

FAMILY VIOLENCE OPTION / DOMESTIC VIOLENCE

WORK FIRST ASSESSMENT

Date of Referral: _____

Held Appointment ___ Yes ___ No

Referred by: _____

- _____ Latino/Hispanic
- _____ Native American
- _____ Afro-American
- _____ Euro-American
- _____ Other

Address: _____

Telephone: (H) _____ (W) _____
Name: _____

GENDER _____ DOB: _____ County _____

Name, gender and age of children: _____

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1. Have you ever felt Emotionally Abused? Tell me about it. Circle key words:

- Putting me down* *Making me feel bad about myself* *Calling me names*
- Making me think I'm crazy* *Mind games*

2. Have you been Economically abused? Tell me about it. Circle key words:

- Kept me from getting job* *Kept me from my job* *Make me ask for money*
- Keeps me on an allowance* *Takes my money*

3. Have you ever been Sexually abused? Tell me about it if you can. Circle key words:

- Making me do sexual things against my will* *Physically attacking sexual parts of my body*
- Treating me like a sex object*

4. Has your child/children seen, heard or directly been involved in family violence? Tell me about it. Circle key words:

Made to feel guilty about the children *Using children as messengers* *Using visitation to harass me*

5. Have you ever been threatened? Tell me about it. Circle key words:

Making or carrying out threats to do emotional harm *Threatened to take the children*
Threaten to commit suicide *Threatened to report me to DSS*

6. Have you ever been made to feel like you are not capable of making decisions? Tell me about it. Circle key words:

Treats me like a servant *Partner makes all the BIG decisions* *Partner is "in charge"*

7. Have you ever been intimidated? Tell me about it. Circle key words: (Put me in FEAR by:)

Looks *Loud voices* *Smashing things* *Destroying our property or mine*

8. Have you ever been kept isolated? Tell me about it. Circle key words:

Controls: who I see, what I do, who I talk with, where I go.
Questions: who I talk to, where I've been / I have to lie to him.

9. Have you ever been physically abused? Tell me about it. Circle key words:

Pushed, shoved, hit, slapped, choked, pulled hair, punched, kicked, grabbed, used a weapon against me, beaten, thrown me down on floor, twisted my arm, tripped me, bitten me.

10. Did you grow up in a home with family violence? Tell me about it.

11. Have you ever been stalked? Tell me about it. Circle key words:

Repeated, unwanted attention or contact by a partner that causes fear or concern for yourself or someone close to you.
Is there a restraining order? Has a partner violated the restraining order? Partner shows up unannounced.
Feel like I'm always watched. Partner needs to have control over you You feel uncomfortable or have anxiety
Partner is jealous Partner doesn't take responsibility for actions

Circle all that apply:

1. Was it a violent incident?
First time ___ Repeated ___

8. Is there an alcohol abuse problem in this relationship?
Yes No

2. Did violence occur in the last
Week 6 months Year

9. Is there a drug abuse problem in this relationship?
Yes No

3. Do you feel you are in danger?
Yes No

10. Have the police/sheriff been involved in the history of
your family violence
Yes No

4. Have you received medical attention?
Not Yet No Yes
When? _____ Where? _____

11. Do you feel powerless/frustrated with agency help?
Yes No

5. Have you left the abuser before?
Yes No

12. Do you have difficulty in finishing a goal?
Yes No

6. Are you living with the abuser?
Yes No

13. Have you lost a job due to family violence or stalking?
Yes No

7. Present emotional condition:
Good Fair Poor

14. Has the abuser stalked you at work?
Yes No

15. Has the abuser stalked you in the community?
Yes No