

ABUSE ASSESSMENT SCREEN

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

2. Within the last year, have you been hit, slapped, kicked, pushed or shoved, or otherwise physically hurt by your partner or ex-partner?

If YES, by whom

Number of times

3. Does your partner ever force you into sex?

4. Are you afraid of your partner or ex-partner?

Helton & McFarlane, 1986

Mark the area of any injury on body map.

