## **FAMILY VIOLENCE OPTION / DOMESTIC VIOLENCE**

## **WORK FIRST ASSESSMENT**

Date of Referral:	Held Appointment	Yes	No No
Referred by: Name:			Latino/Hispanic Native American
Address:			Afro-American Euro-American Other
Telephone: (H) (W)			Other
SEX: DOB: County	_		
Name, sex and age of children			
Have you ever felt Emotionally Abused? Tell me about it. Circle key words:      Putting me down	Calling me names	••••	•••••
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 mone Keeps me on an allowance Takes my money  Kept me from getting job Kept me from my job Make me ask for mone Keeps me on an allowance Takes my money	y		
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 Treating me like a sex object	s of my body		
4. Has your child/children seen, heard or directly been involved in family violence? Tell r  Made to feel guilty about the children Using children as messengers Us	me about it. Circle key words	s:	
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 Threaten to commit suicide Report me to			

Treats me like a servant Men make all the BIG decisions  Acts like, "Master of the Castle"										
7.	Have you ever been intimidated? Tell me about it. Co  Looks Loud voices Smashing things	ircle ke	ey words: (Put me in FEAR by:)  Destroying our property or mine							
8.	Have you ever been kept isolated? Tell me about it.  Controls: who I see, what I d, who I talk with, where Questions: who I talk to, where I've been / I have to the second of the secon	I go.								
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.										
	cle all that apply:				П.		<b>D</b>			
1. \	Vas it a violent incident?		7. Present emotional condition:	Good	Fair		Poor			
2. Г	First time Repeated  Did violence occur in the last		<ul><li>8. Is there an alcohol abuse problem in this relationship?</li><li>9. Is there a drug abuse problem in this</li></ul>	Yes Yes	No No					
	Week Month 6 Yearago		relationship?  10. Have the police / sheriff been involved in the		Yes	No				
3. I	months  Oo you feel you are in danger  Yes	No	of your family violence?  11. Do you feel powerless / frustrated with agency help?	Yes	No					
	Have you received medical attention?									
	Not Yes No When		12. Do you have difficulty in finishing a goal?	Yes	No					
1	necessary		13. Have you lost a job due to family violence or stalking?	Yes	No					
	Where ? Yes	No	14. Has the abuser stalked you at work?		Yes	-	No			
	are you living with the abuser Yes	No	15. Has the abuser stalked you in the community	<i>y</i> ?	Yes	-	No			