Adolescent Sexual Violence/Abuse Screening Tool (ASVAST)

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Modified by Children's Hospital of Wisconsin Child Advocacy and Protection Services

FOR PATIENTS <u>UNDER 18 YEARS OF AGE</u>:

	Yes	No
Report situation to authorities if any of the following answers are yes:		
Is the patient's partner a caregiver, or a relative?	❑	❑
Was the patient ever passed out or so impaired they did not remember when they had sex with their partner?	❑	❑
Has the patient been promised gifts, money, basic needs, or protection to agree to sexual contact?	❑	❑
Is the patient obviously cognitively delayed or disabled in any way?	❑	❑
Has the patient ever been forced to have sex against their will?	❑	❑
Is the patient's partner an adult authority figure (e.g. teacher, coach, boss)?	❑	❑

FOR <u>PATIENTS UNDER 16 YEARS OF AGE</u>:

	Yes	No
Report situation to authorities if any of the following answers are yes:		
Is the patient's partner 5 or more years older than the patient?	❑	❑
Is the patient living with their partner independent of the family/legal guardian?	❑	❑
Has the patient ever been physically assaulted by their partner?	❑	❑

ADDITIONAL ASSESSMENT QUESTIONS TO ENHANCE REPORTING DECISION AND DOCUMENTATION.

	Yes	No
May need to report situation to authorities if answers are yes:		
Mental deficiency or mental illness		
Does the patient lack the attention span to have a productive discussion?	❑	❑
Does the patient ask inappropriate questions or make bizarre statements?	❑	❑
Does the patient demonstrate inappropriate affect or immaturity?	❑	❑
Maturity and understanding consequences		
Is the patient unable to name 2 possible negative results of sexual contact?	❑	❑
Is the patient unable to verbalize understanding of the teaching provided today in regards to sexual activity?	❑	❑
Are the patient's parents unaware of the relationship?	❑	❑
Would the patient's parents want this relationship stopped if they knew?	❑	❑
The patient <u>DOES NOT</u> enjoy the sexual relationship.	❑	❑
Exploitation		
Does the patient use substances when they are having sexual contact?	❑	❑
Does the partner prevent the patient from spending time with others?	❑	❑
Does the partner refuse to allow any contraception?	❑	❑
The patient is afraid of their partner?	❑	❑
Has the patient done sexual things even though they did not want to?	❑	❑
Does the patient have multiple risk factors for sex trafficking (e.g. recurrent AWOL, homeless, suspicious injuries, pregnancy/ STI's, tattoos, questionable source of income/clothing)?	❑	❑