

New Jersey Assessment of Domestic Violence Risk and Impact (NJADVRI)

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## Family Violence Option Risk Assessment Tool – Risk Assessor Version

**Read to client:** Thank you for meeting with me today. You are here because you identified as someone who has experienced domestic violence. I am going to go through this assessment with you to understand your level of risk for further abuse and the impact of any previous abuse.

### Section I. Demographics

**Instructions for risk assessor:** The following demographics are for your reference. The information provided by the client in this section will not go toward the scoring of the risk assessment, but will give you the opportunity to reflect on the impact that these demographics may have on your client’s ability to participate in Work First New Jersey requirements at the end of the risk assessment tool.

Please read each of the following statements to your client followed by the answer choices and ask them to provide an answer. Below are instructions for you to read to your client prior to beginning.

**Read to client:** I am now going to read you a series of questions followed by several possible answers. For each question, please tell me which response is most accurate for you.

**Is this a:**

- New risk assessment                       Re-assessment

**What is your relationship to your abuser?**

- Current partner  
 Former partner  
 Family member (please specify): \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

**Which of the following ethnic groups best describes you?**

- White, non-Hispanic  
 Black or African American, non-Hispanic  
 American Indian or Alaska Native  
 Hispanic or Latina  
 Asian  
 Multi-ethnic  
 Other (please specify): \_\_\_\_\_

**Which age group do you belong to?**

- Less than 25  
 26 – 35  
 36 – 45  
 46 or older

**How many children are you financially responsible for?**

- None
- 1 or 2
- 3 or 4
- 5 or more

**What is your highest level of education?**

- Less than high school
- High school graduate or GED
- Some college or college graduate

**Section II. Abuse Experiences Part 1**

**Instructions for risk assessor:** Please begin this section by asking the client filter questions 1 and 2 and follow the instructions after question 2 about how to proceed.

**Read to client:** I am going to ask you two questions about your abuser. Please respond by answering **yes** or **no**.

1	<b>Have you had <u>any</u> contact with your abuser over the past six months?</b>	No	Yes
2	<b>Is your abuser alive (not deceased)?</b>	No	Yes

*If the individual answered **yes** to questions 1 and 2, please move on to question 3. If the individual answered **no** to questions 1 or 2, please move on to Section VI – Emotional Health Part 1.*

**3. When was your most recent incident of abuse (can include physical, sexual, psychological, financial, or stalking):**

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**Read to client:** I am going to read you a list of behaviors that many individuals report having been used by their current or former abusers. Please estimate how often these behaviors occurred during the past 6 months by indicating whether the behavior occurred **never, rarely, occasionally, often, or very often**. Please note that questions 15 and 16 ask for responses of **yes** or **no**.

**How often in the past six months has your abuser...**

		Never or N/A	Rarely	Occasionally	Often	Very Often
4	Called you a name and/or criticized you.	0	1	2	3	4
5	Gave you angry stares or looks.	0	1	2	3	4
6	Made a decision without discussing it with you.	0	1	2	3	4
7	Put down your family and friends.	0	1	2	3	4
8	Became very upset with you because dinner, housework, or laundry was not ready when your abuser wanted it or done the way they thought it should be.	0	1	2	3	4
9	Said things to scare you (i.e. told you "something bad" would happen).	0	1	2	3	4
10	Made you do something humiliating or degrading (i.e. begged for forgiveness, had to ask their permission to use the car or do something).	0	1	2	3	4
11	Refused to do housework or childcare.	0	1	2	3	4
12	Checked up on you (i.e. listened to your phone calls, checked the mileage on your car, called you repeatedly).	0	1	2	3	4
13	Told you that you were a bad parent.	0	1	2	3	4
14	Accused you of paying too much attention to someone or something else.	0	1	2	3	4
<i>If the individual answered 2-4 on question 14:</i>						
15	Been violently and constantly jealous of you (i.e. did they say "If I can't have you, no one can").	No (0)				Yes (4)
16	Controlled most or all of your daily activities (i.e. told you who you could be friends with, when you could see your family, or when you could take the car).	No (0)				Yes (4)
<b>Add up the totals for each column in the boxes to the right:</b>						

**Section II. Abuse Experiences Part 2**

**Instructions for risk assessor:** Please begin this section by asking the client filter question 17. If the client answers **no** to the question, please move on to question 25 of this section. If the individual answers **yes** to the question, please begin with question 18 and ask **all** the questions in this section. All individuals should receive questions 25-31.

17	<b>Did you have a job at any point over the past six months?</b>	No	Yes
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*If the individual answered no to question 17, please move on to question 25 of this section. If the client answers yes to the question, please begin with question 18. All clients should receive questions 25-31.*

**Read to client:** Sometimes individuals experience difficulties at work because of their abuser. Please indicate whether you have experienced the following during the past 6 months by answering **yes** or **no**.

		No				Yes
18	Gotten in trouble at a job because of the abuse.	No (0)				Yes (4)
19	Missed a day of work because of the abuse.	No (0)				Yes (4)
20	Gotten fired from a job because of the abuse.	No (0)				Yes (4)

**Read to client:** I am going to read you a list of behaviors that many individuals report having been used by their current or former abusers. Please estimate how often these behaviors occurred during the past 6 months by indicating whether the behavior occurred **never, rarely, occasionally, often, or very often**.

How often in the past six months has your abuser...		Never or N/A	Rarely	Occasionally	Often	Very Often
21	Demanded that you quit your job.	0	1	2	3	4
22	Done things to keep you from going to your job.	0	1	2	3	4
23	Beat you up if you said you needed to go to work.	0	1	2	3	4
24	Threatened to make you leave work.	0	1	2	3	4

*Please ask the questions below to all individuals.*

25	Made you ask them for money.	0	1	2	3	4
26	Demanded to know how money was spent (for example, demanded that you give them receipts).	0	1	2	3	4
27	Kept financial information from you.	0	1	2	3	4
28	Made important financial decisions without talking with you about it first.	0	1	2	3	4
29	Spent the money you needed for rent or other bills.	0	1	2	3	4
30	Build up debt under your name by doing things like using your credit card or running up the phone bill.	0	1	2	3	4
31	Paid bills late or not paid bills that were in your name or in both of your names.	0	1	2	3	4

**Please answer the following question by answering yes or no:**

32	Has your abuser <b>ever</b> made you lose a job?	No (0)				Yes (4)
<b>Add up the totals for each column in the boxes to the right:</b>						

### Section II. Abuse Experiences Part 3

**Read to client:** I am going to read you a list of behaviors that many individuals report having been used by their current or former abusers. Please estimate how often these behaviors occurred during the past 6 months by indicating whether the behavior occurred **never, rarely, occasionally, often, or very often.**

**How often in the past six months has your abuser...**

		Never or N/A	Rarely	Occasionally	Often	Very Often
33	Threatened to hit or throw something at you.	0	1	2	3	4
34	Threatened to harm your children.	0	1	2	3	4
35	Threw, hit, kicked, or smashed something.	0	1	2	3	4
36	Pushed, grabbed, or shoved you.	0	1	2	3	4
<b>Please answer the following questions by answering yes or no. In the past six months has your abuser:</b>						
37	Hit or punched you.	No (0)				Yes (4)
38	Kicked you.	No (0)				Yes (4)
39	Choked or strangled you.	No (0)				Yes (4)
40	Threatened you with a knife, gun, or other weapon.	No (0)				Yes (4)
41	Used a knife, gun, or other weapon against you.	No (0)				Yes (4)
42	Does your abuser have access to a gun?	No (0)				Yes (4)
43	Has your abuser <b>ever</b> threatened to kill you?	No (0)				Yes (4)
44	Do you believe your abuser is capable of killing you?	No (0)				Yes (4)
<i>If the individual answered a 1-4 or yes on any of the questions above (33-44), then ask:</i>						
45	If you experienced physical violence, has the severity or frequency of the violence increased over the past year?	No (0)				Yes (4)
<b>Add up the totals for each column in the boxes to the right:</b>						

## Section II. Abuse Experiences Part 4

**Read to client:** I am going to read you a list of behaviors that many individuals report having been used by their current or former abusers. Please estimate how often these behaviors occurred during the past 6 months by indicating whether the behavior occurred **never, rarely, occasionally, often, or very often.**

**How often in the past six months has your abuser...**

		Never or N/A	Rarely	Occasionally	Often	Very Often
46	Used your social networking account without permission.	0	1	2	3	4
47	Wrote nasty things about you on their social media accounts (i.e. Facebook, Twitter).	0	1	2	3	4
48	Sent you so many messages (like texts, emails) that it made you feel unsafe.	0	1	2	3	4
49	Made you feel pressured to respond to messages like texts, emails, or through social media.	0	1	2	3	4
50	Threatened to harm you physically through cell phone, text message, or social media page.	0	1	2	3	4
51	Sent you sexual or naked photos they knew you did not want.	0	1	2	3	4
52	Pressured you into sending a sexual or naked photo of yourself.	0	1	2	3	4
53	Posted embarrassing photos or other images of you online.	0	1	2	3	4
<b>Add up the totals for each column in the boxes to the right:</b>						

**Section II. Abuse Experiences Part 5**

**Read to client:** I am going to read you a list of behaviors that many individuals report having been used by their current or former abusers. Please estimate how often these behaviors occurred during the past 6 months by indicating whether the behavior occurred **never, rarely, occasionally, often, or very often.**

**How often in the past six months has your abuser...**

		Never or N/A	Rarely	Occasionally	Often	Very Often
54	Made unwanted phone calls to you or left you messages (i.e. hang-ups, text or voice messages).	0	1	2	3	4
55	Watched or followed you from a distance, or spied on you with a listening device, camera, or GPS.	0	1	2	3	4
56	Approached you or showed up in places, such as your home, workplace, or school when you didn't want your abuser to be there.	0	1	2	3	4
57	Left you strange or potentially threatening items for you to find.	0	1	2	3	4
58	Snuck into your home or car and did things to scare you (i.e. by letting you know they had been there).	0	1	2	3	4
<b>Add up the totals for each column in the boxes to the right:</b>						



## Section II. Abuse Experiences Part 6

**Read to client:** I am going to read you a list of behaviors that many individuals report having been used by their current or former abusers. Please estimate how often these behaviors occurred during the past 6 months by indicating whether the behavior occurred **never, rarely, occasionally, often, or very often.**

**How often in the past six months has your abuser...**

		No				Yes
59	Pressured you to have sex when you didn't want to or in a way that you didn't like or want.	No (0)				Yes (4)
60	Made you have oral sex against your will.	No (0)				Yes (4)
61	Physically forced you to have sex.	No (0)				Yes (4)
62	Physically attacked the sexual parts of your body.	No (0)				Yes (4)
<b>Add up the totals for each column in the boxes to the right:</b>						

**63. We just finished the section of the assessment that asks about experiences with abuse. Are there any other abuse experiences that you feel were not covered in this section that you would like to discuss? If yes, please describe.**

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### Section III. Abuser Access

**Read to client:** Please answer the following questions by answering **yes** or **no**.

		No	Yes
64	Is your abuser currently in jail?	No (0)	Yes (4)
65	<i>If yes, is your abuser going to be in jail for longer than 12 months?</i>	No (0)	Yes (4)
66	Are you currently in a relationship with the person who did any of the previously discussed behaviors to you?	No (0)	Yes (4)
67	<i>If no, how long ago did the relationship end?</i>	_____	Circle: Weeks Months Years
68	Are you currently living with your abuser?	No (0)	Yes (4)
69	<i>If no, does your abuser know where you live?</i>	No (0)	Yes (4)
70	Have you ever had a restraining order against your abuser?	No (0)	Yes (4)
71	<i>If yes, did your abuser ever violate the restraining order?</i>	No (0)	Yes (4)
<b>Add up the totals for each column in the boxes to the right:</b>			

**72. Is it easy for your abuser to physically get to where you live or work?**

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### Section IV. Abuser Risk

**Read to client:** Please answer the following questions by answering **yes** or **no**.

		No	Yes
73	Has your abuser ever threatened to or tried to commit suicide?	No (0)	Yes (4)
74	Is your abuser an alcoholic or problem drinker?	No (0)	Yes (4)
75	Does your abuser use illegal drugs (i.e. "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures)?	No (0)	Yes (4)
76	Is your abuser gang affiliated?	No (0)	Yes (4)
<b>Add up the totals for each column in the boxes to the right:</b>			

## Section V. Perceptions of Safety

**Read to client:** I am going to read you a series of questions on your perception of safety within your community as a result of the abuse. Please indicate whether you feel **always safe, often safe, sometimes safe, rarely safe, or not safe at all** in the following situations.

**How safe do you feel...**

		Always Safe or N/A	Often Safe	Sometimes Safe	Rarely Safe	Not Safe At All
77	In your home?	0	1	2	3	4
78	While at the mall, grocery store, or other shopping locations?	0	1	2	3	4
79	At your job or school?	0	1	2	3	4
80	Bringing your child to school, daycare, or activities outside of their school (i.e. park, athletic games)?	0	1	2	3	4
81	At social gatherings (i.e. with friends, at the gym, at your place of worship)?	0	1	2	3	4
82	At service providers (i.e. doctors office, clinic, county welfare office)?	0	1	2	3	4
83	How physically safe do you feel from your abuser today?	0	1	2	3	4
<b>Add up the totals for each column in the boxes to the right:</b>						

**84. What additional concerns do you have regarding your abuser's access, risk to you, or other safety concerns?**

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### Section VI. Emotional Health Part 1

**Read to client:** I am going to read you a list of feelings and behaviors. Please indicate how often you have felt or behaved this way during the past 2 weeks by indicating whether the feelings or behaviors occurred **not at all, several days, more than half the days, or nearly every day.**

**In the last two weeks, how often have you...**

		Not at all	Several days (1-6)	More than half of days (7+ days)	Nearly everyday
85	Felt bothered by things that usually don't bother you.	0	1	2	3
86	Had trouble keeping your mind on what you were doing.	0	1	2	3
87	Felt depressed.	0	1	2	3
88	Felt that everything you did was an effort.	0	1	2	3
89	Felt hopeful about the future.	3	2	1	0
90	Felt fearful.	0	1	2	3
91	Felt your sleep was restless.	0	1	2	3
92	Felt happy.	3	2	1	0
93	Felt lonely.	0	1	2	3
94	Felt you could not get "going."	0	1	2	3
<b>Add up the totals for each column in the boxes to the right:</b>					

**Section VI. Emotional Health Part 2**

**Read to client:** I am going to read you a list of feelings and behaviors. Please indicate how often you have felt or behaved this way during the past 2 weeks by indicating whether the feelings or behaviors occurred **not at all, several days, more than half the days, or nearly every day.**

**In the last two weeks, how often did you experience...**

		Not at all	Several days (1-6)	More than half of days (7+)	Nearly everyday
95	Feeling nervous, anxious, or on edge.	0	1	2	3
96	Worrying too much about different things.	0	1	2	3
97	Trouble relaxing.	0	1	2	3
98	Being so restless that it is hard to sit still.	0	1	2	3
99	Becoming easily annoyed or irritable.	0	1	2	3
100	Feeling afraid as if something awful might happen.	0	1	2	3
<b>Add up the totals for each column in the boxes to the right:</b>					

### Section VI. Emotional Health Part 3

**Read to client:** I am going to read you a list of feelings and behaviors. Please indicate how often you have felt or behaved this way during the past 2 weeks by indicating whether the feelings or behaviors occurred **not at all, several days, more than half the days, or nearly every day.**

**In the last two weeks, how often did you experience...**

		Not at all	Several days (1-6)	More than half of days (7+)	Nearly everyday
101	Recurrent thoughts or memories of the abuse.	0	1	2	3
102	Feeling as though the abuse is happening again.	0	1	2	3
103	Recurrent nightmares about the abuse.	0	1	2	3
104	Sudden emotional or physical reactions when reminded of the abuse.	0	1	2	3
105	Avoiding activities that remind you of the abuse.	0	1	2	3
106	Avoiding thoughts or feelings associated with the abuse.	0	1	2	3
107	Feeling jumpy, easily startled.	0	1	2	3
108	Feeling on guard.	0	1	2	3
<b>Add up the totals for each column in the boxes to the right:</b>					

### Section VI. Emotional Health Part 4

**Instructions for risk assessor:** Please begin this section by asking the client filter question 109. If the client answers not at all to the question, please move on to question 114. If the client answers **several days, more than half of days, or nearly everyday** to the question, please begin with question 110.

		Not at all	Several days (1-6)	More than half of days (7+)	Nearly everyday
109	In the last two weeks, how often did you drink alcohol or use drugs?	0	1	2	3

*If the client answers not at all to the question, please move on to question 114. If the client answers several days, more than half of days, or nearly every day to the question, please begin with question 110.*

**Read to client:** I am going to read you a list of feelings and behaviors. Please indicate if you have felt or behaved this way during the past 2 weeks by answering **yes** or **no**.

		No or N/A	Yes
110	Have you ever felt you ought to cut down on your drinking or drug use?	No (0)	Yes (4)
111	Have people annoyed you by criticizing your drinking or drug use?	No (0)	Yes (4)
112	Have you felt bad or guilty about your drinking or drug use?	No (0)	Yes (4)
113	Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	No (0)	Yes (4)
<b>Add up the totals for each column in the boxes to the right:</b>			

**114. We just finished the section of the assessment that asks about your emotional health. Is there any additional information you would like to share related to how your emotional health has impacted your daily activities? If yes, please describe.**

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**115. What makes it difficult for you to become financially self-sufficient (for example, education, disability, immigration issues, race, gender, sexual orientation, age)?**

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**116. Are you interested in learning more about any of the following services?**

- Emergency assistance (e.g. Housing or Utility Assistance)
- Substance Abuse Assessment and/or Services
- Mental Health Assessment and/or Services
- Court Legal Intervention (e.g. Restraining Order, Child Custody, Divorce)
- Domestic Violence Counseling (e.g. Shelter, Support Group, Individual Counseling)
- Child Support
- Work Readiness Activities
- Other (please specify): \_\_\_\_\_

**117. Additional comments/observations by the risk assessor:**

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**118. Safety planning notes:**

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**Family Violence Option Risk Assessment Waiver Granting Guide**  
**Abuse Experiences Overall Total Risk Score**

Section	Client's Total Score	Level of Risk	Risk Level Score
<b>Section II. Abuse Experiences Part 1- Emotional Abuse</b>		<b>Less than 13</b> - Low emotional abuse	<b>= 0</b>
		<b>Between 13-29</b> - Moderate emotional abuse	<b>= 1</b>
		<b>30 or greater</b> - High emotional abuse	<b>= 2</b>
<b>Section II. Abuse Experiences Part 2- Financial Abuse</b>		<b>Less than 15</b> - Low financial abuse	<b>= 0</b>
		<b>Between 15-24</b> - Moderate financial abuse	<b>= 2</b>
		<b>25 or greater</b> - High financial abuse	<b>= 4</b>
<b>Section II. Abuse Experiences Part 3- Physical Abuse</b>		<b>0</b> - No physical abuse indicated	<b>= 0</b>
		<b>Between 1-8</b> - Moderate physical abuse	<b>= 4</b>
		<b>9 or greater</b> - High physical abuse	<b>= 8</b>
<b>Section II. Abuse Experiences Part 4- Technology Abuse</b>		<b>Less than 8</b> - Low technology abuse	<b>= 0</b>
		<b>Between 9-16</b> - Moderate technology abuse	<b>= 4</b>
		<b>17 or greater</b> - High technology abuse	<b>= 8</b>
<b>Section II. Abuse Experiences Part 5- Stalking</b>		<b>Less than 5</b> - Low stalking	<b>= 0</b>
		<b>Between 6-10</b> - Moderate stalking	<b>= 4</b>
		<b>11 or greater</b> - High stalking	<b>= 8</b>
<b>Section II. Abuse Experiences Part 6- Sexual Abuse</b>		<b>0</b> - No sexual abuse indicated	<b>= 0</b>
		<b>Between 1-3</b> - Moderate sexual abuse	<b>= 4</b>
		<b>4 or greater</b> - High sexual abuse	<b>= 8</b>
<b>Add up risk level score column to get client's overall risk level score for Abuse Experiences:</b>			

**Waiver Guidelines Based on Risk**

Overall Risk Level Score	Cumulative Risk Level	Waivers to Grant
0 to 2	Low	No waivers
3 to 7	Moderate	Discretion of risk assessor
8 or higher	High	All waivers

Note: If client is at high risk for financial abuse, waive work activities.

### Abuser Risk and Access Overall Total Risk Score

Section	Client's Total Score	Level of Risk	Risk Level Score
<b>Section III. Abuser Access</b>		<b>Less than 8</b> - No partner access indicated = <b>0</b>	
		<b>Between 8-11</b> - Partner has a moderate level of access = <b>1</b>	
		<b>Greater than 12</b> - Partner has a high level of access = <b>2</b>	
<b>Section IV. Abuser Risk</b>		<b>0</b> - No risk indicated = <b>0</b>	
		<b>4 or greater</b> - Partner has a high level of risk = <b>2</b>	

### Perception of Safety Overall Total Score

Section	Client's Total Score	Level of Risk	Risk Level Score
<b>Section V. Perceived Safety</b>		<b>Less than 8</b> - High perception of safety = <b>0</b>	
		<b>Between 8-14</b> - Moderate perception of safety = <b>1</b>	
		<b>Greater than 15</b> - Low perception of safety = <b>2</b>	

Note: If partner has a low risk, access, or perceived safety scores, consider less waivers for client. If partner has moderate or high risk, access, or safety scores, consider waivers as needed.

### Emotional Health Overall Total Impact Score

Section	Client's Total Score	Level of Impact	Impact Level Score
<b>Section VI. Emotional Health Part 1- Depression</b>		<b>0-14</b> - No depression indicated	= 0
		<b>15-21</b> - Mild to moderate depression	= 1
		<b>Greater than 21</b> - Possibility of major depression	= 2
<b>Section VI. Emotional Health Part 2- Anxiety</b>		<b>0</b> - No anxiety indicated	= 0
		<b>1-7</b> - Mild to moderate anxiety	= 1
		<b>Greater than or equal to 8</b> - Possibility of generalized anxiety disorder	= 2
<b>Section VI. Emotional Health Part 3- PTSD</b>		<b>0 Yes</b> - No PTSD indicated	= 0
		<b>1-2 Yes</b> - Mild to moderate PTSD	= 1
		<b>3 Yes</b> - Possibility of PTSD	= 2
<b>Section VI. Emotional Health Part 4- Substance Use</b>		<b>Less than 8</b> - Alcohol or substance use not clinically significant	= 0
		<b>8 or greater</b> - Clinically significant for alcohol or substance abuse	= 2
<b>Add up impact level score column to get client's overall impact level score for Emotional Health:</b>			

Overall  
Impact Level  
Score

### Waiver Guidelines Based on Impact

Overall Risk Level Score	Cumulative Risk Level	Waivers to Grant
0	Low	No waivers
1	Moderate	Discretion of risk assessor
2 or higher	High	All waivers with the exception of child support cooperation

**Waiver Recommendation**

Please use section totals and any additional relevant information to determine and explain your recommended decision below.

Waiver Type	Recommended (Yes/No)	Rationale
60 Month Time Limit		
Work Requirements		
Emergency Assistance		
Child Support Requirements		

**Services Recommendation**

Please use question 116 of the assessment to inform your completion of this section.

- |                                                       |                                                    |                                                              |
|-------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Emergency Assistance         | <input type="checkbox"/> Child Support             | <input type="checkbox"/> Substance Abuse Assessment/Services |
| <input type="checkbox"/> Court Legal Intervention     | <input type="checkbox"/> Work Readiness Activities | <input type="checkbox"/> Mental Health Assessment/Services   |
| <input type="checkbox"/> Domestic Violence Counseling |                                                    |                                                              |