

DOMESTIC VIOLENCE OFFENDER EVALUATION SUMMARY

Post-Sentence

Client's Name: Date of Evaluation: Probation Officer: Evaluator:	Date of Birth: Age: Probation Department: Case Number:
---	---

Recommended Treatment Level: A B C

DVRNA Score:

Confidential: This evaluation is confidential and for professional use only. It should not be released to any parties not named on the authorization for release of information. Additional requests for released of information should be directed to (Client's Name).

Additional Notations: *This evaluation does not determine innocence or guilt; it is for treatment planning and information purposes only. This evaluation is a historical document and cannot predict future choices by the client. This evaluation is in compliance with DVOMB Standards. Although the DVRNA is normed for white cis-gender male perpetrators, the domains marked are informative for other populations, such as females, men of color and LGBTQ+ offenders. Variances will be identified should a DVRNA Domain not be appropriate for this specific client.*

Data Collection/Scoring Items Used To Perform This Evaluation Specific to the particular DVAP

- | | |
|--|--|
| <input type="checkbox"/> Clinical Interview with client | <input type="checkbox"/> 2 nd DV RISK ASSESSMENT (e.g. ODARA) |
| <input type="checkbox"/> Bio/Psycho/Social History Paperwork and Discussion | <input type="checkbox"/> MENTAL HEALTH TESTING (e.g. BDI-II, BAI) |
| <input type="checkbox"/> Domestic Violence Risk and Needs Assessment (DVRNA) | <input type="checkbox"/> COGNITIVE TESTING (e.g. MSE, HELPS) |
| <input type="checkbox"/> Any additional testing: | <input type="checkbox"/> SA TESTING (e.g. SASSI-4) |

Collateral Information Reviewed (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Police Report or Offense Description | <input type="checkbox"/> Monitored Sobriety Results |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Child Welfare Report/Family Treatment Plan |
| <input type="checkbox"/> Domestic Violence Severity Index (DVSI) | <input type="checkbox"/> Prior Discharge Report (Enter Agency Name) |
| <input type="checkbox"/> Prior Evaluation (Enter Agency Name) | <input type="checkbox"/> Prior Treatment Balance is |
| <input type="checkbox"/> Other: | |

Additional Comments:

Individual's Report of Offense (optional):

Information from Police Report Not Disclosed in Self-Report and/or Different from Self-Report (optional):

Domestic Violence Dynamics (issues of power and control):

- | | |
|---|---|
| Endorses attitudes that support or condone DV | <input type="checkbox"/> Very Openly <input type="checkbox"/> Partially <input type="checkbox"/> No |
| Reports of violence in current or past relationships | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reports of "name calling" in past episode(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reports of threatening victim in past episode(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reports of jealous and/or accusing partner of infidelity without proof | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reports of monitoring emails, looking at phone, requiring passwords to social media, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reports of property destruction in prior conflict | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional Comments: | |

Impact on Victim:

Client stated:

Victim Safety Issues:

Level of Risk toward victim and risk of re-offense Low Medium High

Active restraining order / protection order

Yes No Unknown

Active civil protection order

Yes No Unknown

Past or current violations of protective order

Yes No Unknown

Individual desires ongoing contact with victim

Yes No Unsure

Currently in a relationship with the victim

Yes No Unknown

What kind of contact does individual currently have with victim

Phone Text/Email In Person

Currently in a new relationship

Yes No

Additional Comments:

Child Safety Issues (Optional):

Does the individual have any children?

Yes No

Were **any** children present or in the vicinity for offense?

Yes No

Has there been Human Services involvement?

Yes No

Custody arrangement with children with the victim:

Full Split No Custody Cannot see N/A

Custody arrangement with children with past partner(s):

Full Split No Custody Cannot see N/A

Custody arrangement with any stepchildren:

Full Split No Custody Cannot see N/A

Child support arrangements/requirements?

Additional Comments:

TESTING RESULTS

DVRNA RISK FACTORS

DVRNA Critical Risk Factors, Automatic Level C

A-1 D-1 E-1 E-2 F-1 H-4

DVRNA Significant Risk Factors, Automatic Level B

A # B # C # F # 2

DVRNA Criteria Identified (non-Critical/Significant Risk Factors)

D, E, F, G, H, I, J, K, L, M, N

Additional Comments:

2nd DV RISK ASSESSMENT

***4.08 only requires DVRNA and the 2nd DV assessment in reporting document to supervising agents**

[INSERT YOUR TEST RESULTS WITH POPULATION NORMING PARAGRAPHS] (Optional)

CRIMINOGENIC NEEDS

(All of these are based on: "Appears to be" due to limited contact with client during this evaluation)

Anti-social Thinking Cognition

Anti-social Peers/Network

Anti-social Personality Make-up/Low Impulse Control

Anti-social Behavior

Marital/Family Discord (power and control)

Substance Abuse

Poor Leisure Time Pursuits (i.e., non-pro-social use of time)

Financial/Educational/Employment Deficits

Additional Comments:

RESPONSIVITY

Amenability:

Appropriate for groups: Yes No

If No, please explain:

Adequate problem solving: Yes No

If No, please explain:

Adequate reasoning skills: Yes No

If No, please explain:

Accountability expressed for any past abuse: Yes No Somewhat

Was the client forthcoming with information regarding the incident: Yes No Somewhat

Does the client take **responsibility** (future behaviors) for their actions: Yes No Somewhat

Does the client blame the victim for their actions: Yes No Somewhat

Barriers/Limitations:

Additional Comments:

Motivation toward treatment

Stages of Change: Pre-Contemplation Contemplation Preparation Action Maintenance

Attitude toward treatment: Open Compliant Resistant Defensive Dismissive Denial

Other:

Additional Comments:

Learning Style

Identified Style

Additional Comments:

Potential Destabilizing Factors (Optional)

Financial concerns

Housing

Lack of childcare

No driver's license

Poor internet connection

Transportation

Other:

Additional Comments:

Low accountability/motivation for treatment

Medical Conditions

Lack of confidential space

No experience with treatment programs

Resource dependent on others

Work schedule

Role of Trauma (Optional):

Trauma: Yes No

Additional Comments:

Brain Injury (Optional):

Brain Injury Present Based on Screening or Collateral: Yes No

Additional Comments:

Strengths (Optional):

Client reports:

Challenges/Weaknesses (Optional):

Client reports:

Prognosis:

SPECIFIC OFFENDING POPULATION

Discussion of Female or LGBT+ Offenders:

CONCLUSIONS

Case Conceptualization:

**Recommended Section if Relevant, not yet in 4.08 given new provisions on teletherapy*

Teletherapy Notation: This evaluation was conducted in person. The client is [not] clinically appropriate or eligible for teletherapy via HIPAA-compliant [specify software].

Treatment Recommendations:

If you have further questions or concerns, please do not hesitate to contact me. Thank you for this referral.

Credentials

MTT Supervising Agent

MTT Treatment Victim Advocate