

## ABUSE ASSESSMENT SCREEN

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

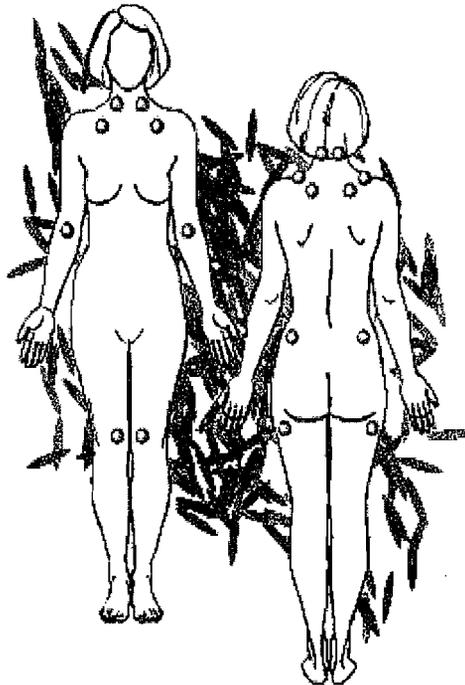
2. Within the last year, have you been hit, slapped, kicked, pushed or shoved, or otherwise physically hurt by your partner or ex-partner? \_\_\_\_\_

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? \_\_\_\_\_



Mark the area of any injury on body map.

(Helton & McFarlane, 1986)