



DOMESTIC VIOLENCE ASSESSMENT TOOL

HOW TO USE THIS TOOL:

Circle a number for each of the items listed below to show your closest estimate of how often it happened in your relationship with your partner during the past year.

#	LETHALITY					
	A “Yes” to A, B, or C means high danger and triggers a referral					
A	Has he/she ever used a weapon against you or threatened you with a weapon?	Yes	No			
B	Has he/she threatened to kill you or your children?	Yes	No			
C	Do you think he/she might try to kill you?	Yes	No			
	BEHAVIORS	Never	Rarely	Occasional	Frequently	Very Frequently
1	Called you a name and/or criticized you	0	1	2	3	4
2	Tried to keep you from doing something you wanted to do (example: going out with friends, going to meetings)	0	1	2	3	4
3	Gave you angry stares or looks	0	1	2	3	4
4	Prevented you from having money for your own use	0	1	2	3	4
5	Ended a discussion with you and made the decision him or herself	0	1	2	3	4
6	Threatened to hit or throw something at you	0	1	2	3	4
7	Pushed, grabbed, or shoved you	0	1	2	3	4
8	Put down your family or friends					
9	Accused you of paying too much attention to someone or something else	0	1	2	3	4
10	Put you on an allowance					
11	Used your children to threaten you (example: told you that you would lose custody, said he or she would leave town with the children)	0	1	2	3	4

12	Became very upset with you because dinner, housework, or laundry was not ready when he wanted it or done the way he thought it should be	0	1	2	3	4
13	Said things to scare you (example: told you something bad would happen, threatened to commit suicide)	0	1	2	3	4
14	Slapped, hit, or punched you					
15	Made you do something humiliating or degrading (example: begging for forgiveness, having to ask his permission to use the car or do something)	0	1	2	3	4
16	Checked up on you (examples: listened to your phone calls, checked the mileage on your car, called you repeatedly at work)	0	1	2	3	4
17	Drove recklessly when you were in the car	0	1	2	3	4
18	Pressured you to have sex in a way that you didn't like or want	0	1	2	3	4
19	Refused to do housework or childcare	0	1	2	3	4
20	Threatened you with a knife, gun, or other weapon	0	1	2	3	4
21	Told you that you were a bad parent	0	1	2	3	4
22	Stopped you or tried to stop you from going to work or school	0	1	2	3	4
23	Threw, hit, kicked, or smashed something	0	1	2	3	4
24	Kicked you	0	1	2	3	4
25	Physically forced you to have sex	0	1	2	3	4
26	Threw you around	0	1	2	3	4
27	Physically attacked the sexual parts of your body	0	1	2	3	4
28	Choked or strangled you	0	1	2	3	4
29	Used a knife, gun, or other weapon against you	0	1	2	3	4

Scoring & Interpretation

**** A "Yes" answer to questions A, B, or C means high danger and automatically triggers a referral.** To determine whether a referral should be made when answers to A, B, or C are "No," add the numbers that have been circled, and divide the sum by 29 to determine their score. If a mother has left some of the items blank, add up the numbers that have been circled by the mother, and divide the sum by the number of questions she answered. **A score of 2.3 or greater indicates that a referral needs to be made.**

Shepard MF, Campbell JA. The Abusive Behavior Inventory: a measure of psychological and physical abuse. Journal of Interpersonal Violence 1992;7:291-305.