



Client/patient name: \_\_\_\_\_ PIN: \_\_\_\_\_ - \_\_\_\_\_  
Unit: \_\_\_\_\_  
Professional: \_\_\_\_\_  
Date: \_\_\_\_\_

## Routine enquiry questions

- 1 Have you ever experienced physical, psychological or sexual violence or abuse in any of your intimate relationships\*?  
Yes  No
- 2 Does the violence you experienced still affect your health, well-being, or life management?  
Yes  No
- 3 Is there any physical, psychological or sexual violence or abuse in your current intimate relationships?  
Yes  No

If the client/patient answered YES to Questions 2 and 3, continue with the following assessment questions:

## Assessment questions

- 1 What kind of domestic violence have you experienced?  
 **physical violence** (e.g. shoving; hitting; kicking; pulling of hair; banging of head; scratching; tearing; shaking; using a firearm or an edged weapon; threatening with physical violence)  
 **psychological violence** (e.g. subordination; criticism; name-calling; contempt; control; restriction of social interaction; strong jealousy; isolation; breaking of belongings; harming of pets; or threatening with any of these or with suicide, for example)  
 **sexual violence** (e.g. rape; attempted rape; pressuring to different forms of sexual activity; coercing to engage in sex; threatening with sexual violence; sexual degradation; forced pornography; forbidding the use of contraceptives; forced abortion; restricting of sexual self-determination)  
 **abuse or negligence** (e.g. depriving dependent children, elderly persons or persons with disabilities of necessary care, assistance or attention; harming another person with medicines, drugs, alcohol, chemicals or solvents)  
 **economic abuse** (e.g. preventing independent use of money; preventing participation in economic decision-making or coercing into giving one's own money to another person's use; threatening or blackmailing with economic abuse)  
 **cultural or religious violence** (e.g. coercing to a religious belief; threatening with violence or committing violence on the basis of religious belief, culture, or family honour; threatening with issues relating to religion)
- 2 When was the last time you were subjected to the type of domestic violence you have described?  
within a day  within a week  within a month  within a year  more than a year ago
- 3 How often have you been subjected to domestic violence?  
only once  several times  repeatedly  all the time
- 4 Who has been violent towards you?  
\_\_\_\_\_
- 5 **Ask this question only if domestic violence is ongoing.**  
Are there any under-aged children in your family who have been exposed to violence?  
Yes  No
- 6 **Ask this question only if the client/patient is pregnant.**  
Has your spouse been violent towards you during your pregnancy?  
Yes  No

\* Intimate relationship refers to the client's/patient's relationships with family, relatives or intimate partners; or any other comparable dependent relationships; or any very close and emotional relationships.



## Client's/patient's own assessment (0 = no effect, 5 = great effect)

On a scale of 0 to 5, how much do you think your current health is affected by the domestic violence you have experienced?

Assessment \_\_\_\_\_

On a scale of 0 to 5, how much do you think your current well-being is affected by the domestic violence you have experienced?

Assessment \_\_\_\_\_

On a scale of 0 to 5, how much do you think your current safety is affected by the domestic violence you have experienced?

Assessment \_\_\_\_\_

What kind of help would you hope to receive?

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## Professional assessment

Assess your clients'/patients' level of risk concerning health, well-being and safety. If you assess that a client/patient is in a significant risk of some type of harm, have a good talk with her/him and discuss comprehensively what kinds of measures should be adopted to promote her/his health, well-being and safety.

**You must always take action in the following situations:**

- 1 If your clients/patients have told you that they are, at present, experiencing domestic violence;
- 2 If you assess that earlier experiences of domestic violence have clear effects on your clients'/patients' current health and well-being; OR
- 3 If you assess that action is necessary because of any other reason relating to your clients'/patients' current health, well-being or safety, or because of any concern arising from their account of violence.

## The assessment may lead to the following measures:

Fill in a separate form to assess safety risks if:

- a) Your clients/patients are subjected to violence in their current intimate relationship AND if their personal assessment of safety risks is at least 3;
- b) Your clients/patients are subjected to violence in their current intimate relationship AND if they are pregnant.
- Draw up a safety plan for your clients/patients;
- Arrange your clients/patients a place in a shelter;
- Get in touch with the emergency response centre or the emergency social services in your clients'/patients' home municipality;
- File a child welfare notification (ALWAYS if the answer to the assessment question 5 is YES);
- File an anticipatory child welfare notification if your clients/patients are pregnant and currently subjected to violence;
- Forward your clients'/patients' details to a MARAK contact person\* if there is an elevated risk of recurrence of violence;
- Continue to process your clients'/patients' experiences of domestic violence as part of the current service or treatment;
- Refer your clients/patients to a physician or an outpatient maternity clinic;
- Get in touch with emergency crisis care services or refer your clients/patients to them;
- Instruct your clients/patients to contact the police or victim support services as well as to report the offence and/or to file for a restraining order; or consult the police; or report the offence yourself after acquiring consent of your clients/patients;
- Get in touch with a social worker or refer your clients/patients to a social worker in your unit (e.g. in health care or at the police department) for the purpose of finding out what kinds of services are available in their home municipality;
- No further action is necessary (e.g. your clients/patients already receive help through other services, such as family guidance clinic, therapy, mental health clinic, municipal social services).

\* The MARAC (Multi Agency Risk Assessment Conferences) method is in use in the following cities or areas: Helsinki Itäkeskus, Joensuu, Jyväskylä, Lappeenranta, Oulu, Päijät-Häme, Vaasa and Vantaa.