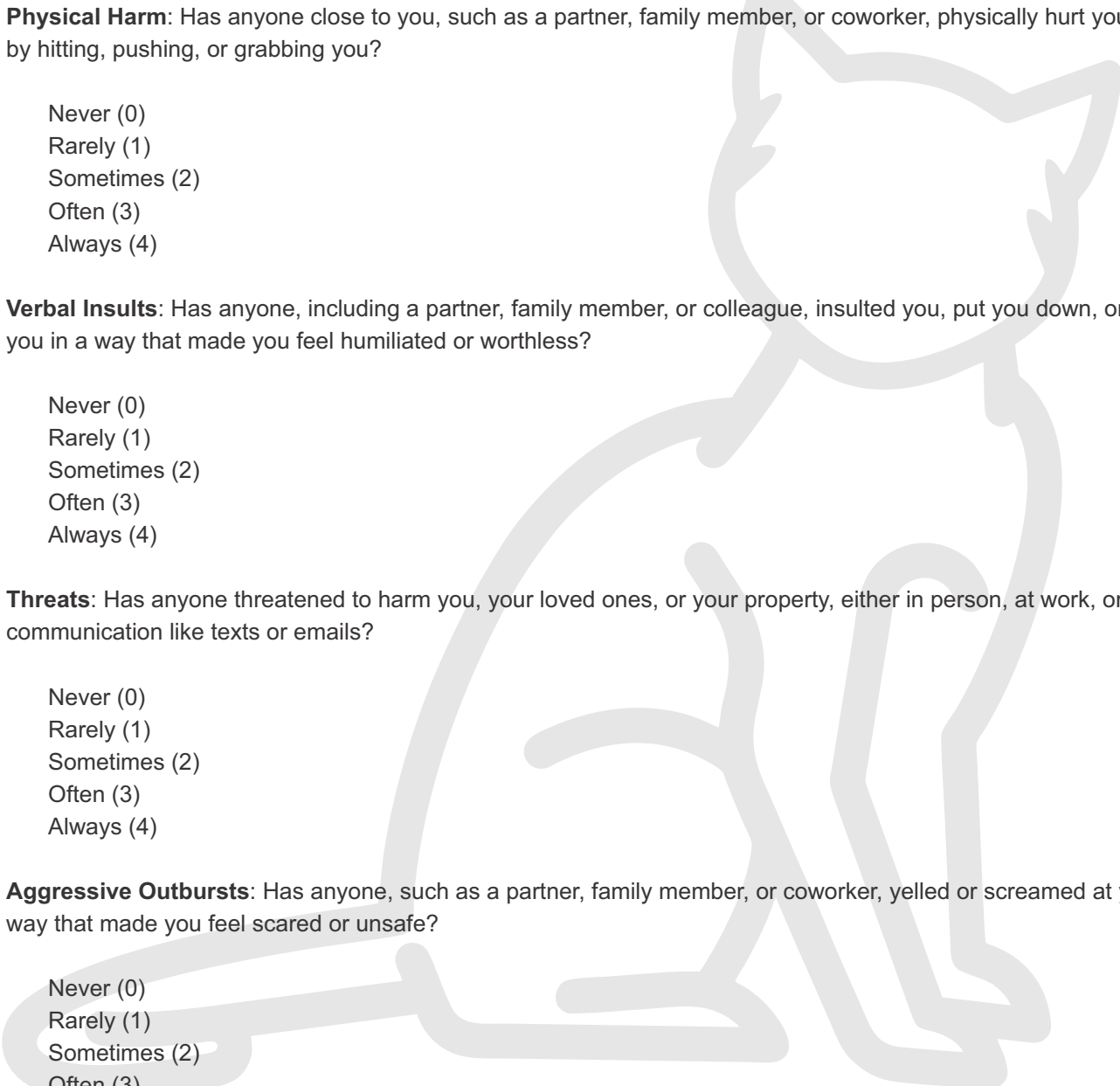


Violence and Abuse Screening Assessment

The following questions assess experiences of violence or abuse over the past 12 months. Encourage honest responses and provide reassurance that the information will be kept confidential unless safety concerns require disclosure.

Name: _____

Date: _____

- 
- 1. Physical Harm:** Has anyone close to you, such as a partner, family member, or coworker, physically hurt you, such as by hitting, pushing, or grabbing you?

Never (0)
Rarely (1)
Sometimes (2)
Often (3)
Always (4)
 - 2. Verbal Insults:** Has anyone, including a partner, family member, or colleague, insulted you, put you down, or spoken to you in a way that made you feel humiliated or worthless?

Never (0)
Rarely (1)
Sometimes (2)
Often (3)
Always (4)
 - 3. Threats:** Has anyone threatened to harm you, your loved ones, or your property, either in person, at work, or through communication like texts or emails?

Never (0)
Rarely (1)
Sometimes (2)
Often (3)
Always (4)
 - 4. Aggressive Outbursts:** Has anyone, such as a partner, family member, or coworker, yelled or screamed at you in a way that made you feel scared or unsafe?

Never (0)
Rarely (1)
Sometimes (2)
Often (3)
Always (4)
 - 5. Workplace Aggression:** Have you felt unsafe at work due to aggressive behavior, harassment, or threats from coworkers, clients, or visitors?

Never (0)
Rarely (1)
Sometimes (2)
Often (3)
Always (4)

6. **Controlling Behavior:** Has anyone tried to control your actions, such as monitoring your whereabouts, limiting your access to money, or isolating you from friends or family?

- Never (0)
- Rarely (1)
- Sometimes (2)
- Often (3)
- Always (4)

7. **Fear for Safety:** Have you felt afraid for your safety or the safety of others because of someone's behavior toward you, either at home or at work?

- Never (0)
- Rarely (1)
- Sometimes (2)
- Often (3)
- Always (4)

8. **Stalking or Harassment:** Has anyone repeatedly followed you, sent unwanted messages, or engaged in other behaviors that made you feel stalked or harassed?

- Never (0)
- Rarely (1)
- Sometimes (2)
- Often (3)
- Always (4)

9. **Sexual Coercion:** Has anyone pressured or forced you into sexual activities that you did not want, either at home, work, or elsewhere?

- Never (0)
- Rarely (1)
- Sometimes (2)
- Often (3)
- Always (4)

10. **Access to Weapons:** Are you aware of anyone close to you, such as a partner or coworker, who has access to weapons and has threatened or shown violent behavior?

- Never (0)
- Rarely (1)
- Sometimes (2)
- Often (3)
- Always (4)

Sum:

Interpretation

Score 0–9: Low likelihood of ongoing violence or abuse, but monitor for any concerning responses (e.g., a single “Often” response).

Provide resources and encourage reporting if issues arise.

Score 10–19: Moderate concern for violence or abuse. Conduct a detailed assessment, discuss safety concerns, and offer referrals to counseling or victim services.

Score 20 or higher: High likelihood of violence or abuse. Immediate action is required, including safety planning, referral to law enforcement if imminent danger exists, and connection to support services.