# APPENDIX B

# Suggested Screening Questions

## FRAMING QUESTIONS:

- Because violence is so common in many people's lives, I've begun to ask all my patients about it.
- I'm concerned that your symptoms may have been caused by someone hurting you.
- I don't know if this is a problem for you, but many of the women I see as patients are dealing with abusive relationships. Some are too afraid of uncomfortable to bring it up themselves, so I've started asking about it routinely.
- Some of the lesbian women and gay men we see here are hurt by their partners. Does your partner ever try to hurt you?

## DIRECT VERBAL QUESTIONS:

- Are you in a relationship with a person who physically hurts or threatens you?
- Did someone cause these injuries? Was it your partner/husband?
- Has your partner or ex-partner ever hit you or physically hurt you? Has he ever threatened to hurt you or someone close to you?
- Do you feel controlled or isolated by your partner?
- Do you ever feel afraid of your partner? Do you feel you are in danger? Is it safe for you to go home?
- Has your partner ever forced you to have sex when you didn't want to? Has your partner ever refused to practice safe sex?

## For History Intake Forms/New Patient Questionnaires:

### Option 1:

- Have you ever been hurt or threatened by your boyfriend/husband/partner?

*-OR-*

- Have you ever been hit, kicked, slapped, pushed or shoved by your boyfriend/husband/partner?

*-OR-*

- Have you ever been hit, kicked, slapped, pushed or shoved by your boyfriend/husband/partner during this pregnancy?

*-AND-*

- Have you ever been raped or forced to engage in sexual activity against your will?

### Option 2:

- Are you currently or have you ever been in a relationship where you were physically hurt, threatened, or made to feel afraid?

### Option 3:

- Have you ever been forced or pressured to have sex when you did not want to?
- Have you ever been hit, kicked, slapped, pushed or shoved by your boyfriend/husband/partner?

## Option 4:

### ABUSE ASSESSMENT SCREEN[33]

1. Have you ever been emotionally or physically abused by your partner or someone important to you? ❒ YES ❒ NO

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:_____

3. Since you've been pregnant, were you 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.
Score each incident according to the following scale:

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

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

4. Within the last year, has anyone forced you to have sexual activities? ❒ YES ❒ NO

   If YES, by whom?_____ Total number of times:_____

5. Are you afraid of your partner or anyone you listed above? ❒ YES ❒ NO

## Option 5:

For use as a rubber stamp or printed on Intake Form:

SCREENING : ❒ Yes ❒ No
❒ DV+ ❒ DV- ❒ DV?

*or*

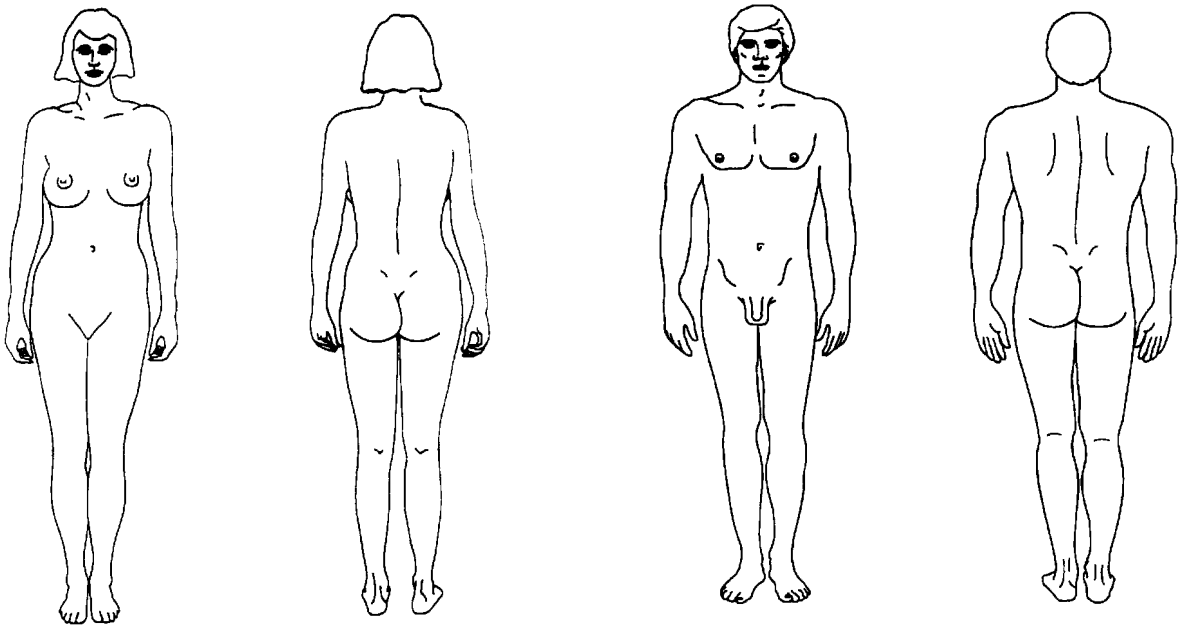
SCREENING :
❒ DV+ ❒ DV- ❒ DV?

(Note: "DV?" means that domestic violence is suspected.)

# DOMESTIC VIOLENCE SCREENING/DOCUMENTATION FORM

DV Screen
❒ DV+ (Positive)
❒ DV? (Suspected)

Date _____ Patient ID# _____
Patient Name _____
Provider Name _____
Patient Pregnant? ❒ Yes ❒ No



## ASSESS PATIENT SAFETY

❒ Yes ❒ No Is abuser here now?
❒ Yes ❒ No Is patient afraid of their partner?
❒ Yes ❒ No Is patient afraid to go home?
❒ Yes ❒ No Has physical violence increased in severity?
❒ Yes ❒ No Has partner physically abused children?
❒ Yes ❒ No Have children witnessed violence in the home?
❒ Yes ❒ No Threats of homicide?
By whom: _____
❒ Yes ❒ No Threats of suicide?
By whom: _____
❒ Yes ❒ No Is there a gun in the home?
❒ Yes ❒ No Alcohol or substance abuse?
❒ Yes ❒ No Was safety plan discussed?

## REFERRALS

❒ Hotline number given
❒ Legal referral made
❒ Shelter number given
❒ In-house referral made
Describe:_____
❒ Other referral made
Describe:_____

## REPORTING

❒ Law enforcement report made
❒ Child Protective Services report made
❒ Adult Protective Services report made

## PHOTOGRAPHS

❒ Yes ❒ No Consent to be photographed?
❒ Yes ❒ No Photographs taken?
*Attach photographs and consent form*

*Developed by the Family Violence Prevention Fund and Educational Programs Associates, Inc.*

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