

## Optional Module on Intimate Partner Violence For 2005 BRFSS

The next questions are about relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

1. In the past 12 months, have you been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?
  - 1 Yes
  - 2 No
  - 7 Don't Know / Not Sure
  - 9 Refused
  
2. In the past 12 months, have you experienced any completed or attempted physical violence by a current or former intimate partner? This includes times when you may have been intentionally hit, slapped, pushed, kicked, or had a weapon used against you or times you were otherwise physically hurt by your intimate partner.
  - 1 Yes
  - 2 No
  - 7 Don't Know / Not Sure
  - 9 Refused
  
3. Now I am going to ask you about unwanted sex. By unwanted sex, I mean your current or former partner putting anything into your vagina [*if female*], anus, or mouth after you said or showed that you didn't want them to. This includes times when you were unable to say that you didn't want them to, for example, because you were too young, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

In the past 12 months, did a current or former intimate partner have (or attempt to have) sex with you after you said or showed that you didn't want to?

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

4. *[Ask Q4 and 5 only if answer to Q2 or Q3 = yes]* In the past 12 months, have you had any injuries as a result of...
- |                                   |                               |
|-----------------------------------|-------------------------------|
| this physical or sexual violence? | <i>[If Q2=yes and Q3=yes]</i> |
| this physical violence?           | <i>[If Q2=yes and Q3=no]</i>  |
| this sexual violence?             | <i>[If Q2=no and Q3=yes]</i>  |

By injuries I mean things like bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones.

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

5. What is or was your relationship to the intimate partner who was [violent/ physically violent / sexually violent] during the past 12 months?  
*[CATI to use same logic as in question 4]*  
*[Interviewer: if more than one person, choose the person who was violent most recently.]*

*READ RESPONSES.*

- 1 Spouse
- 2 Former spouse (including separated and divorced spouses)
- 3 Boyfriend / girlfriend (SPECIFY SEX \_\_\_\_\_)
- 4 Former boyfriend / girlfriend (SPECIFY SEX \_\_\_\_\_)
- 5 Some one you were dating (SPECIFY SEX \_\_\_\_\_)
- 6 Other (SPECIFY \_\_\_\_\_)
- 7 Don't Know / Not Sure
- 9 Refused

6. *[Ask Q6 only if answer to Q2 and Q3 = no]* Have you ever experienced any completed or attempted physical violence by a current or former intimate partner or has a current or former intimate partner ever had or attempted to have sex with you after you said or showed that you didn't want to?
- 1 Yes
  - 2 No
  - 7 Don't Know / Not Sure
  - 9 Refused

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call for information. The number is 1- 800-799-SAFE (7233). Would you like me to repeat that?