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Supplemental Tables

Supplemental Table 1a. *Physical IPV Items – FM vs. CTS2*

FM	CTS2
	Minor ^a
Bit	
Grabbed	Grabbed
Pushed or shoved	Pushed or shoved
Scratched	
Slapped	Slapped
Threw something that could hurt	Threw something that could hurt
Twisted arm or hair	Twisted arm or hair
	Severe ^a
	Beat up
Burned or scalded	Burned or scalded on purpose
Choked	Choked
Hit with an object that could hurt	(Punched or hit with something that could hurt)
Kicked	Kicked
Punched or hit	(Punched or hit with something that could hurt)
Slammed against a wall	Slammed against a wall
Used weapon	Used a knife or gun
Doing something similar (Please describe: _____)	

^aThe CTS2 divides acts a priori as “minor assault” and “severe assault.” The FM does not make a priori distinctions, although three items (burning or scalding, using a weapon, and choking) are considered to have above threshold potential for significant injury and would meet criteria for CS-Physical Abuse even without an accompanying report of actual injury or significant fear of bodily harm .

Supplemental Table 1b. *Psychological Victimization IPV Items – FM vs. CTS2*

FM	CTS2
	Minor
Insulted or swore at me	Done something to spite me Insulted or swore at me Shouted or yelled at me Stomped out of the room or house or yard during a disagreement
	Severe Accused me of being a lousy lover Called me fat or ugly Destroyed something belonging to me Threatened to hit or throw something at me

Grilled or interrogated me about where I had been, what I had done, etc.
 Kept me from seeing service providers (doctors, social workers, family support)
 Put me down or humiliated me
 Stalked me
 Tried to make me think that I was crazy
 Wouldn't allow me to have money or access to money
 Wouldn't allow me to have my ID, driver's license, or passport
 Wouldn't allow me to see/talk to a family member or friend
 Did another similar behavior not listed here
 (Please describe: _____)

Supplemental Table 1c. *Child Physical Items – FM vs. CTSPC*

FM	CTSPC
Grabbed child	
Hit or spanked child using a belt, electrical cord, switch, or some similar object [Note: Where struck is follow-up question]	Hit child on the bottom with something like a belt, hair brush, a stick or some other hard object
Pinched child	Pinched child
Pushed or shoved child	
Shook child	Shook child
Slapped child's arm, leg, or torso	(Slapped child on the hand, arm, or leg)
Slapped child's hand	(Slapped child on the hand, arm, or leg)
Spanked child on the bottom with a bare hand	Spanked child on the bottom with your bare hand
	Severe Assault (Child Maltreatment)
Hit or spanked child using a stick, hairbrush, or some other hard object [Note: Where struck is follow-up question]	(Hit child on some other part of the body besides the bottom with something like a belt, hair brush, a stick or some other hard object)
Kicked child hard	(Hit child with a fist or kicked child hard)
Slammed child against a wall, fence, furniture, car, etc.	
Slapped child on the face or head or ears	Slapped child on the face or head or ears
Threw or knocked child down	Threw or knocked child down
Hit child with a fist	(Hit child with a fist or kicked child hard)
Twisted child's arm or leg	
	Very Severe Assault (Severe Physical Maltreatment)
Beat up child; that is, hit child over and over as hard as I could	Beat up child; that is, hit child over and over as hard as I could
Burned or scalded child on purpose	Burned or scalded child on purpose
Grabbed child around the neck and choked child	Grabbed child around the neck and choked child
	Threatened child with a knife or gun

Supplemental Table 1d. *Child Psychological Items – FM vs. CTSPC*

FM	CTSPC
<p>Called child names that could really hurt (for example, “worthless,” “stupid,” “slut,” etc.)</p> <p>Did things such as mock child, put child down in front of others, spit at child, etc.</p> <p>Punished child by making child do things that hurt (for example, kneeling or keeping arms extended for long time)</p> <p>Threatened to seriously hurt child, threatened to abandon them, or made similar kind of threat</p>	<p>(Called child dumb or lazy or some other name like that)</p> <ul style="list-style-type: none"> • (Threatened to spank or hit child but did not actually do it) • (Said you would send child away or kick child out of the house)
<p>Tied child’s arms or legs together; bound child to chair, bed, etc.; or confined child in a closet or other small space</p> <p>To send a message to child, harmed something important to them (for example, child’s favorite object or pet)</p> <p>Told child that I would harm something important to them (for example, destroy child’s favorite object, harm pet, etc.)</p> <p>Did something similar not listed here (Please describe: _____)</p>	<p>Sworn or cursed at child</p> <p>Shouted, yelled, or screamed at child</p>

Supplemental Table 2a. Physical IPV Perpetration – Minor: FM vs. CTS2

	FM – minor act			Total
	Yes	No		
CTS2 – minor act	Yes	13	2 ^b	15
	No	1 ^a	100	101
	Total	14	102	115
Reasons for Disagreement				<i>n</i>
^a Endorsed “scratched” and “bit” on FM (no such items on CTS2).				1
^b Endorsed “slapped partner” on CTS2, but not on FM.				1
^b Endorsed “slapped partner” and “pushed or shoved partner” on CTS2, but not on FM.				1
Total				4

Supplemental Table 2b. Physical IPV Victimization – Minor: FM vs. CTS2

	FM – minor act			Total
	Yes	No		
CTS2 – minor act	Yes	14	4 ^a	18
	No	0	99	99
	Total	14	103	117
^a Reason(s) for Disagreement				<i>n</i>
• Endorsed “partner slapped me” on CTS2, but not on FM.				1
• Endorsed “partner pushed or shoved me” on CTS2, but not on FM.				1
• Endorsed “partner grabbed me” on CTS2 (no such item on FM); also endorsed “partner twisted my arm or hair,” “partner pushed or shoved me,” and “partner threw something at me that could hurt” on CTS2, but none of these on FM.				2
Total				4

Supplemental Table 2c. *Physical IPV Perpetration – Severe: FM vs. CTS2*

	FM – severe act			Total
	Yes	No		
CTS2 – severe act	Yes	2	2 ^b	4
	No	2 ^a	111	113
	Total	4	113	117
Reasons for Disagreement				<i>n</i>
^a Endorsed “punched or hit partner on FM,” but not “punched or hit partner with something that could hurt” on CTS2.				2
^b Endorsed “punched or hit partner with something that could hurt” on CTS2, but neither “hit partner with object that could hurt” nor “punched or hit partner” on FM.				2
Total				4

Supplemental Table 2d. *Physical IPV Victimization – Severe: FM vs. CTS2*

	FM – severe act			Total
	Yes	No		
CTS2 – severe act	Yes	2	2 ^b	4
	No	6 ^a	107	113
	Total	8	109	117
Reason(s) for Disagreement				<i>n</i>
^a Endorsed “partner kicked me” on FM but not on CTS2.				1
^a Endorsed “partner punched or hit me” on FM but not “partner punched or hit me with something that could hurt” on CTS2.				4
^a Endorsed “partner punched or hit me” and “partner hit me with an object that could hurt” on FM but not “partner punched or hit me with something that could hurt” on CTS2.				1
^b Endorsed “partner slammed me against a wall” on CTS2 but not on FM.				1
^b Endorsed “partner slammed me against a wall” on CTS2 but not on FM; also endorsed “partner punched or hit me with something that could hurt” on CTS2, but neither “partner hit me with an object that could hurt” nor “partner punched or hit me” on FM.				1
Total				8

Supplemental Table 2e. *Psychological IPV Victimization: FM vs. CTS2*

	FM – psych act		Total	
	Yes	No		
CTS2 – psych act	Yes	21	6 ^a	27
	No	0	4	4
	Total	21	10	31

Reason(s) for Disagreement	<i>n</i>
^a Endorsed “partner did something to spite me” on CTS2 (no such item on FM).	1
^a Endorsed “partner did something to spite me,” “partner shouted or yelled at me,” and “partner accused me of being a lousy lover” on CTS2 (no such items on FM).	1
^a Endorsed “partner insulted or swore at me” on CTS2, but not on FM; also endorsed “partner stomped out of house or yard during a disagreement” on CTS2 (no such item on FM).	1
^a Endorsed “partner insulted or swore at me” on CTS2, but not on FM; also endorsed “partner shouted or yelled at me” and “partner stomped out of house or yard during a disagreement” on CTS2 (no such items on FM).	1
^a Endorsed “partner insulted or swore at me” on CTS2, but not on FM; also endorsed “partner shouted or yelled at me,” “partner stomped out of house or yard during a disagreement,” and “partner did something to spite me” on CTS2 (no such items on FM).	1
^a Endorsed “partner insulted or swore at me” on CTS2, but not on FM; also endorsed all items unique to CTS2 except “partner accused me of being a lousy lover.”	1
Total	6

Supplemental Table 2f. *Child Physical Aggression Perpetration – Minor: FM vs. CTSPC*

	FM – minor act		Total	
	Yes	No		
CTSPC – minor act	Yes	59	3 ^b	62
	No	9 ^a	26	35
	Total	68	29	97
Reason(s) for Disagreement			<i>n</i>	
^a Endorsed “slapped child’s hand” on FM, but not “slapped child’s hand, arm, or leg” on CTSPC.			3	
^a Endorsed “grabbed child” on FM (no such item on CTSPC).			4	
^a Endorsed “grabbed child” on FM (no such item on CTSPC); also endorsed “slapped child’s hand” on FM but not “slapped child’s hand, arm, or leg” on CTSPC.			1	
^a Endorsed “grabbed child” on FM (no such item on CTSPC); also endorsed “slapped child’s hand,” “spanked child on bottom with bare hand,” “slapped child’s arm, leg, or torso,” and “slapped child’s on the face, head, or ears” on FM but nothing on CTSPC.			1	
^b Endorsed “spanked child on bottom with bare hand” on CTSPC but not on FM.			1	
^b Endorsed “slapped child on face or head or ears” on CTSPC but not on FM.			1	
^b Endorsed “hit child on bottom with object” on CTSPC but not on FM.			1	
Total			12	

Supplemental Table 2g. *Child Physical Aggression Perpetration – Severe: FM vs. CTSPC*

	FM – severe act		Total	
	Yes	No		
CTSPC – severe act	Yes	4	3 ^a	7
	No	0	91	91
	Total	4	94	98
Reason(s) for Disagreement			<i>n</i>	
^a Endorsed “threw or knocked child down” on CTSPC but not on FM			1	
^a Endorsed “hit child on some part of the body besides the bottom with an object” on CTSPC, but location data missing on FM.			2	
Total			3	

Supplemental Table 2h. *Child Psychological Aggression Perpetration: FM vs. CTSPC*

	FM – psych act		Total	
	Yes	No		
CTSPC – psych act	Yes	29	51 ^a	80
	No	0	16	16
	Total	29	67	96
Reason(s) for Disagreement				<i>n</i>
^a Endorsed “threatened to hit or spank child” on CTSPC (no such item on FM).				2
^a Endorsed “threatened to hit or spank child” and “swore or cursed at child” on CTSPC (no such items on FM).				1
^a Endorsed “shouted, yelled, or screamed at child” on CTSPC (no such item on FM).				15
^a Endorsed “shouted, yelled, or screamed at child” and “threatened to hit or spank child” on CTSPC (no such items on FM).				18
^a Endorsed “shouted, yelled, or screamed at child” and “swore or cursed at child” on CTSPC (no such items on FM).				3
^a Endorsed “shouted, yelled, or screamed at child” and “called child dumb or lazy or another name like that” on CTSPC (no such items on FM).				2
^a Endorsed “shouted, yelled, or screamed at child,” “threatened to hit or spank child,” and “swore or cursed at child” on CTSPC (no such items on FM).				7
^a Endorsed “shouted, yelled, or screamed at child,” “threatened to hit or spank child,” and “called child dumb or lazy or another name like that” on CTSPC (no such items on FM).				1
^a Endorsed “shouted, yelled, or screamed at child,” “threatened to hit or spank child,” “swore or cursed at child,” and “called child dumb or lazy or another name like that” on CTSPC (no such items on FM).				1
^a Endorsed all 5 items on CTSPC, but none on FM.				1
Total				51

Appendices Related to Clinically Significant Maltreatment Criteria

Online Supplement 1. *Summary of maltreatment definitions and criteria from DSM-5, ICD-11 (proposed), and the Family Maltreatment Measure*

	DSM-5	ICD-11 (proposed)	Family Maltreatment Measure
Physical IPV	995.81, V61.11, and others	Z61.2	
<i>Definition</i>	Nonaccidental acts of physical force that result, or have reasonable potential to result, in physical harm to an intimate partner or that evoke significant fear in the partner have occurred.	Non-accidental acts of physical force that result, or have reasonable potential to result, in physical harm to an intimate partner or that evoke significant fear in the partner.	
<i>Criterion A (Act)</i>	<ul style="list-style-type: none"> • Example acts: <ul style="list-style-type: none"> ○ Shoving ○ Slapping ○ Hair pulling ○ Pinching ○ Restraining ○ Shaking ○ Throwing ○ Biting ○ Kicking ○ Hitting with the fist or an object ○ Burning ○ Poisoning ○ Applying force to the throat ○ Cutting off the air supply ○ Holding the head under water ○ Using a weapon 	<ul style="list-style-type: none"> • At least one non-accidental act of physical force (for example, push/shove, scratch, slap, throw something that could hurt, punch, bite). 	<ul style="list-style-type: none"> • Any act of physical aggression occurred: <ul style="list-style-type: none"> ○ Slammed against wall ○ Pushed or shoved ○ Used a weapon against ○ Slapped ○ Twisted arm or hair ○ Punched or hit ○ Kicked ○ Choked ○ Burned or scalded ○ Hit with an object that could hurt ○ Scratched ○ Bit ○ Threw something that could hurt ○ Grabbed ○ Something similar not listed above

<i>Criterion B (Impact)</i>	<ul style="list-style-type: none"> • Impacts <ul style="list-style-type: none"> ○ Physical harm ○ Significant fear ○ Reasonable potential to result in physical harm 	<ul style="list-style-type: none"> • Impacts: Act causes (or exacerbates) at least one of the following impacts: <ul style="list-style-type: none"> ○ Any physical injury ○ Significant fear ○ Reasonable potential for significant physical injury 	<ul style="list-style-type: none"> • Either 1 or 2: <ol style="list-style-type: none"> (1) Any injury: <ul style="list-style-type: none"> ○ Felt pain at least 4 hours later ○ Had a bruise ○ Had a welt (raised red area) ○ Had a cut that required stitches ○ Had a sprain ○ Passed out ○ Had a broken bone ○ Had a loosened or chipped tooth (2) Acts with high potential for injury: <ul style="list-style-type: none"> ○ Used a weapon against ○ Burning or scalding ○ Choking
<i>Exclusion</i>	Acts for the purpose of physically protecting oneself or one's partner are excluded.	Acts for the physical protection of self (e.g., to ward off partner's punches) or partner (e.g., prevent partner from attempting suicide) are excluded.	
Psychological IPV	995.82, V61.11, and others	Z61.3	
<i>Definition</i>	Nonaccidental verbal or symbolic acts by one partner that result, or have reasonable potential to result, in significant harm to the other partner.	Non-accidental verbal or symbolic act of that result in significant psychological harm to an intimate partner.	
<i>Criterion A (Act)</i>	<ul style="list-style-type: none"> • Acts (Examples) <ul style="list-style-type: none"> ○ Berating or humiliating the victim ○ Interrogating the victim ○ Restricting the victim's ability to come and go freely ○ Obstructing the victim's access to assistance (e.g., law enforcement, legal, 	<ul style="list-style-type: none"> • Verbal or symbolic acts with the potential to cause psychological harm to the victim, for example: <ul style="list-style-type: none"> ○ Berating, disparaging, degrading, humiliating partner ○ Interrogating partner ○ Restricting partner's ability to come and go freely ○ Obstructing partner's access to assistance (example: police aid, legal 	<ul style="list-style-type: none"> • Any act of psychological aggression occurred: <ul style="list-style-type: none"> ○ Partner wouldn't allow me to have my ID, driver's license, or passport ○ Partner put me down or humiliated me ○ Partner kept me from seeing service providers (doctors, social workers, family support)

- protective, or medical resources)
 - Threatening the victim with physical harm or sexual assault
 - Harming, or threatening to harm, people or things that the victim cares about
 - Unwarranted restriction of the victim's access to or use of economic resources
 - Isolating the victim from family, friends, or social support resources
 - Stalking the victim
 - Trying to make the victim think that he or she is crazy.
- help, protective resources, medical resources, mental health resources)
 - Threatening partner
 - Harming, or threatening to harm, people/things that partner cares about
 - Restricting partner's access to or use of economic resources
 - Isolating partner from family, friends, or social support resources
 - Stalking partner
 - Trying to make people think that s/he is crazy (or make others think that partner is crazy)
- Partner stalked me
 - Partner wouldn't allow me to see/talk to a family member or friend
 - Partner tried to make me think that I was crazy
 - Partner insulted or swore at me
 - Partner wouldn't allow me to have money or access to money
 - My partner grilled or interrogated me about where I had been, what I had done, etc.
 - Partner did another similar behavior not listed here

*Criterion B
(Impact)*

- Impacts: Significant harm
- Act causes (or exacerbates) at least one of the following impacts
 - Significant fear
 - Significant psychological distress
 - Somatic symptoms that interfere with normal functioning
 - Fear of the recurrence of emotionally abusive act(s) that cause victim to significantly limit any of these five major life activities:
 - Work
 - Education
 - Religion
 - Medical or mental health services
 - Contact with family/friends
- Any of the following:
 - Sadness/depression or stress related to things partner said or did
 - Fear for safety due to things partner did
 - Fear partner might physically hurt someone you cared about
 - Fear of what partner might say or do kept from pursuing goals, social contact, or obtaining health services

Abuse

Definition

Nonaccidental physical injury to a child by a parent, caregiver, or other individual who has responsibility for the child, regardless of whether the caregiver intended to hurt the child.

Non-accidental acts of physical force by a child's parent/caregiver that result, or have reasonable potential to result, in physical harm to a child or which evoke significant fear.

Criterion A (Act)

- Example behaviors:
 - Punching
 - Beating
 - Kicking
 - Biting
 - Shaking
 - Throwing
 - Stabbing
 - Choking
 - Hitting (with a hand, stick, strap, or other object)
 - Burning, or any other method
 - Other
- Confirmed or suspected non-accidental act of physical force. Examples include hitting, slapping.
- Any act of physical aggression occurred:
 - Spanked child on the bottom with a bare hand
 - Slapped child's hand
 - Pushed or shoved child
 - Slapped child's arm, leg, or torso
 - Grabbed child
 - Using a belt, electrical cord, switch, or some similar object, I hit or spanked child
 - Shook child
 - Pinched child
 - Using a stick, hairbrush, or some other hard object, hit or spanked child
 - Slapped child on the face or head or ears
 - Kicked child hard
 - Hit child with a fist
 - Threw or knocked child down
 - Grabbed child around the neck and choked child
 - Slammed child against a wall, fence, furniture, car, etc.
 - Twisted child's arm or leg
 - Burned or scalded child on

<i>Criterion B (Impact)</i>	<ul style="list-style-type: none"> • Injuries <ul style="list-style-type: none"> ○ Minor bruises ○ Severe fractures ○ Death 	<ul style="list-style-type: none"> • Act causes (or exacerbates) at least one of the following impacts <ul style="list-style-type: none"> ○ Any physical injury (examples: bruises, cuts, sprains, broken bones, loss of consciousness, pain that last at least four hours) ○ Reasonable potential for significant physical injury ○ Significant fear 	<ul style="list-style-type: none"> ○ purpose ○ Beat up child; that is hit child over and over as hard as I could • Either 1 or 2: <ol style="list-style-type: none"> (1) Any injury to child, e.g.: <ul style="list-style-type: none"> ○ Felt pain the next day ○ Had a light bruise ○ Had a welt (raised red area) ○ Had a cut that required stitches ○ Had a sprain ○ Had a deep bruise ○ Passed out ○ Had several light bruises ○ Had a broken bone ○ Had a loosened or chipped tooth (2) Acts with high potential for injury: <ul style="list-style-type: none"> ○ Burned or scalded ○ Beat up ○ Struck with an object ○ Hit with a fist ○ Kicked hard ○ Choked
Child Psychological Abuse	995.51, V61.21, and others	Z62.2	
<i>Definition</i>	Nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child.	Non-accidental verbal or symbolic acts by a child's parent/caregiver that result in significant psychological harm.	
<i>Criterion A (Act)</i>	<ul style="list-style-type: none"> • Behaviors (Examples) <ul style="list-style-type: none"> ○ Berating, disparaging, or humiliating ○ Threatening ○ Harming/abandoning people or things the child 	<ul style="list-style-type: none"> • Confirmed or suspected verbal or symbolic acts with the potential to cause psychological harm to the child. <ul style="list-style-type: none"> Examples: <ul style="list-style-type: none"> ○ Berating, disparaging, degrading, humiliating child 	<ul style="list-style-type: none"> • Act of psychological aggression. <ul style="list-style-type: none"> Example acts: <ul style="list-style-type: none"> ○ Called child names that could really hurt (for example, "worthless," "stupid," "slut," etc.)

- cares about, or [threatening future] harm/abandon[ment]
- Confining the child ([i.e., child's arms or legs together or binding a child to furniture or another object, or confining a child to a small enclosed area, e.g., a closet)
- Egregious scapegoating of the child
- Coercing the child to inflict pain on himself or herself
- Disciplining the child excessively (i.e., at an extremely high frequency or duration, even if not at a level of physical abuse) through physical or nonphysical means.
- Threatening child (including, but not limited to, indicating/implying future physical harm, abandonment, sexual assault)
- Harming/abandoning – or indicating that the parent/caregiver will harm/abandon – people /things that child cares about, such as pets, property, loved ones (including exposing child to criteria-meeting or subthreshold partner maltreatment)
- Confining child (for example, tying a child's arms or legs together; binding a child to a chair, bed, or other object; or confining a child to a small enclosed area [such as a closet])
- Scapegoating child, i.e., blaming child for things for which they cannot possibly be responsible
- Coercing the child to inflict pain on him/herself
- Disciplining child (through physical or non-physical means) excessively (i.e., extremely high frequency or duration, though not meeting physical abuse criteria)
- Purposefully indoctrinating child to consider a parent evil, dangerous, or not worthy of affection
- Threatened to seriously hurt child, threatened to abandon them, or made similar kind of threat
- Told child that I would harm something important to them (for example, destroy child's favorite object, harm pet, etc.)
- To send a message to my child, I harmed something important to them (for example, child's favorite object or pet)
- Tied child's arms or legs together; bound child to chair, bed, etc.; or confined child in a closet or other small space
- Punished child by making child do things that hurt (for example, kneeling or keeping arms extended for long time)
- Did things such as mock child, put child down in front of others, spit at child, etc.
- Did something not listed here

*Criterion B
(Impact)*

- Impact Significant psychological harm to the child
 - Act causes (or exacerbates) at least one of the following impacts:
 - Psychological harm (for example, significant fear of abusive parent or other psychological distress)
 - Reasonable potential for significant psychological harm (for example, for
 - Either 1 or 2:
 - (1) Any impact among the following:
 - Acted like he/she felt worse about him/herself afterward
 - Seemed down or depressed for more than 2 weeks afterward
 - Seemed nervous for more than 2
-

- developing significant psychological problems or for significant disruption of the child's physical, psychological, cognitive, or social development)
 - Stress-related somatic symptoms that interfere with normal functioning
 - weeks afterward
 - Got into trouble more often (at home or school) afterward
 - Saw a mental health professional (psychologist, social worker, psychiatrist, etc.) afterward
 - Saw another helper (clergy, chaplain, etc.) afterward
- (2) Acts with high potential for negative impact (see Supplement 8)
-

Note. See Supplement 9 for complete FM measure.

Online Supplement 2. *Minimum Frequencies in Past Year Required to Meet Child Psychological Abuse “High Potential for Negative Impact” Criterion*

Parent Behavior	Minimum Required Frequency
Called child names that could really hurt	More than once a day
Threatened to seriously hurt child, threatened to abandon them, or made similar kind of threat	Once a month to once a week
Told child that parent would harm something important to them	Once a month to once a week
To send a message to child, harmed something important to them	Less than once a month
Tied child’s arms or legs together; bound child to chair, bed, etc.; or confined child in a closet or other small space	Less than once a month
Punished child by making child do things that hurt	More than once a day
Did things such as mock child, put child down in front of others, spit at child, etc.	Once a month to once a week
Physically disciplined child in a way that caused child pain [child age \geq 8]	Five to ten times a day
Physically disciplined child in a way that caused child pain [child age $<$ 8]	Three to five times a day
Used verbal discipline harshly	More than ten times a day

Online Supplement 3: Family Maltreatment Measure

[Partner Psychological Abuse]
[Impacts]

1. During the past 12 months, were you ever so down or depressed that it affected you almost every day for two weeks?

- Yes No

IF Q1 = "yes"
THEN proceed to Q2
ELSE skip to Q3

2. How much of your sadness/depression was related to things your partner said or did?

- Almost All Most Some A Little Almost None or None

3. During the past 12 months, were you ever so stressed that it affected you almost every day for two weeks?

- Yes No

IF Q3 = "yes"
THEN proceed to Q4
ELSE skip to Q5

4. How much of this stress was related to things your partner said or did?

- Almost All Most Some A Little Almost None or None

Never Rarely Sometimes Often Almost Always

5. How often did you fear for your safety *due to things your partner said or did?* (Consider only fear during the last 12 months)

-

6. During the past 12 months, how often did you fear that your partner might physically hurt (not by accident) someone that you cared about (family member, friend, pet)?

-

IF Q5 > "never"
OR
IF Q6 > "never"
THEN proceed to Q7
ELSE skip to Partner Psychological Abuse Impact Scoring

- | | Yes | No |
|--|-----------------------|-----------------------|
| 7. During the past 12 months, did fear of what your partner might say or do keep you from: | | |
| a) Working or pursuing your work goals? | <input type="radio"/> | <input type="radio"/> |
| b) Going to school or pursuing your educational goals? | <input type="radio"/> | <input type="radio"/> |
| c) Practicing your religion or spiritual beliefs? | <input type="radio"/> | <input type="radio"/> |
| d) Getting necessary medical or mental health services? | <input type="radio"/> | <input type="radio"/> |
| e) Contacting your family or friends? | <input type="radio"/> | <input type="radio"/> |

Partner Psychological Abuse Impact Scoring

IF Q2 >= "A little"
 OR
 IF Q4 >= "A little"
 OR
 IF Q5 >= "Rarely"
 OR
 IF Q6 >= "Rarely"
 OR
 IF any Q7a-e = "yes"
 THEN continue
 ELSE skip to next module

REDRAW SCREEN

During the past year,	Once	Twice	3 to 5 times	6 to 10 times	More than 10 times	Never
8. My partner wouldn't allow me to have my ID, driver's license, or passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My partner put me down or humiliated me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My partner kept me from seeing service providers (doctors, social workers, other providers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My partner stalked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My partner wouldn't allow me to see/talk to a family member or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My partner tried to make me think that I was crazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My partner insulted or swore at me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My partner wouldn't allow me have money or access to money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My partner grilled or interrogated me about where I had been, what I had done, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My partner did another similar behavior not listed here. Please describe the behavior:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF all Q8-Q17 = "never" THEN skip to next module

Present a question for EACH item Q8-17 ≠ "never". Present depression column if Q2 ≥ "a little"; present stress column if Q4 ≥ "a little"; present fear column if Q5 or Q6 ≥ "a little"

[EXAMPLE]

For the questions below, CHECK ALL THAT APPLY

	Depression	Stress	Fear
18. You said "my partner wouldn't allow me to have my ID, driver's license, or passport". Did you experience...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring: Psychological Clinically-Significant Partner Abuse

Psychological Clinically-Significant Partner Abuse = "Yes" if any of the following are present:

- If any Q18 = "Depression," "Stress," or "Fear"

[Partner Physical Abuse]

- Intense conflicts between partners are very common.
 - The majority of partners report that, at some point in their lives, their conflicts have included physical behaviors like pushing, grabbing, or slapping.
- The following questions will show you a list of behaviors that partners often use during conflicts.
- The time frame is the past year.

REDRAW SCREEN

[Physical Partner Abuse Impact Module]

**IF any Q19-Q48 ≠“never” (disregard unnumbered items)
THEN proceed, filling in behaviors ≠ “never” as in example below**

[EXAMPLE]

You said that

- “I twisted my partner’s arm or hair”
- “My partner pushed or shoved me”
- “My partner grabbed me”

Which of the following happened as a result of these behaviors IN THE LAST YEAR?

	YES	NO
49. My partner felt pain at least 4 hours later	<input type="radio"/>	<input type="radio"/>
50. I felt pain at least 4 hours later	<input type="radio"/>	<input type="radio"/>
51. My partner had a bruise	<input type="radio"/>	<input type="radio"/>
52. I had a bruise	<input type="radio"/>	<input type="radio"/>
53. My partner had a welt (raised red area)	<input type="radio"/>	<input type="radio"/>
54. I had a welt (raised red area)	<input type="radio"/>	<input type="radio"/>
55. My partner had a cut that required stitches	<input type="radio"/>	<input type="radio"/>
56. I had a cut that required stitches	<input type="radio"/>	<input type="radio"/>
57. My partner had a sprain	<input type="radio"/>	<input type="radio"/>
58. I had a sprain	<input type="radio"/>	<input type="radio"/>
59. My partner passed out	<input type="radio"/>	<input type="radio"/>
60. I passed out	<input type="radio"/>	<input type="radio"/>
61. My partner had a broken bone	<input type="radio"/>	<input type="radio"/>
62. I had a broken bone	<input type="radio"/>	<input type="radio"/>
63. My partner had a loosened or chipped tooth	<input type="radio"/>	<input type="radio"/>
64. I had a loosened or chipped tooth	<input type="radio"/>	<input type="radio"/>
65. I feared that my partner would injure me	<input type="radio"/>	<input type="radio"/>

Scoring: Physical Clinically-Significant Partner Abuse

Physical Clinically-Significant Partner Abuse Perpetration = “Yes”:

- IF Fear = Yes OR
- IF Q49, Q51, Q53, Q55, Q57, Q59, Q61, OR Q63 = “yes” OR
- IF Q24, Q34, OR Q36 ≠ “Never”

Physical Clinically-Significant Partner Abuse Victimization = “Yes” if:

- IF Q50, Q52, Q54, Q56, Q58, Q60, Q62, Q64 OR Q65 = “yes” OR
- IF Q23, Q33, OR Q35 ≠ “Never”

[Child Physical Abuse]

1. We're interested in your general philosophy of discipline. For example, some parents think that physical discipline (for example, spanking) is useful in teaching children right from wrong. What do you think?

- Strongly Agree Agree Slightly Agree Slightly Disagree Disagree Strongly Disagree

Add any other thoughts about your discipline philosophy in the box below.

REDRAW SCREEN

- Next, we will show you a list of behaviors that parents often use to deal with their children's misbehavior (for example, when children disobey, are aggressive, don't follow instructions, break rules, provoke their parents, etc.).
- The following questions ask how you have responded to misbehavior in the past year.
- For each child, *check all boxes that apply*.

REDRAW SCREEN

During the past year...	I did this...			
	...to teach	...to punish	...because I was frustrated/lost my cool	I never did this
2. I spanked child on the bottom with a bare hand [Fill in age of oldest child] The child..... [Fill in age of next oldest child] 5 year old [Continue until all children are shown]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I slapped child's hand [Populate with children]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I pushed or shoved child [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I slapped child's arm, leg, or torso [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I grabbed child [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Using a belt, electrical cord, switch, or some similar object, I hit or spanked child [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I shook child [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I pinched child [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Using a stick, hairbrush, or some other hard object, I hit or spanked child [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I slapped child on the face or head or ears [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If any Q2-Q11 ≠ "I never did this"
THEN proceed
ELSE If Q8 ≠ "I never did this" AND child's age < 2 THEN proceed
ELSE skip to child emotional abuse module**

12. I kicked child hard [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I hit child with a fist [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I threw or knocked child down [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I grabbed child around the neck and choked child [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I slammed child against a wall, fence, furniture, car, etc. [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I twisted child's arm or leg [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I burned or scalded child on purpose [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Beat up child; that is hit child over and over as hard as I could [Populate with children].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REDRAW SCREEN

Present a question FOR each item x child >=2yo for Q7 OR Q10 OR Q12 OR Q13 ≠ "I never did this"

[EXAMPLE]

	Arms or legs	Butt ocks	Torso (between waist and neck)	Neck or Head
20. You said "using a belt, electrical cord, switch, or some similar object, I hit or spanked child". What part of the child's body was involved? (Check all that apply) [Populate with children for whom respondent's answer ≠ "I never did this"].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF any Q2 – Q19 ≠ "I never did this"
THEN present a question FOR each child as shown in example below
ELSE skip to child emotional abuse module

[EXAMPLE]

	Yes	No
21. You said that during the past year you've parented using the following behaviors: [Populate with items FOR THIS CHILD for which respondent's answer ≠ "I never did this"]		
<ul style="list-style-type: none"> • "I spanked child on the bottom with a bare hand" • "Using a belt, electrical cord, switch, or some similar object, I hit or spanked child" • "I pinched child" 		
During the past year, which of the following ever happened as a result?		
a. The child felt pain the next day	<input type="radio"/>	<input type="radio"/>
b. The child had a light bruise	<input type="radio"/>	<input type="radio"/>
c. The child had a welt (raised red area)	<input type="radio"/>	<input type="radio"/>
d. The child had a cut that required stitches	<input type="radio"/>	<input type="radio"/>
e. The child had a sprain	<input type="radio"/>	<input type="radio"/>
f. The child had a deep bruise	<input type="radio"/>	<input type="radio"/>
g. The child passed out	<input type="radio"/>	<input type="radio"/>
h. The child had a several light bruises	<input type="radio"/>	<input type="radio"/>
i. The child had a broken bone	<input type="radio"/>	<input type="radio"/>
j. The child had a loosened or chipped tooth	<input type="radio"/>	<input type="radio"/>

Scoring: Physical Clinically-Significant Child Abuse

Physical Clinically-Significant Child Abuse = “Yes” if any of the following are present:

- IF Q8 ≠ “I never did this” AND child’s age < 2 years
- IF Q12, Q13, Q15, Q18, OR Q19 ≠ “ I never did this”
- IF any Q20 = “torso (between waist and neck)” OR Q20 = “neck or head”
- IF any Q21a-j = “yes”

REDRAW SCREEN

[Child Psychological Abuse Module]

- Children can be very frustrating. All parents at one time or another say or do things that they don't really mean or that they wouldn't usually do if they weren't feeling so frustrated.

REDRAW SCREEN

**IF any Q22 – Q29 > “never” OR Q30 >= “once or twice a day” OR Q31 >= “once or twice a day”
THEN present a question FOR each child as shown in example below**

[EXAMPLE]

32. You said that during the past year you've parented using the following behaviors:

[Populate with items FOR THIS CHILD for which respondent's answer \neq “I never did this”]

- “I called child names that really hurt (for example, “worthless,” “stupid,” “slut,” etc.)”
- “To send a message to my child, I harmed something important to them (for example, child's favorite object or pet)”

During the past year, which of the following happened as a result?

	Yes	No
a. The child stopped misbehaving	<input type="radio"/>	<input type="radio"/>
b. The child behaved better in the future	<input type="radio"/>	<input type="radio"/>
c. The child acted like he/she felt worse about him/herself afterward	<input type="radio"/>	<input type="radio"/>
d. The child seemed down or depressed for more than 2 weeks afterward	<input type="radio"/>	<input type="radio"/>
e. The child seemed nervous for more than 2 weeks afterward	<input type="radio"/>	<input type="radio"/>
f. The child got into trouble more often (at home or school) afterward	<input type="radio"/>	<input type="radio"/>
g. The child saw a mental health professional (psychologist, social worker, psychiatrist, etc.) afterward	<input type="radio"/>	<input type="radio"/>
h. The child saw another helper (clergy, chaplain, etc.) afterward	<input type="radio"/>	<input type="radio"/>

Scoring: Psychological Clinically-Significant Child Abuse

Psychological Clinically-Significant Child Abuse = “Yes” if any of the following are present:

- IF Q22 OR Q27 \geq “More than once a day”
- IF Q23, Q24, OR Q28 \geq “Once a month to once a week”
- IF Q25 OR Q26 \geq “Less than once a month”
- IF Q30 > “Once or twice a day” AND child's age < 8 years
- IF Q30 > “Three to five times a day” AND child's age \geq 8 years
- IF Q31 = “More than ten times a day”
- IF any Q32c–h = “yes”

Online Supplement 4: Audio Recounted Incident Protocol

Note: In examples only:

Black text = Display as written

Red Text = Instructions to programmer

Blue Text = Example

Within each module, all questions should be asked about the youngest child, then the next child, etc. before moving on the next module.

Lots of times, people filling out questionnaires complain that they can be misunderstood because they don't have the chance to explain their answers. This next activity will fix that.

We will go back through some of your answers and ask you to talk into the microphone and describe some of your answers in more detail. When describing what happened, remember to include the beginning, middle, and end. Please give enough detail that someone listening would be able to picture exactly what happened as if she were watching a video of the event.

If children = yes

THEN proceed with child physical abuse audio capture module

ELSE skip to partner emotional abuse audio capture module

[Child Physical Abuse Audio Capture Module]

If all Q51-Q56 = "I never did this"
Skip to child emotional abuse audio capture module
ELSE proceed with child physical abuse audio capture module

If any Q51 – Q66 ≠ "I never did this" and any Q70 = "yes"
THEN present a question for EACH child as shown in example below
ELSE skip to #2

[EXAMPLE]

1. You said that during the past year you've used the following behaviors when parenting:
[Populate with items Q51-Q66 FOR THIS CHILD for which respondent's answer ≠ "I never did this"]

- "I spanked child on the bottom with a bare hand"
- "Using a belt, electrical cord, switch, or some similar object, I hit or spanked child"
- "I pinched child"

and that, at least once, the following happened as a result:

[Populate with items from Q70 FOR THIS CHILD for which respondent's answer = "yes"]

- "7 year-old had a light bruise"

Please think of the two most memorable times that these things happened in the past year. Think about where you and your child were, what was going on, who else was around, and how the incident unfolded. Include the beginning, middle, and end.

Use the buttons below to control recording and to indicate when you are done.

When you are ready, click below to describe the first incident.

Begin Recording

When recording, display "Recording." When recording is stopped, display "Recording paused."

Pause Recording

Resume Recording

Finished

When "Finished" redraw screen as above, but replace "When you are ready, click below to describe the first incident;" with "When you are ready, click below to describe the second incident." Also, add the following button:

No second incident

If Q57 ≠ “I never did this” AND child’s age ≤2 or
IF Q64 OR Q67 OR Q68 ≠ “ I never did this” or
IF any Q69 = “torso (between waist and neck)”OR Q69 = “neck or head”
THEN present a question FOR each child as shown in example below
ELSE skip to #3

[EXAMPLE]

2. You said that during the past year you’ve used the following behaviors when parenting:

[Populate with items Q57, Q56, Q59, Q61, Q62, Q64, Q67-Q68 and Q69 FOR THIS CHILD for which respondent’s answer ≠ “I never did this” and “torso (between waist and neck)”OR “neck or head”]

- “Using a belt, electrical cord, switch, or some similar object, I hit or spanked child” on child’s “torso”
- “I burned or scalded child on purpose”

Please think of the two most memorable times that these things happened in the past year. Think about where you and your child were, what was going on, who else was around, and how the incident unfolded. Include the beginning, middle, and end.

Use the buttons below to control recording and to indicate when you are done.

When you are ready, click below to describe the first incident.

Begin Recording

When recording, display “Recording.” When recording is stopped, display “Recording paused.”

Pause Recording

Resume Recording

Finished

When “Finished” redraw screen as above, but replace “When you are ready, click below to describe the first incident;” with “When you are ready, click below to describe the second incident.” Also, add the following button:

No second incident

If presented with #1 or #2, skip to child emotional abuse audio capture module

ELSE if any Q51-Q56, Q58, Q60, Q63, Q65, Q66 ≠ “I never did this” or (Q56 OR Q59 OR Q61 OR Q62 ≠ “I never did this” and Q69 = “Arms or legs” or “Buttocks”)
THEN present a question FOR each child as shown in example below
ELSE skip to child emotional abuse audio capture module.

[EXAMPLE]

3. You said that during the past year you've used the following behaviors when parenting:
[Populate with items Q51-56 and Q69 FOR THIS CHILD for which respondent's answer ≠ “I never did this” and “torso (between waist and neck)”OR “neck or head”]
- “Using a belt, electrical cord, switch, or some similar object, I hit or spanked child” on child's “buttocks”
 - “I slapped child on the face or head or ears”

Please think of the two most memorable times that these things happened in the past year. Think about where you and your child were, what was going on, who else was around, and how the incident unfolded. Include the beginning, middle, and end.

Use the buttons below to control recording and to indicate when you are done.

When you are ready, click below to describe the first incident.

Begin Recording

When recording, display “Recording.” When recording is stopped, display “Recording paused.”

Pause Recording

Resume Recording

Finished

When “Finished” redraw screen as above, but replace “When you are ready, click below to describe the first incident;” with “When you are ready, click below to describe the second incident.” Also, add the following button:

No second incident

[Child Emotional Abuse Audio Capture Module]

IF Q71 – Q78 = “never” AND Q79 < “once or twice a day” AND Q80 < “once or twice a day”, skip to child neglect audio capture module
ELSE proceed with child emotional abuse audio capture module

IF any Q71 – Q78 > “never” OR Q79 >= “once or twice a day” OR Q80 >= “once or twice a day” AND any Q81.3-8 = “yes”
THEN present a question for EACH child as shown in example below
ELSE skip to #4

[EXAMPLE]

4. You said that during the past year you've used the following behaviors when parenting:

[Populate with items Q51-Q66 FOR THIS CHILD for which respondent's answer ≠ “I never did this”]

- “I told my child that I would harm something important to them (for example, destroy child's favorite object, harm pet, etc.)”
- “I used verbal discipline harshly”

and that, at least once, the following happened as a result:

[Populate with items from Q81.3-8 FOR THIS CHILD for which respondent's answer = “yes”]

- “The child acted like he/she felt worse about him/herself afterward”

Please think of the two most memorable times that these things happened in the past year. Think about where you and your child were, what was going on, who else was around, and how the incident unfolded. Include the beginning, middle, and end.

Use the buttons below to control recording and to indicate when you are done.

When you are ready, click below to describe the first incident.

Begin Recording

When recording, display “Recording.” When recording is stopped, display “Recording paused.”

Pause Recording

Resume Recording

Finished

When “Finished” redraw screen as above, but replace “When you are ready, click below to describe the first incident;” with “When you are ready, click below to describe the second incident.” Also, add the following button:

No second incident

```
IF (      Q71  =    5
OR       Q72  >=   3
OR       Q73  >=   3
OR       Q74  >=   2
OR       Q75  >=   2
OR       Q76  =    5
OR       Q77  >=   3
OR       Q80  =    6)
```

OR IF child age >1 AND <8 AND Q79 >=5

OR IF child age >+ 8 AND Q79 >=4

THEN present a question FOR each child as shown in example below
ELSE skip to #4

[EXAMPLE]

5. You said that during the past year you've used the following behaviors when parenting:
[Populate with items Q71 – Q77, Q79, and Q80 FOR THIS CHILD for which respondent's responses were as indicated above]

“you physically discipline your child in a way that caused the child pain” “five to ten times a day”

Please think of the two most memorable times that these things happened in the past year. Think about where you and your child were, what was going on, who else was around, and how the incident unfolded. Include the beginning, middle, and end.

Use the buttons below to control recording and to indicate when you are done.

When you are ready, click below to describe the first incident.

Begin Recording

When recording, display “Recording.” When recording is stopped, display “Recording paused.”

Pause Recording

Resume Recording

Finished

When “Finished” redraw screen as above, but replace “When you are ready, click below to describe the first incident;” with “When you are ready, click below to describe the second incident.”

If presented with #3 or #4, skip to child neglect audio capture module

```
IF (      Q71 < 5
AND      Q72 < 3
AND      Q73 < 3
AND      Q74 < 2
AND      Q75 < 2
AND      Q76 < 5
AND      Q77 < 3
AND      Q80 < 6)
```

AND IF child age >1 AND <8 AND Q79 < 5

OR IF child age >+ 8 AND Q79 < 4

THEN present a question FOR each child as shown in example below

ELSE skip to child emotional abuse audio capture module.

[EXAMPLE]

6. You said that during the past year you've used the following behaviors when parenting:

[Populate with Q71 – Q77, Q79, and Q80 FOR THIS CHILD for which respondent's responses were as indicated above]

- “I tied child's arms or legs together; bound child to chair, bed, etc.; or confined child in a closet or other small space”
- “I used verbal discipline harshly” “Once or twice a day”

Please think of the two most memorable times that these things happened in the past year. Think about where you and your child were, what was going on, who else was around, and how the incident unfolded. Include the beginning, middle, and end.

Use the buttons below to control recording and to indicate when you are done.

When you are ready, click below to describe the first incident.

Begin Recording

When recording, display “Recording.” When recording is stopped, display “Recording paused.”

Pause Recording

Resume Recording

Finished

When "Finished" redraw screen as above, but replace "When you are ready, click below to describe the first incident;" with "When you are ready, click below to describe the second incident."

Online Supplement 5: Family Maltreatment Measure — IPV with no Skip Patterns

[Clinically Significant Psychological IPV — Victimization]

[Acts]

During the past 12 months,	Once	Twice	3 to 5 times	6 to 10 times	More than 10 times	Never
1. My partner wouldn't allow me to have my ID, driver's license, passport, or other similar important document	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My partner put me down or humiliated me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My partner kept me from seeing service providers (doctors, social workers, teachers/professors, other providers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My partner wouldn't allow me to see/talk to a family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My partner tried to make me think that I was crazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My partner insulted or swore at me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My partner wouldn't allow me to have money or access to money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My partner grilled or interrogated me about where I had been, what I had done, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My partner did another similar behavior not listed here. Please describe the behavior:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Impacts]

**IF any Q1-Q9 ≠ "never"
THEN proceed, filling in behaviors ≠ "never" as in example below**

You said that

- "My partner put me down or humiliated me"
- "My partner insulted or swore at me"

During the past 12 months, because of these behaviors,

	YES	NO
10. I was so down or depressed that it affected me almost every day for two weeks	<input type="radio"/>	<input type="radio"/>
11. I was so stressed that it affected me almost every day for two weeks	<input type="radio"/>	<input type="radio"/>
12. I feared for my own safety	<input type="radio"/>	<input type="radio"/>
13. I feared for the safety of someone that I cared about (family member, friend, pet)	<input type="radio"/>	<input type="radio"/>

During the past 12 months, did fear of what your partner might say or do keep you from:

	Yes	No
14. Working or pursuing your work goals?	<input type="radio"/>	<input type="radio"/>
15. Going to school or pursuing your educational goals?	<input type="radio"/>	<input type="radio"/>
16. Practicing your religion or spiritual beliefs?	<input type="radio"/>	<input type="radio"/>
17. Getting necessary medical or mental health services?	<input type="radio"/>	<input type="radio"/>
18. Contacting your family or friends?	<input type="radio"/>	<input type="radio"/>

Clinically Significant Psychological IPV — Victimization Scoring

IF any Q1- Q9 ≠ "never"

AND

Any Q10-Q18 = YES

THEN Clinically Significant Psychological IPV Victimization = "Yes"

REDRAW SCREEN

[Clinically Significant Partner Psychological IPV — Perpetration]

Acts

During the past 12 months,	Once	Twice	3 to 5 times	6 to 10 times	More than 10 times	Never
19. I wouldn't allow my partner to have his/her ID, driver's license, passport, or other similar important document	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I put my partner down or humiliated him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I kept my partner from seeing service providers (doctors, social workers, teachers/professors, other providers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I wouldn't allow my partner to see/talk to a family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I tried to make my partner think that she/he was crazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I insulted or swore at my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I wouldn't allow my partner have money or access to money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I grilled or interrogated my partner about where she/he had been, what she/he had done, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I did another similar behavior not listed here. Please describe the behavior:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Impacts]

**IF any Q19-Q27 ≠ "never"
THEN proceed, filling in behaviors ≠ "never" as in example below**

You said that

- "I put my partner down or humiliated him/her"
- "I insulted or swore at my partner"

During the past 12 months, because of these behaviors,	YES	NO
28. My partner was so down or depressed that it affected them almost every day for two weeks	<input type="radio"/>	<input type="radio"/>
29. My partner was so stressed that it affected them almost every day for two weeks	<input type="radio"/>	<input type="radio"/>
30. My partner feared for their own safety	<input type="radio"/>	<input type="radio"/>
31. My partner feared for the safety of someone that they cared about (family member, friend, pet)	<input type="radio"/>	<input type="radio"/>

Clinically Significant Partner Psychological IPV — Perpetration

IF any Q19-Q27 ≠ "never"

AND

Any Q28-Q31 = YES

THEN Clinically Significant Partner Psychological IPV — Perpetration = "Yes"

REDRAW SCREEN

[Clinically Significant Partner Physical IPV]

- Intense conflicts between partners are very common.
 - The majority of partners report that, at some point in their lives, their conflicts have included physical behaviors like pushing, grabbing, or slapping.
- The following questions will show you a list of behaviors that partners often use during conflicts.
- The time frame is the past 12 months.

REDRAW SCREEN

[Impacts]

[Victimization]

**IF any EVEN numbered items Q34-Q49 ≠ “never”
THEN proceed, filling in behaviors ≠ “never” as in example below**

[EXAMPLE]

You said that your partner has done something physical toward you, like
“My partner grabbed me”

Which of the following happened as a result of ANY physical act toward you IN PAST 12 MONTHS?

- | | YES | NO |
|---|-----------------------|-----------------------|
| 48. I felt pain at least 4 hours later | <input type="radio"/> | <input type="radio"/> |
| 49. I had a bruise or scratch that broke the skin | <input type="radio"/> | <input type="radio"/> |
| 50. I had a welt (raised red area) | <input type="radio"/> | <input type="radio"/> |
| 51. I had a cut | <input type="radio"/> | <input type="radio"/> |
| 52. I had a sprain | <input type="radio"/> | <input type="radio"/> |
| 53. I passed out | <input type="radio"/> | <input type="radio"/> |
| 54. I had a broken bone | <input type="radio"/> | <input type="radio"/> |
| 55. I had a loosened or chipped tooth | <input type="radio"/> | <input type="radio"/> |
| 56. I feared for my safety | <input type="radio"/> | <input type="radio"/> |

[Perpetration]

**IF any ODD numbered items Q32-Q47 ≠ “never”
THEN proceed, filling in behaviors ≠ “never” as in example below**

You said that you did something physical toward your partner, like
○ “I grabbed my partner”

Which of the following happened as a result of ANY physical behavior toward your partner IN PAST 12 MONTHS?

- | | YES | NO |
|--|-----------------------|-----------------------|
| 57. My partner felt pain at least 4 hours later | <input type="radio"/> | <input type="radio"/> |
| 58. My partner had a bruise or scratch that broke the skin | <input type="radio"/> | <input type="radio"/> |
| 59. My partner had a welt (raised red area) | <input type="radio"/> | <input type="radio"/> |
| 60. My partner had a cut | <input type="radio"/> | <input type="radio"/> |
| 61. My partner had a sprain | <input type="radio"/> | <input type="radio"/> |
| 62. My partner passed out | <input type="radio"/> | <input type="radio"/> |
| 63. My partner had a broken bone | <input type="radio"/> | <input type="radio"/> |
| 64. My partner had a loosened or chipped tooth | <input type="radio"/> | <input type="radio"/> |
| 65. My partner feared for their safety | <input type="radio"/> | <input type="radio"/> |

Scoring: Clinically Significant Partner Physical IPV

- Clinically Significant Partner Physical IPV Victimization
 - “Yes” = Q32-Q47 any Even NUMBERED items >Never AND
 - Q48-56 Any items = Yes
- Clinically Significant Partner Physical IPV Perpetration
 - “Yes” = Q32-Q47 any ODD NUMBERED items >Never AND
 - Q57-Q65 Any items = Yes

Online Supplement 6: Family Maltreatment Measure — Non-computerized version

[Clinically Significant Psychological IPV — Victimization]

During the past 12 months,	Once	Twice	3 to 5 times	6 to 10 times	More than 10 times	Never
1. My partner wouldn't allow me to have my ID, driver's license, passport, or other similar important document	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My partner put me down or humiliated me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My partner kept me from seeing service providers (doctors, social workers, teachers/professors, other providers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My partner wouldn't allow me to see/talk to a family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My partner tried to make me think that I was crazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My partner insulted or swore at me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My partner wouldn't allow me to have money or access to money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My partner grilled or interrogated me about where I had been, what I had done, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My partner did another similar behavior not listed here. Please describe the behavior:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered that any of the behaviors in 1-9 occurred, please answer 10-18

During the past 12 months, because of these behaviors,	YES	NO
10. I was so down or depressed that it affected me almost every day for two weeks	<input type="radio"/>	<input type="radio"/>
11. I was so stressed that it affected me almost every day for two weeks	<input type="radio"/>	<input type="radio"/>
12. I feared for my own safety	<input type="radio"/>	<input type="radio"/>
13. I feared for the safety of someone that I cared about (family member, friend, pet)	<input type="radio"/>	<input type="radio"/>

During the past 12 months, did fear of what your partner might say or do keep you from:	Yes	No
14. Working or pursuing your work goals?	<input type="radio"/>	<input type="radio"/>
15. Going to school or pursuing your educational goals?	<input type="radio"/>	<input type="radio"/>
16. Practicing your religion or spiritual beliefs?	<input type="radio"/>	<input type="radio"/>
17. Getting necessary medical or mental health services?	<input type="radio"/>	<input type="radio"/>
18. Contacting your family or friends?	<input type="radio"/>	<input type="radio"/>

[Clinically Significant Partner Psychological IPV — Perpetration]

During the past 12 months,	Once	Twice	3 to 5 times	6 to 10 times	More than 10 times	Never
19. I wouldn't allow my partner to have his/her ID, driver's license, passport, or other similar important document	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I put my partner down or humiliated him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I kept my partner from seeing service providers (doctors, social workers, teachers/professors, other providers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I wouldn't allow my partner to see/talk to a family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I tried to make my partner think that she/he was crazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I insulted or swore at my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I wouldn't allow my partner have money or access to money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I grilled or interrogated my partner about where she/he had been, what she/he had done, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I did another similar behavior not listed here. Please describe the behavior:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered that any of the behaviors in 19-27 occurred, please answer 28-31

During the past 12 months, because of these behaviors,	YES	NO
28. My partner was so down or depressed that it affected them almost every day for two weeks	<input type="radio"/>	<input type="radio"/>
29. My partner was so stressed that it affected them almost every day for two weeks	<input type="radio"/>	<input type="radio"/>
30. My partner feared for their own safety	<input type="radio"/>	<input type="radio"/>
31. My partner feared for the safety of someone that they cared about (family member, friend, pet)	<input type="radio"/>	<input type="radio"/>

If you answered that any of the behaviors in 32-47 occurred, please answer 48-65

	YES	NO
48. I felt pain at least 4 hours later	<input type="radio"/>	<input type="radio"/>
49. I had a bruise or scratch that broke the skin	<input type="radio"/>	<input type="radio"/>
50. I had a welt (raised red area)	<input type="radio"/>	<input type="radio"/>
51. I had a cut	<input type="radio"/>	<input type="radio"/>
52. I had a sprain	<input type="radio"/>	<input type="radio"/>
53. I passed out	<input type="radio"/>	<input type="radio"/>
54. I had a broken bone	<input type="radio"/>	<input type="radio"/>
55. I had a loosened or chipped tooth	<input type="radio"/>	<input type="radio"/>
56. I feared for my safety	<input type="radio"/>	<input type="radio"/>
57. My partner felt pain at least 4 hours later	<input type="radio"/>	<input type="radio"/>
58. My partner had a bruise or scratch that broke the skin	<input type="radio"/>	<input type="radio"/>
59. My partner had a welt (raised red area)	<input type="radio"/>	<input type="radio"/>
60. My partner had a cut	<input type="radio"/>	<input type="radio"/>
61. My partner had a sprain	<input type="radio"/>	<input type="radio"/>
62. My partner passed out	<input type="radio"/>	<input type="radio"/>
63. My partner had a broken bone	<input type="radio"/>	<input type="radio"/>
64. My partner had a loosened or chipped tooth	<input type="radio"/>	<input type="radio"/>
65. My partner feared for their safety	<input type="radio"/>	<input type="radio"/>

66. We're interested in your general philosophy of discipline. For example, some parents think that physical discipline (for example, spanking) is useful in teaching children right from wrong. What do you think?

Strongly Agree

Agree

Slightly Agree

Slightly Disagree

Disagree

Strongly Disagree

Add any other thoughts about your discipline philosophy in the box below.

[Clinically Significant Child Physical Abuse]

- Next, we will show you a list of behaviors that parents often use to deal with their children’s misbehavior (for example, when children disobey, are aggressive, don’t follow instructions, break rules, provoke their parents, etc.).
- The following questions ask how you have responded to misbehavior in the past year.
- For each child, *check all boxes that apply*.

During the past year...	I did this...			
	...to teach	...to punish	...because I was frustrated/lost my cool	I never did this
67. I spanked child on the bottom with a bare hand				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. I slapped child's hand				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. I pushed or shoved child				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. I slapped child's arm, leg, or torso				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. I grabbed child				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Using a belt, electrical cord, switch, or some similar object, I hit or spanked child				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. I shook child				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. I pinched child				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Using a stick, hairbrush, or some other hard object, I hit or spanked child				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. I slapped child on the face or head or ears				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past year...	I did this...			
	...to teach	...to punish	...because I was frustrated/ lost my cool	I never did this
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. I kicked child hard				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. I hit child with a fist				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. I threw or knocked child down				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. I grabbed child around the neck and choked child				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. I slammed child against a wall, fence, furniture, car, etc.				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. I twisted child's arm or leg				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. I burned or scalded child on purpose				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Beat up child; that is hit child over and over as hard as I could				
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered that any of the behaviors in 67-84 occurred, please answer 85

Yes

No

85. During the past year, which of the following ever happened as a result?

- | | | |
|---|-----------------------|-----------------------|
| a. The child felt pain the next day | <input type="radio"/> | <input type="radio"/> |
| b. The child had a light bruise | <input type="radio"/> | <input type="radio"/> |
| c. The child had a welt (raised red area) | <input type="radio"/> | <input type="radio"/> |
| d. The child had a cut that required stitches | <input type="radio"/> | <input type="radio"/> |
| e. The child had a sprain | <input type="radio"/> | <input type="radio"/> |
| f. The child had a deep bruise | <input type="radio"/> | <input type="radio"/> |
| g. The child passed out | <input type="radio"/> | <input type="radio"/> |
| h. The child had a several light bruises | <input type="radio"/> | <input type="radio"/> |
| i. The child had a broken bone | <input type="radio"/> | <input type="radio"/> |
| j. The child had a loosened or chipped tooth | <input type="radio"/> | <input type="radio"/> |

If you answered that any of the behaviors in 86-95 occurred, please answer 95

- | | Yes | No |
|---|-----------------------|-----------------------|
| a. During the past year, which of the following ever happened as a result? | <input type="radio"/> | <input type="radio"/> |
| b. The child stopped misbehaving | <input type="radio"/> | <input type="radio"/> |
| c. The child behaved better in the future | <input type="radio"/> | <input type="radio"/> |
| d. The child acted like he/she felt worse about him/herself afterward | <input type="radio"/> | <input type="radio"/> |
| e. The child seemed down or depressed for more than 2 weeks afterward | <input type="radio"/> | <input type="radio"/> |
| f. The child seemed nervous for more than 2 weeks afterward | <input type="radio"/> | <input type="radio"/> |
| g. The child got into trouble more often (at home or school) afterward | <input type="radio"/> | <input type="radio"/> |
| h. The child saw a mental health professional (psychologist, social worker, psychiatrist, etc.) afterward | <input type="radio"/> | <input type="radio"/> |
| i. The child saw another helper (clergy, chaplain, etc.) afterward | <input type="radio"/> | <input type="radio"/> |