

OKLAHOMA CITY POLICE DEPARTMENT



DOMESTIC VIOLENCE RISK ASSESSMENT



SCREEN FOR FIRST RESPONDERS

24-7 HOTLINE NUMBER TO CALL IF VICTIM SCREENS-IN: (405) 917-9922

Officer:		Date:	Case #:		
Victim:		Victim's Home/Cell Phone Number:	Victim's Alternate Phone Number:		
Suspect:		D.O.B.	Race/Sex	Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Best time to call victim:		Victim transported to the Women's Shelter: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Check here if victim refused to answer all of the questions.					
▶ A "Yes" response to ANY of Questions #1-3, automatically triggers the protocol referral					
1. Has he/she ever used a weapon against you/threatened you with a weapon?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
2. Has he/she threatened to kill you or your children?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
3. Do you think he/she might try to kill you?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
▶ Negative responses to Questions #1-3 but positive responses to at least four Questions to #4-16, triggers the protocol referral					
4. Does he/she have a gun or can he/she get one easily?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
5. Has he/she ever tried to choke you?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
6. Is he/she violent or constantly jealous or does he/she control most of your daily activities?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
7. Does he/she follow or spy on you or leave threatening messages?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
8. Have you left him/her or separated after living together or being married?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
9. Is he/she unemployed?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
10. Has he/she ever tried to kill himself/herself?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
11. Do you have a child/children together?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
12. Do you have a child that he/she knows is not his/hers?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
13. Has he/she been physical towards the child(ren) in a manner that concerns you?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
14. Does he/she have an alcohol/substance abuse problem? If yes, list substance below.		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
15. Has he/she interfered with a 911 call?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
16. Is there anything else that worries you about your safety? If "yes", What worries you?		<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
▶ An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question or whenever the officer believes the victim is in a potentially lethal situation					
Check One <input type="checkbox"/> Victim screened-in according to the protocol		<input type="checkbox"/> Officer decided not to screen * (Please explain)			
<input type="checkbox"/> Victim screened-in based on the belief of officer		* Why?			
<input type="checkbox"/> Victim did not screen-in					
If victim screened in:		After advising him/her of a high danger assessment, did the victim speak with the hotline advocate? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<p><i>NOTE: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risks than that of other victims of intimate partner violence.</i></p>					