

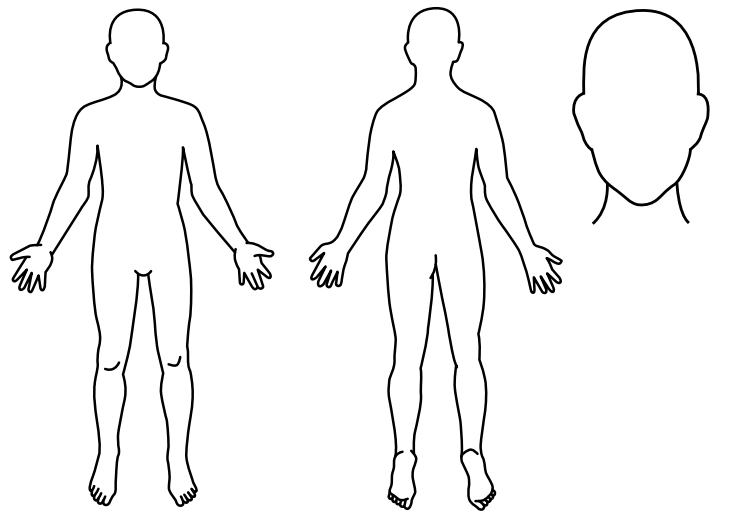
# Idaho Domestic Violence Supplement Case # \_\_\_\_\_

**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"/>			

Medical	Children																				
<table style="width: 100%;"> <tr> <th style="width: 50%;">Victim</th> <th style="width: 50%;">Suspect</th> </tr> <tr> <td>Refused Medical Assistance</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>First Aid EMT</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Emergency Room</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Pregnant</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Vulnerable Adult</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Location of treatment</td><td colspan="2">_____</td></tr> </table>	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 _____
Victim	Suspect																				
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Name \_\_\_\_\_ Age \_\_\_\_ Victim  Suspect   
 Male  Female  Ht. \_\_\_\_ Wt. \_\_\_\_ Hair color \_\_\_\_\_ Eye Color \_\_\_\_\_



**Factor 1: History of Domestic Violence**

**Provided by:** Victim  Suspect  Other: \_\_\_\_\_

Current Civil Protection Order  
 Current Criminal No Contact Order  
 No Contact Order or Protection Order violation today  
 If so, by whom \_\_\_\_\_

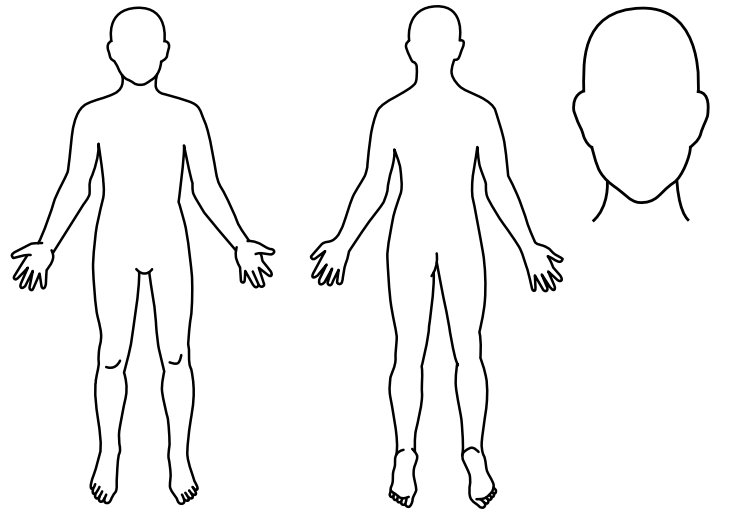
Recent escalation of violence  
 Prior unwanted physical contact  
 Does victim report threat of future harm  
 Caused serious injury to another in prior incident  
 Stalking behaviors. Provide specific details in narrative.  
 *Has forced partner to have sex*  
 Previous attempt(s) of strangulation  
 Threatened abuse or allegation of abuse of animals

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

**Weapons**

<input type="checkbox"/> Access to weapons	<input type="checkbox"/> <i>Attempted Strangulation</i>
<input type="checkbox"/> Prior use of weapons to injure or threaten	<input type="checkbox"/> Breathing difficulty
<input type="checkbox"/> Weapon moved	<input type="checkbox"/> Voice change
Type: _____	<input type="checkbox"/> Swallowing changes
<input type="checkbox"/> Seized	<input type="checkbox"/> Behavioral changes
	<input type="checkbox"/> Loss of consciousness

Name \_\_\_\_\_ Age \_\_\_\_ Victim  Suspect   
 Male  Female  Ht. \_\_\_\_ Wt. \_\_\_\_ Hair color \_\_\_\_\_ Eye Color \_\_\_\_\_



**Factor 2: Threat to Kill**

Specific threats to kill victim  
 Specific threats to kill children or \_\_\_\_\_  
 Displaying weapon at time of threat

**Factor 3: Threats of Suicide**

Suspect suicidal. Number of attempts & date of most recent \_\_\_\_\_  
 Depression or other mental illness  
 Other stressors \_\_\_\_\_

**Factor 4: Separation**

*Recent separation*  
 Recent or imminent court action  
 Loss of employment

**Factor 5: Coercive/Controlling Behavior**

Threats and intimidation  
 Destruction of property or pets  
 Monitoring by suspect (GPS, cell phone)  
 Isolating of victim  
 *Extreme possessiveness*

**Factor 6: Prior Police Contact**

<input type="checkbox"/> Prior Civil Protection Order	<input type="checkbox"/> Violation
<input type="checkbox"/> Prior Criminal No Contact Order	<input type="checkbox"/> Violation
<input type="checkbox"/> Other prior police contact	

**Information/Assistance and Community Referral**

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

**Factor 7: Alcohol or Drug Abuse by Suspect**

Drug and/or alcohol abuse  
 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 \_\_\_\_\_

**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: September 2009.