



**NWDA Domestic Violence High Risk Team  
Risk Assessment Tool**

1. Has the violence escalated in recent months of your relationship?  
YES ☐ NO ☐
2. Has your partner/ex-partner ever used a gun to scare or threaten you?  
YES ☐ NO ☐
3. Does your partner/ex-partner ever threaten to kill themselves or your family/friends if you leave the relationship?  
YES ☐ NO ☐
4. Have you ever been strangled (choked) by your partner/ex-partner?  
YES ☐ NO ☐
5. Does your partner/ex-partner ever make threats to kill you?  
YES ☐ NO ☐
6. Have you attempted to leave this relationship in the past but couldn't?  
YES ☐ NO ☐
7. Do you have children living with you that are from a previous relationship?  
YES ☐ NO ☐
8. Is your partner/ex-partner overly jealous, possessive, or controlling of you?  
YES ☐ NO ☐
9. Is your partner/ex-partner a serious drug user or problem drinker?  
YES ☐ NO ☐
10. Is your partner/ex-partner unemployed?  
YES ☐ NO ☐
11. Has your partner/ex-partner avoided being arrested for domestic violence?  
YES ☐ NO ☐
12. Did you ever feel forced to have sex when you did not want to with your partner/ex-partner?  
YES ☐ NO ☐
13. Has your partner/ex-partner ever abused your pets or scared you by threatening to harm or kill your pets?  
YES ☐ NO ☐

**Total # YES** \_\_\_\_\_ **Total # NO** \_\_\_\_\_

If several questions, particularly 1-5, are answered "YES" please consider referring this case to the DA's Office High Risk Team by contacting Katie Rosewarne at [Katie.Rosewarne@state.ma.us](mailto:Katie.Rosewarne@state.ma.us) or 413-512-5903.