## ABUSE ASSESSMENT SCREEN

1) Have you ever been emotionally or physically abused by your partner or someone important to you?

No  $\square$ Yes

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 \_\_\_\_\_

3) Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?

Yes

No  $\square$ 

If yes by whom? \_\_\_\_\_

4. Within the last year, has anyone forced you to have sexual activities?

No  $\square$ Yes

If yes by whom? Total number of times \_\_\_\_\_

5. Are you afraid of your partner or anyone you listed above?

> Yes No  $\square$

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

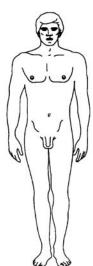
4 = Beating up, severe contusions, burns, broken bones

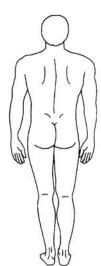
5 = Head injury, internal injury, permanent injury

6 = Use of weapon; wound from weapon









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