CHILD EXPOSURE
TO DOMESTIC VIOLENCE SCALE
(CEDV)

Original artwork by Ida Pearle. Artwork used with permission from the artist.
These directions are to be read aloud by the practitioner administering this measure.

This is a list of questions about your life and your family. It will probably take you about 30 minutes to fill out. If you have a question when you are filling this out, ask the person who gave this to you.

Your answers will NEVER be given to other people, so do NOT write your name anywhere. If you want to stop taking the survey, you can stop answering the questions anytime you want.

Think about the people you have ever lived with. There are lots of ways to think about the kinds of adults that kids live with. For example, some kids live with a stepparent, or a grandparent, or foster parents. Other kids live with just one parent and maybe a parent’s girlfriend or boyfriend too. The questions in the survey are about the adults you have lived with. To make them easy to understand, we use the words “mom” and “mom’s partner.”

When you read the word “mom,” think of the woman you have lived with and who has taken care of you, even if she did not give birth to you. For example, this person might be your mom, your stepmother, your grandma, or your foster mom. When you read the words “mom’s partner”, think of who that is in your life. For example, it could be your dad, your step dad, your grandpa, or your mom’s girlfriend or boyfriend.

Please read all the directions and circle your answers to each question.
**Part One**

There are two parts to each question.

⇒ First answer the question about how often something happened by circling your answer.

⇒ Then check off all the ways you knew about what happened.

⇒ If you answer “Never” in the first part, skip the second part and go on to the next question.

Example:

**How often have there been fights at your school?**

1. How often do adults in your family disagree with one another?
2. Has your mom’s partner ever hurt your mom’s feelings by:
   • calling her names
   • swearing
   • yelling
   • threatening her
   • screaming at her
   • other ____________________

   Never                     Sometimes            Often             Almost Always

   □ = I saw the outcome (like someone was hurt, something was broken, or the police came).
   □ = I heard about it afterwards.
   □ = I heard it while it was happening.
   □ = I saw it from far away while it was happening.
   □ = I saw it and was near while it was happening.

   How did you know about it?

3. How often has your mom’s partner stopped your mom from doing something she wanted to do or made it difficult for her to do something she wanted to do? Such as
   • leave the house
   • go to the doctor
   • use the telephone
   • visit her friends or relatives
   • other ____________________

   Never                     Sometimes            Often             Almost Always

   □ = I saw the outcome (like someone was hurt, something was broken, or the police came).
   □ = I heard about it afterwards.
   □ = I heard it while it was happening.
   □ = I saw it from far away while it was happening.
   □ = I saw it and was near while it was happening.

   How did you know about it?

4. How often has your mom’s partner stopped your mom from eating or sleeping, or made it hard for her to eat or sleep?

   Never                     Sometimes            Often             Almost Always

   □ = I saw the outcome (like someone was hurt, something was broken, or the police came).
   □ = I heard about it afterwards.
   □ = I heard it while it was happening.
   □ = I saw it from far away while it was happening.
   □ = I saw it and was near while it was happening.
5. How often have your mom and her partner argued about you? **[It is not your fault if your mom and her partner argue about you.]**

6. How often has your mom’s partner hurt, or tried to hurt, a pet in your home on purpose?

7. How often has your mom’s partner broken or destroyed something on purpose, such as:
   - punching a wall
   - ripping a phone cord out of the wall
   - smashing a picture
   - other ______________
8. How often has your mom’s partner done something to hurt her body, such as:
   - hitting her
   - punching her
   - kicking her
   - choking her
   - shoving her
   - pulling her hair
   - other __________

8. How often has your mom’s partner *threatened* to use a knife, gun, or other object to hurt your mom?

10. How often has your mom’s partner *actually* hurt your mom with a knife, gun, or other object?
Part Two
It’s hard to know what to do when you see someone getting hurt. In the questions on this page the word “hurt” means hurting your mom’s feelings on purpose, threatening her, physically hurting her, or stopping her from doing things.

Choose the answer that best describes your situation and circle it. There are no right or wrong answers to these questions.

11. When your mom’s partner hurts your mom, how often have you yelled something at them from a different room than where the fight was taking place?
   - Never
   - Sometimes
   - Often
   - Almost Always

12. When your mom’s partner hurts your mom, how often have you yelled something at them in the same room where they are fighting?
   - Never
   - Sometimes
   - Often
   - Almost Always

13. When your mom’s partner hurts your mom, how often have you called someone else for help, like calling someone on the phone or going next door?
   - Never
   - Sometimes
   - Often
   - Almost Always

14. When your mom’s partner hurts your mom, how often have you gotten physically involved trying to stop the fighting?
   - Never
   - Sometimes
   - Often
   - Almost Always

15. When your mom’s partner hurts your mom, how often has your mom’s partner done something to you to hurt or scare your mom?
   - Never
   - Sometimes
   - Often
   - Almost Always

16. When your mom’s partner hurts your mom, how often have you tried to get away from the fighting by:
   - hiding
   - leaving the house
   - locking yourself in a different room
   - other __________________
   - Never
   - Sometimes
   - Often
   - Almost Always

17. How often has your mom’s partner asked you to tell what your mom has been doing or saying?
   - Never
   - Sometimes
   - Often
   - Almost Always

18. How often do you worry about your mom’s partner getting drunk or taking drugs?
   - Never
   - Sometimes
   - Often
   - Almost Always
19. How often do you worry about your mom getting drunk or taking drugs?

20. How often does your mom seem sad, worried or upset?

21. How often does it seem like you have had big changes in your life? For example:
   - moving homes
   - staying in the hospital
   - your parents getting a divorce
   - the death of someone you’re close to
   - a parent going to jail
   - other _________________

22. How often have you heard a person hurt another person by making fun of them or calling them names in your neighborhood or at your school?

23. How often has someone from your community or at your school done or said any of these things to hurt you?

24. How often do you hurt a person’s feelings on purpose, like making fun of them or calling them names?

25. How often do you physically hurt a person on purpose, such as hitting, kicking or things like that?
26. How often have you seen someone else in your community or school get hurt by being:
   • grabbed
   • slapped
   • punched
   • kicked
   • being hurt by a knife or a gun
   • other ______________________

27. How often has someone at school or in your community hurt you by:
   • grabbing
   • slapping
   • punching
   • kicking
   • threatening you with a knife or gun
   • other ______________________

28. How often have you seen someone being hurt or killed on television or in a movie?

29. How often have you seen someone being hurt or killed in a video game?

30. How often has an adult in your family hurt your feelings by:
   • making fun of you
   • calling you names
   • threatening you
   • saying things to make you feel bad
   • other ______________________
31. How often has an adult in your family done something to hurt your body, like:
   - hitting you
   - kicking you
   - beating you up
   - other ________________________

32. How often has someone who is not in your family:
   - touched your private parts when you didn’t want them to
   - made you touch their private parts
   - forced you to have sex?

33. How often has someone in your family:
   - touched your private parts when you didn’t want them to
   - made you touch their private parts
   - forced you to have sex
Part Three

34. If your mom and her partner fight, when did the fighting start?  (Circle one answer.)

1. I don’t remember them fighting.
2. They started fighting this year.
3. They started fighting 2-3 years ago.
4. They started fighting 4 or more years ago.
5. They’ve been fighting for as long as I can remember.

35. Do you think your family has enough money for the things it needs?

1. No, there are times when my family doesn’t have enough money for food or rent or other things we need.
2. We seem to have enough money to pay for what we need.
3. We have enough money to buy extra things we don’t really need.
4. I don’t know.

36. How old are you? ____________

37. Are you male or female?  (Circle one answer.)

1. Male
2. Female

38. What race or ethnicity do you consider yourself?  (Circle all that describe you.)

1. White/Caucasian/European American
2. Black/African American/African
3. American Indian/Native American
4. Asian or Pacific Islander
5. Latino/Latina/Hispanic
6. Multi-racial/No primary racial or ethnic identification
7. Other (What?) ____________
8. I don’t know
9. I don’t want to answer this question
39. Where did you stay last night? (Circle one answer.)

1. House
2. Apartment
3. Shelter
4. Other (Where?) ______________

40. Where do you live? (Circle one answer.)

1. House
2. Apartment
3. Shelter
4. Other (Where?) ______________

41. Who are the people you live with? Circle all that apply.

1. Mother 6. Mother’s boyfriend or partner 11. Younger brother (s)
2. Father 7. Mother’s girlfriend or partner 12. Older brother (s)
3. Step-Mother 8. Father’s boyfriend or partner 13. Younger sister(s)
4. Step-Father 9. Father’s girlfriend or partner 14. Older sister(s)
5. Grandmother 10. Grandfather 15. Other (Who?) ______________

42. What is your favorite family activity? ________________________________
This measure was created and produced by Jeffrey L. Edleson and numerous student colleagues.
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