ASSESSMENT OF VICTIMIZATION:

Introduction: These days many people are exposed to violence in some form. Violence is a health risk and can result in physical and emotional problems. It is our routine procedure to ask patients about their exposure to violence. If you are a victim of violence, we can better help you if we know about it.

Instructions: If the individual answers yes to any of the questions below, ask for details, such as who, how, where and when.

1. In the past 12 months, has anyone slapped, pushed, grabbed or shoved you?  □ Yes  □ No

2. In the past 12 months, has anyone choked, kicked, bit or punched you?  □ Yes  □ No

*3. In the past 12 months, has anyone forced or coerced you to have sex?  □ Yes  □ No

*4. In the past 12 months, has anyone threatened you with or actually used a weapon to scare or hurt you?  □ Yes  □ No

*5. Do you feel you are currently in danger?  □ Yes  □ No

   If yes, please explain: ____________________________________________________________

6. Victimization Risk Factors (Check all that apply):

   □ No risk factors identified
   □ Developmental Disabilities  □ Impulse Control Deficits  □ Allegations of Abuse
   □ Cognitive Deficits  □ Altercations with Peers/Staff  □ Past Trauma History
   □ Psychosis  □ Personal Boundaries Impaired
   □ Elderly  □ Impaired Judgment

7. Does the patient appear at risk of victimization while hospitalized?  □ Yes  □ No

* New information revealed as a result of this assessment, particularly when Items 3-5 are positively endorsed, indicates risk of victimization and requires immediate safety measures instituted and MD notification.

Signature of Assessing Registered Nurse  Print Name  Date


File in the Assessment Section of the Medical Record following the latest Nursing Assessment