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Supporting Information

Supplementary methods

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Galrao M, Brooker CB, Creagh A, et al. Intimate partner violence and reproductive coercion: cross-sectional study of women attending a Perth sexual health clinic, 2019–20. *Med J Aust* 2024; doi: 10.5694/mja2.52436.

Sexual Health Quarters screening questionnaire and risk assessment questions

Screening tool (given to clients as written questionnaire prior to appointment in private area.)

Has a partner ever put you down, humiliated you or tried to control what you can or cannot do? YES/NO
Has a partner ever hurt or threatened to hurt you? YES/NO
Has a partner ever placed pressure on you to become pregnant when you didn't want to? YES/NO
Has a partner ever pressured you to use contraception (birth control) when you wanted to become pregnant? YES/NO
Has a partner ever tried to influence your decision to continue with a pregnancy when you wanted an abortion, or to have an abortion against your will? YES/NO
I prefer to answer these questions face-to-face with a clinician
I do not wish to be asked these questions again on subsequent visits to SHQ

Brief risk assessment (Completed verbally by clinician for all clients screening YES to any question.)

- Client states this is in relation to a: current /past relationship
- Do you feel safe to go home now?
- Would you like help now with your situation?
- Are you worried for the safety of your children?