

# SCREENING FOR ABUSE DOCUMENTATION FORM:

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Did not screen for abuse (*Reason for not screening documented in client file*)
- Present abuse = (the abuse has occurred within the past 12 months)
- Past abuse = (the abuse occurred more than 12 months ago)
- Unknown = (client presents with indicators of abuse or not appropriate to screen client)

## Woman abuse by intimate partner

- |                    |                               |                                  |                             |                                  |
|--------------------|-------------------------------|----------------------------------|-----------------------------|----------------------------------|
| Physical           | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Sexual             | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Emotional / Verbal | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Institutional      | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| War Trauma         | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Other              | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | type: _____                      |

## If the Client Reports Abuse:

- Does the client still have contact with the abuser?  Yes  No  Unknown
- Have the children been exposed to the abuse?  Yes  No  Unknown
- If "yes" - Duty to Report?  Yes  No
- Is the client currently at risk of experiencing abuse?  Yes  No  Unknown
- Does the client feel unsafe now?  Yes  No  Unknown
- Has the client received support or is she receiving support related to abuse issues?  Yes  No  Unknown

## Information / Referral(s) if client discloses trauma / abuse:

- |   |   |
|---|---|
| <input type="checkbox"/> At^lohsa   | <input type="checkbox"/> Women's Rural Resource Centre        |
| <input type="checkbox"/> Women's Community House  | <input type="checkbox"/> London Abused Women's Centre         |
| <input type="checkbox"/> Sexual Assault Centre London                                     | <input type="checkbox"/> Changing Ways                        |
| <input type="checkbox"/> Family Service London  | <input type="checkbox"/> London Interfaith Counselling Centre |
| <input type="checkbox"/> Abused Women's Helpline  | <input type="checkbox"/> Children's Aid Society               |
| <input type="checkbox"/> St. Joseph's Sexual Assault & Domestic Violence Treatment Centre | <input type="checkbox"/> Victim / Witness Assistance Program  |
| <input type="checkbox"/> Family Consultants   | <input type="checkbox"/> Trauma Unit (LHSC)                   |
| <input type="checkbox"/> Other  |   |
| <input type="checkbox"/> None, reason:  |   |

Comments: \_\_\_\_\_

Staff Signature: \_\_\_\_\_