

Health and Relationships Survey

We want to find out how men's relationships affect their health and well-being

Do you think that health services should offer more help to people in relationships who might need advice?

We believe the best way to find out about these issues, is to ask you directly.

This survey is CONFIDENTIAL

It is **quite easy** to fill in - just **tick a box** or boxes for most answers – this part should take around **15 minutes**

There are no right or wrong answers – just **answer what is right for you.**

- The research team are based at the University of Bristol, London School of Hygiene & Tropical Medicine, Kings College London and Institute of Psychiatry.
- The study is funded by the National Institute for Health Research (NIHR).
- If you have any questions **please ask the researcher** who gave you this booklet

There is a list of organisations which offer **advice and support at the back.** You can take this with you, if it is **safe** to do so.

Section 1: About you

S R

1.1 What age are you? years old

1.2 What is your ethnic group? *(Please tick the most relevant box below)*

A. **White**

- 1 British 2 Irish
3 Any other White background

B. **Mixed**

- 4 White & Black Caribbean
5 White & Black African
6 White & Asian
7 Any other mixed background

C. **Asian or Asian British**

- 8 Indian/Pakistani 9 Bangladeshi
10 Any other Asian background

D. **Black or Black British**

- 11 Caribbean 12 African
13 Any other Black background

E. **Chinese or other ethnic group**

- 14 Chinese 15 Any other

1.3a Do you currently have a partner? *(This means husband/wife, a man or woman you live with as their partner, or a 'girlfriend' or 'boyfriend' who you don't live with)*

- 1 Yes 2 No *If no, go to 1.4.*

1.3b Do you currently live with this partner?

- 1 Yes 2 No

1.4 Would you describe yourself as: *(Please tick **one** box to describe your sexuality)*

- 1 Heterosexual (relationships with women)
- 2 Gay (relationships with men)
- 3 Bisexual (relationships with men and women)

1.5 Are you employed or self-employed?
*(Please tick **one** box)*

- 1 Yes full-time (30 or more hours a week)
- 2 Yes part-time (less than 30 hours a week)
- 3 No

1.6 Are you a student (college/university/ school)?

- 1 Yes (full-time) 2 Yes (part-time)
- 3 No

1.7 What is your and your partner's income – from work or benefits? *(Please tick **one** box in each column, if you have a partner)*

Please continue

Yearly income or benefit	a Your income	b Partner's income
1 Up to £10,000		
2 £11,000- £20,000		
3 £21,000 - £30,000		
4 £31,000 - £40,000		
5 £41,000 - £50,000		
6 £51,000 - £60,000		
7 More than £60,000		
8 Prefer not to say		
9 Don't know		
10 Don't have a partner		

1.8 What kind of housing do you live in? (Please tick **one** of the boxes below)

- 1 Private-owned (including mortgage)
- 2 Private rented
- 3 Council housing/Housing Association
- 4 Other
- 5 I live rent-free

1.9 Which of these qualifications do you have, if any? *(Please tick all that apply)*

a) None	
b) GCSE, 'O' Level or CSE	
c) NVQ	
d) A Level or equivalent	
e) Undergraduate Degree	
f) Postgraduate Degree	
g) Professional qualification	
h) Other <i>(please say what)</i>	

1.10 Are you a parent? ¹ Yes ² No

If 'No' please go to Section 2.

1.10a If yes, how many children are: **Number of children**

Pre-school (age 0-3) a

At Infants/Primary/Junior School (age 4-10) b

At secondary school (age 11-16+) c

Have left school (aged under 18) d

18 and over e

1.10b Thinking of your children under 18, how much contact do you have with them?

	Number of children
a) They live with me all the time	
b) They live with me some of the time	
c) I see them regularly	
d) I rarely or never see them	
e) Other (<i>please say what</i>)	

Thank you. The next part is about your physical and emotional health and well-being.

Section 2: Your Health and Well-Being

2.1 Over the last 12 months would you say your health has on the whole been...

- 1 Good
- 2 Fairly good
- 3 Not good

2.2 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? (*Please include problems which are due to old age*)

- 1 Yes
- 2 No

2.3a In the last 12 months have you been diagnosed (i.e. by a doctor or nurse at a clinic or surgery) with a sexually transmitted infection?

1 **Yes**

2 **No**

2.4 *Please read through the **following statements** and tick the box which comes closest to how you have been feeling **in the past week**. Please tick **one box** only for each statement.*

a) I feel tense or “wound up”

1 Most of the time

2 A lot of the time

3 Time to time, occasionally

4 Not at all

b) I feel as if I am slowed down

1 Nearly all of the time

2 Very often

3 Sometimes

4 Not at all

c) I still enjoy the things I used to enjoy

1 Definitely as much

2 Not quite so much

3 Only a little

4 Not at all

d) I get a sort of frightened feeling like “butterflies” in my stomach

- 1 Not at all
- 2 Occasionally
- 3 Quite often
- 4 Very often

e) I get a sort of frightened feeling like something awful is about to happen

- 1 Very definitely and quite badly
- 2 Yes, but not too badly
- 3 A little, but it doesn't worry me
- 4 Not at all

f) I have lost interest in my appearance

- 1 Definitely
- 2 I don't take as much care as I should
- 3 I may not take quite as much care
- 4 I take just as much care as ever

g) I can laugh and see the funny side of things

- 1 As much as I always could
- 2 Not quite so much now
- 3 Definitely not so much now
- 4 Not at all

h) I feel restless as if I have to be on the move

- 1 Very much indeed
- 2 Quite a lot
- 3 Not very much
- 4 Not at all

j) Worrying thoughts go through my mind

- 1 A great deal of the time
- 2 A lot of the time
- 3 From time to time, but not too often
- 4 Only occasionally

k) I look forward with enjoyment to things

- 1 As much as I ever did
- 2 Rather less than I used to
- 3 Definitely less than I used to
- 4 Hardly at all

l) I feel cheerful

- 1 Not at all
- 2 Not often
- 3 Sometimes
- 4 Most of the time

m) I get sudden feelings of panic

- 1 Very often indeed
- 2 Quite often
- 3 Not very often
- 4 Not at all

n) I can sit at ease and feel relaxed

- 1 Definitely
- 2 Usually
- 3 Not often
- 4 Not at all

p) I can enjoy a good book or radio or TV programme

- 1 Often
- 2 Sometimes
- 3 Not often
- 4 Very seldom

Sections 3 to 5: About your relationships

All relationships go through good and bad times, but people don't often talk about it. We would like to know whether you have experienced any of the following behaviours in a relationship. Your views are important to us so please tell us what you really think.

3.1 How a current or past partner has behaved towards you

Behaviour	² No	¹ Yes
a) As an adult, have you ever felt frightened of the behaviour of a partner?		
b) Have you ever needed to ask your partner's permission to work, go shopping, visit relatives, or visit friends? (<i>beyond the usual being considerate to and checking with your partner</i>)		
c) As an adult, have you ever been hit, slapped, kicked or otherwise physically hurt by a partner?		
d) As an adult, has a partner ever forced you to have sex or made you engage in any sexual activity when you did not want to?		

If you answered 'No' to all, please go to Question 4.1

3.2: If you answered 'Yes' to any of the above:

Behaviour	² No	¹ Yes
a) Did any of these behaviours happen in the last 12 months ?		
b) Have you ever had any injuries that required medical treatment as a result of these behaviours?		

3.3a Please tell us who has behaved in this way towards you. (please tick *all* that apply)

- a Current female partner
- b Previous female partner
- c Current male partner
- d Previous male partner

3.3b Have other members of your family or your in-laws (partner's family) ever behaved in any of these ways towards you? (tick *all* that apply)

- a Son or daughter, step-son or step-daughter
- b Other family or in-laws
- c Anybody else (please say who)
- d None of these

3.4 Thinking of the partner who has treated you like this (*the last one if there has been more than one*)....

3.4a Did they treat you like this just once or did it carry on for longer?

- 1 Once only
- 2 More often, for up to 6 months
- 3 More often, for up to a year
- 4 More often, for over a year

3.4b Did this behaviour get worse over time?
(please tick just **one** box)

- 1 No, it stayed the same
- 2 No, it stayed the same but did happen more often.
- 3 Yes, it got worse
- 4 Yes, it got worse **and** happened more often

3.4c What effect did this behaviour have on you? (please tick **one** box)

- 1 No effect **Please go to Question 3.5a**
- 2 It **sometimes** interfered with my daily life/made me change the way I did things
- 3 It **often** interfered with my daily life/made me change the way I did things

3.4d What sort of effect was this?
(tick **as many boxes as apply**)

- a It damaged my physical health
- b It made me feel anxious or depressed
- c It made me drink more alcohol/take more drugs
- d It affected my work or studies
- e It affected my relationship with my children

(Continued)

f Other effect (please say what).....
.....
.....

3.5a: Did you tell anyone about how you were being treated?

1 Yes 2 No (*If 'No', go to Question 4.1*)

3.5b: If 'Yes', who did you tell? (please tick as many as you told)

- a1 friend
- a2 family member
- b family doctor/G.P.
- c staff at Accident and Emergency department
- d police
- e domestic abuse helpline
- f other (who?)

.....
.....

4.1: How you have behaved towards a past or present partner

Behaviour	² No	¹ Yes
a) As an adult, have you ever behaved in a manner that has made a partner feel frightened ?		
b) Has a partner ever needed to ask your permission to work, go shopping, visit relatives, or visit friends? (<i>beyond the usual being considerate to and checking with your partner</i>)		
c) As an adult, have you ever hit, slapped, kicked or otherwise physically hurt a partner?		
d) As an adult, have you ever forced a partner to have sex or engage in any sexual activity when they did not want to?		

If you answered 'No' to all these, please go to Question 5.1.

If you answered 'Yes' to any of the above:

4.2: Did any of these behaviours happen in the **last 12 months**?

¹ Yes ² No

4.3a: Please tell us what sort of partner this behaviour involved (*tick **all** that apply*)

- a Current female partner
- b Previous female partner
- c Current male partner
- d Previous male partner

4.3b: Did this behaviour towards your partner have:

- 1 No effect on her or him
- 2 A negative effect on her or him

4.3c: Have you behaved in any of these ways towards other members of your family or your in-laws (partner’s family)?

- a Son or daughter, step-son or step-daughter
- b Other family or in-laws
- c Other (please say who)

.....

- d None of these

Please could you all answer these questions:

5.1: Do you think that you are now in a relationship that could be described as domestically violent or abusive?

- 1 Yes
- 2 No

5.2: Do you think that in the past you have ever been in a relationship that could be described as domestically violent or abusive?

- 1 Yes
- 2 No

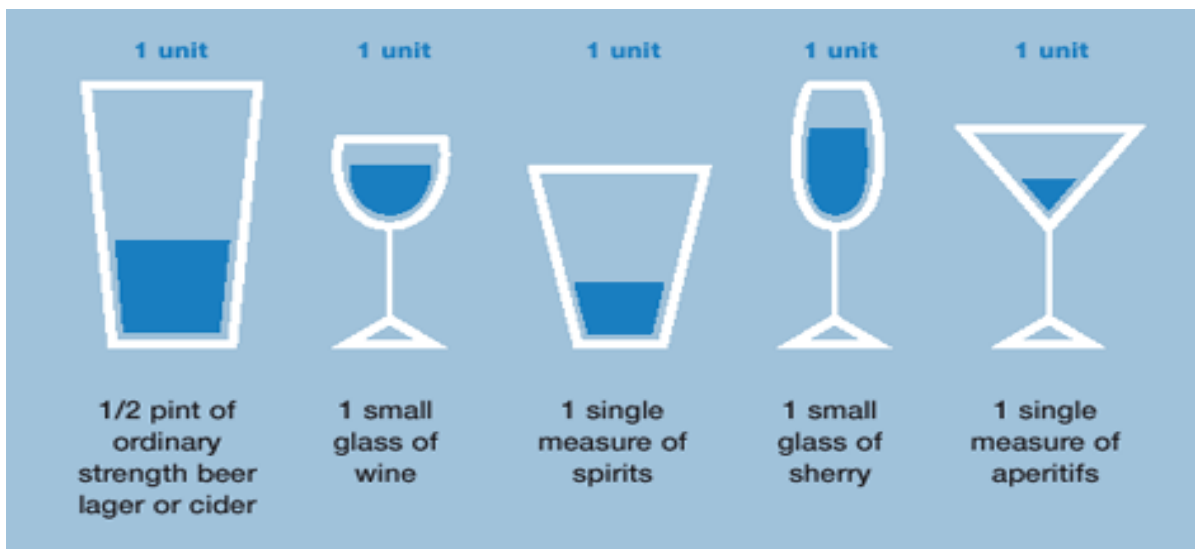
Section 6: Your use of alcohol

This survey is **confidential** so please answer as honestly as possible by ticking **one box** for each question.

6.1: How often do you have a drink containing alcohol?

- 1 Never **If 'Never', please go to Section 7**
- 2 Monthly or less
- 3 2-3 times a month
- 4 Once a week
- 5 2-3 times a week
- 6 4 or more times a week

The pictures below show what **1 unit of alcohol** consists of:



6.2: How many units of alcohol do you drink on a typical day when you are drinking?

- 1 1 or 2
- 2 3 or 4
- 3 5 or 6
- 4 7, 8 or 9
- 5 10 or more

6.3: How often do you have six or more alcoholic drinks on one occasion?

- 1 Never
- 2 Less than monthly
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

Section 7: Your use of drugs

*Please answer as honestly as possible by ticking **one box** for each question – Remember, it's completely **confidential**.*

7.1a: Have you ever used any of these drugs?

Ecstasy, LSD, cocaine, heroin, crack, magic mushrooms or amphetamines (injected)

- 1 Yes 2 No **If No, go to Question 7.2a**

7.1b: If Yes, was this in the last 12 months?

- 1 Yes 2 No

7.2a: Have you ever used cannabis?

- 1 Yes 2 No **If No, go to Question 7.3.**

7.2b: If Yes, was this in the last 12 months?

- 1 Yes 2 No

If you ticked 'No' to ever using any of the drugs on this page, please go to Section 8.

If you ticked 'Yes' to ever using any of them:
7.3a: How often do you use any of these drugs these days? *Please tick the box closest to what you do.*

- 1 Not at all
- 2 Once a month or less
- 3 2-3 times a month
- 4 Once a week
- 5 2-3 times a week
- 6 4 or more times a week

Section 8: Health professionals asking about relationship issues

*We would like to know whether people think it is a **good idea or a bad idea** for health professionals to ask patients about behaviours in relationships. (By 'health professional' we mean someone like a **nurse, GP, midwife, doctor, or health advisor.**)*

8.1: Have you ever been asked by a GP, nurse or other health professional whether you have been hurt or frightened by a partner?

- 1 Yes 2 No

8.2: Do you think that health professionals should **ask their patients about whether they have **been hurt or frightened by a partner?** (*tick **one** box only*)**

- 1 Yes, they should ask **ALL** their patients
- 2 Yes, but they should only ask **SOME** of their patients, depending on the symptoms they describe.
- 3 **NO**, they should not ask ANY of their patients

8.3: Have you ever been asked by a GP, nurse or other health professional **whether you have hurt or frightened a partner?**

- 1 Yes 2 No

8.4: Do you think that health professionals should **ask their patients** about whether **they have hurt or frightened** a partner? (*tick **one** box only*)

- 1 Yes, they should ask **ALL** their patients
- 2 Yes, but they should only ask **SOME** of their patients, depending on the symptoms they describe.
- 3 **NO**, they should not ask ANY of their patients

Section 8.5: Using services

*Thinking about services you may have used in the **last 6 months about any issue**, please **tell us how many times you have used them** and leave blank if you haven't used them.*

Service	1 How many times used in last 6 months?
a1) GP or family doctor (including this visit)	
a2) Nurse in doctors' surgery (including this visit)	
b) Accident & emergency	
c) Mental health services	

Service	1 How many times used in last 6 months?
d) Drug or alcohol service	
e) Sexual health clinic	
f) Relate counsellor	
g) Other counsellor or therapist	
h) Anger management course	
i) Social services	
j) Police	
k) Parenting classes or course	
l) Solicitor	
m) Housing department	
n) Specialist domestic violence service	
p) Specialist service for gay men	
q) Other voluntary service in local area	
r) Website or online service for domestic violence or abuse	
s) Telephone helpline for domestic violence or abuse	
t) Outpatient hospital appointment	
u) Stay in hospital	

Relationships and Health Survey

Part Two

- **Thank you** for completing Part One of the survey.
- Part Two will take around **15 minutes** to fill in. Some people might find answering these questions difficult because they are more detailed, which is why we have split the survey into two parts.
- If you don't want to fill in Part Two, then please return this booklet to the **researcher** or place it in the **box** provided.
- If you would like to take part in an **interview** at a later date, please speak to the researcher and/or fill in the **form** clipped to the back.
- You may feel you need **support** after finishing. Attached to the back is a list of **organisations offering help**, along with how to contact them.

Partner means a wife/civil partner, a woman or man you live with as their partner, or a 'girlfriend'/'boyfriend' who you don't live with.

Section 9: Resolving disagreements with your partner

Please answer the following questions about **your current or most recent partner**.

9.1: How often do you have disagreements about everyday decisions?

- 1 Never
- 2 Monthly or less
- 3 2-3 times a month
- 4 Once a week
- 5 2-3 times a week
- 6 4 or more times a week
- 7 Every day

9.2: How do you usually sort out these issues? (please tick the **boxes** which are most relevant)

- a Avoid the topic/change the subject
- b Talk it through together
- c Seek support from family/friends
- d End up agreeing with partner
- e Reach a compromise
- f I give in to keep the peace
- g Argue until one of you wins
- h Not applicable – we never disagree
- j Partner normally agrees with me
- k My partner gives in to keep the peace
- m Other (please explain):

Section 10: Your Partner’s Behaviour

10.1 General treatment by your present partner or a previous partner (short-term and long-term)

We would like to know if you have experienced any of the following **treatment by any partner** in the last year **and** before then. We want to know about **all** of these experiences, even those you may not have thought very serious.

Please tick boxes on both sides

How often has a partner done any of these to you?	1 In last 12 months			2 Before last 12 months		
	1 Never	2 Some times	3 Often	1 Never	2 Some times	3 Often
a) Isolated you from friends or relatives						
b) Been jealous or accused you of cheating						
c) Regularly insulted or put you down						
d) Controlled your spending						
e) Told what to do or who to see						
f) Used your age against you						
g) Used your education against you						

How often has a partner done any of these to you?	1 In last 12 months			2 Before last 12 months		
	1 Never	2 Some times	3 Often	1 Never	2 Some times	3 Often
h) Used your religion against you						
i) Used your disability against you						
j) Used your race against you						
k) Used your sexuality against you						
m) Damaged or burned your possessions						
n) Abused your pet						
p) Made you do most of the housework						
q) Threatened to harm someone close to you						
r) Made or sent pestering or threatening messages, such as phone calls, texts, emails or Facebook						
s) Blamed you for their use of alcohol or drugs						
t) Blamed you for their self-harm or suicide attempt						
u) Frightened you by things they say or do						
v) Withheld your medicines						
w) Threatened to stop you having contact with your children						
x) Driven too fast while you are in the car						
y) Drink-driving while you are in the car						
z) Stopped you from working						

If you have had a male partner, please answer the following:

aa) Accused you of not being a real gay man						
ab) Threatened to 'out' you						
ac) Threatened to 'out' you so that you lose your children						

If you have answered 'Never' to all the above, please go to Q. 10.4

10.2: Please tell us who has treated you like this? (please tick *all* that apply)

- a Current female partner b Previous female partner
- c Current male partner d Previous male partner

10.3: Have other members of your family or your in-laws (partner’s family) ever behaved in any of these ways towards you?

- a Son or daughter, step-son or step-daughter
- b Other family or in-laws c Other (please say who)
- d None of these

10.4: Physical Behaviour from your present partner or a previous partner (short-term or long-term)

We would like to know if you have experienced any of the following **physical behaviour** from any partner in the last year **and** before then. We want to know about **all** these experiences, even those you may not have thought very serious.

Please tick boxes on both sides

How often has a partner done any of these to you?	1 In last 12 months			2 Before last 12 months		
	1 Never	2 Some times	3 Often	1 Never	2 Some times	3 Often
a) Slapped, pushed or shoved you						
b) Kicked or punched you						
c) Beaten you up						
d) Burned you						
e) Bitten you						

How often has a partner done any of these to you?	1 In last 12 months			2 Before last 12 months		
	1 Never	2 Some times	3 Often	1 Never	2 Some times	3 Often
f) Restrained, held down or tied you up						
g) Choked, strangled or suffocated you						
h) Physically threatened you						
i) Hit you with an object or weapon						
j) Threatened you with an object or weapon						
k) Prevented you from getting help for injuries						
m) Stalked or followed you						
n) Locked you in house or room						
p) Threatened to kill you						

If you have ticked 'Never' to all the above, please go to Q10.7

10.5: Please tell us who has behaved in this way towards you.
(please tick **all** that apply)

- a Current female partner b Previous female partner
c Current male partner d Previous male partner

10.6: Have other members of your family or your in-laws (partner's family) ever behaved in any of these ways towards you?
(please tick **all** that apply)

- a Son or daughter, step-son or step-daughter
b Other family or in-laws c Other (please say who)
..... d None of these

10.7: Sexual Behaviour from your partner or a previous partner (short-term or long-term)

We would like to know if you have experienced any of the following **sexual behaviour** from any partner in the last year **and** before then. We want to know about **all** these experiences, even those you may not have considered very serious.

Please tick boxes on both sides

How often has a partner done any of these to you?	1 In last 12 months			2 Before the last 12 months		
	1 Never	2 Some times	3 Often	1 Never	2 Some times	3 Often
a) Touched you in a way that caused fear, alarm or distress						
b) Forced you into sexual activity						
c) Hurt you during sex (without your consent)						
d) Refused your request for safer sex (i.e. use a condom)						
e) Disrespected your safe words or boundaries						
f) Sexually assaulted or abused you in any way						
g) Threatened to sexually assault or abuse you						
h) Raped you						
i) Forced you to look at pornography						
j) How often have you had sex with your partner for the sake of peace or a quiet life ?						

If you have ticked 'Never' to all the above, please go to the instruction box after 10.9 on the next page.

10.8: Please tell us who has behaved in this way towards you. (please tick **all that apply)**

- a Current female partner b Previous female partner
 c Current male partner d Previous male partner

10.9: Have other members of your family or your in-laws (partner's family) ever behaved in any of these ways towards you? (please tick *all* that apply)

1 Yes

2 No

If 'Yes', please say who:

If you ticked 'Never' to all boxes in Section 10 (10.1,10.4 10.7), please go to Section 12.

If you have ticked any 'Sometimes' or 'Often' boxes in Section 10, please answer Section 11.

Section 11: Effect on You of a Partner's Emotional, Physical and Sexual Behaviour

11.1: How do you think that any of a partner's general, physical or sexual behaviour that you have ticked in the last five pages (Section 10) **may have affected you – now or in the past?**

(Please tick *all* that apply)

1	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>
a) Didn't have an impact		p) You worked harder to stop making mistakes	
b) Made you feel loved/wanted		q) Made you want to leave your partner	
c) Lost respect for your partner		r) Felt unable to cope	
d) Emotional or sleeping problems, or depression		s) Felt sad	
e) Stopped trusting people		t) Felt embarrassed or stupid	
f) Stopped trusting partner		u) Felt angry or shocked	
g) Felt worthless or lost confidence		v) Worried partner might leave you	
h) Felt anxious, panicked or lost concentration		w) Feared for your life	
i) Felt isolated or stopped going out		x) Worked harder to make partner happy	

j) Self-harmed or felt suicidal		y) Felt you had to watch what you say or do	
k) Defended yourself or your children, property or pets		z) Negatively affected your children or your relationship with children	
m) Retaliated by shouting at your partner		aa) Retaliated by hitting your partner	
n) Affected sexual side of your relationship		ab) Lost contact with your children	

11.2: Which one of these do you now think best describes your experiences? (Please tick **one** box)

- 1 It was a crime
- 2 It was wrong, but not a crime
- 3 It was just something that happens
- 4 None of these

Section 12: Your Behaviour

We would like to know if **you** have behaved in your relationship(s) in ways that **caused upset to your partner(s) or ex-partner (s)**. We want to know about **all** these incidents, even those you may not have considered very serious.

12.1: General Behaviour

Please tick boxes on both sides

How often have you behaved in the following way towards a partner?	1			2		
	In the last 12 months			Before the last 12 months		
	1 Never	2 Some times	3 Often	1 Never	2 Some times	3 Often
a) Isolated them from friends or relative						
b) Accused them of cheating						
c) Regularly insulted or put them down						
d) Controlled their spending						
e) Told them what to do or who to see						

How often have you behaved in the following way towards a partner?	1			2		
	In the last 12 months			Before the last 12 months ²		
	1 Never	2 Some times	3 Often	1 Never	2 Some times	3 Often
f) Used their age against them						
g) Used their education against them						
h) Used their religion against them						
i) Used their disability against them						
j) Used their race against them						
k) Used their sexuality against them						
l) Damaged or burnt their possessions						
m) Abused their pet						
n) Made them do most of the housework						
p) Threatened to harm someone close to them						
q) Used pestering or threatening messages, such as phone calls, texts, emails or Facebook						
r) Blamed them for your use of alcohol or drugs						
s) Blamed them for your self-harm or suicide attempt						
t) Frightened them by things you say or do						
u) Withheld their medicines						
v) Threats to stop your partner having contact with their children						
w) Driven too fast when they are in the car						
x) Drink-driving when they are in the car						
y) Stopping your partner from working						

How often have you behaved in the following way towards a partner?	1 In the last 12 months			2 Before the last 12 months		
	1 Never	2 Some times	3 Often	1 Never	2 Some times	3 Often

If you have had a male partner, how often have you:

aa) Accused them of not being a real gay man						
ab) Threatened them with being 'outed'						
ac) Threatened to 'out' them so they lose their children						

12.2: Physical Behaviour

Please tick boxes on both sides

How often have you done the following to a partner?	1 In last 12 months			2 Before the last 12 months		
	1 Never	2 Some times	3 Often	1 Never	2 Some times	3 Often
	a Slapped, pushed or shoved					
b Kicked or punched						
c Beaten up						
d Burned						
e Bitten						
f Restrained, held down or tied up						
g Choked, strangled or suffocated						
h Physically threatened						
i Hit with an object or weapon						
j Threatened with an object or weapon						
k Prevented them from getting help for injuries						
m Stalked or followed partner						
n Locked a partner in a house or room						
p Threatened to kill						

12.3: Sexual Behaviour

Please tick boxes on both sides

How often have you done the following to a partner?	1 In last 12 months			2 Before the last 12 months		
	1 Never	2 Some times	3 Often	1 Never	2 Some times	3 Often
a) Touched in a way that caused fear, alarm or distress						
b) Forced into sexual activity						
c) Hurt them during sex (without their consent)						
d) Refused their request for safer sex						
e) Disrespected their safe words or boundaries						
f) Sexually assaulted or abused in any way						
g) Threatened them with sexual assault or abuse						
h) Raped them						
i) Used porn when they didn't like it						

If you ticked 'Never' to all boxes in Section 12 (12.1, 12.2 and 12.3), please go to Section 14.

If you have ticked any 'Sometimes' or 'Often' boxes in Section 12, please answer Section 13.

Section 13 : Why you behaved in these ways

Why do you think you behaved in these ways? (all the general, physical and sexual behaviour you ticked in Section 12)

Please **tick all that apply**

a) Because you loved or cared for them	1 <input checked="" type="checkbox"/>	b) Because they betrayed or rejected you	1 <input checked="" type="checkbox"/>
c) Made you feel in control		d) To protect yourself from them	
e) Because they were laughing at you		f) To protect your children, relatives or friends	
g) Because they hit you first		h) To prevent them harming themselves	
i) To retaliate against them		j) Because you didn't trust them	
k) To protect your property or pets		m) Because of previous experience of abuse	
n) Because of your emotional problems		p) You were unhappy in work or life	
q) Because of your alcohol or drug use		r) Didn't feel good enough or felt insecure	
s) You were unhappy in the relationship		t) Because you didn't know what else to do	
u) To stop them leaving you		v) That's how it is in your relationship	
w) Because you were jealous or possessive		x) Don't know	
y) Other (please explain)			

Section 14: Your Parents

Now we want to ask about how your parents (or your parent and their boyfriend/girlfriend/partner) sorted out disagreements. Please **tick** 'Yes' or 'No' for each question.

At any time in your life did:	1 Yes	2 No
a) You SEE a parent get pushed, slapped, hit, punched, or beaten up by another parent or their boyfriend or girlfriend?		
b) One of your parents threaten to hurt another parent and it seemed they might really get hurt?		
c) One of your parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?		
d) One parent get kicked, choked or beaten up by your other parent?		

Section 16: Your Views and Opinions

16.1 Is there any other help you would like to be available if you had relationship problems? If so, please say what.

1 Yes.....

2 No

16.2 Is there anything else you would like to add?

.....

Thank you very much

for taking the time to fill in this survey. It can bring up **difficult issues**, and if you would like to talk to the researcher in private, a room is available. Just ask.

Please return the survey to the **researcher** or place it in the **box** provided.



*If you would be willing to take part in an **interview** at a later date, please speak to the researcher who gave you this booklet – or **fill in the form** clipped to the back. Thank you.*



A list of organisations which offer support is clipped to the back of this survey for you to **take away if it is safe for you to do so**. Further copies are available from the researcher.