

National Study on Domestic Abuse, 2003

INTERVIEWER NUM _____ CLUSTER _____ HSD _____ DATE: __/__/__

Hello, my name is _____. I'm from the Economic and Social Research Institute, the ESRI. We do research on a wide range of social and economic issues for government departments and state agencies. [You may have heard of our reports on the radio or TV or read about them in the newspaper.]

We are doing a confidential survey of the general population dealing with attitudes and behaviour. We need to select one adult in each household for this survey. Could I ask how many males and females aged 18 years or over are in this household?

Males _____ Females _____

I would like to speak to (.....explain the characteristics of the person whom you want to speak to).
Would there be someone like this living in the household?

Yes, available for interview now <input type="checkbox"/> ₁	Yes, but not available now [Make appointment, or check when person is likely to be in] <input type="checkbox"/> ₂	No <input type="checkbox"/> ₃ End Interview
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TO RESPONDENT

[Hello, my name is _____. I'm from the Economic and Social Research Institute, the ESRI. We are doing a survey of the general population in Ireland.]

The survey is completely confidential and anonymous. Your phone number was selected at random. We simply used a computer to generate these random numbers. I do not know your name, address or any details at all about you.

Before we go on, Could I just check that you are over age 18?

Gender of resp.: Male.....₁ Female.....₂ Age over 18? Yes ... ₁ Proceed No ... ₁ End Interview

OK, now I can give you some more details on what the survey is about. The survey deals with abusive or violent behaviour within marriages and relationships. We are just as interested in talking to people who have not experienced this kind of behaviour as to those who have experienced domestic abuse. Your participation is completely voluntary. This is an important survey, and the information we collect will be used by people making policy to assist those affected. Would you be able to help us? The survey will usually take about 20-25 minutes to complete.

["You do not have to be married or in a relationship to participate. It is just as important for us to speak to people who have not had this kind of experience themselves as to those who have".]

[If respondent says it is not convenient now arrange for a time to call back and record this on the sheet]

Some practical questions before we start.

First, this is an entirely anonymous and confidential survey. I do not know your name and address. To protect your privacy, I would prefer to keep it that way. Is that alright with you?

Second, are you in a situation where you can take this call without being overheard, as some of the questions are quite sensitive?

[If no, can you change phones or would you like me to call back when you can take the call in private?]

Finally, I'd just like to say that if you have any concerns about how this survey or this call is being conducted you can phone this freephone number 1 800 200 434 and ask for the Domestic Abuse Project Co-ordinator or you can phone the main ESRI switchboard at Dublin 667 1525 and ask to speak to the Domestic Abuse Project Team.

So, are you ready? Time Interview began ____ : ____ [24 hour clock]

Section A: Attitudes, Knowledge and Responses to Abusive or Violent Behaviour Between Couples

I am going to begin by asking you some general questions on abusive or violent behaviour in relationships. Remember there are no right or wrong answers, just what you think. Also, remember that when we talk about partners in a relationship, these could be married partners, co-habiting partners, or couples who are 'going out' together.

A.1 People think of different things when they hear the term domestic abuse. What about you? Would you regard the following types of behaviour as domestic abuse?

	Yes	No
One partner pushing or shoving the other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
One partner punching the other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
One partner deliberately embarrassing the other in public.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
One partner not allowing the other to have money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
One partner kicking the other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
One partner calling the other hurtful names	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
One partner forcing the other to have sexual intercourse.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
One partner slapping the other across the face	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

A.2 Now I'd like to ask how common you think abusive or violent behaviour is in marriages or relationships in Ireland today? Would you say it is ...

- very common..... ₁
- fairly common
- not very common..... ₃
- not at all common..... ₄
- Don't know..... ₅

A.3 In your opinion is the effect on the individual of abusive or violent behaviour worse if it is committed by a stranger, or if it is committed by one partner against the other in a relationship?

- Worse effect if by a stranger ₁
- Same effect
- Worse effect if by a partner
- DK

A.4 Do you think abusive or violent behaviour in a marriage or relationship is a private matter? That it is a matter for the two people involved and no one else?

- Yes
- No
- DK.....

A.5 Do you think the Gardaí should always be told if one partner uses abusive or violent behaviour towards the other partner?

- Yes, always..... ₁
- No, never..... ₂
- Sometimes/depends..... ₃
- DK

A.6 In a marriage or relationship, do you think the woman or the man is more likely to experience abusive or violent behaviour?

- Women more likely
- Men more likely
- Both equally likely
- DK

A.7 Do you know anyone whose partner used or uses abusive or violent behaviour towards her or him?
 Yes, know of one case... ₁ Yes, know of more than one..... ₂ No ... ₃ Go to A.15

[If you know more than one person whose partner used or uses abusive or violent behaviour towards her or him, please answer the following questions (A.8 to A.14) with respect to the MOST RECENT incident you know about]

A.8 Did it happen in the past or is it still happening?

Happened in past, not now..... ₁ Happening now..... ₂

A.9 Was this person who was threatened or abused a woman or a man?

Woman..... ₁ Man..... ₂

A.10 Were the two people living together at the time?

Yes ₁ No ₂

A.11 How do/did you know this person? (For instance, is it a family member, a friend, a neighbour, a work colleague ...?) [Interviewer: Tick all that Apply]

Family member ₁ Friend ₂ Work colleague ₃ Neighbour ₄ Other ... ₅

Specify relationship _____ Specify _____

A.12 How did you know about it? [Int: Do not read the list; Tick all that apply]

- Was told about it by the person who was threatened or abused. ₁
- Was told about it by someone else ₂
- Saw bruises, marks, cuts etc ₃
- Saw an abusive/violent incident ₄
- Heard an abusive/violent incident (but did not see it) ₅
- Some other way (Interviewer: Please specify) ₆
- Don't know/Can't remember ₇

A.13 Many people are at a loss to know what to do in these situations. I'd like to read you a list of things that people might do. Perhaps you could tell me whether you did any of them.

	Yes	No
Talk to the person who experienced the abusive or violent behaviour.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Talk to the partner who was abusive or violent towards their partner.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tried to find out more information about these situations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tell the Gardaí.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Something else (If yes, What was it that you did?)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

A.14 People have different reasons for not doing anything in particular, or for not doing more. I'm going to read a list of possible reasons.

Perhaps you could tell me whether or not each one applied to you

	Yes	No	}	Go to A.16		
You did not know what to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂				
You were told by the person who was threatened or abused not to get involved...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂				
You did not want to get involved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂				
You were afraid you would make things worse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂				
Some other reason	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂				

[If yes] What was the reason? _____

A.15 Now I'd like to ask what you think you would do if you knew or suspected that a family member or friend was experiencing abusive or violent behaviour from a partner.

I am going to read a list of things people might do.

For each one, perhaps you could tell me whether or not you would do it.

Again, there are no right or wrong answers, just what you think you would do.

	Yes	No	[It depends]
Talk to your family member or friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Talk to your family member's or friend's partner.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Tell the Gardaí.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Try to find out more about this type of situation.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Contact a group or service for people who are experiencing domestic abuse.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

ALL RESPONDENTS

A.16 Have you ever heard of a refuge for victims of domestic abuse or violence?

Yes.....₁ No..... ₂

A.17 Do you know if there are any help lines for people whose partners have been abusive or violent towards them?

Yes, I know of a helpline (or helplines)..... ₁ No, I don't know ₂

A.18 Now I am going to ask if you have heard of any of the following ...?

	Yes	No	Yes	No
a. Barring Order	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	c. Safety Order	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
b. Protection Order	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	d. Interim Order ...	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂

A.19 Have you heard of the Family Law Courts?

Yes ₁ No.....₂ → Go to B.1

A.20 Have you ever had to attend the Family Law Courts?

Yes ₁ Go to A.21 No.....₂ Go to B.1

A.21 In what capacity did you attend the Family Law Court? [Tick both 1 and 2 if both apply]

I took a case ... ₁ Partner took a case ₂ Went to support a friend/ family member only.... ₃ Go to B.1 Attended in Professional Capacity only. ₄ Go to B.1

A.22 Why did you have to attend the Family Law Courts, was it in connection with ...?

	Yes	No	Yes	No
A Separation.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F Barring Order.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
B Divorce.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	G Safety Order.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
C Maintenance.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	H Protection Order.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
D Custody.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	I Interim Order.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
E Access.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	J Other (please tell me the reason(s))	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂

A.23 Did you have legal representation when you attended the Family Law Courts?

Yes ₁ Go to A.24 No..... ₂ Go to B.1

A.24 Did you have private legal representation or free legal aid?

Private ₁ Free legal aid ₂

A.25 Were you satisfied with the legal representation you received?

Yes ₁ No..... ₂

Section B Respondents' Experience in a Relationship

B.1 I just want to check your present legal marital status. Are you?

Married ₁ Separated ₂ Divorced ₃ Widowed ₄ Never Married ₅

B.1b Are you presently living with your husband/wife? Yes... <input type="checkbox"/> ₁ No... <input type="checkbox"/> ₂	B.1c Are you presently living with a partner? Yes... <input type="checkbox"/> ₁ No... <input type="checkbox"/> ₂
	B.1d Are you presently in a relationship or going out with someone? Yes... <input type="checkbox"/> ₁ No... <input type="checkbox"/> ₂
Go to B.2	B.1e Are you presently living with another partner? Yes... <input type="checkbox"/> ₁ No... <input type="checkbox"/> ₂
B.2	B.1f Are you presently in a relationship or going out with someone? Yes <input type="checkbox"/> ₁ No ... <input type="checkbox"/> ₂

[Check: If respondent is married, separated, divorced or widowed Go to B.2. If never married Go to B.3]

B.2 Did you live with your husband/wife before you were married? Yes ... ₁ No ... ₂

B.3 Interviewer Check

- Respondent is formerly married and NOT in a relationship at present ₁ Go to B.3a
- Respondent is married and living with husband/wife..... ₂ Go to B.4a
- Respondent is living with a partner but not married to them..... ₃ Go to B.5a
- Respondent is in a relationship but not living with a partner..... ₄ Go to B.6a
- Respondent is never married and NOT in a relationship at present..... ₅ Go to B.7a

Block for formerly married and not in relationship at present

B.3a Apart from your former [husband/wife], have you had <u>other</u> relationships in the past? Yes, had Relationship(s)..... <input type="checkbox"/> ₁ Go to B.3b No other relationship <input type="checkbox"/> ₂ Go to B.8	} Go to B.8
B.3b Could I just check whether your partners in the past have been men or women ? Man ... <input type="checkbox"/> ₁ Woman ... <input type="checkbox"/> ₂ Both ... <input type="checkbox"/> ₃	
B.3c Apart from your former {husband/wife} have you ever <u>lived with</u> another partner in the past? Yes..... <input type="checkbox"/> ₁ No..... <input type="checkbox"/> ₂	

Block for Married and living with husband/wife

B.4a Could you tell me in what month and year you started to live together? _____ month _____ year	} Go to B.8
B.4b And how long before that did your relationship begin? _____	
B.4c Who decides how the family income is to be spent? I decide <input type="checkbox"/> ₁ My partner decides..... <input type="checkbox"/> ₂ We decide together.... <input type="checkbox"/> ₃	
B.4d Have you had other relationships in the past, including those where you were not living with your partner? Yes, other relationships..... <input type="checkbox"/> ₁ Go to B.4e No other relationships..... <input type="checkbox"/> ₂ Go to B.8	
B.4e Could I just check whether your partners in the past have been men or women ? Man ... <input type="checkbox"/> ₁ Woman ... <input type="checkbox"/> ₂ Both ... <input type="checkbox"/> ₃	
B.4f Apart from your husband/wife, have you ever <u>lived with</u> another partner? Yes <input type="checkbox"/> ₁ No..... <input type="checkbox"/> ₂	

Block for presently living with, but not married to, partner

B.5a Could I just check, is your present partner a man or a woman? Man ... ₁ Woman ... ₂

B.5b Could you tell me in what month and year you started to live together?

_____ month _____ year

B.5c And how long before that did your relationship begin? _____

B.5d Who decides how the family income is to be spent?

I decide ₁ My partner decides.....₂ We decide together₃

B.5e Have you had other relationships in the past, including those where you were not living with your partner?

Yes, other relationships.....₁ Go to B.5f No other relationships..... ₂ Go to B.8

B.5f Could I just check whether your partners in the past have been men or women ?

Man ... ₁ Woman ... ₂ Both ... ₃

B.5g Apart from your present partner, have you ever lived with another partner?

Yes ₁ No.....₂

Go to B.8

Block for in relationship, but not living with partner

B.6a Could I just check, is your present partner a man or a woman? Man ... ₁ Woman ... ₂

B.6b Could you tell me in what month and year your relationship began?

_____ month _____ year

B.6c Have you had other relationships in the past, including those where you were not living with your partner?

Yes, other relationships.....₁ Go to B.6d No other relationships..... ₂ Go to B.8

B.6e Could I just check whether your partners in the past have been men or women ?

Man ... ₁ Woman ... ₂ Both ... ₃

B.6f Have you ever lived with a partner in the past?

Yes ₁ No.....₂

Go to B.8

Block for never married and not in relationship at present

B.7a Have you had a relationship in the past, including relationships where you were not living with your partner?

Yes, had Relationship(s).....₁ Go to B.7b No relationship ₂ Go to C.1 (page 29)

B.7b Could I just check whether your partners in the past have been men or women ?

Man ... ₁ Woman ... ₂ Both ... ₃

B.7c Have you ever lived with a partner in the past?

Yes ₁ No.....₂

Go to B.8

B.8 The following questions are about things that you may have experienced in a relationship. When answering the questions please think about all of the relationships that you have ever had, no matter how long ago [and not just about your present relationship].

Also, remember that when we talk about partners in a relationship, these could be married partners, co-habiting partners, or couples who are 'going out' together.

[Partners could be the same sex or the opposite sex]

Please also think about things a partner may have done after the break-up of a relationship.

I'd like to begin by reading a list of things you may have experienced. For each one, perhaps you could tell me whether a partner ever did it.

	<i>Did a partner ever ...</i>	Yes	No	Not applic- able	
A	Deliberately embarrass you in front of other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		A
B	Deliberately keep you short of money and not let you make decisions about money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	B
C	Try to prevent you from visiting or having contact with your family or your friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		C
D	Deliberately damage your belongings or things that you like	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		D
E	Threaten to harm himself/herself if you leave	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		E
F	Call you names which are insulting or humiliating.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		F
G	Drive a car recklessly to frighten you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		G
H	Purposely interrupt your sleep to upset you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		H
I	Threaten to take your children away or prevent you from seeing your children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	I
J	Prevent you from leaving home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		J

[Interviewer: Be sure to transfer the yes/no responses here to the respondent's sheet]

[If No or Not Applicable to ALL items at B.8, Go to B.9, page 10]

[If 'Yes' to ANY item at B.8, Go to B.8a]

B.8j Could I ask whether the things you just told me about made you feel frightened or distressed?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
Made you feel frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Made you feel distressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B.8k Thinking again of the things you just told me about, could I ask how much of an impact they had on your life? Would you say a major impact, a moderate impact, a minor impact or no impact at all?

Major impact ... ₁ Moderate impact .. ₂ Minor impact ... ₃ No impact at all ... ₄

B.8L Interviewer Check:

	Yes	No
Did incidents happen 'quite often or 'very often' (B.8d OR B.8h)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Did R feel 'very frightened', OR 'very distressed' at (B.8j)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Did incidents have MAJOR impact on R's life (B.8k)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Note: If 'Yes' to ALL THREE items above, Respondent will go through General Questions on Abuse from B.26 onwards, EVEN if 'No' to all items at B.9, B.22 and B.24

Be sure to transfer B.8L to respondent's sheet

Go to B.9

B.9 Now I would like to read out another list of things that you may have experienced in a relationship, either with your present partner or any partner in the past. Remember that when we talk about partners in a relationship, these could be married partners, co-habiting partners, or couples who are 'going out' together.

[Partners could be the same sex or the opposite sex]

Please also think about things a partner may have done after the break-up of a relationship.

I want you to remember that your identity is unknown to me and whatever you tell me is completely confidential. OK?

Did your present partner or any former partner ever ... ?

	<i>[Did a partner ever ...?]</i>	Yes	No	
A	Threaten to hurt you or to hurt someone close to you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	A
B	Threaten you with an object such as a knife or stick	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	B
C	Slap you across the face	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	C
D	Kick you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	D
E	Punch you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	E
F	Push or shove you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F
G	Hold you down against your will	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	G
H	Bite you in order to hurt you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	H
I	Throw you against something that could hurt you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	I
J	Try to smother, suffocate or choke you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	J

[If 'No' to ALL items at B.9, Go to B.22, page 16]

[If Yes to ANY of the items at B.9: Be sure to tick 'yes' for any 'Yes' items above on the respondent's sheet]

Now I would like to ask some more detailed questions about [this experience/these experiences].

Many people find these experiences difficult to talk about, so please take your time and let me know if you want to stop for a while.

Remember, if you want to stop me for any reason, let's say someone comes into the room, could you say something like 'I'm quite busy at the moment', and I'll know to stop and arrange to call back at a more suitable time.

[Interviewer: Do you need to check whether respondent has enough time?]

Are you ready to go on?

B.10a First, could I ask whether it was one partner who did [this/ all of these things] to you, or did more than one partner do [it/them]?

One partner..... ₁

More than one partner ₂

B.10b Was this ...

Your present partner..... ₁
Go to B.10c

A former partner (not present partner) .. ₂
Go to B10e1

Both present and former partner..... ₃
Go to B10c

If Present Partner

B.10c Were you and your present partner living together [at the time /during the time any of these things happened]? Yes... ₁ No ...₂

B.10d How often did your present partner [do any of the things I read out to you]? Was it ...
 On one occasion. ₁ Now and again ..₂ Quite often ... ₃ Very often..... ₄

If Former Partner

B.10e [Interviewer Check: Did respondent have both male and female partners in the past?] Yes, both males and female partners in the past..... ₁ No₂ Go to B10g

B.10f Could I just check, was the former partner who did any of the things I read out to you a man or a woman?
 Man ...₁ Woman ... ₂ Both male and female partners did this/these things...₃

B.10g Were you and your former partner living together [at the time /during the time any of these things happened]? Yes... ₁ No ...₂

B.10h How often did your former partner [do any of the things I read out to you]? Was it ...
 On one occasion. ₁ Now and again ..₂ Quite often ... ₃ Very often..... ₄

B.10i When was the last time a partner [did this / did any of these things]?
 [Int: Do not read out list; Tick the first box that applies]

- | | |
|--|--|
| The last week..... <input type="checkbox"/> ₁ | The last 2 years..... <input type="checkbox"/> ₆ |
| The last month..... <input type="checkbox"/> ₂ | The last 4 years..... <input type="checkbox"/> ₇ |
| The last 3 months..... <input type="checkbox"/> ₃ | The last 5 years..... <input type="checkbox"/> ₈ |
| The last 6 months..... <input type="checkbox"/> ₄ | The last 10 years..... <input type="checkbox"/> ₉ |
| The last year..... <input type="checkbox"/> ₅ | More than 10 years ago..... <input type="checkbox"/> ₁₀ |

B.10j Could I ask how frightened or distressed you were when your partner did the things you just told me about?

	<i>[Would you say ...]</i>			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
Made you feel frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Made you feel distressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B.10k Thinking again of the things you just told me about, could I ask how much of an impact they had on your life? Would you say a ...

- Major impact ...₁ Moderate impact .. ₂ Minor impact ... ₃ No impact at all ... ₄

B.10l Was there anyone else present when your partner *did any of these things to you*? By present, I mean they saw what was happening or, in the case of threats, they heard the threat being made.

- Yes ₁ No ₂ Don't remember ... ₃

B.10m Who was present? [Int: Do not read out list; Tick all that apply]

Children..... <input type="checkbox"/> ₁	Your friends..... <input type="checkbox"/> ₄
Your family members..... <input type="checkbox"/> ₂	Partners' friends..... <input type="checkbox"/> ₅
Partners' family members.... <input type="checkbox"/> ₃	Neighbours..... <input type="checkbox"/> ₆
	Other (specify) _____ <input type="checkbox"/> ₇

B.10n Did anyone who was present at the time intervene to stop your partner?
 Yes..... ₁ No..... ₂

[Interviewer: Now go to the Specific Follow-Up Questions for EACH 'Yes' Item at B.9]

A

[If Yes to B9A] Threaten to hurt you or to hurt someone close to you

I'd like to ask some more questions now about your *partner threatening to hurt you or someone close to you.*

B.11 Whom did your partner threaten to hurt? Was it ... [Interviewer: Tick all that apply]
 You, yourself.. ₁ Your child(ren).. ₂ Someone else living in your household ...₃ Someone else not living in your household....₄

B.11a How often did your partner threaten to hurt you or to hurt someone close to you? Was it:
 On one occasion . ₁ Now and again ..₂ Quite often ... ₃ Very often..... ₄

B.11b Could I ask how frightened you were when your partner threatened to hurt you or someone close to you?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
How frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B.11c When your partner threatened to hurt you or to hurt someone close to you did you believe that your partner was serious?

Yes, believed Partner was serious... ₁ No, believed partner not serious ₂ I was unsure ₃ Don't remember ... ₄

[If Yes to B9B] Threaten you with an object such as a stick or a knife

I'd like to ask some more questions now about your *partner threatening you with an object such as a stick or a knife.*

B

B.12 What object(s) did your partner threaten you with?

B.12a How often did your partner threaten you with []? Was it:
 On one occasion . ₁ Now and again ..₂ Quite often ... ₃ Very often..... ₄

B.12b Could I ask how frightened you were when your partner threatened you with []?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
How frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

C

[If Yes to B9C] Slap you across the face

I'd like to ask some more questions now about your partner *slapping you across the face*.

B.13a How often did your partner slap you across the face ? Was it:

On one occasion . ₁ Now and again .. ₂ Quite often ... ₃ Very often..... ₄

B.13b Could I ask how frightened you were when your partner slapped you across the face?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
How frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

[If Yes to B9D] Kick you

I'd like to ask some more questions now about your partner *kicking you*.

D

B.14 On what part of your body did your partner kick you? Was it on the ...

[Tick all that apply].

Leg..... <input type="checkbox"/> ₁	Head..... <input type="checkbox"/> ₅
Arm..... <input type="checkbox"/> ₂	Face..... <input type="checkbox"/> ₆
Back..... <input type="checkbox"/> ₃	Other (specify)..... <input type="checkbox"/> ₇
Stomach..... <input type="checkbox"/> ₄	_____

B.14a How often did your partner kick you? Was it:

On one occasion . ₁ Now and again .. ₂ Quite often ... ₃ Very often..... ₄

B.14b Could I ask how frightened you were when your partner kicked you?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
How frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

[If Yes to B9E] Punch you

I'd like to ask some more questions now about your partner *punching you*.

E

B.15 On what part of your body did your partner punch you? Was it on the ...

[Tick all that apply].

Leg..... <input type="checkbox"/> ₁	Head..... <input type="checkbox"/> ₅
Arm..... <input type="checkbox"/> ₂	Face..... <input type="checkbox"/> ₆
Back..... <input type="checkbox"/> ₃	Other (specify)..... <input type="checkbox"/> ₇
Stomach..... <input type="checkbox"/> ₄	_____

B.15a How often did your partner punch you? Was it:

On one occasion . ₁ Now and again .. ₂ Quite often ... ₃ Very often..... ₄

B.15b Could I ask how frightened you were when your partner punched you?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
How frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

[If Yes to B9F] Push or shove you

I'd like to ask some more questions now about your partner *pushing you or shoving you*.

F

B.16a How often did your partner *push or shove you* ? Was it:

On one occasion. ₁ Now and again ..₂ Quite often ... ₃ Very often..... ₄

B.16b Could I ask how frightened you were when your partner *pushed you or shoved you*?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
How frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G

[If Yes to B9g] Hold you down against your will

I'd like to ask some more questions now about your partner *holding you down against your will*.

B.17a How often did your partner *hold you down against your will*? Was it:

On one occasion. ₁ Now and again ..₂ Quite often ... ₃ Very often..... ₄

B.17b Could I ask how frightened you were when your partner *held you down against your will*?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
Made you feel frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

H

[If Yes to B9h] Bite you in order to hurt you

I'd like to ask some more questions now about your partner *biting you in order to hurt you*.

B.18 On what part of your body did your partner *bite you in order to hurt you*? Was it on the ...

[Tick all that apply].

Leg.....	<input type="checkbox"/> ₁	Head.....	<input type="checkbox"/> ₅
Arm.....	<input type="checkbox"/> ₂	Face.....	<input type="checkbox"/> ₆
Back.....	<input type="checkbox"/> ₃	Other (specify).....	<input type="checkbox"/> ₇
Stomach.....	<input type="checkbox"/> ₄		

B.18a How often did your partner *bite you in order to hurt you*? Was it:

On one occasion. ₁ Now and again ..₂ Quite often ... ₃ Very often..... ₄

B.18b Could I ask how frightened you were when your partner *bit you in order to hurt you*?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
How frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

I

[If Yes to B9i] Throw you against something that could hurt you

I'd like to ask some more questions now about your partner *throwing you against something that could hurt you.*

B.19 What did your partner throw you against? [Tick all that apply]

- The wall..... ₁ Chair..... ₄
 The ground ₂ Other furniture..... ₅
 Table ₃ Other (specify) _____ ₆

B.19a How often did your partner *throw you against something that could hurt you*? Was it:

- On one Now and Quite Very
 occasion. ₁ again .. ₂ often ... ₃ often..... ₄

B.19b Could I ask how frightened you were when your partner *threw you against something that could hurt you*?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
How frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

[If Yes to B9j] Try to smother, suffocate or choke you

I'd like to ask some more questions now about your partner *trying to smother, suffocate or choke you.*

J

B.20a How often did your partner *try to smother, suffocate or choke you*? Was it:

- On one Now and Quite Very
 occasion. ₁ again .. ₂ often ... ₃ often..... ₄

B.20b Could I ask how frightened you were when your partner *tried to smother, suffocate or choke you*?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
How frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

[No question B.21]

B.22 Now I would like to read out a list of unwanted or unwelcome sexual experiences to check if you have experienced any of these from a partner.

I know that these experiences can be very hard to talk about, so I want you to remember that your identity is unknown to me and whatever you tell me is completely confidential. OK?

Remember, you can stop me at any point if you want to.

**[For instance, if someone comes into the room, could you say something like ‘I’m quite busy at the moment’, and I’ll know to change the subject and arrange to call back at a more suitable time.]
Is that OK?**

[Remember that when we talk about partners in a relationship, these could be married partners, co-habiting partners, or couples who are ‘going out’ together.]

[Partners could be the same sex or the opposite sex.]

[Please also think about things a partner may have done after the break-up of a relationship.]

[Interviewer, If ‘yes’ to any item in column A, be sure to ask questions in Column B, and C.

Could you tell me whether your present partner or any former partner ever...	A		B		C	
	Yes	No	Present partner	Former partner	Yes	No
1. Forced you to have sexual intercourse when you didn’t want to. What I mean by force is that the other person used physical force, intimidated or threatened you in some way.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. [If no to 1] Tried to force you to have sexual intercourse when you didn’t want to. [What I mean by force is that the other person used physical force, intimidated or threatened you in some way.]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Forced you to watch or read pornographic material when you did not want to. [What I mean by force is that the other person used physical force, intimidated or threatened you in some way.]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Forced you to do anything else of a sexual nature, that you did not want to do. [What I mean by force is that the other person used physical force, intimidated or threatened you in some way.]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Interviewer: [If No to ALL of the items at B.22, Go to B.24, page 19]

[If Yes to ANY of the above items, read the following and go to B.23a]

I appreciate your courage in answering these questions. I have just a few more questions on these experiences.

You can pause or stop at any point, if you need to.

Do you feel ready to go on?

Any Other Behaviour of a Threatening, Abusive or Violent Nature

B.24 Has a partner ever done anything else of a threatening, abusive or violent nature that we have not yet covered?

Yes ₁ Go to B24a

No ₂ Go to B.25

B.24a What did your partner do? Please tell me as fully as possible what happened.

B.24b I'd like to ask some more questions now about [this experience/these experiences]. Are you ready to go on?

First, could I ask whether it was one partner who did [this/ all of these things] to you, or did more than one partner do [it/them]?

One partner..... ₁

More than one partner ₂

B.24c Was this ...

Your present partner..... ₁
Go to B.24d

A former partner (not present partner) .. ₂
Go to B24f

Both present and former partner..... ₃
Go to B24d

If Present Partner

B.24d Were you and your present partner living together [at the time /during the time any of these things happened]? Yes... ₁ No ... ₂

B.24e How often did your present partner do [this / any of these things]? Was it ...

On one occasion . ₁ Now and again .. ₂ Quite often ... ₃ Very often..... ₄

If Former Partner

B.24f [Interviewer Check: Did respondent have both male and female partners in the past?]

Yes, both males and female partners in the past..... ₁ No ₂ Go to B24h

B.24g Could I just check, was the former partner who did [this / any of these things] to you a man or a woman?

Man ... ₁ Woman ... ₂ Both male and female partners did this/these things... ₃

B.24h Were you and your former partner living together [at the time /during the time any of these things happened]? Yes... ₁ No ... ₂

B.24i How often did your former partner do [this / any of these things]? Was it:

On one occasion . ₁ Now and again .. ₂ Quite often ... ₃ Very often..... ₄

B.24j When was the last time a partner [did this / did any of these things]?

[Int: Do not read out list; Tick the first box that applies]

- | | | | |
|------------------------|---------------------------------------|-----------------------------|--|
| The last week..... | <input type="checkbox"/> ₁ | The last 2 years..... | <input type="checkbox"/> ₆ |
| The last month..... | <input type="checkbox"/> ₂ | The last 4 years..... | <input type="checkbox"/> ₇ |
| The last 3 months..... | <input type="checkbox"/> ₃ | The last 5 years..... | <input type="checkbox"/> ₈ |
| The last 6 months..... | <input type="checkbox"/> ₄ | The last 10 years..... | <input type="checkbox"/> ₉ |
| The last year..... | <input type="checkbox"/> ₅ | More than 10 years ago..... | <input type="checkbox"/> ₁₀ |

B.24k Could I ask whether your partner doing the [thing/ things] you just told me about made you feel frightened?

	[Would you say ...]			
	Not at all...	Yes, a little..	Yes, quite ...	Yes, very ...
Made you feel frightened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B.24l Thinking again of the things you just told me about, could I ask how much of an impact they had on your life? Would you say a major impact, a moderate impact, a minor impact or no impact at all?

- Major impact ... ₁ Moderate impact .. ₂ Minor impact ... ₃ No impact at all ... ₄

B.25 Interviewer: Check the Respondent's Sheet (B.8, B.8L, B.9, B.22, B.24):

- No abusive or violent behaviour experienced ₁ **Go to C.1**
 Only Psychological (B.8) incidents, and NOT 3 'Yes' at B.8L..... ₂ **Go to C.1**
 Respondent Experienced some type of abusive/violent behaviour..... ₃ **Go to B.26**

General Questions on Response to Partner's Behaviour

B.26 The next set of questions deal with all the types of behaviour we have talked about in general, that is things like ...

[Interviewer: Read list of 'Yes' items from Respondent's sheet]

B.27 Of all the things you have told me about that a partner has subjected you to, which do you regard as the worst? *[Interviewer: The boxes marked 'Yes' on the respondents' sheet will remind you of incidents the respondent said happened to them].*

B.28 Thinking now of all of the things you told me about, how old were you when [this first happened/the first of these things happened]? ____ (years)

B.29 Was there anything in particular that seemed to you to set off this behaviour?

[Interviewer: Do not read list. Tick all that apply]

[Prompt ...] Was there anything else? ...

No, nothing in particular	<input type="checkbox"/> ₁	Respondent starting to work for pay	<input type="checkbox"/> ₁₀
Use of alcohol (by either partner)	<input type="checkbox"/> ₂	Respondent giving up work for pay	<input type="checkbox"/> ₁₁
Use of other drugs (by either partner)	<input type="checkbox"/> ₃	Partner starting to work for pay	<input type="checkbox"/> ₁₂
Moving in together	<input type="checkbox"/> ₄	Partner giving up work for pay	<input type="checkbox"/> ₁₃
Getting married	<input type="checkbox"/> ₅	Break-up of relationship	<input type="checkbox"/> ₁₄
Pregnancy	<input type="checkbox"/> ₆	Other (specify)	<input type="checkbox"/> ₁₅
Birth of first child	<input type="checkbox"/> ₇		
Birth of subsequent children	<input type="checkbox"/> ₈		
Child(ren) leaving home	<input type="checkbox"/> ₉		

B.30a Was there ever alcohol involved when your partner behaved in this way?

Yes, some of the times..... ₁ Yes, always..... ₂ No, never..... ₃

B.30b (if yes) Who had been drinking? [Tick one box only]

Respondent only ₁ Partner only ₂ Both..... ₃

B.30c Could I just check whether it was one partner who did [this/ all of these things] to you, or did more than one partner do [it/them]? [Interviewer: This refers to ALL of the 'Yes' items on the respondents sheet, not just the worst]

One partner..... ₁

More than one partner ₂

If both a present and a previous partner subjected you to this kind of behaviour, the following questions should be answered for just your present partner.

If more than one former partner did any of these things, please think of the former partner who did what you consider to be the WORST of these things to you.

B.31 How long had you been in this relationship (that is, going out together) when *any of the things you told me about* [and that happened in this relationship] first happened? [Interviewer: Tick first box that applies]

Length of relationship when behaviour began (Tick one box only)	
During the first week of relationship	<input type="checkbox"/> ₁
During the first month of relationship	<input type="checkbox"/> ₂
During the first 6 months of the relationship	<input type="checkbox"/> ₃
During the first year of the relationship	<input type="checkbox"/> ₄
2 years into the relationship	<input type="checkbox"/> ₅
3 years into the relationship	<input type="checkbox"/> ₆
4 years into the relationship	<input type="checkbox"/> ₇
5 years into the relationship	<input type="checkbox"/> ₈
5 to 10 years into the relationship	<input type="checkbox"/> ₉
More than 10 years into the relationship	<input type="checkbox"/> ₁₀
Don't remember	<input type="checkbox"/> ₁₁

B.32 How long [did the relationship last / has the relationship been going on]? [Int: Do not read out list; Tick the first box that applies]

- | | | | |
|------------------------|---------------------------------------|-------------------------|--|
| one week or less | <input type="checkbox"/> ₁ | 2 years or less | <input type="checkbox"/> ₆ |
| One month or less..... | <input type="checkbox"/> ₂ | 4 years or less..... | <input type="checkbox"/> ₇ |
| 3 months or less..... | <input type="checkbox"/> ₃ | 5 years or less..... | <input type="checkbox"/> ₈ |
| 6 months or less..... | <input type="checkbox"/> ₄ | 10 years or less..... | <input type="checkbox"/> ₉ |
| One year or less..... | <input type="checkbox"/> ₅ | More than 10 years..... | <input type="checkbox"/> ₁₀ |

Who was told?

I'd like you to think now about all the types of behaviour we have talked about in general, even if they happened in different relationships.

B.33 Did you ever tell anyone about your partners' behaviour towards you?

Yes..... ₁ **Go to B.34**

No ₂ **Go to B.38**

B.34 How long were you experiencing the kinds of things you told me about from your partner before you told someone about it? [Interviewer: Enter as weeks OR Months OR Years]

How long before told? _____ weeks _____ months _____ years.

B.35 I'd like to read a list of people whom you might have told, or sought help from. Perhaps you could tell me whether or not you told any of these people about your partner's behaviour towards you.

<i>Did you tell ...</i>		Yes	No
1	A friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2	A family member	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
[If yes] Which one(s)? _____			
3	A work colleague	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4	A nurse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5	A G.P	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
6	A Doctor in hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7	The Gardaí	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

B.36 And did you seek help from any of the following? If you did, perhaps you could tell me if you were satisfied with the help you received. (If the respondent answers yes to A ask B).

		A		B				
		Yes	No	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dis-satisfied	Very dis-satisfied
8	Local Health Board Social Services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9	Solicitor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10	Priest/Minister	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11	Citizens Advice Bureau	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12	Marriage/relationship counsellor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13	Other counsellor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14	Refuge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15	Help Line (please tell me which one(s))	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
16	Support Organisation (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
17	Somewhere else not already mentioned (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B.37 [Interviewer: If no to all items at B.36] If you have never sought help from any of the above what were your main reasons for not doing so? Please describe as fully as possible.

Gardaí

B.38 Was the behaviour of your partner ever reported to the Gardaí?

Yes, I reported it.. _1 No _2 Someone else reported it _3

B.39 What were your main reasons for not reporting your partner's behaviour to the Gardaí? Please describe as fully as possible.

Any other reasons? _____

Interviewer: Check B.38 *Not reported.....* _1 **Go to B.44**
Reported by respondent or someone else _2 **Go to B.40**

B.40 On how many occasions did the Gardaí come to your home, because of a report of your partner's behaviour?

Never came to my home..... _1 Once _2 More than once _3

B.41 How satisfied were you with the response you received from the Gardaí?

Very satisfied _1 Satisfied..... _2 Neither satisfied nor dissatisfied... _3 Dissatisfied _4 Very Dissatisfied _5 Don't know..... _6

B.42 What were the main reasons for your dissatisfaction with the response from the Gardaí? Please describe as fully as possible.

B.43 Was your partner ever arrested because of their behaviour towards you?

Yes..... _1 No _2 Don't remember _3

Physical Injury, Other Effects, Medical Services

B.44 When your partner did any of the things we discussed, did he/she physically injure or hurt you?

Yes..... ₁ No ₂ **Go to B.46** Don't remember..... ₃ **Go to B.46**

B.45 What type of injuries were they? I'd like to read a list and perhaps you could tell me whether each one applied to you. Were they ...

[Int: Read list, Tick yes or no on each line]

	Yes	No
Bruises to your face or black eye	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Bruises to other parts of your body.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Cuts requiring stitches	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other cuts or grazes, not requiring stitches.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Broken nose, jaw or cheekbone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Damage to teeth	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other broken bones/fractures.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Burst eardrum	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Burns to face or body.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Internal injuries.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
[Female only] Miscarriage.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Loss of consciousness / blackout.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

B.46 If working outside the home did you ever take time off work because of your partner's behaviour or its effects on you?

Yes..... ₁ No ₂ Don't remember ₃ Don't/didn't work outside home at the time..... ₄

B.47 Have you ever been forced to give up your job because of your partner's behaviour or its effects on you?

Yes..... ₁ No ₂ Don't/didn't work outside home at the time..... ₃

B.48 What other effects did your partner's behaviour have on you? Please describe as fully as possible. [Interviewer: If no other effects, write 'None']

B.49 Have you ever consulted a GP or gone to a hospital because of physical injuries or any of these other effects your partner's behaviour had on you? [Int: Prompt only if necessary. Tick all that apply.]

- No, the injury or effects did not require it..... ₁ **Go to B.58**
- No, but I should have..... ₂ **Go to B.58**
- Yes, I went to G.P..... ₃ **Go to B.50**
- Yes, I went to hospital but did not stay in..... ₄ **Go to B.50**
- Yes, I had to stay in hospital..... ₅ **Go to B.50**
- Don't remember..... ₆ **Go to B.58**

B.50 How many times did you consult a GP because of the effects on you of your partner's behaviour? G.P _____ (number times) Too numerous to count 77

B.51 And how many times did you visit a hospital because of the effects on you of your partner's behaviour?
Hospital _____ (number times)

B.52 Did your GP or a nurse or doctor in the hospital ask about the cause of your injuries or your other problems? *(Tick all that apply)*

GP asked..... <input type="checkbox"/> 1	Hospital doctor asked..... <input type="checkbox"/> 2	Hospital Nurse asked <input type="checkbox"/> 3	No one asked..... <input type="checkbox"/> 4
Go to B.53	Go to B.53	Go to B.53	Go to B.56

B.53 Did you tell this person that your partner's behaviour was the cause of your injuries or other problems?
Yes..... 1 Go to B.54 No..... 2 Go to B.57

B.54 Did your GP or a doctor or nurse in the hospital refer you to anyone who could help you with regard to your partner's behaviour?

G.P did..... <input type="checkbox"/> 1	Hospital doctor did..... <input type="checkbox"/> 2	Hospital nurse did..... <input type="checkbox"/> 3	No ... <input type="checkbox"/> 4	Don't remember .. <input type="checkbox"/> 5
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Go to B.57

B.55 Whom/where did they refer you to? _____

B.56 *[If no one asked about the cause of injuries or other problems]* Would you have liked someone to ask you about the cause of your injuries or other problems?
Yes..... 1 No 2 Don't know 3

B.57 Were you satisfied with the way in which [your G.P./the doctor/nurse] handled your situation?

Very satisfied <input type="checkbox"/> 1	Satisfied..... <input type="checkbox"/> 2	Neither satisfied nor dissatisfied ... <input type="checkbox"/> 3	Dissatisfied <input type="checkbox"/> 4	Very Dissatisfied <input type="checkbox"/> 5	Don't Know <input type="checkbox"/> 6
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Moving Out

B.58 Could I just check, have you ever lived with a partner who behaved towards you in any of the ways we talked about during the course of your relationship?

[Interviewer: Read list of 'yes' items from respondent's sheet]

This could be your present partner, or any partner in the past.

Yes ₁ Go to B.59 No ₂ Go to B.63

B.59 Did you or your partner ever move out because of your partners' behaviour towards you, even if it was just for one night?

Yes, I moved out..... ₁ Go to B.60

Yes, partner moved out..... ₂ Go to B.63

No ₃ Go to B.63

B.60 Did you move out once or more than once? Once ₁ More than once ₂

B.61 Where or with whom did you stay when you moved out. Did you ever stay ...

	Yes	No		Yes	No
1 With family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	5 Homeless hostel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2 With friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	6 Refuge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3 At a Hotel or B&B	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	7 On the street	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4 Moved into own flat or house .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	8 Other (specify.....)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

B.62 Did you move back in with your partner after you had moved out?

Yes, I moved back ₁ No..... ₂

Abuse by a Former Partner

B.63a [Interviewer Check: Is 'yes' checked on Respondent's sheet for former partner?]

Yes..... ₁ Go to B.64 No ₂ Go to C.1

B.64 The following questions are about the ending of your relationship with your former partner who [Interviewer: read list from respondent's sheet – things done by a FORMER partner...]

B.64a Could I just check whether these things were done by one former partner or by more than one former partner?

One former partner ₁ More than one former partner ₂

[In answering the following questions, please think about the partner who did what you considered to be the **WORST** thing to you].

B.64b How long did your relationship with this former partner last?

_____ Weeks _____ Months _____ Years

[Int: Answer may be recorded in years, years and months, or weeks]

B.65 When did the relationship with your former partner end?

[Int: Do not read out list; Tick the first box that applies]

- | | |
|--|--|
| The last week..... <input type="checkbox"/> ₁ | The last 2 years..... <input type="checkbox"/> ₆ |
| The last month..... <input type="checkbox"/> ₂ | The last 4 years..... <input type="checkbox"/> ₇ |
| The last 3 months..... <input type="checkbox"/> ₃ | The last 5 years..... <input type="checkbox"/> ₈ |
| The last 6 months..... <input type="checkbox"/> ₄ | The last 10 years..... <input type="checkbox"/> ₉ |
| The last year..... <input type="checkbox"/> ₅ | More than 10 years ago..... <input type="checkbox"/> ₁₀ |

B.66 How did your relationship with this former partner end?

Partner died . ₁ **Go to C.1** I left/ended relationship..... ₂ Partner left/ended relationship..... ₃

B.67 Did your former partner do [this/ these things] I read out to you during the course of your relationship, after the relationship ended or both?

During relationship, only ₁ Only after the relationship ended ... ₂ Both..... ₃

B.68 I'd like to read you a list now and ask if your partner did any of these things after your relationship ended. Did your former partner ever ... ?

[If yes] **B.69** Is this still happening?

	A. Did your partner ... ?			B. If yes to A is it still happening?	
	Yes	No	N.A	Yes	No
After the relationship ended, did your partner ... ?					
Threaten to hurt you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Threaten to hurt your children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Threaten to take your children away from you or prevent you seeing your children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Enter your home without your permission	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Wait for you or follow you in a manner you found intimidating or intrusive	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Continued to make contact with you in a way you found intrusive	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Subject you to physical violence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

B.67 Did you have any children with your former partner? Yes... ₁ No ₂ **Go to C.1**

B.70 Did your former partner ever subject you to threats or violence in connection with access to, or contact with, your children, or on occasions when the children were being collected or handed over?
 Yes ... ₁ No ... ₂

Section C: Childhood Awareness of Abusive or Violent Behaviour Between Parents

At this point, I'd like to ask some questions on your awareness of abusive or violent behaviour as a child. There are just a few short questions in this section.

C.1 To the best of your knowledge did your father/stepfather ever use threatening, abusive or violent behaviour towards your mother?

Yes..... ₁ No ₂ Don't remember ₃ Don't know ₄

C.1a Did you ever see or hear this abusive or violent behaviour?

Yes ₁ No ₂

C.2 To the best of your knowledge did your mother/stepmother ever use threatening, abusive or violent behaviour towards your father?

Yes..... ₁ No ₂ Don't remember ₃ Don't know ₄

C.2a Did you ever see or hear this abusive or violent behaviour?

Yes ₁ No ₂

C.3 To the best of your knowledge did your partners' father/stepfather ever use threatening, abusive or violent behaviour towards his wife or partner?

Yes..... ₁ No ₂ No present partner..... ₃ → Go to D.1 Don't know.... ₄

C.4 To the best of your knowledge did your partners' mother/stepmother ever use threatening, abusive or violent behaviour towards her husband or partner?

Yes..... ₁ No ₂ Don't know ₃

[Interviewer: If 'Yes' to C.1 or C.2, Say

“Thank you for answering these question. I know that things that happen to people when they are children can often be very difficult to talk about. I don't need to ask any more questions about this. If you would like further information on help available to people who experienced abuse as a child, I can give that to you”]

Section D: General Characteristics

I'd like to ask some general questions now about your health, activities and circumstances at present. Again, I'd like to remind you that all the information you give me is completely confidential.

D.1a In general, how would you describe your health?

Very poor.... ₁ Poor..... ₂ Fair..... ₃ Good ₄ Very Good..... ₅

D.1b Do you have any ongoing physical or mental health problem, illness or disability?

Yes..... ₁ No ₂

D.1c Are you hampered in your daily activities by this physical or mental health problem, illness or disability?
 Yes, severely..... ₁ Yes, somewhat ₂ No..... ₃

D.2 How often do you engage in the following recreational activities?

	<i>Recreational Activities</i>	More than once a week	Once a week	At least once a month	Less than once a month	Never
A	Physical exercise or sport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B	Engaging in other hobbies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C	Getting together with family, other than any family members living with you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D	Getting together with friends	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E	Charitable or voluntary work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F	Going out to the cinema, theatre, concerts, restaurants, pubs etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

D.3a Could I ask how often you drink alcohol? *[Tick first box that applies in table below]*

D.3b *[Int: If respondent is presently living with a partner ...]* And what about your present partner, how often would he/she drink alcohol?

	[Interviewer: Read categories. Tick the first box that applies]						
	Daily or on most days	More than once a week	About once a week	A few times a month	Less often than once a month	Never	Not applicable
D.3a Respondent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	
D.3b Present partner?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

D.4a Could I ask you what is the highest level of education you have completed?

None.....	<input type="checkbox"/>	1
Completed Primary.....	<input type="checkbox"/>	2
Junior/Inter/Group or equivalent....	<input type="checkbox"/>	3
Leaving Cert. or equivalent.....	<input type="checkbox"/>	4
Diploma or Certificate.....	<input type="checkbox"/>	5
University Degree or higher....	<input type="checkbox"/>	6

D.4b And your [spouse/partner]? [If not presently living with partner/spouse, record for former partner/spouse]

None.....	<input type="checkbox"/>	1
Completed Primary.....	<input type="checkbox"/>	2
Junior/Inter/Group or equivalent....	<input type="checkbox"/>	3
Leaving Cert. or equivalent.....	<input type="checkbox"/>	4
Diploma or Certificate.....	<input type="checkbox"/>	5
University Degree or higher....	<input type="checkbox"/>	6
No present or former partner	<input type="checkbox"/>	7

D.5a Could I ask in which country you were born? _____ (Country)

D.5b [If Respondent living with partner] And your partner? _____ (Country)

D.5c Could I just check whether you live in ... ?

A city 1 A town..... 2 A village.....3 A rural area4

D.6a Which of the following best describes your usual situation with regard to employment?

On home duties.....	<input type="checkbox"/>	1	Unemployed.....	<input type="checkbox"/>	6
Employee, working part-time....	<input type="checkbox"/>	2	Student.....	<input type="checkbox"/>	7
Employee, working full-time....	<input type="checkbox"/>	3	On training course.....	<input type="checkbox"/>	8
Self-employed.....	<input type="checkbox"/>	4	Unable to work due to illness/disability.....	<input type="checkbox"/>	9
Retired.....	<input type="checkbox"/>	5	Other (please specify).....	<input type="checkbox"/>	10

D.6b [If Respondent is living with a partner at present] And your [spouse/partner]?

On home duties.....	<input type="checkbox"/>	1	Unemployed.....	<input type="checkbox"/>	6
Employee, working part-time....	<input type="checkbox"/>	2	Student.....	<input type="checkbox"/>	7
Employee, working full-time....	<input type="checkbox"/>	3	On training course.....	<input type="checkbox"/>	8
Self-employed.....	<input type="checkbox"/>	4	Unable to work due to illness/disability.....	<input type="checkbox"/>	9
Retired.....	<input type="checkbox"/>	5	Other (please specify).....	<input type="checkbox"/>	10

D.7 If not currently working outside the home, when did you last work outside the home?

Month _____ Year _____ Never worked outside the home ... 77

D.7a Could I just check your age on your last birthday? _____ (age in years)

D.8 [If working outside the home now or worked outside the home in the past] **What kind of work do [did] you usually do? Please describe as fully as possible.** [If Respondent never worked outside the home, write 'Never worked') For farmers, record acres farmed. For jobs with distinct ranks or grades – Gardaí, civil service – record rank or grade].

D.9 [Int: If respondent is presently living with a partner ...] **What is the current or most recent job of your partner? Please describe as fully as possible.** (If no partner at present write 'No Partner'; If partner never worked outside the home, write 'Never worked'). For farmers, record acres farmed. For jobs with distinct ranks or grades – Gardaí, civil service – record rank or grade]

D.10 How many people live in your household? _____ [If 1, skip to D.13]

D.11 How many of these are under age 18? _____

D.12 How many of these are age 18 or over? _____

D.13 How many children have you had? _____ [If no children write none and Go to D.16]

D.14 What are their ages? (Please write the number of children in each age category)

- 1 year or younger _____ 1
- 2 to 5 years _____ 2
- 6 to 10 years _____ 3
- 11 to 15 years _____ 4
- 16 to 17 years _____ 5
- 18 years or over _____ 6

D.15 How many of your children are living with you? _____

D.16 Could I ask about the approximate level of net household income? This means the total income, after tax and PRSI, of ALL MEMBERS of the household. It includes ALL TYPES of income: income from employment, social welfare payments, child benefit, income from rents, interest, pensions etc. We would just like to know into which broad group the total income of your household falls. I'd like to assure you once again that all information you give me is entirely confidential.

I can read you the categories as either an amount per week, per month or per year. Which would you prefer?

[Int: read categories from table from ONE of the columns, depending on respondent's preference]

<i>Amount per year</i>	<i>Amount per month</i>	<i>Amount per week</i>	
under €16,000	under €1,300	under €300	<input type="checkbox"/> 1
€16,001 - €22,500	€1,301 - €1,850	€301 - €425	<input type="checkbox"/> 2
€22,501 - €31,000	€1,851 - €2,600	€426 - €600	<input type="checkbox"/> 3
€31,001 - €47,000	€2,601 - €3,900	€601 - €900	<input type="checkbox"/> 4
€47,001 - €68,000	€3,901 - €5,650	€901 - €1,300	<input type="checkbox"/> 5
over €68,000	over €5,650	over €1,300	<input type="checkbox"/> 6

D.17 Could you give me a general idea of how much of the total household income comes from your own personal income?

- No income of my own 1
- I have some income, but less than one quarter [up to 25%]..... 2
- Between one quarter and one third [Including about one quarter; 25% to 32%] 3
- Between one third and one half [Including about one third; 33% to 49%]..... 4
- About half [about 50%] 5
- Between one half and three quarters [51% to 75%] 6
- More than three quarters, but other people in the household have income as well..... 7
- My income is the only source of income in this household 8

D.18 Finally, I am going to read out 12 statements which may possibly describe the way you have been feeling over the last few weeks. For each statement I would like you to tell me which of the answers I read to you best describes the way you have been feeling recently.

HAVE YOU RECENTLY....

1. **Been able to concentrate on whatever you're doing ? Would you say ...**
More so than usual ... ₁ Same as usual ... ₂ Less than usual ... ₃ Much less than usual ... ₄
2. **Lost much sleep over worry ? Would you say ...**
Not at all ... ₁ No more than usual ... ₂ Rather more than usual ... ₃ Much more than usual ... ₄
3. **Felt that you were playing a useful part in things ? Would you say ...**
More so than usual ... ₁ Same as usual ... ₂ Less than usual ... ₃ Much less than usual ... ₄
4. **Felt capable of making decisions about things? Would you say ...**
More so than usual ... ₁ Same as usual ... ₂ Less than usual ... ₃ Much less than usual ... ₄
5. **Felt constantly under strain ? Would you say ...**
Not at all ... ₁ No more than usual ... ₂ Rather more than usual ... ₃ Much more than usual ... ₄
6. **Felt that you couldn't overcome your difficulties? Would you say ...**
Not at all ... ₁ No more than usual ... ₂ Rather more than usual ... ₃ Much more than usual ... ₄
7. **Been able to enjoy your normal day-to-day activities ? Would you say ...**
More so than usual ... ₁ Same as usual ... ₂ Less than usual ... ₃ Much less than usual ... ₄
8. **Been able to face up to your problems ? Would you say ...**
More so than usual ... ₁ Same as usual ... ₂ Less than usual ... ₃ Much less than usual ... ₄
9. **Been feeling unhappy or depressed ? Would you say ...**
Not at all ... ₁ No more than usual ... ₂ Rather more than usual ... ₃ Much more than usual ... ₄
10. **Been losing confidence in yourself ? Would you say ...**
Not at all ... ₁ No more than usual ... ₂ Rather more than usual ... ₃ Much more than usual ... ₄
11. **Been thinking of yourself as a worthless person ? Would you say ...**
Not at all ... ₁ No more than usual ... ₂ Rather more than usual ... ₃ Much more than usual ... ₄
12. **Been feeling reasonably happy, all things considered ? Would you say ...**
More so than usual ... ₁ Same as usual ... ₂ Less than usual ... ₃ Much less than usual ... ₄

Thank you very much for taking part in this interview, we greatly appreciate you taking the time and trouble to assist this study. If you would like further information on any of the issues which we discussed during the interview I can give it to you now.

Thank you once again for your help.

FINISH TIME ___ : ___ (24 hour clock)

[If person experienced domestic abuse or became distressed, arrange a time for a call-back]

[Do you need to make statement about risk to children?]