

Domestic Violence Assessment

How to use this tool

Select the appropriate button 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	Yes	No
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?		
B. Has he/she threatened to kill you or your children?		
C. Do you think he/she might try to kill you?		

Behaviors	0	1	2	3	4
Wherein: 0 - Never, 1 - Rarely, 2 - Occasional, 3 - Frequently, 4 - Very frequently					
1. Called you a name and/or criticized you.					
2. Tried to keep you from doing something you wanted to do (example: going out with friends, going to meetings).					
3. Gave you angry stares or looks.					
4. Prevented you from having money for your own use.					
5. Ended a discussion with you and made the decision him or herself.					
6. Threatened to hit or throw something at you.					
7. Pushed, grabbed, or shoved you.					
8. Put down your family or friends.					
9. Accused you of paying too much attention to someone or something else.					
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).					
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.					
13. Said things to scare you (example: told you something bad would happen, threatened to commit suicide).					
14. Slapped, hit, or punched you.					

Behaviors	0	1	2	3	4
15. Made you do something humiliating or degrading (example: begging for forgiveness, having to ask his permission to use the car or do something).					
16. Checked up on you (examples: listened to your phone calls, checked the mileage on your car, called you repeatedly at work).					
17. Drove recklessly when you were in the car.					
18. Pressured you to have sex in a way that you didn't like or want.					
19. Refused to do housework or childcare.					
20. Threatened you with a knife, gun, or other weapon.					
21. Told you that you were a bad parent.					
22. Stopped you or tried to stop you from going to work or school.					
23. Threw, hit, kicked, or smashed something					
24. Kicked you.					
25. Physically forced you to have sex.					
26. Threw you around.					
27. Physically attacked the sexual parts of your body.					
28. Choked or strangled you.					
29. Used a knife, gun, or other weapon against you.					

Scoring and 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.*

References

Shepard, M. F., & Campbell, J. A. (1992). The Abusive Behavior Inventory: A measure of psychological and physical abuse. *Journal of Interpersonal Violence, 7*(3), 291–305. <https://doi.org/10.1177/088626092007003001>

Wo/Men's Resource and Rape Assistance Program. (n.d.). *Domestic violence assessment tool*. Tennessee State Government. https://www.tn.gov/content/dam/tn/dcs/documents/training/cwresources/dv/ABI_DV_Assessment_Tool.pdf