

FREDA short assessment questions

Many people experience violence and abuse in the home or in other settings. If you are a victim of violence or abuse, you have the right to receive help and support. The violence may be physical, such as being pushed, hit or kicked. It may also be psychological, for example being humiliated, harassed or threatened, having belongings destroyed, or someone else taking control of your finances. Sometimes coercion and violence occur in sexual relationships.

We would like to ask you to answer three questions about your situation. We ask others who come to us to do the same. If you have a disability, we ask specific questions about that.

	In the past year?	Earlier in life?	Are you currently afraid of the person or people?	Are you currently in contact with the person or people?
1. Have you been subjected to any form of physical abuse by anyone (for example being pushed, hit, kicked or otherwise)? NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, by whom?	If yes, by whom?	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
2. Have you been subjected to any form of psychological abuse (for example being humiliated, harassed, controlled, threatened, having belongings destroyed, not being allowed to control your own finances, or otherwise)? NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, by whom?	If yes, by whom?	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
3. Have you been subjected to any form of sexual coercion? NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, by whom?	If yes, by whom?	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
4. Have you been prevented from using a wheelchair, cane or other assistive device? NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, by whom?	If yes, by whom?	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
5. Have you been denied help with taking your medication, getting to the toilet, getting out of bed, dressing, or receiving food or drink? NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, by whom?	If yes, by whom?	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>

If you have children under 18 living at home:

Has the child or have the children seen, heard or otherwise been aware of the abuse?

No Yes, on one occasion Yes, on repeated occasions

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Regardless of violence between adults, has the child or have the children themselves been subjected to violence?

No Yes, on one occasion Yes, on repeated occasions