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 or 413-512-5903.