

ID:

## FAMILY RELATIONSHIPS IN CHILDHOOD

CECA-Q3<sup>1</sup>

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

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<sup>1</sup> CECA.Q3 includes additional sections of psychological abuse and role reversal

**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.....

**2A. 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?.....

**2B. The following items describe some behaviours that can occur from parents.****Did your mother/mother figure ever act like this towards you?**

(Please circle the appropriate response)

*(Psychab)***HOW FREQUENT ?**

		Yes	Unsure	No	Never	Once	Rarely	Often
1	She would tease me							
2	She made me keep secrets							
3	She undermined my confidence							
4	She would confuse me by telling me to do contradictory things							
5	She played on my fears							
6	She liked to see me suffer							
7.	She humiliated me, put me down							
8.	She would shame me in front of others.							
9	She was very rejecting							
10	She took away the things I cherished							
11	She would make me eat things I didn't like until I was sick...							
12.	She would deliberately deprive me of light, food or company							
13	She would not let me mix with people I wanted to see							
14	She would make me feel guilty so I would do what I was told							
15.	She threatened to hurt the people dear to me to get what she wanted							
16	She forced me to steal or break the law for her							
17	She said she wanted me dead							

If any of these occurred: What age were you when it started? \_\_\_\_\_ years old

Is there anymore you want to say about these experiences?.....

**3A. 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
9. At times he made me feel I was a nuisance	5	4	3	2	1
10. He often picked on me unfairly.....	5	4	3	2	1
11. He was there if I needed him.....	5	4	3	2	1
12. He was interested in who my friends were	5	4	3	2	1
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?.....

**3B. The following items describe some behaviours that can occur from parents.****Did your father/father figure ever act like this towards you ?**

(Please circle the appropriate descriptor)

*(Psychab)*

HOW FREQUENT ?

		Yes	Unsure	No	Never	Once	Rarely	Often
1	He would tease me							
2	He made me keep secrets							
3	He undermined my confidence							
4	He would confuse me by telling me to do contradictory things							
5	He played on my fears							
6	He liked to see me suffer							
7.	He humiliated me, put me down							
8.	He would shame me in front of others.							
9	He was very rejecting							
10	He took away the things I cherished							
11	He would make me eat things I didn't like until I was sick...							
12.	He would stop me having light, food or company							
13	He would not let me mix with people I wanted to see							
14	He would make me feel guilty so I would do what I was told							
15.	He threatened to hurt the people dear to me to get what he wanted							
16	He forced me to steal or break the law for her							
17	He said he wanted me dead							

If any of these occurred at what age were you when it started? \_\_\_\_\_ years old

Is there anything else you would like to say about these experiences?.....

**3C . Did you do the following as a child or young person before age 17?****YES****NO****(RR)****DEFINITELY****UNSURE****NOT AT ALL**

		5	4	3	2	1
1.	Did you have a lot of responsibility in the home as a child, more than other children your age?	5	4	3	2	1
2.	Were you expected to do a lot of housework, more than other children your age?	5	4	3	2	1
3.	Did you have to look after younger siblings, more than other children your age?	5	4	3	2	1
4.	Were you responsible for cooking and cleaning the home?	5	4	3	2	1
5.	Did you ever miss school because of responsibilities at home?	5	4	3	2	1
6.	Did you ever miss out on seeing friends because of responsibilities at home?	5	4	3	2	1
7.	Did your parent/s ever say they couldn't cope with looking after you when you were a child?	5	4	3	2	1
8.	Did your parent/s look to you for help as a child?	5	4	3	2	1
9.	Could your parent/s cope if you hurt yourself or were ill?	5	4	3	2	1
10.	Did your parent ever confide their problems in you?	5	4	3	2	1
11.	Did your parent/s rely you for emotional support when you were a child?	5	4	3	2	1
12.	Would your parent cry in front of you?	5	4	3	2	1
13.	Did you feel concerned and worried about your parent when you were a child?	5	4	3	2	1
14.	Did you try to support and care for your parent?	5	4	3	2	1
15.	Did you try to make your parent smile or laugh when s/he was upset?	5	4	3	2	1
16.	Did your parent try to make you feel guilty about the sacrifices they had made for you?	5	4	3	2	1
17.	Did you ever have to keep secrets for your parent/s?	5	4	3	2	1

Which parent did you have to provide care for? Mother figure/ Father figure /Both/Other

Did your parent have emotional or mental health problems? YES/ UNSURE/ NO

Did your parent have disability or physical illness YES / UNSURE/ NO

**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: