

## Relationship Violence Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please answer the following questions as honestly as possible.

What happened during the MOST RECENT incident with your partner?

---

---

How do the arguments with your partner usually begin?

---

---

What is the FIRST incident you remember (date/describe situation in detail)?

---

---

Why do you think these arguments keep happening?

---

---

During your last argument, where were you? (such as where you were standing and where your partner was located).

---

---

How long did the incident last? \_\_\_\_\_

How did it end? \_\_\_\_\_

What happened when it was over?

---

---

Were there any injuries? Yes / No

If so, to whom and what kind? How were they handled?

---

---

What is the WORST incident you remember?

---

---

Were children involved in these incidents, or did they observe what happened? Yes / No

Explain: \_\_\_\_\_

Were you (or your partner) pregnant during any of these incidents? Yes / No

Have you (or your partner) ever been stopped from getting help or accessing emergency services (locked in a room, phone taken, etc.)? Yes / No

Explain: \_\_\_\_\_

Have you ever been afraid for your safety? Yes / No

Why or why not?

---

---

Are you (or your partner) currently considering leaving the relationship? Yes / No

Are you currently separated? Yes / No

Explain: \_\_\_\_\_

If your partner were here, how would they describe the incident(s)?

---

---

---

---

Was there any outside intervention during the incident(s)? Yes / No

Explain: \_\_\_\_\_

Did someone try to stop it (children, family, friends, neighbors, police, etc.)? Yes / No

Explain: \_\_\_\_\_

Were the police called after any of these instances? Yes / No

If yes, do you have a copy of the police report? Yes / No

Have you (or your partner) ever been arrested/convicted of domestic violence? Yes / No

If so, when and where? \_\_\_\_\_

Have you (or your partner) ever been arrested/convicted for any other criminal activity?  
Yes / No

If so, when and where? \_\_\_\_\_

Have you (or your partner) ever hurt someone or been violent in front of others? Yes / No

If so, when and where? \_\_\_\_\_

Have you (or your partner) ever threatened or harassed family members, friends, or  
coworkers? Yes / No

If so, when and where? \_\_\_\_\_

Have you (or your partner) ever obtained a protection order against the other? Yes / No

If so, where was it obtained and for what? \_\_\_\_\_

Have you (or your partner) ever violated a protection order or ignored the orders of a police  
officer, judge, or probation/parole officer? Yes / No

If so, when and where? \_\_\_\_\_

Do you (or your partner) drink alcohol or use any other drugs when you argue? Yes / No

If so, what and how much? \_\_\_\_\_

Have you (or your partner) ever received treatment for a mental health issue? Yes / No

If so, when and for what? \_\_\_\_\_

Have you (or your partner) ever received treatment for domestic violence? Yes / No

If so, when and with whom? \_\_\_\_\_

Have you (or your partner) ever been treated for depression or suicidal thoughts or attempts?  
Yes / No

If so, when, where, and how? \_\_\_\_\_

Have you (or your partner) ever said you would kill yourself or others? Yes / No

If so, when, where, and how? \_\_\_\_\_

Do you (or your partner) have access to weapons of any sort, or have you (or your partner)  
received weapons training in the past? Yes / No

Explain: \_\_\_\_\_

Given the violence has been going on for some time, what is different now that has led you to  
seek help? \_\_\_\_\_

How is this situation a problem for you?

---

---

What do you think caused the violence?

---

---

What seems to keep the violence going?

---

---

What needs to change for the violence to be reduced or end?

---

---

What do you think will happen if the violence does not stop?

---

---

What do you want to happen?

---

---

What is the best/worst that could happen?

---

---

---

---

What would be the long-term result of the best/worst that could happen?

---

---

---

---

What would the best/worst outcome say about you, your partner, your children, your family, and so forth?

---

---

---

---

What has been tried to stop the violence? Who tried it? Was it successful? Why or why not?

---

---

---

---

Who else knows about the violence? Why do others know, or why doesn't anyone know?

---

---

---

---

Do you think this relationship will continue? Yes / No

How are decisions made in your relationship?

---

---

---

---

What do you expect of your partner?

---

---

What would happen if you changed your role in the relationship?

---

---

How does violence affect you (for example, changes in eating, sleeping, weight, activities, energy, time alone, work or school activities, friendships)?

---

---

---

Check off any of the following that you have experienced in your relationship.

- serious injury
- attempts to kill (partner, children, pets, others)
- threats to kill (partner, children, pets, others)
- violence or threats in public
- use of weapons
- threats with weapons
- sexual assault or abuse
- repeated or escalating violence
- strangling/choking
- sadistic/terrorist/hostage acts
- violence during pregnancy
- child abuse
- violence in presence of children
- threats to abduct child
- property damage to intimidate and control
- forcible entry to gain access
- pet abuse
- assaults on others

- \_\_\_ threats/harassment of others (family members, friends, coworkers, neighbors, etc.)
- \_\_\_ previous criminal charges
- \_\_\_ pending criminal charges
- \_\_\_ history of other criminal behaviors
- \_\_\_ family, children, friends, neighbors, coworkers have intervened, but violence continues
- \_\_\_ repeated police calls
- \_\_\_ prior intimate partner violence (IPV) arrests/convictions
- \_\_\_ ignores police/court/probation orders
- \_\_\_ violates protection or restraining orders
- \_\_\_ prior IPV treatment
- \_\_\_ following (to work, school, store, daycare, etc.)
- \_\_\_ watching (frequent drive-bys, drop-ins at work/school, etc.)
- \_\_\_ monitoring (checking phone, credit card statements, computer logins, listening in on conversations, etc.)
- \_\_\_ enlisting others to follow/watch/monitor
- \_\_\_ telephone harassment (home, work, etc.)
- \_\_\_ requiring frequent “check-ins” when away (work, school, store, etc.)
- \_\_\_ requiring debriefing after absence (must recount time spent away in detail)
- \_\_\_ isolation (physical, social, financial, etc.)
- \_\_\_ previous homicidal/suicidal attempts
- \_\_\_ homicidal threats
- \_\_\_ suicidal threats
- \_\_\_ previous mental health hospitalizations
- \_\_\_ severe depression
- \_\_\_ external life stressors (job loss, death in family, etc.)
- \_\_\_ drug/alcohol abuse or addiction
- \_\_\_ interference with access to emergency services or other help
- \_\_\_ other: \_\_\_\_\_

