

## SECTION TIID: EXPOSURE TO VIOLENCE

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### VEX-R Parent Report

I am going to describe various kinds of violence and things related to violence that [CHILD'S NAME] may have seen or experienced in real life, *to the best of your knowledge*. I am going to ask you **whether** each description is true for your child. **Do not include in your answers things your child may have seen or heard about only on TV, radio, the news, or in the movies.**

These first questions are about things your child may have seen.

TIID1 Has your child seen someone beat up somebody?

1 = Yes

2 = No

TIID2 Has your child seen someone chase somebody?

1 = Yes

2 = No

TIID3 Has your child seen someone rob somebody?

1 = Yes

2 = No

TIID4 Has your child seen someone point a knife or a gun at somebody?

1 = Yes

2 = No

TIID5 Has your child seen someone shoot somebody?

1 = Yes

2 = No

TIID6 Has your child seen someone stab somebody with a knife?

1 = Yes

2 = No

TIID7 Has your child seen someone push or shove somebody?

1 = Yes

2 = No

TIID8 Has your child seen someone slap somebody?

1 = Yes

2 = No

These are questions about things that might have happened to your child.

TIID9 Has anyone ever beaten up your child?

1 = Yes

2 = No

TIID10 Has anyone ever chased your child?

1 = Yes

2 = No

TIID11 Has anyone ever robbed your child?

1 = Yes

2 = No

TIID12 Has anyone ever pointed a knife or a gun at your child?

1 = Yes

2 = No

TIID13 Has anyone ever pushed or shoved your child?

1 = Yes

2 = No

TIID14 Has anyone ever slapped your child?

1 = Yes  
2 = No

TIID