

Family Violence Assessment Form

Name: _____ Date: _____

Estimated total number of violent episodes: _____

1st Incident of Family Violence:

Approximate Date/Time of day

Precipitants

Sequence of events

Level of Damage Involved (injuries, property, impact on children)

Who was present

If children were present, what was their response? What do the children do when they observe arguing or conflict between parents or caretakers?

“Outcome”

TYPICAL Family Violence Pattern:

Typical Precipitants

Level of substance abuse/use

Typical Sequence of events

How incident typically stops

Typical "Outcome"

Typically, where are the children when the family violence occurs? What is their typical response? Are they typically harmed during the violence? What do the children typically do when they observe arguing or conflict between parents or caretakers?

WORST Family Violence Incident:

Time/Date:

Precipitants

Sequence of events

Level of Damage Involved (injuries, property, impact on children)

Who was present

If children were present, what was their response? What do the children do when they observe arguing or conflict between parents or caretakers?

"Outcome"

LAST Family Violence Incident:

Time/Date:

Precipitants

Sequence of events

Level of Damage Involved (injuries, property, impact on children)

Who was present

If children were present, what was their response? What do the children do when they observe arguing or conflict between parents or caretakers?

“Outcome”

Historical Attempts to Change/Stop violence:

Safety Plan (what have you done in the past to provide for the safety of children during family violence? Current plans for safety?)

Level of “System” involvement (Court, Law Enforcement, Children Services)

Family Management of Violence:

Roles in parenting children in the home/who disciplines and how?

What is the support for disciplinary techniques in the home?

How do other family members manage conflict in the home?

Supporting collateral materials: