

# BRIEF SCREENING QUESTIONS FOR PRIMARY CARE

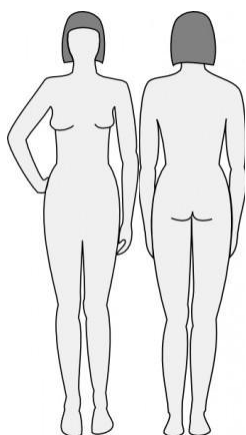
Administration method: Provide a private and confidential setting.

## Step 1: Abuse Assessment Screen (AAS)

"Before I get started, I want you to know that everything is confidential, meaning I won't talk to anyone else about what is happening unless you tell me ... {insert mandatory reporting situations here}"

"Because domestic violence happens to so many women, we ask all women the following questions":

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
2. Within the last year, have you ever been hit, slapped, kicked, or otherwise physically hurt by someone?
  - If YES, who? (Circle all that apply)
  - Husband Ex-Husband Boyfriend Stranger Other Multiple
  - Total # of times: \_\_\_\_\_
3. Since you've been pregnant, have you been slapped, kicked, or otherwise physically hurt by someone?
  - If YES, who? (Circle all that apply)
  - Husband Ex-Husband Boyfriend Stranger Other Multiple
  - Total # of times: \_\_\_\_\_



Document the abuse and respect the woman's response to the questions. If a woman reports physical abuse, give her a pencil and have her mark the areas of abuse on the body map.

Score each incident according to the following scale:

- 1 = Threats of abuse including use of 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 \_\_\_\_\_

## Step 2: Abuse Assessment Screen (AAS) continued...

4. Within the last year, has anyone forced you to have sexual activities?
  - If YES, who? (Circle all that apply)
  - Husband Ex-Husband Boyfriend Stranger Other Multiple
  - Total # of times: \_\_\_\_\_
5. Are you afraid of your partner or anyone you listed above?

**"NO" TO ALL:** "I'm glad to hear that. It's important to feel safe in a relationship"

Provide patient education. Underscore the importance of healthy relationships. Offer safety card "for a friend".

**"YES" TO ANY = POSITIVE SCREEN**  
Offer safety plan, patient education, and safety card prior to leaving appointment.

**OFFER REFERRAL TO BPA:** "Battered Persons' Advocacy is a local agency that provides services and support for people who have experienced this"

- Encourage the patient to call BPA immediately / offer to help her make the call.
1. Call BPA's Co-Located Advocate at ext. 6303 and ask her to meet the patient in your office (on Tue & Wed between 8:30am-12:30pm).
  2. If the Co-Located Advocate cannot be reached, call the BPA Crisis Line (541-673-7867) and identify that you are a healthcare provider (or a patient).

Algorithm Created by: The Safer Futures Project at Battered Persons' Advocacy, Roseburg, Oregon