

Clinical IPV Assessment



Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

5th-7th Pregnancy Visit 12 Weeks Post-Partum Child 16 Months PRN

Please circle how many times your partner (or ex-partner) did each of these things in the past 12 months.

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| <p>1. Has your partner (or ex-partner) ever physically hurt you in the past 12 months?</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Often 5. Frequently <p>2. Has your partner (or ex-partner) ever insulted you in the past 12 months?</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Often 5. Frequently <p>3. Has your partner (or ex-partner) ever threatened to harm you in the past 12 months?</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Often 5. Frequently <p>4. Has your partner (or ex-partner) ever screamed or cursed at you in the past 12 months?</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Often 5. Frequently <p>HITS © copyright Dr. Kevin Sherin 2005 Used and adapted with permission</p> | <p>1. Examples: Pushed, grabbed or shoved? Kicked, hit, or shaken? Choked or restrained? Injured in some way?</p> <p>2. Examples: Called you names? Humiliated you in front of other people? Bullied or criticized you? Said you would be nothing without him/her? Destroyed something important to you?</p> <p>3. Examples: Threatened you with a weapon? Threatened to harm or kill you? Left threatening or offensive emails or texts? Followed you and watched you? Harassed you over the phone?</p> <p>4. Examples: Threatening or disrespectful words Words that create fear or a sense of danger</p> |
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| <p>5. Have you been forced to have any kind of sexual activity by your partner (or ex-partner)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Has your partner (or ex-partner) ever done things to try and control your thoughts, feelings or actions?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Has there ever been a time when the actions of your partner (or ex-partner) made you worried about the safety of your child(ren)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Are you now, or have you ever been afraid of, your partner (or ex-partner)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>5. Examples: Forced to have sex? Made you take part in a sex act that made you feel uncomfortable? Forced you to do sexual things that you didn't want to do?</p> <p>6. Examples: Refused to let you leave the house? Told you where you could go or who you could see? Refused to give you access to money? Kept you from getting health care when you needed it? Kept you from talking to or seeing your family members and friends? Blamed you for his/her problems?</p> <p>7. Examples: Threatened to harm or kill the child(ren)? Took or threatened to take your child(ren) and not return them to you? Physically or sexually hurt your child(ren)? Took the child(ren) to unsafe places (e.g. meth house, bar)? Screamed or yelled at the child(ren) and/or called them names? Blamed the child(ren) for his/her problems?</p> |
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Nurse Only

If you are entering a "PRN" assessment, please select one of the following reasons:

- Delayed "Make-up" Assessment
- Additional Assessment

Scoring

Questions 1-4: Total _____

**If score is greater than 8 indicates risk of IPV*

Questions 5-8: Any marked yes?

**Any Yes response indicates risk of IPV*

If Using State-Mandated Alternate IPV Screening Tool:

Indicate tool (select one):

- Abuse Assessment Screen (AAS)
- Abuse Within Intimate Relationships Scale (AIRS)

- Abuse Behavior Inventory (ABI)
- Composite Abuse Scale (CAS)
- Conflict Tactics Scales (CTS) – Revised
- Domestic Violence Screening for Pediatric Settings
- Harassment in Abusive Relationships: A Self-Report Scale (HARASS)
- Index of Psychological Abuse (IPA)
- Measure of Wife Abuse
- Multidimensional Measure of Emotional Abuse
- Partner Abuse Scale (PAS)
- Profile of Psychological Abuse (PPA)
- Physical Abuse of Partner Scale
- Safe Dates—Physical Violence Perpetration
- Safe Dates—Physical Violence Victimization
- Severity of Violence Against Women Scale/Severity of Violence Against Men Scale (SVAWS/SVAMS)
- Sexual Experiences Survey (SES)—Perpetration Version
- Sexual Experiences Survey (SES)—Victimization Version
- The Relationship Chart
- Universal Violence Prevention Screening Protocol—Adapted
- Women Abuse Screening Tool (WAST)
- Women's Experience with Battering (WEB)

Indicates IPV? Yes No