

APPENDIX 5

Abuse Assessment Screen

APPENDIX E | VALIDATED ABUSE ASSESSMENT TOOLS

ABUSE ASSESSMENT SCREEN⁶¹

1) Have you ever been emotionally or physically abused by your partner or someone important to you?
 Yes No
 If yes by whom? _____
 Total number of times _____

4. Within the last year, has anyone forced you to have sexual activities?
 Yes No
 If yes by whom? _____
 Total number of times _____

2) Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?
 Yes No
 If yes by whom? _____
 Total number of times _____

5. Are you afraid of your partner or anyone you listed above?
 Yes No

3) Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?
 Yes No
 If yes by whom? _____
 Total number of times _____

MARK THE AREA OF INJURY ON A BODY MAP AND SCORE EACH INCIDENT ACCORDING TO THE FOLLOWING SCALE:

If any of the descriptions for the higher number apply, use the higher number.

- 1 = Threats of abuse including use of a weapon
- 2 = Slapping, pushing; no injuries and/or lasting pain
- 3 = Punching, kicking, bruises, cuts, and/or continuing pain
- 4 = Beating up, severe contusions, burns, broken bones
- 5 = Head injury, internal injury, permanent injury
- 6 = Use of weapon; wound from weapon

