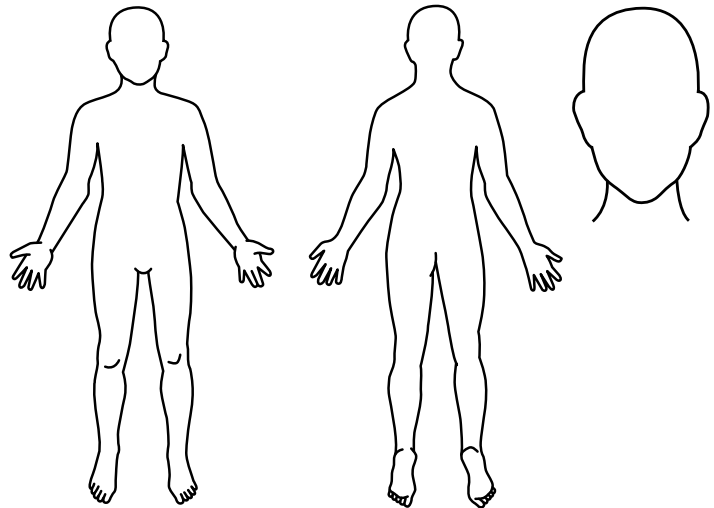


Idaho Domestic Violence Supplement Case # _____

Risk Assessment of Dangerousness (add # of factors that have at least 1 box marked) SAFE emergency contact number for victim/s: _____
1-3 Different Factors ___ **4-5 Different Factors** ___ **6-7 Different Factors** ___ **Italicized Factor/s** ___

Appearance/Emotional State					
Victim		Suspect			
Angry	<input type="checkbox"/>	<input type="checkbox"/>	Excited	<input type="checkbox"/>	<input type="checkbox"/>
Threatening	<input type="checkbox"/>	<input type="checkbox"/>	Nervous	<input type="checkbox"/>	<input type="checkbox"/>
Apologetic	<input type="checkbox"/>	<input type="checkbox"/>	Calm	<input type="checkbox"/>	<input type="checkbox"/>
Upset	<input type="checkbox"/>	<input type="checkbox"/>	Intoxicated	<input type="checkbox"/>	<input type="checkbox"/>
Crying	<input type="checkbox"/>	<input type="checkbox"/>	Fled Scene	<input type="checkbox"/>	<input type="checkbox"/>
Fearful	<input type="checkbox"/>	<input type="checkbox"/>	Agitated	<input type="checkbox"/>	<input type="checkbox"/>
Unable to Talk	<input type="checkbox"/>	<input type="checkbox"/>			

Name _____ Age ____ Victim Suspect
 Male Female Ht. ____ Wt. ____ Hair Color _____ Eye Color _____



Medical	Children	
	Victim	Suspect
Refused Medical Assistance	<input type="checkbox"/>	<input type="checkbox"/>
First Aid EMT	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable Adult	<input type="checkbox"/>	<input type="checkbox"/>
Location of treatment _____	<input type="checkbox"/> Children present during incident <input type="checkbox"/> Prior reported child abuse <input type="checkbox"/> Allegation of current child abuse By whom _____	

Factor 1: History of Domestic Violence

Provided by: **Victim** **Suspect** **Other:** _____

A Current Civil Protection Order
 B Current Criminal No Contact Order
 C No Contact Order or Protection Order violation today
 If so, by whom _____
 D Recent escalation of violence
 E Prior unwanted physical contact
 F Does victim report fear of future harm
 G Caused serious injury to another in prior incident
 H *CURRENT STALKING BEHAVIORS* "Provide specific details in narrative"
 I *HAS FORCED PARTNER TO HAVE SEXUAL CONTACT*
 J Previous attempt(s) of strangulation
 K Threatened abuse or allegation of abuse of animals
 L *ACTS OF VIOLENCE WHILE VICTIM WAS PREGNANT*

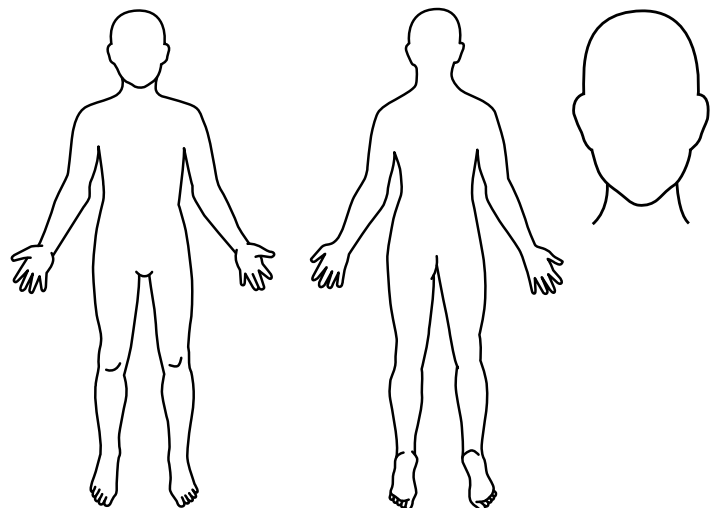
Victim perception of future risk: **Low** **Medium** **High**

Weapons

M Access to weapons
 N Prior use of weapons to injure or threaten
 O Weapon moved
 Type: _____
 P Seized

Q *CURRENT ATTEMPTED STRANGULATION*
 R Breathing difficulty
 S Voice change
 T Swallowing changes
 U Behavioral changes
 V Loss of consciousness

Name _____ Age ____ Victim Suspect
 Male Female Ht. ____ Wt. ____ Hair color _____ Eye Color _____



Factor 2: Threat to Kill

A Specific threats to kill victim
 B Specific threats to kill children or _____
 C Displaying weapon at time of threat

Factor 3: Threats of Suicide

A Suspect suicidal. Number of attempts & date of most recent _____
 B Depression or other mental illness
 C Other stressors _____

Factor 4: Separation

A *RECENT SEPARATION*
 B Recent or imminent court action
 C Loss of employment

Factor 5: Coercive/Controlling Behavior

A Threats and intimidation
 B Destruction of property or pets
 C Monitoring by suspect (GPS, cell phone)
 D Isolating of victim
 E *EXTREME POSSESSIVENESS*

Factor 6: Prior Police Contact

A Prior Civil Protection Order **D** Violation
 B Prior Criminal No Contact Order **E** Violation
 C Other prior police contact

Information/Assistance and Community Referral

Victim	Referrals (if necessary)
<input type="checkbox"/> A Provided domestic violence Information per Idaho Code 39-6316	<input type="checkbox"/> A Adult Protective Services
<input type="checkbox"/> B Asked if accommodation needed	<input type="checkbox"/> B Child Protective Services
<input type="checkbox"/> C Contacted victim services	<input type="checkbox"/> C Humane Society
<input type="checkbox"/> D DV Packet	Other: _____

Factor 7: Alcohol or Drug Abuse by Suspect

A Drug and/or alcohol abuse
 B Under the influence when current altercation started
 If so, what type and quantity: _____

Notified by: 911 Call Non-Emergency Dispatch
 Officer Initiated Other _____

Officer completing form _____
 Date _____ Time _____

Submit

The Domestic Violence Supplement does not take the place of a narrative. Domestic violence cases are complex. If there are additional observations or if a victim is unable or unwilling to respond to the questions, indicate such in the narrative. The seven risk factors are numbered and are in red (color copies) boxes or darker gray boxes. Some studies indicate that the italicized observations may be significant predictors of lethality. Form date: March 2021.

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