

Administration date: _____

Participant No.: / /
Country Area Number**ICAST-R: A Retrospective Interview about childhood**

We would like to ask you questions about your early life, from when you were a child to before you were 18 years old. The questions are about violent or upsetting things that can happen to children and young people. Everything you say is private. Do not put your name on the paper. No one in your family, your neighborhood, or the authorities will know what you tell us. Please answer all of the questions even if you think some of them do not apply to you.

First, please tell us a little about yourself.

1. Are you male or female? (put X in one box only)

Male

Female

2. What month and year were you born? : _____/_____/_____

3. How much school have you completed? (put X in one box only)

Didn't finish primary school

Primary school graduate

Middle school graduate

High school graduate

University graduate

Post-graduate studies

4. When you were growing up, where did you live for MOST of that time? (put X in one box only)

On a farm, or in a small village

A town or small city

A big city

Other (please specify: _____)

5. Do you work? (put X in one box only)

Yes, I work full-time and am paid money

Yes, I work part-time and am paid money

I work, but I am not paid money

No, I am not working now

6. Are you studying now (This includes long distance learning)? (put X in one box only)

Yes, I am still at high school

Yes, I am studying in a technical training school or junior college

Yes, I am studying at university

No, I am not studying right now

7. Who else lives in the same house with you? (check all that apply)

Grand mother

Grand father

Mother

Father

Mother's partner

Father's partner

Brother(number:____)

Sister(number:____)

Partner

Child(number:____)

Others(please specify:_____)

8. In the last year, has there been a time when your household:

Did not pay the full amount of the gas, oil, or electricity bills?

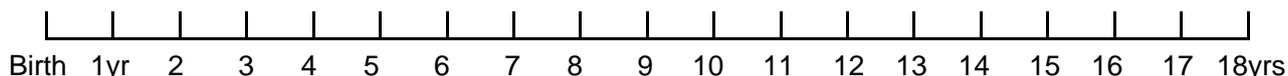
Had service disconnected by the telephone or power company because payments were not made?

Next, sometimes parent(s) or other responsible adult(s) can't or don't give a child all the care or attention the child needs. Please answer the next questions about whether this causes a problem for you.

9. Were you ever not taken care of by your parent(s) or other responsible adult(s) when you were sick or injured even though they could afford it?

- Yes No (Go to question 10) Cannot remember (Go to question 10)

If yes, **at what times in your life** did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, **how often** did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (*put X in one or more boxes*)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

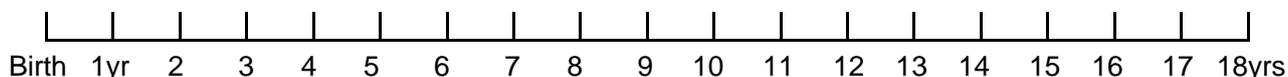
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

10. Have you ever not been given food to eat and/or drink even though your parent(s) or other responsible adult(s) could afford it?

- Yes No (Go to question 11) Cannot remember (Go to question 11)

If yes, **at what times in your life** did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, **how often** did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (*put X in one or more boxes*)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

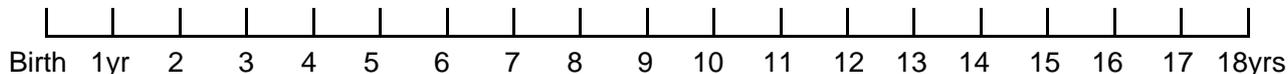
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

11. Were you made to wear clothes that were dirty, torn, or inappropriate for the season when your parent(s) or other responsible adult(s) could afford it?

- Yes No (Go to question 12) Cannot remember (Go to question 12)

If yes, **at what times in your life** did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, **how often** did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (*put X in one or more boxes*)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

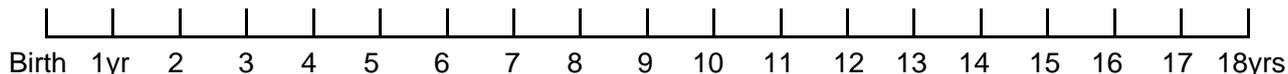
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

12. Have you ever been hurt or injured because no adult was supervising you?

- Yes No (Go to question 13) Cannot remember (Go to question 13)

If yes, **at what times in your life** did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, **how often** did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (*put X in one or more boxes*)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

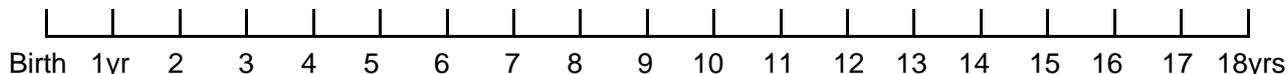
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

13. Did your parent(s) or other responsible adult(s) not always provide a safe place to live even though they could afford it?

- Yes No (Go to question 14) Cannot remember (Go to question 14)

If yes, **at what times in your life** did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, **how often** did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

14. How much did a lack of money contribute to not providing medical care, food, clothing, or supervision?

- A lot Moderately Somewhat Slightly Not at all

15. Many children are not given needed physical or emotional care at some time during their lives. In general, how do you think about your childhood now?

- I was always given needed care by my parent(s)
 When I was not given needed care by my parent(s), it was reasonable because we were poor
 When I was not given need care by my parent(s), it was NOT reasonable because they could have

16. In general before you were 18, how often were you not given needed physical or emotional care compared to other children around your age at the time?

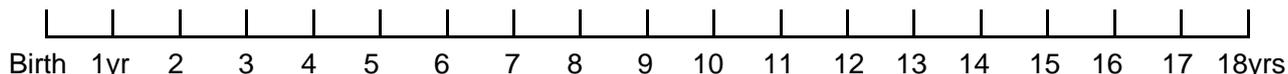
- Much less than most children
 A little less than most children
 About the same as most children
 A little more than most children
 Much more than most children

We have some questions about violent or upsetting things that can happen to young people. Please think only about the years before you were 18.

17. When you were growing up (before age 18), did any person ever hit or punch you very hard?

- Yes No (Go to question 18) Cannot remember (Go to question 18)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

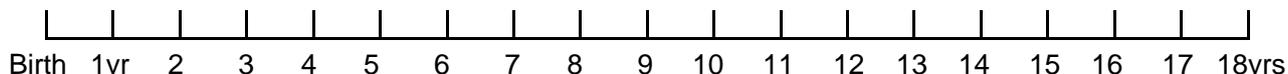
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

18. Before you were age 18, did any person ever kick you very hard?

- Yes No (Go to question 19) Cannot remember (Go to question 19)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

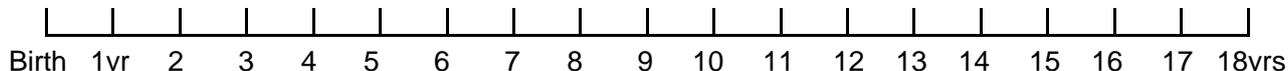
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

19. Before you were age 18, did anyone ever beat you very hard with an object like a stick, cane, whip or belt?

- Yes No (Go to question 20) Cannot remember (Go to question 20)

If yes, **at what times in your life** did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, **how often** did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (*put X in one or more boxes*)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

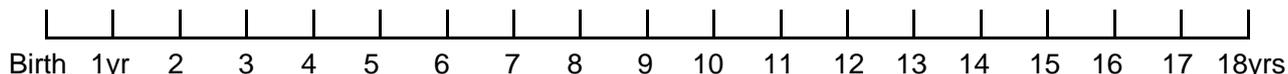
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

20. Before you were 18, did anyone shake you very hard?

- Yes No (Go to question 21) Cannot remember (Go to question 21)

If yes, **at what times in your life** did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, **how often** did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (*put X in one or more boxes*)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

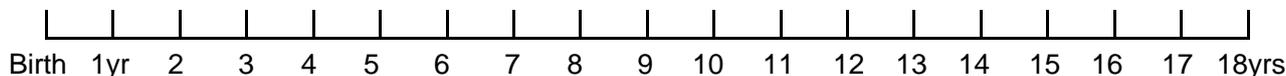
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

21. Before you were 18, did anyone ever stab or cut you with a knife or sharp object?

- Yes No (Go to question 22) Cannot remember (Go to question 22)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

22. Many children have experiences where someone hurts their body on purpose, by hitting, beating or doing other acts. This might have happened to you. In general, how do you think about your childhood now?

- I was never hurt on purpose by anyone
 When I was hit or beaten, mostly it was discipline and it was reasonable and justified
 When I was hit or beaten, mostly it was discipline but it was NOT reasonable or justified
 When I was hit or beaten, mostly it was NOT discipline and it was not justified

23. In general before you were 18, how often were you physically hurt (beaten, hit or other acts) compared with other children around your age at the time?

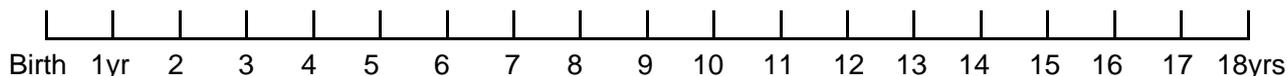
- Much less than most children
 A little less than most children
 About the same as most children
 A little more than most children
 Much more than most children

Sometimes things happen that make children feel very frightened or worried. They may also be made to feel embarrassed or ashamed, or unloved. Please answer each of these questions about events that may have happened to you before you were 18

24. When you were growing up (before age 18), did anyone insult and criticize you, to make you feel that you were bad, stupid or worthless?

- Yes No (Go to question 25) Cannot remember (Go to question 25)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

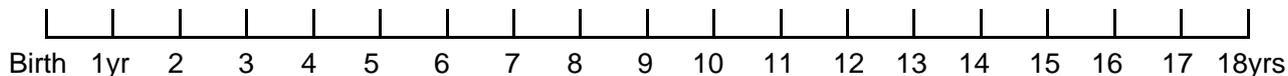
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

25. Before you were age 18, did anyone say that you were not loved or did not deserve to be loved?

- Yes No (Go to question 26) Cannot remember (Go to question 26)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

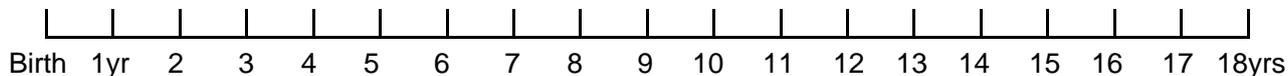
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

26. Before you were age 18, did anyone say that they wish you had never been born, or were dead?

- Yes No (Go to question 27) Cannot remember (Go to question 27)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

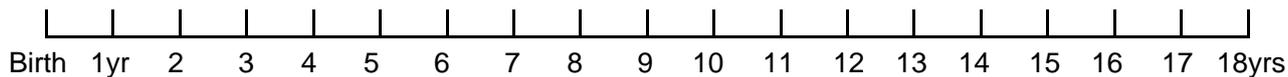
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

27. Before age 18, were you ever personally threatened that you would be badly hurt or killed?

- Yes No (Go to question 28) Cannot remember (Go to question 28)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

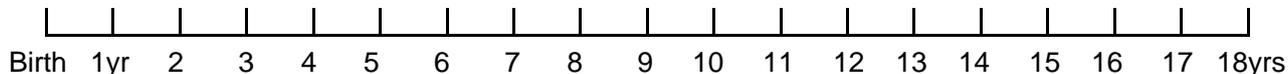
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

28. Before you were age 18, did anyone threaten to abandon you, or refuse to let you live in the house anymore?

- Yes No (Go to question 29) Cannot remember (Go to question 29)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

29. Many children are insulted or threatened at some time during their lives. This may have happened to you. In general, how do you think about your childhood now?

- I was never insulted or threatened by anyone
 When I was insulted or threatened, mostly it was discipline and it was reasonable and justified
 When I was insulted or threatened, mostly it was discipline but it was NOT reasonable or justified
 When I was insulted or threatened, mostly it was NOT discipline and it was NOT justified

30. In general before you were 18, how often were you insulted or threatened compared to other children around your age at the time?

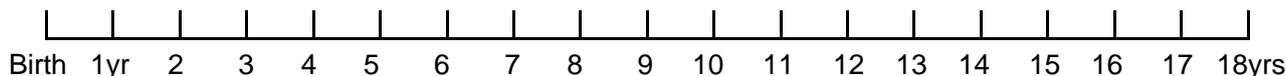
- Much less than most children
 A little less than most children
 About the same as most children
 A little more than most children
 Much more than most children

The next questions are about sexual experiences that sometimes happen to children or young people. It is important to remember that all of the questions are only about sexual acts that may have happened before you were 18 years old, when you did not want them to happen.

31. When you were growing up (before age 18), did anyone make you look at their private part or looked at yours when you did not want to?

- Yes No (Go to question 32) Cannot remember (Go to question 32)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|---|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friends or peers I know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

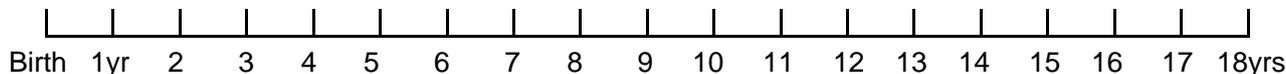
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

32. Before age 18, did someone make a sex video or take photographs of you alone, or with other people, doing sexual things when you did not want to?

- Yes No (Go to question 33) Cannot remember (Go to question 33)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

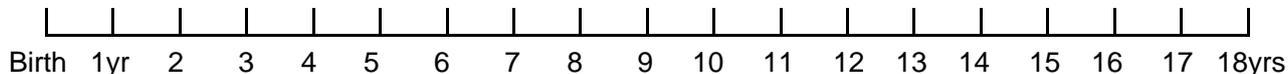
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

33. Before age 18, did anyone touch your private parts in a sexual way, or make you touch theirs when you did not want to?

- Yes No (Go to question 34) Cannot remember (Go to question 34)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

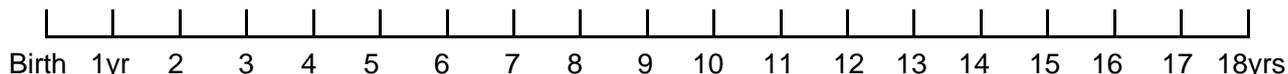
How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

34. Before age 18, did anyone make you upset by speaking to you in a sexual way or writing sexual things about you when you did not want to?

- Yes No (Go to question 35) Cannot remember (Go to question 35)

If yes, at what times in your life did this happen to you? (Please mark all the years of age when it happened to you on the line below)



If yes, how often did this happen to you during your life?

- Too many times to count Between 10-50 times less than 10 times

Which people did this to you? (put X in one or more boxes)

- | | |
|--|--|
| <input type="checkbox"/> Parent or parents | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Someone else in my home |
| <input type="checkbox"/> Teacher(s) | <input type="checkbox"/> Friend(s) or peer(s) you know |
| <input type="checkbox"/> People whom you work with | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Stranger(s) | <input type="checkbox"/> Others(Please specify:_____) |

How much did this experience hurt or harm you?

- A great deal Seriously Mildly Not at all

