



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.