

## SPAHQ (Sexual and Physical Abuse History Questionnaire)

This interview is usually administered with additional questions concerning other types of trauma to obtain a total trauma measure.

### TRAUMA (TRA)

We know that many people have had unwanted “sexual” or violent experiences as children or adults. These experiences may be so upsetting that they may not have been discussed with anyone. Sometimes they are forgotten for long periods of time, and sometimes they are frequently brought to mind. Please try to remember whether any of the following has occurred to you.

1. **Before your 13<sup>th</sup> birthday, did an adult or someone at least five years older than you ever touch the sex organs of your body when you did not want this? By touch we mean with hands, mouth, or objects on your sex parts, that is (males: penis, pubic area or anus; females: breasts, vagina, pubic area or anus).**

0. NO      1. YES

2. **Before your 13<sup>th</sup> birthday, did an adult or someone at least five years older than you ever make you touch the sex organs of their body when you did not want this? By touch we mean with hands, mouth, or objects on their sex parts.**

0. NO      1. YES

3. **Before your 13<sup>th</sup> birthday, did an adult or someone at least five years older than you ever have sexual intercourse (including vaginal or anal intercourse) with you when you did not want this?**

0. NO      1. YES

**IF NO TO QUESTIONS 1, 2 AND 3 THEN SKIP TO QUESTION 9**

4. What was your age the first time any of these unwanted sexual experiences happened?

\_\_\_\_\_ age (0-12 years)

5. What was your age the last time any of these unwanted sexual experiences happened?

\_\_\_\_\_ age (0-12 years)

6. How many times (different days) did this happen before your 13<sup>th</sup> birthday? Circle number below.

1   2   3   4   5   6   7   8   9   10   11   12   13   14   15 or more

7. And when this happened, were you ever afraid that you might be killed or seriously injured? (Indicate for your worst incident)

0. NO      1. YES

8. When this worst incident happened, did you suffer:

No physical injuries..... 0

Minor physical injuries (such as bruises and cuts not needing stitches)..... 1

Serious physical injuries (stitches, broken nose, broken bones, or hospitalization).. 2

9. **Since your 13<sup>th</sup> birthday, did anyone ever touch the sex organs of your body by using force or threatening to harm you? By touch we mean with hands, mouth, or objects on your sex parts, that is (*males*: penis, pubic area or anus; *females*: breasts, vagina, pubic area or anus).**

0. NO      1. YES

10. **Since your 13<sup>th</sup> birthday, did anyone ever make you touch the sex organs of their body by using force of threatening to harm you? By touch we mean with hands, mouth, or objects on their sex parts.**

0. NO      1. YES

11. **Since your 13<sup>th</sup> birthday, did anyone ever make you have sexual intercourse (vaginal or anal intercourse) by using force or threatening to harm you?**

0. NO      1. YES

**IF NO TO QUESTIONS 9, 10 AND 11 THEN SKIP TO QUESTION 17**

12. What was your age (after your 13<sup>th</sup> birthday) the first time any of these forced touching or intercourse experiences happened?

\_\_\_\_\_ age (13 years or older)

13. What was your age the last time any of these forced touching or intercourse experiences happened?

\_\_\_\_\_ age (13 years or older)

14. How many times (different days) did this happen after your 13<sup>th</sup> birthday? Circle number below.

1   2   3   4   5   6   7   8   9   10   11   12   13   14   15 or more

15. And when this happened, were you ever afraid that you might be killed or seriously injured? (Indicate for your worst incident)

0. NO      1. YES

16. When this worst incident happened, did you suffer:

No physical injuries..... 0

Minor physical injuries (such as bruises and cuts not needing stitches)..... 1

Serious physical injuries (stitches, broken nose, broken bones, or hospitalization).. 2

17. **Have you had any other forced or unwanted sexual experiences not mentioned above?**

NO ..... **SKIP TO Question 24**..... 0

YES..... 1

18. Can you please briefly describe that experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. What was your age the first time any of these other forced or unwanted experiences happened?

\_\_\_\_\_ age

20. What was your age the last time any of these other forced or unwanted experiences happened?

\_\_\_\_\_ age

21. How many times (different days) did these other forced or unwanted experiences happened? Circle number below.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more

22. And when this happened, were you ever afraid that you might be killed or seriously injured? (Indicate for your worst incident)

0. NO 1. YES

23. When this worst incident happened, did you suffer:

No physical injuries..... 0

Minor physical injuries (such as bruises and cuts not needing stitches)..... 1

Serious physical injuries (stitches, broken nose, broken bones, or hospitalization).. 2

24. **For any unwanted or forced sexual experiences mentioned so far, please indicate who did this. (Circle all that apply.) If no unwanted or forced sexual experiences, go to question 25.**

PARENT, STEPPARENT, GUARDIAN.....1  
OTHER ADULT LIVING IN YOUR HOME (e.g., mother's boyfriend).....2  
SPOUSE/PARTNER (CAN BE AN EX).....3  
BROTHER.....4  
OTHER FAMILY MEMBER.....5  
BOYFRIEND/GIRLFRIEND.....6  
OTHER TEENAGER.....7  
OTHER ADULT YOU KNOW.....8  
OTHER ADULT YOU DON'T KNOW.....9  
ANYONE ELSE.....10

**Another type of stressful event people sometimes experience is being physically attacked by another person.**

25. **Not including physical abuse that may have occurred during the sexual abuse noted previously, has anyone, including family members or friends, ever attacked you with the intent to kill or seriously injure you?**

NO ..... *SKIP TO Question 31* ..... 0

YES..... 1

26. Was a weapon used in any attack? A weapon includes any object that could seriously injure someone including a gun, knife or other object.

NO WEAPON ..... 0

YES..... 1

27. What was your age the first time any of these attacks happened?

\_\_\_\_\_ age

28. What was your age the last time any of these attacks happened?

\_\_\_\_\_ age

29. How many times (different days) did these attacks happen? Circle number below.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more

30. When the worst attack happened, did you suffer...

No physical injuries.....0

Minor physical injuries (such as *bruises and cuts not needing stitches*)..... 1

Serious physical injuries (*stitches, broken nose, broken bones, or hospitalization*).....2

31. **Not including physical attacks already indicated previously, has anyone (including family members or friends) ever beat you up, hit you, kicked you, bit you, or burned you? Only include experiences that were outside the range of normal "spanking" or kids fighting.**

NO ..... *SKIP TO Question 38* ..... 0

YES..... 1

32. Was a weapon used in any attack? A weapon includes any object that could seriously injure someone including a gun, knife or other object.

NO WEAPON ..... 0

YES..... 1

33. What was your age the first time any of these physical attacks happened?

\_\_\_\_\_ age

34. What was your age the last time any of these physical attacks happened?

\_\_\_\_\_ age

35. How many times (different days) did these physical attacks happen? Circle number below.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more

36. When this happened, were you ever afraid that you might be killed or seriously injured? (Indicate for your worst incident)

0. NO          1. YES

37. When the worst attack happened, did you suffer...

No physical injuries.....0

Minor physical injuries (such as *bruises and cuts not needing stitches*)..... 1

Serious physical injuries (*stitches, broken nose, broken bones, or hospitalization*).....2

38. **For any physical attacks or beatings mentioned so far, who attacked you? (Check all that apply) *If no physical attacks, skip this question and go to question 39.***

PARENT, STEPPARENT, GUARDIAN.....	1
OTHER ADULT LIVING IN YOUR HOME (e.g., mother's boyfriend).....	2
SPOUSE/PARTNER (CAN BE AN EX).....	3
BROTHER .....	4
OTHER FAMILY MEMBER.....	5
BOYFRIEND/GIRLFRIEND.....	6
MILITARY COMBAT.....	7
OTHER CHILD OR TEENAGER.....	8
OTHER ADULT YOU KNOW .....	9
OTHER ADULT YOU DON'T KNOW (NOT MILITARY COMBAT).....	10
OTHER (SPECIFY) _____.....	11