

Intimate Partner Risk Assessment Screening Tool II (IPRAST)

Intimate Partner Risk Assessment Screening Tool - is a self-report questionnaire to be used to measure potential risk of relationships, that you are in, about to enter in or recently exited.

NAME:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE:
ADDRESS:		CONTACT NUMBER:	
RELATIONSHIP: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Visiting <input type="checkbox"/> Single <input type="checkbox"/> Other			Duration:
CHILDREN: <input type="checkbox"/> YES <input type="checkbox"/> NO	NEXT OF KIN:		CONTACT #:
NAME OF CASE WORKER:		DATE:	

Possible emotional abuse		YES	NO
1	I have a partner who gets jealous or tries to control my life.		
2	I have a partner who tries to keep me away from my family or friends.		
3	I have a partner who sometimes says insulting things, threatens me and puts me down.		
Perception of safety		YES	NO
4	I have a partner that I am afraid to disagree with because they might hurt me or my family members.		
5	I do not feel safe in the relationship I am in or the home where I live on account of my partner.		
Physical abuse in a current relationship		YES	NO
6	I am in a relationship with someone who has pushed, hit, kicked, or otherwise physically hurt me.		
7	I am in a relationship where my partner has threatened me with violence.		
Other violence-related questions		YES	NO
8	In the past 12 months, I have felt so low that I thought about harming myself or committing suicide on account of my partner.		
9	I have been made to have sex when I didn't want to.		
10	I have been in arguments or fights with my partner where I felt threatened by a gun, knife or other weapons.		
11	I am in a relationship with someone who tracks my movements and tries to know where I am going and who I am with at all times or uses other mechanism to prevent me from moving about freely.		

RISK REPORT

EMOTIONAL ABUSE <input type="checkbox"/>	SAFETY <input type="checkbox"/>	PHYSICAL ABUSE <input type="checkbox"/>	IMMINENT VIOLENCE <input type="checkbox"/>
COMMENTS:			

RECOMMENDATION

POLICE MONITORING <input type="checkbox"/>	COUNSELLING <input type="checkbox"/>	PSYCHIATRIC/PSYCHOLOGICAL ASSESMENT <input type="checkbox"/>
EMERGENCY SHELTER <input type="checkbox"/>	MEDIATION <input type="checkbox"/>	PROTECTIVE/RESTRAINING ORDER <input type="checkbox"/>
OTHER:		