

## 台灣親密關係暴力危險評估表 (TIPVDA)

### Taiwan Intimate Partner Violence Danger Assessment (TIPVDA)

被害人姓名：\_\_\_\_\_ 相對人姓名：\_\_\_\_\_ 兩造關係：\_\_\_\_\_ 填寫日期：\_\_\_\_年\_\_\_\_月\_\_\_\_日

Name of victim: \_\_\_\_\_ Name of offender: \_\_\_\_\_

Relationship between the two parties: \_\_\_\_\_ Date of filling in: \_\_\_\_年\_\_\_\_月\_\_\_\_日(YYYY/MM/DD)

填寫人單位：\_\_\_\_\_ 填寫人姓名：\_\_\_\_\_ 聯絡電話：\_\_\_\_\_

Department: \_\_\_\_\_ Completed by: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**本表目的**：本評估表的目的是想要瞭解親密暴力事件的危險情形，幫助工作者瞭解被害人的危險處境，加以協助；也可以提醒受害者對於自己的處境提高警覺，避免受到進一步的傷害。

**The Purpose of This Evaluation:** By identifying the danger of domestic violence which victims went through, social workers can provide appropriate assistance accordingly. Meanwhile, victims can prevent themselves from getting further injuries because of higher awareness of their current situations.

**填寫方式**：請工作夥伴於接觸到親密關係暴力案件被害人時，詢問被害人下列問題，並在每題右邊的有或沒有的框內打勾 (✓)。

**Method of Completion:** Working partners should follow the list below and ask questions to victims accordingly. Tick the boxes on the right to mark yes or no.

(下面各題之"他"是指被害人的親密伴侶，包括配偶、前配偶、同居伴侶或前同居伴侶)

(The "he" in the questions below refers to the offender, including spouses, ex-spouses, cohabitants, and ex-cohabitants.)

※你覺得自己受暴時間已持續多久? \_\_\_\_\_年\_\_\_\_月。

※ How long have you been exposed to domestic violence? \_\_\_\_\_

Questions	No	Yes
1. 他曾對你有無法呼吸之暴力行為。 (如：□勒/掐脖子、□悶臉部、□按頭入水、□開瓦斯、或□其他_____等) He has conducted violence which made you unable to breath. (For example: □choking the neck, □stifling the face, □ putting the head to the water, □ opening the gas, □or other actions not listed _____)	<input type="checkbox"/>	<input type="checkbox"/>
2. 他對小孩有身體暴力行為 (非指一般管教行為)。(假如你未有子女，請在此打勾 □) He has conducted violence to the children. (This does not include the general discipline). (If you do not have children, please tick here □)	<input type="checkbox"/>	<input type="checkbox"/>
3. 你懷孕的時候他曾經動手毆打過你。(假如你未曾懷孕，請在此打勾 □) When you were pregnant, he has beaten you. (If you have not been pregnant, please tick here □)	<input type="checkbox"/>	<input type="checkbox"/>
4. 他會拿刀或槍、或是其他武器、危險物品 (如酒瓶、鐵器、棍棒、硫酸、汽油...等) 威脅恐嚇你。 He has threaten you with a knife, a gun, or other dangerous things, such as glass bottles, ironware, sticks, sulfuric acid, gasoline, etc.	<input type="checkbox"/>	<input type="checkbox"/>
5. 他曾揚言或威脅要殺掉你。 He has threatened to kill you.	<input type="checkbox"/>	<input type="checkbox"/>
6. 他有無說過像：「要分手、要離婚、或要聲請保護令...就一起死」，或是「要死就一起死」等話。 He has mentioned that he would die with you if you were to breakup, to divorce, or to apply for restraining order. Or, he has mentioned to die with you in a violent manner.	<input type="checkbox"/>	<input type="checkbox"/>
7. 他曾對你有跟蹤、監視或惡性打擾等行為 (包括唆使他人)。(假如你無法確定，請在此打勾 □) He has stalked, monitored, or viciously disturb you himself. Or, he has made others do such things to you for him. (If you are not sure, please tick here □)	<input type="checkbox"/>	<input type="checkbox"/>
8. 他曾故意傷害你的性器官 (如踢、打、搥或用異物傷害下體、胸部或肛門) 或對你性虐待。 He has abused you sexually, hurt you sexual organs by kicking, hitting, or whacking, or used things to injure your privates, breasts, or anal.	<input type="checkbox"/>	<input type="checkbox"/>

<p>9.他目前每天或幾乎每天喝酒喝到醉（「幾乎每天」指一週四天及以上）。若是，續填下面兩小題：  (1) <input type="checkbox"/>有 <input type="checkbox"/>無 若沒喝酒就睡不著或手發抖。  (2) <input type="checkbox"/>有 <input type="checkbox"/>無 醒來就喝酒。  Currently, he is drunk everyday or more than 4 days per week. If so, answer the following two questions.  (1) He can not fall asleep without drinking. Yes <input type="checkbox"/> No <input type="checkbox"/>  (2) He drinks when he wakes up. Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>10.他曾經對他認識的人（指家人以外的人，如朋友、鄰居、同事…等）施以身體暴力。  He has conducted physical violence to people other than family members, such as friends, neighbors, colleagues, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>11.他目前有經濟壓力的困境（如破產、公司倒閉、欠卡債、龐大債務、失業等）。  Currently, he has pressure from his poor economic status, such as bankruptcy, going out of business, credit card debts or other huge debts, unemployment, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>12.他是否曾經因為你向外求援（如向警察報案、社工求助、到醫院驗傷或聲請保護令…等）而有激烈的反應（例如言語恐嚇或暴力行為）。  He has reacted intensely with verbal threats or physical violence when you sought for help externally, such as reporting to the police or social workers, going to the hospitals for injury diagnosis, or applying for restraining orders.</p>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>13.他最近懷疑或認為你們之間有第三者介入感情方面的問題。  Currently, he suspects or thinks that there has been a third party involved in the relationship between you and him.</p>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>14.你相信他有可能殺掉你。  You believe that he may kill you.</p>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>15.過去一年中，他對你施暴的情形是否愈打愈嚴重。  In the past year, he has conducted even more serious violence to you than previously.</p>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>被害人對於目前危險處境的看法（0 代表無安全顧慮，10 代表非常危險）  請被害人在 0-10 級中圈選：  The perception of victim about her current situation (level 0 refers to extremely safe, while level 10 refers to extremely dangerous). Please circle below.</p> <table border="1" data-bbox="181 1281 1177 1406" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">0-1-2-3</td> <td style="text-align: center;">4-5</td> <td style="text-align: center;">6-7</td> <td style="text-align: center;">8-9-10</td> </tr> <tr> <td style="text-align: center;">不怎麼危險 Little Danger</td> <td style="text-align: center;">有些危險 Some Danger</td> <td style="text-align: center;">頗危險 Considerable Danger</td> <td style="text-align: center;">非常危險 Great Danger</td> </tr> </table>	0-1-2-3	4-5	6-7	8-9-10	不怎麼危險 Little Danger	有些危險 Some Danger	頗危險 Considerable Danger	非常危險 Great Danger	<p>上列答 「有」題數 合計 Total number of the “Yes”</p>
0-1-2-3	4-5	6-7	8-9-10						
不怎麼危險 Little Danger	有些危險 Some Danger	頗危險 Considerable Danger	非常危險 Great Danger						
<p>警察／社工員／醫事人員對於本案之重要紀錄或相關評估意見註記如下：  Important records or opinion from the police, social workers, or medical personnel:</p>									