

About the Measure	
<b>Domain:</b>	Psychosocial
<b>Measure:</b>	Exposures to Violence – Adult Protocol
<b>Definition:</b>	This measure asks about respondent's history of trauma and victimization events.
<b>Purpose:</b>	Traumatic and victimization events are major stressors that can adversely affect a child or adult's physical and mental health. The type of event, age when it occurred, and frequency are important in assessing impact. If a person experiences more than one event or more than one type of event, the results may be cumulative.

About the Protocol	
<b>Description of Protocol:</b>	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.
<b>Selection Rationale:</b>	<p>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.</p> <p>The instrument was validated by interviewing a case-control sample of neglected and physically/sexually abused children and evaluating the results versus official documented 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.</p>
<b>Specific Instructions:</b>	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.

## Protocol text:

**LIFETIME TRAUMA AND VICTIMIZATION HISTORY (LTVH) INSTRUMENT – ADULT VERSION**

The next questions are about serious events that may have happened to you during your lifetime.

<b>1. Have you ever been involved in a <b>natural disaster</b>, such as a tornado, hurricane, flood, or earthquake?</b>  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 ... 1 No .... 2	Did you feel intense fear, helplessness, or horror?  Yes ... 1 No .... 2	Was there another time you were involved in a <b>natural disaster</b> , such as a tornado, hurricane, flood, or earthquake?  Yes ... 1 No .... 2
<b>2. Have you ever been involved in a <b>man-made disaster</b>, such as a fire, train crash, car accident, or building collapse?</b>  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... 1 No.... 2	Did you feel intense fear, helplessness, or horror?  Yes... 1 No.... 2	Was there <b>another</b> time where you were involved in a <b>man-made disaster</b> , such as a fire, train crash, car accident, or building collapse?  Yes... 1 No....2
<b>3. Have you ever been involved in <b>direct combat experience</b> in a war?</b>  [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... 1 No.... 2	Did you feel intense fear, helplessness, or horror?  Yes... 1 No.... 2	Was there <b>another</b> time where you were involved in <b>direct combat experience</b> in a war?  [NOTE: INCLUDE POLICE SHOOTOUTS AND GANG FIGHTS]  Yes....1 No.....2
<b>4. Have you ever lived in a war zone?</b> (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... 1 No.... 2	Did you feel intense fear, helplessness, or horror?  Yes... 1 No.... 2	Was there <b>another</b> time that you lived in a <b>war zone</b> ?  Yes... 1 No....2
<b>5. Have you ever had a <b>serious accident</b> at work, at home, or somewhere else?</b>  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... 1 No.... 2	Did you feel intense fear, helplessness, or horror?  Yes... 1 No.... 2	Was there another time when you had a <b>serious accident</b> at work, at home, or somewhere else?  Yes... 1 No....2

	<p><b>6. Have you ever been exposed to <b>dangerous chemicals or radioactivity</b>?</b></p> <p>Yes... 1 No.... 2 (Go to 7)</p>	<p>How old were you the first time it happened? AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1 No.... 2</p>	<p>Was there another time that you were exposed to <b>dangerous chemicals or radioactivity</b>?</p> <p>Yes... 1 No....2</p>		
	<p><b>7. Have you ever been <b>shot at, stabbed, struck, kicked, beaten, punched, slapped around, or otherwise physically harmed</b>?</b></p> <p>Yes... 1 No.... 2 (Go to 8)</p>	<p>How old were you the first time it happened? AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you? # of TIMES: _____</p>	<p>How old were you the last time this person did this to you? AGE: _____</p>	<p>Has anyone else ever <b>shot at, stabbed, struck, kicked, beaten, punched, slapped around, or otherwise physically harmed</b> you?</p> <p>Yes... 1 No....2</p>
	<p><b>8. Have you ever been <b>threatened with any kind of a weapon</b>, like a knife, gun, baseball bat, frying pan, scissors, stick, rock or bottle?</b></p> <p>Yes... 1 No.... 2 (Go to 9)</p>	<p>How old were you the first time it happened? AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you? # of TIMES: _____</p>	<p>How old were you the last time this person did this to you? AGE: _____</p>	<p>Has anyone else <b>threatened you with any kind of weapon</b>?</p> <p>Yes... 1 No....2</p>
	<p><b>9. Has anyone ever <b>threatened</b> you in a face-to-face confrontation?</b></p> <p>Yes... 1 No.... 2 (Go to 10)</p>	<p>How old were you the first time it happened? AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you? # of TIMES: _____</p>	<p>How old were you the last time this person did this to you? AGE: _____</p>	<p>Has anyone else <b>threatened</b> you in a face-to-face confrontation?</p> <p>Yes... 1 No....2</p>
	<p><b>10. Have you ever been <b>actually assaulted with any kind of a weapon</b>, like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle?</b></p> <p>Yes.....1 No..... 2 (Go to 11)</p>	<p>How old were you the first time it happened? AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you? # of TIMES: _____</p>	<p>How old were you the last time this person did this to you? AGE: _____</p>	<p>Has anyone else <b>actually assaulted you with any kind of a weapon</b>, like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle?</p> <p>Yes... 1 No....2</p>

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	<p><b>11.</b> When you were a child--that is, when you were in elementary or middle school, before about age 12--were you ever <b>struck, kicked, beaten, punched, slapped around, or otherwise physically harmed?</b></p> <p>Yes.....1 No.....2 (Go to 12)</p>	<p>How old were you the first time it happened? AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you? # of TIMES: _____</p>	<p>How old were you the last time this person did this to you? AGE: _____</p>	<p>During your childhood--were you <b>struck, kicked, beaten, punched, slapped around, or otherwise physically harmed by anyone else?</b></p> <p>Yes... 1 No.....2</p>
	<p><b>12.</b> When you were a child— that is, when you were in elementary or middle school, before about age 12—were you ever <b>physically abused?</b></p> <p>Yes.....1 No.....2 (Go to 13)</p>	<p>How old were you the first time it happened? AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you? # of TIMES: _____</p>	<p>How old were you the last time this person did this to you? AGE: _____</p>	<p>During your childhood--has anyone else <b>physically abused you?</b></p> <p>Yes... 1 No.....2</p>
	<p><b>13.</b> Has anyone--male or female--ever forced or coerced you to engage in unwanted sexual activity?</p> <p>Yes.....1 No.....2 (Go to 14)</p>	<p>How old were you the first time it happened? AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you? # of TIMES: _____</p>	<p>How old were you the last time this person did this to you? AGE: _____</p>	<p>Has anyone else--male or female--ever forced or coerced you to engage in unwanted sexual activity?</p> <p>Yes... 1 No.....2</p>
	<p><b>14.</b> Other than what we just talked about, did anyone, male or female ever <b>attempt to--but not actually--</b> force you to engage in unwanted sexual activity?</p> <p>Yes.....1 No.....2 (Go to 15)</p>	<p>How old were you the first time it happened? AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you? # of TIMES: _____</p>	<p>How old were you the last time this person did this to you? AGE: _____</p>	<p>Has anyone else--male or female, <b>attempted to--but not actually--</b> forced you to engage in unwanted sexual activity?</p> <p>Yes... 1 No.....2</p>
	<p><b>15.</b> Other than what we just talked about, has anyone ever <b>actually</b> touched private parts of your body or made you touch theirs against your wishes?</p> <p>Yes... 1 No.... 2 (Go to 16)</p>	<p>How old were you the first time it happened? AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you? # of TIMES: _____</p>	<p>How old were you the last time this person did this to you? AGE: _____</p>	<p>Has anyone else ever <b>actually</b> touched private parts of your body or made you touch theirs against your wishes?</p> <p>Yes..... 1 No.....2</p>

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	<b>16.</b> Have you ever had an immediate family member, romantic partner, or very close friend who was <b>murdered</b> ?  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 <b>murdered</b> ?  Yes... 1 No....2
	<b>17.</b> Have you ever <b>seen or been present</b> when <b>someone was murdered or seriously injured</b> ?  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 <i>other</i> time when you saw or were present when someone was murdered or seriously injured?  Yes... 1 No....2
	<b>18.</b> Have you ever had an immediate family member, romantic partner, or very close friend <b>commit suicide</b> ?  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 <b>commit suicide</b> ?  Yes... 1 No....2
	<b>19.</b> Have you ever <b>seen a dead or mutilated body</b> ? 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 <b>other</b> time when you saw a dead or mutilated body?  Yes... 1 No....2
	<b>20.</b> Have you ever seen or been present when <b>another person was shot at, stabbed, struck, kicked, beaten, slapped around,</b> 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 <b>other</b> time when you saw or were present when <b>another person</b> was shot at, stabbed, struck, kicked, beaten, slapped around, or otherwise physically harmed?  Yes... 1 No....2
	<b>21.</b> Have you ever seen or been present when <b>another person was raped, sexually attacked, or made to engage in unwanted sexual activity</b> ?  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 <b>other</b> 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

	<b>22. Has anyone ever intentionally damaged or destroyed property owned by you or by someone in your household?</b>  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
	<b>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?</b>  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 <b>using force or the threat of force</b> like in a stick-up, mugging, or car-jacking?  Yes... 1 No.....2
	<b>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?</b>  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 <b>using force or the threat of force</b> like in a stick-up, mugging, or car-jacking?  Yes... 1 No.....2
	<b>25. Has anyone ever tried to or actually broken in to your house, garage, shed, or storage room when you were not there?</b>  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 <b>when you were not there?</b>  Yes... 1 No.....2
	<b>26. Has anyone ever tried to or actually broken in to your house, garage, shed, or storage room when you were there?</b>  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 <b>were</b> there?  Yes.....1 No.....2
	<b>27. Has anyone ever stolen something directly from you without the threat or use of force (for example purse-snatching or pick-pocket)?</b>  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	

	<b>28. Have you <u>ever</u> been kidnapped or held captive?</b>  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 <i>other</i> time when you were kidnapped or held captive?  Yes... 1 No....2	
	<b>29. Have you ever been stalked by anyone? For example, has anyone ever followed or spied on you?</b>  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 you? AGE: _____	Has anyone else stalked you?  Yes... 1 No....2	
	<b>30. Have you ever been in <u>any other</u> situation in which you were in danger of death or serious physical injury, or in which you felt intense fear, helplessness, or horror?</b>  Yes... 1      SPECIFY: _____ No.... 2	How old were you when it happened? AGE: _____	Was there any <b>other</b> 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				
	<b>Scoring:</b> There are several ways to score the instrument, from very simple to more complex. One can simply count the number of events that the person endorsed, the total number of events (that is, if the event happened more than once), or the number of items of different types [general traumas, items 1-6; physical violence, items 7-10; physical abuse, items 11-12; sexual violence, items 13-15; seen family/friend murdered or commit suicide, items 16-18; witnessed trauma to someone else, items 19-21; crime victimization, items 22-27; kidnapped or stalked, items 28-29; or anything else, item 30.] One can count items that occurred during certain time periods in the person's life (childhood, adolescence, or adulthood) or items that only reached a certain threshold of intensity, based on questions about the person's perception of the event (i.e., Were you afraid that you might die or get hurt really badly? For certain purposes where less detail is desired, one might omit these follow-up questions entirely.						
<b>Participant:</b>	Age 18+ years						
<b>Source:</b>	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. <i>J Traumatic Stress</i> , 18(5), 519-531.						
<b>Language of Source:</b>	English						
<b>Personnel and Training Required:</b>	None						
<b>Equipment Needs:</b>	None						

<b>Protocol Type:</b>	Interviewer-administered questionnaire											
<b>Requirements:</b>	<table border="1"> <thead> <tr> <th>Requirements category</th><th>Required (Yes/No):</th></tr> </thead> <tbody> <tr> <td>Major equipment</td><td>No</td></tr> <tr> <td>Specialized training</td><td>No</td></tr> <tr> <td>Specialized requirements for biospecimen collection</td><td>No</td></tr> <tr> <td>Average time of greater than 15 minutes in an unaffected individual</td><td>No</td></tr> </tbody> </table>		Requirements category	Required (Yes/No):	Major equipment	No	Specialized training	No	Specialized requirements for biospecimen collection	No	Average time of greater than 15 minutes in an unaffected individual	No
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Major equipment	No											
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Specialized requirements for biospecimen collection	No											
Average time of greater than 15 minutes in an unaffected individual	No											
<b>CDE:</b>	To be completed by the PhenX team.											
<b>General References:</b>	<p>Goodman, L. A., Corcoran, C. B., Turner, K., Yuan, N., &amp; Green, B. L. (1998). Assessing traumatic event exposure: General issues and preliminary findings for the stressful life events screening questionnaire. <i>Journal of Traumatic Stress</i>, 11(3), 521-542.</p> <p>Green, B. (1996). Traumatic stress and disaster: mental health factors influencing adaptation. <i>Annual Review of Psychiatry</i>. In F. L. Mak &amp; C. C. Nadelson (Eds.), <i>International Review of Psychiatry</i> (Vol. 2, pp. 177-210). Washington, DC: American Psychiatric Press.</p> <p>Norris, F. H. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. <i>Journal of Consulting and Clinical Psychology</i>, 60, 409-418.</p> <p>Widom, C. S., Czaja, S.J., Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. <i>Child Abuse &amp; Neglect</i>. 32, 785-796.</p>											