



# Intimate Partner Physical Injury Risk Assessment Tool

*User Manual*

*Department of Defense, Family Advocacy Program  
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# **Intimate Partner Physical Injury**

## *Risk Assessment Tool*

***Sandra M. Stith, Ph.D.***

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*Marriage and Family Therapy Program  
Kansas State University*

***Joel S. Milner, Ph.D., Matthew Fleming, Ph.D.***

---

*Department of Psychology  
Center for the Study of Family Violence and Sexual Assault  
Northern Illinois University*

***Renè J. Robichaux, Ph.D., LCSW***

---

*Behavioral Health Division  
United States Army Medical Command  
Research Project, Principal Investigator*



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---

*Melvina A. Thornton, Training Project Lead*

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## *Air Force*

---

*Joanne Austin*

*David Hamilton*

*Lt Col Carl Rohbock*

*Capt Shannon Branlund*

*Barbara Jones*

*Maureen E. Simmons*

*Warren Bryars*

*Debra Jones*

*Cynthia Spells*

*Maj Michael Burpee*

*Maj Kathryn Kanzler*

*Lt Col Franklin Swayne*

*Lt Col Marie Colasanti*

*Lucy McKnight*

*Col Alice Tarpley*

*Pamela Collins*

*Lt Col Carla Munroe-Posey*

*Lt Col Wendy J. Travis*

*CMR Jeremy Combs*

*Cheryl Murdock*

*Lt Col Dari Tritt*

*Lt Col Carol Copeland*

*Gerald Nicklen*

*Maj James Whitworth*

*Capt Mark Dixon*

*Col Mark Oordt*

*Chuck Woodruff*

*Lt Col Rachel Foster*

*Kathy P. Pacheco*

*Janu Gunnison*

*Kimberly Roe*

## **Army**

---

<i>LTC Sheila Adams</i>	<i>Lisa Fowler</i>	<i>Heather Ragsdale</i>
<i>Cindy Alexander</i>	<i>LTC Ken Garot</i>	<i>Mary Reardon</i>
<i>Elizabeth Amazaki</i>	<i>Bernice Jackson</i>	<i>Lynn Reichert</i>
<i>Shirley Anderson-Titus</i>	<i>COL Linda Jellin</i>	<i>LTC Walter Ross</i>
<i>LTC Ronald Atkinson</i>	<i>COL Irwin Lenefsky</i>	<i>COL Nancy Ruffin</i>
<i>Mary Behrend</i>	<i>Courtney Lynch</i>	<i>Richard Uhler</i>
<i>Cheryl Belfiore</i>	<i>Carolyn Marks</i>	<i>Ray Weinberg</i>
<i>Martha Blackwell</i>	<i>Brenda Matthews</i>	<i>Joy H. Westemier</i>
<i>Linda Burke</i>	<i>Molly McHenry</i>	<i>Gayle Wiggins</i>
<i>Maria Carrier</i>	<i>Nicole McNish</i>	<i>Myra Williams</i>
<i>COL Anthony L. Cox</i>	<i>Inge Nunn</i>	
<i>Kathleen Foreman</i>	<i>COL Virgil Patterson</i>	

## **Coast Guard**

---

*John Reibling*

## **Marine Corps**

---

<i>Alicia Degriffith</i>	<i>Anita Payne</i>
<i>Young Hoang</i>	<i>Jenice Staniford</i>
<i>Paulette Hubbert</i>	<i>Deborah Wagner</i>

## **Navy**

---

<i>Lolita Allen</i>	<i>Crystal C. Griffen</i>
<i>Kendal Bolton</i>	<i>Jerry MacCauley</i>
<i>Shannon Davis</i>	<i>Marshe Milbourne-Jackson</i>
<i>Marciann Day</i>	

**Note:** Grades for military personnel reflect their rank at the time they were involved in the project.

### ***Kansas State University***

---

*Yvonne Amanor-Boadu*

*Maria Dominguez*

*Roberta M. Franzen*

*Nicole Bird*

*M. Vivian Hughes*

*Erin Menhusen*

*Bryan Cafferky*

*Nicole Lawson*

*Rachael Rutter*

*Prerana Dharnidharka*

*Sharon Luu*

*Erika Smith*

*Sandra Stith*

### ***Northern Illinois University***

---

*Julie Crouch*

*Cindy Thomsen*

*Joel Milner*

*Michael Wagner*

*Mandy Rabenhorst*

### ***Virginia Tech***

---

*Meagan Cahoon Alder*

*Catherine McMonigle*

*Karen Rosen*

*Chris Davies*

*Erin Morgan*

*Douglas B. Smith*

*Jennifer Matheson*

*Carrie E. Penn*

*David B. Ward*

*Eric McCollum*



# Introduction

The Intimate Partner Physical Injury-Risk Assessment Tool (IPPI-RAT) is an evidence-based tool used to predict the risk of domestic /intimate partner violence (IPV) with physical injury among individuals who have experienced an allegation of IPV. It is used with individuals with any IPV allegation, regardless of whether or not the initial allegation includes physical injury. The tool was developed through extensive research funded by the United States Department of Defense (DoD) Family Advocacy Program (FAP) in conjunction with the Military Services. It was designed to help predict and manage risk for future IPV resulting in physical injury among active duty military members and family members (both males and females) who have experienced at least one alleged incident of IPV. The tool was designed specifically for use by FAP providers as part of the comprehensive clinical assessment completed when an incident of IPV is reported. The tool is not a substitute for clinical skills and judgment. It is very important that all available sources of information be utilized when considering the risk for subsequent physical injury in an IPV allegation. The tool should not be completed until a detailed assessment has been conducted, all information has been collected and evaluated, and items appropriately coded as present or absent. When your clinical judgment assesses risk for physical injury to be higher or lower than the tool indicates, the reason for such a decision should be thoroughly documented in the FAP record.

The User Manual provides an overview and guidance for FAP providers on the general use and interpretation of the IPPI-RAT. The manual is not a substitute for either the IPPI-RAT Technical Manual or the IPPI-RAT Expanded User Manual. The more comprehensive IPPI-RAT Technical Manual includes extensive information on the development and psychometric properties of the scale. The IPPI-RAT Expanded User Manual is intended as a supplement to the Technical Manual and includes a review of literature on each risk factor, history of the development of the tool, and case examples. A one-page summary of the IPPI-RAT protocol is provided in the appendix; this should only be used as a reference guide following a thorough review of the manual.

*To compare the predictive accuracy of the IPPI-RAT tool with other measures, we conducted a ROC (Receiver Operating Characteristics) curve, otherwise known as an AUC (area under the curve) analysis. Tools with higher AUC scores are more accurate predictors of IPV risk than are tools with lower AUC scores. For more information on these findings, please review Appendix A of this manual.*

## Reminder

The IPPI-RAT is designed to supplement the current risk assessment procedure used by each branch of service. The tool measures risk for IPV leading to injury, but is not designed to assess risk of suicide, risk for child abuse, risk for lethal IPV, or risk for other types of IPV. The tool should always be administered in the context of a comprehensive risk assessment.



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# Chapter 1:

## *IPPI-RAT Item Definitions*

**For the purpose of this manual, terminology used to describe services and treatment professionals are broad and meant to encompass specific terms used within each branch of service.**

**Domestic Abuse:** Domestic abuse is a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is a current or former spouse or an intimate partner.

**(FAP) Provider:** An employee of the Department of Defense or a civilian working under contract for the Department of Defense, who holds an independent license and is credentialed to provide clinical services to domestic abuse victims and offenders.

**Offender Intervention/Treatment Program:** Psycho-educational and support group-based programs designed for persons who use abusive and controlling behavior in intimate partner relationships; provides tools and knowledge to change abusive and controlling behaviors; reduce the risk of abusive behavior by helping offenders understand and take responsibility for their violent behavior.

**Behavioral/Mental Health:** Interdisciplinary counseling and health services that address mental, behavioral and addictive disorders through a continuum of services for individuals at risk of, or suffering from, mental, behavioral or addictive disorders.

## Offender Items

*Caused minor injury (not requiring medical care) in incident.*

As a result of the current, identified incident, did the alleged offender cause the victim to sustain any physical injuries that did not require medical care?

*Ever choked or strangled partner.*

Has the alleged offender choked or attempted to strangle partner in any relationship conflict?

*Denies incident occurred.*

Does the alleged offender report that the current, identified incident did not occur or, refuse to acknowledge that a violent incident occurred?

*Increased frequency or severity of violence toward partner.*

Has the alleged offender become violent more frequently and/or used more dangerous types of violent behaviors toward partner during the past few months? Increased frequency or severity of violence is not indicated if this is the first incident of physical violence.

*Blames others for incident.*

Does the alleged offender hold others (partner, boss, other family members, etc.) responsible for the occurrence of the present incident?

*Attempts to control partner's access to friends/family/resources.*

Does the alleged offender try to influence the time and the amount of time a partner spends with other family or friends? Does the alleged offender try to control availability of resources, such as money and automobiles?

*Physically aggressive toward partner prior to incident.*

Has the alleged offender been physically aggressive (shoved, slapped, punched, kicked, etc.) toward partner at any time prior to the current incident?

*Feels desperate about relationship.*

At the present time, does the alleged offender believe that the relationship is over, or that there are no longer any choices available, or worth trying, that would improve the state of his/her relationship with partner? Does the alleged offender indicate that he/she would do anything to preserve the relationship? Does the alleged offender indicate that if he/she can't have the partner, no one can? Does the alleged offender stalk the partner or appear extremely distraught about the potential loss of the partner?

*Emotionally abusive towards partner.*

Is the alleged offender routinely critical and/or verbally aggressive toward partner, and/or does the offender carry out actions which isolate and dominate partner?

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

During this incident or any previous violent incident, has the alleged offender ever used or threatened to use an instrument/weapon that could cause pain or injury?

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

Does the alleged offender express ideas or opinions that rationalize or excuse violence toward a partner?

*Holds unrealistic expectations of partner.*

Does the alleged offender have ideas regarding how his/her partner should act/ behave that are not reasonable given life circumstances?

## **Victim Items**

*Dissatisfied with military lifestyle.*

Has the victim expressed discontent with how the unique rules and characteristics of the military (e.g., wages, supervisory control, emphasis on conformity, frequent moves) have affected his/her life?

*Attempting to leave relationship.*

Does the victim report attempting to leave the relationship through means such as relocating, cutting off contact with alleged offender, etc.?

*Fears for self or children or pets.*

Is the victim fearful that the alleged offender might harm him/her, children, and/or pets?



## Chapter 2:

### *Using the IPPI-RAT*

The Intimate Partner Physical Injury-Risk Assessment Tool (IPPI-RAT) was designed to be used by Department of Defense FAP providers to assess the risk for an IPV incident with physical injury to occur among individuals who have experienced an allegation of partner maltreatment. The tool is designed to be part of a comprehensive assessment that FAP providers conduct whenever an alleged IPV incident is reported. It is very important that all available sources of information be utilized when considering the risk for subsequent physical injury in an IPV incident. The tool is designed to be an initial risk assessment instrument and should be completed as soon as possible after the initial referral. However, it should not be completed until a detailed assessment has been conducted, all information that is available within the assessment period has been collected and evaluated, and items coded as present or absent.

*The IPPI-RAT administration procedure consists of six steps:*

- Step 1** FAP providers gather and document thorough case information.
- Step 1** FAP providers code the presence or absence of the 15 specific risk factors.
- Step 1** FAP providers compute the total score by assigning one point to each factor that is present.
- Step 1** FAP providers determine the level of risk by comparing the total score with the recommended level of risk.
- Step 1** FAP providers recommend strategies for managing intimate partner physical injury risk based on the level of risk present in the case.
- Step 1** The findings of the IPPI-RAT are communicated to the victim, the alleged offender, the victim advocate, and the commander.

## Risk Versus Severity

- This tool is designed to assess **risk** for physical injury as a result of IPV.
- The concepts of **risk** and **severity** are often coupled and confused in the field.
- To clarify, risk assessment is a dynamic, clinical process that drives action in an effort to address safety. A person's level of risk can change and fluctuate based on the ongoing and evolving circumstances of the individuals involved. This tool is used to assess **initial risk for an IPV incident with physical injury** with the understanding that risk may change and should be continually assessed.
- Rating **severity** is a static process occurring after an incident has been found to "meet criteria." It is determined only once, is tied to a specific "met criteria" incident, and does not change. A different tool is used to measure severity.
- The ratings provided by this assessment are intended to determine whether the victim or offender is at **risk** for an IPV incident with physical injury.
- **Example 1:** The severity rating of a specific incident is high due to visible injuries and use of weapon whereas the risk assessment is low-to-moderate because only one of the risk factors included in the IPPI-RAT are present.

**Example 2:** The severity rating of an incident is low because there was no injury and the impact was low, but the risk is high due to the victim's report of fearfulness and offender's blaming of others.

*The steps are discussed in more detail below.*

## **Step 1: Case Information**

The accuracy of the IPPI-RAT in assessing risk of physical injury in a future IPV incident is based on the quality and quantity of the data gathered by the FAP provider. The tool was developed based on interviews with both victims and alleged offenders. The accuracy of the IPPI-RAT will be reduced if the victim is not interviewed. Every effort should be made to interview both the alleged offender and the victim in person or on the telephone. **Best practice suggests interviewing victims prior to offenders whenever possible.** However, if both partners are alleged offenders, you may interview them in either order and two assessment forms should be completed. These interviews should be conducted **INDIVIDUALLY** with each partner. The FAP provider should never interview the victim in the presence of the offender. Whenever possible, information should be obtained from the following sources:

1. An interview with the victim;
2. An interview with the alleged offender;
3. Interviews with collateral informants, including any children in the home who are old enough to interview, the Active Duty Member's Commander or First Sergeant, hospital personnel if the victim was seen in the hospital, witnesses to incident, etc.;
4. A review of collateral records, including Central Registry Data, law enforcement and background checks in DIBRS and DCII, medical/AHLTA records.

To assist you in gathering information, we have developed a sample interview below. In some situations both partners are being assessed as potential offenders and in other instances only one partner is being assessed as an alleged offender. You should gather information about all of the risk factors from each individual, regardless of their role in the alleged incident. Of course, you will need to use clinical judgment in the way questions are asked so that victims do not experience your questions as blaming. In addition, you will need to adapt the questions to fit the unique context of the individual you are interviewing.

### **Reminders!**

Risk may be under-evaluated if the victim is not interviewed.

Use caution in interpreting the results of the IPPI-RAT if only the alleged offender is interviewed.

If both partners are being assessed as alleged offenders, you will need to complete two IPPI-RATs.

The first step of any routine interview is to build therapeutic rapport and to help the client feel comfortable. Although an overall discussion of the process used to gather risk assessment information is beyond the scope of this manual, it is very important that the IPPI-RAT not be used as a checklist to be given to victims or alleged offenders or asked in a routine way (e.g., did this happen?), but that the answers to the items on the tool be gathered in the context of a general assessment of an alleged IPV incident. Reference to the IPPI-RAT form during the interview can impede the therapeutic process. It is imperative that FAP providers conduct the clinical interview in such a way that the tool does not interfere with the development of rapport and the therapeutic relationship.

It also is important to recognize that the information gathered is likely to be sensitive in nature. FAP providers should make every effort to protect the confidentiality of victims in accordance with relevant law and policy. Every effort should be made to maintain confidentiality regarding any information that could jeopardize the victim's safety. In order to maintain family integrity and privacy, discretion should be used in sharing family information with command and other DoD agencies. Only information relevant to risk or safety of family members should be provided to Commanders, First Sergeants, or designated unit representatives.

# Sample Partner Physical Injury

## Risk Assessment Interview

The following list of questions has been developed to help providers develop a skill in asking the appropriate questions during assessment interviewing with clients. The interview should be used for the purpose of responding to the criteria set forth in the IPPI-RAT. This guide is not designed to take the place of the clinical skills and judgment needed to obtain a full assessment from clients. FAP providers should use this guide only to engage clients in follow-up questioning related to the criteria.

*In order to complete the IPPI-RAT, the following types of information should be gathered to assess for future risk of physical injury:*

### Questions about Most Recent Incident

This section provides suggested questions to address the following risk factors:

- Offender caused minor injury (not requiring medical care) in incident.
- Offender blames others for current incident.
- Offender denies incident occurred.

### Possible interview questions that the FAP provider can use to help them answer the questions above:

1. Tell me in your own words about the incident that brought you here for this assessment.

### Follow up/Clarifying questions:

- a. If injuries occurred, how bad were they? Did anyone end up seeking medical help? (If injuries requiring medical care occurred, you should indicate that injuries not requiring medical care also occurred on the IPPI-RAT.)
- b. Who do you think was responsible for the incident?
- c. Who do you think your partner believes was responsible for the incident?

### Questions about history of violence

This section provides suggested questions to address the following risk factors:

- **Offender** - past incidence of physical abuse toward partner.
- Offender ever choked or strangled partner (or attempted to choke or strangle).
- **Offender** - increased frequency or severity of violence toward partner.
- Offender ever used or threatened to use weapons against partner.

### Sample interview questions that the FAP provider can use to help them answer the questions above:

1. What kinds of things do you and your partner usually argue about?
2. What usually happens when you argue?
  - a. What usually happens when the argument becomes especially heated?
  - b. How often does it involve pushing, slapping, kicking, shoving, etc.? Who is most likely to be the aggressor? Are there times when you (or your partner) are also aggressive? Tell me about those times.
  - c. Have there been times when you (or your partner) strangled or attempted to strangle the other?
  - d. Have either of you used weapons (or objects that could be used as weapons) during arguments? Tell me about this. (What weapon? Were you or your partner injured?)
  - e. Have either you or your partner ever threatened to use weapons? Tell me about those times.
  - f. Do you think the incidents that involve physical contact have increased in frequency or dangerousness in the past few months? Tell me about this increase. When did things first start to escalate? Why do you think they escalated?

### **Questions about Military Experience**

This section provides suggested questions to address the following risk factors:

- Victim dissatisfied with military lifestyle.

#### **Sample interview questions that the FAP provider can use to help them answer the question above:**

1. Tell me about your experience in the military. How has it been for you in general? Where do you see your or your partner's career going from here?
2. Tell me about your experience as a military family member? How do you feel about your lifestyle as a military family member?
3. How has your civilian partner adjusted to the military lifestyle? Do you think he/she likes it?
4. Do you think the military is a good fit for your spouse? Do you think he/she will stay in long enough to retire?
5. What are your thoughts on the value the military puts on families?

### **Questions about Overall Attitudes, Beliefs and Behaviors**

This section provides suggested questions to address the following risk factors:

- Offender expresses ideas or opinions that justify violence towards partner.
- Offender is emotionally abusive toward partner.
- Offender attempts to control partner's access to friends/family/resources.
- Offender holds unrealistic expectations of partner.
- Offender feels desperate about relationship.
- Victim is attempting to leave relationship.

**Sample interview questions that the FAP provider can use to help them answer the questions above:**

- 1.** Are there times when you think your violence or your partner's violence is justified?
  - a.** Tell me about those times.
  - b.** Do you think your partner believes his (or her) violence is justified? If so, explain.
- 2.** Does it seem like your partner constantly criticizes you? Do you often feel humiliated by your partner because of the things he or she says or does? Does your partner call you names or insult you? If so, tell me about these times.
- 3.** How does your partner react when you are with your friends and/or family?
  - a.** How do you react when your partner is with friends and/or family?
- 4.** Does your partner ever try to limit or control your access to money, the car, or other resources? Do you ever do this to your partner?
- 5.** How are responsibilities in your relationships divided?
  - a.** For example, who is responsible for planning dates or keeping the house clean or earning money?
  - b.** How do you decide who is responsible for roles or duties in your family? For example, if you both have to work late, how do you decide who starts dinner or who picks up children?
  - c.** Do you think your partner's expectations of you are reasonable?
  - d.** Do you think your expectations of your partner are reasonable?
  - e.** Do you have arguments with your partner about the expectations either of you have for the other?
- 6.** How positive are you about your relationship with your partner? How positive is your partner about your relationship? How hopeful are you that you can improve your relationship with your partner? How hopeful do you think your partner is that things can get better between you?

7. Did you or your partner consider separating or attempt to separate before or after the incident that brought you here?
  - a. Have either of you attempted to separate before?
  - b. Have you ever considered separating from your partner, and if so, what concerns do you have about separating? Do you have any concerns about your partner's response if you decide to leave him/her?

### **Question about Victim Fear**

This section provides suggested questions to address the following risk factor:

- Victim fears for self, children or pets.

#### **Possible interview questions that the FAP provider can use to help them answer the questions above:**

1. Are you ever fearful that your partner will seriously hurt you? What did your partner do or say that makes you fearful? Or "What leads you to be confident that your partner will never hurt you?"
2. Are you ever fearful that your partner might hurt your children? What did your partner do or say that makes you fearful that the children could get hurt? Or "What leads you to be confident that your partner will never hurt the children?"
3. Do you have any pets? How does your partner react when they cause problems (wet the carpet, etc.)? Do you ever fear that your partner might hurt them? What did your partner do or say that makes you fearful? Or "What leads you to be confident that your partner will never hurt your pets?"

## **Step 2:** *Code the Presence or Absence of the Risk Factors*

After completing interviews with the alleged offender and victim, interviews with collateral contacts, and reviewing relevant records including the Central Registry data, the FAP provider should assess and resolve any inconsistencies between information sources. For example, it is not unusual for there to be discrepancies between partners' interviews. The FAP provider needs to recognize the possibility that an alleged offender may be engaging in impression management and/or a victim may be minimizing the risk. The provider has to assess the credibility of the sources of information, and seek additional information if possible. In making a final determination if a risk factor is present, the provider has to use clinical judgment to determine if the risk factor is present. For example, when the victim is asked about "fear for self, children or pets" and responds that she or he is not fearful, but later, during the same interview, the victim reports she or he would not consider going out with friends after work due to uncertainty about the partners' response the provider needs to probe and use judgment to determine if the victim is fearful. Relying only on the victim's or offender's response to a question about fear is not sufficient. Information is gathered about victim fear throughout the interview process.

### **Disclaimer**

The presence or absence of risk is coded under the assumption that the FAP provider is using all available information to determine risk. However, given that the FAP provider must use his or her judgment regarding the presence or absence of a risk factor when inconsistencies are present in the data, it should be understood that the score is not definitive nor should the positive coding of any risk factor result in negative ramifications for the FAP provider should it be later determined that the factor was not present.

### **Step 3:** *Compute the Total Score*

Using the form on the next page (or a different version provided by your Military service), indicate whether your response to the item is “yes,” “no,” or “don’t know.” If you are not sure, but your clinical judgment from all the information you gathered is “yes” or “no,” respond “yes” or “no” to the item. The response, “Don’t know” should be avoided whenever possible. For example, if the victim is clear and convincing when describing an incident in which a weapon was used and the alleged offender reports no weapon was used, use your clinical judgment to answer the question. Omitted risk factors will lead to a lower judgment of risk than is accurate. This is especially problematic when risk is considered to be low-to-moderate and it should be high or very high if all risk factors were assessed. A higher score on this tool means that more safety actions should be put in place for this family. The score on the measure should not be used in criminal justice proceedings.

# 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

## Step 4: Determine the Level of Risk

After calculating the total score, determine the level of risk. If the total score is 0 or 1, the risk is low-to-moderate. In research conducted to validate this tool, partners of 7.4% of the alleged offenders who scored 0 or 1 reported that they were injured in a partner maltreatment incident with their partner within six months of the initial assessment. If the total score is 2-7, the risk is high. In the validation research, partners of 35.2% of the alleged offenders who scored between 2 and 7 reported that they were injured in a partner maltreatment incident with their partner within six months of the initial assessment. If the total score is 8 or above, the risk is very high. In the validation research, partners of 61.4% of the alleged offenders who scored 8 or above reported that they were injured in a partner maltreatment incident with their partner within six months of the initial assessment.

<b>Low-to-Moderate Risk</b> <i>(0-1 points)</i>	<b>High Risk</b> <i>(2-7 points)</i>	<b>Very High Risk</b> <i>(8 or more points)</i>
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*\*See Appendix B for a printable graph summarizing recidivism risk based on the IPPI-RAT.*

## **Step 5: Risk Management Strategies**

A variety of risk management strategies have been suggested in the literature (see Belfrage, Strand, Storey, Givas, Kropp, & Hart, 2012; Hamby, 2014; Hart, Douglas & Webster, 2003; Kropp, Hart, & Belfrage, 2005; Kropp, Hart, Webster, & Eaves, 1999.) In addition, risk management strategies have been suggested in formal guidance from each of the Services. These sources were used to develop the following list of potential risk management strategies. Higher levels of risk indicate that more strategies or more intensive strategies should be used. The strategies are divided into four categories based on guidance from Kropp, Hart and Belfrage (2005).

### **Monitoring/Surveillance**

Monitoring strategies are used to evaluate changes in risk over time so that risk management strategies can be revised as needed.

- In those cases where the initial risk assessment suggests that an urgent response is warranted, more frequent risk assessments may be indicated. This process should include suicidal/homicidal risk assessment of all family members, as indicated.
- Regular contact (depending on level of risk) with victim, offender, therapists, law-enforcement officers, commander, etc. may be indicated. This contact may be face-to-face or via telephone calls.
- When the risk is high for a violent situation to occur, a coordinated response among key personnel is almost always indicated.
- The victim's or offender's command should be notified of initial risk assessment results and when any changes to the risk level are identified.
- High and Very High risk cases should be reviewed at least monthly in the Clinical Case staffing meeting and in consultations (Additional service-specific requirements may apply).

### **Control/Supervision**

These types of risk management strategies restrict the rights or freedoms of individuals and are used to make it more difficult for the offender to re-offend.

- Encourage command or victim to institute a protective order (MPO or civilian).
- When immediate protection is required, law enforcement, Child Protection Services, and/or mental health services may be contacted.
- Encourage/advocate for removal of firearms from alleged offender's possession.

### **Assessment/Treatment**

These types of strategies are used to help victims and offenders make changes that will enhance their likelihood to remain free of violence. These services should be targeted to the needs of the clients, both victims and offenders.

- Results of risk assessment should be discussed with offender and victim.
- Engage offender in an appropriate offender intervention program.
- Refer offender and/or victim to mental health evaluation/treatment, if applicable.
- Offer or refer couple to couples treatment if/when appropriate (couples treatment is not recommended until after the offender has completed DV group and/or other treatment recommendations).
- Refer offender and/or victim to substance abuse evaluation/treatment, if applicable.
- Refer offender and/or victim to prevention services, as appropriate. These programs may include but are not limited to the New Parent Support Program, parenting program, stress management program, anger management program, or relationship enhancement programming.
- Refer offender and/or victim to financial planning services.
- Refer offender and/or victim to legal services.
- Refer (civilian spouse) victim to vocational or career counseling services.

## Victim Safety Planning

These strategies are designed to improve the victim's resources so that if the violence recurs, negative physical or psychological impact is reduced.

- Develop safety plan with victim.
- Encourage victim to meet with domestic abuse victim advocate (military or civilian).
- Encourage victim to meet with local shelter personnel to obtain targeted resources.
- Refer (civilian spouse) victim to vocational or career counseling services.
- Refer victim to financial planning services.
- Refer victim to legal services.

## References

- Belfrage, H., Strand, S., Storey, J., Givas, J., Kropp, P.R., Hart, S.D. (2012).** *Assessment and management of risk for intimate partner violence by police officers after using the spousal assault risk assessment guide.* *Law and Human Behavior*, 36, 60-67.
- Hamby, S. (2014).** *Battered Women's Protective Strategies: Stronger Than You Know.* Oxford University Press, NY: NY.
- Hart, S.D., Douglas, K.S., & Webster, C.D. (2001).** *Risk management using the HCR-20: A general overview focusing on historical factors.* In K.S. Douglas, C.D. Webster, S.D. Hart, D. Eaves, & J.R. P. Ogloff (Eds.), *HCR-20 violence risk management companion guide* (pp. 13-25). Burnaby, British Columbia: Mental Health, Law, & Policy Institute. Simon Fraser University and Department of Mental Health Law and Policy, Florida Mental Health Institute, University of South Florida.
- Kropp, P. R., Hart, S.D., Belfrage, H. (2005).** *Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER): User Manual, Proactive solutions, Warroad, MN.*
- Kropp, P.R., Hart, S. D., Webster, C.D., Eaves, D. (1999).** *Spousal Assault Risk Assessment Guide: SARA: User's Manual, Multi-Health Systems, Inc., North Tonawanda, NY.*

## Suicide and IPV

Previous research has found a strong and consistent association between IPV and suicidality. Furthermore, research conducted by the Army Behavioral Health Division in 2013 has identified a link between loss of relationship with one's partner and heightened risk for suicide. Two IPPI-RAT risk factors that may indicate an especially high suicide risk for alleged offenders are: "Offender feels desperate about relationship" and "Victim is attempting to leave relationship". The presence of these risk factors should flag the FAP provider to conduct an additional suicide assessment of the offender and to conduct an appropriate safety plan for suicide risk.

## **Step 6: *Communicating Risk***

The next three pages were developed to help providers communicate risk to commanders, victims, offenders, and victim advocates. These suggestions are not designed to take the place of the clinical judgment or information received during the assessment process. Recommendations in each scenario are presented as possible suggestions but are not applicable for each case. FAP providers should use their best clinical skills to communicate risk in an empathic and concerned manner.

Each heading refers to the target to which the provider is communicating risk and a general statement regarding the level of risk. Based on the determined level of risk in each case, the FAP provider should follow the guidelines differentially noted for “low-to- moderate,” “high,” and “very high” risk groups. Remember to consider other factors (i.e., suicide, drug/alcohol use) when communicating risk.

### **Communicating Risk to Victim Advocates**

In addition to communicating risk to the alleged offender, victim, and the commanding officer, it is also important that level of risk be communicated to the victim advocate who may be providing support to the victim. You may use the chart on Appendix B to help them understand the level of risk. It may be helpful to provide an overview of the tool and the research to the victim advocate so that they understand the process you went through to determine the level of risk. If the victim advocate has further questions, it is appropriate to have a more in-depth discussion with the use of the following tables to guide you (i.e., tables on communicating risk to commanders and victims).

## Commander

"Based on Mr./Ms.X's score on a risk assessment tool, I believe that s/he is at (low-to-moderate/ high/ very high) risk for an incident of partner violence that leads to injury."

### Low-to- Moderate

"This means that I do not foresee the need for intense intervention or surveillance of Mr./Ms.X at this time. However, we know that repeat incidents typically occur within one week after the assessment, so I would strongly recommend that Mr. and Ms. X attend a follow up session in about a week. About 1 out of 10 of people at this level of risk do have subsequent incidents of violence that lead to injury, so I'd strongly encourage him/her to follow any recommendations from the Clinical Case Staffing Meeting (CCSM) and engage in treatment or prevention services to reduce the level of risk." Domestic Abuse Victim Advocacy (DAVA) services have been offered to the victim" (where available).

### High

"Approximately 1 out of 3 who score in this range experience another violent incident that lead to injury. A Military Protection Order or separation of the couple might be advisable. We know that repeat incidents typically occur within a week after the assessment, so I would recommend that Mr./Ms. X engage in frequent contact with our office until the Clinical Case Staffing Meeting and a final intervention plan is developed."

**If victim:** "Mr./Ms. X has collaborated with me on developing a safety plan which they are asked to implement if they feel they are in danger. DAVA services have been offered (where available)"

**If offender:** "Mr./Ms. X has been advised not to engage in risky behaviors such as alcohol use and will be asked to participate in an intervention program."

### Very High

"Two out of three individuals who score in this range experience another violent incident leading to injury. We suggest that Mr./Ms. X receive priority in attaining all available resources. A MPO or separation of the couple might be advisable. We know that repeat incidents typically occur within a week after the assessment, so I would strongly recommend that Mr./Ms. X begin implementing treatment recommendations immediately."

**CAUTION:** If risk of suicide is evident, it is important to communicate this to the commander since an ordered separation may increase likelihood of a suicidal attempt.

**If victim:** "We asked Mr./Ms. X to activate their safety plan and maintain frequent contact with a Victim Advocate or with a social worker from our office."

**If offender:** "Mr./Ms. X has been advised to remove him/herself from access to his/her partner. We are recommending that he/she begin implementing treatment recommendations immediately"

## Victim

"Based on your score on our risk assessment tool, I believe you are at (low-to-moderate/high/very high) risk for experiencing an act of violence by your partner leading to injury."

### Low-to- Moderate

"Your safety is very important to us and we want to make sure we are doing everything we can to reduce the level of risk. After an alleged incident is reported, 1 out of 10 individuals who score in this range experience an incident which leads to injury and this typically occurs within the first week. We want to do all that we can to prevent another incident from occurring so we ask that you follow up with us in about a week when we will evaluate risk again. Please be aware that a victim advocate and other resources are available to you at any time you feel they may be needed. We encourage you to contact us or law enforcement officials if you ever feel that you are in danger of experiencing violence from your partner."

### High

"Your safety is very important to us and we want to make sure we are doing everything we can to reduce the level of risk. After an alleged incident is reported, 1 out of 3 individuals who score in this range experience an incident which leads to injury and this typically occurs within the first week. We want to help you develop a safety plan that you can follow when you feel you may be in danger. We encourage you to have frequent contact with us or the Victim Advocate until the allegation is resolved. Also, please be sure to make trusted others aware of your situation and concerns and how to best reach you."

### Very High

"Your safety is extremely important to us. We want to be sure we are doing everything we can to reduce the level of risk. After an alleged incident is reported, two out of three individuals who score as very high risk experience a violent incident leading to injury. Because of the very high risk you are in, we want to make sure we are doing everything we can to reduce the level of risk for your safety. At this time, we are suggesting that a MPO be put in place. We suggest that you use all resources accessible to you, including working with the Victim Advocate and obtain a civilian protective order. We will be in contact with you frequently for support, risk management, and any needs you may have to ensure your safety."

## Offender

"Based on your score on our risk assessment tool, I believe you are at (low-to-moderate/high/very high) risk for engaging in an act of violence against your partner leading to injury."

### Low-to- Moderate

"We understand that this can be a distressing time while the allegation is being assessed. Your score means that there is no current need for intense intervention or monitoring. However, 1 out of 10 individuals who score in this range do have a repeat incident leading to violence and we know that repeat incidents typically occur shortly after the first alleged incident, so I would strongly recommend you use available resources and consider engaging in suggested intervention or prevention programs. In order to protect yourself and those around you, we want to do everything we can to make sure another allegation does not take place."

### High

"This can be a disturbing situation but we want to ensure that we are doing what we can to prevent another incident from occurring. One out of three people who score in this range experience a violent incident leading to injury and most of these incidents occur within a week after the first incident. We strongly suggest that you seek support from trusted others and make an effort to avoid high risk situations. There are many resources available to you and we encourage you to utilize these services while the initial allegation is being reviewed."

### Very High

"This score suggests that there is a very high likelihood of experiencing a violent incident leading to your partner's injury. In fact 2 out of 3 individuals who score this high have another violent incident that leads to injury, and most of these incidents occur within a week after the first incident. Because of this, we want to make sure you and your loved ones are safe. To ensure this to the best of our capabilities we are asking that you use all resources available to you. For the safety of your loved ones, we suggest that you refrain from contacting them and remove yourself from the home or place where they are staying until the review of the allegations is complete. We also encourage you to begin suggested intervention programs as soon as they are available. Please be aware that we are doing our best to enhance the safety of all those involved."



## Case Examples

The following case examples are based on real cases of IPV reported to the Family Advocacy Program in the Air Force, Army or Navy. Names, places, and dates are changed to protect the anonymity of the individuals involved. Each example will begin with an overview of the incident leading to a report to the FAP. Next, the client interviews will be discussed in detail, delineating the individuals being interviewed and the information gathered during the assessment. Finally, the case example provides information on the assessment, risk management, and communication of risk for the particular case. The case example is followed by the completed IPPI-RAT tool based on information gathered in the interview.

For the purpose of this manual, terminology used to describe services and treatment professionals are broad and meant to encompass specific terms used within each branch of service. In the case examples, please note that although individuals may be introduced as belonging to a certain military branch, the case example reflects a general scenario meant to apply to all branches of service. As is the case throughout this manual, the specific treatment(s) offered reflect possible interventions, but not necessarily the option that best fits your service guidelines. Your service guidelines with regards to treatment should supersede the guidance in these scenarios.

### *Case Example One*

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#### *Overview of Reported Incident*

A police report was sent to the FAP provider with the following information about an incident occurring 2 nights previously. At a Christmas party, John, a soldier, drank approximately a fifth of Jack Daniels whiskey. John had told his spouse, Mary, that he wanted to leave the party. In a report to the FAP provider, Mary indicated that John grabbed her around the back of her neck and squeezed, saying, "We're going to leave right now." She pulled away and he threw her coat at her. She put the coat on and started saying good-bye to friends when John grabbed her arm and squeezed saying, "Now!" Mary indicated that she decided to leave quickly so there would not be a scene. When they were in the parking lot, John slapped and choked her, while threatening "I'm going to kill you, you fucking bitch."

Mary ran back into the building requesting someone call the police. John returned to the building demanding to talk alone with her. After a loud argument lasting several minutes, he left the building. Later on, John ran the car into a snow bank causing damage to the vehicle. It is unknown whether this was intentional or as a result of being inebriated.

### *Client Interviews*

All family members were interviewed by the FAP provider following the incident. First, Mary, the victim, was interviewed. Mary reported that this was not the first time John has assaulted her, but this was the worst incident that had ever occurred. Mary reported that she was afraid John would have killed her if she got into the car with him. She believed John was so out of control he would have killed them both. The incident left Mary with bruises. She reported that in the past, John had called her names, humiliated her, withheld finances, and slapped her around. When asked if he had ever used or threatened to use a weapon against her, she reported “never.” Mary reported that her family moved around a lot because her dad, like John, was also in the Army. She indicated that she is used to military life and has adjusted well, making friends that she can trust. Mary suggested that John is not around much but that she knew that would be the case before they got married. Although Mary indicated being well-adapted to this lifestyle, she indicated that she could no longer remain in a violent relationship. Mary also reported that she felt drained from constantly trying to keep up with John’s demands of having a spotless house, caring for the children, and performing sexual acts two times a day. Mary indicated that she had obtained a permanent restraining order and is currently proceeding with a divorce.

John, the alleged offender, was interviewed by the FAP provider next. John reported that he drank a large amount of alcohol, but was unsure how much. He denied overtly threatening his wife. He indicated that he insisted on leaving the party because he was aware he drank enough that he was “out of control.” He indicated that he said to Mary, “I’ve got to get home to get some sleep so I can get up to kill something.” He denied this was a threat towards Mary. John was arrested on the night of the incident and removed from the home. All weapons were also removed from the home. Later that night, John reported feeling remorse for the way he treated his wife. He indicated that he does not condone

using violence, but is unable to control his temper sometimes. He reported that he would do anything to save his marriage.

John and Mary reported having two sons together. Their sons, Mike and Matt, ages 17 and 15, were also interviewed by the FAP provider. During these interviews, both sons denied ever witnessing physical abuse between their parents. Both, however, admitted to hearing their parents yelling and frequently having loud arguments in the evenings. Both denied any type of violence toward them by either of their parents.

Lastly, the FAP provider interviewed Jessica, a friend of Mary's, who was also at the Christmas party and witnessed the incident between Mary and John. Jessica indicated that she and Mary were having a private conversation when John reached for Mary to make her leave. Jessica reported that John had grabbed Mary's neck, consistent with the police report. Jessica recalled that Mary has often talked about being unhappy in her relationship with John and disliking how he spoke to her. Jessica indicated that the day following the incident she went to check on Mary. During their conversation, Jessica recalled Mary saying that John has "called a bunch of times begging for forgiveness." Jessica indicated that this was "not surprising" and explained that "he always pleads like this after they get into a debacle."

### *Assessment, Risk Management, and Communicating Risk*

The FAP provider completed the IPPI-RAT assessment tool below. She made notes that were relevant according to the interviewee's reports. According to the tool, this couple is at a very high risk of experiencing a future incident of IPV with a physical injury (with a score of 10 points). The FAP provider knew it would be important to communicate this information to John, Mary, and John's commander.

First, the FAP provider explained to Mary that she was at a very high risk to have a subsequent incident with physical injury and gave Mary several options for risk management. She helped Mary develop a safety plan in the event that John tried to return to the home, introduced her to the local domestic violence advocate who would be meeting with her on a regular basis, set up a meeting for the next day with a local financial counselor, and encouraged Mary to check in with her if she needs anything. The FAP provider recommended that Mary schedule an

appointment with a therapist for individual counseling. The FAP provider additionally recommended that Mary seek counseling for her children and provided a referral for a local therapist. She then scheduled a follow-up meeting in two weeks.

Second, after meeting with John, the FAP provider explained that “2 out of 3 individuals who score this high have another violent incident that leads to injury, and most of these incidents occur within a week after the first incident. Because of this, we want to make sure you and Mary are safe. We suggest that you refrain from contacting her and also encourage you to begin suggested intervention programs as soon as they are available.” The FAP provider ensured that John understood that regulation required that any incident involving alcohol had to be referred for a mandatory substance abuse assessment and that he should expect a call from the substance abuse counselor. Furthermore, the FAP provider worked with John to get him enrolled in an appropriate offender intervention program.

Following her assessment, the FAP provider contacted John’s commander with the following information: “Our assessment suggests that John should receive priority in attaining all available resources. His wife indicated that a restraining order is already in place. We know that repeat incidents typically occur within a week after the assessment, so I would strongly recommend that John begin implementing substance abuse treatment and appropriate offender intervention programs recommended to him immediately.”

# 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:** John X

**Victim Name:** Mary X

Offender	Yes	No	Don't Know
<p>1. Caused minor injury (not requiring medical care) in incident. <i>Notes: The incident did leave bruises.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>2. Ever choked or strangled partner. <i>Notes: Mary reported being choked during the most recent incident.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>3. Denies incident occurred. <i>Notes: Later that night, John did take responsibility for his actions.</i></p>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<p>4. Increased frequency or severity of violence toward partner. <i>Notes: Mary reported that this was not the first time that John has assaulted her and that this was the worst, or most severe, incident that has taken place.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>5. Blames others for incident. <i>Notes: John took responsibility for his actions and appeared remorseful upon reflection about the way he treated Mary in the incident.</i></p>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<p>6. Attempts to control partner's access to friends/family/resources. <i>Notes: Mary reported that John withheld finances from her.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Physically aggressive toward partner prior to incident.  
*Notes: Mary reported that this was not the first time John has assaulted her.*
8. Feels desperate about relationship.  
*Notes: John reported that he would do anything to save his marriage. Jessica indicated that he often pleads for forgiveness following a fight with Mary.*
9. Emotionally abusive towards partner.  
*Notes: Mary indicated that, in the past, John has called her names and humiliated her in front of her friends.*
10. Ever used or threatened to use weapons against partner.  
*Notes: Mary reported that John has never used or threatened to use a weapon against her.*
11. Expresses ideas or opinions that justify violence towards partner.  
*Notes: John indicated that he does not condone using violence, but is unable to control his temper sometimes.*
12. Holds unrealistic expectations of partner.  
*Notes: According to Mary, John demands having a spotless house, expects her to solely care for the children, and expects to have sex twice a day.*

**Victim****Yes No Don't Know****13.** Dissatisfied with military lifestyle.*Notes: Mary stated that she is well-adapted to a military lifestyle.*  **14.** Attempting to leave relationship.*Notes: Mary reported having filed for a divorce and having a permanent restraining order in place.*  **15.** Fears for self or children or pets.*Notes: Mary reported that she was afraid John would have killed her if she got into the car with him.*  **Total Score** (Number of Items Marked "Yes") = 10**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).*

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

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

## *Case Example Two*

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### *Overview of Reported Incident*

Rita is a 27-year-old female Airman in the United States Air Force. An incident of physical injury was reported in which Rita was inebriated and scratched and slapped her husband across the face while attempting to gain entrance into their home. Tony, Rita's husband, was home when Rita was with her friends at a local club. Rita returned home at 2:00 am and knocked on their front door because she could not find her keys. When Tony went to answer the door, he verbally refused to let Rita in the house and blocked the entrance with his body. Reportedly, Rita slapped and scratched his face while yelling "let me in!!" Tony closed and locked the door, at which time Rita went to the trunk of her car, got a baseball bat and returned to bang on their front door with the bat. Tony indicated that he looked out the window and saw Rita waving the bat while yelling and cursing at him. Tony then contacted 911 and the civilian police officer took Rita to spend the night in jail. Two days after Rita returned home, she found Tony moving his things out. Tony is currently staying with a friend.

### *Client Interviews*

The FAP provider first met with Tony. In the interview, Tony explained that he did not allow Rita to enter the house because every time she drinks, she becomes violent. When asked if violence has occurred previously in their relationship, Tony indicated that it had. Tony explained that the first incident occurred early in their marriage and that she would push and slap him when she was upset. He further reported that Rita would frequently berate and criticize him. He explained that she has also taken away his checkbook and credit cards, and has ridiculed him for not being able to find a job. The FAP provider asked if it had ever gotten to the point where Rita attempted to strangle him. Tony denied any choking or attempted strangulation. Tony indicated that he has long been frustrated with their relationship and further explained that he has tried to talk with her about being unhappy with the demands and hours the military requires of her and suggested that he feels that all they do is fight. He indicated that this had not resulted in any changes. Furthermore, Tony explained that Rita always expects him to answer her phone calls, regardless of what he is doing,

which made it increasingly difficult for him to get anything done. Tony denied any physical altercations when he was moving out of the home. He indicated that Rita was “actually” being nice, pleading for me to stay, saying she’s sorry.” Tony explained that he had heard it before and did not listen to her because things always stayed the same.

Next, the FAP provider met with Rita. When asked what had happened, Rita explained that she had arrived home asking to be let in their house and her husband refused. Rita stated that, “if he would have just let me in, I would have never had to slap him.” When asked if violence has occurred previously in their relationship, Rita also indicated that it had. Rita explained that Tony often argues with her and it upsets her because he won’t listen to her until she does something like slap him. Rita also suggested that Tony is “irresponsible” and “can’t get a job” so she has to take care of the finances, including monitoring his expenses. Rita denied ever attempting to strangle or use a weapon against Tony. When the FAP provider questioned the use of the bat in the reported incident, Rita explained that she had not intended to hurt Tony with it, that she just wanted him to open the door. The FAP provider asked “Are you hopeful that you can improve your relationship with Tony?” and the client responded “It’s not like I haven’t tried... I want to work things out and I even asked him to stay but he ignored me.” The FAP provider noted that Rita then shrugged and indicated that “He’ll probably come back once he realizes he doesn’t feel better at Jay’s house.” Rita denied attempting to contact Tony after he left their home.

Finally, the FAP provider called a neighbor who had witnessed the incident. The neighbor was not available to meet in person but did explain that “they often fight like this, especially when she’s drunk.”

### *Assessment, Risk Management, and Communicating Risk*

The FAP provider completed the IPPI-RAT assessment tool below. She made notes that were relevant according to the interviewee's reports. According to the tool, this couple is at a very high risk of experiencing a future incident of IPV with a physical injury (with a score of 8 points). The FAP provider knew it would be important to communicate this information to Rita, Tony, and Rita's commander.

First, the FAP provider explained to Tony that he was at a very high risk to be a victim of a subsequent incident with physical injury and gave him several options for risk management. She helped Tony set up a safety plan that enabled him to reflect on "warning signs" of a physical incident and provided him with resources including the local domestic violence advocate. Because Tony and Rita both appeared to maintain a commitment to the relationship, the FAP provider suggested that individual counseling may be beneficial to him. The FAP provider then scheduled a follow-up meeting with Tony in one week.

The FAP provider explained to Rita that "2 out of 3 individuals who score this high have another violent incident that leads to injury, and most of these incidents occur within a week after the first incident." The FAP provider suggested that incidents of violence between them seem to occur when Rita has been drinking. The FAP provider explained to Rita that Air Force regulation requires that any incident involving alcohol had to be referred for a mandatory substance abuse assessment through ADAPT and that she should expect a call from the substance abuse counselor. Rita was then told that individual or group counseling may be beneficial to her and provided her with a follow-up individual session in one week.

Following her assessment, the FAP provider contacted Rita's commander with the following information: "Our assessment suggests that Rita should receive priority in attaining all available resources. Tony is currently staying with a friend, but it is likely that another incident may occur after his return home. I have referred Rita to ADAPT for a substance abuse assessment and recommend she participate in individual or group counseling".

# 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:** Rita Y

**Victim Name:** Tony Y

Offender	Yes	No	Don't Know
1. Caused minor injury (not requiring medical care) in incident. <i>Notes: Visible scratches on Tony's face.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Ever choked or strangled partner. <i>Notes: Both partners denied incidents of choking or strangulation in past or present incidents.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Denies incident occurred. <i>Notes: Rita admitted to slapping her husband across the face.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Increased frequency or severity of violence toward partner. <i>Notes: Interviews with both partners suggested that the level of violence has been similar in the past.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Blames others for incident. <i>Notes: Rita admitted to slapping Tony but suggested that it was his fault when she reported "if he would have just let me in..."</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Attempts to control partner's access to friends/family/resources. <i>Notes: Tony reports that Rita monitors his finances and restricts his autonomy.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Physically aggressive toward partner prior to incident.

*Notes: Both partners reported that similar incidents have occurred in the past. This was further supported in the phone call with the neighbor.*



8. Feels desperate about relationship.

*Notes: Neither partners demonstrated or reported acts of desperation regarding the relationship. In fact, both partners appeared at ease with the situation and confident about their reconvening the relationship. No attempts were made to contact each other after Tony left their home.*



9. Emotionally abusive towards partner.

*Notes: Tony reported frequent berating and criticism from Rita. Furthermore, Tony suggested that Rita often looks down upon him for not having a job.*



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

*Notes: Neither partners indicated the use of a weapon; however, upon interviewing both individuals about the incident, the presence of the bat in the allegation reflects the use of a weapon meant as a threat.*



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

*Notes: Rita appeared to justify the violence suggesting that Tony's refusal to open the door started the incident.*



12. Holds unrealistic expectations of partner.

*Notes: Neither partner suggested that Rita holds unrealistic expectations although it appears that Tony being unemployed has caused conflict regarding financial expectations in the relationship.*



Victim	Yes	No	Don't Know
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13. Dissatisfied with military lifestyle.

*Notes: Tony had indicated frustration with Rita's work schedule.*

14. Attempting to leave relationship.

*Notes: Although Tony left the home, both partners seem to agree that this does not indicate a plan to terminate the relationship.*

15. Fears for self or children or pets

*Notes: Neither partner suggested any experience of fear.*

**Total Score** (Number of Items Marked "Yes") = 8

**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 checked="" type="radio"/>	<input type="radio"/>	_____
Victim	<input checked="" type="radio"/>	<input type="radio"/>	_____
Child(ren) in Home	<input type="radio"/>	<input checked="" type="radio"/>	<i>Not applicable; no children present in the home.</i>

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

## *Case Example Three*

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### *Overview of Reported Incident*

Frank is a 27-year-old sailor in the United States Navy. Recently, his wife, Joanna, age 29, reported that Frank was physically abusive to her. According to the report, Frank was at his friend Curtis's house, working on repairing Curtis's computer. During this time, Joanna attempted to call Frank several times but was unable to reach him. Joanna decided not to set a place at the dinner table for Frank because she assumed he would not be joining them. Upon returning home, Frank saw that he did not have a setting on the table and became angry and slammed a fork on the table, leading to the breaking of a dish. He stated, "You should know that I'd be here for dinner!" Frank then went to get a plate from the kitchen and continued to argue with Joanna as he came back to the room. Frank began to slam other dishes down, rattling the silverware and shaking the table. The couple are parents to three children. The oldest, Christine, age 10, is Joanna's biological daughter from a previous relationship, but was adopted by Frank once they married 6 years ago. Sara and Brian, ages 5 and 3, are Frank and Christine's biological children. All three children were present at the table during the alleged incident. They became quiet as they saw their father was visibly angry. Joanna decided to take the children and leave the house. When grabbing her keys and cell phone, Joanna reported that Frank stopped her and asked where she was going, to which she replied "none of your business." She indicated that he then opened their front door and shoved her out. Joanna reported that she went to stay at her mother's. Upon arrival to her mother's home, Joanna reported the incident to the FAP program. That evening, Frank called Joanna and apologized, asking her to come back home.

### *Client Interviews*

The FAP provider first met with Joanna. At the assessment, Joanna appeared distracted, evidenced by constantly checking her phone. Joanna explained that her mom was watching the kids in the waiting room and would need to call her if one of them became too rambunctious. When asked about what had happened during the incident, Joanna explained that she and Frank have been arguing a lot recently regarding his time away from home. Joanna explained that Frank has assumed the responsibilities for two men at work and is spread thin, leaving

little time for his family. She indicated that they have verbal fights almost every other day because, when Frank is home, he is not present with the children or her, but often plays video games or watches television before going to bed. Joanna explained that she is exhausted caring for the children when she is home. Joanna reported that she works part time as a housekeeper while her mother watches the kids. She indicated that the rest of the time she is not working, she is helping her kids with homework, taking them to activities, cooking, feeding and bathing the children, and caring for the house. Joanna indicated that she is “also spread thin and exhausted.” When asked what their fights typically look like, Joanna indicated that it is typically “Not like this. This was scary.” She explained that they typically have verbal arguments, yelling, sometimes even slamming doors but never has it gotten to the point where an object was broken or where they’ve laid a hand on one another. Joanna reported “I was afraid so I left, I didn’t know what to do.” Joanna became tearful and indicated that she does not “want to get another divorce. This was a good thing.” When asked if she had thought about leaving Frank, Joanna shook her head, “No,” and explained that “I just needed to get out of the house to make sure this did not happen again. I have children I need to protect and I can tell they were scared.” Joanna mentioned that being married to a sailor has caused a lot of unexpected conflict between them and suggested that “This would all be easier if we could both have normal jobs and normal family lives.”

Next, the FAP provider met with Frank. Frank appeared remorseful as demonstrated by his head hung low. When asked about the incident, Frank immediately reported that “Things got out of control. It should have never gotten to that.” When asked for clarification, Frank explained that he “pushed her in the heat of the moment,” but would never want to do anything to scare or hurt his wife. Frank denied any previous incidents of physical violence and indicated that he has “never done anything that would purposefully harm or scare her.” Frank appeared desperate about the relationship when he asked the FAP provider, “Did she come in? Did she say anything about me? Are we going to be okay? Geez, I just want to talk to her, tell her I’m sorry.” Frank also reported that they have been fighting a lot about his work schedule. Frank indicated that he knows “Joanna does not like being a Navy wife and I know things aren’t easy. I just wish she would understand that I have no energy to do anything else when I get home at night. She cares for the kids,

she knows how to do those things and it would just be more work for me to learn how she likes things done.”

Lastly, the couple's oldest daughter, Christine, was interviewed. Christine reported observing her step-father “slamming the table and getting so mad he started pushing Mom around, then he came out the door and started pushing her some more.” Christine admitted that this incident was scary but denied any fear that Frank would do anything to hurt her mother or herself and her siblings.

### *Assessment, Risk Management, and Communicating Risk*

The FAP provider completed the IPPI-RAT assessment tool below. She made notes that were relevant according to the interviewee's reports. According to the tool, this couple is at a high risk of experiencing a future incident of IPV with a physical injury (with a score of 4 points). The FAP provider felt it would be important to communicate this information to Joanna, Frank, and Frank's commander.

First, the FAP provider explained to Joanna that she was at high risk of experiencing another incident with physical injury. The FAP provider explained that “1 out of 3 individuals who score similarly on this assessment experience an incident leading to injury and most of these incidents occur within one week. We want to help you develop a safety plan that you can follow when you feel you may be in danger. Please contact a Victim Advocate if you are in need of any assistance.” The FAP provider additionally encouraged Joanna to develop a list of emergency contacts with whom she feels safe in the event that Frank demonstrates any violent behavior. The FAP provider then set a check in session with Joanna for a month from then and indicated that she would call Joanna in two weeks for a phone consult to check-in on any immediate needs. The FAP provider suggested that counseling may be beneficial for both Joanna and her children and provided her with contact information for a local therapist.

Next, the FAP provider met with Frank and explained that, “Until the case is resolved, I suggest that you seek support from trusted others and make an effort to avoid stressful or high conflict situations with Joanna or the use of any drugs or alcohol that may put you at higher risk of a repeat incident. There are

many resources available to you and we encourage you to utilize these services while the initial allegation is being reviewed.” The FAP provider then provided Frank with a referral to behavioral health, highlighting information about appropriate offender intervention groups. She explained to Frank that there are additional resources that he may be able to utilize and that “we suggest that you utilize any available program and will be able to help you locate other resources at our meeting next month.”

Lastly, the FAP provider contacted Frank’s commander by phone and explained that “Frank has been advised not to engage in risky behaviors such as alcohol use and has been encouraged to participate in appropriate local offender intervention programs. Frank’s wife has been provided a safety plan which is to be implemented if Frank demonstrates any violent behavior.” The phone call concluded with the FAP provider explaining that “We know that repeat incidents typically occur within a week after the assessment, so I would recommend that Frank stay in contact with our office until the Clinical Case Staffing Meeting and a final intervention plan is developed.”

# 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:** Frank O

**Victim Name:** Joanna O

Offender	Yes	No	Don't Know
1. Caused minor injury (not requiring medical care) in incident. <i>Notes: No injury was reported or visible.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Ever choked or strangled partner. <i>Notes: Both denied past or current choking or strangulation from either partners.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Denies incident occurred. <i>Notes: Frank admitted to pushing his wife.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Increased frequency or severity of violence toward partner. <i>Notes: Joanna reported that they've yelled in the past but this is the first time Frank has broken anything or became physical.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Blames others for incident. <i>Notes: Neither parties blamed outside persons or each other.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Attempts to control partner's access to friends/family/resources. <i>Notes: Neither partners reported controlling behaviors.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

7. Physically aggressive toward partner prior to incident.

*Notes: Both have indicated previous verbal arguments, both denied any physical violence in the past.*



8. Feels desperate about relationship.

*Notes: Frank appeared desperate and eager to hear from Joanna.*



9. Emotionally abusive towards partner.

*Notes: Both partners indicated verbal arguments but denied name calling or explicit criticisms.*



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

*Notes: Both denied the use of a weapon currently or in the past.*



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

*Notes: Frank reported that it should have never gotten that far.*



12. Holds unrealistic expectations of partner.

*Notes: Frank seems to believe that household responsibilities belong to Joanna and not himself. It seems that both partners have high expectations of one another regarding their roles, which seems to be influenced by a recent change in Frank's responsibilities at work.*



**Victim****Yes No Don't Know****13.** Dissatisfied with military lifestyle.*Notes: Both partners suggested that Joanna was dissatisfied with military life and Frank's responsibilities.*  **14.** Attempting to leave relationship.*Notes: Joanna indicated that she does not "want to get another divorce. This was a good thing." and the evening at her mother's was just to get out of the house temporarily.*  **15.** Fears for self or children or pets.*Notes: Joanna reported feeling scared. She indicated that nothing like this has ever happened before.*  **Total Score** (Number of Items Marked "Yes") = 4**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

\_\_\_\_\_

Victim

\_\_\_\_\_

Child(ren) in Home

\_\_\_\_\_

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

## *Case Example Four*

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### *Overview of Reported Incident*

Darrell and Maria have been married for 4 years. Maria is a 23-year-old enlisted Marine due to deploy within three months. Darrell is 29-years-old and is currently unemployed due to a medical condition. The couple has a 2 year old daughter, Sierra. The incident of physical aggression occurred when Darrell and Maria got into an argument after Maria returned home from dropping Sierra off at her mother's place. Darrell and Maria were about to leave for a trip to visit Darrell's family out of state. Maria brought up how expensive gas was and how much they would have to spend on their trip. Darrell became upset and demanded the keys from Maria. Maria could tell that Darrell was upset and insisted on knowing what had angered him so much. Darrell attempted to grab Maria's purse from her hands to get the keys and Maria pulled the purse back, yelling that he was "being crazy". At this time, Alice, Maria's sister, came downstairs and witnessed Darrell shoving Maria to the ground and taking the bag from her to retrieve the keys. Alice called the police to report the incident. The police arrested Darrell and suggested that they both contact the FAP to schedule an assessment.

### *Client Interviews*

The FAP provider first met with Maria. Maria appeared tired but was cordial. Maria appeared worried as she initially inquired about what will happen to her family. The FAP provider asked about previous incidents of physical violence to which Maria reported that Darrell has slapped and pushed her before but has never knocked her to the ground. Maria denied any injuries. The FAP provider asked Maria if Darrell had ever used a weapon or object to threaten or hurt her. Maria indicated that this has never occurred and that "Darrell does not own any weapons." The FAP provider asked about Maria's upcoming deployment and her feelings about leaving. Maria responded that she's not looking forward to how much she will miss her daughter and how it may impact her relationship with Darrell. Next, the FAP provider asked Maria how she feels about being a Marine. Maria indicated that "it's hard to be away from family but I have a duty to perform, and I am happy to serve." Maria indicated that she is glad that Darrell had to spend a couple nights in jail because that was "not okay" but that she wants to work things out and get him help so that he

does not get angry so easily. Maria reported that they have a “lot of built up resentment and unresolved issues”. The FAP provider asked if their marital conflicts frighten her or make her fearful about its impact on Sierra. Maria denied any fear and said that they never fight in front of Sierra and that “Darrell would never do anything to scare our daughter.”

The FAP provider then met with Darrell. He reported that the incident occurred when he was packing for their trip and Maria came in to complain about gas prices. Darrell explained that it seems that “Maria is always yelling at me or complaining about money she has to spend to take care of us.” Darrell explained that he pushed Maria so that he could get the keys away from her. He indicated that he did not mean to push her that hard and did not intend to knock her to the ground. When asked if incidents like this have occurred before, Darrell indicated that they have argued and there was slapping but that it never “gets too extreme and I don’t mean to let it get that far.” Darrell admitted that the incident occurred because he was so frustrated he needed to leave the house. He explained that he recognizes that Maria is stressed and tired from work but that she sometimes makes him feel guilty about not being able to work. Darrell stated similar concerns to Maria about their marital issues and needing to work on their relationship.

Finally, the FAP provider met with Alice, Maria’s sister. Alice indicated that she’s been staying with her older sister because she was home for the summer from her first year of college and wanted to spend time with her niece. She explained that Maria and Darrell sometimes argue but they always try to keep it in their room or at least out of Sierra’s sight. Alice indicated that their yelling during the incident alarmed her and seeing Darrell shove her sister scared her so she called the police. Alice denied fearfulness for any of her family members but did indicate that “Darrell gets upset easily.”

### *Assessment, Risk Management, and Communicating Risk*

The FAP provider completed the IPPI-RAT assessment tool below. She made notes that were relevant according to the interviewee’s reports. According to the tool, this couple is at a high risk of experiencing a future incident of IPV with a physical injury (with a score of 2 points). The FAP provider felt it would be

important to communicate this information to Maria, Darrell, and Maria's commander.

First, the FAP provider explained to Maria that she was at high risk of experiencing an incident with physical injury as the assessment suggests that the increased severity of violence is a warning sign of future physical injury. The FAP provider suggested that it would be appropriate to develop a safety plan including warnings signs of Darrell's escalating anger. Last, the provider encouraged Maria to seek counseling and provided her with contact information for behavioral health. The FAP provider then suggested that they meet again in a few weeks to check in but informed Maria that she could call beforehand if she needed any assistance.

Next, the FAP provider met with Darrell and explained that he was at risk for a repeat incident of physical violence which would lead to injury. The FAP provider recommended a local offender intervention program to him and suggested that he might seek counseling to work through some concerns before Maria deploys which may help with the transition. Because Darrell was reluctant to admit to having an anger problem, the FAP provider began by providing him with a packet of brochures on healthy relationships and appropriate intervention programs, then suggested that there are individual mental health providers and also groups that work on more specific issues if he felt he would benefit from services. The FAP provider emphasized the importance of using services as they are available to him and suggested that working through these issues provides a more stable and healthy home for Sierra. The FAP provider encouraged Darrell to stay in contact with her, even through Maria's deployment.

Lastly, the FAP provider contacted Maria's commander by phone and explained that the assessment of the incident suggests that violence has escalated and that both partners should seek counseling and utilize behavioral health programs. The FAP provider additionally added that "because repeat incidents typically occur within a week after the assessment, I would recommend checking in with Maria within the next couple days and encourage her to schedule an appointment with us if she feels it is needed."

# 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:** Darrell S

**Victim Name:** María S

Offender	Yes	No	Don't Know
1. Caused minor injury (not requiring medical care) in incident. <i>Notes: María denied any injuries.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Ever choked or strangled partner. <i>Notes: Both denied past or current choking or strangulation from their partner</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Denies incident occurred. <i>Notes: Darrell indicated that he pushed María but did not mean to shove her to the ground.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Increased frequency or severity of violence toward partner. <i>Notes: María indicated that there has been pushing and slapping but it had not gotten to the point where she's been pushed to the ground.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Blames others for incident. <i>Notes: Neither parties blamed outside persons for the incident.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Attempts to control partner's access to friends/family/resources. <i>Notes: Both partners appear to be family oriented and neither seemed to control visits or relationships with others or access to resources.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

7. Physically aggressive toward partner prior to incident.  
*Notes: Both have indicated slapping and pushing in the past.*
8. Feels desperate about relationship.  
*Notes: Neither appeared desperate yet both recognized concerns in the marital relationship.*
9. Emotionally abusive towards partner.  
*Notes: Neither indicated experiences of emotional abuse.*
10. Ever used or threatened to use weapons against partner.  
*Notes: Both denied the presence or use of weapons.*
11. Expresses ideas or opinions that justify violence towards partner.  
*Notes: Darrell expressed that he did not mean to let it get that far.*
12. Holds unrealistic expectations of partner.  
*Notes: Both partners appear to be realistic about their roles and expectations of one another.*







# Appendices

## Appendix A: AUC Table

**Table 1. IPV Risk Assessments Meta-Analysis Results.**

IPV Assessment	k	Total N	AUC Value	95% CI
DA	6	3,339	.711	.602-.820
DVSI	3	3,076	.577	.523-.631
K-SID	2	1,281	.538	.486-.591
ODARA	6	1,194	.670	.637-.704
SARA	7	2,758	.629	.606-.652
B-SAFER	1	249	.700	.640-.760
IPPI-RAT*	1	142	.783	.707-.860

*Note. k = number of studies. DA = Danger Assessment; DVSI = Domestic Violence Screening Inventory; K-SID = Kingston Screening Instrument for Domestic Violence; ODARA = Ontario Domestic Assault Risk Assessment; SARA = Spousal Assault Risk Assessment; B-SAFER = Brief Spousal Form for the Evaluation of Risk; IPPI-RAT = Intimate Partner Physical Injury-Risk Assessment Tool.*

*\*\*IPPI-RAT AUC value based on 99% Confidence Interval.*

The AUC value indicates the likelihood that a randomly selected member of the physical injury group would have a higher risk score than a randomly selected member of the other (i.e., comparison) group. Tools with higher AUC scores are more accurate predictors of IPV risk than are tools with lower AUC scores.

## Appendix B: IPPI-RAT Recidivism Risk Categories

### Low-to-Moderate

Approximately  
**1 out of 10**  
will experience  
a subsequent incident  
leading to physical injury  
(0-1 points)

### High

Approximately  
**1 out of 3**  
will experience a  
subsequent incident  
leading to physical injury  
(2-7 points)

### Very High

Approximately  
**2 out of 3**  
will experience a  
subsequent incident  
leading to physical injury  
(8 or more points)

### Low-to-Moderate

Approximately  
**1 out of 10**  
will experience  
a subsequent incident  
leading to physical injury  
(0-1 points)

### High

Approximately  
**1 out of 3**  
will experience a  
subsequent incident  
leading to physical injury  
(2-7 points)

### Very High

Approximately  
**2 out of 3**  
will experience a  
subsequent incident  
leading to physical injury  
(8 or more points)

## Appendix C: How to Use the IPPI-RAT

### Step 1: Case Information

#### Conduct interviews

with all available informants to gather case information from victim, alleged offender, any additional informants including children, witnesses, commanders, law enforcement.

#### Assess for the risk factors in your interviews.

- These interviews should be conducted **INDIVIDUALLY** with each partner.
- The FAP provider should never interview the victim in the presence of the offender. \* If both partners are being assessed as alleged offenders, complete two IPPI-RATs.

### Step 2: Code The Presence or Absence of the Risk Factors

- Assess and resolve any inconsistencies between information sources.
- Seek necessary additional information from more sources
- In making a final determination if a risk factor is present, the provider has to use clinical judgment to determine if the risk factor is present.

### Step 3: Compute the Total Score

- Using the IPPI-RAT form indicate whether your response to the item is “yes,” “no,” or “don’t know.”
- Avoid “Don’t know” whenever possible: Omitted risk factors will lead to a lower judgment of risk than is accurate.
- **You are to complete the tool, NOT the client.** The client should not see this form. Their level of risk is communicated to them verbally in step 6.
- Add all the items that you marked “Yes”. This is your total scale score.

#### Assess regarding offender:

- Caused minor injury (not requiring medical care) in incident.
- Ever choked or strangled partner.
- Denies incident occurred.
- Increased frequency or severity of violence toward partner.
- Blames others for incident.
- Attempts to control partner’s access to friends/family/ resources.
- Physically aggressive toward partner prior to incident.
- Feels desperate about relationship.
- Emotionally abusive towards partner.
- Ever used or threatened to use weapons against partner.

- Expresses ideas or opinions that justify violence towards partner.

- Holds unrealistic expectations of partner.

**Assess regarding victim:**

- Dissatisfied with military lifestyle.

- Attempting to leave relationship.

- Fears for self or children or pets

## Step 4: Determine the Level of Risk

### Low-to-Moderate

Approximately  
**1 out of 10**  
will experience  
a subsequent incident  
leading to physical  
injury  
(0-1 points)

### High

Approximately  
**1 out of 3**  
will experience a  
subsequent incident  
leading to physical  
injury  
(2-7 points)

### Very High

Approximately  
**2 out of 3**  
will experience a  
subsequent incident  
leading to physical  
injury  
(8 or more points)

## Step 5: Risk Management Strategies

*[adapted from Kropp, Hart and Belfrage (2005)]*

- After determining the level of risk, determine appropriate risk management strategies (higher levels of risk should result in greater number of risk management strategies). Each of these categories should be addressed. Refer to the brief user manual for a more detailed explanation.

- Monitoring/Surveillance
- Control/Supervision
- Assessment/Treatment
- Victim Safety Planning

## Step 6: Communicating Risk

- Using the knowledge gained from the IPPI-RAT, communicate the level of risk for another incident of physical injury to the involved parties: victim advocate, commander victim and offender.
- It is appropriate to show individuals overall level of risk, but not the individual items of the scale. Often times, this would elicit defensive reactions from involved parties.
  - Victim Advocate
  - Commander
  - Victim
  - Offender

**\*\*DISCLAIMER:** *This handout is meant to supplement this manual. This is not to be used in isolation, but as a reference tool after having reviewed the manuals.*



