**Supplementary Material 1.** Retrospective abuse questionnaire used at 35 weeks of pregnancy.

1. Have you ever experienced physical abuse? Yes No If no, please skip to question 2.

If yes:

By who? By who? By who?

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How often? How often? How often?

 Once Once Once

 Rarely Rarely Rarely

 Sometimes Sometimes Sometimes

 Often Often Often

How old were you when it How old were you when it How old were you when it

started? started? started?

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Has it stopped? Has it stopped? Has it stopped?

 Yes Yes Yes

 No No No

If yes, how old were you If yes, how old were you If yes, how old were you

when it stopped? when it stopped? when it stopped?

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

1. Have you ever experienced emotional abuse (including psychological or verbal)?

 Yes No If no, please skip to question 3.

If yes:

By who? By who? By who?

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How often? How often? How often?

 Once Once Once

 Rarely Rarely Rarely

 Sometimes Sometimes Sometimes

 Often Often Often

How old were you when it How old were you when it How old were you when it

started? started? started?

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Has it stopped? Has it stopped? Has it stopped?

 Yes Yes Yes

 No No No

If yes, how old were you If yes, how old were you If yes, how old were you

when it stopped? when it stopped? when it stopped?

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1. Have you ever experienced sexual abuse? Yes No

If yes:

By who? By who? By who?

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How often? How often? How often?

 Once Once Once

 Rarely Rarely Rarely

 Sometimes Sometimes Sometimes

 Often Often Often

How old were you when it How old were you when it How old were you when it

started? started? started?

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Has it stopped? Has it stopped? Has it stopped?

 Yes Yes Yes

 No No No

If yes, how old were you If yes, how old were you If yes, how old were you

when it stopped? when it stopped? when it stopped?

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