

#### 4.08 Required Minimum Sources of Information:

To determine the most accurate prediction of risk, as well as offender treatment planning that comports with best practices, evaluations shall include external sources of information, which include integration of criminal justice information, victim input, other collateral information, previously performed offender evaluations, information obtained from a clinical interview of the offender, and the use of assessment instruments.

Approved Providers shall comply with all mental health listing, licensure, or certification requirements regarding client confidentiality and privacy.

#### **I. Required External Sources of Information<sup>1</sup>**

- A. Criminal justice and/or court documents including but not limited to the following:
  - 1. Law enforcement reports that could include victim statements, other witness statements, and photos from current and prior incidents, if applicable
  - 2. Criminal history
- B. Victim input, including but not limited to: victim impact statement if available, written reports, direct victim contact, and/or information via victim advocates, and/or victim therapists

*Discussion Point: Women's perceptions of safety are substantial predictors of reassault<sup>2</sup>*
- C. Available collateral contacts directly related to the current offense (e.g., medical and mental health practitioners, departments of human services)
- D. Other collateral contacts as relevant (e.g., former partners, family members)
- E. Previously performed offender evaluations as relevant (e.g., psychological, psychiatric, substance abuse, or medical)
- F. Efforts to obtain a copy of a pre-sentence evaluation if previously completed shall be pursued and the evaluation shall be reviewed in its entirety. The purpose of the post-sentence evaluation is to expand upon the pre-sentence evaluation, incorporate relevant treatment issues, and to avoid unnecessary repetition or cost for the offender being evaluated. If there is a conflict between the pre- and post-sentence evaluation findings, the approved

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<sup>1</sup> P. Randall Kropp, et al., Manual for the Spousal Assault Risk Assessment Guide, 2<sup>nd</sup> ed. (Vancouver, BC: The British Columbia Institute Against Family Violence, 1995) 13-14.

<sup>2</sup> Edward W. Gondolf, Batterer Intervention Systems: Issues, Outcomes, and Recommendations. (Thousand Oaks, CA: Sage Publications, 2001) 201.

provider shall consult with the supervising criminal justice agency for resolution.

## II. Required Assessment Instruments

To provide the most accurate prediction of risk for domestic violence offenders, the evaluation shall include at a minimum, the use of instruments that have specific relevance to evaluating domestic violence offenders, and have demonstrated reliability and validity based on published research.

### A. Domestic Violence Risk Assessment Instruments

1. Domestic Violence Risk and Needs Assessment Instrument (DVRNA) (Reference *Standard*, 5.04). This empirically based instrument is designed to assist in the classification of offenders based on risk and to determine the appropriate intensity of treatment.
2. At least one additional domestic violence risk assessment instrument shall be utilized which demonstrates adequate reliability and validity based on published research and is the most recent version.

B. Substance abuse screening instrument(s) which demonstrates reliability and validity.

C. Mental Health Screening instrument that demonstrates adequate reliability and validity.

D. Cognitive Screen that demonstrates reliability and validity.

## III. Required Minimum Content of Offender Interview

A clinical interview structured by an empirically based assessment instrument is the most effective offender evaluation method.<sup>3</sup>

A. Psychosocial history

B. Mental health history and if screening indicates a need for a more in-depth mental health it shall be performed by a licensed mental health approved provider (Reference Appendix E Section VIII).

C. Substance use history

D. Relationship history, with attention to domestic violence dynamics

E. Motivation for and amenability to treatment (Reference Appendix E Sections II & III)

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<sup>3</sup> R. Borum, "Improving the Clinical Practice of Violence Risk Assessment: Technology Guidelines and Training," American Psychologists 51:9 1996, 945-956.

- F. Offender accountability (Reference Appendix E Section I)
- G. Responsivity factors (Reference Appendix E Section VI)
- H. Criminogenic needs (Reference Appendix E Section IV)