

DVRNE Scoring Sheet

Name _____

Date _____

A. Prior DV-related incidents 1. Prior DV conviction <input type="checkbox"/> (critical risk factor----level C) Significant risk factors----(level B minimum): 2. Documented violation of protective order <input type="checkbox"/> 3. Past or present civil DV protection orders <input type="checkbox"/> 4. Prior DV arrests <input type="checkbox"/> 5. Prior DV incidents not reported to criminal justice system <input type="checkbox"/> Level B or C? _____ Domain A criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>	B. Drug / ETOH abuse--Any of the following are considered significant risk factors--Level B minimum 1. Substance abuse within past 12 months <input type="checkbox"/> 2. History of SA treatment within past 12 mos. OR two or more prior drug / alcohol treatment episodes during entire lifetime <input type="checkbox"/> 3. Offender uses illegal drugs or illegal use of prescribed drugs <input type="checkbox"/> Level B minimum Domain B criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>
C. Mental health issue (Any of the following are significant risk factors--Level B minimum) 1. Existing mental health disorder (not SUD) <input type="checkbox"/> 2. Personality disorder with anger, impulsivity, or instability <input type="checkbox"/> 3. Severe psychopathy <input type="checkbox"/> 4. Recent psychotic and / or manic symptoms <input type="checkbox"/> 5. Unmanaged psychiatric condition <input type="checkbox"/> 6. Noncompliance with MH treatment or prescribed meds <input type="checkbox"/> 7. Symptoms indicate the need for MH evaluation <input type="checkbox"/> Level B minimum Domain C criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>	D. Suicidal / homicidal 1. Serious suicidal / homicidal ideation within past year <input type="checkbox"/> (critical risk factor----level C) 2. Ideation within the past 12 months <input type="checkbox"/> 3. Credible threats of death within past 12 months <input type="checkbox"/> 4. Victim reports offender has made threats of harming / killing her <input type="checkbox"/> Level C? _____ Domain D criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>
E. Weapons / firearms 1. Gun in the home in violation of a civil or criminal court order <input type="checkbox"/> (critical risk factor---level C) 2. Use/ threatened use of weapons in current or past offense <input type="checkbox"/> (critical risk factor---level C) 3. Access to firearms <input type="checkbox"/> Level C? _____ Domain E criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>	F. Adult criminal history (non-DV)--both reported and unreported to criminal justice system 1. Offender was on community supervision at the time of the offense <input type="checkbox"/> (critical risk factor---level C) 2. Prior arrest for assault, harassment, or menacing. If there have been two or more arrests, it is a Significant risk factor --Level B (Minimum) <input type="checkbox"/> 3. Prior non-DV convictions (not previously scored) <input type="checkbox"/> 4. Past violations of community supervision <input type="checkbox"/> 5. Past assault of strangers, or acquaintances <input type="checkbox"/> 6. Animal cruelty / abuse <input type="checkbox"/> Level B or C? _____ Domain F criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>
G. Obsession with victim 1. Stalking or monitoring <input type="checkbox"/> 2. Obsessive jealousy with potential for violence, violently and constantly jealous morbid jealousy <input type="checkbox"/> Domain G criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>	H. Safety concerns 1. Victim concerned for safety <input type="checkbox"/> 2. Victim believes he is capable of killing her <input type="checkbox"/> 3. He controls most of her daily activities <input type="checkbox"/> 4. Offender tried to "choke" victim <input type="checkbox"/> 5. Physical violence increasing in severity <input type="checkbox"/> 6. Victim forced to have unwanted sex <input type="checkbox"/> 7. Victim was pregnant and offender knew this <input type="checkbox"/> 8. Victim is pregnant and offender has previously abused her during pregnancy. <input type="checkbox"/> Domain H criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>
I. Violence toward family members including child abuse (does not include intimate partners) 1. Past/current DCFS case(s) <input type="checkbox"/> 2. Past assault of family members <input type="checkbox"/> 3. Children present during any offense <input type="checkbox"/> Domain I criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>	J. Attitudes - spousal assault 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"/> Domain J criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>
K. Prior DV treatment (doesn't have to be completed treatment) Domain K criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>	L. Victim initiated separation from the offender within the previous 6 months Domain L criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>
M. Unemployed (does not include offenders on public assistance, students, homemakers, or retirees) Domain M criteria met? <input type="checkbox"/>	Yes <input type="checkbox"/>	N. Pro-criminal associates 1. Some criminal acquaintances <input type="checkbox"/> AND 2. Some criminal friends <input type="checkbox"/> Domain N criteria met-- BOTH 1 and 2 <input type="checkbox"/>	Yes <input type="checkbox"/>

SCORE ONLY ONE POINT PER DOMAIN

TOTAL: _____

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.

Name _____

Risk Criteria	Met		Significant / Critical Risk Criteria	Met																		
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"/>	Scoring: 0 to 1 risk factors met = Level A 2 to 4 risk factors met = Level B 5 or more risk factors met = Level C																				
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	_____	<table border="1" style="width: 100%;"> <tr> <td colspan="3" style="text-align: center;">Level Recommended:</td> <td colspan="3" style="text-align: center;">Level Placed:</td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">C</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Level Recommended:			Level Placed:			A	B	C	A	B	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level Recommended:			Level Placed:																			
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. CPS or DCFS records
2. Police Reports	7. Victim Report / Impact Statement
3. BCI (Criminal History)	8. Prison Record
4. Mental Health Evaluation	9. Pre-Sentence Report
5. Substance Abuse Evaluation / Screen	10. Probation Information Report
Other:	

Risk Criteria	Information Source
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	

Signature of Evaluator _____

Date _____