

## Domestic Violence Assessment

Date:

Time:

Completed by:

| <b>Situation:</b>   |     |    |     |          |        |
|---|-----|----|-----|----------|--------|
| Issue   | Yes | No | N/A | Response | Action |
| How long has there been a problem?                              |     |    |     |          |        |
| Has the abuse increased in frequency and/or intensity recently? |     |    |     |          |        |
| Have there been specific threats made?                          |     |    |     |          |        |
| What is the nature of the threats?                              |     |    |     |          |        |
| How are threats being communicated?                             |     |    |     |          |        |
| Has the partner made threats in the past?                       |     |    |     |          |        |
| Does the partner know where the employee currently lives?       |     |    |     |          |        |
| Does the partner know the employees work schedule?              |     |    |     |          |        |
| Does the partner know the employees work location?              |     |    |     |          |        |
| Has the partner appeared at work                                |     |    |     |          |        |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| recently, been observed watching the work site or attempted contact or entrance to the work site?  |  |  |  |  |  |
| Has the partner recently vandalized any property at or near the workplace to let the victim know where he/she is? (I.E. Car damage)        |  |  |  |  |  |
| Is the partner angry, upset, or suspicious of any other employees? Have threatening comments been made about other employees?              |  |  |  |  |  |
| Does the partner have a history of violence?   |  |  |  |  |  |
| Has the partner been abusing or killing animals or family pets?  |  |  |  |  |  |
| Does the partner have access to guns/weapons? Was there a recent purchase of a gun? Has the employee been threatened with a gun or weapon? |  |  |  |  |  |
| Has the partner ever made the employee fear for his or her life?   |  |  |  |  |  |
| Is the partner showing signs of depression or other mental health issues?  |  |  |  |  |  |
| Is the partner experiencing other forms of stress such as recent job loss, legal or financial problems?                                    |  |  |  |  |  |
| Does the partner abuse drugs or alcohol?   |  |  |  |  |  |

