

DOMESTIC VIOLENCE ASSESSMENT INSTRUMENT

Client: _____
DOB: _____
SSN: _____
Date of Evaluation _____

I. Abuser Questions:

1. How would you describe your current relationship (good, bad, etc.)? _____

2. What do you see as the future of this relationship? _____

3. Describe the incident which brought you into treatment. _____

4. Was alcohol/drugs involved before or during?
____ you ____ partner ____ both

5. Are children present in your home? _____
List ages and sex _____

6. How do you treat the children? _____

7. If they mis-behave, how do you handle it? _____

8. Have you ever: (Administer "Checklist of Controlling Behaviors")

- ____ abused pets?
- ____ had a history of fascination with fire or fire setting?
- ____ thrown things?
- ____ hit walls/broken objects?
- ____ pushed, shoved?
- ____ driven recklessly with partner in car?
- ____ grabbed/pinched?
- ____ pulled hair?
- ____ slapped with open hand?
- ____ kicked/bit anyone?
- ____ hit with closed fist?
- ____ attempted choking?
- ____ beaten her up (pinned to wall/floor), (kicked, punched)?
- ____ used weapon (guns, knives, chain, etc)?

_____ partner had to receive treatment for broken bones, stitches, injuries?

9. Have the police ever been called? (explain) _____

10. Have you ever separated? _____ Where did you go? _____

11. Have you ever:

_____ controlled her by withholding money or funds?

_____ told her to stay away from family or isolated her or children?

_____ abused wife while pregnant?

_____ forced partner to have sex?

_____ forced partner to engage in sexual acts for your enjoyment only?

_____ blamed partner for violence?

_____ followed partner around? Used tracking devices to follow partner?

_____ need to know her every move?

_____ threaten her?

_____ called partner to check up on her? Monitored her texts, phone?

_____ used name calling, put downs or insults to "put her in her place?"

_____ threatened to kill her?

_____ threatened to have kids taken away from her?

12. Alcohol/drug usage:

_____ How does your personality change while on alcohol/drugs?

_____ Does emotional abuse occur if you don't use alcohol/drugs?

_____ Does physical abuse occur if you don't use alcohol/drugs?

_____ Do your friends use alcohol/drugs?

13. Were you physically abused as a child? ("Abuse Questionnaire") _____

14. How do you currently get along with your family? How close are you? _____

15. Did you abuse partners in prior relationships? _____

16. Describe military experience _____

17. What is your view of being a man? (what does it mean?) _____

18. What is your view of the role of women?_____

19. Have you ever had problems with your credit? (wage garnishment, etc.)_____

20. Prior history of police involvement_____

21. Describe work history_____

22. Were you involved in fights, etc. in school?_____

23. Were you involved in fights, etc. in school?_____

24. Sports in school?_____

25. Do you get into fights with other adults (not your partner) currently?_____

26. How did your dad treat your mother and sisters?_____

27. What is the most violent thing you have ever done?_____

28. How do you solve problems with your partner?_____

29. Do you engage in risk taking behaviors (car races, motorcycles, skydiving, driving fast, etc.)?_____

II. Give victim copy of safety plan:

Questions to ask victims:

1. Victim's relationship to partner _____
2. How long have you been together? _____
3. How long after relationship started did abuse begin? _____
4. Your statement of current incident _____

5. Do you have children? (ages and sex) _____
6. How does your partner treat the children? _____
7. If the children mis-behave, how does he handle it? _____
8. During this incident were drugs or alcohol involved?
_____ you _____ partner _____ both
9. How often does physical abuse occur?
_____ everyday _____ once a week
_____ once a month _____ once before
_____ never before _____ other
10. Has he ever: ("Checklist of Controlling Behaviors")
_____ abused pets?
_____ thrown things?
_____ hit walls/broken objects?
_____ pushed/shoved?
_____ driven recklessly while you were in car?
_____ grabbed/pinched?
_____ pulled hair?
_____ slapped with open hand?
_____ kicked?
_____ hit?
_____ hit with closed fist?
_____ attempted choking?
_____ beat up (pinned to wall/floor, kicked, punched)?
_____ used weapons (gun, knife, chains, etc.)?
11. Have you ever been treated for broken bones, stitches, injuries? _____
12. Have you ever called police? (explain) _____

13. Have you ever separated? Where did he go? _____

14. Has he ever:

- _____ used financial abuse (withheld money)?
- _____ displayed jealous behaviors?
- _____ isolated you or your children or encouraged you or children to stay away from others?
- _____ ever stopped you from going places, especially if he or you are angry?
- _____ committed violence against you while pregnant?
- _____ forced you to have sex?
- _____ forced you to engage in sexual acts (with or without him) for his enjoyment only?
- _____ convinced you that he is the only one who cares for you or can help you
- _____ does he need to know your every move?
- _____ threaten to injure you/beat you up?
- _____ follow you around?
- _____ repeated annoying phone calls?
- _____ repeated name calling, put downs, insults to you?
- _____ threatened to kill you?
- _____ threatened to call Social Services or others to take children away?
- _____ threatened to hurt himself if you leave or separate?

15. Did he use alcohol or drugs in previous incidents of abuse? _____

16. Does his personality change while on drugs/alcohol? How? _____

17. Does emotional abuse occur if he's not using alcohol or drugs? _____

18. Does physical abuse occur if he's not using alcohol or drugs? _____

19. Do his friends use alcohol or drugs? _____

20. How does he currently get along with his family? (are they close)? _____

21. In prior relationships (girlfriends, ex-wives) was he abusive? _____

Other information that might be helpful? _____

III. Police Information (Brief summary of police report)

1. Have there been prior arrests or contacts for Domestic Disturbances? _____

IV. Summary (combine risk assessment, other assessment instruments used, (substance abuse screening/evaluation, MCMI, DVRNA, SARA, Checklist of Controlling Behaviors, Abuse Questionnaire, Parental Rejection and Attachment Style) and statements made by all parties.

1. Do statement of police, victim and defendant match? (note denial, minimization; distortions, etc.) _____

2. Summary of findings on drug and alcohol history and testing _____

3. Does offender seem willing to benefit from therapy? _____

4. Describe client's therapeutic participation in evaluation groups. _____

5. Recommendations _____

signed

reviewed by

Client _____

Check all that apply:

- 1. objectifies partner (calls her names, body parts, animals)
- 2. blames victim for perceived injuries to self
- 3. is unwilling to turn victim loose
- 4. is obsessed with victim
- 5. is hostile/angry/furious

- 6. appears to be distraught
- 7. relationship is extremely tense, volatile
- 8. is extremely jealous, blaming victim for all types of promiscuous behavior
- 9. has perpetrated previous incidents of significant violence
- 10. has killed pets
- 11. has made threats
- 12. has made previous suicide attempts
- 13. is threatening suicide
- 14. has access to victim
- 15. has access to guns
- 16. alcohol involved
- 17. amphetamines (speed, cocaine, crack) or other drugs involved
- 18. has thoughts/desires of hurting partner
- 19. has no desire to stop violence/control behavior

If batterer perceives the relationship is at risk of ending, the potential of danger increases drastically.

I believe the victim is at risk:

strongly agree 1 2 3 4 5 strongly disagree

Evaluation summary: _____ etc.

CAUTION: THE ABSENCE OF MOST OF THE ABOVE IN ANY CASE DOES NOT MEAN THE PERPETRATOR IS HARMLESS . . . BUT AN INCREASE IN ITEMS CHECKED DOES INCREASE THE DANGER.