

# 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
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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