u ☐

26) Referrals made in relation to physical abuse

- ☐ Women's refuges
- ☐ Legal services
- ☐ Police
- ☐ Community Health Centres
- ☐ Counselling services
- ☐ Housing services
- ☐ Domestic Violence Advocacy Services
- ☐ General practioners
- ☐ Sexual Assault centres
- ☐ Other (state)

26a ☐

26b ☐

26c ☐

26d ☐

26e ☐

26f ☐

26g ☐

26h ☐

26i ☐

26j ☐

27) Action taken by staff about physical abuse ie. phone calls, calling in specialist help to the clinic

27a ☐

27b ☐

27c ☐

27d ☐

27e ☐

Appendix 5

Staff educational session and manual

DOMESTIC VIOLENCE

WORKSHOP FOR DRUG AND ALCOHOL STAFF

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Definition

Any situation where one person, the perpetrator, attempts to control another person, the victim, through threatened or actual physical, emotional and/or sexual abuse; the two people are or have been intimate partners

* What are the forms of abuse?

Physical: slapping, pushing, punching, kicking, choking, use of weapons to inflict injury

Sexual: sexual assault with or without the use of threats or other violence

Emotional/

Psych: use of words, language and other strategies to threaten, insult, abuse, denigrate or degrade the victim.

- threats to injure or harm the victim or children
- threats to commit suicide if partner leaves
- telling the victim that she/he is useless, stupid, a whore etc

Financial: controlling and withholding access to family resources, including money and ownership of goods and property

- depriving the partner of basic needs eg, food, money and shelter

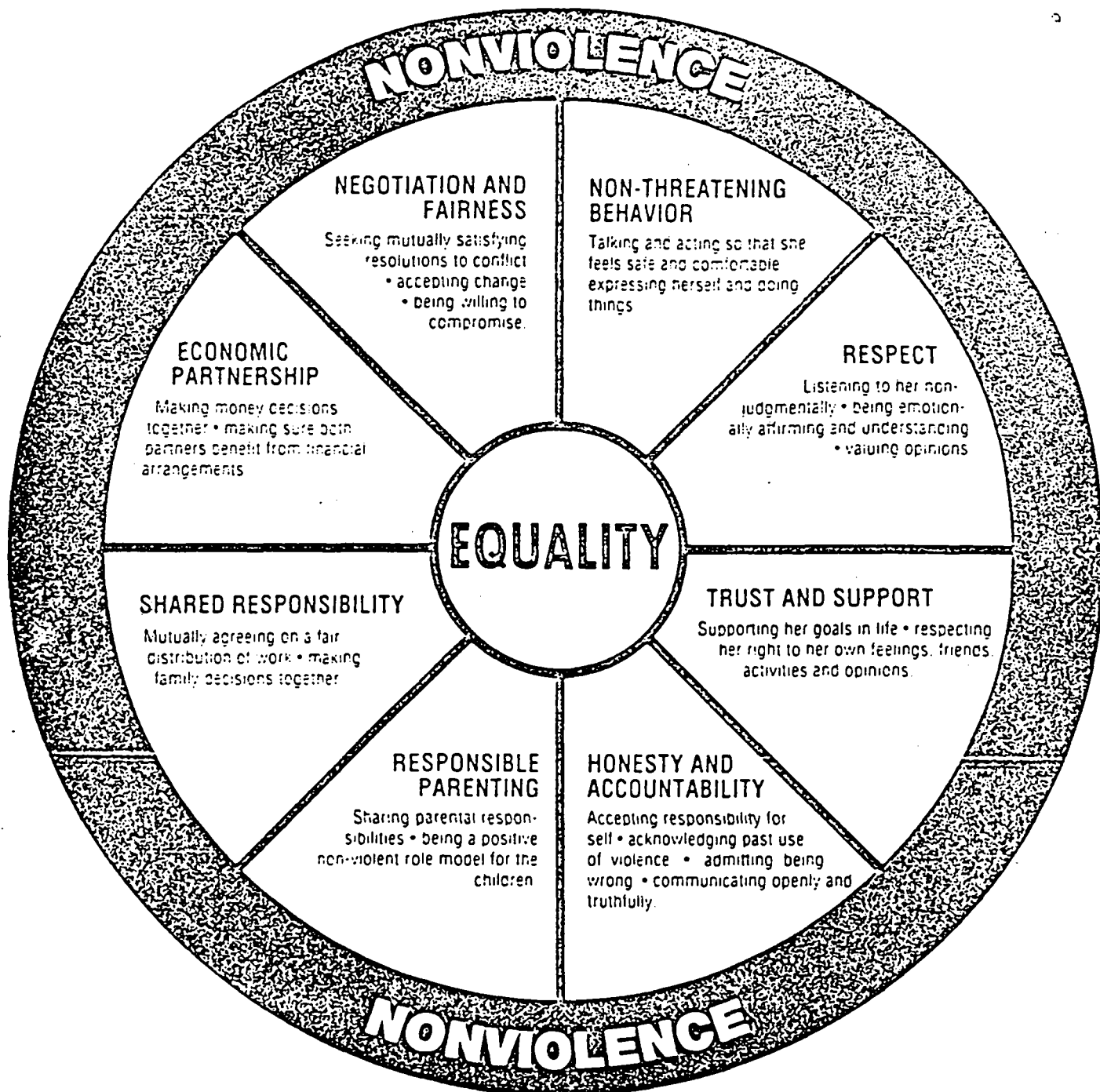
**ALL THESE BEHAVIOURS CAN BE USED TO INSTIL FEAR AND TO MAINTAIN
POWER AND CONTROL OVER THE VICTIM**

Who are the victims?

* Some surveys show that as many women as men have perpetrated at least one act of aggression

HOWEVER

- * Self defence is not taken into account
- * Men commit more aggressive and severe actions
- * Men use multiple aggressive actions against a partner during a single incident
- * In combination with men's strength these factors lead to different outcomes for men and women. Women are much more likely to be injured.



DOMESTIC ABUSE INTERVENTION PROJECT

206 West Fourth Street
Duluth, Minnesota 55806

218-720-4134

How common is physical abuse?

* Severe physical assault ever occurring in the marriage: Incidence rates

- Schulman, 1979; Strauss, Gelles & Steinmez, 1980.
- Kicking, biting, hitting with a fist, hitting with something else, beating, threatened with a knife or gun, used a knife or gun
- 9% - 13%
- 1/11 - 1/8

* All forms of physical assault ever occurring in the marriage: incidence rates

- Schulman, 1979; Strauss, Gelles & Steinmez, 1980
- Criteria for severe assault and pushing, grabbing, shoving and slapping
- 21% - 28%
- 1/5 - 1/3

* All forms of physical assault in a 1 year period

- 15% - (Strauss, 1980)
- 16% - (Strauss, 1990)

* Incidence of repeat assault

- Assaults likely to be repeated in 63% (2/3) of cases (Schulman, 1979)

* Figures are likely to be underestimates

- do not include those who do not speak English fluently, people who are institutionalised, hospitalised, homeless or incarcerated at the time surveys were conducted.

* Mortality arising from partner assault

- Over a ten year period in the USA 38,648 people over the age of 15 years were killed
- 61% were female and 39% were male.

Myths and Facts

- Myth:** Domestic violence doesn't happen very often
- Fact:** Domestic violence is estimated to occur in one in four to five marriages or de-facto relationships. 42.8% of all murders in New South Wales, between 1968-1981 were perpetrated by family members on each other.
-
- Myth:** Domestic violence occurs in lower socioeconomic groups or particular ethnic groups
- Fact:** Domestic Violence occurs in ALL socioeconomic groups and ethnic groups.
Domestic violence rates are higher in Aboriginal groups
-
- Myth:** Alcohol causes domestic violence.
- Fact:** In over 50% of cases reported to the police, the abuser was sober
Not all drinkers are violent
-
- Myth:** Women who are victims of domestic violence often provoke the violence
- Fact:** Many women report being hit with no warning. Even if an argument is provoked, there is no excuse for the violence
-
- Myth:** Women who are victims of domestic violence must be crazy or neurotic or they must like it otherwise they would leave.
- Fact:** No independent financial status.
Refuges are nearly always full
Women stay out of fear
Women stay because they love their partner and hope they will change
-
- Myth:** Men who are violent towards their partners are psychopaths
- Fact:** These men are not usually psychiatrically ill. The high prevalence of domestic violence, alone, must make us doubt this.

Why do women stay in the relationship ?

*** Psychological/Emotional**

- Love
- Emotional dependence
- Low self-esteem
- FEAR

- 50% of women murdered in Australia are killed as they are leaving or just after having left the relationship.

*** Lack of physical and social resources**

- Financial dependence
- No housing alternatives
- Lack of social support structure
- Fear of exclusion

*** Religious or cultural beliefs**

*** Lack of knowledge of alternatives**

*** Presence of children**

- young
- dependent
- unwilling to leave them
- fear of retribution

Health professionals: Attitudes, beliefs and practices

Doctors in emergency departments

- * Most patients who have been battered are not identified by health professionals
- * Victims are treated for injuries but do not recognise and/or respond to the underlying problem of domestic violence
 - Four studies showed that only 4% to 8% of female battered patients are identified as victims and offered appropriate treatment

General Practitioners

- * Victims of domestic violence are most likely to present to their GP as their first point of contact
 - Often they will present with vague health complaints and psychological distress, eg, nausea, chronic pain, insomnia, depression
 - 56% of GPs stated that the most likely reason for GPs to suspect domestic violence was physical injury.
 - 99% ignored other signs including timidity, withdrawal or defensiveness would cause them to suspect

Barriers to detection

- * **Lack of knowledge**
 - Indicators of abuse, eg, reliance on physical injury as an indicator of abuse (medical model)
 - Options and services available to victims
 - Legal issues and procedures
- * **Interactional skills**
 - Eliciting information and offering advice in a sensitive, non-threatening and non-judgemental way
 - Confidence in dealing with patients from varying backgrounds eg Aborigine, NESB
- * **Uncertain role legitimacy, ie privacy beliefs about family issues**
- * **Low expectations of the effects of intervention, ie poor patient compliance**
- * **Personal beliefs about cause of domestic violence, "She provoked/enjoys violence"**
- * **Failure to ask about or discuss DV reinforces patients beliefs that**
 - domestic violence is a private issue
 - they should continue to hide the violence
 - that health professionals are not willing to assist them
 - that they are in some ways to blame
 - that they should be ashamed of what has happened

Domestic violence: Relevance to Drug and Alcohol workers?

- * Domestic violence is a public health problem that is relevant to all health professionals
- * All health professionals, should systematically screen and intervene with cases of domestic violence.
- * Domestic violence leads to serious **psychological** and physical consequences.

Victims

- * Victims of domestic violence will present to health professionals with a range of psychological and physical problems that are the results of current or previous victimisation. However, the patient rarely volunteers this information.
- * Victims are likely to present at Drug and alcohol clinics

Perpetrators

- * Perpetrators are less likely than victims to present to health care workers. However, they are likely to present for marital therapy/relationship counselling.
- * Perpetrators are likely to present at Drug and Alcohol clinics.
- * If domestic violence is not identified treatment is unlikely to be successful and may lead to prescribing harmful or inappropriate therapies. - eg. prescribing of sedatives or pain medications is common place for injured patients but contraindicated for patients whose injuries are the result of abuse and who are at risk of developing depression and chemical dependency (American Psychiatric Association, 1994)

Association between Alcohol and domestic violence

- * Research has been flawed
 - acute vs chronic effects
 - no standardised assessment to measure alcohol use or violence
 - study population is not well characterised

- * Strong positive association between excessive alcohol use and domestic violence.
- * - direction of causality not known

- * Three large surveys (Coleman and Straus, 1979; Kantor and Straus 1987)
 - Alcohol consumed immediately prior to violence in 24% of incidents
 - Rates of violence x 15 higher if husband reported to be 'drunk often' compared with those who are never drunk
 - Risky drinking associated with marital aggression in nationally representative 22 year old males

- * Presence of alcohol in incidents of violence ranges between 25 and 50% (AUST)

- * In cases of homicide in NSW 46% involved the use of alcohol by the offender, victim or both

- * Physically abusive males have higher scores on the Michigan Alcoholism Screening test (MAST) than maritally dissatisfied but not violent, and satisfactorily married men.

- * Study examining men seeking counselling for abusive behaviour
 - 59% abused alcohol and 18% abused other drugs

- * Studies of alcoholics receiving treatment for alcohol
 - between 40% and 70% of males had been physically aggressive towards their partners.

- * Little is known about the extent of alcohol use for individuals who are victims of abuse.
 - many have drug and alcohol problems

Association between Alcohol and domestic violence (continued)

Relationship between violence, mental illness and alcohol use

- * Joint occurrence of any two conditions significantly increases likelihood that the remaining condition will be present.
- Mental illness (major affective disorder and schizophrenia) together with alcohol abuse increases risk of violence

Effects of alcohol

- * inhibits brain's normal ability to perceive and respond flexibly to situational cues of danger, pain, or frustration
- * inhibits discrimination between threatening and non-threatening situations
- * may act directly as a chemical disinhibitor of aggressive impulses
- * may offer a rationalisation or excuse for inappropriate behaviour
- * all of these processes may interact with psychiatric symptomatology

Victims - Presentation and Psychological Characteristics

*** Alcohol and drug abuse/dependence**

- 10% of battered women abuse drugs e.g, sedatives, sleeping medications, analgesics and alcohol abuse is common
- 30% of female alcoholics are battered women

*** Major depression**

- 26% of women who attempt suicide are victims of DV

*** Obsessive-compulsive disorder**

*** Generalised anxiety**

*** Post Traumatic Stress Disorder (PTSD)**

- panic attacks
- heart palpitations
- fear
- avoidance behaviour
- disturbance of self concept/self-efficacy
- nightmares
- flashbacks

*** Somatic presentation**

- chronic headaches
- gastro intestinal problems
- abdominal pains
- muscle aches
- chest or back pain
- sleep disorders
- eating disorders
- recurrent vaginal infections
- sexual dysfunction

*** In relation to the violence: Denial, Minimisation and Rationalisation**

*** Predisposing factor**

- Witnessing and/or experience of violence and abuse as a child or adolescent

Perpetrators - Presentation and Psychological Characteristics

*** Alcohol and drug abuse**

- 50% abuse alcohol
- 33% abused other drugs

*** Depression**

*** High levels of anxiety**

*** Other Psychological characteristics**

- Low self-esteem
- Poor problem solving skills
- Distortions in interpreting interpersonal behaviour
- Results of studies examining anger and hostility are mixed
- In social situations the batterer may appear 'normal', appropriate and even charming

In relation to the violence: Denial, Minimisation, and Rationalisation

*** Predisposing factors**

- Witnessing and/or experience of violence and abuse as a child or adolescent
 - 75% witnessed violence between parents
 - 50% abused as children

Perpetrators - Presentation and Psychological Characteristics

(Continued)

Two or Three distinct groups

*** 1: Family only aggressors**

- Low levels of anger, depression and jealousy
- High scores on social desirability (when adjusted, levels of anger, depression similar to other subtypes).
- Non-assertive (generally avoid conflict)
- Less likely to have been severely abused as children
- Less likely to be violent outside the home
- Violence associated with alcohol on 50% of occasions
- Perhaps they suppress anger until alcohol, stress etc triggers release ???

*** 2: Generally aggressive**

- Most frequent use of severe violence
- Majority severely abused as children
- Violence usually associated with alcohol use

*** 3: Emotionally volatile - is this a subcategory of type 1?**

- Highest levels of anger, depression and jealousy
- Reported being severely violent less often than type 2
- Reported being the most psychologically abusive
- Infrequent alcohol use with violence

*** Two distinct groups of perpetrators identified on basis of heart rate reactivity**

1. Men whose heart rate decreased below baseline (Men who calm down)

- comprised 20% of clinical sample with mod-sever violence
- Parental aggression
- More aggression toward in and out of the home
- antisocial behaviour
- sadistic aggression
- lower dependency
- higher rates of drug dependence

* Similar to type 2 perpetrators

2. Men whose heart rate increased above baseline (Men who get excited)

Characteristics of abusive/physically aggressive relationships

*** Longitudinal study: O'Leary et al. 1994**

- * Approx 400 couples interviewed 1 month before married, 18 and 30 months after married
- * More than half couples reported some form of physical aggression; eg. pushing, shoving
- * More than half reported aggression was mutual

*** For men and women**

- Psychological aggression predicts initial incidents of physical aggression

*** For men:**

- Violence in the family of origin even in the absence of marital discord or verbal aggression

*** For women:**

- impulsive personality characteristics + marital unhappiness leads to physical aggression directly
- a history of personal violent actions against others leads to physical aggression against partners independent of relationship characteristics

NB: Physical aggression of men resulted in more fear and negative impact than that of women

*** Power and violence study (Babcock, Waltz, Jacobson and Gottman (1993))**

- * examined demand-withdraw communication pattern:
 - DV couples compared to DNV characterised by both husband demand /wife withdraw and wife demand/husband withdraw - leading to numerous power struggles
 - Husband demand/wife withdraw interaction pattern associated with increased psychological and physical abuse by husband
 - DV men compensate for their lack of marital power with physical aggression

*** Laboratory study: Margolin et al (1988)**

- * Couples discussing problematic topics
- * Compared to verbally aggressive couples physically aggressive males
 - displayed more overtly negative behaviours (signs of dismissal, waving arms, threatening or mimicking gestures, negative physical contact)
 - demonstrated more negative voice (irate, angry, nagging, sarcastic, mocking)
 - reported more fear, anxiety and sadness
- * Compared to verbally aggressive wives, physically aggressive wives
 - showed greater escalation of offensive negative behaviours followed by deescalation in the final period of the discussion

Characteristics of abusive/physically aggressive relationships (continued)

- * **Laboratory study: Cordova, Jacobson et al, 1993**
- * Compared with non violent distressed couples
 - DV husbands demonstrated higher proportion of aversive behaviour (criticise, put down)
 - DV men and women showed greater use of negative reciprocity
 - challenges notion that battered women try to placate their husbands. They continue to engage in conflict despite history of being subject to abuse.
- * **Couples experiencing mod-severe violence:**
- * Generally only women (not men) experience fear during aggressive episodes.
- * Men say that once violence begins wife can not do anything to stop it.
- * **Laboratory studies: Are they representative of the natural environment?**
- * **Summary of characteristics of relationships of domestically violent couples**
 - Men and women both engage in physical aggression
 - BUT it is women who experience fear
 - Psychological aggression (pre-marriage) predicts physical aggression
 - Both are verbally aggressive and demonstrate negative behaviours
 - Women show escalation followed by deescalation
 - there is little women can do to stop the violence once it has started

PROCEDURES FOR IDENTIFYING & TREATING CLIENTS IN VIOLENT RELATIONSHIPS

- * Screening**
- * Assessment**
- * Intervention**
- * Referral**
- * Follow-up**
- * Documentation**

Routine screening for Victims and perpetrators

*** Routine screening**

- do not let social status of patient or other preconceived ideas about the type of patient that is victimised or a perpetrator influence your decision to screen
- start by talking about relationship and any problems in the relationship
- start with gentle probing questions about the relationship and build up the intensity of questions
- empathise about difficulties in the relationship
- routinely inquire about whether there is any emotional, physical or sexual abuse.
- always be non-judgmental during screening

*** Ask alone**

- to protect the victims privacy and to allow her/him to feel safe to speak

*** Examples of probing questions/leading questions for victim and perpetrator**

- What sort of difficulties are you having in your relationship?
- What sort of things would you like to see change in your relationship? These things could be less arguments, more cooperation, sharing of tasks, doing more things together, less nagging, more freedom,
- What sort of things does your partner say he/she would like to change in the relationship?
- Have you or are you worried that your partner might leave you?
- It's normal to have arguments and arguments change over time. Often arguments become more intense and couples get more and more angry at each other; Were there ever times when you were scared that [YOUR / YOUR PARTNER'S] anger was out of control?
- Has it ever got so bad that you felt like shaking your partner? (**Perpetrator**)
- Has it ever got so bad that your partner has come close to hitting you.....has he/she ever hit you? (**Victim**)
- Are you frightened of your partner? Has there been violence? (**Victim**)

*** For victims be aware of and help overcome barriers to disclosing**

- Cultural constraints
- Fear of not being believed
- Judgmental attitudes of others
- Increased threats to self and children
- Nowhere to go
- Lack of knowledge about what can be done e.g., legal system and services

*** For perpetrators be aware of and help overcome barriers to disclosing**

- Denial, minimisation and rationalisation
- Embarrassment
- Legal consequences

Assessment of abuse within relationship: Victims and perpetrators

*** History of abuse: Victims and Perpetrators**

- Types of abuse
- First episode of abuse
- Duration, frequency and severity of abuse
- Outcome of abuse ie medical attention; GP, emergency dept, police involvement

*** Safety assessment: Victims**

- Level of fear and worst case of abuse
- Has the abuse been getting worse
- Use or access to weapons: Do you or your partner have access to firearms?
- Has the victim got a safety plan: Do you have a safe place to go to where your partner will not harass you?..... Have you got a plan organised if things get really bad?
- Safety of children: Where are your children? Are they in danger?".
- At least half of all children living in violent households are being abused. Most are physically, some sexually, and nearly all are emotionally abused. If children are experiencing physical or sexual abuse you are required by law to notify authorities

*** Effect of the abuse: Victims and perpetrators**

- Symptomatology linked to the victimisation
 - psychological, emotional and physical effects of the abuse
 - Drug and alcohol abuse

*** Appraisal of the abuse: Victims and Perpetrators**

- Attitudes towards the violence
- Blame and responsibility for the violence
- Guilt/remorse
- Readiness to leave situation

*** Attempts to stop the violence: Victims and Perpetrators**

- Legal actions taken
- Separation
- Counselling with health professionals
- Drug and alcohol interventions
- Discussions with friends/relatives
- Outcome of each action

*** Social supports: Victims and Perpetrators**

Access to support networks eg, family, friends, church, work

*** Availability of housing/finance: Victims and Perpetrators**

Potential for independent living and to support children

- own finance, alternative place to live, welfare benefits

Intervention for Victims

Initial response to disclosure

*** Validation of their experience**

Acknowledgment that violence is occurring and that it is a serious problem is an important and powerful first step.

- " Many people experience this sort of violence and often they are afraid to tell anyone about it"
- "these experiences can have painful and even dangerous consequences".

*** Address beliefs about self-blame**

- The victim may have spent many years blaming herself and trying to find ways to please her partner. Her self-esteem is likely to be virtually non-existent.
- Emphasise that it is not her fault and that she has a right to live without the violence

Longer term treatment

*** Assess and treat for drug use**

*** Intervention for anxiety and depression**

- Many will be suffering from anxiety and depression
- Be wary of prescribing anxiolytic drugs

*** Continue to address beliefs about self-blame**

*** Address low self-esteem**

*** Deal with violence during childhood**

*** Build up social supports**

Intervention for Perpetrators

Initial responses to disclosure

Acknowledge and reinforce perpetrator's openness in talking about the violence. Let the perpetrator know that he/she is taking an important step by talking about the violence.

*** When relationship has been more firmly established**

When relationship with client is established and client is able to talk about his anger and violence, you can more firmly state that violence is not acceptable

*** Assess safety and resources of perpetrator's partner**

- Obtain consent from the perpetrator to interview the perpetrator's partner alone to assess safety
- Provide the perpetrator's partner with relevant information on support services

Longer term treatment

*** Responsibility for the violence**

- Stress that violence is always unacceptable and there is NO excuse
- Encourage the perpetrator to take responsibility for their own behaviour
- Encourage the perpetrator to examine their attitudes towards power and control in the relationship

*** Establish reasons for and commitment to change**

- What reasons does the perpetrator give for wanting to change?...Has an AVO been taken out?.....Is it an attempt to stop partner from leaving?.....Realisation that behaviour is unacceptable?

*** Get the perpetrator to commit himself to stopping the violence**

- Negotiate a contract with the perpetrator specifying that the violence will stop
- Take advantage of legal sanction eg, encourage the man to take out an AVO on himself

*** Emphasise that there are alternative ways of behaving**

- It will take commitment, time and a lot of effort
- Person must take responsibility and not blame other people or things like alcohol, stress
- It might make them feel more vulnerable in the short term.

*** Develop plans when perpetrator gets angry**

*** Deal with any drug and alcohol problems-**

*** Do not interview or counsel couples together**

*** Counselling should not be used as a substitute for legal actions but can co-exist.**

*** Deal with violence during childhood**

Referral, follow-up and documentation: Victims and Perpetrators

Referral

*** Discuss concerns about contacting authorities**

- Often women are reluctant to seek help. Some have had previous negative experiences with eg. police, authorities. Others are fearful of more violence as a result of their actions, eg, fear about children been taken away.

*** Be aware of the various forms of help/resources available**

- Useful contacts are social workers, police, women's refuges, Department of Community Services and perpetrator or 'men's groups.
 - 24 hour counselling and advice service: Ph. 008 047 727
 - 24 hour emergency accommodation: Ph. 799 6949
 - DV advocacy service: Ph. 637 3741
 - Perpetrator or men's groups
- Have relevant resource information readily available.
- Provide victim and perpetrators with written information on domestic violence

*** Be an advocate for the victim**

- Ensure the safety of the woman and her children by making the necessary inquiries and referrals

*** Remember**

- Many victims will not readily leave a relationship or take other actions. She may attempt several times before she finally leaves the situation
- Accept and support victim's decision about the avenues she will follow, even if you disagree

Follow-up

*** Follow-up victim even if the victim has been referred elsewhere.**

- It provides ongoing structure for the victim
- It will provide her with security and support

*** Follow-up perpetrator and perpetrator's partner to**

- provide support
- and to monitor progress and effect of the perpetrator intervention

*** Follow-up with referral agencies**

*** Always make sure you have separate sessions with perpetrator and victim**

Documentation

- * This will help the victim in the future, particularly in relation to medico/legal evidence

Domestic Violence and the Law

Restraining Orders

Injunction

- traditional
- obtained through the civil court

* Disadvantages

- if breached, then the perpetrator will not be arrested automatically.
- must specify physical non-molestation
- Action can not be taken unless there is physical molestation
- No action can be taken on psychological harassment

Bond

- Traditional
- obtained through the civil court
- the perpetrator must give a security (fixed amount of money) to be of good behaviour for a set period of time.

* Advantages

- simple, speedy and inexpensive

* Disadvantages

- very general , What is good behaviour?
- if breached, it does not constitute criminal offence
- only penalty is having to pay the money

New Legislation

- * In the 1980's all the Australian States established new legislation aimed specifically at restraining Domestic Violence.

* Legislation covers

- anyone at all, e.g. neighbours, strangers, married and de facto spouses,
(S.A., Tas., W.A., N.T., N.S.W.), or
- only persons in domestic circumstances eg. partners, family members
(Qld., Vic., A.C.T.).

Apprehended violence order

- * In N.S.W. the restraining order, which was initially established in 1982 and amended in 1993 , is called an **Apprehended Violence Order (AVO)**.

Main features

- * To enable a person to seek a court order to restrain another from committing an assault, harassing, molesting, intimidating, stalking or damaging property where this is threatened or likely to occur,
- * to enable an application to be made not only by the person involved, but also by a police officer
- * the order may exclude the prospective assailant from entering his/her place of residence as well as restraining the anticipated violent or harassing acts,
- * a breach of the order constitutes an offence for which the offender may be arrested without a warrant.
- * it is not a criminal proceeding, and the perpetrator will only acquire a criminal record if the conditions of the AVO are broken.
- * Furthermore, in this State, if called to a domestic incident, the police must apply for an AVO on behalf of the victim unless
 - the person intends to make the complaint or
 - they have good reasons not to make the complaint. These must be documented

Procedure to obtain an AVO.

- * The victim or the police make a complaint to a magistrate.
- * The magistrate then may issue
 - a **summons** against the perpetrator
 - an **interim AVO**
 - a **warrant for the arrest** of the perpetrator
- * The summons specifies a place and date for the court hearing when a **final AVO** will be issued.
- * If the perpetrator does not attend court, the complaint can still be heard and an interim AVO issued.
- * If the victim does not attend court for a good reason, then an affidavit can be used instead.
- * An interim or final AVO only becomes effective legally, when a copy is given to the perpetrator personally.
- * An interim AVO can be obtained over the telephone under certain circumstances e.g. at night, no available court.
- * Once an interim or final AVO has been issued, the perpetrator can no longer possess or obtain a firearm. In cases where a final AVO has been issued, the perpetrator cannot obtain a firearm licence for 10 years.

Features of an AVO

* Duration

- This can be up to 10 years, but if not stated is for 6 months.

* Terms: These prohibit or restrict

- approaches by the perpetrator to the victim
 - access by the perpetrator to the victim's home, place of work or other specified place
 - the possession of firearms by the perpetrator
 - specific behaviour of the perpetrator which may affect the victim
 - conduct which intimidates the victim
 - stalking.
-
- Last 2 terms are applied automatically unless specifically excluded by the court.
 - An application to change the terms of an AVO can be made to the court at any time, by the victim, perpetrator or police.
 - If the terms of an AVO are broken, the perpetrator has committed a criminal act and can be jailed for up to 2 years. If this has involved an act of violence, then the perpetrator must be jailed unless the court specifies its reasons for not doing so.
 - The offences of stalking or intimidation with intent to cause fear for personal safety can also lead to imprisonment for up to 2 years.

Difficulties in contemplating taking out an AVO

* Women may have difficulty in using the legal system because of:

- continuing love or affection for the perpetrator
- the belief that counselling alone will stop the violence
- financial dependence on the perpetrator
- fear of loss of home
- fear that legal action will make the situation worse
- previous negative experiences with police, magistrates, etc
- intimidation by the court process
- lack of knowledge about legal remedies
- communication difficulties for non-ES and disabled women
- previous unsuccessful attempts to obtain AVO e.g. undertakings which have been breached
- lack of continued support and follow-up

Analysis of AVO's granted at Redfern Court 1992/93

- * 76.4% of women represented legally, obtained final AVO's
- * majority of AVO's were for 2 years (6 mths to 10 years)
- * only 4.7% of cases were defended by perpetrators
- * fewer than 1% (0.92%) of applications for AVO's were dismissed
- * the summons was withdrawn in 12% of cases

THE PROVISION OF EFFECTIVE SUPPORT AND LEGAL REPRESENTATION WILL ENCOURAGE A VICTIM TO INITIATE THE PROCESS AND SUCCESSFULLY OBTAIN AN ORDER.

Legal Aspects of Staff Involvement

***If you become aware that a client is a victim**

- You are legally required to report domestic violence incidents if evidence of serious bodily harm
- you can make them aware of their legal rights and be certain that they understand them
- if they are physically injured, you can strongly advise them to obtain an AVO

***If you become aware that a client is a perpetrator**

- you are legally required to report the perpetrator if evidence of serious bodily harm
- you can advise the perpetrator of the legal implications of the violence
- you are legally bound to respect confidentiality, however if you are very concerned about the safety of the potential victim you may feel that it is necessary to inform them. This is legally possible (Tarrasoff) & can occur if
 - a) the perpetrator has a past history of serious violence
 - b) the perpetrator is threatening the victim and has the means to carry out that threat

***It is advisable to**

- discuss such an action with other staff and the Domestic Violence Advisory Service first and obtain support
- document the decision, the reasons for taking it and the victim's response
- notify the victim directly or through an acceptable intermediary e.g. police, other staff
- ask for police assistance and advice if you are concerned for your own safety.

Our research

- 1. To assess the prevalence of domestic violence amongst clients of Drug and Alcohol treatment centres**
 - % Victims
 - % Perpetrators

- 2. To complete a psychological profile of all clients (and their partners) of D&A centres**
 - % physical, emotional and sexual abuse as a child who are victims or perpetrators of domestic violence
 - % perpetrators falling into type 1 and type 2 alcoholic categories
 - scores on standard psychological tests of anxiety, depression, anger, sociopathy etc etc
 - extent of alcohol involvement in violent incidences

- 3. To assess staff knowledge, attitudes, beliefs and practices in relation to domestic violence**

- 4. To develop a program to train D&A workers to detect and appropriately respond to cases of domestic violence**

- 5. To evaluate the effect of this programme on**
 - (i) staff attitudes and beliefs about domestic violence
 - (ii) staff detection and response practices
 - (iii) D& A clinic's policy and procedures for domestic violence

RESOURCES

INCOME

Department of Social Security

The Department of Social Security provides financial assistance in the form of pensions and benefits to women meeting eligibility requirements which include income and assets tests.

Department of Social Security offices are located in metropolitan and regional locations throughout NSW.

Department of Social Security

| | | |
|---|---------------------|-------------|
| - | General Enquiries | 008 061 026 |
| - | Financial Enquiries | 13 2468 |

| | |
|----------------|----------|
| Salvation Army | 649 4455 |
|----------------|----------|

| | |
|--------------|----------|
| Smith Family | 550 4422 |
|--------------|----------|

| | |
|--------------------|----------|
| St Vincent De Paul | 649 9902 |
|--------------------|----------|

| | |
|--------------------------------|----------|
| NSW Council of Social Services | 211 2599 |
|--------------------------------|----------|

| | |
|---------------------|----------|
| Aboriginal Services | 227 8890 |
|---------------------|----------|

| | |
|------------------|----------|
| Migrant Services | 227 8894 |
|------------------|----------|

Department of Community Services

The Department of Community Services provides funding to non-government agencies for the provision of emergency financial assistance. Contact the Department for details of relevant local agencies.

| | |
|----------------------------------|----------|
| Department of Community Services | 716 2222 |
|----------------------------------|----------|

SAFETY

Crisis Services

| | |
|---|-------------------------|
| Refuge Referral Service 24 hour referrals to refuges | 560 5483 |
| NSW Women's Refuge Resource and Referral Service | 560 1605 |
| Crisis Counselling Service | 358 6577 |
| Salvo Care Line Crisis Centre 24 hours | 331 6000 |
| Lifeline 24 hours telephone counselling | 987 4440 |
| Blacktown After Hours Family Crisis Service 6pm - midnight weekdays 10am - midnight weekends | 622 0522 |
| Child Protection and Family Crisis Service For women or men experiencing domestic violence | 008 047 727 |
| Sydney Rape Crisis Centre | 819 6565 008 42 4017 |
| Translating and Interpreting Service Toll free 24 hours | 221 1111 008 112477 |
| Police | 000 |
| Sydney Metropolitan Area | 281 0000 |
| DOCS Domestic Violence Crisis Line | 008 656 463 |
| Domestic Violence Advocacy | 637 3741 |
| NSW Domestic Violence Committee | 334 1160 |

Refuges

Women's refuges are located throughout NSW. For information on refuge vacancies contact:

Refuge Referral Service 560 5483
24 hour referrals to refuges

NSW Women's Refuge Resource and Referral Service 560 1605

Homeless Persons Information 265 9081

Metropolitan Refuges

Arncliffe
Marian Villa 599 7776

Ashfield
Women's Stress Centre 799 4844

Blacktown
Community Cottage 621 8253
Charmian Clift 622 3066
For women with psychiatric disabilities

Bondi Junction
Single women 389 4431

Campbelltown
Marcia 046 28 3034

Como
Amelie House 528 9426

Dee Why
Bringa 971 4499

Canley Vale
Bonnie 609 3939

Glebe
Butler Lodge 660 1274
Elsie 660 1371

Greenacre
Betsy 796 2577

Greystanes
Indo Chinese Women's Refuge 636 2081

Inner City
Jarrah House 789 4166

Kingsford
Killara 398 9058

| | |
|--|-------------|
| Lane Cove Delvena | 428 4929 |
| Liverpool Amberly's Single Women | 602 9160 |
| Marrickville Women's | 558 1702 |
| Mt Druitt Lucy Single Women's | 675 1657 |
| Parramatta Luth Cottage | 635 1688 |
| Penrith Refuge | 047 32 2318 |
| Rooty Hill Essie | 625 7503 |
| Ryde Refuge, Telopea | 888 9099 |
| Surry Hills Samaritan House | 211 5794 |
| Scholastica House | 212 1104 |
| <i>Aboriginal Women's Refuge</i> | |
| Penrith Cawarra | 047 21 8922 |
| <i>Muslim Women's Refuge</i> | |
| Lakemba | 750 6916 |
| Fax Number | 750 7913 |

Medium Term Accommodation

The Women's Housing Program operated by the Department of Community Services funds community based medium term supported accommodation for single women and women with children. Further information can be obtained from Department of Housing regional offices.

Information on housing options for women is also available from:

| | |
|--|-----------------|
| Women's Housing Company | 281 1764 |
| NESB Women's Housing Scheme | 726 7969 |
| Department of Housing Allocation Line | 821 6688 |
| Barnados Temporary Family Accommodation | 646 2780 |
| Barnados Centre | 646 2770 |

Independent Legal Centres

Free legal advice on domestic violence matters is available from independent legal centres.

| | |
|----------------|-------------|
| Blue Mountains | 047 82 4155 |
| Campbelltown | 046 28 2042 |
| Illawarra | 042 76 1939 |
| Inner City | 332 1966 |
| Kingsford | 398 6366 |
| Liverpool | 601 7434 |
| Macquarie | 689 1777 |
| Marrickville | 559 2899 |
| Redfern | 698 7277 |

Redfern Legal Centre co-ordinates the Women's Domestic Violence Court Assistance Scheme. This Scheme provides free rostered solicitors and support workers one day per week at Redfern Local Court specifically for domestic violence matters.

For advice on matters such as property settlements and custody

| | |
|--------------------------------|-------------|
| Women's Legal Resources Centre | 637 4597 |
| or toll free | 008 80 1501 |

Phone advice service 9.30 am - 1.00pm, 1.30 pm - 5.00pm
Monday, Tuesday, Thursday

Aboriginal Legal Service

| | |
|-------------|----------|
| Chippendale | 699 9277 |
| Waterloo | 698 7477 |

Aboriginal Police Liaison Officers are also located in metropolitan and country locations.

| | |
|---------------------|----------|
| For locations phone | 399 5266 |
|---------------------|----------|

Law Society of NSW

The Law Society of NSW operates free legal advice centres in metropolitan and regional locations. These centres are staffed by voluntary lawyers one or two nights a week.

For locations contact:

Law Society Community Assistance
Department

232 2511

Local Courts

Chamber Magistrates at local courts provide free confidential legal advice. Check local phone books for court locations.

Police prosecutors will also act for women in domestic violence matters.

SUPPORT

Counselling Services

| | |
|---|-------------|
| Anglican Counselling Centre | 799 9311 |
| Blacktown After Hours Family Crisis Service | 622 0522 |
| Careforce | 890 6830 |
| Centacare Family and Marriage Counselling Centre | 283 3099 |
| Child Protection and Family Violence 24 hours | 008 047 727 |
| Lifeline | 987 4440 |
| Marriage Guidance NSW | 418 8800 |
| The council has a number of centres in the metropolitan area. | |
| Salvo Care Line | 331 6000 |
| Unifam Marriage and Family Counselling | 891 1628 |
| Women and Girls' Emergency Centre | 281 1277 |
| Women in Crisis Counselling (Wayside Chapel) | 358 6577 |
| Barnados Domestic Violence Support Group (ask for DV worker) | 646 2770 |

Women's Resource Centres

Women's Resource Centres provide information and counselling.

| | |
|--------------------------|----------|
| Ashcroft | 607 7536 |
| Bidwell | 628 3008 |
| Chippendale (Aboriginal) | 319 2613 |
| Liverpool | 607 7536 |
| Manly Warringah | 917 4499 |
| Maroubra | 349 8200 |
| Petersham | 569 3819 |

Medical Services**Women's Health Centres**

| | |
|---------------------|--------------------|
| Bankstown | 790 1378 |
| Blacktown | 831 2070 |
| Campbelltown | 046 27 2955 |
| Caringbah | 525 2058 |
| Fairfield | 726 4059 |
| Glebe | 660 4316 |
| Hawkesbury | 045 78 2480 |
| Leichhardt | 560 3011 |
| Liverpool | 601 3555 |
| Parramatta | 635 3794 |
| Pennith | 047 21 8749 |
| Westmead | 635 3794 |

Programs for men who are violent

**Centacare Family and Marriage
Counselling Centre**

283 3099

**Child Protection and Family
Violence**

(008) 047 727

**Life Care Counselling and
Family Services**

708 2112

708 2088

(046) 284 393

Lifeline

987 4440

Relationships Australia - Westmead

635 9311

- Lane Cove

418 8800

Unifam Marriage and Family Counselling

261 4077

St Vincent de Paul

698 9864

698 1529

RAPS

890 1500

Appendix 6

Suggestions for modifying initial intake interview

Initial intake assessment at drug and alcohol centres: Suggestion for questions on domestic violence

Alot of people have conflict in their relationships. We would like to ask a few questions about those times when the conflict got out of control.

How many times has a partner (or other) threatened to or actually slapped, pushed, punched, kicked etc you?

Who?
Current? Yes/No

How many times have you done this to a partner (or other)?

Who?
Current? Yes/No

Have you ever been frightened of a partner or others?

Who?
Current?

NEW INTAKE FORM FOR MANLY - PHOENIX UNIT

Page 4

RELATIONSHIPS

List past and present significant relationships.

A lot of people have conflict in their relationships. We would like to ask a few questions about those times when the conflict got out of control.

Questions

- a) How many times have you threatened or actually slapped, pushed, punched, kicked a partner or others?
Who?
Current? Yes/No
- b) How many times has a partner (or other) done this to you?
Who?
Current? Yes/No
- c) Have you ever been frightened of a partner (or others)?
Who?
Current? Yes/No
- Do you see yourself as a dependant person?
- Do you need to be in a relationship to feel good or whole?
- Have you gone from one relationship to another?
-
- What emotional and/or outside issues could distract you from your recovery?
- Have you ever been assaulted?
- How was your drinking/drugging use maintained?

LEGAL

- Have you been arrested?
- What for
- When
- Have you been in prison?
Details:
Current legal problems?
Probation/bond/others?

OTHER

- Do you suffer from any physical ailments or allergies i.e. Asthma, etc?
- Are you taking any prescribed medication? If so please list

Appendix 7

Client Interview Procedure

CLIENT INTERVIEW PROCEDURE: St Edmund's Private Hospital

1. It is essential that all clients, 18 years or older, be seen a minimum of 7 days after their admission.

In all cases, they will have been approached by the clinic contact person, Debbie Murphy, told a little about the project e.g. "This is a research project looking at the possible effects of alcohol on relationships" and asked to be seen by the interviewer. Debbie will write the names of people to be interviewed in the Research book behind the counter at the Nursing Station. You will have to ask Debbie if anybody refused to participate.

The interviews are arranged by her to be conducted on Saturday. They have a group on Saturday morning and interviews begin from 12:30. Lunch is at 1:00 and sometimes the interview will have to be worked around this.

All clients are to be given a **code number** for the clinic. The code number for St Edmund's is 3 (there are numbers between 300 and 400 which are allocated to clients in this clinic). This code number must be used on the interview form and self completion questionnaires. It must also be recorded in the log book.

2. When you arrive at the clinic, park your car in the carpark at the back of the hospital (remembering to abide by the road rules as designated by appropriate signs and warnings) and meet with the nursing staff. Tell the staff member who you have arranged to interview.

It is important that you have contact with, and the opportunity to explain the project to **all clients**.

When you do so, explain the nature of the project to him/her e.g. " This project is looking in detail at how alcohol or drugs can affect relationships and conflict in relationships so that these issues can be dealt with while patients are at the clinic. The project will benefit other people in similar situations. The information that you give us is very important, and is totally confidential between you and the research staff. If you have any doubts, see how you go and at any time you are free to withdraw. "

3. **Arrange the room** to be used for the interviews. This room will be either the interview room opposite the nursing station, Trish Lapaine's room (downstairs) or Barry O'Grady's room (near the nursing station).

4. Take the client to the room, make him/her comfortable and explain the procedure to be followed.

Give the client the **Client Information Sheet** and offer to answer any questions about the project. The client can then keep this sheet.

When this has been completed, follow the same procedure with the **Client Consent Form**. Ask the client to sign the consent and you then witness it.

5. Proceed with the interview.

6. At the conclusion of the interview, go through the **Safety Checklist** procedure.

7. Write the client's code number and complete the office use section on the **self completion questionnaires**. Hand them to client and ask that they be done at their leisure and then be handed to the staff contact person in the sealed envelope within a few days.

8. Then ask the client, if in a relationship at present or in the previous 12 months, if he/she would consent to their **partner** being approached to participate in the project. If **"Yes"**, ask the client to sign on the Client Consent form and then witness it.

If **"No"**, try and find out why and ask if the client might prefer to approach his/her partner themselves first. If the client still refuses, suggest that you might ask him/her again the following week.

9. Obtain contact details for partner.

10. Hand client relevant **D.V. information brochures** depending on whether client is a victim or a perpetrator. If they are neither, offer them anyway.

11. Thank client for participating, accompany them back to the ward area and then meet the next client.

Appendix 8

Client Structured Interview

CLIENT INTERVIEW
PARTNER INTERVIEW

DATE A

CLIENT OR PARTNER B

SUBJECT NO. C

NAME

DEMOGRAPHICS

OFFICE USE

1) *Clinic*

- ☐ St John of God - Richmond
☐ St John of God - Burwood
☐ Wistaria House - Parramatta
☐ Phoenix Unit - Manly
☐ St Edmond's - Eastwood

1

2) *Admission number*

2

3) *Period spent at clinic to date*

days

3

4) *Age*

years

4

5) *Sex*

- ☐ Male
☐ Female

5

6) *Residence*

State

Postcode

6a

6b

7) *Country of birth*

7

8) *Language spoken at home*

8

OFFICE USE

9) Religion

- ☐ Christian
☐ Moslem
☐ Hindu
☐ Jewish
☐ None
☐ Other (specify) _____

9a ☐9b ☐

10 a) Highest level of education achieved

- ☐ Primary school (1- 7)
☐ Secondary school (8, 9, 10, 11)
☐ Secondary school (HSC)
☐ Technical /trade certificate
☐ College (diploma)
☐ University

10a ☐

10 b) Qualifications

10b1 ☐10b2 ☐10b3 ☐

11 a) Occupation (present)

11a ☐ ☐

11 b) Occupation (past)

11b ☐ ☐

12) Are you

- ☐ employed
☐ unemployed
☐ retired
☐ housewife
☐ student

12 ☐

13) Before entering this clinic, were you receiving..

- ☐ pension (specify) _____
☐ unemployment benefit
☐ other benefit (specify) _____
☐ none

13a ☐13b ☐

OFFICE USE

14) *Marital status*

- ☐ Never married
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Defacto

14

15 a) Are you currently in an intimate relationship?

- ☐ Yes
☐ No
If YES, please continue.
If NO, go to 16a.

15a

15 b) How long have you been together?

_____ weeks or _____ months or _____ years.

15b

Go to 16b

16 a) Have you been in an intimate relationship in the last 12 months?

- ☐ Yes
☐ No

16a

16 b) How long ago was your last intimate relationship?

_____ months ago

16b

16 c) For how long were you in that relationship?

_____ month

16c

16 d) When did it end?

_____ months ago

16d

16 e) Why did it end?

16e1

16e2

16e3

17) Number of children

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 - 7
☐ 8+
☐ None

17

18) Sex and age of children

SEX

| |
|--|
| |
| |
| |
| |
| |

AGE

| |
|--|
| |
| |
| |
| |
| |

OFFICE USE

| | | | |
|------|--------------------------|------|--------------------------|
| 18a1 | <input type="checkbox"/> | 18b1 | <input type="checkbox"/> |
| 18a2 | <input type="checkbox"/> | 18b2 | <input type="checkbox"/> |
| 18a3 | <input type="checkbox"/> | 18b3 | <input type="checkbox"/> |
| 18a4 | <input type="checkbox"/> | 18b4 | <input type="checkbox"/> |
| 18a5 | <input type="checkbox"/> | 18b5 | <input type="checkbox"/> |

19) What was the reason for your admission to this clinic on this occasion?

If alcohol is primary drug, go to 24.
If primary drug is not alcohol, continue.

19 ☐ ☐

20) What was your average daily consumption of (primary drug) for the 30 days immediately before entering this clinic?

_____ pills/ hits per day

20 ☐ ☐

21) How long have you been drugging at this level?*(
(only refers to continuous period to date)

_____ days/ months/ years

21 ☐ ☐ ☐

22) How long ago was your last (primary drug) taken?

_____ hours or _____ days
or _____ months

22 ☐ ☐ ☐

23) How old were you when you started using (primary drug) regularly?

_____ years

23 ☐ ☐

The next questions are about alcohol, when you started drinking and the types and amounts of alcohol that you typically drink.

24) How old were you when you first drank alcohol?

_____ years

24 ☐ ☐

25) How old were you when you first drank alcohol regularly?

_____ years

25 ☐ ☐

26) In the last year, on how many days a week would you have typically drunk alcohol?

_____ days

Now I want you to think back to a typical day in the last year on which you drank alcohol.

27) What (type) of alcohol did you drink on this day?
prompt: beer, spirits, wine.

| |
|--|
| |
| |
| |

28) And how much (type) did you drink on this day?

TYPE

QUANTITY

| |
|--|
| |
| |
| |
| |
| |

| |
|--|
| |
| |
| |
| |
| |

If only drink on one day a week (see question 26) go to 34.

29) On how many days in that week did you drink that amount?

_____ days

30) On how many days in that week did you drink more?

_____ days

31) What and how much did you drink on each of these days when you drank more?

DAYS

TYPE

QUANTITY

| |
|--|
| |
| |
| |
| |
| |

| |
|--|
| |
| |
| |
| |
| |

| |
|--|
| |
| |
| |
| |
| |

32) On how many days in that week did you drink less than [read out response from Q28]

_____ days

OFFICE USE

26

27a

27b

27c

28a1

28b1

28a2

28b2

28a3

28b3

29

30

31a1

31b1

31a2

31b2

31a3

31b3

31a4

31b4

31a5

31b5

31a6

31b6

32

OFFICE USE

33) What and how much did you drink on each of the days when you drank less?

| DAYS | TYPE | QUANTITY |
|-------|-------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | | | | |
|------|----------------------|------|----------------------|----------------------|
| 33a1 | <input type="text"/> | 33b1 | <input type="text"/> | <input type="text"/> |
| 33a2 | <input type="text"/> | 33b2 | <input type="text"/> | <input type="text"/> |
| 33a3 | <input type="text"/> | 33b3 | <input type="text"/> | <input type="text"/> |
| 33a4 | <input type="text"/> | 33b4 | <input type="text"/> | <input type="text"/> |
| 33a5 | <input type="text"/> | 33b5 | <input type="text"/> | <input type="text"/> |
| 33a6 | <input type="text"/> | 33b6 | <input type="text"/> | <input type="text"/> |

34) For how long have you been drinking in this way?

years

34

35) Before years ago (insert response from question 34) was your drinking

- ☐ heavier
☐ lighter
☐ variable that is sometimes heavier and sometimes lighter

35

36 a) What is the longest period you have abstained since you started drinking regularly?

_____ days or _____ weeks or _____ months or
 _____ years or _____ N/A

36a

36 b) How long ago was this?

_____ days or _____ weeks or _____ months or
 _____ years or _____ current or _____ N/A

36b

COMPLETE TABLES FOR EACH DRUG USED

OFFICE USE

- 37 a) *In the past year what other drugs have you used?*
 37 b) *How often do you use each of these?*
 37 c) *and what age were you when you first started using it?*

- Drugs used in the past year before entering the clinic -

| | | | | |
|------------------------------------|--|--|--|--|
| 37 a) Drugs used | | | | |
| 37 b) Usual frequency | | | | |
| Every day | | | | |
| Nearly every day | | | | |
| 3-4 days per week | | | | |
| 1-2 days per week | | | | |
| 2-3 day per month | | | | |
| Once per month | | | | |
| Once every two months | | | | |
| Once per year | | | | |
| 37 c) Age when first started using | | | | |

37a1 ☐ 37a2 ☐
 37a3 ☐ 37a4 ☐
 37b1 ☐ 37b2 ☐
 37b3 ☐ 37b4 ☐
 37c1 ☐ 37c2 ☐
 37c3 ☐ 37c4 ☐

PSYCHIATRIC AND MEDICAL HISTORY

- 38 a) Have you ever been diagnosed by a doctor as suffering from

| | YES | NO |
|--------------------------------|--------------------------|--------------------------|
| Depression | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| Post-traumatic stress syndrome | <input type="checkbox"/> | <input type="checkbox"/> |
| Schizophrenia | <input type="checkbox"/> | <input type="checkbox"/> |
| Manic Depressive Illness | <input type="checkbox"/> | <input type="checkbox"/> |

38a1 ☐
 38a2 ☐
 38a3 ☐
 38a4 ☐
 38a5 ☐

IF YES

- 38 b) Are you currently receiving treatment for

| | YES | NO |
|--------------------------------|--------------------------|--------------------------|
| Depression | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| Post-traumatic stress syndrome | <input type="checkbox"/> | <input type="checkbox"/> |
| Schizophrenia | <input type="checkbox"/> | <input type="checkbox"/> |
| Manic Depressive Illness | <input type="checkbox"/> | <input type="checkbox"/> |

38b1 ☐
 38b2 ☐
 38b3 ☐
 38b4 ☐
 38b5 ☐

- 38 c) Have you ever seriously thought about taking your own life?

☐ Yes
☐ No

38c ☐

38 d) Have you ever attempted to take your own life?

- ☐ Yes
☐ No

38d ☐

39 a) Have you ever been diagnosed by a doctor as suffering from

| | YES | NO | DON'T KNOW |
|---------------------|--------------------------|--------------------------|--------------------------|
| Ulcers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peripheral Neuritis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liver Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vitamin Deficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

39a1 ☐39a2 ☐39a3 ☐39a4 ☐39a5 ☐39a6 ☐39a7 ☐

39 b) Are you currently receiving treatment for

| | YES | NO | DON'T KNOW |
|---------------------|--------------------------|--------------------------|--------------------------|
| Ulcers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peripheral Neuritis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liver Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vitamin Deficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

39b1 ☐39b2 ☐39b3 ☐39b4 ☐39b5 ☐39b6 ☐39b7 ☐

40 a) Have you ever had a serious head injury?

- ☐ Yes
☐ No

40a ☐

40 b) How long ago was this?

_____ weeks or _____ months or _____ years.

40b ☐ ☐ ☐

FAMILY HISTORY

OFFICE USE

Now I'd like to ask you some questions about your parents.

41) Firstly, with whom did you live for most of your childhood, that is till the age of 16 years?

41 ☐

- ☐ biological mother and father
- ☐ biological mother only
- ☐ biological father only
- ☐ adoptive or stepmother and stepfather
- ☐ adoptive or stepmother
- ☐ adoptive or stepfather
- ☐ other (specify) _____

IF 'BIOLOGICAL MOTHER AND/OR FATHER', COMPLETE TABLE FOR BIOLOGICAL PARENTS

Otherwise, ask:

42) how did this come about?

42 ☐

- ☐ separation
- ☐ divorce
- ☐ adoption
- ☐ death of biological mother
- ☐ death of biological father
- ☐ other (specify) _____
- ☐ don't know

43) Do you know anything at all about your biological parents/ mother/ father?

43 ☐

- ☐ Yes
- ☐ No

IF 'YES' AT Q43, COMPLETE TABLE ABOUT BIOLOGICAL PARENTS AND 'OTHER' PARENTS

IF 'NO' AT Q43, COMPLETE TABLE ABOUT 'OTHER' PARENTS ONLY

OFFICE USE

BIOLOGICAL PARENTS

(a)
Mother(b)
Father

44) Current age

44a 44b

45) Age at death

45a 45b

46) Country of origin

46a 46b

47) Occupation

47a 47b

48) History of alcohol dependency

Yes/ No

Yes/ No

48a 48b

49) History of drug dependency

Yes/ No

Yes/ No

49a 49b

50) History of psychiatric illness

Yes/ No

Yes/ No

50a 50b

51) Nature of psychiatric illness(es)

51a 51b

52) If deceased, cause of death

52a 52b

ADOPTIVE/OTHER PARENTS

(a)
Mother(b)
Father

53) Current age

53a 53b

54) Age at death

54a 54b

55) Country of origin

55a 55b

56) Occupation

56a 56b

57) History of alcohol dependency

Yes/ No

Yes/ No

57a 57b

58) History of drug dependency

Yes/ No

Yes/ No

58a 58b

59) History of psychiatric illness

Yes/ No

Yes/ No

59a 59b

60) Nature of psychiatric illness(es)

60a 60b

61) If deceased, cause of death

61a 61b

Now, I'm going to ask you some questions about your sisters and brothers.

62) How many sisters do you have, regardless of whether they are living or deceased?

_____ full sisters
_____ adoptive sisters
_____ half sisters

63) How many brothers do you have?

_____ full brothers
_____ adoptive brothers
_____ half brothers

If no brothers or sisters, go to Q77

64) Where do you come in the family?

- ☐ oldest
☐ youngest
☐ in between

If no sisters, go to Q71

65) Have any sisters died?

- ☐ Yes
☐ No

66) If YES, how many?

_____ full sisters
_____ adoptive sisters
_____ half sisters

67) What was the cause of death?

full sisters _____
adoptive sisters _____
half sisters _____

68) How many sisters have/had a history of alcohol dependency?

_____ full sisters
_____ adoptive sisters
_____ half sisters

OFFICE USE

62a

62b

62c

63a

63b

63c

64

65

66a

66b

66c

67a

67b

67c

68a

68b

68c

69) How many sisters have/had a history of drug dependency?

_____ full sisters
_____ adoptive sisters
_____ half sisters

70) How many sisters have/had a history of psychiatric illness?

_____ full sisters
_____ adoptive sisters
_____ half sisters

If no brothers, go to Q77

71) Have any brothers died?

☐ Yes
☐ No

72) If YES, how many?

_____ full brothers
_____ adoptive brothers
_____ half brothers

73) What was the cause of death?

full brothers _____
adoptive brothers _____
half brothers _____

74) How many brothers have/had a history of alcohol dependency?

_____ full brothers
_____ adoptive brothers
_____ half brothers

75) How many brothers have/had a history of drug dependency?

_____ full brothers
_____ adoptive brothers
_____ half brothers

76) How many brothers have/had a history of psychiatric illness?

_____ full brothers
_____ adoptive brothers
_____ half brothers

OFFICE USE

69a
69b
69c

70a
70b
70c

71

72a
72b
72c

73a
73b
73c

74a
74b
74c

75a
75b
75c

76a
76b
76c

I'd like to talk about your parents and how they got on; by parents, I mean the two people with whom you lived for most of your childhood.... (more commentary)

77 a) Was your father ever verbally aggressive towards your mother?

77a

- ☐ Yes
☐ No
☐ Don't know

If NO, go to Q78

77 b) How often would your father be verbally aggressive towards your mother?

77b

- ☐ daily
☐ weekly
☐ monthly
☐ yearly

77 c) Did the verbal aggression take the form of
 (can tick more than one response)

- ☐ shouting/screaming
☐ threatening/intimidating
☐ humiliating/demeaning
☐ swearing/cursing
☐ other _____

77c1

77c2

77c3

77c4

77c5

77c51

77c52

77c53

77 d) Could you describe a typical episode when your father was verbally aggressive towards your mother?

77d1

77d2

77d3

77d4

77d5

78) Was your father ever physically aggressive towards your mother? Physical aggression includes things like hitting your mother or throwing things around and so on.

- ☐ Yes
☐ No
☐ Don't know

If 'NO', go to 81a

78

79) And for the period when you were at home and it was occurring, how often did your father behave in a physically aggressive way towards your mother?

- ☐ Less than once per year
☐ 1-5 times per year
☐ 6-10 times per year
☐ 11-20 times per year
☐ 20+ times per year
☐ can't remember

OFFICE USE

79 ☐

80) Was it usual for your father to have been drinking at any time during the day or evening before the physically aggressive episodes occurred?

- ☐ Yes
☐ No
☐ Can't remember
☐ Don't know

80 ☐

81a) Was your mother ever verbally aggressive towards your father?

- ☐ Yes
☐ No
☐ Don't know

81a ☐

If 'NO', go to 82

81 b) How often would your mother be verbally aggressive towards your father?

- ☐ daily
☐ weekly
☐ monthly
☐ yearly

81b ☐

81 c) Did the verbal aggression take the form of
(can tick more than one response)

- ☐ shouting/screaming
☐ threatening/intimidating
☐ humiliating/demeaning
☐ swearing/cursing
☐ others _____

81c1 ☐

81c2 ☐

81c3 ☐

81c4 ☐

81c5 ☐

81c51 ☐

81c52 ☐

81c53 ☐

81 d) Could you describe a typical episode when your mother was verbally aggressive towards your father?

81d1 ☐

81d2 ☐

81d3 ☐

81d4 ☐

81d5 ☐

82) Was your mother ever **physically aggressive** towards your father? Physical aggression includes things like hitting your father or throwing things around and so on.

- ☐ Yes
☐ No
☐ Don't know

OFFICE USE

82

If the answers to Q78 and Q82 are 'NO', go to Q97. That is, if neither the father nor mother were physically aggressive towards each other, go to Q97

83) And for the greater part of the time when you were at home and it was occurring, how often did your mother behave in a **physically** aggressive way? towards your father?

- ☐ Less than once per year
☐ 1-5 times per year
☐ 6-10 times per year
☐ 11-20 times per year
☐ 20+ times per year

83

84) Was it usual for your mother to have been drinking at any time during the day or evening before the **physically** aggressive episodes occurred?

- ☐ Yes
☐ No
☐ Can't remember
☐ Don't know

84

85) How do you know that there was **physical** aggression **between your parents**?

Probe: did you see this happen

Probe: did you hear this happen

Probe: did you see marks or bruising on your mother

Probe: did another family member tell you about it

85a

85b

85c

85d

85e

86) How old were you when you first found out about the physical aggression between your parents? Try to remember your age as closely as you can.

86

_____ years

Can't remember _____

87) How old were you when the physical aggression first started?

_____ years

It started before I was born _____

Can't remember _____

Don't know _____

87

88) I want you to think back to a typical episode when there was physical aggression between your parents. Could you describe what happened on that occasion?

Probe: How did it start?

Who was physically aggressive first?

How did the other person react and what did they do?

What was the nature of the physical aggression e.g. slap, punch, kick?

Was it in self-defence?

How did it end?

88a1

88a2

88a3

88a4

88a5

88a6

88a7

88a8

88a9

88a10

89) What sorts of things did you do when there was physical aggression between your parents?

Probe: did you ever try to protect your father

Probe: did you ever try to protect your mother

Probe: did you leave the room/ stay away from the room

Probe: did you hide somewhere

Probe: did you leave the house

89a1

89a2

89a3

89a4

89a5

90) How did your mother react to you in these situations?

Probe: did she scream at you

Probe: did she threaten you

Probe: did she actually hit you

Probe: did she ignore you

OFFICE USE

90a1

90a2

90a3

90a4

90a5

91) How did your father react to you in situations when there was violence?

Probe: did he scream at you

Probe: did he threaten you

Probe: did he actually hit you

Probe" did he ignore you

91a1

91a2

91a3

91a4

91a5

92) What were the feelings that you experienced during the violence?

Probe: did you feel scared or frightened

Probe: did you feel helpless

Probe: did you feel anxious

Probe: did you feel anger towards your mother

Probe: did you feel anger towards your father

Probe: did you ever feel like running away from home

Probe: did you switch off

92a1

92a2

92a3

92a4

92a5

92a6

92a7

92a8

92a9

92a10

93) What were the feelings that you generally experienced about the family situation in-between periods of violence?

Probe: did you feel scared or frightened

Probe: did you feel helpless

Probe: did you feel anxious

Probe: did you feel anger towards your mother

Probe: did you feel anger towards your father

Probe: did you ever feel like running away from home

Probe: none

93a1

93a2

93a3

93a4

93a5

93a6

93a7

93a8

93a9

93a10

94) What were the range of things that you did to cope with the feelings you experienced as a result of the violence?

Probe: did you try to block it out

Probe: did you drink alcohol

Probe: did you use drugs

Probe: did you withdraw

Probe: did you seek help

Probe: did you talk with friends

95) How long did the violence last, that is, the total period that it spanned ?

_____ days or _____ months or _____ years

Ongoing _____

Don't know _____

96) In the years from when the violence started, did it become ...

☐ more frequent over time,

☐ less frequent over time

☐ remain the same

Now, we'll take a closer look at how your parents acted towards you when you were growing up.

97) How would you describe your childhood?

Probe: was it happy/unhappy?

Probe: was it secure/stable?

Probe: was it unstable/impoverished?

Probe: was it sickly?

Probe: was it frightening?

98 a) Was your father ever verbally aggressive towards you?

☐ Yes

☐ No

☐ Don't know

CONTINUE even if NO

OFFICE USE

| | | | | | |
|------|--------------------------|--------------------------|-------|--------------------------|--------------------------|
| 94a1 | <input type="checkbox"/> | <input type="checkbox"/> | 94a2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 94a3 | <input type="checkbox"/> | <input type="checkbox"/> | 94a4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 94a5 | <input type="checkbox"/> | <input type="checkbox"/> | 94a6 | <input type="checkbox"/> | <input type="checkbox"/> |
| 94a7 | <input type="checkbox"/> | <input type="checkbox"/> | 94a8 | <input type="checkbox"/> | <input type="checkbox"/> |
| 94a9 | <input type="checkbox"/> | <input type="checkbox"/> | 94a10 | <input type="checkbox"/> | <input type="checkbox"/> |

95 ☐ ☐ ☐

96 ☐

97a1 ☐ ☐

97a2 ☐ ☐

97a3 ☐ ☐

97a4 ☐ ☐

97a5 ☐ ☐

98a ☐

98 b) COMPLETE PSYCHOLOGICAL MALTREATMENT SCALE FOR FATHER

98 c) Could you describe a typical episode when your father was verbally aggressive towards you?

99 a) Was your father ever physically aggressive towards you? Physical aggression includes things like hitting you or throwing things around and so on.

- ☐ Yes
☐ No
☐ Don't know

CONTINUE even if NO

99 b) COMPLETE PHYSICAL MALTREATMENT SCALE FOR FATHER

100) Was it usual for your father to have been drinking at any time during the day or evening before he was physically aggressive towards you?

- ☐ Yes
☐ No
☐ Can't remember
☐ Don't know

101 a) Was your mother ever verbally aggressive towards you?

- ☐ Yes
☐ No
☐ Don't know

CONTINUE even if NO

101 b) COMPLETE PSYCHOLOGICAL MALTREATMENT SCALE FOR MOTHER

OFFICE USE

98c1 ☐ ☐
98c2 ☐ ☐
98c3 ☐ ☐
98c4 ☐ ☐
98c5 ☐ ☐

99a ☐

100 ☐

101a ☐

101 c) Could you describe a typical episode when your mother was verbally aggressive towards you?

OFFICE USE

101c1 ☐ ☐
101c2 ☐ ☐
101c3 ☐ ☐
101c4 ☐ ☐
101c5 ☐ ☐

102 a) Was your mother ever physically aggressive towards you? Physical aggression includes things like hitting you or throwing things around and so on.

- ☐ Yes
☐ No
☐ Don't know

102a ☐

CONTINUE even if NO

102 b) COMPLETE PHYSICAL MALTREATMENT SCALE FOR MOTHER

103) Was it usual for your mother to have been drinking at any time during the day or evening before she was physically aggressive towards you?

- ☐ Yes
☐ No
☐ Can't remember
☐ Don't know

103 ☐

OFFICE USE

It is now generally realized that many people have sexual experiences as children and while they are growing up. These experiences can be quite harmless, but others can be upsetting and influence later life. Although these are often important events, very little is actually known about them.

I would like you to try to remember the sexual experiences you had while you were growing up before the age of 13 and during your adolescence.

Before you were 13

104) Did anyone ever kiss or hug you in a sexual way?

YES ☐ NO ☐

104 a) Who : _____

104 b) Your Age : _____

104 c) How long : _____

105) Did anyone ever show his/her sex organs to you?

YES ☐ NO ☐

105 a) Who : _____

105 b) Your Age : _____

105 c) How long : _____

106) Did anyone ever touch or fondle you in a sexual way?

YES ☐ NO ☐

106 a) Who : _____

106 b) Your Age : _____

106 c) How long : _____

107) Did anyone ever attempt to have intercourse with you without actually doing it?

YES ☐ NO ☐

107 a) Who : _____

107 b) Your Age : _____

107 c) How long : _____

108) Or actually have sexual intercourse with you?

YES ☐ NO ☐

108 a) Who : _____

108 b) Your Age : _____

108 c) How long : _____

109) Did anyone ever do anything else sexual to you that I haven't mentioned?

YES ☐ NO ☐

109 a) Who : _____

109 b) Your Age : _____

109 c) How long : _____

104

104a

104b

104c

105

105a

105b

105c

106

106a

106b

106c

107

107a

107b

107c

108

108a

108b

108c

109

109a

109b

109c

Now I want to ask you these questions about your adolescence, from 13-18 years old and I want you to tell me only about experiences that were forced and/or were with a person at least 5 years older than you. You don't have to tell about experiences you had with a boyfriend/girlfriend during this time.

So during your adolescence,

110) Did anyone ever kiss or hug you in a sexual way?

YES ☐ NO ☐

110 a) Who : _____

110 b) Your Age : _____

110 c) How long : _____

111) Did anyone ever show his/her sex organs to you?

YES ☐ NO ☐

111 a) Who : _____

111 b) Your Age : _____

111 c) How long : _____

112) Did anyone ever touch or fondle you in a sexual way?

YES ☐ NO ☐

112 a) Who : _____

112 b) Your Age : _____

112 c) How long : _____

113) Did anyone ever attempt to have intercourse with you without actually doing it?

YES ☐ NO ☐

113 a) Who : _____

113 b) Your Age : _____

113 c) How long : _____

114) Or actually have sexual intercourse with you?

YES ☐ NO ☐

114 a) Who : _____

114 b) Your Age : _____

114 c) How long : _____

115) Did anyone ever do anything else sexual to you that I haven't mentioned?

YES ☐ NO ☐

115 a) Who : _____

115 b) Your Age : _____

115 c) How long : _____

110 ☐

110a ☐

110b ☐

110c ☐

111 ☐

111a ☐

111b ☐

111c ☐

112 ☐

112a ☐

112b ☐

112c ☐

113 ☐

113a ☐

113b ☐

113c ☐

114 ☐

114a ☐

114b ☐

114c ☐

115 ☐

115a ☐

115b ☐

115c ☐

Now I'd like to talk about your general relationship between you and your partner, and your feelings about things that may have happened between the two of you in the last 12 months (or in the last 12 months of your last intimate relationship).

116 a) How would you describe your relationship?

116a1

116a2

116a3

116a4

116a5

General discussion with client about relationships (how he/ she feels about his/her partner; good and bad aspects of the relationship, etc...)

It is quite normal for partners in a relationship to have different opinions, thoughts and feelings, These often lead to anything from minor disagreements to major arguments.

117) What problems are there in your relationship at the moment, anything that bothers you regardless of how minor it may seem?

117b1117b2

117b3117b4

117b5117b6

117b7117b8

117b9117b10

118) Has your partner ever been verbally aggressive towards you?

- ☐ Yes
- ☐ No

118

Continue even if NO

119) Complete Psychological Maltreatment Scale for Partner

119

OFFICE USE

120) Could you describe a typical episode of verbal aggression by your partner?

120a ☐ ☐120b ☐ ☐120c ☐ ☐120d ☐ ☐120e ☐ ☐

121) How often is your partner verbally aggressive when he/she has been drinking alcohol?

- ☐ All of the time
☐ Most of the time
☐ Some of the time
☐ Rarely
☐ None of the time

121 ☐

122) How often is your partner verbally aggressive when he/she has not been drinking alcohol?

- ☐ All of the time
☐ Most of the time
☐ Some of the time
☐ Rarely
☐ None of the time

122 ☐

☐ My partner does not drink alcohol

If partner does not drink alcohol, go to Q125

123) When is the verbal aggression worse? When your partner has been drinking or when your partner has not been drinking?

- ☐ when he/she has been drinking
☐ when he/she has not been drinking alcohol
☐ it makes no difference

123 ☐

If worse when your partner has been drinking alcohol

124) How is it worse?

124a ☐ ☐124b ☐ ☐124c ☐ ☐124d ☐ ☐124e ☐ ☐

OFFICE USE

125) Have you ever been verbally aggressive towards your partner?

- ☐ Yes
☐ No

125 ☐

Continue even if NO

126) Complete Psychological Maltreatment Scale for Client

126 ☐

127) Could you describe a typical episode of verbal aggression towards your partner?

127a ☐127b ☐127c ☐127d ☐127e ☐

128) How often are you verbally aggressive when you have been drinking alcohol?

- ☐ All of the time
☐ Most of the time
☐ Some of the time
☐ Rarely
☐ None of the time

128 ☐

129) How often are you verbally aggressive when you have not been drinking alcohol?

- ☐ All of the time
☐ Most of the time
☐ Some of the time
☐ Rarely
☐ None of the time

129 ☐

130.) When is the verbal aggression worse? When you have been drinking or when you have not been drinking?

- ☐ when he/she has been drinking
☐ when he/she has not been drinking alcohol
☐ it makes no difference

131) If worse when you have been drinking alcohol
 How is it worse?

No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired out or for some other reasons. They also use different ways of trying to settle their differences. I'm going to read a list of some things that you and your spouse/ partner might have done when you had a dispute, and would first like you to tell me for each one how often you did it in the past year.

ADMINISTER 'CONFLICT TACTICS SCALE'

132) Could you tell me about a recent episode which is typical of when your partner is physically aggressive towards you and has been drinking?

If partner is never physically aggressive towards you when he/she has been drinking, go to Q147.

133) When did this episode happen?

_____ month in _____ year

134) Was there anything unusual about the day?

- ☐ Yes
☐ No

If YES,

135) What was unusual?

130

131a

131b

131c

131d

131e

132a1

132a2

132a3

132a4

132a5

132a6

132a7

132a8

132a9

132a10

133

134

135a

135b

135c

135d

135e

Probe: did he/she hit, slap, punch you? etc
 Probe: was it in response to your actions or in self-defence?
 Probe: did he/she have sex with you when you did not want sex?
 Probe: how long did the violence last?
 Probe: how frightened were you?
 Probe: how did you react during the violent episode?
 Probe: were you physically aggressive also?
 Probe: how severe were your injuries?

| | | |
|--------|--|--|
| 136a1 | | |
| 136a2 | | |
| 136a3 | | |
| 136a4 | | |
| 136a5 | | |
| 136a6 | | |
| 136a7 | | |
| 136a8 | | |
| 136a9 | | |
| 136a10 | | |

137 ☐ ☐ ☐ ☐

| | YES | NO |
|-------------------|--------------------------|--------------------------|
| <u>Home</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Pubs/Clubs</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Work</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Friends</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Other</u> | | |

138a ☐

138b ☐

138c ☐

138d ☐

138e ☐ 138e1 ☐ ☐

138e2 ☐ ☐

138e3 ☐ ☐

| | YES | NO |
|-------------------|--------------------------|--------------------------|
| <u>Good/happy</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Bad/angry</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Depressed</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Neutral</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Other</u> | | |

139a ☐

139b ☐

139c ☐

139d ☐

139e ☐ 139e1 ☐ ☐

139e2 ☐ ☐

139e3 ☐ ☐

OFFICE USE

140) What alcohol did your partner drink on that day?

Don't know ☐

TYPE

QUANTITY

| |
|--|
| |
| |
| |
| |
| |

| |
|--|
| |
| |
| |
| |
| |

| | | | | |
|-------|--------------------------|-------|--------------------------|--------------------------|
| 140a1 | <input type="checkbox"/> | 140b1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 140a2 | <input type="checkbox"/> | 140b2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 140a3 | <input type="checkbox"/> | 140b3 | <input type="checkbox"/> | <input type="checkbox"/> |

141) Did your partner stop drinking before the physical aggression started?☐ Yes☐ No141 ☐

If YES, go to 142

If NO, go to 143

142) How long before the violence started did your partner stop drinking?

_____ hours or _____ minutes _____ don't know

142 ☐ ☐

143) Approximately, at what time did the violence start?

_____ am _____ pm

143 ☐ ☐ ☐ ☐

144) Approximately, at what time did the violence stop?

_____ am _____ pm

144 ☐ ☐ ☐ ☐

145) Was your partner remorseful about this particular episode at any time at all, that is, regardless of how long after the violence occurred?

☐ Yes☐ No☐ Can't remember145 ☐

146) How much alcohol did you have to drink on that day?

Prompt: beer, spirits, wine

I didn't drink alcohol ☐

TYPE

QUANTITY

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|-------|--------------------------|-------|--------------------------|--------------------------|
| 146a1 | <input type="checkbox"/> | 146b1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 146a2 | <input type="checkbox"/> | 146b2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 146a3 | <input type="checkbox"/> | 146b3 | <input type="checkbox"/> | <input type="checkbox"/> |

147) Could you tell me about a recent episode which is typical of when your partner is physically aggressive towards you and has not been drinking?

If partner is never physically aggressive towards you when he/she has not been drinking, go to Q158.

148) When did this episode happen?

_____ month in _____ year

149) Was there anything unusual about the day?

☐ Yes

☐ No

If YES,

150) What was unusual?

151) What happened?

Probe: did he/she hit, slap, punch you? etc

Probe: was it in response to your actions or in self-defence?

Probe: did he/she sexually abuse you?

Probe: how long did the violence last?

Probe: how frightened were you?

Probe: how did you react during the violent episode?

Probe: were you physically aggressive also?

Probe: how severe were your injuries?

OFFICE USE

147a1 ☐ ☐ 147a2 ☐ ☐
147a3 ☐ ☐ 147a4 ☐ ☐
147a5 ☐ ☐ 147a6 ☐ ☐
147a7 ☐ ☐ 147a8 ☐ ☐
147a9 ☐ ☐ 147a10 ☐ ☐

148 ☐ ☐ ☐

149 ☐

150a1 ☐ ☐
150a2 ☐ ☐
150a3 ☐ ☐
150a4 ☐ ☐
150a5 ☐ ☐

151a1 ☐ ☐
151a2 ☐ ☐
151a3 ☐ ☐
151a4 ☐ ☐
151a5 ☐ ☐
151a6 ☐ ☐
151a7 ☐ ☐
151a8 ☐ ☐
151a9 ☐ ☐
151a10 ☐ ☐

OFFICE USE

152) Approximately what time did the physical aggression start?

_____ am _____ pm

152

| | | | |
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| | | | |
|--|--|--|--|

153) Approximately what time did the physical aggression stop?

_____ am _____ pm

153

| | | | |
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| | | | |
|--|--|--|--|

154) Was your partner remorseful about this particular episode at any time at all, that is, regardless of how long after the physical aggression occurred?☐

Yes

☐

No

☐

Can't remember

154

| |
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| |
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155) How much alcohol did you have to drink on that day?

Prompt: beer, wine, spirits

I didn't drink alcohol ☐

155a1

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155b1

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155a2

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155b2

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155a3

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155b3

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TYPE

QUANTITY

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156) When is the physical aggression worse? When your partner has been drinking or when your partner hasn't been drinking alcohol?☐

When he/ she has been drinking alcohol

☐

When he/ she hasn't been drinking alcohol

☐

It makes no difference

156

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If worse when your partner has been drinking

157) What influence, if any, do you think alcohol has on your partner's physical aggression towards you?

157a1

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157a2

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157a3

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157a4

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157a5

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| | |
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158) If you would just think back to the first time when your partner was physically aggressive towards you, has the violence become☐

more frequent over time

☐

less frequent over time

☐

remained the same

☐

other (please specify)

158a

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158b

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159) How many times has your partner been physically aggressive towards you in the past year?

_____ times

OFFICE USE

159

160) How many times has your partner been physically aggressive towards you on any day when he/ she has been drinking, in the past year?

_____ times

160

161) How many times have you been to a General Practitioner in the past year?

161

162) What were the reasons for consulting a General Practitioner on those occasions?

162a1

162a2

162a3

162a4

162a5

163) How many times in the past year, if any, have you been to a General Practitioner because of injuries which were caused by your partner? Just estimate the number of times.

_____ times

Don't know _____

163

164) What were the injuries that caused you to visit a General Practitioner in the past year?
(List injuries)

164a1 164a2

164a3 164a4

164a5 164a6

164a7 164a8

164a9 164a10

OFFICE USE

- 165) How many times in the past year, if any, have you been to a Accident and Emergency Department of a hospital because of injuries which were caused by your partner?

_____ times

Don't know _____

- 166) What were the injuries that caused you to visit an Accident and Emergency Department in the past year?
(List injuries)

166a1 ☐ ☐ 166a2 ☐ ☐
166a3 ☐ ☐ 166a4 ☐ ☐
166a5 ☐ ☐ 166a6 ☐ ☐
166a7 ☐ ☐ 166a8 ☐ ☐
166a9 ☐ ☐ 166a10 ☐ ☐

- 167) Could you tell me about a recent episode which is typical of when you have been physically aggressive towards your partner and you have been drinking?

167a1 ☐ ☐ 167a2 ☐ ☐
167a3 ☐ ☐ 167a4 ☐ ☐
167a5 ☐ ☐ 167a6 ☐ ☐
167a7 ☐ ☐ 167a8 ☐ ☐
167a9 ☐ ☐ 167a10 ☐ ☐

If client is not physically aggressive towards partner when he/she has been drinking, go to Q181.

- 168) When did this episode happen?

_____ month in _____ year

168 ☐ ☐ ☐

- 169 a) Was there anything unusual about the day?

- ☐ Yes
☐ No

169a ☐

If YES,

- 169 b) What was unusual?

169b1 ☐ ☐
169b2 ☐ ☐
169b3 ☐ ☐
169b4 ☐ ☐
169b5 ☐ ☐

170) What happened?

Probe: did you hit, slap, punch, etc your partner?

Probe: was it in response to your partner's actions or in self-defence?

Probe: did you have sex with your partner when he/she did not want sex?

Probe: how long did the violence last?

Probe: how frightened was your partner?

Probe: how did your partner react during the violent episode?

Probe: was your partner physically aggressive also?

Probe: how severe were your partner's injuries?

171) Approximately at what time did you start drinking?

_____ am _____ pm

☐ Don't know

172) Where did you drink on this day?

| | YES | NO |
|-------------------|--------------------------|--------------------------|
| <u>Home</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Pubs/Clubs</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Work</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Friends</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Other</u> | | |
| _____ | | |
| _____ | | |
| _____ | | |

173) What mood were you in before you started drinking?

| | YES | NO |
|-------------------|--------------------------|--------------------------|
| <u>Good/happy</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Bad/angry</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Depressed</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Neutral</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Other</u> | | |
| _____ | | |
| _____ | | |
| _____ | | |

OFFICE USE

170a1 ☐ ☐

170a2 ☐ ☐

170a3 ☐ ☐

170a4 ☐ ☐

170a5 ☐ ☐

170a6 ☐ ☐

170a7 ☐ ☐

170a8 ☐ ☐

170a9 ☐ ☐

170a10 ☐ ☐

171 ☐ ☐ ☐ ☐

172a ☐

172b ☐

172c ☐

172d ☐

172e ☐ 172e1 ☐ ☐

172e2 ☐ ☐

172e3 ☐ ☐

173a ☐

173b ☐

173c ☐

173d ☐

173e ☐ 173e1 ☐ ☐

173e2 ☐ ☐

173e3 ☐ ☐

OFFICE USE

174) What alcohol did you drink on that day?

Prompt: beer, wine, spirits

Don't know ☐

TYPE

QUANTITY

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174a1

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174b1

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174a2

☐

174b2

☐☐

174a3

☐

174b3

☐☐175) Did you stop drinking before the physical aggression started?☐ Yes☐ No

175

☐

If YES, continue

If NO, go to 177

176) How long before the violence started did you stop drinking?

_____ hours or _____ minutes _____ don't know

176

☐☐

177) Approximately what time did the violence start?

_____ am _____ pm

177

☐☐☐☐

178) Approximately what time did the violence stop?

_____ am _____ pm

178

☐☐☐☐179) Were you remorseful about this particular episode at any time at all,
that is, regardless of how long after the violence occurred?☐ Yes☐ No☐ Can't remember

179

☐

180) What alcohol did your partner have to drink on that day?

Don't know ☐

He/she didn't drink alcohol ☐

TYPE

QUANTITY

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181) Could you tell me of a recent episode which is typical of when you have been physically aggressive and have not been drinking?

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If client has not been physically aggressive towards partner when he/she has not been drinking, go to Q191.

182) When did this episode happen?

_____ month in _____ year

183 a) Was there anything unusual about the day?

☐ Yes

☐ No

If YES,
183 b) What was unusual?

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OFFICE USE

180a ☐

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|--------------------------------|--------------------------------|--------------------------|
| 180b1 <input type="checkbox"/> | 180c1 <input type="checkbox"/> | <input type="checkbox"/> |
| 180b2 <input type="checkbox"/> | 180c2 <input type="checkbox"/> | <input type="checkbox"/> |
| 180b3 <input type="checkbox"/> | 180c3 <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--------------------------------|--------------------------|---------------------------------|--------------------------|
| 181a1 <input type="checkbox"/> | <input type="checkbox"/> | 181a2 <input type="checkbox"/> | <input type="checkbox"/> |
| 181a3 <input type="checkbox"/> | <input type="checkbox"/> | 181a4 <input type="checkbox"/> | <input type="checkbox"/> |
| 181a5 <input type="checkbox"/> | <input type="checkbox"/> | 181a6 <input type="checkbox"/> | <input type="checkbox"/> |
| 181a7 <input type="checkbox"/> | <input type="checkbox"/> | 181a8 <input type="checkbox"/> | <input type="checkbox"/> |
| 181a9 <input type="checkbox"/> | <input type="checkbox"/> | 181a10 <input type="checkbox"/> | <input type="checkbox"/> |

182 ☐ ☐ ☐

183a ☐

| | |
|--------------------------------|--------------------------|
| 183b1 <input type="checkbox"/> | <input type="checkbox"/> |
| 183b2 <input type="checkbox"/> | <input type="checkbox"/> |
| 183b3 <input type="checkbox"/> | <input type="checkbox"/> |
| 183b4 <input type="checkbox"/> | <input type="checkbox"/> |
| 183b5 <input type="checkbox"/> | <input type="checkbox"/> |

Probe: did you hit, slap, punch your partner? etc
Probe: was it in response to your partner's actions or in self-defence?
Probe: did you have sex with your partner when he/she did not want sex?
Probe: how long did the violence last?
Probe: how frightened was your partner?
Probe: how did your partner react during the violent episode?
Probe: was your partner physically aggressive also?
Probe: how severe were your partner's injuries?

[illegible]

_____ am _____ pm

185

_____ am _____ pm

186 187 ☐

- ☐ Yes
- ☐ No
- ☐ Can't remember

Don't know ☐

He/she did not drink alcohol ☐

188a ☐**QUANTITY**

188b1 ☐ 188c1 ☐ ☐

188b2 ☐ 188c2 ☐ ☐

188b3 ☐ 188c3 ☐ ☐

189) When is the physical aggression worse? When you have been drinking or when you haven't been drinking alcohol?

- ☐ When I have been drinking alcohol
☐ When I haven't been drinking alcohol
☐ It makes no difference

If worse when drinking

190) What influence, if any, do you think alcohol has on your physical aggression towards your partner?

191) If you would just think back to the first time when you were physically aggressive towards your partner, has the violence become

- ☐ more frequent over time
☐ less frequent over time
☐ remained the same
☐ other (please specify)

192) How many times have you been physically aggressive toward your partner in the past year?

_____ times

193) How many times have you been physically aggressive towards your partner on any day when you have been drinking, in the past year?

_____ times

194) How many times in the past year, if any, has your partner been to a General Practitioner because of injuries which were caused by you? Just estimate the number of times.

_____ times

Don't know _____

OFFICE USE

189

190a1

190a2

190a3

190a4

190a5

191

192

193

194

OFFICE USE

- 195) What were the injuries that caused him/ her to visit a General Practitioner in the past year?
(List injuries)

| | | | | | |
|-------|--------------------------|--------------------------|--------|--------------------------|--------------------------|
| 195a1 | <input type="checkbox"/> | <input type="checkbox"/> | 195a2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 195a3 | <input type="checkbox"/> | <input type="checkbox"/> | 195a4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 195a5 | <input type="checkbox"/> | <input type="checkbox"/> | 195a6 | <input type="checkbox"/> | <input type="checkbox"/> |
| 195a7 | <input type="checkbox"/> | <input type="checkbox"/> | 195a8 | <input type="checkbox"/> | <input type="checkbox"/> |
| 195a9 | <input type="checkbox"/> | <input type="checkbox"/> | 195a10 | <input type="checkbox"/> | <input type="checkbox"/> |

- 196) How many times in the past year, if any, has your partner been to a Accident and Emergency Department of a hospital because of injuries which were caused by you?

196 ☐ ☐

_____ times

Don't know _____

- 197) What were the injuries that caused him/ her to visit an Accident and Emergency Department in the past year?
(List injuries)

| | | | | | |
|-------|--------------------------|--------------------------|--------|--------------------------|--------------------------|
| 197a1 | <input type="checkbox"/> | <input type="checkbox"/> | 197a2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 197a3 | <input type="checkbox"/> | <input type="checkbox"/> | 197a4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 197a5 | <input type="checkbox"/> | <input type="checkbox"/> | 197a6 | <input type="checkbox"/> | <input type="checkbox"/> |
| 197a7 | <input type="checkbox"/> | <input type="checkbox"/> | 197a8 | <input type="checkbox"/> | <input type="checkbox"/> |
| 197a9 | <input type="checkbox"/> | <input type="checkbox"/> | 197a10 | <input type="checkbox"/> | <input type="checkbox"/> |

- 198) Have you ever been physically aggressive towards a partner in any previous relationship?

☐ Yes
☐ No

198 ☐

- 199) Has a partner in any previous relationship ever been physically aggressive toward you?

☐ Yes
☐ No
☐ Can't remember

199 ☐

- 200) Has your partner ever been physically aggressive in any previous relationship?

☐ Yes
☐ No

200 ☐

201) How old were you when you were physically aggressive toward any partner for the very first time ?

_____ years

OFFICE USE

201 ☐

202) In the past year, how many physical fights have you been in excluding partners?

202 ☐

- ☐ None
☐ 1-2
☐ 3-5
☐ 6-10
☐ 11-20
☐ 21+

203) Has there ever been a period(s) in your life where you have been in more physical fights than during the past year?

203 ☐

- ☐ Yes
☐ No
☐ Can't remember

204) When was that period(s)?

204a ☐

- ☐ Childhood (to age 12)
☐ Adolescence (13 to 17)
☐ Young adulthood (18 to 25)
☐ Adulthood (26+ years)

204b ☐

204c ☐

204d ☐

205) How often did you fight during this period?

205a1 ☐

_____ per day _____ per week _____ per month
_____ per year

205b1 ☐

205c1 ☐

205d1 ☐

206) Have you ever been physically aggressive with _____?

207) How often were you under the influence of alcohol and/ or drugs when you were physically aggressive?

| YES/ NO | All of the time | Most of the time | Some of the time | Rarely | None of the time |
|------------|-----------------------|------------------------|------------------------|--------|------------------------|
|------------|-----------------------|------------------------|------------------------|--------|------------------------|

- [i] any relatives (e.g mother, brother, sister)
[ii] any friends
[iii] any acquaintances
[iv] any strangers
[v] any co-workers or bosses
[vi] any police officers

206a1 ☐

207a1 ☐

206a2 ☐

207a2 ☐

206a3 ☐

207a3 ☐

206a4 ☐

207a4 ☐

206a5 ☐

207a5 ☐

206a6 ☐

207a6 ☐

OFFICE USE

208) Have you ever been arrested for any physically aggressive behaviour?

☐ Yes

☐ No

208 ☐

209) How many times have you been arrested for physically aggressive behaviour?

_____ times

209 ☐ ☐ ☐

210) What have the charges been?
(list charges)

210a1

☐ ☐

210a2

☐ ☐

210a3

☐ ☐

210a4

☐ ☐

210a5

☐ ☐

211 a) Have you ever been sent to gaol for physically aggressive behaviour?

☐ Yes

☐ No

211a

☐

211 b) How many times have you been sent to gaol for physically aggressive behaviour?

_____ times

211b

☐ ☐ ☐

212) What have the charges been?
(list charges)

212a1

☐ ☐

212a2

☐ ☐

212a3

☐ ☐

212a4

☐ ☐

212a5

☐ ☐

213) How long have you spent in gaol for physically aggressive behaviour?
(add any period and write total below)

_____ days or _____ months or _____ years

213

☐ ☐

214) Sexual orientation

☐ heterosexual

☐ bisexual

☐ homosexual

214

☐

Psychological and Physical Maltreatment Scales

1) Psychological

Verbal arguments and punishment can range from quiet disagreement to yelling, insulting, and more severe behaviors. When you were *14 or younger*, how often did the following happen to you in the average year? Answer for your mother or stepmother or foster mother, and your father or stepfather or foster father using the following code:

[illegible]

2) Physical

Everyone gets into conflicts with other people, and sometimes these lead to physical blows or violent behavior. When you were *14 or younger*, at the worse point, how often did the following happen to you in a year? Answer for your mother, stepmother, or foster mother, and your father, stepfather, or foster father using the following code:

[illegible]

No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired or for some other reasons. They also use different ways of trying to settle their differences. I'm going to read a list of some things that you and your (spouse/partner) might have done when you had a dispute, and would first like you to tell me for each one how often you did it in the past year.

| | | FREQUENCY OF | | | | | | | | If respond "0" in the last year, ask ----- Ever ----- (record number of times) | OFFICE USE | | |
|--|--------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| | | ----- In the past year ----- | | | | | | | | | | | |
| | | 0 | 1 | 2 | 5 | 10 | 20 | 20+ | | | | | |
| 1. Discusses the issue calmly | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Got information to back up (your/his) side of things | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Brought in or tried to bring in someone to help settle things | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Argued heatedly but short of yelling | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Insulted, yelled, or swore at the other one | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Sulked and/or refused to talk about it | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Stomped out of the room or house (or yard) | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Cried | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did or said something to spite the other one | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The Conflict Tactic Scale (CTS)

Filename: CTS.doc

| | | FREQUENCY OF | | | | | | | If respond "0" in the last year, | OFFICE USE | |
|------|---|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|
| | | ----- In the past year ----- | | | | | | | ---- Ever ---- (record number of times) | | |
| | | 0 | 1 | 2 | 5 | 10 | 20 | 20+ | | | |
| 10a. | Threatened to hit or throw something at the other one | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 10b. | How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 11a. | Threw or smashed or hit or kicked something | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 11b. | How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 12a. | Threw something at the other one | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 12b. | How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13a. | Pushed, grabbed, or shoved the other one | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13b. | How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 14a. | Slapped the other one | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 14b. | How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 15a. | Kicked, bit, or hit with a fist | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 15b. | How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| | | FREQUENCY OF | | | | | | | If respond "0" in the last year, | OFFICE USE |
|---|--------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| | | ----- In the past year ----- | | | | | | | ----- Ever ----- (record number of times) | |
| | | 0 | 1 | 2 | 5 | 10 | 20 | 20+ | | |
| 16a. Hit or tried to hit with something | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 16b. How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 17a. Beat up the other one | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 17b. How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 18a. Threatened with a knife or gun | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 18b. How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 19a. Used a knife or gun | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 19b. How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 20a. Other | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 20b. How often did this happen in self defence? | YOU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | YOUR PARTNER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

The questions below relate to your drinking during the last year but before entering this clinic.

For each question please tick one box only.

| | OFFICE USE |
|---|--------------------------|
| 1. How often do you have a drink containing alcohol? <input type="checkbox"/> never <input type="checkbox"/> monthly or less <input type="checkbox"/> 2 to 4 times a month <input type="checkbox"/> 2 to 3 times a week <input type="checkbox"/> 4 or more times a week | <input type="checkbox"/> |
| 2. How many 'standard' drinks (see below) containing alcohol do you have on a typical day when you are drinking? <input type="checkbox"/> 1 or 2 <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 5 or 6 <input type="checkbox"/> 7 to 9 <input type="checkbox"/> 10 or more | <input type="checkbox"/> |
| 3. How often do you have six or more drinks on one occasion? <input type="checkbox"/> never <input type="checkbox"/> less than monthly <input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> daily or almost daily | <input type="checkbox"/> |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? <input type="checkbox"/> never <input type="checkbox"/> less than monthly <input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> daily or almost daily | <input type="checkbox"/> |
| 5. How often during the last year have you failed to do what was normally expected from you because of drinking? <input type="checkbox"/> never <input type="checkbox"/> less than monthly <input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> daily or almost daily | <input type="checkbox"/> |

Alcohol Use Disorder Identification
(AUDIT)

Filename: AUDIT.doc

OFFICE USE

6 How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?

- ☐ never
- ☐ less than monthly
- ☐ monthly
- ☐ weekly
- ☐ daily or almost daily

☐

7 How often during the last year have you had a feeling of guilt or remorse after drinking?

- ☐ never
- ☐ less than monthly
- ☐ monthly
- ☐ weekly
- ☐ daily or almost daily

☐

8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- ☐ never
- ☐ less than monthly
- ☐ monthly
- ☐ weekly
- ☐ daily or almost daily

☐

9 Have you or someone else been injured as a result of your drinking?

- ☐ no
- ☐ yes, but not in the last year
- ☐ yes, during the last year

☐

10 Has a relative, a friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?

- ☐ no
- ☐ yes, but not in the last year
- ☐ yes, during the last year

☐

One Standard Drink Is



ONE
MIDDY
OF
NORMAL
BEER



OR
ONE
GLASS
OF
WINE



OR
ONE
SINGLE
NIP OF
SPIRITS



OR
TWO
MIDDIES
OF LIGHT
BEER
(2.2%)



2 CANS = 3 STANDARD DRINKS

1 SCHOONER = APPROX 1½ STANDARD DRINKS

Appendix 9

Client Self-completion Questionnaire

Questionnaire Booklet

Client or Partner

☐

Subject Code

☐☐☐

Clinic

☐

Thank you for participating in this study.

This booklet contains a number of questionnaires to be completed in your own time. We would appreciate if you filled in the booklet and placed it in the envelope provided to be collected in a few days.

| | | OFFICE USE | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | My partner belittles me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | My partner demands obedience to his/her whims. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | My partner becomes surly and angry if I tell him/her he /she is drinking too much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | My partner makes me perform sex acts that I do not enjoy or like. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | My partner becomes very upset if dinner, housework or laundry is not done when he/she thinks it should be. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | My partner is jealous and suspicious of my friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | My partner punches me with his/her fists. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | My partner tells me I am ugly and unattractive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | My partner tells me I couldn't manage or take care of myself without him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | My partner acts like I am his/her personal servant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | My partner insults or shames me in front of others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | My partner becomes very angry if I disagree with his/her point of view. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | My partner threatens me with a weapon. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | My partner is stingy in giving me enough money to run our home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | My partner belittles me intellectually. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

UENTLY
VERY FREQUENTLY

| | | OFFICE USE | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 16. | My partner demands that I stay home to take care of the children. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | My partner beats me so badly that I must seek medical help. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | My partner feels that I should not work or go to school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | My partner is not a kind person. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | My partner does not want me to socialize with friends of the opposite sex. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | My partner demands sex whether I want it or not. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | My partner screams or yells at me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | My partner slaps me around my face and head. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | My partner becomes abusive when he/she drinks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | My partner orders me around. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | My partner has no respect for my feelings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | My partner acts like a bully towards me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | My partner frightens me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | My partner treats me like a dunce. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | My partner acts like he/she would like to kill me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each **statement** and then tick in the appropriate box to indicate how you **GENERALLY FEEL**.

There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

Trait Anxiety Scale

Filename: ANXSTATE.doc

| | ALMOST NEVER | SOMETIMES | OFTEN | ALMOST ALWAYS | OFFICE USE |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I feel pleasant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I feel nervous and restless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I feel satisfied with myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I wish I could be as happy as others seem to be | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I feel like a failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I feel rested | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I am 'calm, cool, and collected' | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I feel that difficulties are piling up so that I cannot overcome them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I worry too much over something that really doesn't matter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I am happy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I have disturbing thoughts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I lack self-confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I feel secure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I make decisions easily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I feel inadequate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I am content | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Some unimportant thought runs through my mind and bothers me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | ALMOST NEVER | SOMETIMES | OFTEN | ALMOST ALWAYS | OFFICE USE |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 18. I take disappointments so keenly that I can't put them out of my mind | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I am a steady person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I get in a state of tension or turmoil as I think over my recent concerns and interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[illegible]

These are some things about which couples sometimes agree and sometime disagree. Indicate if either item below caused differences of opinions or were problems in your relationship.

OFFICE USE

29. Being too tired for sex

- ☐ Yes
☐ No

☐

30. Not showing love

- ☐ Yes
☐ No

☐

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

0 1 2 3 4 5 6
· · · · · · ·

Extremely Fairly A Little Happy Very Extremely Perfect
Unhappy Unhappy Unhappy Happy Happy

☐

32. Which of the following statements best describes how you feel about the future of your relationship?

- ☐ I want desperately for my relationship to succeed, and *would go to almost any length* to see that it does.
- ☐ I want very much for my relationship to succeed, and *will do all I can* to see that it does.
- ☐ I want very much for my relationship to succeed, and *will do my fair share* to see that it does.
- ☐ It would be nice if my relationship succeeded, but *I can't do much more than I am doing now* to help it succeed.
- ☐ It would be nice if it succeeded, but *I refuse to do any more than I am doing now* to keep the relationship going.
- ☐ My relationship can never succeed, and *there is no more that I can do* to keep the relationship going.

☐

A number of statements that people have used to describe themselves are given below. Read the statements below and indicate how you generally feel by placing the appropriate number next to each item.

Trait Anger Scale (TAS)

Filename: TAS.doc

| | Almost never | Sometimes | Often | Almost always | OFFICE USE |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I have a fiery temper. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am quick tempered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am a hotheaded person. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I get annoyed when I am singled out for correction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. It makes me furious when I am criticized in front of others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I get angry when I'm slowed down by others' mistakes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I feel infuriated when I do a good job and get a poor evaluation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I fly off the handle. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I feel annoyed when I am not given recognition for doing good work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. People who think they are always right irritate me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. When I get mad, I say nasty things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I feel irritated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I feel angry. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. When I get frustrated, I feel like hitting someone. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. It makes my blood boil when I am pressured. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.

•

Extremely

| | | | | | | | |
|----|---|--|--|--|--|--|--|
| 23 | Suddenly scared for no reason | | | | | | |
| 24 | Temper outbursts that you could not control | | | | | | |
| 25 | Feeling afraid to go out of your house alone | | | | | | |
| 26 | Blaming yourself for things | | | | | | |
| 27 | Pains in lower back | | | | | | |
| 28 | Feeling blocked in getting things done | | | | | | |
| 29 | Feeling lonely | | | | | | |
| 30 | Feeling blue | | | | | | |
| 31 | Worrying too much about things | | | | | | |
| 32 | Feeling no interest in things | | | | | | |
| 33 | Feeling fearful | | | | | | |
| 34 | Your feelings being easily hurt | | | | | | |
| 35 | Other people being aware of your private thoughts | | | | | | |
| 36 | Feeling others do not understand you or are unsympathetic | | | | | | |
| 37 | Feeling that people are unfriendly or dislike you | | | | | | |
| 38 | Having to do things very slowly to insure correctness | | | | | | |
| 39 | Heart pounding or racing | | | | | | |
| 40 | Nausea or upset stomach | | | | | | |
| 41 | Feeling inferior to others | | | | | | |
| 42 | Soreness of your muscles | | | | | | |
| 43 | Feeling that you are watched or talked about by others | | | | | | |
| 44 | Trouble falling asleep | | | | | | |
| 45 | Having to check and doublecheck what you do | | | | | | |
| 46 | Difficulty in making decisions | | | | | | |

Extremely

| | | | | | | | |
|----|--|--|--|--|--|--|--|
| 70 | Feeling uneasy in crowds, such as shopping or at a movie | | | | | | |
| 71 | Feeling everything is an effort | | | | | | |
| 72 | Spells of terror or panic | | | | | | |
| 73 | Feeling uncomfortable about eating or drinking in public | | | | | | |
| 74 | Getting into frequent arguments | | | | | | |
| 75 | Feeling nervous when you are left alone | | | | | | |
| 76 | Others not giving you proper credit for your achievements | | | | | | |
| 77 | Feeling lonely even when you are with people | | | | | | |
| 78 | Feeling so restless you can't sit still | | | | | | |
| 79 | Feelings of worthlessness | | | | | | |
| 80 | The feeling that something bad is going to happen to you | | | | | | |
| 81 | Shouting or throwing things | | | | | | |
| 82 | Feeling afraid you will faint in public | | | | | | |
| 83 | Feeling that people will take advantage of you if you let them | | | | | | |
| 84 | Having thoughts about sex that bother you a lot | | | | | | |
| 85 | The idea that you should be punished for your sins | | | | | | |
| 86 | Thoughts or images of a frightening nature | | | | | | |
| 87 | The idea that something serious is wrong with your body | | | | | | |
| 88 | Never feeling close to another person | | | | | | |
| 89 | Feelings of guilt | | | | | | |
| 90 | The idea that something is wrong with your mind | | | | | | |

This questionnaire consists of 21 groups of statements. After reading each group of statements, please tick the box next to the one statement in each group which best describes the way you have been feeling the past week, including today. If several statements within a group seem to apply as well, tick each one. Be sure to read all the statements in each group before making your choice.

| | | OFFICE USE |
|----|--|--------------------------|
| 1. | <input checked="" type="checkbox"/> I do not feel sad. <input type="checkbox"/> I feel sad. <input type="checkbox"/> I am sad all the time and I can't snap out of it. <input type="checkbox"/> I am so sad or unhappy that I can't stand it. | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> I am not particularly discouraged about the future. <input type="checkbox"/> I feel discouraged about the future. <input type="checkbox"/> I feel I have nothing to look forward to. <input type="checkbox"/> I feel that the future is hopeless and that things cannot improve. | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> I do not feel like a failure. <input type="checkbox"/> I feel I have failed more than the average person. <input type="checkbox"/> As I look back on my life, all I can see is a lot of failures. <input type="checkbox"/> I feel I am a complete failure as a person. | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> I get as much satisfaction out of things as I used to. <input type="checkbox"/> I don't enjoy things the way I used to. <input type="checkbox"/> I don't get real satisfaction out of anything anymore. <input type="checkbox"/> I am dissatisfied or bored with everything. | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> I don't feel particularly guilty. <input type="checkbox"/> I feel guilty a good part of the time. <input type="checkbox"/> I feel quite guilty most of the time. <input type="checkbox"/> I feel guilty all of the time. | <input type="checkbox"/> |
| 6. | <input type="checkbox"/> I don't feel I am being punished. <input type="checkbox"/> I feel I may be punished. <input type="checkbox"/> I expect to be punished. <input type="checkbox"/> I feel I am being punished. | <input type="checkbox"/> |
| 7. | <input type="checkbox"/> I don't feel disappointed in myself. <input type="checkbox"/> I am disappointed in myself. <input type="checkbox"/> I am disgusted with myself. <input type="checkbox"/> I hate myself. | <input type="checkbox"/> |

8. ☐ I don't feel I am any worse than anybody else.
☐ I am critical of myself for my weakness or mistakes.
☐ I blame myself all the time for my faults.
☐ I blame myself for everything bad that happens.
9. ☐ I don't have any thoughts of killing myself.
☐ I have thoughts of killing myself, but I would not carry them out.
☐ I would like to kill myself.
☐ I would kill myself if I had the chance.
10. ☐ I don't cry any more than usual.
☐ I cry more now than I used to.
☐ I cry all the time now.
☐ I used to be able to cry, but now I can't cry even though I want to.
11. ☐ I am no more irritated now than I ever am.
☐ I get annoyed or irritated more easily than I used to.
☐ I feel irritated all the time now.
☐ I don't get irritated at all by the things that used to irritate me.
12. ☐ I have not lost interest in other people.
☐ I am less interested in other people than I used to be.
☐ I have lost most of my interest in other people.
☐ I have lost all of my interest in other people.
13. ☐ I make decisions about as well as I ever could.
☐ I put off making decisions more than I used to.
☐ I have greater difficulty in making decisions than before.
☐ I can't make decisions at all anymore.
14. ☐ I don't feel I look any worse than I used to.
☐ I am worried that I am looking old or unattractive.
☐ I feel that there are permanent changes in my appearance that make me look unattractive.
☐ I believe that I look ugly.
15. ☐ I can work about as well as before.
☐ It takes an extra effort to get started at doing something.
☐ I have to push myself very hard to do anything.
☐ I can't do any work at all.

☐☐☐☐☐☐☐☐

16. ☐ I can sleep as well as usual.
☐ I don't sleep as well as I used to.
☐ I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
☐ I wake up several hours earlier than I used to and cannot get back to sleep.
17. ☐ I don't get more tired than usual.
☐ I get tired more easily than I used to.
☐ I get tired from doing almost anything.
☐ I am too tired to do anything.
18. ☐ My appetite is no worse than usual.
☐ My appetite is not as good as it used to be.
☐ My appetite is much worse now.
☐ I have no appetite at all anymore.
19. ☐ I haven't lost much weight, if any.
☐ I have lost more than 5 pounds.
☐ I have lost more than 10 pounds.
☐ I have lost more than 15 pounds.
I am purposely trying to lose weight by eating less.
☐ Yes ☐ No
20. ☐ I am no more worried about my health than usual.
☐ I am worried about physical problems such as aches and pains; or upset stomach, or constipation.
☐ I am very worried about physical problems and it's hard to think of much else.
☐ I am so worried about my physical problems that I cannot think about anything else.
21. ☐ I have not noticed any recent changes in my interest in sex.
☐ I am less interested in sex than I used to be.
☐ I am much less interested in sex now.
☐ I have lost interest in sex completely.

A number of statements that people have used to describe how they feel are given below. Read the statements below and indicate how you feel at the moment by placing the appropriate number next to each item.

State Anger Scale (SAS)

Filename: SAS.doc

Not at all
Somewhat
Moderately so
Very much so

OFFICE USE

| | | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I am mad. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I feel angry. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am burned up. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I feel irritated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I feel frustrated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I feel aggravated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I feel like I'm about to explode. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I feel like banging on the table. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I feel like yelling at somebody. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I feel like swearing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I am furious. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I feel like hitting someone. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I feel like breaking things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I am annoyed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I am resentful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions are related to certain pains and problems, that have bothered you **the last 30 days before you entered the clinic**. If you think the item applies to you and you had the described problem in **the last 30 days before entering the clinic**, answer YES.

On the other hand, if the item does not apply to you and/or you did not have the problem in the **last 30 days before entering the clinic**, answer NO.

| | YES | NO | OFFICE USE |
|--|--------------------------|--------------------------|--------------------------|
| 1. Do you often have headaches? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is your appetite poor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you sleep badly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you easily frightened? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do your hands shake? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you feel nervous, tense or worried? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is your digestion poor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have trouble thinking clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you feel unhappy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you cry more than usual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you find it difficult to enjoy your daily activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you find it difficult to make decisions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is your daily work suffering? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you unable to play a useful part in life? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you lost interests in things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you feel that you are a worthless person? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has the thought of ending your life been on your mind? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you feel tired all the time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you have uncomfortable feelings in your stomach? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are you easily tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This questionnaire contains 240 statements. Please read each item carefully and tick the one answer that best corresponds to your agreement or disagreement.

There are no right or wrong answers, and you need not be an "expert" to complete this questionnaire. Describe yourself honestly and state your opinions as accurately as possible.

The NEO-PI
Filename: NEOPIR.doc

Strongly disagree
Disagree
Neutral
Agree
Strongly agree

| | | | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | I am not a worrier. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OFFICE USE ONLY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2. | I really like most people I meet. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | I have a very active imagination. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | I tend to be cynical and sceptical of others' intentions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | I'm known for my prudence and common sense. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | I often get angry at the way people treat me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | I shy away from crowds of people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | Aesthetic and artistic concerns aren't very important to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | I'm not crafty or sly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. | I would rather keep my options open than plan everything in advance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. | I rarely feel lonely or blue. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. | I am dominant, forceful, and assertive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. | Without strong emotions, life would be uninteresting to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | Some people think I'm selfish and egotistical. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Strongly agree

- | | | | | | | OFFICE USE ONLY |
|------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 94. | I think most of the people I deal with are honest and trustworthy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. | I often come into situations without being fully prepared | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. | I am not considered a touchy or temperamental person. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. | I really feel the need for other people if I am by myself for long. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. | I am intrigued by the patterns I find in art and nature. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. | Being perfectly honest is a bad way to do business. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. | I like to keep everything in its place so I know just where it is. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. | I have sometimes experienced a deep sense of guilt or sinfulness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. | In meetings, I usually let others do the talking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. | I seldom pay much attention to my feelings of the moment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. | I generally try to be thoughtful and considerate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 105. | Sometimes I cheat when I play solitaire. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. | It doesn't embarrass me too much if people ridicule and tease me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 107. | I often feel as if I'm bursting with energy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. | I often try new and foreign foods. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 109. | If don't like people, I let them know it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Disagree

Neutral

Agree

Strongly agree

- | | | | | | | | |
|------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 189. | At times I bully or flatter people into doing what I want them to. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OFFICE USE ONLY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 190. | I'm not compulsive about cleaning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 191. | Sometimes things look pretty bleak and hopeless to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 192. | In conversations, I tend to do most of the talking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 193. | I find it easy to empathize--to feel myself what others are feeling. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 194. | I think of myself as a charitable person. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 195. | I try to do jobs carefully, so they won't have to be done again. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 196. | If I have said or done the wrong thing to someone, I can hardly bear to face them again. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 197. | My life is fast-paced. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 198. | On a vacation, I prefer going back to a tried and true spot. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 199. | I'm hard-headed and stubborn. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 200. | I strive for excellence in everything I do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 201. | Sometimes I do things on impulse that I later regret. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 202. | I'm attracted to bright colors and flashy styles. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 203. | I have a lot of intellectual curiosity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

[illegible]

[illegible]

MON23389

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

- | | | | | | | |
|------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 234. | I'm a superior person. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 235. | I have a lot of self-discipline. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 236. | I'm pretty stable emotionally. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 237. | I laugh easily. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 238. | I believe that the "new morality" of permissiveness is no morality at all. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 239. | I would rather be known as "merciful" than as "just." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 240. | I think twice before I answer a question. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |