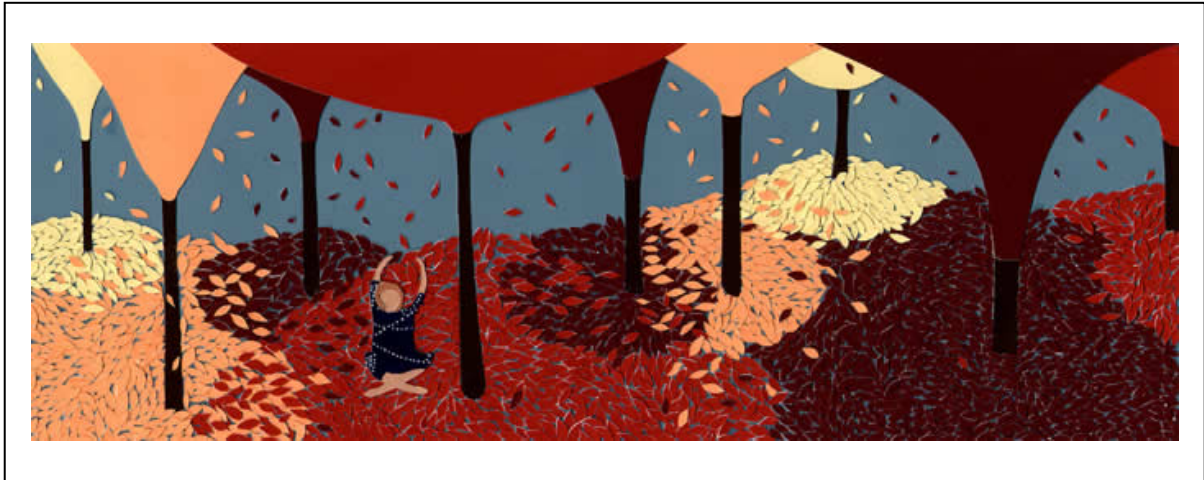


DO NOT WRITE YOUR NAME ON THIS PAPER.

ID # _____

***CHILD EXPOSURE
TO DOMESTIC VIOLENCE SCALE
(CEDV)***



Original artwork by Ida Pearle. Artwork used with permission from the artist.

DO NOT WRITE YOUR NAME ON THIS PAPER.

Assessment of Child Violence Exposure to Domestic Violence

These directions are to be read aloud by the practitioner administering this measure.

This is a list of questions about your life and your family. It will probably take you about 30 minutes to fill out. If you have a question when you are filling this out, ask the person who gave this to you.

Your answers will NEVER be given to other people, so do NOT write your name anywhere. If you want to stop taking the survey, you can stop answering the questions anytime you want.

Think about the people you have ever lived with. There are lots of ways to think about the kinds of adults that kids live with. For example, some kids live with a stepparent, or a grandparent, or foster parents. Other kids live with just one parent and maybe a parent's girlfriend or boyfriend too. The questions in the survey are about the adults you have lived with. To make them easy to understand, we use the words "mom" and "mom's partner."

When you read the word "mom," think of the woman you have lived with and who has taken care of you, even if she did not give birth to you. For example, this person might be your mom, your stepmother, your grandma, or your foster mom. When you read the words "mom's partner", think of who that is in your life. For example, it could be your dad, your step dad, your grandpa, or your mom's girlfriend or boyfriend.

Please read all the directions and circle your answers to each question.

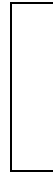
Part One

There are two parts to each question.

⇒ First answer the question about how often something happened by circling your answer.

⇒ Then check off all the ways you knew about what happened.

⇒ If you answer “Never” in the first part, skip the second part and go on to the next question.



Never



Sometimes



Often



Almost Always

Example:

How often have there been fights at your school?

Never

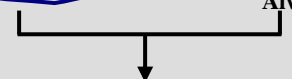


Circle never, then go to the next question.

Sometimes

Often

Almost Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

1. How often do adults in your family disagree with one another?

Never

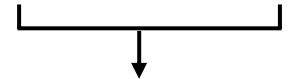


Circle never, then go to the next question.

Sometimes

Often

Almost Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.


DO NOT WRITE YOUR NAME ON THIS PAPER.

2. Has your mom's partner ever hurt your mom's feelings by:
- calling her names
 - swearing
 - yelling
 - threatening her
 - screaming at her
 - other _____


Never

↓


Circle never,
then go to the
next
question.




Never



Sometimes



Often



Almost
Always

How did you know about it?


- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

3. How often has your mom's partner stopped your mom from doing something she wanted to do or made it difficult for her to do something she wanted to do? Such as
- leave the house
 - go to the doctor
 - use the telephone
 - visit her friends or relatives
 - other _____


Never

↓

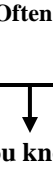
Circle never,
then go to the
next
question.




Never



Sometimes



Often



Almost
Always

How did you know about it?


- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

4. How often has your mom's partner stopped your mom from eating or sleeping, or made it hard for her to eat or sleep?


Never

↓

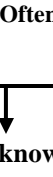
Circle never,
then go to the
next
question.




Never



Sometimes



Often



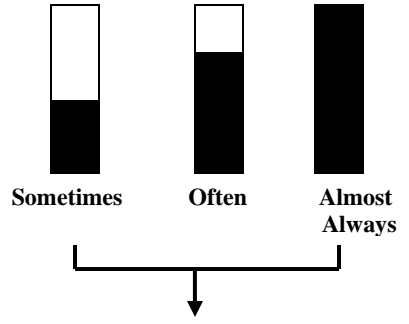
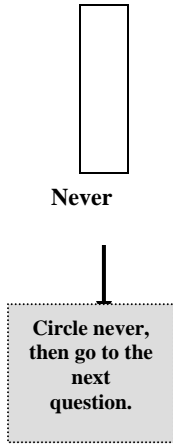
Almost
Always

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

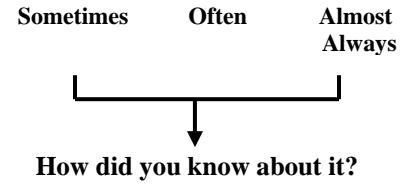
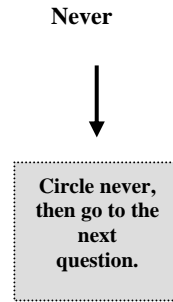
DO NOT WRITE YOUR NAME ON THIS PAPER.

5. How often have your mom and her partner argued about you? *[It is not your fault if your mom and her partner argue about you.]*



- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

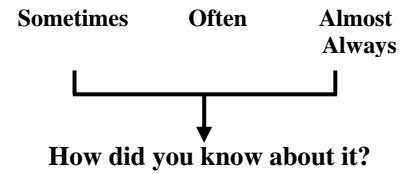
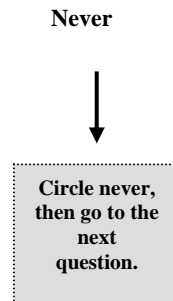
6. How often has your mom's partner hurt, or tried to hurt, a pet in your home on purpose?



- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

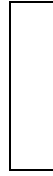
7. How often has your mom's partner broken or destroyed something on purpose, such as:

- punching a wall
- ripping a phone cord out of the wall
- smashing a picture
- other _____



- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

DO NOT WRITE YOUR NAME ON THIS PAPER.



Never



Circle never,
then go to the
next
question.



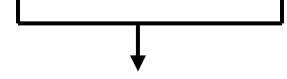
Sometimes



Often



Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

8. How often has your mom's partner done something to hurt her body, such as:

- hitting her
- punching her
- kicking her
- choking her
- shoving her
- pulling her hair
- other _____

8. How often has your mom's partner *threatened* to use a knife, gun, or other object to hurt your mom?

Never

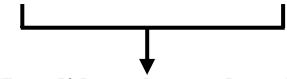


Circle never,
then go to the
next
question.

Sometimes

Often

Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

10. How often has your mom's partner *actually* hurt your mom with a knife, gun, or other object?

Never

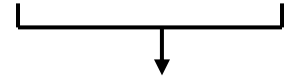


Circle never,
then go to the
next
question.

Sometimes

Often

Almost
Always



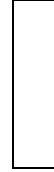
How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

Part Two

It's hard to know what to do when you see someone getting hurt. In the questions on this page the word "hurt" means hurting your mom's feelings on purpose, threatening her, physically hurting her, or stopping her from doing things.

Choose the answer that best describes your situation and circle it. There are no right or wrong answers to these questions.



11. When your mom's partner hurts your mom, how often have you yelled something at them from a *different room* than where the fight was taking place?

Never

Sometimes

Often

Almost Always

12. When your mom's partner hurts your mom, how often have you yelled something at them in the *same room* where they are fighting?

Never

Sometimes

Often

Almost Always

13. When your mom's partner hurts your mom, how often have you called someone else for help, like calling someone on the phone or going next door?

Never

Sometimes

Often

Almost Always

14. When your mom's partner hurts your mom, how often have you gotten physically involved trying to stop the fighting?

Never

Sometimes

Often

Almost Always

15. When your mom's partner hurts your mom, how often has your mom's partner done something to you to hurt or scare your mom?

Never

Sometimes

Often

Almost Always

16. When your mom's partner hurts your mom, how often have you tried to get away from the fighting by:

- hiding
- leaving the house
- locking yourself in a different room
- other _____

Never

Sometimes

Often

Almost Always

17. How often has your mom's partner asked you to tell what your mom has being doing or saying?

Never

Sometimes

Often

Almost Always

18. How often do you worry about your mom's partner getting drunk or taking drugs?

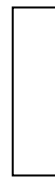
Never

Sometimes

Often

Almost Always

DO NOT WRITE YOUR NAME ON THIS PAPER.



19. How often do you worry about your mom getting drunk or taking drugs?

Never

Sometimes

Often

Almost Always

20. How often does your mom seem sad, worried or upset?

Never

Sometimes

Often

Almost Always

21. How often does it seem like you have had big changes in your life? For example:

Never

Sometimes

Often

Almost Always

- moving homes
- staying in the hospital
- your parents getting a divorce
- the death of someone you're close to
- a parent going to jail
- other _____

22. How often have you heard a person hurt another person by making fun of them or calling them names in your neighborhood or at your school?

Never

Sometimes

Often

Almost Always

23. How often has someone from your community or at your school done or said any of these things to hurt you?

Never

Sometimes

Often

Almost Always

24. How often do you hurt a person's feelings on purpose, like making fun of them or calling them names?

Never

Sometimes

Often

Almost Always

25. How often do you physically hurt a person on purpose, such as hitting, kicking or things like that?

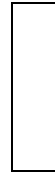
Never

Sometimes

Often

Almost Always

DO NOT WRITE YOUR NAME ON THIS PAPER.



26. How often have you seen someone else in your community or school get hurt by being:

- grabbed
- slapped
- punched
- kicked
- being hurt by a knife or a gun
- other _____

Never

Sometimes

Often

Almost Always

27. How often has someone at school or in your community hurt you by:

- grabbing
- slapping
- punching
- kicking
- threatening you with a knife or gun
- other _____

Never

Sometimes

Often

Almost Always

28. How often have you seen someone being hurt or killed on television or in a movie?

Never

Sometimes

Often

Almost Always

29. How often have you seen someone being hurt or killed in a video game?

Never

Sometimes

Often

Almost Always

30. How often has an adult in your family hurt your feelings by:

- making fun of you
- calling you names
- threatening you
- saying things to make you feel bad
- other _____

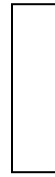
Never

Sometimes

Often

Almost Always

DO NOT WRITE YOUR NAME ON THIS PAPER.



31. How often has an adult in your family done something to hurt your body, like:

- hitting you
- kicking you
- beating you up
- other _____

Never

Sometimes

Often

**Almost
Always**

32. How often has someone who is not in your family:

- touched your private parts when you didn't want them to
- made you touch their private parts
- forced you to have sex?

Never

Sometimes

Often

**Almost
Always**

33. How often has someone in your family:

- touched your private parts when you didn't want them to
- made you touch their private parts
- forced you to have sex

Never

Sometimes

Often

**Almost
Always**

DO NOT WRITE YOUR NAME ON THIS PAPER.

Part Three

34. If your mom and her partner fight, when did the fighting start? (Circle one answer.)

1. I don't remember them fighting.
2. They started fighting this year.
3. They started fighting 2-3 years ago.
4. They started fighting 4 or more years ago.
5. They've been fighting for as long as I can remember.

35. Do you think your family has enough money for the things it needs?

1. No, there are times when my family doesn't have enough money for food or rent or other things we need.
2. We seem to have enough money to pay for what we need.
3. We have enough money to buy extra things we don't really need.
4. I don't know.

36. How old are you? _____

37. Are you male or female? (Circle one answer.)

1. Male
2. Female

38. What race or ethnicity do you consider yourself? (Circle all that describe you.)

1. White/Caucasian/European American
2. Black/African American/African
3. American Indian/Native American
4. Asian or Pacific Islander
5. Latino/Latina/Hispanic
6. Multi-racial/No primary racial or ethnic identification
7. Other (What?) _____
8. I don't know
9. I don't want to answer this question

DO NOT WRITE YOUR NAME ON THIS PAPER.

39. Where did you stay last night? (Circle one answer.)

1. House
2. Apartment
3. Shelter
4. Other (Where?) _____

40. Where do you live? (Circle one answer.)

1. House
2. Apartment
3. Shelter
4. Other (Where?) _____

41. Who are the people you live with? Circle all that apply.

- | | | |
|----------------|-----------------------------------|-------------------------|
| 1. Mother | 6. Mother's boyfriend or partner | 11. Younger brother (s) |
| 2. Father | 7. Mother's girlfriend or partner | 12. Older brother (s) |
| 3. Step-Mother | 8. Father's boyfriend or partner | 13. Younger sister(s) |
| 4. Step-Father | 9. Father's girlfriend or partner | 14. Older sister(s) |
| 5. Grandmother | 10. Grandfather | 15. Other (Who?) _____ |

42. What is your favorite family activity? _____

DO NOT WRITE YOUR NAME ON THIS PAPER.

This measure was created and produced by
Jeffrey L. Edleson and numerous student colleagues.
©2007, Jeffrey L. Edleson, Ph.D.

Minnesota Center Against Violence and Abuse
School of Social Work
University of Minnesota
1404 Gortner Avenue
St. Paul, MN 55108-6142
mincava@umn.edu
Tel: 612-624-0721
Fax: 612-625-4288