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| **Exposures to Violence, Trauma, and Victimization – Child** | |
| **Protocol Id** | 181402 |
| **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** | Self-reported child physical abuse and sexual abuse may need to be reported to the authorities. Researchers should check their state regulations for these requirements prior to using the instrument in the field.  A distressed respondent protocol is recommended for all ages and particularly for youths under the age of 18. This protocol should be based on local emergency resources and approved by the investigator’s Institutional Review Board. Interviewers who administer the questionnaire should be trained on the protocol.  **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 afraid that you might die or get hurt really badly?" 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 " were you very scared?" 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.  "Have you ever seen 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 reports 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 "Has anyone ever threatened to hurt you when they were standing right in front of you" involves threat, but no weapon. This follows the different question about "threatened to hurt you with any kind of a weapon".  In the final open question, the person should state briefly or describe briefly the situation. |
| **Protocol Text** | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1.** Have you ever been involved in a **natural disaster**, like a tornado, a hurricane, a flood, or an earthquake?  Yes...1  No...2 (Go to 2) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | Was there another time you were involved in a **natural disaster**, like a tornado, hurricane, flood, or earthquake?  Yes...1  No...2 | | | | | | | **2.** Have you ever been involved in a **man-made disaster**, like a fire, a train crash, a car accident, or a building falling down?  Yes...1  No...2 (Go to 3) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | Was there **another** time you were involved in a **man-made disaster**, like a fire, a train crash, a car accident, or a building falling down?  Yes...1  No...2 | | | | | | | **3.** Have you ever **fought 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 afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | Was there **another** time where you **fought in a war**?  [NOTE: INCLUDE POLICE SHOOTOUTS AND GANG FIGHTS]  Yes...1  No...2 | | | | | | **4.** Have you ever**lived in a war zone?** (For example, Iraq or Bosnia).  [IF R SAYS THEIR NEIGHBORHOOD IS LIKE A WAR ZONE, CHOOSE ‘YES’]  Yes...1  No...2 (Go to 5) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | Was there **another** time that you **lived in a war zone?** (For example, Iraq or Bosnia).  [IF R SAYS THEIR NEIGHBORHOOD IS LIKE A WAR ZONE, CHOOSE ‘YES’]  Yes...1  No...2 | | | | | | **5.** Have you ever had a **serious accident** at home, at school, or somewhere else?  Yes...1  No...2 (Go to 6) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | Was there another time you had a **serious accident** at home, at school, 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 afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No .....2 | | | | | Was there another time you were exposed to **dangerous chemicals or radioactivity***?*  Yes...1  No...2 | | | | | **7.** Has anyone ever **shot at you, stabbed you, hit you, kicked you, beaten you, punched you, slapped you around, or hurt your body in some other way**?  Yes...1  No...2 (Go to 8) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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 you, stabbed you, hit you, kicked you, beaten you, punched you, slapped you around, or hurt your body in some other way**?  Yes...1  No...2 | | | **8.** Has anyone ever **threatened to hurt you with any kind of a weapon**, like a knife, a gun, a baseball bat, a frying pan, scissors, a stick, a rock or a bottle?  Yes...1  No...2 (Go to 9) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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 **threatened to hurt you with any kind of a weapon?**  Yes...1  No...2 | | | **9.** Has anyone ever **threatened to hurt you** when they were standing right in front of you?  Yes...1  No...2 (Go to 10) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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 **threatened to hurt you** when they were standing right in front of you?  Yes...1  No...2 | | | **10.** Has anyone ever **actually hurt you with any kind of a weapon**, like a knife, a gun, a baseball bat, a frying pan, scissors, a stick, a rock, or a bottle?  Yes...1  No...2 (Go to 11) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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 hurt you with any kind of a weapon**, like a knife, a gun, a baseball bat, a frying pan, scissors, a stick, a rock, or a bottle?  Yes...1  No...2 | | | **11.** Before you turned 12 years old (when you were in grade school), did anyone ever **hit you, kick you, beat you, punch you, slap you around, or hurt your body in some other way**?  Yes...1  No...2 (Go to 12) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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: \_\_\_\_\_ | | Before you turned 12, did anyone else ever **hit you, kick you, beat you, punch you, slap you around, or hurt your body in some other way**?  Yes...1  No...2 | | | **12.** Before you turned 12 years old (when you were in grade school), were you ever **physically abused**?  Yes...1  No...2 (Go to 13) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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: \_\_\_\_\_ | | Before you turned 12, did anyone else ever **physically abuse you**?  Yes...1  No...2 | | | **13.** Has anyone--male or female--ever **forced or pressured you into doing something sexual that you** didn’t want to do? By “something sexual,” we mean someone putting an object or part of their body inside your private sexual parts, inside your rear end, or inside your mouth; we also mean someone putting **your** private parts inside **their** mouth.  Yes...1  No...2 (Go to 14) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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 pressured you into doing something sexual that you didn’t want to do?  Yes...1  No...2 | | | **14.** Other than what we just talked about, have there been any other times when anyone, male or female, ever **tried** to force or bully you into doing something sexual that you didn’t want to do, **but it didn’t end up happening** (for example, you stopped them or someone else stopped them)?  Yes...1  No...2 (Go to 15) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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: \_\_\_\_\_ | | Was there any other time when anyone, male or female, **tried** to force or bully you into doing something sexual that you didn’t want to do, **but it didn’t end up happening**?  Yes...1  No...2 | | | **15.** Other than what we just talked about, have there been any other times when anyone **actually** touched private parts of your body or made you touch theirs when you didn’t want to?  Yes...1  No...2 (Go to 16) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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 when you didn’t want to?  Yes...1  No...2 | | | **16.** Have you ever known someone who was **murdered**; that is, a parent, a brother, a sister, a very close friend, a boyfriend or girlfriend, or someone who lived with you?  Yes...1  No...2 (Go to 17) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Was anyone **murdered** who was a parent, a brother, a sister, a very close friend, a boyfriend or girlfriend, or someone who lived with you?  Yes...1  No...2 | | | | | **17.** Have you ever seen or been present when someone was **murdered** or hurt very badly?  Yes...1  No...2 (Go to 18) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Was there any **other** time when you saw or were present when someone was murdered or hurt very badly?  Yes...1  No...2 | | | | | **18.** Have you ever known someone who **committed suicide or killed themselves**; that is, a parent, a sister, a brother, a very close friend, a boyfriend or girlfriend, or someone who lived with you?  Yes...1  No...2 (Go to 19) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Did anyone else who was a parent, a sister, a brother, a very close friend, a boyfriend or girlfriend, or someone who lived with you **commit suicide or kill themselves**?  Yes...1  No...2 | | | | | **19.** Have you ever seen a dead body? Don’t include at a funeral, on TV, in the movies, or in a newspaper.  Yes...1  No...2 (Go to 20) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Was there any **other** time when you saw a dead body?  Yes...1  No...2 | | | | | **20.** Have you ever seen or heard **another person** be threatened with a weapon (for example, a gun or a knife)?  Yes...1  No...2 (Go to 21) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Was there any **other** time when you saw or heard **another person** be threatened with a weapon (for example, a gun or a knife)?  Yes...1  No...2 | | | | | **21.** Have you ever seen or heard **another person** be raped, sexually attacked, or made to do something sexual that they didn’t want to do?  Yes...1  No...2 (Go to 22) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Was there any **other** time when you saw or heard another person be raped, sexually attacked, or made to do something sexual that they didn’t want to do?  Yes...1  No...2 | | | | | **22.** Has anyone ever **damaged or destroyed something on purpose that belonged to you** or to someone who you lived with?  Yes...1  No...2 (Go to 23) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Has **anyone else** damaged or destroyed something on purpose that belonged to you or to someone who you lived with?  Yes...1  No...2 | | | | | **23.** Has anyone ever stolen something from you by **using force or threatening to hurt you**, like in a stick-up, a mugging, or a car-jacking?  Yes...1  No...2 (Go to 24) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Has anyone else ever stolen something from you by **using force or threatening to hurt you**, like in a stick-up, a mugging, or a car-jacking?  Yes...1  No...2 | | | | | **24.** Has anyone ever **tried to** steal something from you by **using force or threatening to hurt you**? **This could be something like a stick-up, mugging, or carjacking.**  But they didn’t get anything because you or someone else stopped them?  Yes...1  No...2 (Go to 25) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Has anyone else ever **tried to** steal something from you by **using force or threatening to hurt you**, like in a stick-up, a mugging, or a car-jacking, **but they didn’t end up stealing something** (for example, you stopped them or someone else stopped them)?  Yes...1  No...2 | | | | | **25.** Has anyone ever tried to or actually broken into your house, garage, shed, locker 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 afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Has anyone else ever tried to or actually broken into your house, garage, shed, locker or storage room **when you were not there**?  Yes...1  No...2 | | | | | **26.** Has anyone ever tried to or actually broken into your house, garage, shed, locker or storage room whenyou **were** there?  Yes...1  No...2 (Go to 27) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Has anyone else ever tried to or actually broken into your house, garage, shed, locker or storage room whenyou **were** there?  Yes...1  No...2 | | | | | **27.** Has anyone ever stolen something from you **without your knowing it?** This could be taking something from your pocket or backpack.  Yes...1  No...2 (Go to 28) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | Has anyone else ever stolen something directly from you without forcing you or threatening to hurt you?  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 afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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 spied on you or followed you when you didn’t want them to?  Yes...1  No...2 (Go to 30) | How old were you the first time it happened?  AGE:\_\_\_\_ | Were you afraid that you might die or get hurt really badly?  Yes...1  No...2 | Were you **very** scared?  Yes...1  No...2 | Did you feel like there was nothing you could do to stop what was happening?  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 stalked you?  AGE: \_\_\_\_\_ | | Has anyone else stalked you, spied on you, or followed you when you didn’t want them to?  Yes...1  No...2 | | **30.** Have you ever been in **any other** situation in which you were afraid you might die or get really badly hurt, or when you were very scared or felt like there was nothing you could do to stop what was happening?  Yes... 1 SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_  No.... 2 | | How old were you the first time it happened?  AGE:\_\_\_\_ | | Was there any**other** situation in which you were afraid you might die or get really badly hurt, or when you were very scared or felt like there was nothing you could do to stop what was happening?  Yes...1  No...2 | | | | | | | | | |
| **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 discriminate 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** | Ages 8-17 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 computer-assisted self-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** | |  |  |  |  | | --- | --- | --- | --- | | **Standard** | **Name** | **ID** | **Source** | | Common Data Element (CDE) | Child Violence Exposure Assessment Score | 3162929 | [CDE Browser](https://cdebrowser.nci.nih.gov/CDEBrowser/search?elementDetails=9&FirstTimer=0&PageId=ElementDetailsGroup&publicId=3162929&version=1.0) | | Logical Observation Identifiers Names and Codes (LOINC) | Exposures to violence - child proto | 62945-1 | [LOINC](http://s.details.loinc.org/LOINC/62945-1.html?sections=Web) | |
| **General References** | Foley, D. L., Eaves, L. J., Wormley, B., Silberg, J. L., Maes, H. H., Kuhn, J., & Riley, B. (2004). Childhood adversity, monoamine oxidase A genotype, and risk for conduct disorder. *Archives of General Psychiatry*, *61*(7), 738-744.  Huizinga, D., Haberstick, B. C., Smolen, A., Menard, S., Young, S. E., Corley, R. P., Stallings, M. C., Grotpeter, J., & Hewitt, J. K. (2006). Childhood maltreatment, subsequent antisocial behavior, and the role of monoamine oxidase A genotype. *Biological Psychiatry*, *60*(7), 677-683.  Kaufman, J., & Charney, D. (2001). Effects of early stress on brain structure and function: Implications for understanding the relationship between child maltreatment and depression. *Developmental Psychopathology,* *13,* 451-471.  Saunders, B. E. (2003). Understanding children exposed to violence. *Journal of Interpersonal Violence, 18*(4), 356-375.  Segman, R. H., Shefi, N., Goltser-Dubner, T., Friedman, N., Kaminski, N., & Shalev, A. Y. (2005). Peripheral blood mononuclear cell gene expression profiles identify emergent post-traumatic stress disorder among trauma survivors. *Molecular Psychiatry*, *10*(5), 500-513, 425. |
| **Protocol Type** | Interviewer-administered questionnaire |
| **Derived Variables** | None |
| **Requirements** | |  |  | | --- | --- | | **Requirement Category** | **Required** | | Average time of greater than 15 minutes in an unaffected individual  Average time of greater than 15 minutes in an unaffected individual | No | | Major equipment  This 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 collection  This protocol requires that blood, urine, etc. be collected from the study participants. | No | | Specialized training  This measure requires staff training in the protocol methodology and/or in the conduct of the data analysis. | No | |