

# 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.***

<p><b>A. Prior domestic violence related incidents</b></p> <p>1. <b>Prior domestic violence conviction: Critical Risk Factor—Level C</b>..... <input type="checkbox"/></p> <p>Any of the following are Significant Risk Factor—Level B (minimum) <span style="float: right;"><u>Yes</u></span></p> <p>2. Violation of an order of protection (documented violation)..... <input type="checkbox"/></p> <p>3. Past or present civil domestic violence related protection orders against offender... <input type="checkbox"/></p> <p>4. Prior arrests for domestic violence..... <input type="checkbox"/></p> <p>5. Prior domestic violence incidents not reported to criminal justice system..... <input type="checkbox"/></p> <p>Information Sources: _____ Domain A—Criteria Met..... <input type="checkbox"/></p> <p style="text-align: right;">Identify Level B or Level C _____</p>	<u>Yes</u> <input type="checkbox"/>
<p><b>B. Drug or alcohol abuse</b></p> <p>Any of the following are Significant Risk Factor—Level B (minimum) <span style="float: right;"><u>Yes</u></span></p> <p>1. Substance abuse/dependence within the past 12 months..... <input type="checkbox"/></p> <p>2. History of substance abuse treatment within the past 12 months or 2 or more prior drug or alcohol treatment episodes during lifetime..... <input type="checkbox"/></p> <p>3. Offender uses illegal drugs or illegal use of drugs..... <input type="checkbox"/></p> <p>Information Sources: _____ Domain B—Criteria Met..... <input type="checkbox"/></p> <p style="text-align: right;">Level B _____</p>	<u>Yes</u> <input type="checkbox"/>

<b>C. Mental health issue</b>		<u>Yes</u>
<b>Any of the following are Significant Risk Factor—Level B (minimum)</b>		<u>Yes</u>
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. Suicidal/homicidal</b>		<u>Yes</u>
<b>1. 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 (female victims in heterosexual relationships).....	<input type="checkbox"/>	
Information Sources: _____ Domain D—Criteria Met.....		
Level C _____		

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

<b>F. Criminal history-nondomestic violence</b> (both reported and unreported to criminal justice system). 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"/>	<input type="checkbox"/>
2. <b>Offender has a prior arrest for assault, harassment, or menacing. If there have been two or more: Significant Risk Factor--Level B (minimum)</b> .....	<input type="checkbox"/>	
	<u>Yes</u>	
3. Prior nondomestic violence convictions.....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Obsessive jealousy with the potential for violence, violently and constantly 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)			
1. Victim perception of safety/victim concerned for safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<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 offender has previously abused her during pregnancy.....	<input type="checkbox"/>		
Information Sources: _____ Domain H—Criteria Met.....			<input type="checkbox"/>

<p><b>I. Violence and/or threatened violence toward family members, including child abuse (does not include intimate partners)</b></p> <p>1. Current or past social services case(s) ..... <input type="checkbox"/></p> <p>2. Past assault of family members..... <input type="checkbox"/></p> <p>3. Children were present during the offense..... <input type="checkbox"/></p> <p>Information Sources: _____ Domain I—Criteria Met.....</p>	<p style="text-align: right;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>J. Attitudes that support or condone spousal assault</b></p> <p>1. Explicitly endorses attitudes that support or condone intimate partner assault..... <input type="checkbox"/></p> <p>2. Appears to implicitly endorse attitudes that support or condone intimate partner assault..... <input type="checkbox"/></p> <p>Information Sources: _____ Domain J—Criteria Met.....</p>	<p style="text-align: right;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>K. Prior completed or noncompleted domestic violence treatment</b></p> <p>Information Sources: _____ Domain K—Criteria Met.....</p>	<p style="text-align: right;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>L. Victim separated from offender within the previous six months.</b></p> <p>Information Sources: _____ Domain L—Criteria Met.....</p>	<p style="text-align: right;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>M. Unemployed</b></p> <p>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.</p> <p>Information Sources: _____ Domain M—Criteria Met.....</p>	<p style="text-align: right;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>N. Involvement with people who have pro-criminal influence</b></p> <p>1. Some criminal acquaintances..... <input type="checkbox"/></p> <p>AND</p> <p>2. Some criminal friends..... <input type="checkbox"/></p> <p>Information Sources: _____ Domain M—<b>Both</b> Criteria Met.....</p>	<p style="text-align: right;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>

Risk Criteria	Met		<u>Significant/Critical Risk Criteria</u>	<u>Met</u>
A	<input type="checkbox"/>	➔	Level B or C? _____	<input type="checkbox"/>
B	<input type="checkbox"/>	➔	Level B.....	<input type="checkbox"/>
C	<input type="checkbox"/>	➔	Level B.....	<input type="checkbox"/>
D	<input type="checkbox"/>	➔	Level C? _____	<input type="checkbox"/>
E	<input type="checkbox"/>	➔	Level C? _____	<input type="checkbox"/>
F	<input type="checkbox"/>	➔	Level B or C? _____	<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"/>			
<b>Total Score</b>				

  

Level A = 0 - 1 risk factors met  
 Level B = 2 - 4 risk factors met  
 Level C = 5 or more risk factors met

  

<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/Assessment/Screen | 10. Probation Information Report                |
| 11. Other: _____                                |   |

**Document or Verify Consensus of MTT (this does not require a signature)**

Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Probation \_\_\_\_\_ Date \_\_\_\_\_

Victim's Advocate \_\_\_\_\_ Date \_\_\_\_\_