



**Domestic Violence Flow Sheet** (includes intimate partner violence & adult sexual abuse)

**Establish total privacy to ask screening questions. Safety is the first priority. Client must be alone, or if there is a child present, the child must not be of verbal age.**

**Explain to Client:** The majority of what you tell me is confidential and cannot be shared with anyone without your written permission. However, I am required by law to report information pertaining to child abuse, abuse of disabled persons, abuse of an elderly adult, gun shot wounds, or life threatening injuries.

State Abuse Hotline number: 1-800-962-2873 (1-800-96-ABUSE)

State Domestic Violence Hotline number: 1-800-500-1119

State Rape Crisis Hotline number: 1-888-956-7273 (1-888-956-RAPE)

- Directions:** (a). Document the date of visit.  
 (b) Circle appropriate response. If "Other"

is circled, an explanation should be provided for why screening did not take place ("PI" indicates Privacy Issues)

(c) If client's response to Steps 1 and 2 are "No" & you are confident that no further assessment is necessary, provide staff signature below and documentation is complete.

(d) If either answer for 1 or 2 is a "Yes", or if you feel there is a need to provide materials/referral, please continue with Steps 3-6. (Note: Comprehensive Assessment Steps 3-6 should be coded on HCMS as Universal PH 8024)

**Because violence is so common, we've begun to ask our clients:**

Date of visit	STEP 1. Have you ever been hit, kicked, punched, slapped, shoved or bit by your husband, boyfriend or partner?	STEP 2. Does your relationship make you feel threatened, ashamed, or unsafe at home?	Staff Signature
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	
	Yes No Other:	Yes No Other:	

**STEP 3:** If both answers are "No" and you are still concerned, tell the client:  
 (a) "All of us know of someone at some time in our lives who is abused. So, I am providing you with information in the event you or a friend need it in the future".

(b) document this under "comments" on back page.

<p><b>LABEL</b></p> <p>Name: _____</p> <p>ID No: _____</p> <p>Date of Birth: _____</p>
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**STEP 4 - Assess the abuse and safety of the client and any children**

Say to the client: "From the answers you have just given me, I am worried for you."

"Has the relationship gotten worse, or is it getting scarier?"  Yes  No  
"Does your partner ever watch you closely, follow you, or stalk you?"  Yes  No

**Ask the following question in clinic settings only. Do not ask in home settings:**

"If your partner is here with you today, are you afraid to leave with him/her?"  Yes  No  
"Is there anything else you want to tell me?" \_\_\_\_\_

"Are there children in the home?"  Yes  No

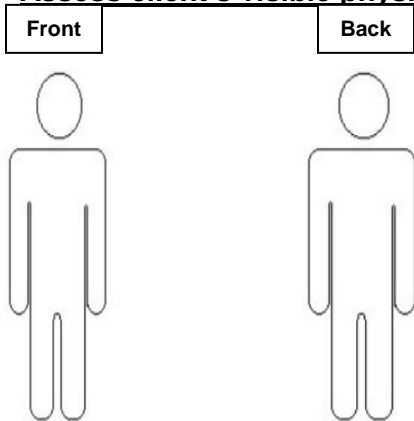
If the answer to the question above is "yes" say to client "I'm concerned for your safety and the safety of your children. You and your children deserve to be at home without feeling afraid."

"Have there been threats or direct abuse of the children?"  Yes  No

"Does your partner ever force you to have sex when you don't want to?"  Yes  No

Comments/Statements made by client \_\_\_\_\_

**STEP 5 – Assess client's visible physical injuries and indicate on drawings below:**



**Comments and/or client's statements:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STEP 6 – Information, referrals or reports made**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Client given domestic violence information including safety planning   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Reviewed domestic violence information including safety planning   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. State Abuse Hotline (1-800-96-ABUSE)<br>State Domestic Violence Hotline (1- 800-500-1119) and/or<br>State Rape Crisis Hotline (1-888-956-RAPE) given to the client |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Client called domestic violence hotline during visit   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Client seen by advocate during visit   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Report made. If yes, to whom: _____  |

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

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_