

QUESTIONS RELATING TO MENTAL HEALTH

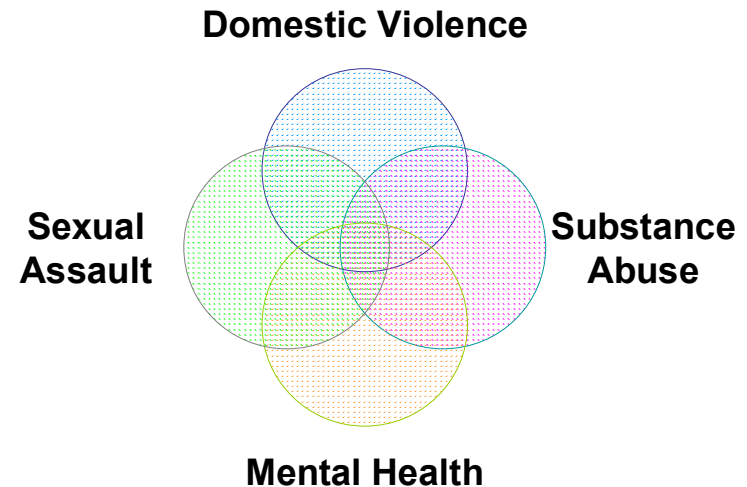
1. How many times, if ever, have you seen a counselor, a therapist, a psychologist or a psychiatrist? Are you seeing one now? Was there a diagnosis?
2. Which, if any, psychiatric medication(s) have ever been prescribed for you? Are you taking any now?
3. How many times, if ever, have you been hospitalized for psychiatric or emotional reasons? Was there a diagnosis? Please explain.
4. How many times, if ever, have you had thoughts of hurting yourself, others or killing yourself? How many times, if ever, have you actually attempted suicide? When? How? Do you think that you might try again?
5. During your childhood, describe any of the following which happened to you:
 - ✓ Physical injury inflicted by others
 - ✓ Emotional or psychological injury inflicted by others
 - ✓ Sexual abuse or humiliation inflicted by others
 - ✓ Routine verbal abuse or put-downs by others
 - ✓ Parent/guardian: neglect, abandonment, violence, substance abuse
6. Describe any event(s) you have ever experienced or witnessed that caused you to feel either extreme fear, helplessness, or horror even if you didn't have those feeling until later.
7. In which, if any, once-pleasurable activities or self-care have you lost interest?
8. Describe the difficulties, if any, which you have in falling or staying asleep.
9. Describe the ways now or in the past in which you either excessively diet or excessively exercise, engage in binge eating, or force yourself to vomit after eating. How often does this happen?

*Used by permission of Julie Owens, Na Wahine Team,
Hawaii State Commission on the Status of Women.
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DVAC
DV/MH/SA Subcommittee
Domestic Violence Advocacy Council



Cross Screening Guide

How to routinely ask about:

- ✓ Partner Abuse
- ✓ Substance Abuse
- ✓ Mental Health
- ✓ Sexual Assault

Guide to “*Questions for Providers Working with Victims*”

- * The purpose of the issues and questions described in this document is to provide a guide for providers in working with persons who are or may be victims of domestic violence.
- * The questions are intended to address issues in the four domains of a person’s life where issues of domestic violence may intersect: Sexual Assault, Substance Abuse, Mental Health and Domestic Violence.
- * The routine intake assessment may or may not elicit responses which reveal a history or patterns of domestic violence. Often, persons involved in domestic violence are reluctant to reveal this information for a variety of reasons. Therefore, it is important for the interviewer to be cognizant of the possibility that these issues may exist and to ask questions that bring out these issues and in a manner which allows the individual to reveal highly sensitive information which may otherwise go undetected.
- * The guide suggests that you review your agency’s intake and assessment forms to assure they contain questions related to these issues.
- * The guidelines are divided into four sections. The first two sections provide questions for MH or SA assessments to elicit specific domestic violence issues.
 - Questions Relating to Sexual Assault
 - Questions Relating to Partner Abuse

The second two sections contain questions to elicit mental health and substance abuse issues.

- Questions Relating to Substance Abuse
- Questions Relating to Mental Health

We suggest that you use this guide in your agency to address serious issues which are often undetected and which pose the potential for serious harm in a person’s life. The guide may be used for training purposes, to develop or enhance assessment tools and/or for policy and staff development.

DOES YOUR ROUTINE INTAKE & ASSESSMENT FORM CONTAIN QUESTIONS THAT RELATE TO THESE ISSUES?

PARTNER ABUSE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SEXUAL ASSAULT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SUBSTANCE ABUSE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MENTAL HEALTH	<input type="checkbox"/> YES	<input type="checkbox"/> NO

QUESTIONS RELATING TO SEXUAL ASSAULT

1. In what ways, if any, has anyone (including your partner) ever had sexual contact with you against your will or without your consent?
2. In what ways, if any, have you ever been stalked? For example, describe ways in which someone has followed you or kept track of your activities, causing you to feel intimidated or concerned for your safety?
3. In what ways, if any, has anyone (including your partner) made sexual comments or threats to you that made you feel uncomfortable?
4. In what ways, if any, have you been forced to endure or to perform humiliating or degrading sexual acts?

QUESTIONS RELATING TO PARTNER ABUSE

❖ **Has your partner ever attempted to control, intimidate, or scare you? If client answers yes, ask the following questions:**

1. In what ways, if any, has your life and safety ever been in danger because of an intimate partner or ex-partner? Are you safe now?
2. In what ways, if any, have you ever been stalked by a partner or ex-partner? (following you or keeping track of your activities, causing you to feel intimidated or concerned for your safety) How long did it go on?
3. In what ways, if any, has a partner (or ex) ever physically hurt you? (slapped, punched, shoved, choked, threatened with weapons, or otherwise hurt you) How long did it continue?
4. In what ways, if any, has a partner (or ex) ever forced you to have sex or perform sexual acts in such a way that caused you either distress, harm, fear, or humiliation? How long did it continue?
5. In what ways, if any, has a partner (or ex) ever verbally abused you? (called you names, humiliated you in public, screamed at you, blamed you for everything, lied, made empty promises, etc.) How long did it continue?
6. In what ways, if any, has a partner (or ex) ever psychologically abused or terrorized you? (For example, kept you from seeing family/friends, threatened to hurt or kill you or loved ones, controlled your life, interrogated you, controlled money, destroyed your belongings, accused you of having affairs, smashed things, kept you up at night, punched walls, had affairs, or caused you to lose a job)
7. In what ways, if any, has a partner prevented you from seeking support? (insisting on taking you to your appointments, speaking for you, answering doctors, counselors, pastors for you, keeping the car from you)

QUESTIONS RELATING TO SUBSTANCE ABUSE

1. How many times, if ever, have you received treatment for drug or alcohol abuse?
2. Which drugs (including those prescribed to you or anyone else by a doctor) do you take? Has there been an increase in drug or alcohol usage?
3. Do you see yourself using drugs or drinking alcohol more in the last 6 months?
4. For how long, if at all, have people criticized you about or complained about your drinking or drug use?
5. For how long, if at all, have you felt guilt or shame about your drinking or drug use?
6. How often, if ever, have you used a drink or drugs (eye opener) in the morning to steady your nerves or to get rid of a hangover?
7. How many times, if ever, has a doctor or counselor told you to cut down or quit using alcohol or drugs?
8. In what ways, if ever, has your alcohol or drug use caused family, job or legal problems? (DUI)
9. How many times, if ever, have you had a memory loss/blackout from using alcohol or drugs?