



UNC CFAR Social and Behavioral Science Research Core Database

INSTRUMENT TITLE: CASR-SF: Composite Abuse Scale (Revised) – Short Form

SOURCE ARTICLE: Ford-Gilboe, M., Wathen, C., Varcoe, C., MacMillan, H., Scott-Storey, K., Mantler, T., Hegarty, K., & Perrin, N. (2016). Development of a brief measure of intimate partner violence experiences: the Composite Abuse Scale (Revised) – Short Form (CASR-SF). *BMJ Open*. 6.

POPULATION: heterosexual, women, youth , adolescents, students

RESPONSE OPTIONS: YES/NO responses and if YES then a frequency scale ranging from “not in the past 12 months” (0) to “daily/almost daily” (5)

SCORING: Compute the mean of the frequency of abuse experience responses and multiply by 15, where there are responses for at least 11 of the 15 items

SURVEY ITEMS: This instrument has already been formatted by the author, please see attached.

RELIABILITY INFORMATION: Cronbach’s $\alpha = 0.942$

VALIDITY INFORMATION: Content, Construct, and Criterion Validity and Factor Structure are reported

TERMS OF USE:

Individuals may use this information for research or educational purposes only and may not use this information for commercial purposes. When using this instrument, please cite:

Ford-Gilboe, M., Wathen, C., Varcoe, C., MacMillan, H., Scott-Storey, K., Mantler, T., Hegarty, K., & Perrin, N. (2016). Development of a brief measure of intimate partner violence experiences: the Composite Abuse Scale (Revised) – Short Form (CASR-SF). *BMJ Open*. 6.

When presenting results using any survey information you obtained from the SABI, please acknowledge the University of North Carolina at Chapel Hill Center for AIDS Research (CFAR), an NIH funded program P30 AI50410.

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APPENDIX

COMPOSITE ABUSE SCALE REVISED - SHORT FORM (CAS_R-SF)

INSTRUCTIONS: These questions ask about your experiences in adult intimate relationships. By adult intimate relationship we mean a current or former husband, partner or boyfriend/girlfriend for longer than one month.

1. Have you ever been in an adult intimate relationship? (Since you were 16 years of age)
 - a. Yes
 - b. No – Skip out of remaining questions
2. Are you currently in a relationship?
 - a. Yes
 - b. No – Go to Q4
3. Are you currently afraid of your partner?
 - a. Yes
 - b. No
4. Have you ever been afraid of any partner?
 - a. Yes
 - b. No

We would like to know if you experienced any of the actions listed below from any current or former partner or partners. If it ever happened to you, please tell us *how often* it usually happened in the past 12 months.

My partner(s):	Has this ever happened to you?		IF YES, how often did it happen in the past 12 months?						
	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily	
Blamed me for causing their violent behavior	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily	
Shook, pushed, grabbed or threw me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily	
Tried to convince my family, children or friends that I am crazy or tried to turn them against me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily	
Used or threatened to use a knife or gun or other weapon to harm me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily	

Continued

Continued

<i>My partner(s):</i>	Has this ever happened to you?		IF YES, how often did it happen in the past 12 months?					
	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Made me perform sex acts that I did not want to perform	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Followed me or hung around outside my home or work	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Threatened to harm or kill me or someone close to me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Choked me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Forced or tried to force me to have sex	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Harassed me by phone, text, email or using social media	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Told me I was crazy, stupid or not good enough	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Hit me with a fist or object, kicked or bit me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Kept me from seeing or talking to my family or friends	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Confined or locked me in a room or other space	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Kept me from having access to a job, money or financial resources	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily

CAS_R-SF may not be reproduced without permission. There is no fee to use this scale, but permission must be obtained from Dr. Marilyn Ford-Gilboe (mfordg@uwo.ca) before use.

Composite Abuse Scale Revised - Short Form (CASR-SF). Version: September 2, 2016