

**Survey of Children's Exposure to Violence**

Children in many parts of the world have been exposed to violence or bad treatment by family members, at school, in their communities, or at work. This is an important problem for children in all parts of the world. We would like to ask you about your experiences with violence directed against you. Please, answer the following questions by putting a X mark in a box next to your answer.

**Please tell us about yourself.**

1. Please tell us if you are a girl or a boy

- Girl
- Boy

2. How many years old are you?  years old

3. What is the name of the school you attend?

4. Have you ever flunked a year in school?

- No
- Yes → How many times?

4.1. Where do you live? (what is the name of the city/village that you live in)

5.1. Your parents are:

- Married
- Divorced/Separated
- Never married
- One parent is not living anymore
- Both parents are not living anymore
- I don't want to answer
- I don't know

5.2. Your parents' educational level is/was:

**Mother**

- Hasn't go to school
- Some grades of primary school (how many? \_\_\_\_)
- Primary School
- Middle School
- High School/ Lyceum
- Vocational/ Technical School
- University
- Post-graduate studies (Masters, Doctorate)
- I don't know

**Father**

- Hasn't go to school
- Some grades of primary school (how many? \_\_\_\_)
- Primary School
- Middle School
- High School/ Lyceum
- Vocational/Technical School
- University
- Post-graduate studies (Masters, Doctorate)
- I don't know

5\_6. Who do you live with? (check in both columns all the persons that live with you in your home)

- |   |  |
|---|--|
| <input type="checkbox"/> Father   | <input type="checkbox"/> Mother  |
| <input type="checkbox"/> Stepfather (my mother's spouse)                      | <input type="checkbox"/> Stepmother (my father's spouse)                     |
| <input type="checkbox"/> Foster father  | <input type="checkbox"/> Foster mother                                       |
| <input type="checkbox"/> My mother's partner                                  | <input type="checkbox"/> My father's partner                                 |
| <input type="checkbox"/> Grandfather  | <input type="checkbox"/> Grandmother   |
| <input type="checkbox"/> Brother/s (how old is he/ are they?: ____ ____ ____) | <input type="checkbox"/> Sister/s (how old is she/are they?: ____ ____ ____) |
| <input type="checkbox"/> Other relative/s. Who? _____                         |  |
| <input type="checkbox"/> People who are not relatives. Who? _____             |  |



**10.3. Which of the following, if your parents did, would convince you to change your behavior? (check ALL that apply in both columns)**

- |  |   |
|--|---|
| <input type="checkbox"/> Discussing/having dialogue with me  | <input type="checkbox"/> Withholding food, water, or locking in home                      |
| <input type="checkbox"/> Explaining to me why something is right or wrong  | <input type="checkbox"/> Physically punishing me (e.g. hitting/beating, slapping)         |
| <input type="checkbox"/> Depriving from me something (e.g. computer use, TV, shopping, sport activities, pocket money, cell phone) | <input type="checkbox"/> Warning me about potential consequences of my actions            |
| <input type="checkbox"/> Rewarding me verbally / Praising me   | <input type="checkbox"/> Yelling/scolding at me   |
| <input type="checkbox"/> Promising rewards (e.g. buying gifts)   | <input type="checkbox"/> Setting the rules jointly with me                                |
| <input type="checkbox"/> Comparing me with other children  | <input type="checkbox"/> Setting strict rules to me                                       |
| <input type="checkbox"/> Trying to convince me to do something   | <input type="checkbox"/> Setting firm/consistent rules to me                              |
| <input type="checkbox"/> Giving me advice  | <input type="checkbox"/> My parents acting as they advise me to (giving the good example) |
| <input type="checkbox"/> Stop talking to me when I am doing something unwanted   | <input type="checkbox"/> Other (write what): _____  |
| <input type="checkbox"/> Letting me to suffer the consequences in order to learn from my mistakes                                  | _____   |
| <input type="checkbox"/> Listening my explanations about my behaviour  | <input type="checkbox"/> Other (write what): _____  |
|  | _____   |

*Sometimes, when children and adolescents are growing up, they see people in their family (like natural parents/stepparents/ adoptive parents/ caregivers/ grandparents/ aunts and uncles, brothers/ sisters or cousins), behaving in or near their home in ways that make them feel uncomfortable or even frightened. **In the past year (or when you were younger):***

**11. Has anyone in your home used alcohol and/or drugs and then behaved in a way that frightened you?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

**12. Have you seen adults in your home shouting and yelling at each other (arguing) in a way that frightened you?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

**13a. Have you seen adults in your home hurt each other physically (e.g. hitting, slapping, kicking)?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

14. Have you seen anyone in your home used knives, guns, stick, rocks or other things to hurt or scare someone else inside home?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

**Other scary things may also happen near your home**

15a. Has anyone close to you (a family member, friend or neighbour) been murdered?

Yes	Not in the past year, but it has happened before	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

16. Have you lived somewhere where you have seen people being shot, bombs going off, people fighting, or rioting?

Yes	Not in the past year, but it has happened before	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

16a. If Yes, was this because you were living where there was a war?

Yes	No	Would you like to say more?
<input type="checkbox"/>	<input type="checkbox"/>	

17. Has anyone come into your home and stolen something?

Yes	Not in the past year, but it has happened before	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

Sometimes, when children and adolescents are growing up, people say or do things, some of which could make the child or adolescent feel embarrassed, ashamed or bad. In the past year, has anyone in your family and living in your home:

18A. Shouted, yelled, or screamed at you very loud and aggressively?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<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<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19A. Insulted you by calling you dumb, lazy or other names like that?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<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<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19B. Cursed you?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<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<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.1. Refused to speak to you (ignored you)?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.1<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.2. Blamed you for his/her bad mood?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.2<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.3. Told you to start or stop doing something (e.g. start doing your homework or stop watching TV)?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.3<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.4. Explained you why something you did was wrong?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.4<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.5. Gave you an award for behaving well?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.5<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.6. Gave you something else to do in order to distract your attention (e.g. to tell you do something in order to stop you watching TV)?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.6<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.7. Took away your pocket money or other privileges?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 <i>Once or twice a year</i>	3-5 <i>Several times a year</i>	6-12 <i>Monthly or bimonthly</i>	13-50 <i>Several times a month</i>	more than 50 <i>Once a week or more often</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.7<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.8. Forbade you something that you liked?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 <i>Once or twice a year</i>	3-5 <i>Several times a year</i>	6-12 <i>Monthly or bimonthly</i>	13-50 <i>Several times a month</i>	more than 50 <i>Once a week or more often</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.8<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.9. Forbade you to go out?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 <i>Once or twice a year</i>	3-5 <i>Several times a year</i>	6-12 <i>Monthly or bimonthly</i>	13-50 <i>Several times a month</i>	more than 50 <i>Once a week or more often</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.9<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.10. Read your diary, your SMS or e-mail messages without your permission?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 <i>Once or twice a year</i>	3-5 <i>Several times a year</i>	6-12 <i>Monthly or bimonthly</i>	13-50 <i>Several times a month</i>	more than 50 <i>Once a week or more often</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.10<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.11. Went through your bag, drawers, pockets etc. without your permission?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 <i>Once or twice a year</i>	3-5 <i>Several times a year</i>	6-12 <i>Monthly or bimonthly</i>	13-50 <i>Several times a month</i>	more than 50 <i>Once a week or more often</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.11<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**19.12. Compared you to other children in a way that you felt humiliated?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 <i>Once or twice a year</i>	3-5 <i>Several times a year</i>	6-12 <i>Monthly or bimonthly</i>	13-50 <i>Several times a month</i>	more than 50 <i>Once a week or more often</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.12<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**20A. Ashamed or embarrassed you intentionally in front of other people in a way that made you feel very bad or humiliated?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 <i>Once or twice a year</i>	3-5 <i>Several times a year</i>	6-12 <i>Monthly or bimonthly</i>	13-50 <i>Several times a month</i>	more than 50 <i>Once a week or more often</i>			
<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<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**21. Said that they wished you were dead or had never been born?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 <i>Once or twice a year</i>	3-5 <i>Several times a year</i>	6-12 <i>Monthly or bimonthly</i>	13-50 <i>Several times a month</i>	more than 50 <i>Once a week or more often</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**22. Threatened to leave you or abandon you?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**22.1. Threatened to kick you out of house or send you away?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22.1<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**23A. Locked you out of the home?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23A<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**24A. Threatened to invoke ghosts or evil spirits, or harmful people against you?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24A<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**24B. Threatened to hurt or kill you?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24B<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

*Sometimes even children or young people who are your age and live at the same home with you, can also be very unkind and make you feel ashamed, embarrassed or generally bad about yourself. In the past year:*

**25. Have you been bullied (teased, embarrassed) so that you feel sad or bad, by another child at home?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

*Sometimes, when children are growing up, people who are responsible for caring for them (for example parents/stepparents/adoptive parents/other carers/aunts and uncles) do not know how to care for children properly, and the children do not get what they need to grow up healthy. Have any of these things happened to you in the past year?*

**26A. Did not get enough to eat (went hungry) and/or drink (were thirsty) even though there was enough for everyone, as a means of punishment?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

**27A. Have to wear clothes that were dirty, torn, or inappropriate for the season, as a means of punishment?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

28. Not taken care of when you were sick or injured - for example not taken to see a doctor when you were hurt or not given the medicines you needed?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

28.1. You were hurt or injured because no adult was supervising you?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

29. You did not feel cared for?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

30. Felt that you were not important?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

31. Felt that there was never anyone looking after you, supporting you, helping you when you most needed it?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	Several times a year	Monthly or bimonthly	Several times a month	Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say more?

Sometimes people can hurt children and adolescents physically. Thinking about yourself, in the past year, has anyone from your family done something such as:

**32A. Pushed or kicked you?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32A<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**32.1. Grabbed you by your clothes or some part of your body and shook you?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32.1<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**33A. Slapped you?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33A<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**33B. Hit you on head with knuckle or back of the hand?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33B<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**33C. Spanked you on the bottom with bare hand?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33C<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**34A. Hit you on the buttocks with an object such as a stick, broom, cane, or belt?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34A<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**34B. Hit you elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34B<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**34.1. Hit you over and over again with object or fist ("beat-up")?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34.1<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

35A. Choked you or smothered you (prevent breathing by use of a hand or pillow) or squeezed your neck with hands (or something else)?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35A<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

36A. Intentionally burned or scalded you?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36A<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

36B. Put chilli pepper, hot pepper, or spicy food in your mouth (to cause pain)?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36B<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

37A. Locked you up in a small place or in a dark room?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37A<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**37B. Tied you up or tied you to something using a rope or a chain?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37B<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**38A. Roughly twisted your ear?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38A<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**38B. Pulled your hair?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38B<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**38C. Pinched you roughly?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38C<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**39A. Forced you to hold a position that caused pain or humiliated you as a means of punishment?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39A<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**40. Threatened you with a knife or a gun?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male	Adult female	Child/adolescent male	Child/adolescent female
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

Sometimes people do sexual things or show sexual things to children and adolescents. Thinking about yourself, has anyone familiar to you (a relative or not) or unknown person, ever made you feel bad or uncomfortable by doing any of these things to you?

**41. Made you upset by speaking to you in a sexual way or writing sexual things about you?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41<sup>a</sup>. If this happened, was it by: (please, check all that apply)

Adult male			Adult female			Child/adolescent male			Child/adolescent female		
<input type="radio"/>			<input type="radio"/>			<input type="radio"/>			<input type="radio"/>		
b. What was his relation to you?			What was her relation to you?			What was his relation to you?			What was her relation to you?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

42. Made you watch a sex video or look at sexual pictures in a magazine or computer when you did not want to?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male			Adult female			Child/adolescent male			Child/adolescent female		
<input type="radio"/>			<input type="radio"/>			<input type="radio"/>			<input type="radio"/>		
b. What was his relation to you?			What was her relation to you?			What was his relation to you?			What was her relation to you?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

43. Made you look at their private parts or wanted to look at yours?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male			Adult female			Child/adolescent male			Child/adolescent female		
<input type="radio"/>			<input type="radio"/>			<input type="radio"/>			<input type="radio"/>		
b. What was his relation to you?			What was her relation to you?			What was his relation to you?			What was her relation to you?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

44. Touched your private parts in a sexual way, or made you touch theirs?

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male			Adult female			Child/adolescent male			Child/adolescent female		
<input type="radio"/>			<input type="radio"/>			<input type="radio"/>			<input type="radio"/>		
b. What was his relation to you?			What was her relation to you?			What was his relation to you?			What was her relation to you?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**45A. Made a sex video or took photographs of you alone, or with other people, doing sexual things?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45A<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male			Adult female			Child/adolescent male			Child/adolescent female		
<input type="radio"/>			<input type="radio"/>			<input type="radio"/>			<input type="radio"/>		
b. What was his relation to you?			What was her relation to you?			What was his relation to you?			What was her relation to you?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**46. Tried to have sex with you when you did not want them to?**

During the past year (previous 12 months)					Not in the past year, but it has happened to me before	Never in my life	I don't want to answer
1-2 Once or twice a year	3-5 Several times a year	6-12 Monthly or bimonthly	13-50 Several times a month	more than 50 Once a week or more often			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46<sup>a</sup>. If this happened, was it by:

(please, check all that apply)

Adult male			Adult female			Child/adolescent male			Child/adolescent female		
<input type="radio"/>			<input type="radio"/>			<input type="radio"/>			<input type="radio"/>		
b. What was his relation to you?			What was her relation to you?			What was his relation to you?			What was her relation to you?		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to say more?

**47. Do you have any other experiences with being hurt at home that we have not already asked you about?**

**48. Do you have any suggestions for preventing violence against children?**

**49. Was this a hard questionnaire to answer?**

- Yes
- No → go to question 50

49a. If yes, what was it that you find difficult to answer?

**50. Is there anything that you didn't understand?**

Yes

No → *go to question 51*

*50a. If yes, what was that?*

**51. Was it difficult to be completely open about what happened to you?**

Yes

No → *go to question 52*

*51a. If yes, why?*

**52. Is there anything else you would like to say about what happened to you or about filling in the questionnaire?**

**Thank you for your help!**