



Kingston and Frontenac Risk Assessment Checklist for Intimate Partner Violence

Agency Information

Name Date:

Agency: Current Gender Identity: Male Female Transgender Other:

Immediate Screening

Are you safe right now? Yes No Unsure (Offer assistance to call police Offer declined Consent given)

1. Have you received a referral to the Kingston General Hospital Sexual Assault/Domestic Violence Program? Yes No Unsure
2. *Have you recently left your abuser? Yes No Unsure
3. Has the abuser left the home? Yes No Unsure
4. *Does your abuser own or have access to weapons? Yes No Unsure

If so, has the abuser ever used a weapon to threaten or assault you? Yes No Unsure

5. *Has the abuse escalated? Yes No Unsure
6. *Do you have children? Yes No

Are they safe? Yes No Unsure

Are Family and Children's Services involved? Yes No Unsure

7. *Are you pregnant or think you might be pregnant? Yes No
8. *Has the abuser ever threatened to kill you or your children? Yes No
9. *Do you have pets in the home that your abuser has threatened to harm/kill? Yes No
10. Do you have a disability of which we should be aware of? Yes No

Risk Assessment Checklist

Injuries

11. Have you ever been injured by your abuser? Yes No Unsure
12. Have you experienced any injuries to your head? Yes No Unsure
13. *Has your abuser ever attempted to strangle you? Yes No Unsure
14. Are you fearful for your life? Yes No Unsure

Areas of Risk

15. Are, or have the police been involved? Yes No Unsure
16. *Has your abuser had previous charges involving violence? Yes No Unsure
17. Do you have family or criminal court involvement? Yes No Unsure
18. Are you employed or in school? Yes No
19. Does your abuser know the location and hours of your work or school schedule? Yes No Unsure
20. Is your employer or the school aware of the abuse that has been occurring? Yes No Unsure
21. Do you feel safe traveling to and from your workplace or school? Yes No
22. Is your abuser employed? Yes No Unsure
23. *Has your abuser isolated you from family and friends? Yes No Unsure
24. *Has your abuser ever stalked you? Yes No Unsure
25. Are you concerned your abuser is showing signs of: Depression Suicidal intent Homicidal intent ? Yes No Unsure
26. *Is excessive substance use affecting your relationship? Yes No Unsure

27. *Has your abuser threatened to commit suicide if you leave? Yes No
28. Are there immigration issues? Yes No Unsure
- Are these concerns preventing you from calling the police? Yes No

Housing/Community Supports

29. Do you reside in a rural area? Yes No Unsure (Kingston South Frontenac Frontenac Islands Central Frontenac North Frontenac Out of area Homeless/Precariously Housed)
30. Do you share a bank account with your abuser? Yes No Unsure
- Does your abuser have a copy of your bank card, or access to your bank account? Yes No Unsure
- Do you and your abuser own a business or property together? Yes No Unsure
- Does your abuser control the finances? Yes No
- Do you have easy access to cash or credit cards of your own? Yes No
31. Does your abuser possess any of your or your children's ID cards? Yes No Unsure
32. Do you have a supportive network of friends/family nearby? Yes No
33. Do you rent or own your residence? Rent Own
- Do you have the deed? Yes No Unsure
34. Do you have access to transportation? Yes No Unsure
35. Do you own your own car? Yes No
- Is the insurance/registration in your name? Yes No Unsure
36. Do you have a family physician? Yes No
- Do you feel comfortable disclosing to the physician? Yes No Unsure
37. Do you have a counsellor/therapist/psychiatrist/social worker? Yes No Unsure
38. Are you familiar and/or connected with local services for victims of domestic violence? Yes No Unsure
39. If you feel unsafe are you open to relocating? Yes No Unsure

Social Media/ Technology Safety

40. Has your abuser ever harassed or stalked you on social media? Yes No Unsure
41. Does your abuser have access to any of your social media accounts or your e-mail? Yes No Unsure
42. Do you have a working cell phone? Yes No
- Does the abuser know the password? Yes No Unsure
43. Do you know how to adjust your privacy settings on social media accounts and devices? Yes No Unsure
44. Are you aware of GPS tracking capabilities on your phone? Yes No Unsure

Authorization

I authorize the following agency:

To share this document with the following agency or agency worker, or workers:

Along with my name, and contact information for the purpose of file sharing. I understand the sharing of this information is a voluntary process regarding my safety, and I can revoke my consent at any time.