

Příloha 1.

Distressing Event Questionnaire (DEQ)

The purpose of these questions is to evaluate your reactions to your experience(s) of being a victim of domestic violence. The questions ask about the degree to which you experienced 20 symptoms in the past month (the last 30 days, counting today).

0 = Absent or Did Not Occur

1 = Present to a Slight Degree

2 = Present to a Moderate Degree

3 = Present to a Considerable Degree

4 = Present to an Extreme or Severe Degree

1. ___ Unwanted thoughts or mental pictures of the event(s) when nothing was happening to remind you?
2. ___ Bad dreams or nightmares about the event(s)?
3. ___ Suddenly reliving the event(s), flashbacks of the event(s), or acting or feeling as if it was actually happening again?
4. ___ Distress or emotional upset when reminded of the event(s)?
5. ___ Psychological reactions when reminded of the event(s)? (such as sweaty palms, rapid breathing, pounding heart, dry mouth, nervous stomach, tense muscles)
6. ___ Efforts to avoid thoughts or feelings that would remind you of the event(s)?
7. ___ Efforts to avoid activities, conversations, people, or places that would remind you of the event(s)?
8. ___ Inability to recall any important parts of what happened?

Items 9 to 17 as about how you thought and felt in the last month – compared to before the event(s)?

9. ___ Loss of interest in activities that had been important – such as loss of interest in your job, sports, or social activities.
10. ___ Feeling detached or cut off from others around you?
11. ___ Feeling emotionally „numb“? (for example, inability to feel tenderness, loving feelings, joyful feelings, or unable to cry)
12. ___ Thinking your future would be cut short in some way? (for example, no expectations of a career, marriage or children; expecting a shortened life or premature death)

13. ___ Trouble falling or staying asleep?
14. ___ Irritability or outbursts of anger?
15. ___ Difficulty concentrating?
16. ___ Being alert, watchful, or „on guard“? (for example, looking around you, checking out noises, checking to see if windows and doors were locked)
17. ___ Jumpy or startled by sudden sounds or movements?
18. ___ Feeling guilt that was related to the event(s) – in other words, upset because you think you should have thought, felt, or acted differently?
19. ___ Feeling anger that was related to the event(s) – in other words, upset because you think someone else should thought, felt, or acted differently?
20. ___ Grief, sorrow, or feelings of loss? (over loss of loved ones, belongings, identity, self-worth, faith in human nature, optimism, or beliefs that something like this would never happen to you)
21. ___ Did you experience intense fear, helplessness, or horror at any time during the event(s)?

Yes___ No___

Příloha 2.

Trauma Related Guilt Inventory (TRGI)

Individuals who have experienced traumatic events – such as physical or sexual abuse, combat, sudden loss of loved ones, serious accidents or disasters etc. – vary considerably in their response to these events. Some people do not have any misgivings about what they did during these events, whereas other people do. They may have misgivings about something they did (or did not do), about beliefs or thoughts they had, or for having had certain feelings (or lack of feelings). The purpose of these questions is to evaluate your response to being a victim of domestic violence.

Please take a few moments to think about your experience(s) of victim of domestic violence. All the following items refer to events related to this experience. Circle the answer that best describes how you feel about each statement.

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|--|----------------|-----------|---------------|---------------|-----------------|
| 1. I could have prevented what happened. | Extremely true | Very true | Somewhat true | Slightly true | Not at all true |
| 2. I am still distressed about what happened. | Extremely true | Very true | Somewhat true | Slightly true | Not at all true |
| 3. I had some feelings that I should not have had. | Extremely true | Very true | Somewhat true | Slightly true | Not at all true |
| 4. What I did was completely justified. | Extremely true | Very true | Somewhat true | Slightly true | Not at all true |
| 5. I was responsible for causing what happened. | Extremely true | Very true | Somewhat true | Slightly true | Not at all true |
| 6. What happened causes me emotional pain. | Extremely true | Very true | Somewhat true | Slightly true | Not at all true |
| 7. I did something that went against my values. | Extremely true | Very true | Somewhat true | Slightly true | Not at all true |
| 8. What I did made sense. | Extremely true | Very true | Somewhat true | Slightly true | Not at all true |
| 9. I knew better than to do what I did. | Extremely true | Very true | Somewhat true | Slightly true | Not at all true |
| 10. I feel sorrow or grief about the outcome. | Extremely true | Very true | Somewhat true | Slightly true | Not at all true |

Extremely true	Very true	Somewhat true	Slightly true	Not at all true
27. What I did was not justified in any way.				
Extremely true	Very true	Somewhat true	Slightly true	Not at all true
28. I violated personal standards of right and wrong.				
Extremely true	Very true	Somewhat true	Slightly true	Not at all true
29. I did something I should not have done.				
Extremely true	Very true	Somewhat true	Slightly true	Not at all true
30. I should have done something that I did not do.				
Extremely true	Very true	Somewhat true	Slightly true	Not at all true
31. What I did was unforgivable.				
Extremely true	Very true	Somewhat true	Slightly true	Not at all true
32. I didn't do anything wrong.				
Extremely true	Very true	Somewhat true	Slightly true	Not at all true