

Scaling Up Family Planning Programme



GBV/VAC SCREENING QUESTIONS

Instructions to health care workers: All clients in healthcare settings should be asked for a verbal consent to be assessed for abuse, after conducting all other assessments to the client, any **YES** response indicate GBV/VAC and support must be provided.

S/N	Questions	Response	
1	Have you ever been abused (e.g. slapped, insulted, threatened, raped, inappropriately touched) by anyone in the past 12 months? <i>If the answer is YES, the client must be screened on the following incidents; If NO, thank the client and end GBV screening.</i>	YES	NO
2	Below are the GBV screening questions to be asked as part of assessment for all clients who report a history of abuse;		
	i. Have you ever been emotionally hurt by anyone in your life time?	YES	NO
	ii. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by some one?	YES	NO
	iii. Within the last year has anyone forced you to have sexual activities?	YES	NO
	iv. Are you afraid of any one of the people who committed the above incidents?	YES	NO
	v. Did you receive any care/support for the reported incidents above? <i>If the answer is NO, link the client to appropriate care</i>	YES	NO