

Adolescent Sexual Violence/Abuse Screening Tool (ASVAST)

FOR PATIENTS UNDER 18 YEARS OF AGE,

I. REPORT SITUATION TO AUTHORITIES IF ANY OF THE FOLLOWING ANSWERS ARE POSITIVE:

	<u>Yes</u>	<u>No</u>
Is the patient's partner a caregiver, or a relative?	_____	_____
Is the patient obviously cognitive delayed or disabled in any way?	_____	_____
Was the patient ever passed out when they had sex with their partner?	_____	_____
Has the patient ever been forced to have sex against their will?	_____	_____
Is the patient's partner an authority figure such as a teacher, coach, or boss?	_____	_____

FOR PATIENTS UNDER 16 YEARS OF AGE,

CONSIDER REPORTING SITUATION TO AUTHORITIES IF ANY OF THE FOLLOWING ANSWERS ARE POSITIVE:

	<u>Yes</u>	<u>No</u>
Is the patient's partner 5 or more years older than the patient?	_____	_____
Is the patient 12 years old or younger?	_____	_____
Is the patient living with their partner independent of either family?	_____	_____
Has the patient ever been physically assaulted by their partner?	_____	_____

II. ADDITIONAL ASSESSMENT QUESTIONS TO ENHANCE YOUR REPORTING DECISION AND DOCUMENTATION (Any 'yes' responses should raise the concern for reporting)

	<u>Yes</u>	<u>No</u>
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 3 possible negative results of sexual contact?	_____	_____
• Is the patient unable to verbalize understanding of the teaching?	_____	_____
• 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

	<u>Yes</u>	<u>No</u>
• Has the patient had 3 or more contacts with present partner?	_____	_____
• 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.	_____	_____
• The patient is in a foster care placement.	_____	_____

If reports are made, usually report to both police where the act(s) occurred and Child Protective Services where the child lives