Supplementary Online Content


eAppendix 1. Pediatric Emergency Department Teen Violence Survey
eAppendix 2. Follow-Up Phone Interview Script

This supplementary material has been provided by the authors to give readers additional information about their work.
eAppendix 1: Pediatric Emergency Department Teen Violence Survey

1) How old are you?
   13 14 15 16 17 18 19 20 21

2) What is your sex?
   Female  Male

3) Do you attend school?
   Yes  No

4) If yes, what grade are you in?
   6th 7th 8th 9th 10th 11th 12th College Other _________

5) Are you employed?
   Yes  No

6) If yes, do you work full time or part time?
   Full time  Part time

7) What is your race? (Select one or more responses.)
   Black or African American  White  Asian  American Indian  Pacific Islander
   Are you Hispanic or Latino?
   Yes  No

8) Does your parent or guardian know about your Pediatric Emergency Department visit today?
   Yes, a parent or guardian is here with me today ______
   Yes, a parent or guardian knows about my visit today, but is not here with me ______
   No, a parent or guardian does not know that I am here ______

9) If a parent or guardian is here with you today, how are they connected to you?
   Parent  Other relative  Foster parent

10) During the past 12 months, how many times were you in a physical fight?
    None  1-2  3-5  6-7  8-9  10-11  12 or more times

11) During the past 30 days, on how many days did you smoke cigarettes?
    None  1-2  3-5  6-9  10-19  20-29  All 30 days

12) During the past 30 days, on how many days did you have at least one drink of alcohol?
    None  1-2  3-5  6-9  10-19  20-29  All 30 days

13) During the past 30 days, how many times did you use marijuana?
    None  1-2  3-5  6-9  10-19  20-39  40 or more times

14) Have you ever had sexual intercourse?
    Yes  No

15) If yes, how old were you when you had sexual intercourse for the first time?
    11 years or younger  12  13  14  15  16  17  18 years or older

16) During your life, with how many people have you had sexual intercourse?
    None  1  2  3  4  5  6 or more people

17) During the past 3 months, with how many people did you have sexual intercourse?
    None  1  2  3  4  5  6 or more people

18) The last time you had sexual intercourse, did you or your partner use a condom?
    Yes  No

19) The last time you had sexual intercourse, which method(s) did you or your partner use to prevent pregnancy?
    Nothing  Birth control pills  Condoms  Depo-Provera (shot)
    Withdrawal  Some other method ________________________

20) Who do you live with?
    Parents  Other Relatives  Foster Parents  Alone  Friend or Roommate  Other ______

21) Who supports you financially?
    Parents  Other Relatives  Foster Parents  Support yourself  Other ______

22) Are you currently in an intimate relationship with a boyfriend, girlfriend, fiancé or partner?
    Yes  No
    If yes, how long have you been in an intimate relationship with this person?
    Less than 1 month  1-3 months  3-6 months  6 months-1 year  More than 1 year
23) If you are currently in an intimate relationship, are you currently involved with one partner or more than one partner?

- One partner
- More than one partner

24) How many intimate relationships have you been in previously?

- None
- 1
- 2-3
- 4-5
- 6-7
- 8-9
- 10-11
- 12 or more

25) Have you ever been pregnant or gotten someone else pregnant?

- Yes
- No

How many times?

- None
- 1
- 2
- 3
- 4
- 5 or more

What was the outcome of each pregnancy you have been involved with? Please write the number of times this happened next to each response.

- Had an abortion
- Had a miscarriage
- Had the baby and raising it myself
- Had the baby and someone else is raising it
- Don't Know

26) Have you been involved in a pregnancy with your current boyfriend, girlfriend, fiancé or partner?

- Yes
- No

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7."

1) I showed my partner I cared even though we disagreed. 1 2 3 4 5 6 7 0
2) My partner showed care for me even though we disagreed. 1 2 3 4 5 6 7 0
3) I explained my side of a disagreement to my partner. 1 2 3 4 5 6 7 0
4) My partner explained his or her side of a disagreement to me. 1 2 3 4 5 6 7 0
5) I insulted or swore at my partner. 1 2 3 4 5 6 7 0
6) My partner did this to me. 1 2 3 4 5 6 7 0
7) I threw something at my partner that could hurt. 1 2 3 4 5 6 7 0
8) My partner did this to me. 1 2 3 4 5 6 7 0
9) I twisted my partner's arm or hair. 1 2 3 4 5 6 7 0
10) My partner did this to me. 1 2 3 4 5 6 7 0
11) I had a sprain, bruise, or small cut because of a fight with my partner. 1 2 3 4 5 6 7 0
12) My partner had a sprain, bruise, or small cut because of a fight with me. 1 2 3 4 5 6 7 0
13) I showed respect for my partner's feelings about an issue. 1 2 3 4 5 6 7 0
14) My partner showed respect for my feelings about an issue. 1 2 3 4 5 6 7 0
15) I made my partner have sex without a condom or other form of protection. 1 2 3 4 5 6 7 0
16) My partner did this to me. 1 2 3 4 5 6 7 0
17) I pushed or shoved my partner. 1 2 3 4 5 6 7 0
18) My partner did this to me. 1 2 3 4 5 6 7 0
19) I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex. 1 2 3 4 5 6 7 0
20) My partner did this to me. 1 2 3 4 5 6 7 0
21) I used a knife or gun on my partner. 1 2 3 4 5 6 7 0
22) My partner did this to me. 1 2 3 4 5 6 7 0
23) I passed out from being hit on the head by my partner in a fight. 1 2 3 4 5 6 7 0
24) My partner passed out from being hit on the head in a fight with me. 1 2 3 4 5 6 7 0
25) I called my partner fat or ugly. 1 2 3 4 5 6 7 0
26) My partner called me fat or ugly. 1 2 3 4 5 6 7 0
27) I punched or hit my partner with something that could hurt. 1 2 3 4 5 6 7 0
28) My partner did this to me. 1 2 3 4 5 6 7 0

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29) I destroyed something belonging to my partner. 12345670
30) My partner did this to me. 12345670
31) I went to a doctor because of a fight with my partner. 12345670
32) My partner went to a doctor because of a fight with me. 12345670
33) I choked my partner. 12345670
34) My partner did this to me. 12345670
35) I shouted or yelled at my partner. 12345670
36) My partner did this to me. 12345670
37) I slammed my partner against a wall. 12345670
38) My partner did this to me. 12345670
39) I said I was sure we could work out a problem. 12345670
40) My partner was sure we could work it out. 12345670
41) I needed to see a doctor because of a fight with my partner, but I didn’t. 12345670
42) My partner needed to see a doctor because of a fight with me, but didn’t. 12345670
43) I beat up my partner. 12345670
44) My partner did this to me. 12345670
45) I grabbed my partner. 12345670
46) My partner did this to me. 12345670
47) I used force (like hitting, holding down, or using a weapon) to make my partner have sex. 12345670
48) My partner did this to me. 12345670
49) I stomped out of the room or house or yard during a disagreement. 12345670
50) My partner did this to me. 12345670
51) I insisted on sex when my partner did not want to (but did not use physical force). 12345670
52) My partner did this to me. 12345670
53) I slapped my partner. 12345670
54) My partner did this to me. 12345670
55) I had a broken bone from a fight with my partner. 12345670
56) My partner had a broken bone from a fight with me. 12345670
57) I used threats to make my partner have oral or anal sex. 12345670
58) My partner did this to me. 12345670
59) I suggested a compromise to a disagreement. 12345670
60) My partner did this to me. 12345670
61) I burned or scalded my partner on purpose. 12345670
62) My partner did this to me. 12345670
63) I insisted my partner have oral or anal sex (but did not use physical force). 12345670
64) My partner did this to me. 12345670
65) I accused my partner of being a lousy lover. 12345670
66) My partner accused me of this. 12345670
67) I did something to spite my partner. 12345670
68) My partner did this to me. 12345670
69) I threatened to hit or throw something at my partner. 12345670
70) My partner did this to me. 12345670
71) I felt physical pain that still hurt the next day because of a fight with my partner. 12345670
72) My partner still felt physical pain the next day because of a fight we had. 12345670
73) I kicked my partner. 12345670
74) My partner did this to me. 12345670
75) I used threats to make my partner have sex. 12345670
76) My partner did this to me. 12345670
77) I agreed to try a solution to a disagreement my partner suggested. 12345670
78) My partner agreed to try a solution I suggested. 12345670
79) I’ve felt afraid of being seriously hurt by my partner. 12345670
80) I think that my partner has felt afraid of being seriously hurt by me. 12345670
Do you have any concerns about violence, safety, or other topics covered in this survey that you would like to discuss with a doctor or a nurse?

Yes  No

This is the end of the survey.
Thank you very much for your help!
Appendix 2: Follow-Up Phone Interview Script

Is this _________________?

NO → Confirm correct number and leave message if subject has given permission to do so.

YES → I’m a research assistant working on a study at Boston Medical Center. As you may remember, you agreed to participate in a follow-up phone interview after taking the violence survey at the Boston Medical Center Pediatric Emergency Department last month. Would now be an okay time to complete the phone interview?

NO → Could I call you at a more convenient time to complete the interview?

YES → arrange future time

NO → thank them and end call, no further follow-up

YES → Begin interview

1) At your emergency department visit, you were given some materials about violence that teenagers may experience in dating relationships. These materials included places that teenagers could go and numbers that they could call for help with violence in a dating relationship. Since your emergency department visit, have you contacted any of those organizations or other resources for help?

YES → Which organization(s) did you contact?

Did you find them helpful? (Repeat for each organization contacted)

YES → We’d like to know more about how you found them to be helpful.

Did they provide you with information that helped you learn more about understanding violence in dating relationships? (YES/NO)

Did they provide you with information that helped you learn what you could do to stop violence in dating relationships? (YES/NO)

Did they tell you about other places you could go to for help? (YES/NO)

Did you feel that they supported you emotionally? (YES/NO)

Did you feel that they understood you? (YES/NO)

Did you feel that they understood your problem? (YES/NO)

Did they do something else that was helpful? _______________

NO → We’d like to know more about the reasons why not.

Did you feel that they did not understand you? (YES/NO)

Did you feel that they did not understand your problem? (YES/NO)

Did you feel that they did not support you emotionally? (YES/NO)

Were they unable to provide the information you were looking for? (YES/NO)

Was there another reason? _______________

NO → We’d like to know more about why you chose not to contact any of them.

Did you not feel that you needed help with violence in dating relationships? (YES/NO)

Did you feel that you needed help, but not believe that these organizations would be able to help you? (YES/NO)

Did you want help but feel that contacting these organizations would be too difficult? (YES/NO)

Did you want help but worry that you or someone else might get in trouble if you went to one of these organizations? (YES/NO)

Was there another reason? _______________

2) We’re interested in learning more about what sorts of resources teenagers would be most likely to use to get help with violence in a dating relationship. We’d like to know how likely you think you would be to use each of the following types of resources (DEFINITELY WOULD, POSSIBLY WOULD, PROBABLY WOULDN’T, or DEFINITELY WOULDN’T)

a) A free hotline you could call to talk to a counselor trained to help with dating violence.

b) A place you could go to talk to a free counselor trained to help with dating violence in person.

c) An online chat room you could use to talk to a counselor trained to help with dating violence.

d) A group at Boston Medical Center where you could go to talk with other guys/girls about stuff related to dating relationships.

e) A group where you could participate in activities such as writing stories or making videos to teach other teenagers more about the differences between healthy and unhealthy relationships.

f) Is there another way that you’d like to be able to get help? ______________
Thank you very much for taking the time to speak with me. We want to make sure that you have the resources you need to deal with any problems that you may be experiencing. Would you like to have a social worker call you back to talk about any problems that you may be experiencing with violence or in your relationship?
YES  ➔ Obtain information and submit for adolescent center social work referral.

We’d like to send you a gift card to thank you for your time today. Where would you like me to send this gift card?

OBTAIN ADDRESS

Thank you again for your time.