

their body in a sexual way? Or Try to or actually have oral, anal, or vaginal sex with you?									
4. Did you often feel that ... No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other?	(child interview) CgPa2: My parents ask about my day in school – NEVER OR CgPa4: My parents play games or do other fun things with me – NEVER OR CgPa6: My parents help me with my homework – NEVER OR CgPa7: My parents tell me when I'm doing a good job with something- NEVER OR CgPa13: My parents check to make sure I'm doing ok - NEVER	Child							X
5. Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	<i>NOT AVAILABLE</i>	N/A							
6. Were your parents ever separated or divorced?	If only one natural parent in the household at any sweep (MxHGnp01)	Parent	X	X	X	X	X	X	X
7. Was your mother or stepmother:	IF respondent is mother/stepmother AND IF: And since ^childname was born, has any partner or ex-	Parent						X	

<p>Often pushed, grabbed, slapped, or had something thrown at her?</p> <p>Or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?</p> <p>Or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?</p>	<p>partner ever done any of these things to you? <i>MfHdv061</i> Pushed you or held you down – YES OR <i>MfHdv062</i> Kicked, bitten or hit you – YES OR <i>MfHdv064</i> Used a weapon against you, for example an ashtray or a bottle – YES</p> <p>AND</p> <p><i>MfHdv07</i> How many times since ^childname was born have any of these things happened to you? - 3. Four or five times OR 4. Six or more times OR 5. Too many to count</p> <p>OR</p> <p><i>MfHdv034</i> Threatened you with a weapon, for example an ashtray or a bottle - YES</p>								
<p>8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?</p>	<p>Has ^childname experienced any of the things listed on this card since the last interview? <i>MgOve15</i> Drug taking/alcoholism in the immediate family - YES Alcohol level >14 units per week (harmful level at time) Use of drugs (use any street drugs in prev 12 months)</p>	<p>Parent</p>	<p>X X</p>	<p>X X</p>	<p>X X</p>	<p>X X</p>	<p>X X</p>	<p>X X</p>	<p>X X</p>
<p>9. Was a household member depressed or mentally ill or did a household member attempt suicide?</p>	<p>Has ^childname experienced any of the things listed on this card since the last interview? <i>MgOve16</i> Mental disorder in the immediate family – YES OR DASS* score of >1SD above 0 OR SF12MCS** score of <=35</p>	<p>Parent</p>	<p>X X</p>	<p>X X</p>	<p>X X</p>	<p>X X</p>	<p>X X</p>	<p>X X</p>	<p>X X</p>
<p>10. Did a household member go to prison?</p>	<p>Has ^childname experienced any of the things listed on this card since the last interview?</p>	<p>Parent</p>	<p>X</p>			<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>

	<i>MgOve20</i> Parent in prison - YES OR (where available) <i>MxHGaww3/4</i>								
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*DASS: Depression, Anxiety and Stress Scale

**SF12MCS: Short Form 12 Mental Component Scale

§These are the same 10 ACEs used in the comprehensive Wave 2 of the original ACE Study (Dong et al., 2004).