

## Domestic Violence Risk & Needs Assessment (DVRNA) Scoring Sheet

Name: \_\_\_\_\_ Client Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Client Date of Birth: \_\_\_\_\_ Client SSN: \_\_\_\_\_ Client State ID: \_\_\_\_\_  
 Supervising Agency/Officer: \_\_\_\_\_ Case: \_\_\_\_\_

THIS IS A REQUIRED FORM

ONLY SCORE INFORMATION RELATED TO THE OFFENDER AS AN ADULT

|  |                                  |                          |
|--|----------------------------------|--------------------------|
| <b>A. Prior domestic violence related incidents</b>  |                                  | <b>Yes</b>               |
| 1. <b>Prior Domestic Violence conviction . . . . . Critical Risk Factor—Level C</b>            |                                  | <input type="checkbox"/> |
| <b>Any of the following are Significant Risk Factor – Level B (minimum)</b>                    |                                  | <b>Yes</b>               |
| 2. Violation of an order of protection (documented violation) . . . . .                        | <input type="checkbox"/>         |                          |
| 3. Past or present civil Domestic Violence related protection orders against offender. . . . . | <input type="checkbox"/>         |                          |
| 4. Prior arrests for domestic violence. . . . .  | <input type="checkbox"/>         |                          |
| 5. Prior domestic violence incidents not reported to criminal justice system. . . . .          | <input type="checkbox"/>         |                          |
| Information Sources: _____   | Domain A--Criteria Met . . . . . | <input type="checkbox"/> |
| Identify Level B or Level C _____  |                                  |                          |

|  |                                  |            |                          |
|--|----------------------------------|------------|--------------------------|
| <b>B. Drug or alcohol abuse</b>  |                                  | <b>Yes</b> | <b>Yes</b>               |
| <b>Any of the following are Significant Risk Factor – Level B (minimum)</b>  |                                  |            |                          |
| 1. Substance abuse/dependence within the past 12 months. . . . .   | <input type="checkbox"/>         |            |                          |
| 2. History of substance abuse treatment within the past 12 months or 2 or more<br>prior drug or alcohol treatment episodes during lifetime . . . . . | <input type="checkbox"/>         |            |                          |
| 3. Offender uses illegal drugs or illegal use of drugs . . . . .   | <input type="checkbox"/>         |            |                          |
| Information Sources: _____   | Domain B--Criteria Met . . . . . |            | <input type="checkbox"/> |
| Level B _____  |                                  |            |                          |

|  |                                  |            |                          |
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| <b>C. Mental health issue</b>  |                                  | <b>Yes</b> | <b>Yes</b>               |
| <b>Any of the following are Significant Risk Factor – Level B (minimum)</b>            |                                  |            |                          |
| 1. Existing Axis I or II diagnosis (excluding V codes) . . . . .                       | <input type="checkbox"/>         |            |                          |
| 2. Personality disorder with anger, impulsivity, or behavioral instability . . . . .   | <input type="checkbox"/>         |            |                          |
| 3. Severe psychopathology. . . . .   | <input type="checkbox"/>         |            |                          |
| 4. Recent psychotic and/or manic symptoms . . . . .                                    | <input type="checkbox"/>         |            |                          |
| 5. Psychological/psychiatric condition currently unmanaged. . . . .                    | <input type="checkbox"/>         |            |                          |
| 6. Noncompliance with prescribed medications and mental health treatment . . . . .     | <input type="checkbox"/>         |            |                          |
| 7. Exhibiting symptoms that indicate the need for a mental health evaluation . . . . . | <input type="checkbox"/>         |            |                          |
| Information Sources: _____   | Domain C--Criteria Met . . . . . |            | <input type="checkbox"/> |
| Level B _____  |                                  |            |                          |

|  |                                  |                          |
|--|----------------------------------|--------------------------|
| <b>D. Suicide/homicidal</b>  |                                  | <u>Yes</u>               |
| 1. <b>Serious homicidal or suicidal ideation/intent within the past year. . . . Critical Risk Factor – Level C</b>             |                                  | <input type="checkbox"/> |
|  |                                  | <u>Yes</u>               |
| 2. Ideation within the past 12 months . . . . .  |                                  | <input type="checkbox"/> |
| 3. Credible threats of death within the past 12 months . . . . .   |                                  | <input type="checkbox"/> |
| 4. Victim reports offender has made threats of harming/killing her<br>(female victims in heterosexual relationships) . . . . . |                                  | <input type="checkbox"/> |
| Information Sources: _____   | Domain D--Criteria Met . . . . . | <input type="checkbox"/> |
|  | Identify Level C _____           |                          |

|  |                                  |                          |
|--|----------------------------------|--------------------------|
| <b>E. Use and/or threatened use of weapons in current or past offense or access to firearms</b>                    |                                  | <u>Yes</u>               |
| 1. <b>Gun in the home in violation of a civil or criminal court order . . . . . Critical Risk Factor – Level C</b> |                                  | <input type="checkbox"/> |
| 2. <b>Use and/or threatened use of weapons in current or past offense. . . . Critical Risk Factor – Level C</b>    |                                  | <input type="checkbox"/> |
|  |                                  | <u>Yes</u>               |
| 3. Access to firearms . . . . .  |                                  | <input type="checkbox"/> |
| Information Sources: _____   | Domain E--Criteria Met . . . . . | <input type="checkbox"/> |
|  | Level C _____                    |                          |

|   |                                   |                          |
|---|-----------------------------------|--------------------------|
| <b>F. Criminal history-nondomestic violence</b> (both reported and unreported to criminal justice system).<br>This domain applies only to adult criminal history.                 |                                   | <u>Yes</u>               |
| 1. <b>Offender was on community supervision at the time of the offense. . . Critical Risk Factor - Level C</b>  |                                   | <input type="checkbox"/> |
| 2. <b>Offender has a prior arrest for assault, harassment, or menacing. If there have been two or more arrests, it is a . . . . . Significant Risk Factor — Level B (minimum)</b> |                                   | <input type="checkbox"/> |
|   |                                   | <u>Yes</u>               |
| 3. Prior nondomestic violence convictions . . . . .   |                                   | <input type="checkbox"/> |
| 4. Past violations of conditional release or community supervision. . . . .   |                                   | <input type="checkbox"/> |
| 5. Past assault of strangers, or acquaintances. . . . .   |                                   | <input type="checkbox"/> |
| 6. Animal cruelty/abuse . . . . .   |                                   | <input type="checkbox"/> |
| Information Sources: _____  | Domain F--Criteria Met . . . . .  | <input type="checkbox"/> |
|   | Identify Level B or Level C _____ |                          |

|   |                                  |                          |                          |
|---|----------------------------------|--------------------------|--------------------------|
| <b>G. Obsession with the victim</b>   |                                  | <u>Yes</u>               | <u>Yes</u>               |
| 1. Stalking or monitoring . . . . .   |                                  | <input type="checkbox"/> |                          |
| 2. Obsessive jealousy with the potential for violence, violently and consistently jealous, morbid jealousy. . . . . |                                  | <input type="checkbox"/> |                          |
| Information Sources: _____  | Domain G--Criteria Met . . . . . |                          | <input type="checkbox"/> |

| <b>H. Safety concerns</b>   | <u>Yes</u>               | <u>Yes</u>               |
|---|--------------------------|--------------------------|
| The ultimate goal in reviewing and utilizing information is to protect the victim. Information shall not be used if it compromises victim safety and confidentiality. (Refer to Standard 5.04 II) | <u>Yes</u>               |                          |
| 1. Victim perception of safety/victim concerned for safety. ....  | <input type="checkbox"/> |                          |
| 2. Victim (female victim in heterosexual relationship) believes offender is capable of killing her. ....  | <input type="checkbox"/> |                          |
| 3. Offender controls most of victim's daily activities. ....  | <input type="checkbox"/> |                          |
| 4. Offender tried to "choke" victim. ....   | <input type="checkbox"/> |                          |
| 5. Physical violence is increasing in severity. ....  | <input type="checkbox"/> |                          |
| 6. Victim forced to have sex when not wanted. ....  | <input type="checkbox"/> |                          |
| 7. Victim was pregnant at the time of the offense and offender knew this. ....  | <input type="checkbox"/> |                          |
| 8. Victim is pregnant and the offender has previously abused her during pregnancy. ....   | <input type="checkbox"/> |                          |
| Information Sources: _____ Domain H--Criteria Met .....   |                          | <input type="checkbox"/> |

| <b>I. Violence and/or threatened violence toward family members, including child abuse</b> (does not include intimate partners) | <u>Yes</u>               | <u>Yes</u>               |
|---|--------------------------|--------------------------|
| 1. Current or past social services case(s) .....  | <input type="checkbox"/> |                          |
| 2. Past assault of family members .....   | <input type="checkbox"/> |                          |
| 3. Children were present during the offense .....   | <input type="checkbox"/> |                          |
| Information Sources: _____ Domain I--Criteria Met .....   |                          | <input type="checkbox"/> |

| <b>J. Attitudes that support or condone spousal assault</b>                                       | <u>Yes</u>               | <u>Yes</u>               |
|---|--------------------------|--------------------------|
| 1. Explicitly endorses attitudes that support or condone intimate partner assault. ....           | <input type="checkbox"/> |                          |
| 2. Appears to implicitly endorse attitudes that support or condone intimate partner assault. .... | <input type="checkbox"/> |                          |
| Information Sources: _____ Domain J--Criteria Met .....   |                          | <input type="checkbox"/> |

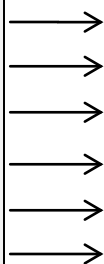
| <b>K. Prior completed or noncompleted domestic violence treatment</b> | <u>Yes</u>               |
|---|--------------------------|
| Information Sources: _____ Domain K--Criteria Met .....               | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| <b>L. Victim separated from offender within the previous six months</b> | <b><u>Yes</u></b>        |
| Information Sources: _____ Domain L--Criteria Met . . . . .             | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| <b>M. Unemployed</b>  | <b><u>Yes</u></b>        |
| Unemployed is defined as not working at time of offense or at any time during intake or treatment and does not include offenders on public assistance, homemakers, students, or retirees. |                          |
| Information Sources: _____ Domain M--Criteria Met . . . . .   | <input type="checkbox"/> |

|  |  |                          |                          |
|--|--|--------------------------|--------------------------|
| <b>N. Involvement with people who have pro-criminal influence</b>      |  | <b><u>Yes</u></b>        | <b><u>Yes</u></b>        |
| 1. Some criminal acquaintances . . . . .                               |  | <input type="checkbox"/> |                          |
| AND  |  |                          |                          |
| 2. Some criminal friends. . . . .                                      |  | <input type="checkbox"/> |                          |
| Information Sources: _____ Domain N— <u>Both</u> Criteria Met. . . . . |  |                          | <input type="checkbox"/> |

| Risk Criteria | Met                      |
|---------------|--------------------------|
| A             | <input type="checkbox"/> |
| B             | <input type="checkbox"/> |
| C             | <input type="checkbox"/> |
| D             | <input type="checkbox"/> |
| E             | <input type="checkbox"/> |
| F             | <input type="checkbox"/> |
| G             | <input type="checkbox"/> |
| H             | <input type="checkbox"/> |
| I             | <input type="checkbox"/> |
| J             | <input type="checkbox"/> |
| K             | <input type="checkbox"/> |
| L             | <input type="checkbox"/> |
| M             | <input type="checkbox"/> |
| N             | <input type="checkbox"/> |
| Total Score   | —                        |



| Significant Critical Risk Criteria | Met                      |
|------------------------------------|--------------------------|
| Level B or C? _____ . . . . .      | <input type="checkbox"/> |
| Level B. . . . .                   | <input type="checkbox"/> |
| Level B. . . . .                   | <input type="checkbox"/> |
| Level C. . . . .                   | <input type="checkbox"/> |
| Level C. . . . .                   | <input type="checkbox"/> |
| Level B or C? _____ . . . . .      | <input type="checkbox"/> |

|   |
|---|
| <b>Level A = 0 - 1 risk factors met</b><br><b>Level B = 2 - 4 risk factors met</b><br><b>Level C = 5 or more risk factors met</b> |
|---|

| <u>Level Recommended</u> |                          |                          | <u>Level Placed</u>      |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A                        | B                        | C                        | A                        | B                        | C                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Override Reasons:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information Source Codes**

- |   |   |
|---|---|
| 1. Offender self-report                             | 6. Child Protection or Social Services records  |
| 2. Law Enforcement Report (Police Reports)          | 7. Public Victim Report/Victim Impact Statement |
| 3. Criminal History                                 | 8. Prison Record                                |
| 4. Mental Health Evaluation/Assessment              | 9. Pre-Sentence Report                          |
| 5. Substance Abuse Evaluation/<br>Assessment/Screen | 10. Probation Information Report                |
| 11. Other _____                                     |   |

**Document or Verify Consensus of MTT**

|                                |                   |
|--------------------------------|-------------------|
| <b>Evaluator</b> _____         | <b>Date</b> _____ |
| <b>Probation</b> _____         | <b>Date</b> _____ |
| <b>Victim's Advocate</b> _____ | <b>Date</b> _____ |