
SCREENING FOR ABUSE

A GUIDE FOR

HEALTHCARE PROVIDERS

ASK. SUPPORT. CONNECT

Why Screening Matters

Abuse is common—and often hidden.

Over 1 in 3 women and 1 in 4 men experience intimate partner violence. Many patients seek medical care long before they ever reach out for help, but may not disclose unless they are asked in a safe, supportive way.

Screening is more than a question—it's a doorway to safety, support, and healing.

Trauma-Informed Care: The Foundation

A trauma-informed approach shifts the question from:

“What’s wrong with you?”

“What happened to you?”

This approach prioritizes:

- Safety and privacy
- Patient autonomy
- Trust and empowerment

In practice, this means:

- Asking for consent before exams or touch
- Using inclusive language (“partner” vs. assumptions)
- Avoiding blame or investigative questioning

Simple, powerful statements:

- “I believe you.”
- “This is not your fault.”
- “Thank you for trusting me.”
- “You deserve to feel safe.”

How to Screen Effectively

Screening doesn’t have to be complicated—it just has to be **intentional**.

Step 1: Ensure Privacy

Always speak with the patient alone.

Avoid using partners, family members, or companions as interpreters.

“We’re required to use certified medical interpreters for safety and accuracy.”

Step 2: Normalize the Conversation

Help reduce fear and stigma by making screening routine.

“We ask all patients about safety because violence can affect anyone.”

Step 3: Ask Direct, Compassionate Questions

Use clear, nonjudgmental language:

- “Do you feel safe at home?”
- “Has anyone hurt or threatened you?”
- “Does your partner put you down or control your behavior?”
- “Has your partner ever put their hands around your neck?”
- “Have you had trouble breathing or lost consciousness due to a partner?”

Even if a patient does not disclose, you’ve planted a seed—they now know you are a safe person to talk to.

A Simple Tool: The PEARR Framework

The **PEARR** model offers a quick structure for screening:

- **P – Provide Privacy**
- **E – Educate** (“We ask everyone...”)
- **A – Ask**
- **R – Respect & Respond**
- **R – Refer**

Responding to Disclosure

How you respond matters.

A supportive response can increase the likelihood that a survivor seeks help again.

Do:

- Thank them for sharing
- Listen without judgment
- Validate their experience
- Let them guide next steps

Avoid:

- “Why didn’t you leave?”
- “Are you sure?”
- “What were you wearing?”
- Pressuring them to report

“I Don’t Have Time...” (Common Barriers)

Many providers worry about:

- Time constraints
- Saying the wrong thing
- Patient denial or silence

But even a brief screening:

- Builds trust
- Signals safety
- Increases the chance of future disclosure

Even one minute can make a difference.

Immediate Needs After Disclosure

When a patient discloses sexual assault, their needs may be urgent—but not always visible.

They may be experiencing:

- Emotional overwhelm or shock
- Fear for their safety
- Physical injuries
- Uncertainty about next steps

Your role is not to direct—it's to **support, inform, and offer options.**

What Survivors May Need Right Away

Safety: Assess whether the patient feels safe leaving your facility.

Medical Care: Address injuries, STI prevention, and pregnancy concerns.

Forensic Exam: May be available within a certain timeframe.

Patients can often receive an exam **without reporting to law enforcement.**

They do not have to decide immediately.

Reporting Options

Reporting is always the patient's choice.

"You have options. You don't have to decide anything right now."

Emotional Support: Provide validation and connection to support.

- "I'm here for you."
- "You're not alone."
- "What would feel most helpful right now?"

Connecting to Support: Always offer resources—without pressure.

Arise – 24/7 Confidential Hotline:

724-652-9036

"We can call together, or I can give you this number for later."