

Screening for Adult Interpersonal Violence History

GENERAL GUIDELINES

This is a screening only. Follow-up information will be needed for adequate treatment planning if one or more of these events will be the focus of treatment.

- Individuals may frequently have **more than one** experience within each category. Convey a calm and supportive demeanor should this arise. Normalize the experience.
- Avoid using loaded, jargony terms such as rape, abuse or assault (these connote "crimes" and individuals frequently don't conceptualize their experiences as a crime).
- Stay descriptive in discussing a person's experiences.
- Individuals may ask for clarification of "sexual contact." Clarification can include statements such as: someone else touching your penis/breasts or vagina
- Touching may occur with another person's hands, sexual body parts, or with objects.



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QUESTIONS

During the course of a person's life, he/she may have stressful or disturbing experiences. These experiences may occur with friends, family members, acquaintances, or strangers. For many reasons, people do not always talk about these experiences with others or report them to the police. I would like to ask you about some of these experiences now.

1. *When you were a child, were you ever hit, slapped, kicked or otherwise physically hurt by someone?*
If yes, by whom?
How many times did this happen?
2. *When you were a child, were there ever times in which you were aware that someone else in your family, including one of your caregivers, was hit, slapped, kicked or otherwise physically hurt by someone?*
If yes, who experienced this?
By whom?
How many times did this happen?
3. *When you were a child (before age 13), did you ever have an experience in which someone, who was at least 5 years older than you, touched you in a sexual way?*
If yes, by whom?
How many times did this happen?
4. *When you were an adolescent, did someone ever use pressure, coercion, force or threat of force to have unwanted sexual contact with you?*
If yes, by whom?
How many times did this happen?
5. *Finally, when you were a child, were there ever times in which your basic needs were not met? That is, were there times in which you didn't have enough to eat, clean clothing or adequate supervision?*
If yes, when did this occur?
6. *Has anyone (including family members, friends, intimate partners, or strangers) ever hit, kicked,slapped or otherwise physically hurt you?*
If yes with whom did this occur?
How many times did this happen?
7. *At any time during your adult life, did anyone (including family members, friends, intimate partners, or strangers) ever use force or threat to force to have unwanted sexual contact with you?*
If yes with whom did this occur?
How many times did this happen?

Next, I would like to ask you about possible experiences that you may have had as an adult.



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