

ID: **FAMILY RELATIONSHIPS IN CHILDHOOD**

CECA-Q

This questionnaire concerns aspects of childhood. We are equally interested in people with TYPICAL OR ATYPICAL experience.

We would be very grateful if you could fill in all of the following questions about yourself.

Your gender:  
(Please circle)      MALE/ FEMALE

Your current age:.....

Today's date:.....  
DD/MM/YY

**1A. WHO BROUGHT YOU UP BEFORE AGE 17?**

List the the **PARENT FIGURES** who brought you up in childhood for at least a year or longer. Circle any of those that apply:

Mother figure(s)	Father figure(s)
0. Birth mother	1. Birth father
1. Stepmother	2. Stepfather
2. Female relative.....	3. Male Relative
3. Family friend (incl godparent)	4. Family friend
4. Foster mother	5. Foster father
5. Adoptive mother	6. Adoptive father
6. Other.....	7. Other.....

**1B. Were you ever in a children's home or institution prior to age 17? YES/NO**

(Please circle) If yes:

What was the total length of time in the children's home? \_\_\_\_\_ years

(Loss)

<b>1C LOSS OF PARENT BEFORE AGE 17</b>	<b>MOTHER</b>	<b>FATHER</b>
Did either parent die before you were age 17?	<b>YES/ NO</b>	<b>YES/ NO</b>
IF YES: What age were you?	<b>AGE.....</b>	<b>AGE.....</b>
Have you ever been separated from your parent for one year or more before age 17?	<b>YES/ NO</b>	<b>YES/ NO</b>
<b>IF SEPARATED:</b>	<b>MOTHER</b>	<b>FATHER</b>
At what age were you first separated?	<b>AGE.....</b>	<b>AGE.....</b>
How long was this separation?	..... <b>YEARS</b>	..... <b>YEARS</b>
What was the reason for separation? (please circle)	1. Illness 2. Work 3. Divorce/ separation 4. Never knew parent 5. Abandoned 6. Other reason	1. Illness 2. Work 3. Divorce/ separation 4. Never knew parent 5. Abandoned 6. Other reason

Please describe your experience.....

**2. AS YOU REMEMBER YOUR MOTHER FIGURE IN YOUR FIRST 17 YEARS:**

Please circle the appropriate number. If you more than one mother figure, choose the one you were with longest, or the one you found most difficult to live with.

**WHICH MOTHER FIGURE ARE YOU DESCRIBING BELOW?**

1. Birth mother
2. Step-mother/father's live-in partner
3. Other relative e.g. aunty, grandmother
4. Other non-relative e.g. foster mother, godmother
5. Other (describe).....

<i>(Neg/Ant)</i>		<b>YES DEFINITELY</b>	<b>UNSURE</b>	<b>NO NOT AT ALL</b>		
1.	She was very difficult to please.....	5	4	3	2	1
2.	She was concerned about my worries.....	5	4	3	2	1
3.	She was interested in how I did at school.	5	4	3	2	1
4.	She made me feel unwanted.....	5	4	3	2	1
5.	She tried to make me feel better when I was upset.....	5	4	3	2	1
6.	She was very critical of me.....	5	4	3	2	1
7.	She would leave me unsupervised before I was 10 years old.....	5	4	3	2	1
8.	She would usually have time to talk to me	5	4	3	2	1
9.	At times she made me feel I was a nuisance	5	4	3	2	1
10.	She often picked on me unfairly.....	5	4	3	2	1
11.	She was there if I needed her.....	5	4	3	2	1
12.	She was interested in who my friends were	5	4	3	2	1
13.	She was concerned about my whereabouts..	5	4	3	2	1
14.	She cared for me when I was ill.....	5	4	3	2	1
15.	She neglected my basic needs (e.g. food and clothes) .....	5	4	3	2	1
16.	She did not like me as much as my brothers and sisters..... (Leave blank if no siblings)	5	4	3	2	1

Do you want to add anything else about your mother?.....

### 3. AS YOU REMEMBER YOUR FATHER FIGURE IN YOUR FIRST 17 YEARS

Please circle the appropriate number. If you had more than one father figure, choose the one you were with longest, or the one you found the most difficult to live with. If you had no father in the household then leave out this section.

#### WHICH FATHER FIGURE ARE YOU DESCRIBING BELOW?

1. Birth father
2. Step-father/ mother's live-in partner
3. Other relative e.g. uncle, grandfather
4. Other non-relative e.g. foster father, adoptive father
5. Other (describe).....

(Neg/Ant)	YES DEFINITELY	UNSURE	NO NOT AT ALL		
1. He was very difficult to please.....	5	4	3	2	1
2. He was concerned about my worries.....	5	4	3	2	1
3. He was interested in how I did at school..	5	4	3	2	1
4. He made me feel unwanted.....	5	4	3	2	1
5. He tried to make me feel better when I was upset.....	5	4	3	2	1
6. He was very critical of me.....	5	4	3	2	1
7. He would leave me unsupervised before I was 10 years old.....	5	4	3	2	1
8. He would usually have time to talk to me	5	4	3	2	1
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13. He was concerned about my whereabouts..	5	4	3	2	1
14. He cared for me when I was ill.....	5	4	3	2	1
15. He neglected my basic needs (e.g. food and clothes) .....	5	4	3	2	1
16. He did not like me as much as my brothers and sisters..... (Leave blank if no siblings)	5	4	3	2	1

Do you want to add anything about your father?.....

#### 4. CLOSE RELATIONSHIPS IN CHILDHOOD

(Please circle as appropriate)

(SUPP)

When you were a child or teenager, were there any **ADULTS** you could go to with your problems or to discuss your feelings? **YES/ NO**

**IF YES:** Who was that?

(Circle more than one if relevant)

1. Mother/ mother figure
2. Father/ father figure
3. Other relative
4. Family friend
5. Teacher, vicar, etc
6. Other (describe).....

Do you want to note anything about the relationship(s)?.....

Were there other **CHILDREN/TEENAGERS** your age that you could discuss your problems and feelings with? **YES/NO**

**IF YES:** Who was that?

(Circle more than one if relevant)

1. Sister
2. Brother
3. Other relative
4. Close friend
5. Other less close friend(s)
6. Other person (describe).....

Do you want to note anything about the relationship(s)?.....

Who would you describe as the **TWO CLOSEST** people to you as a child/teenager?  
(Circle up to two)

1. Mother/ mother figure
2. Father/ father figure
3. Sister or brother
4. Other relative
5. Family friend (adult)
6. Friend your age
7. Other (describe).....

Do you want to note anything about the relationship(s)?.....

### 5. PHYSICAL PUNISHMENT BEFORE AGE 17 BY PARENT FIGURE OR OTHER HOUSEHOLD MEMBER

(Phyab)

When you were a child or teenager were you ever hit repeatedly with an implement (such as a belt or stick) or punched, kicked or burnt by someone in the household?  
**YES/ NO**

**IF NO THEN SKIP TO 6 OVERLEAF:**

<b>IF 'YES'</b>	<b>MOTHER FIGURE</b>	<b>FATHER FIGURE</b>
How old were you when it began?	<b>AGE.....</b>	<b>AGE.....</b>
Did the hitting happen on more than one occasion?	<b>YES/ NO</b>	<b>YES/ NO</b>
How were you hit?	<b>1.Belt or stick 2.Punched/kicked 3.Hit with hand 4.Other</b>	<b>1.Belt or stick 2.Punched/kicked 3.Hit with hand 4.Other</b>
Were you ever injured e.g. bruises, black eyes, broken limbs?	<b>YES/ NO</b>	<b>YES/ NO</b>
Was this person so angry they seemed out of control?	<b>YES/ NO</b>	<b>YES/ NO</b>

Can you describe these experiences?.....

Did you experience this from anyone else in the household? **YES/ NO**

IF YES: DESCRIBE BELOW

**6. UNWANTED SEXUAL EXPERIENCES BEFORE AGE 17**

(Please circle as appropriate)

When you were a child or teenager did you ever have any unwanted sexual experiences? **YES/ NO/ UNSURE**

Did anyone force you or persuade you have sexual intercourse against your wishes before age 17? **YES/ NO/ UNSURE**

Can you think of any upsetting sexual experiences before age 17 with a related adult or someone in authority e.g.teacher? **YES/ NO/ UNSURE**

**IF NONE THEN SKIP TO END.****IF 'YES' OR 'UNSURE' TO ABOVE THEN COMPLETE THE FOLLOWING:***(Sxab)*

	<b>FIRST EXPERIENCE</b>	<b>OTHER EXPERIENCE</b>
How old were you when it began?	<b>AGE</b> .....	<b>AGE</b> .....
Was the other person someone you knew?	<b>YES/ NO</b>	<b>YES/ NO</b>
Was the other person a relative?	<b>YES/ NO</b>	<b>YES/ NO</b>
Did the other person live in your household?	<b>YES/ NO</b>	<b>YES/ NO</b>
Did this person do it to you on more than one occasion?	<b>YES/ NO</b>	<b>YES/ NO</b>
Did it involve touching private parts of your body?	<b>YES/ NO</b>	<b>YES/ NO</b>
Did it involve touching private parts of the other persons body?	<b>YES/ NO</b>	<b>YES/ NO</b>
Did it involve sexual intercourse?	<b>YES/ NO</b>	<b>YES/ NO</b>

Can you describe these experiences?.....

## THANK YOU!

Thank you for your help with this questionnaire. We realise that it is difficult to give a true picture of your true childhood experience in a questionnaire, so if you have any comments you would like to add, please write them below.

Your response will be treated in the strictest confidence.

Any other comments:

