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| **Exposures to Violence, Trauma, and Victimization – Adult** |
| **Protocol Id** | 181401 |
| **Description of Protocol** | The respondent is asked a comprehensive list of questions about trauma and victimization experiences over his/her lifetime. If the respondent answers "yes" to the first question, the interviewer administers additional follow-up questions about the event. Follow-up questions collect information about the person’s age when the event occurred, whether serious injury or death was involved, if there was an intense feeling of fear and helplessness, the frequency of the event, and whether anyone else ever tried to harm the person in the same way. The questions are sensitive and cover subjects such as physical violence, sexual abuse, suicide, and murder. |
| **Specific Instructions** | The Psychosocial Working Group recommends that the Lifetime Traumatic and Victimization History (LTVH) instrument be used as a comprehensive assessment of an individual’s lifetime experiences to traumatic and victimization events. This instrument is used to capture information about a wide range of serious events (e.g., natural disasters, physical or sexual abuse, criminal assault, items stolen from you, accidents) that may have negative consequences (e.g., psychological distress, increased vulnerability). It is not a diagnostic tool for mental health conditions.Adults who have experienced physical abuse, sexual abuse, or another traumatic event may be very sensitive to these questions. The interviewer should respect the privacy of the respondent and administer the questions in a location where others cannot overhear the interview.The External Review Panel notes that the Lifetime Traumatic and Victimization History (LTVH) can be used to establish exposure to categories of potentially traumatic events typically encountered by the general population. Like the [Life Events Checklist (LEC)](http://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=630101), the potentially traumatic events in the Lifetime Traumatic and Victimization History (LTVH) can be examined in preparation for the Criterion A inquiry in Post-traumatic Stress Disorders diagnostic instruments such as the Clinician-Administered PTSD Scale (CAPS; see [PTSD Symptoms, Severity and Diagnosis](http://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=630401)). Additionally, the External Review Panel notes that Criterion A is no longer required for PTSD diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5).**Recommendations for the Interviewer:**A "yes" or "no" response is all the information we are requesting from the respondent. We do not want to ask them details about what might have been a very painful experience. The question "were you in danger of death or serious physical injury?" refers to the time of the incident only. For example, if they become distressed later as a result of the event, that is not what we are interested in. The question "did you feel intense fear, helplessness, or horror?" refers to any time during the event or afterwards when they were thinking about the event. Any "act of nature" can be included, such as tornadoes, hurricanes, floods, earthquakes, landslides, avalanches, volcanoes, etc."Seeing a dead body" could refer to a situation where the respondent is with someone when they die. There are many hospice situations in which family members are present at the time of death. If the person defines this as a particularly stressful or upsetting event, then it must be included.By "breaking in", we don’t mean breaking into a house because they forgot their key. We do want to include the type of event when someone breaks into the house when they are not living there or were kicked out.The question which deals with "threatened you in a face-to-face" involves threat, but no weapon. This follows the different question about "threatening you with a weapon".In the final open question, the person should state briefly or describe briefly the situation. |
| **Protocol Text** | The next questions are about serious events that may have happened to you during your lifetime.

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| **1.** Have you ever been involved in a **natural disaster**, such as a tornado, hurricane, flood, or earthquake?Yes ... 1 No .... 2 (Go to 2) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious injury?Yes ... 1No .... 2 | Did you feel intense fear, helplessness, or horror?Yes ... 1No .... 2 | Was there another time you were involved in a **natural disaster**, such as a tornado, hurricane, flood, or earthquake?Yes ... 1 No .... 2  |
| **2.** Have you ever been involved in a **man-made disaster**, such as a fire, train crash, car accident, or building collapse?Yes... 1 No.... 2 (Go to 3) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury?Yes... 1No.... 2 | Did you feel intense fear, helplessness, or horror?Yes... 1 No.... 2 | Was there **another** time where you were involved in a **man-made disaster**, such as a fire, train crash, car accident, or building collapse?Yes... 1 No.....2  |
| **3.** Have you ever been involved in **direct combat experience** in a war? [NOTE: INCLUDE POLICE SHOOTOUTS AND GANG FIGHTS]Yes... 1  No.... 2 (Go to 4) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury?Yes... 1No.... 2 | Did you feel intense fear, helplessness, or horror?Yes... 1 No.... 2 | Was there **another** time where you were involved in **direct combat experience** in a war?[NOTE: INCLUDE POLICE SHOOTOUTS AND GANG FIGHTS]Yes.....1No......2  |
| **4.** Have you ever**lived in a war zone?**(For example, the Persian Gulf or Bosnia).Yes... 1 No.... 2 (Go to 5) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury?Yes... 1No.... 2 | Did you feel intense fear, helplessness, or horror?Yes... 1 No.... 2 | Was there **another** time that you lived in a **war zone**?Yes... 1 No.....2  |
| **5.** Have you ever had a **serious accident** at work, at home, or somewhere else?Yes... 1  No.... 2 (Go to 6) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury?Yes... 1No.... 2 | Did you feel intense fear, helplessness, or horror?Yes... 1 No.... 2 | Was there another time when you had a **serious accident** at work, at home, or somewhere else?Yes... 1 No.....2  |
| **6.** Have you ever been exposed to **dangerous chemicals or radioactivity?** Yes... 1 No.... 2 (Go to 7) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury?Yes... 1No.... 2 | Did you feel intense fear, helplessness, or horror?Yes... 1 No.... 2 | Was there another time that you were exposed to **dangerous chemicals or radioactivity?** Yes... 1 No.....2  |
| **7.** Have you ever been **shot at, stabbed, struck, kicked, beaten, punched, slapped around, or otherwise physically harmed?**Yes... 1 No.... 2 (Go to 8) | How old were you the first time it happened?AGE:\_\_\_\_ | Were you in danger of death or serious physical injury?Yes... 1No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | How many times did this person do this to you?# of TIMES:\_\_\_\_\_\_\_\_ | How old were you the last time this person did this to you?AGE: \_\_\_\_\_ | Has anyone else ever **shot at, stabbed, struck, kicked, beaten, punched, slapped around, or otherwise physically harmed you?** Yes... 1 No.....2  |
| **8.** Have you ever been **threatened with any kind of a weapon,** like a knife, gun, baseball bat, frying pan, scissors, stick, rock or bottle?Yes... 1 No.... 2 (Go to 9) | How old were you the first time it happened?AGE:\_\_\_\_ | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | How many times did this person do this to you?# of TIMES:\_\_\_\_\_\_\_\_ | How old were you the last time this person did this to you?AGE: \_\_\_\_\_ | Has anyone else**threatened you with any kind of weapon?** Yes... 1 No.....2  |
| **9.** Has anyone ever **threatened**you in a face-to-face confrontation?Yes... 1 No.... 2 (Go to 10) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | How many times did this person do this to you?# of TIMES:\_\_\_\_\_\_\_\_ | How old were you the last time this person did this to you?AGE: \_\_\_\_\_ | Has anyone else **threatened** you in a face-to-face confrontation? Yes... 1 No….2  |
| **10.** Have you ever been **actually assaulted with any kind of a weapon,** like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle? Yes..........1 No........... 2 (Go to 11) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | How many times did this person do this to you?# of TIMES:\_\_\_\_\_\_\_ | How old were you the last time this person did this to you?AGE: \_\_\_\_\_ | Has anyone else **actually assaulted you with any kind of a weapon,** like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle? Yes... 1 No….2  |
| **11.** When you were a child--that is, when you were in elementary or middle school, before about age 12--were you ever **struck, kicked, beaten, punched, slapped around, or otherwise physically harmed?**Yes...........1 No............2 (Go to 12) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | How many times did this person do this to you?# of TIMES:\_\_\_\_\_\_\_\_ | How old were you the last time this person did this to you?AGE: \_\_\_\_\_ | During your childhood-were you **struck, kicked, beaten, punched, slapped around, or otherwise physically harmed by anyone else?** Yes... 1 No.....2  |
| **12.** When you were a child— that is, when you were in elementary or middle school, before about age 12—were you ever **physically abused?**Yes...........1 No............2 (Go to 13) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury?Yes... 1No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | How many times did this person do this to you?# of TIMES:\_\_\_\_\_\_\_\_ | How old were you the last time this person did this to you?AGE: \_\_\_\_\_ | During your childhood--has anyone else **physically abused you?** Yes... 1 No.....2  |
| **13.** Has anyone--male or female--ever forced or coerced you to engage in unwanted sexual activity? Yes...........1 No............2 (Go to 14) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | How many times did this person do this to you?# of TIMES:\_\_\_\_\_\_\_\_ | How old were you the last time this person did this to you?AGE: \_\_\_\_\_ | Has anyone else--male or female--ever forced or coerced you to engage in unwanted sexual activity?Yes... 1 No.....2  |
| **14.** Other than what we just talked about, did anyone, male or female ever **attempt to--but not actually--** force you to engage in unwanted sexual activity? Yes.........1 No...........2 (Go to 15) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | How many times did this person do this to you?# of TIMES:\_\_\_\_\_\_\_\_ | How old were you the last time this person did this to you?AGE: \_\_\_\_\_ | Has anyone else--male or female, **attempted to--but not actually**--forced you to engage in unwanted sexual activity?Yes... 1 No.....2  |
| **15.** Other than what we just talked about, has anyone ever **actually** touched private parts of your body or made you touch theirs against your wishes? Yes... 1 No.... 2 (Go to 16) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | How many times did this person do this to you?# of TIMES:\_\_\_\_\_\_\_\_ | How old were you the last time this person did this to you?AGE: \_\_\_\_\_ | Has anyone else ever **actually** touched private parts of your body or made you touch theirs against your wishes?Yes..... 1 No.......2  |
| **16.** Have you ever had an immediate family member, romantic partner, or very close friend who was **murdered?**Yes... 1 No.... 2 (Go to 17) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Was anyone else who was an immediate family member, romantic partner, or very close friend **murdered?**Yes... 1 No.....2  |
| **17.** Have you ever **seen or been present** when **someone was murdered or seriously injured**?Yes... 1 No.... 2 (Go to 18) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Was there any *other* time when you saw or were present when someone was murdered or seriously injured?Yes... 1 No.....2  |
| **18.** Have you ever had an immediate family member, romantic partner, or very close friend **commit suicide?** Yes... 1 No.... 2 (Go to 19) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Did anyone else who was an immediate family member, romantic partner, or very close friend **commit suicide?**Yes... 1 No….2  |
| **19.** Have you ever **seen a dead or mutilated body**? Other than at a funeral, in the movies or newspaper?Yes... 1 No.... 2 (Go to 20) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Was there any**other** time when you saw a dead or mutilated body?Yes... 1 No.....2  |
| **20.** Have you ever seen or been present when **another person** was **shot at, stabbed, struck, kicked, beaten, slapped around**, or otherwise physically harmed?Yes... 1 No.... 2 (Go to 21) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Was there any**other** time when you saw or were present when **another person** was shot at, stabbed, struck, kicked, beaten, slapped around, or otherwise physically harmed?Yes... 1No.....2 |
| **21.** Have you ever seen or been present when **another person was raped, sexually attacked, or made to engage in unwanted sexual** activity?Yes..... 1 No...... 2 (Go to 22) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Was there any**other** time when you saw or were present when another person was raped, sexually attacked, or made to engage in unwanted sexual activity?Yes... 1 No….2  |
| **22.** Has anyone **ever intentionally damaged or destroyed property owned by you or by someone** in your household?Yes... 1 No.... 2 (Go to 23) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Has anyone else intentionally damaged or destroyed property owned by you or by someone in your household?Yes... 1 No.....2  |
| **23.** Has anyone ever stolen something from you by **using force or the threat of force** like in a stick-up, mugging, or car-jacking?Yes... 1 No.... 2 (Go to 24) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Has anyone else ever stolen something from you by **using force or the threat of force** like in a stick-up, mugging, or car-jacking?Yes... 1 No…..2  |
| **24.** Has anyone ever **tried to**--but not actually--steal something from you by **using force or the threat of force** like in a stick-up, mugging, or car-jacking?Yes... 1 No.... 2 (Go to 25) | How old were you the first time it happened?AGE:\_\_\_\_  | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Has anyone else ever tried to--but not actually--steal something from you by **using force or the threat of force** like in a stick-up, mugging, or car-jacking?Yes... 1 No.....2  |
| **25.** Has anyone ever tried to or actually **broken in to your house**, garage, shed, or storage room **when you were not there?**Yes... 1 No.... 2 (Go to 26) | How old were you the first time it happened?AGE:\_\_\_\_ | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Has anyone else ever tried to or actually broken in to your house **when you were not there?**Yes... 1 No.....2  |
| **26.** Has anyone ever tried to or actually broken in to your house, garage, shed, or storage room when you **were** there?Yes... 1 No.... 2 (Go to 27) | How old were you the first time it happened?AGE:\_\_\_\_ | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Has anyone else ever tried to or actually broken in to your house, garage, shed, or storage room when you **were** there?Yes.....1 No......2  |
| **27.** Has anyone ever **stolen something directly from you** without the threat or use of force (for example purse-snatching or pick-pocket)?Yes... 1 No.... 2 (Go to 28) | How old were you the first time it happened?AGE:\_\_\_\_ | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Has anyone else stolen something directly from you without the threat or use of force?Yes.....1 No......2 |
| **28.** Have you **ever been kidnapped** or held captive?Yes... 1 No.... 2 (Go to 29) | How old were you the first time it happened?AGE:\_\_\_\_ | How long were you held or not allowed to leave?LENGTH OF TIME:\_\_\_\_\_ | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | Was there any *other* time when you were kidnapped or held captive?Yes... 1 No….2  |
| **29.** Have you ever been **stalked** by anyone? For example, has anyone ever followed or spied on you? Yes... 1 No.... 2 (Go to 30) | How old were you the first time it happened?AGE:\_\_\_\_ | Were you in danger of death or serious physical injury? Yes... 1 No.... 2 | Did you feel intense fear, helplessness or horror?Yes... 1 No.... 2 | How old were you the last time this person stalked youAGE: \_\_\_\_\_ | Has anyone else stalked you?Yes... 1 No….2  |
| **30.** Have you ever been in **any other** situation in which you were in danger of death or serious physical injury, or in which you felt intense fear, helplessness, or horror?Yes... 1 SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_No.... 2  | How old were you when it happened?AGE: \_\_\_\_\_ | Was there any**other** situation in which you were in danger of death or serious physical injury, or in which you felt intense fear, helplessness, or horror?Yes... 1 No….2  |

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| **Selection Rationale** | The Lifetime Trauma and Victimization History (LTVH) instrument was developed to be brief, easy to administer, and easy for the respondent to comprehend the questions. The instrument captures information and frequencies of a wide range of traumatic experiences. The instrument was validated by interviewing a case-control sample of neglected and physically/sexually abused children and comparing the results with official records and reports. Psychometric analysis of the physical abuse and sexual abuse responses yielded good discriminant validity. However, there was substantial underreporting for both types of abuse. |
| **Source** | Widom, C. S., Dutton, M. A., Czaja, S. J., & DuMont, K. A. (2005). Development and validation of a new instrument to assess lifetime trauma and victimization history. *Journal of Traumatic Stress*, *18*(5), 519-531. |
| **Language** | English |
| **Participant** | Age 18+ years |
| **Personnel and Training Required** | The interviewer must be trained and found competent to conduct personal interviews with individuals from the general population. The interviewer should be trained to prompt respondents further if a "don’t know" response is provided. It is preferable to either read the questionnaire aloud to the respondent or administer it in an audio-assisted computer interview (ACASI) format. The questions are sensitive in nature and the interviewer should be trained to react appropriately to emotional responses. If a distressed respondent protocol is adopted the interviewer should be trained to administer those procedures. |
| **Equipment Needs** | These questions can be administered in a computerized or noncomputerized format (i.e., paper-and-pencil instrument). Computer software is necessary to develop computer-assisted instruments. A laptop computer/handheld computer will be needed to administer a computer-assisted questionnaire. |
| **Standards** |

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| **Standard** | **Name** | **ID** | **Source** |
| Common Data Element (CDE) | Adult Violence Exposure Assessment Score | 3162928 | [CDE Browser](https://cdebrowser.nci.nih.gov/CDEBrowser/search?elementDetails=9&FirstTimer=0&PageId=ElementDetailsGroup&publicId=3162928&version=1.0) |
| Logical Observation Identifiers Names and Codes (LOINC) | Exposures to violence - adult proto | 62944-4 | [LOINC](http://s.details.loinc.org/LOINC/62944-4.html?sections=Web) |

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| **General References** | Goodman, L. A., Corcoran, C. B., Turner, K., Yuan, N., & Green, B. L. (1998). Assessing traumatic event exposure: General issues and preliminary findings for the stressful life events screening questionnaire. *Journal of Traumatic Stress, 11*(3), 521-542.Green, B. (1996). Traumatic stress and disaster: Mental health factors influencing adaptation. *Annual Review of Psychiatry*. In F. L. Mak & C. C. Nadelson (Eds.), *International Review of Psychiatry* (Vol. 2, pp. 177-210). Washington, DC: American Psychiatric Press.Norris, F. H. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology, 60,* 409-418.Widom, C. S., Czaja, S.J., & Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. *Child Abuse & Neglect, 32,* 785-796. |
| **Protocol Type** | Interviewer-administered questionnaire |
| **Derived Variables** | None |
| **Requirements** |

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| **Requirement Category** | **Required** |
| Average time of greater than 15 minutes in an unaffected individualAverage time of greater than 15 minutes in an unaffected individual | No |
| Major equipmentThis measure requires a specialized measurement device that may not be readily available in every setting where genome wide association studies are being conducted. Examples of specialized equipment are DEXA, Echocardiography, and Spirometry | No |
| Specialized requirements for biospecimen collectionThis protocol requires that blood, urine, etc. be collected from the study participants. | No |
| Specialized trainingThis measure requires staff training in the protocol methodology and/or in the conduct of the data analysis. | No |

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