APPENDIX

Subject ID#________________

Demographics/History Questionnaire DV/R

Please answer the following questions by either filling in the appropriate information or checking the appropriate response.

1) Age____
2) Race/Ethnicity__________
3) Religion __________
4) Employment status:
   employed______
   unemployed____
5) Current independent household income__________
6) Where do you get most of your income?
   Abuser____
   Government assistance _____
   Your job _____
   Your family _____
   Friends _____
7) Current socioeconomic status:
   upper_____  
   middle_____
   lower_____  
8) Marital status (at time of abuse):
   dating____
   married____
   separated or divorced______
   unmarried but living together____
9) Length of relationship (in months)_____ 
10) Number of marriages __ 
11) Number of children____
12) History of depression____
   anxiety ______
13) Years of education ______
14) Have you experienced physical violence (not including rape)? _____
15) If yes, how many years did you experience physical violence (not including rape)?____
16) If yes, how many incidents of physical violence have you experienced?
   One time__________
   Six to ten times _____
   Two times______
   Eleven to fifteen times______
   Three to five times____
   More than fifteen times_____
17) If yes, when did the physical violence begin?
   First year of the relationship_____
   After the first year of the relationship_____
18) If yes, who was your abuser?
   Husband________
   Boyfriend________
   Other_________
19) If yes, most severe injury (please pick one):
   No medical attention required_____
   Minor (e.g. laceration) but sought medical attention_____
   Severe (e.g. broken bones) and medical attention needed_____
   One to five hospitalizations required_____
   More than five hospitalizations required_____
20) If yes, were you raped by your abuser?
21) Were you physically abused as a child?
22) Have you experienced rape in the past two months?_____
23) If yes, who was your rapist?
   Husband_____
   Boyfriend_____
   Acquaintance_____
   Stranger_____
24) If yes, how many incidents of rape have you experienced?
   One time_____
   Two times_____
   Three to five times_____
   Six to ten times_____
   Eleven to fifteen times_____
   More than fifteen times_____
25) If yes, most severe injury (please pick one):
   No medical attention required_____
   Minor (e.g. laceration) but sought medical attention_____
   Severe (e.g. broken bones) and medical attention needed_____
   One to five hospitalizations required_____
   More than five hospitalizations required_____
26) Did you experience childhood sexual assault?_____
27) How long have you been receiving services at this shelter?______ weeks.
28) Have you ever received services from a domestic violence shelter?_____
29) What is your current occupation?________________________
Conflict Tactics Scale

Here is a list of behaviors that many women report that their partners have used. We would like you to estimate how often these behaviors occurred during the past year. Your answers are strictly confidential. CIRCLE the number beside each item that best approximates how often each event happened in your relationship with your partner during the past year.

\[
\begin{align*}
0 & = \text{never} \\
1 & = \text{once} \\
2 & = \text{twice} \\
3 & = \text{three to five times} \\
4 & = \text{six to ten times} \\
5 & = \text{eleven to twenty times} \\
6 & = \text{more than twenty times}
\end{align*}
\]

1. Threatened to hit or throw something at you
2. Threw or smashed or hit or kicked something
3. Threw something at you
4. Scratched you
5. Shook you
6. Pushed, grabbed or shoved you
7. Slapped you
8. Punched you
9. Kicked, bit or hit you with a fist
10. Threw you around
11. Hit or tried to hit you with something
12. Choked / strangled you
13. Beat you up
14. Burned you with something
15. Threatened you with a knife or gun
16. Used a knife or gun on you
17. Refused to let you see friends, family, or relatives
18. Verbally threatened or intimidated you
19. Refused to let you have money for needed expenses
20. Forced you to engage in sexual practices against your will

86
21. Refused to allow you to seek psychological or spiritual counseling
   0 1 2 3 4 5 6
22. Verbally ridiculed or demeaned you
   0 1 2 3 4 5 6
23. Intentionally insulted or humiliated you in front of others
   0 1 2 3 4 5 6
24. Denied you access to your paycheck or other forms of money you receive
   0 1 2 3 4 5 6
25. Refused to allow you to socialize with people who are important to you.
   0 1 2 3 4 5 6
26. Did not allow you to use birth control or refused to use birth control when you requested it
   0 1 2 3 4 5 6
27. Refused to allow you out of the house or apartment when you wanted to leave
   0 1 2 3 4 5 6
28. Prevented you from eating or sleeping when you wished to
   0 1 2 3 4 5 6
29. Forced you to engage in sexual activities that you found painful or distasteful
   0 1 2 3 4 5 6
30. Sold or destroyed your personal items
   0 1 2 3 4 5 6
Please think of two episodes of abuse you have experienced. One should be the **most stressful** abusive episode you have experienced. The other should be the **most recent** abusive episode you have experienced (i.e., the one occurring closest to today). If the most recent abusive episode is also the most stressful one for you, pick the **next** most stressful episode as your most recent one.

I. **Most stressful abusive episode**

Please think about your **most stressful** abusive episode and answer the following questions about it. Circle the most appropriate number on the scale after each question.

(1) How discouraged did you feel as a result of this episode of abuse?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat</td>
<td>extremely</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>discouraged</td>
<td>discouraged</td>
<td>discouraged</td>
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</tbody>
</table>

(2) How stressful was your experience of this episode of abuse?

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<tr>
<th>1</th>
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<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat</td>
<td>extremely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>stressful</td>
<td>stressful</td>
<td>stressful</td>
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</tbody>
</table>

(3) To what extent was the occurrence of this episode under your control?

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<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>under my control</td>
<td>Completely under my control</td>
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<td></td>
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</table>

(4) To what extent did your behavior produce this episode?

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<tr>
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<th>6</th>
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</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
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</table>

(5) How confident are you about your control over this episode?

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<th>3</th>
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<th>5</th>
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</thead>
<tbody>
<tr>
<td>Totally unconfident</td>
<td></td>
<td></td>
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</table>
(6) In the future, how likely is it that you could avoid the occurrence of episodes similar to this one?

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<th>3</th>
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<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all likely</td>
<td></td>
<td></td>
<td></td>
<td>Extremely likely</td>
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</tbody>
</table>

(7) In the future, how likely is it that you could avoid the occurrence of abusive episodes in general?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all likely</td>
<td></td>
<td></td>
<td></td>
<td>Extremely likely</td>
<td></td>
</tr>
</tbody>
</table>

Please answer the following questions about your control or lack of control over this abusive episode. If you felt you had control over the episode circle “ability” in each statement. If you felt that you did not control the episode circle “inability.”

(8) Was the cause of your ability/inability to control this episode due to something about you or something about other people or circumstances?

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<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Totally due to other people or circumstances</td>
<td></td>
<td></td>
<td></td>
<td>Totally due to me</td>
<td></td>
</tr>
</tbody>
</table>

(9) In the future, will the cause of your ability/inability to control this episode again be present?

<table>
<thead>
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<th></th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Will never again be present</td>
<td></td>
<td></td>
<td></td>
<td>Will always be present</td>
<td></td>
</tr>
</tbody>
</table>

(10) Is the cause of your ability to control this episode something that just affects this situation or does it also influence other areas of your life?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Influences just this particular situation</td>
<td></td>
<td></td>
<td></td>
<td>Influences all situations in my life</td>
<td></td>
</tr>
</tbody>
</table>

(11) How important was this episode to you?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>4</th>
<th>5</th>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>89</td>
</tr>
</tbody>
</table>
II. Most Recent Abusive Episode

Please think about your most recent abusive episode and answer the following questions about it. Circle the most appropriate number on the scale after each question.

(12) How discouraged did you feel as a result of this episode of abuse?

1----------2---------3---------4---------5---------6
not at all somewhat extremely
discouraged discouraged discouraged

(13) How stressful was your experience of this episode of abuse?

1---------2---------3---------4---------5---------6
not at all somewhat extremely
stressful stressful stressful

(14) To what extent was the occurrence of this episode under your control?

Not at all Completely
1 2 3 4 5 6
under my under my
control control

(15) To what extent did your behavior produce this episode?

Not at all Completely
1 2 3 4 5 6

(16) How confident are you about your control over this episode?

Totally confident
1 2 3 4 5 6
Totally unconfident

(17) In the future, how likely is it that you could avoid the occurrence of episodes similar to this one?

Not at all likely Extremely likely
1 2 3 4 5 6
(18) In the future, how likely is it that you could avoid the occurrence of abusive episodes in general?

1  2  3  4  5  6
Not at all likely   Extremely likely

Please answer the following questions about your control or lack of control over this abusive episode. If you felt you had control over the episode circle “ability” in each statement. If you felt that you did not control the episode circle “inability.”

(19) Was the cause of your ability/inability to control this episode due to something about you or something about other people or circumstances?

1  2  3  4  5  6
Totally due to other people or circumstances   Totally due to me

(20) In the future, will the cause of your ability/inability to control this episode again be present?

1  2  3  4  5  6
Will never again be present   Will always be present

(21) Is the cause of your ability/inability to control this episode something that just affects this situation or does it also influence other areas of your life?

1  2  3  4  5  6
Influences just this particular situation   Influences all situations in my life

(22) How important was this episode to you?

1  2  3  4  5  6
Not at all important   Extremely important
COPE-B

These items deal with the ways you've been coping with any difficulties you might be experiencing. There are many ways to deal with stress. These items ask you to indicate how you cope. Each item says something about a particular way of coping. Please indicate how frequently you've been doing what the item says. Don't answer on the basis of whether it seems to be working or not, just whether or not you're doing it. Try to rate each item separately from the others. Make your answers as true for you as you can.

Please rate the following coping techniques as they relate to physical abuse/rape:

1. _____ I've been turning to work or other activities to take my mind off things.
2. _____ I've been concentrating my efforts on doing something about the situation I'm in.
3. _____ I've been saying to myself “this isn't real.”
4. _____ I've been using alcohol or other drugs to make myself feel better.
5. _____ I've been getting emotional support from others.
6. _____ I've been giving up trying to deal with it.
7. _____ I've been taking action to try to make the situation better.
8. _____ I've been refusing to believe that it has happened.
9. _____ I've been saying things to let my unpleasant feelings escape.
10. _____ I've been getting help and advice from other people.
11. _____ I've been using alcohol or other drugs to help me get through it.
12. _____ I've been trying to see it in a different light, to make it seem more positive.
13. _____ I've been criticizing myself.
14. _____ I've been trying to come up with a strategy about what to do.
15. _____ I've been getting comfort and understanding from someone.
16. _____ I've been giving up the attempt to cope.
17. _____ I've been looking for something good in what is happening.
18. _____ I've been making jokes about it.
19. _____ I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. _____ I've been accepting the reality of the fact that it has happened.
21. _____ I've been expressing my negative feelings.
22. _____ I've been trying to find comfort in my religion or spiritual beliefs.
23. _____ I've been trying to get advice or help from other people about what to do.
24. _____ I've been learning to live with it.
25. _____ I've been thinking hard about what steps to take.
26. _____ I've been blaming myself for things that happened.
27. _____ I've been praying or meditating.
28. _____ I've been making fun of the situation.
ROSE

In this questionnaire, rate each of the statements using the rating scale below (i.e., 1 = disagree, 2 = mostly disagree, 3 = neither, 4 = mostly agree, 5 = agree) Put your rating in the blank provided next to each statement. Please put only one rating next to each item.

There are no right or wrong answers to these statements. The most important thing is to rate each statement in a way that corresponds to your personal feelings.

1. _____ I take a positive attitude toward myself.
2. _____ I am inclined to feel that I am a failure when it comes to achievement situations that matter most to me (e.g., school, athletics, work etc.).
3. _____ I feel that I have a number of good qualities.
4. _____ I feel I do not have much to be proud of.
5. _____ I am able to do things as well as most other people.
6. _____ Sometimes I think I am no good at all.
7. _____ I feel I am a person of worth, at least on an equal plane with others.
8. _____ I wish I could have more respect for myself.
9. _____ I feel that my life is not very useful.
10. _____ On the whole, I am satisfied with myself.
ATtribution Rating Scale DV/R

Please answer the following questions about previous physical violence/rape:

1- Completely False
2- Somewhat False
3- Neutral
4- Somewhat True
5- Completely True

1. I did not resist enough
2. I trust people too much
3. I put myself in a situation I couldn't get out of
4. There are never any people around when you need them.
5. I got what I deserved
6. I have bad luck
7. I am basically a bad person
8. It is unsafe for a woman to go anywhere by herself
9. I cannot take care of myself
10. I was somewhere I shouldn't have been
11. There is too much pornography in this society
12. I made a rash decision
13. People are too scared to get involved
14. I am stupid
15. I am a poor judge of character
16. I did not scream for help
17. I did not trust my instincts at the time
18. In certain areas of town, there is never a policeman around when you need one
19. I am the victim type
20. I am too impulsive
21. I am not assertive enough
   1  2  3  4  5

22. There is too much violence on television
   1  2  3  4  5

23. This world is filled with emotionally disturbed people
   1  2  3  4  5

24. I did not know how to say no
   1  2  3  4  5

25. I am a careless person
   1  2  3  4  5
Revised Impact of Event Scale

On _______________ you experienced______________________ (rape/abuse)
(date)                                                  (life event)

Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS. If they did not occur during that time, please circle “not at all”.

1. I thought about it when I didn’t mean to.                               Not at all    Rarely  Sometimes    Often
2. I avoided letting myself get upset when I thought about it or was reminded of it Not at all    Rarely  Sometimes    Often
3. I tried to remove it from memory                                           Not at all    Rarely   Sometimes    Often
4. I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind Not at all    Rarely    Sometimes    Often
5. I had waves of strong feelings about it                                    Not at all    Rarely    Sometimes    Often
6. I had dreams about it                                                     Not at all    Rarely    Sometimes    Often
7. I stayed away from reminders of it                                         Not at all    Rarely   Sometimes    Often
8. I felt as if it hadn’t happened or wasn’t real                             Not at all    Rarely   Sometimes    Often
9. I tried not to talk about it                                               Not at all    Rarely    Sometimes    Often
10. Pictures about it popped into my mind                                    Not at all    Rarely    Sometimes    Often
11. Other things kept making me think about it                                Not at all    Rarely    Sometimes    Often
12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them. Not at all    Rarely   Sometimes    Often
13. I tried not to think about it                                             Not at all    Rarely   Sometimes    Often
14. Any reminder brought back feelings about it                               Not at all    Rarely    Sometimes    Often
15. My feelings about it were kind of numb                                    Not at all    Rarely    Sometimes    Often
Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select one of the numbered descriptors that best describes **HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST TWO WEEKS** INCLUDING TODAY. (Please place the number selected in the space to the left of the problem/complaint.)

**HOW MUCH WERE YOU DISTRESSED BY: ______**

**DESCRIPTORS:** 0-Not at all
1-A little bit
2-Moderately
3-Quite a Bit
4-Extremely

Please answer the following questions related to **PHYSICAL ABUSE/RAPE:**

1. Headaches.
2. Nervousness or shakiness.
3. Repeated unpleasant thought that won’t leave your mind.
4. Faintness or dizziness.
5. Loss of sexual interest or pleasure.
7. The idea that someone else can control your thoughts.
8. Feeling others are to blame for most of your troubles.
10. Worried about sloppiness or carelessness.
11. Feeling easily annoyed or irritated.
12. Pains in heart or chest.
13. Feeling afraid in open spaces or on the streets.
14. Feeling low in energy or slowed down.
15. Thoughts of ending your life.
16. Hearing voices that other people do not hear.
17. Trembling.
18. Feeling that most people cannot be trusted.
19. Poor appetite.
20. Crying easily.
21. Feeling shy or uneasy with the opposite sex.
22. Feelings of being trapped or caught.
23. Suddenly scared for no reason.
24. Temper outbursts that you could not control.
25. Feeling afraid to go out of your house alone.
27. Pains in lower back.
0-Not at all
1-A little bit
2-Moderately
3-Quite a bit
4-Extremely

30. Feeling blue.
31. Worrying too much about things.
32. Feeling no interest in things.
33. Feeling fearful.
34. Your feelings being easily hurt.
35. Other people being aware of your private thoughts.
36. Feeling others do not understand you or are unsympathetic.
37. Feeling that people are unfriendly or dislike you.
38. Having to do things very slowly to insure correctness.
39. Heart pounding or racing.
40. Nausea or upset stomach.
41. Feeling inferior to others.
42. Soreness of your muscles.
43. Feeling that you are watched or talked about by others.
44. Trouble falling asleep.
45. Having to check and double check what you do.
46. Difficulty making decisions.
47. Feeling afraid to travel on buses, subways, or trains.
48. Trouble getting your breath.
49. Hot or cold spells.
50. Having to avoid certain things, places, or activities because they frighten you.
51. Your mind going blank.
52. Numbness or tingling in parts of your body.
53. A lump in your throat.
54. Feeling hopeless about the future.
55. Trouble concentrating.
56. Feeling weak in parts of your body.
57. Feeling tense or keyed up.
58. Heavy y feelings in your arms or legs.
59. Thoughts of death or dying.
60. Overeating.
61. Feeling uneasy when people are watching or talking to you.
62. Having thoughts that are not your own.
63. Having urges to beat, injure, or harm someone.
64. Awakening in the early morning.
65. Having to repeat the same actions such as touching, counting, washing.
66. Sleep that is restless or disturbed.
67. Having urges to break or smash things.
<table>
<thead>
<tr>
<th>Number</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>68</td>
<td>Having ideas or beliefs that others do not share.</td>
</tr>
<tr>
<td>69</td>
<td>Feeling very self-conscious with others.</td>
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<tr>
<td>70</td>
<td>Feeling uneasy in crowds, such as shopping or at a movie.</td>
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<tr>
<td>71</td>
<td>Feeling everything is an effort.</td>
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<tr>
<td>72</td>
<td>Spells of terror or panic.</td>
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<tr>
<td>73</td>
<td>Feeling uncomfortable about eating or drinking in public.</td>
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<td>74</td>
<td>Getting into frequent arguments.</td>
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<tr>
<td>75</td>
<td>Feeling nervous when you are left alone.</td>
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<tr>
<td>76</td>
<td>Others not giving you proper credit for your achievements.</td>
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<tr>
<td>77</td>
<td>Feeling lonely even when you are with people.</td>
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<tr>
<td>78</td>
<td>Feeling so restless you couldn’t sit still.</td>
</tr>
<tr>
<td>79</td>
<td>Feelings of worthlessness.</td>
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<tr>
<td>80</td>
<td>The feeling that something bad is going to happen to you.</td>
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<td>81</td>
<td>Shouting or throwing things.</td>
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<td>82</td>
<td>Feeling afraid you will faint in public.</td>
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<td>83</td>
<td>Feeling that people will take advantage of you if you let them.</td>
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<td>84</td>
<td>Having thoughts about sex that bother you a lot.</td>
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<td>85</td>
<td>The idea that you should be punished for your sins.</td>
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<tr>
<td>86</td>
<td>Thoughts and images of a frightening nature.</td>
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<tr>
<td>87</td>
<td>The idea that something serious is wrong with your body.</td>
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<tr>
<td>88</td>
<td>Never feeling close to another person.</td>
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<tr>
<td>89</td>
<td>Feeling of guilt.</td>
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<td>90</td>
<td>The idea that something is wrong with your mind.</td>
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<tr>
<td>91</td>
<td>Sleeping too much.</td>
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<td>92</td>
<td>Fidgeting, inability to sit, pacing, or fast speech.</td>
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<tr>
<td>93</td>
<td>Slowed speech, increased pauses before answering, slowed body movements.</td>
</tr>
<tr>
<td>94</td>
<td>Weight loss or weight gain (change of 1 lb. Per week over several weeks or several lbs. Per year when not dieting).</td>
</tr>
</tbody>
</table>
Sexual Experiences Survey

Have you ever:

1) Had sexual intercourse with a man when you both wanted to?  
   Yes  No

2) Had a man misinterpret the level of sexual intimacy you desired?  
   Yes  No

3) Been in a situation where a man became so sexually aroused that you felt it was useless to stop him even though you did not want to have sexual intercourse?  
   Yes  No

4) Had sexual intercourse with a man when you didn’t really want to because he threatened to end your relationship otherwise?  
   Yes  No

5) Had sexual intercourse with a man when you didn’t really want to because you felt pressured by his continual arguments?  
   Yes  No

6) Found out that a man had obtained sexual intercourse with you by saying things he didn’t really mean?  
   Yes  No

7) Been in a situation where a man used some degree of physical force (Twisting your arm, holding you down etc) to try to make you engage in kissing or petting when you didn’t want to?  
   Yes  No

8) Been in a situation where a man tried to get sexual intercourse with you when you didn’t want to by threatening to use physical force (twisting your arm, holding you don etc.) if you didn’t cooperate but for various reasons sexual intercourse did not occur?  
   Yes  No

9) Been in a situation where a man used some degree of physical force (twisting your arm, holding you down etc.) to try to get you to have sexual intercourse with him when you didn’t want to, but for various reasons sexual intercourse did not occur?  
   Yes  No

10) Had sexual intercourse with a man when you didn’t want to because he threatened to use physical force (twisting your arm, holding you down etc.) if you didn’t cooperate?  
    Yes  No
11) Had sexual intercourse with a man when you didn’t want to because he used some degree of physical force (twisting your arm, holding you down etc.)

   Yes   No

12) Been in a situation where a man obtained sexual acts with you such as anal or oral intercourse when you didn’t want to by using threats or physical force (twisting your arm, holding you down etc.)

   Yes   No

13) Have you ever been raped?

   Yes   No
§ 14-27.1. Definitions.
As used in this Article, unless the context requires otherwise:

(1) "Mentally disabled" means (i) a victim who suffers from mental retardation, or (ii) a victim who suffers from a mental disorder, either of which temporarily or permanently renders the victim substantially incapable of appraising the nature of his or her conduct, or of resisting the act of vaginal intercourse or a sexual act, or of communicating unwillingness to submit to the act of vaginal intercourse or a sexual act.

(2) "Mentally incapacitated" means a victim who due to any act committed upon the victim is rendered substantially incapable of either appraising the nature of his or her conduct, or resisting the act of vaginal intercourse or a sexual act.

(3) "Physically helpless" means (i) a victim who is unconscious; or (ii) a victim who is physically unable to resist an act of vaginal intercourse or a sexual act or communicate unwillingness to submit to an act of vaginal intercourse or a sexual act.

(4) "Sexual act" means cunnilingus, fellatio, analingus, or anal intercourse, but does not include vaginal intercourse. Sexual act also means the penetration, however slight, by any object into the genital or anal opening of another person's body: provided, that it shall be an affirmative defense that the penetration was for accepted medical purposes.

(5) "Sexual contact" means (i) touching the sexual organ, anus, breast, groin, or buttocks of any person, or (ii) a person touching another person with their own sexual organ, anus, breast, groin, or buttocks.

(6) "Touching" as used in subdivision (5) of this section, means physical contact with another person, whether accomplished directly, through the clothing of the person committing the offense, or through the clothing of the victim.

§ 14-27.2. First-degree rape.
(a) A person is guilty of rape in the first degree if the person engages in vaginal intercourse:

(1) With a victim who is a child under the age of 13 years and the defendant is at least 12 years old and is at least four years older than the victim; or

(2) With another person by force and against the will of the other person, and:
   a. Employs or displays a dangerous or deadly weapon or an article which the other person reasonably believes to be a dangerous or deadly weapon; or
   b. Inflicts serious personal injury upon the victim or another person; or
   c. The person commits the offense aided and abetted by one or more other persons.
(b) Any person who commits an offense defined in this section is guilty of a Class B1 felony.

(c) Upon conviction, a person convicted under this section has no rights to custody of or rights of inheritance from any child born as a result of the commission of the rape, nor shall the person have any rights related to the child under Chapter 48 or Subchapter 1 of Chapter 7B of the General Statutes. (1979, c. 682, s. 1; 1979, 2nd Sess., c. 1316, s. 4; 1981, c. 63; c. 106, ss. 1, 2; c. 179, s. 14; 1983, c. 175, ss. 4, 10; c. 720, s. 4; 1994, Ex. Sess., c. 22, s. 2; 2004-128, s. 7.)

§ 14-27.3. Second-degree rape.

(a) A person is guilty of rape in the second degree if the person engages in vaginal intercourse with another person:

(1) By force and against the will of the other person; or

(2) Who is mentally disabled, mentally incapacitated, or physically helpless, and the person performing the act knows or should reasonably know the other person is mentally disabled, mentally incapacitated, or physically helpless.

(b) Any person who commits the offense defined in this section is guilty of a Class C felony.

(c) Upon conviction, a person convicted under this section has no rights to custody of or rights of inheritance from any child conceived during the commission of the rape, nor shall the person have any rights related to the child under Chapter 48 or Subchapter 1 of Chapter 7B of the General Statutes. (1979, c. 682, s. 1; 1979, 2nd Sess., c. 1316, s. 5; 1981, cc. 63, 179; 1993, c. 539, s. 1130; 1994, Ex. Sess., c. 24, s. 14(c); 2002-159, s. 2(b); 2004-128, s. 8.)
§ 18.2-61. Rape

A. If any person has sexual intercourse with a complaining witness who is not his or her spouse or causes a complaining witness, whether or not his or her spouse, to engage in sexual intercourse with any other person and such act is accomplished (i) against the complaining witness's will, by force, threat or intimidation of or against the complaining witness or another person, or (ii) through the use of the complaining witness's mental incapacity or physical helplessness, or (iii) with a child under age thirteen as the victim, he or she shall be guilty of rape.

B. If any person has sexual intercourse with his or her spouse and such act is accomplished against the spouse's will by force, threat or intimidation of or against the spouse or another, he or she shall be guilty of rape.

C. A violation of this section shall be punishable, in the discretion of the court or jury, by confinement in a state correctional facility for life or for any term not less than five years. There shall be a rebuttable presumption that a juvenile over the age of 10 but less than 12, does not possess the physical capacity to commit a violation of this section. In any case deemed appropriate by the court, all or part of any sentence imposed for a violation of subsection B may be suspended upon the defendant's completion of counseling or therapy, if not already provided, in the manner prescribed under § 19.2-218.1 if, after consideration of the views of the complaining witness and such other evidence as may be relevant, the court finds such action will promote maintenance of the family unit and will be in the best interest of the complaining witness.

D. Upon a finding of guilt under subsection B in any case tried by the court without a jury, the court, without entering a judgment of guilt, upon motion of the defendant and with the consent of the complaining witness and the attorney for the Commonwealth, may defer further proceedings and place the defendant on probation pending completion of counseling or therapy, if not already provided, in the manner prescribed under § 19.2-218.1. If the defendant fails to so complete such counseling or therapy, the court may make final disposition of the case and proceed as otherwise provided. If such counseling is completed as prescribed under § 19.2-218.1, the court may discharge the defendant and dismiss the proceedings against him if, after consideration of the views of the complaining witness and such other evidence as may be relevant, the court finds such action will promote maintenance of the family unit and be in the best interest of the complaining witness.