

Domestic Violence Screening Tool

Client Name _____

Screen Completed by: _____ Date: _____

As part of our screening I/we am/are going to ask some questions about how conflict and aggression is handled in this relationship in the past. It's important we understand and can prioritize needs for counseling.

	past year		Past History	
1. In the last year have you experienced conflicts with your partner that cause you stress?	YES	NO	YES	NO
2. Are you currently experiencing, or have you ever experienced any of the following in your relationships with your family or partner?				
a) being called names, being put down, told you are worthless	YES	NO	YES	NO
b) pushing, grabbing, shoving, hitting or restraining	YES	NO	YES	NO
c) being kept away from family and friends, prevented from leaving your home, or going where you wanted to go	YES	NO	YES	NO
d) receiving threats that your partner is going to hurt you, your children, other family members or pets	YES	NO	YES	NO
e) belongings being broken or destroyed	YES	NO	YES	NO
f) throwing things, punching walls	YES	NO	YES	NO
g) feeling intimidated or afraid to leave home	YES	NO	YES	NO
h) controlling access to money or not being allowed access to your money	YES	NO	YES	NO
i) being threatened with lost custody of your children	YES	NO	YES	NO
j) have your children witnessed any abuse	YES	NO	YES	NO
k) having sex in ways that made you uncomfortable or afraid	YES	NO	YES	NO

- | | <u>Current Rel.</u> | | <u>Past Hist..</u> | |
|--------------------------------------------------------------------------------------------------|---------------------|----|--------------------|----|
| l) have you ever obtained or tried to obtain an Order of Protection | YES | NO | YES | NO |
| b) When was the last time any of the above incidents happened? | | | | |
| c) How frequently? | | | | |
| 4. Have the police ever been called to your home because of an argument? | YES | NO | YES | NO |
| 5. Are you or have you ever been afraid of your partner? | YES | NO | YES | NO |
| 6. Have you ever sought help for any health problems related to stress in the past? | YES | NO | YES | NO |
| IF YES,
Has your partner been supportive of past recovery efforts from any of these problems? | YES | NO | YES | NO |
| 7. Do you have any concerns or fears of physical harm? | YES | NO | YES | NO |
| IF YES,
Can you give me an example? | | | | |

Client Agreeable to addressing aggression: YES NO MAYBE

Comments and/or observations of client: