

Intimate Partner

Physical Injury Risk Assessment Tool

Initial Assessment only, not for Follow-up Assessments

***This tool is designed to supplement, not replace, the risk assessment protocol used by each branch of service. ***

*Tool to be Completed by the Clinician After Completing the Risk Assessment.
The Tool is not to be Completed by Clients!*

Alleged Offender Name: _____

Victim Name: _____

Offender	Yes	No	Don't Know
1. Caused minor injury (not requiring medical care) in incident. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Ever choked or strangled partner. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Denies incident occurred. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Increased frequency or severity of violence toward partner. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Blames others for incident. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Attempts to control partner's access to friends/family/resources. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Physically aggressive toward partner prior to incident. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Feels desperate about relationship. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Emotionally abusive towards partner. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Ever used or threatened to use weapons against partner.

Notes:

11. Expresses ideas or opinions that justify violence towards partner.

Notes:

12. Holds unrealistic expectations of partner.

Notes:

Victim **Yes** **No** **Don't Know**

13. Dissatisfied with military lifestyle.

Notes:

14. Attempting to leave relationship.

Notes:

15. Fears for self or children or pets.

Notes:

Total Score (Number of Items Marked "Yes") = _____

Level of Risk:

Low-to-Moderate
(0-1)

High
(2-7)

Very High
(8 or more)

If both partners are alleged offenders, complete this form again (one per each offender).

Who Was Interviewed?	Yes	No	If no, why not:
Alleged offender	<input type="radio"/>	<input type="radio"/>	_____
Victim	<input type="radio"/>	<input type="radio"/>	_____
Child(ren) in Home	<input type="radio"/>	<input type="radio"/>	_____

Select additional sources of information used to complete this form: Command |
 Friend/Neighbor | Medical Personnel | Law Enforcement | Witness