

# 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.				
<b>▶ A "Yes" response to ANY of Questions #1-3, automatically triggers the protocol referral</b>				
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.
2. Has he/she threatened to kill you or your children?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
<b>▶ Negative responses to Questions #1-3 but positive responses to at least four Questions to #4-16, triggers the protocol referral</b>				
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.
5. Has he/she ever tried to choke you?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
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.
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.
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.
9. Is he/she unemployed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
10. Has he/she ever tried to kill himself/herself?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
11. Do you have a child/children together?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
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.
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.
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.
15. Has he/she interfered with a 911 call?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
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.
<b>▶ 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</b>				
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
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.				

# DEPARTAMENTO DE POLICIA DE LA CIUDAD DE OKLAHOMA



## DOMESTIC VIOLENCE RISK ASSESSMENT



### SCREEN FOR FIRST RESPONDERS

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

Agente:		Fecha:	Número del caso:	
Víctima:		# de telé. de casa/celular para la víctima:	# de telé. alternativo para la víctima:	
Sospechoso:		Fecha de nacimiento:	Raza/Sexo	Arrestado <input type="checkbox"/> SÍ <input type="checkbox"/> NO
Mejor hora para llamar a la víctima:		¿Víctima llevado al refugio para mujeres?		<input type="checkbox"/> SÍ <input type="checkbox"/> NO
¿Puede usted leer? <input type="checkbox"/> SÍ <input type="checkbox"/> NO		¿Está dispuesta(o) a contestar las siguientes preguntas?		<input type="checkbox"/> SÍ <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. ¿Ha usado esta persona un arma contra usted o le ha amenazado con un arma?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. ¿Ha hecho esta persona amenazas de matar a usted o a sus hijos?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3. ¿Piensa que será posible que esta persona tratará de matarle a usted?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
▶ Negative responses to Questions #1-3 but positive responses to at least four Questions to #4-16, triggers the protocol referral.				
4. ¿Esta persona tiene un arma o puede conseguir uno fácilmente?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5. ¿En algún tiempo ha tratado de ahorcarla/o?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
6. ¿Es esta persona violento(a) o constantemente celoso(a) o controla muchas de sus actividades diarias?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
7. ¿Esta persona le persigue o espía a usted o deja mensajes amenazantes?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8. ¿Ha dejado usted a esta persona o se ha separado después de vivir con ellos o estar casados?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9. ¿Tiene empleo esta persona?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
10. ¿Ha tratado de suicidarse esta persona?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11. ¿Tienen hijos juntos?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
12. ¿Tiene usted un hijo (hijos) que esta persona sabe que no es de él o ella?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
13. ¿Ha sido esta persona violento(a) físicamente contra los niños en una manera que le concierne?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
14. ¿Tiene esta persona problemas con alcohol o drogas? Si respondes sí, escriba que tipo.		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
15. ¿Ha interferido esta persona con una llamada al 911?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
16. ¿Hay algo más que le preocupa sobre sus seguridad? Si contesta sí, ¿Qué le preocupa?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
17. ¿Entiende usted todo lo que ha leído?		<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
▶ 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.				
Basado en las respuestas que ha dado usted tiene una valoración de alta peligrosidad y podría estar en una situación potencialmente mortal. ¿Está dispuesta(o) a hablar con un consejero de violencia doméstica para obtener información sobre planes de seguridad y / o buscar refugio? <input type="checkbox"/> SÍ <input type="checkbox"/> NO				
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?		
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NOTE: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factor's 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.				