

# DOMESTIC VIOLENCE RISK AND NEEDS ASSESSMENT (DVRNA)

## *Scoring Manual*

*Fifth Edition  
2016*

Domestic Violence Offender Management Board  
Division of Criminal Justice  
Colorado Department of Public Safety

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Division of Criminal Justice  
Department of Public Safety



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# Overview and Administration

## *Introduction*

The Domestic Violence Risk and Needs Assessment (DVRNA) was developed by the Treatment Review Committee (Committee) of the Colorado Domestic Violence Offender Management Board (DVOMB). The Domestic Violence Risk and Needs Assessment (DVRNA) is a risk assessment for adult domestic violence offenders 18 years and older. It is intended to be completed once all the evaluation data has been gathered. It is empirically based and has content and face validity. The DVOMB has obtained funding for a validation study which will begin in October 2010.

This instrument was designed to identify risk factors that should be considered when working with domestic violence offenders in treatment. It is only intended to be used for offenders who have been arrested and are in the criminal justice system for a domestic violence offense. The risk factors that are empirically based on this instrument are predictive for offenders in the criminal justice system. It aids in determining appropriate level of treatment intensity. The DVRNA presents a framework within which to assess the risk of future intimate partner violence for domestic violence offenders in treatment. The DVRNA takes numerous risk factors that have been identified through empirical research as increasing the risk of violence or escalating its seriousness and consolidates these factors into a single measure, thus providing a method of determining the likelihood (probability) of ongoing or repeat violence.

## *Description*

The DVRNA is composed of 14 domains of risk most highly predictive of future violence, which were selected based on an extensive literature review, the clinical experience of the Committee, and the knowledge from the criminal justice system participants. Many items concern an offender's criminal history. A few domains are dynamic in nature, such as current lifestyle stability factors. Risk factors are used as one measure to assist with initial treatment planning including the design of offender competencies, and ongoing treatment plan reviews.

The DVRNA is a risk assessment tool that assigns offenders a total score based on risk for repeated domestic violence. Thus, an offender may be placed into one of three categories of intensity of treatment; low, moderate, or high. For example, any indication of a Significant Risk Factor would require initial treatment placement in the moderate level at a minimum, while an indication of a Critical Risk Factor would require initial treatment placement in the high intensity level.

## ***User Qualifications and Training***

The DVRNA was designed to be scored easily by treatment providers in conjunction with the Multi-disciplinary Treatment Team, made up of an Approved Provider, responsible criminal justice agency, and a treatment victim advocate at a minimum. Other professionals relevant to a particular case may also be a part of the MTT such as human services, child welfare, and child protection services. Before using this assessment, it is important to read this manual and the Annotated DVRNA. In addition, users should complete DVOMB training because it is critical to insure rater accuracy and fidelity to the instrument. DVRNA users should have a basic understanding of risk factors related to domestic violence recidivism.

## ***Documentation of Information Sources***

When completing the DVRNA for each domain, it is essential to identify the sources utilized to obtain the information. It is preferable to use official records (e.g., mental health, criminal justice reports), credible offender reports and written collateral reports for this documentation. The scoring of the instrument is intended to be transparent and sources of information must be available.

# Scoring Instructions

## Domain Risk Items

### Domain A: Prior Domestic Violence Related Incidents

(Any of the following are Significant Risk Factors that indicate initial treatment in Level B **except number 1, which is a Critical Risk Factor and indicates treatment in Level C.**)

- This domain applies only to adult criminal history
  - Do not include offenses committed as a juvenile
1. Prior domestic violence conviction
    - **Critical Risk Factor that indicates initial treatment placement in Level C.**
    - Include self reports of convictions
    - Includes deferred judgments, guilty pleas
    - Include convictions identified in criminal history as reported by probation or criminal justice report
  2. **Violation** of an order of protection (documented)
    - Include civil or criminal protection orders
    - Include past or current orders
    - Include temporary protection orders
    - Include alcohol violations
  3. Past or present civil domestic violence related protection orders against offender
    - Does not include criminal protection orders related to the arrest and conviction.
    - Do not include automatic orders related to marriage dissolution
    - Include temporary and permanent orders
  4. Prior arrests for domestic violence
    - Include any arrest as an adult that was identified in the arrest as domestic violence
  5. Prior domestic violence incidents not reported to criminal justice system
    - Include incidents reported by the victim **only** if the victim gives written permission to include this in the scoring of the DVRNA.
    - Include offender self report of incidents
    - Include any incident commencing after age 18
    - Include incidents involving any intimate partner after age 18
    - Include incidents reported in writing by collateral contacts or documented interview(s).

## **Domain B: Drug or Alcohol Abuse**

(Any of the following are Significant Risk Factors that indicate initial treatment in Level B).

Providers shall follow requirements of Office of Behavioral Health (OBH) for substance abuse assessment: A comprehensive evidence-based or best practices assessment shall be completed as soon as is reasonable, covering the areas required by OBH. All methods and procedures used to assess and evaluate an individual shall be developmentally and age appropriate, culturally responsive, and conducted in the individual's preferred language and/or mode of communication.

Self-report or recent illegal activity involving substance abuse with emphasis on the most recent 12 months can also be used to determine substance abuse.

No problem indicates that there is no alcohol or drug abuse or that alcohol or drugs do not interfere with the offender's functioning.

### 1. Substance abuse/dependence within the previous 12 months

- Refer to the DSM-IV-TR (or current version) for substance dependence or abuse criteria.

### 2. History of substance abuse treatment within the previous 12 months, or two or more prior drug or alcohol treatment episodes during adult lifetime.

- Include any court-ordered or voluntary substance abuse treatment or counseling.
- Include offender self-report

### 3. Offender uses illegal drugs or illegal use of drugs

- Colorado Revised Statutes Section 18-18-404(1) refers to "unlawful use of a controlled substance - using any controlled substance, except when it is dispensed by or under the direction of a person licensed or authorized by law to prescribe, administer, or dispense such controlled substance for bona fide medical needs."
- Illegal use of drugs includes the abuse of prescription medication; abuse of over-the-counter drugs; and or using illegal drugs such as cocaine, heroin, LSD, methamphetamine, etc.
- Tobacco is not included
- You may use offender self-report, police report, criminal justice record, and other witnesses.

#### *Discussion point:*

*Colorado State law, as of June 1, 2015 allows probationers to use medical marijuana unless the court has prohibited it. Therefore, IF an offender has a medical marijuana card as required by the state and IF the court has not prohibited the use of medical marijuana for that particular offender, this medical marijuana use would not be scored in Domain B.*

*However, if at any time, the offender abused or is abusing marijuana this would be scored under B.1.*

### **Domain C: Mental Health Issue**

(Any of the following are Significant Risk Factors that indicate initial treatment placement in Level B at a minimum).

Mental health concerns may be documented from offender self-report, from the diagnosis by a qualified Approved Provider, from medical records, or from a practitioner qualified to identify a disorder. If an Approved Provider is not qualified to assess the mental health of an offender, the offender may need to be referred to a qualified clinician.

1. Existing Axis I or II diagnosis excluding V codes
  - The V code section of the DSM-IV-TR deals with other conditions that may be a focus of clinical attention. V codes are not a diagnosis and therefore not scored.
  - Do not score a substance abuse/dependence if this has already been scored on Domain B: Drug or Alcohol Abuse.
2. Personality disorder with anger, impulsivity, or behavior instability (SARA, 2008)
  - This item should be ascertained based on past or current mental health evaluations. If an Approved Provider is not qualified to assess personality disorders, he/she needs to refer to an Approved Provider who is qualified or another qualified clinician.
  - Refer to the DSM-IV-TR (or current version)
3. Severe psychopathy
  - Psychopathy is a risk for violent behavior. It is a criminal justice construct. It is not defined in the DSM-IV-TR, subsequently you cannot diagnose someone as a psychopath. However, the degree of someone's psychopathy can be used as a risk factor (HARE Psychopathy Checklist Revised-providers must be trained in the use of this tool).
4. Recent psychotic and/or manic symptoms (SARA, 2008)
  - "Recent" is defined as the previous 12 months
  - Psychotic symptoms may include (a) grossly disorganized or illogical speech, (b) delusions, (c) hallucinations, and (d) grossly bizarre behavior. Manic symptoms include (a) extreme euphoria or irritability, (b) grandiosity, (c) racing thought and pressured speech, and (d) motoric hyperactivity
5. Psychological/psychiatric condition currently unmanaged
  - This condition needs to be diagnosed by a medical or health care clinician, by medical records, or by offender self-report.
6. Non-compliance with prescribed medications and mental health treatment
  - This information should be obtained from offender self-report or medical records.
7. An offender exhibits symptoms that indicate the need for a mental health evaluation
  - These symptoms may include such indicators as possible depression, psychosis, mania, and/or anxiety.

### **Domain D: Suicidal/homicidal**

1. Serious homicidal or suicidal ideation/intent within the past year
  - “Serious” as defined in the SARA means that the ideation is experienced as persistent and intrusive or involves high lethality methods; or that the level of intent is moderate to high.
  - ***This is a Critical Risk Factor that indicates initial treatment in Level C.***
2. Ideation within the past 12 months
  - The term suicidal/homicidal ideation generally refers to thoughts of committing homicide/suicide, including planning how it will be accomplished.
  - May be obtained from offender self-report or documented by other clinicians
3. Credible threats of death within the past 12 months
  - “Credible” means that the threats were perceived as credible by the victim (SARA, 2008)
4. Victim reports offender has made threats of harming/killing her
  - If the information is revealed by a discussion with the victim, protection of the victim is priority. It is imperative that the if the victim signs a release that allows this information to be utilized for scoring the DVRNA, she/he understands the ramifications of signing such a form, possible retaliation from an offender and has received safety planning assistance from the treatment victim advocate.
  - When a victim states that his/her information cannot be revealed beyond the Approved Provider, the Approved Provider and the victim advocate, without compromising victim confidentiality, may consult with probation and shall ascertain other potential ways to document or address victim concerns. For example: If the victim reports substance abuse by the offender, the Approved Provider may require random urinalysis, thus obtaining information without revealing victim information.

### **Domain E: Use and/or threatened use of weapons in current or past offense or access to firearms**

This information can be documented utilizing offender self-report, reports from probation, collateral reports, or police reports.

“The use of weapons and threats of death that cause fear in victims are associated with increase risk for future violence.” Manual for the Spousal Assault Risk Assessment Guide (SARA). Therefore the offender’s use of a weapon toward anyone in the offense is scored.

Use and/or threatened use of weapons include the threat or actual use of any weapon that poses potential realistic physical harm to the victim’s life. Potentially deadly weapons may include firearms, knives, and objects used as clubs; or such objects as tools, phones, etc. The object should not be a body part (e.g., hands, feet, mouth).

1. Gun in the home in violation of a civil or criminal court order
  - ***This is a Critical Risk Factor that indicates initial treatment in Level C***
2. Use and/or threatened use of weapons in current or past offense
  - ***This is a Critical Risk Factor that indicates initial treatment in Level C***
  - This information may be obtained from the police report and/or victim statements. If the information is revealed by a discussion with the victim, protection of the victim is priority. It is imperative that the if the victim signs a release that allows this information to be utilized for scoring the DVRNA, she/he understands the ramifications of signing such a form, possible retaliation from an offender, and has received safety planning assistance from the treatment victim advocate.
3. Access to firearms
  - Includes personal ownership of a firearm or living in a household with a firearm
  - Do not score if the offender does not have access to firearms - for example if they are stored or locked elsewhere outside the home.
  - If a court order is allowing the offender to have a weapon, this is still scored because the offender has access to a weapon.

**Domain F: Criminal history - nondomestic violence (both reported and unreported to criminal justice system).**

This information may be documented from probation reports, arrest records, or offender self-report.

This domain applies only to adult criminal history

1. Offender was on community supervision at the time of the offense
  - **This is a Critical Risk Factor that indicates initial treatment in Level C**
  - Community supervision includes supervised probation, unsupervised (court monitored) probation, parole, private probation, community corrections, pre-trial release, bond, etc.
2. Offender has a prior arrest for assault, harassment, or menacing
  - **If there have been two or more arrests, this is a Significant Risk Factor that indicates initial treatment in Level B at a minimum.**
  - Do not include a domestic violence enhanced crime
3. Prior nondomestic violence convictions at any time during offender's adult life
  - Include any municipal, misdemeanor, and felony convictions.
  - Includes all convictions except traffic violations
  - Includes deferred sentence (clarification added March 2016)
  - **NOTE: IF the offender was scored on Domain B 2 only for two or more prior drug or alcohol treatment episodes during his/her lifetime DO NOT also score any related previous DUIs here.**
4. Past violation(s) of conditional release or community supervision
  - "Conditional release" includes probation, parole, bail, conditional discharge, suspended sentence, or any other occasion in which the offender is at liberty in the community under supervision or other requirements ordered by the court.
  - Violation of a no contact order counts as violation of conditional release
5. Past assault of strangers, or acquaintances
  - Assault includes physical assault, sexual assault and any use of a weapon.
  - There does not have to be an arrest to code this item.
  - Document how the information was obtained
6. Animal cruelty/abuse
  - Includes threatening, abusing, or killing a family pet.
  - There does not have to be an arrest to code this item.
  - Document how the information was obtained

## **Domain G: Obsession with the victim**

(Current victim or current partner only)

### 1. Stalking or monitoring

Stalking, as defined by the National Center for Victims of Crime, Stalking Resource Center, is a pattern of repeated, unwanted attention, harassment, and contact. It is a course of conduct that can include:

- Following or laying in wait for the victim
- Repeated unwanted, intrusive, and frightening communications from the perpetrator by phone, mail, and/or e-mail
- Damaging the victim's property
- Making direct or indirect threats to harm the victim, the victim's children, relatives, friends, or pets
- Repeatedly sending the victim unwanted gifts
- Harassment through the Internet, known as cyberstalking, online stalking, or Internet stalking
- Securing personal information about the victim by: accessing public records (land records, phone listings, driver or voter registration), using Internet search services, hiring private investigators, contacting friends, family, work, or neighbors, going through the victim's garbage, following the victim, etc.

### 2. Obsessive jealousy with the potential for violence, violently and constantly jealous, or morbid jealousy.

- Morbid jealousy describes a range of irrational thoughts and emotions, together with associated unacceptable or extreme behavior, in which the dominant theme is a preoccupation with a partner's sexual unfaithfulness based on unfounded evidence.
- Individuals may suffer from morbid jealousy even when their partner is being unfaithful, provided that the evidence that they cite for unfaithfulness is incorrect and the response to such evidence on the part of the accuser is excessive or irrational.
- Morbidly jealous individuals interpret conclusive evidence of infidelity from irrelevant occurrences, refuse to change their beliefs even in the face of conflicting information, and tend to accuse the partner of infidelity with many others.

This domain could be scored with evidence of a protection order that is based on stalking or a violation of that type of protection order. A charge for stalking with the current victim would also result in a score on this item.

**If the offender was scored for a civil protection order under Domain A.3 and the protection order is due to stalking, also score this Domain.**

### **Domain H: Safety concerns**

Information should not be used if it compromises victim safety and confidentiality and if the victim has not signed a written release of information specifically related to what information the victim is sharing. It is imperative that if the victim signs a release that allows this information to be utilized for scoring the DVRNA, she/he understands the ramifications of signing such a form, possible retaliation from an offender, and has received safety planning assistance from the treatment victim advocate. If the information is in the police report, the victim need not sign a release or give permission for this information to be used.

1. Victim perception of lack of safety/victim concerned for safety
2. Victim (female victim in heterosexual relationship) believes offender is capable of killing her  
NOTE: Even though threats of death are only scored for male offender against female victim, the MTT shall consider threats of death by the offender toward the victim regardless of gender and override the findings of the DVRNA if necessary.
3. Offender controls most of victim's daily activities
4. Offender tried to "choke" victim
  - Although the medical terminology is "strangle", victims more readily identify with the word choke when reporting abuse.
5. Physical violence is increasing in severity
6. Victim forced to have sex when not wanted
7. Victim was pregnant at the time of the offense and offender knew this.
8. Victim is pregnant and offender has previously abused her during pregnancy.

**Domain I: Violence and/or threatened violence toward family members including child abuse**

This does not include criminal history. If there is criminal history related to this/these incident(s), score only on Domain F, number 3.

1. Current or past social services case as an adult where the offender was party to the action.
  - Voluntary social services involvement is not scored. This item is intended to be open or past cases in social services.
2. Past assault of family members
  - “Assault” includes physical assault, sexual assault, and any use of a weapon.
  - “Family members” include biological and legal relatives (parents, step-parents, siblings, etc.), as well as children by previous or present intimate partners.
  - Excludes previous or present intimate partners.
  - Score even if there was no arrest conviction.
  - May be obtained from credible offender self-report and written collateral reports.
3. Children were present during the offense (in the vicinity)
  - A yes response would include any children in the home or location of offense even if they were sleeping, or it was perceived that they could not hear or see the offense.
  - Include all children under of age of 18 regardless of their relationship to the victim and offender.

### **Domain J: Attitudes that support or condone spousal assault**

Support or condone either implicitly or explicitly, by encouraging (a) patriarchy (male prerogative), (b) misogyny, and/or (c) the use of violence to resolve conflicts.

Multiple arrests for domestic violence **do not** implicitly or explicitly imply attitudes that support or condone spousal assault.

#### 1. Explicitly endorses attitudes that support or condone intimate partner assault

- Explicit endorsed attitudes can be identified because they are precisely and clearly expressed or readily observable, leaving nothing to implication. It is expressed in a clear and obvious way, leaving no doubt as to the intended meaning.
- Examples include: offender calling the victim by derogatory names, stating that the victim/partner should obey the offender, lack of obedience is justification for abuse, stating that the victim is too stupid to handle money.

#### 2. Appears to implicitly endorse attitudes that support or condone intimate partner assault.

- Implicit endorsed attitudes are suggested or understood without being directly stated. To imply is to suggest rather than to state. An action or incident can imply an idea that would otherwise have to be stated.
- Examples include: offender justifies behaviors that indicate the victim provoked him; such as she wouldn't stop talking or she was drunk. Offender provides covert messages around his/her true beliefs. Offender may verbally say he/she would not abuse his/her partner, but he/she is controlling and abusive by the actions of his/her behaviors.

**Domain K: Prior completed or non-completed domestic violence treatment**

Treatment occurred at any time in the past and was not completed, regardless of reason.

This information may be obtained from an Approved Provider or credible offender self-reports and written collateral reports from the criminal justice system.

Prior treatment that occurred at **any** time in the past regardless of the type of discharge received, whether successful, unsuccessful, or administrative.

Include any court-ordered or voluntary domestic violence treatment or counseling.

*IF the offender is in treatment again for the same offense, this is not considered a new treatment episode for the purposes of this instrument and therefore it would not be scored.*

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**Domain L: Victim separated from offender within the previous six (6) months**

This refers to the risk of separation and is scored based on the victim initiating the separation from the offender within six months prior to the evaluation. Score this only when the victim has chosen to separate. This does not include the offender separating or a court order that requires they separate. Also score this item if the victim left and returned to the abuser.

It is a risk factor that can be reviewed at time of evaluation and calculated as the six (6) months previous to the evaluation.

Additionally, **any** time the victim initiates a separation from the offender this is a risk and needs to be scored and taken into consideration by the MTT. The MTT will determine on a case by case basis if the victim leaves during the offender's treatment whether this will impact level of treatment or treatment planning.

Separation refers to physical separation.

Separation may include entering a shelter, moving out of the residence, moving in with friends, or eviction of the offender.

**Domain M: Unemployed**

Do not count employment that is criminal in nature (e.g. drug dealing).

Unemployed is defined as not working at time of offense or at any time during intake or treatment and does not include offenders on public assistance, homemakers, students, or retirees.

An offender that is unemployed and collecting unemployment is scored as unemployed.

Do Not Distribute

## **Domain N: Involvement with people who have pro-criminal influence**

In order to score one point in this domain, *both* of the following factors shall be present.

### 1. Some criminal acquaintances

The presence of some criminal acquaintances is associated with an opportunity for pro-criminal modeling, a concept that is considered a major risk factor (Andrews & Bonta, 1994; Gendreau, 1995; Elliot et al., 1987; Hawkins & Lam, 1987).

Explore the scope of criminal involvement of the individual's network and to what degree it is an accepted norm.

- Score if the individual associates with (or did associate with prior to incarceration) some individuals who are not close friends, but are known to have criminal records or are known to be involved in criminal activity.
- Potential questions that can be asked: "Of the friends you just mentioned (reiterate by name if possible) which ones have been in trouble with the law, as far as you are aware?"

*For acquaintances or friends that have criminal records but are now clearly pro-social and stable, e.g., NA or AA sponsor with several years clean and sober, do not count these individuals as a pro-criminal influence.*

**AND**

### 2. Some criminal friends

Attachments to pro-criminal others is a well-documented predictor of criminal behavior, with roots in both of the major explanatory theories in criminology: social control (Hirschi, 1969) and social learning (Akers & Burgess, 1968).

Inquire whether the offender's friends are known to be involved in unlawful behavior. Potential questions that can be utilized are: "You've indicated \_\_\_\_ and \_\_\_\_ and \_\_\_\_ are friends of yours. What kind of experience have they had with criminal behavior?"

Explore the criminal orientation (to what degree they participate or support unlawful activities) of the individual's friends.

- Score if the individual has friends (or did prior to incarceration) who are known to have criminal records or are known to be involved in criminal activity.
- Friends are associates with whom one spends leisure time, whose opinions are valued, who provide help when in difficulty, etc.

# Domestic Violence Risk & Needs Assessment (DVRNA)

## Scoring Sheet

Name: \_\_\_\_\_ Client Number: \_\_\_\_\_ Date: \_\_\_\_\_

Client date of birth: \_\_\_\_\_ Client SSN: \_\_\_\_\_ Client State ID: \_\_\_\_\_

Supervising Agency/Officer: \_\_\_\_\_ Case: \_\_\_\_\_

***THIS IS A REQUIRED FORM.  
ONLY SCORE INFORMATION RELATED TO THE OFFENDER AS AN ADULT.***

<p><b>A. Prior domestic violence related incidents</b></p> <p>1. <b>Prior domestic violence conviction: Critical Risk Factor—Level C</b>..... <input type="checkbox"/></p> <p>Any of the following are Significant Risk Factor—Level B (minimum) <b>Yes</b></p> <p>2. Violation of an order of protection (documented violation)..... <input type="checkbox"/></p> <p>3. Past or present civil domestic violence related protection orders against offender... <input type="checkbox"/></p> <p>4. Prior arrests for domestic violence..... <input type="checkbox"/></p> <p>5. Prior domestic violence incidents not reported to criminal justice system..... <input type="checkbox"/></p> <p>Information Sources: _____ Domain A—Criteria Met..... <input type="checkbox"/></p> <p style="text-align: right;">Identify Level B or Level C _____</p>	<p><u>Yes</u></p> <p><input type="checkbox"/></p>
<p><b>B. Drug or alcohol abuse</b></p> <p>Any of the following are Significant Risk Factor—Level B (minimum) <b>Yes</b></p> <p>1. Substance abuse/dependence within the past 12 months..... <input type="checkbox"/></p> <p>2. History of substance abuse treatment within the past 12 months or 2 or more prior drug or alcohol treatment episodes during lifetime..... <input type="checkbox"/></p> <p>3. Offender uses illegal drugs or illegal use of drugs..... <input type="checkbox"/></p> <p>Information Sources: _____ Domain B—Criteria Met..... <input type="checkbox"/></p> <p style="text-align: right;">Level B _____</p>	<p><u>Yes</u></p> <p><input type="checkbox"/></p>

<b>C. Mental health issue</b>		<u>Yes</u>
Any of the following are Significant Risk Factor—Level B (minimum)		<u>Yes</u>
1. Existing Axis I or II diagnosis (excluding V codes).....	<input type="checkbox"/>	
2. Personality disorder with anger, impulsivity, or behavioral instability.....	<input type="checkbox"/>	
3. Severe psychopathology.....	<input type="checkbox"/>	
4. Recent psychotic and/or manic symptoms.....	<input type="checkbox"/>	
5. Psychological/psychiatric condition currently unmanaged.....	<input type="checkbox"/>	
6. Noncompliance with prescribed medications and mental health treatment.....	<input type="checkbox"/>	
7. Exhibiting symptoms that indicate the need for a mental health evaluation.....	<input type="checkbox"/>	
Information Sources: _____	Domain C—Criteria Met.....	<input type="checkbox"/>
Level B _____		

<b>D. Suicidal/homicidal</b>		<u>Yes</u>
1. <b>Serious homicidal or suicidal ideation/intent within the past year:</b> <b>Critical Risk Factor—Level C.....</b>		<input type="checkbox"/>
		<u>Yes</u>
2. Ideation within the past 12 months.....	<input type="checkbox"/>	
3. Credible threats of death within the past 12 months.....	<input type="checkbox"/>	
4. Victim reports offender has made threats of harming/killing her (female victims in heterosexual relationships).....	<input type="checkbox"/>	
Information Sources: _____	Domain D—Criteria Met.....	<input type="checkbox"/>
Level C _____		

<b>E. Use and/or threatened use of weapons in current or past offense or access to firearms.</b>		<u>Yes</u>
1. <b>Gun in the home in violation of a civil or criminal court order</b> <b>Critical Risk Factor--Level C.....</b>		<input type="checkbox"/>
2. <b>Use and/or threatened use of weapons in current or past offense</b> <b>Critical Risk Factor--Level C.....</b>		<input type="checkbox"/>
		<u>Yes</u>
3. Access to firearms.....	<input type="checkbox"/>	
Information Sources: _____	Domain E—Criteria Met.....	<input type="checkbox"/>
Level C _____		

<b>F. Criminal history-nondomestic violence</b> (both reported and unreported to criminal justice system). This domain applies only to adult criminal history.		<u>Yes</u>
1. <b>Offender was on community supervision at the time of the offense: Critical Risk Factor—Level C</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Offender has a prior arrest for assault, harassment, or menacing. If there have been two or more: Significant Risk Factor--Level B (minimum)</b> .....	<input type="checkbox"/>	
	<u>Yes</u>	
3. Prior nondomestic violence convictions.....	<input type="checkbox"/>	
4. Past violations of conditional release or community supervision.....	<input type="checkbox"/>	
5. Past assault of strangers, or acquaintances.....	<input type="checkbox"/>	
6. Animal cruelty/abuse.....	<input type="checkbox"/>	
Information Sources: _____ Domain F—Criteria Met.....		<input type="checkbox"/>
<b>Identify Level B or Level C</b> _____		

<b>G. Obsession with the victim</b>		<u>Yes</u>	<u>Yes</u>
1. Stalking or monitoring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Obsessive jealousy with the potential for violence, violently and constantly jealous, morbid jealousy.....	<input type="checkbox"/>		
Information Sources: _____ Domain G—Criteria Met.....			<input type="checkbox"/>

<b>H. Safety concerns</b>		<u>Yes</u>	<u>Yes</u>
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. (Refer to Standard 5.04 II)			
1. Victim perception of safety/victim concerned for safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Victim (female victim in heterosexual relationship) believes offender is capable of killing her.....	<input type="checkbox"/>		
3. Offender controls most of victim’s daily activities.....	<input type="checkbox"/>		
4. Offender tried to “choke” victim.....	<input type="checkbox"/>		
5. Physical violence is increasing in severity.....	<input type="checkbox"/>		
6. Victim forced to have sex when not wanted.....	<input type="checkbox"/>		
7. Victim was pregnant at the time of the offense and offender knew this.....	<input type="checkbox"/>		
8. Victim is pregnant and offender has previously abused her during pregnancy.....	<input type="checkbox"/>		
Information Sources: _____ Domain H—Criteria Met.....			<input type="checkbox"/>

<p><b>I. Violence and/or threatened violence toward family members, including child abuse (does not include intimate partners)</b></p> <p>1. Current or past social services case(s) ..... <input type="checkbox"/></p> <p>2. Past assault of family members..... <input type="checkbox"/></p> <p>3. Children were present during the offense..... <input type="checkbox"/></p> <p>Information Sources: _____ Domain I—Criteria Met.....</p>	<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>J. Attitudes that support or condone spousal assault</b></p> <p>1. Explicitly endorses attitudes that support or condone intimate partner assault..... <input type="checkbox"/></p> <p>2. Appears to implicitly endorse attitudes that support or condone intimate partner assault..... <input type="checkbox"/></p> <p>Information Sources: _____ Domain J—Criteria Met.....</p>	<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>K. Prior completed or noncompleted domestic violence treatment</b></p> <p>Information Sources: _____ Domain K—Criteria Met.....</p>	<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>L. Victim separated from offender within the previous six months.</b></p> <p>Information Sources: _____ Domain L—Criteria Met.....</p>	<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>M. Unemployed</b></p> <p>Unemployed is defined as not working at time of offense or at any time during intake or treatment and does not include offenders on public assistance, homemakers, students, or retirees.</p> <p>Information Sources: _____ Domain M—Criteria Met.....</p>	<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>N. Involvement with people who have pro-criminal influence</b></p> <p>1. Some criminal acquaintances..... <input type="checkbox"/></p> <p>AND</p> <p>2. Some criminal friends..... <input type="checkbox"/></p> <p>Information Sources: _____ Domain M—<b>Both</b> Criteria Met.....</p>	<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;"><input type="checkbox"/></p>

Risk Criteria	Met		<u>Significant/Critical Risk Criteria</u>	<u>Met</u>
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"/>			
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"/>			
<b>Total Score</b>				

  

Level A = 0 - 1 risk factors met  
 Level B = 2 - 4 risk factors met  
 Level C = 5 or more risk factors met

  

<u>Level Recommended</u>			<u>Level Placed</u>		
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Override Reasons:**

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**Information Source Codes**

- |   |   |
|---|---|
| 1. Offender self-report                         | 6. Child Protection or Social Services records  |
| 2. Law Enforcement Report (Police Reports)      | 7. Public Victim Report/Victim Impact Statement |
| 3. Criminal History                             | 8. Prison Record                                |
| 4. Mental Health Evaluation/Assessment          | 9. Pre-Sentence Report                          |
| 5. Substance Abuse Evaluation/Assessment/Screen | 10. Probation Information Report                |
| 11. Other: _____                                |   |

**Document or Verify Consensus of MTT (this does not require a signature)**

Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Probation \_\_\_\_\_ Date \_\_\_\_\_

Victim's Advocate \_\_\_\_\_ Date \_\_\_\_\_

**Client Information**

**Name:**

**Age:**

**Sex**

**Race:**

**Address:**

**Who else resides there?**

**Referral Information**

**Referring Court:**

**Contact Person:**

**Probation: Y/N**

**Name of Probation Officer**

**Contact Info**

**Probation Conditions:**

**Current Partner Information**

**Do you currently live with a romantic partner?**

**If Yes: Name, age, and contact information**

**If Yes: Length of current relationship**

**Victim Information (if not the current partner)**

**Name, age and contact information:**

**Length of current relationship:**

**Current level of contact with the victim:**

**BRIEF PSYCHOSOCIAL HISTORY**

Childhood History

Where were you born? \_\_\_\_\_ Raised? \_\_\_\_\_

Who raised you? With whom did you live growing up? \_\_\_\_\_

Were two parents together in the home? If not, when did they separate and why?

\_\_\_\_\_

Do you have siblings?      Yes      No      How many? \_\_\_\_\_

Can you describe your relationship with your parent(s)? Yes No

Do you get along with your other family members? Feel as though you have support? Yes No

Did you ever witness violence in the home? Yes No

Did you ever see one parent hit another? Yes No

Do you feel you were abused as a child? Yes No

Physical

Sexual

Emotional/Verbal

Was law enforcement or other social services agencies involved in any way with your family? Yes No

School/Juvenile Behavioral History

What was the last grade you completed? \_\_\_\_\_

Were you a good student? Yes No

Were you ever suspended or expelled from school? Yes No

Any history of behavioral problems as a child? Yes No

Any history of learning problems as a child? Yes No

Did you ever see a child therapist? Yes No

Comments: \_\_\_\_\_

**Conduct the ACES or ACES Expanded Here (see attached tool and information)**

Current Living/Employment/Financial Situation

What are you current living arrangements? Who do you live with? \_\_\_\_\_

Do you consider your neighborhood to be safe? Yes No

Were you employed at the time of the arrest/incident? Yes No

Are you employed now? Yes No Full-Time Part-Time

If, employed, what type of work do you do?  
\_\_\_\_\_

Are you retired? Yes No Are you disabled? Yes No Nature of disability? \_\_\_\_\_

Do you have a daily routine? Structured time? Yes No

Do you have lots of free time? Yes No

Are your finances stable? Yes No

Comments: \_\_\_\_\_

Military History

Military Service: Yes No If Yes, what type and length: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Combat experience: \_\_\_\_\_

Do you receive SSA/SSI/VA benefits? Yes No

Are receiving VA services now? Yes No

If yes, are you receiving VA clinical or therapeutic services? Yes No

Comments: \_\_\_\_\_

Leisure/Peer Associations

What do you do to relax? Recreational activities? \_\_\_\_\_

Do you attend church, mosque, synagogue or other spiritual institution ? Yes No

Do you have close friends? People you can count on? Yes No

Are your friends involved in criminal activity? Yes No

Parenting/Children

Do you have children?            Yes    No    If yes, how many? \_\_\_\_\_    Age/Gender: \_\_\_\_\_

Where/with who do your children live? \_\_\_\_\_

If not with you, how often do you visit? \_\_\_\_\_

Does your partner have children from a previous relationship?    Yes    No    How many? \_\_\_\_\_

Ages/Gender: \_\_\_\_\_    Where do they live? \_\_\_\_\_

Were any children in the home/witness the incident/arrest?    Yes    No    Who? \_\_\_\_\_

What are your disciplinary methods? \_\_\_\_\_

How do you think this incident has affected the children in the home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parenting/Visitation/Family Court

Do you have a court ordered visitation schedule?    Yes    No

Are you interested in seeking court ordered visitation?    Yes    No

Do you pay child support?    Yes    No    Current with payments?    Yes    No

How is your relationship with your children? \_\_\_\_\_

Were ACS called to the home?    Yes    No    Been reported to ACS in the past?    Yes    No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Domestic Violence History**

Relationship History

Describe the incident for which you were referred to this program:

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What is your relationship to victim? \_\_\_\_\_ How long? \_\_\_\_\_

Are you still together?      Yes      No      Living together?      Yes      No

Is there an active order of protections between you and your partner?      Yes      No

What is your age? \_\_\_\_\_ What is your partner's age? \_\_\_\_\_

Tell me about the relationship. Have there been instances like this in the past? Violence, pushing, verbal offenses?  
Describe the worst arguments/fights you can remember.

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How often do you and your partner (ex-partner/victim) argue?

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What do you argue about? \_\_\_\_\_

Are the fights/disagreements happening more often?      Yes      No      Are they more serious?      Yes      No

Has anyone ever needed medical care as a result of an injury from this or past incidents?      Yes      No

Have friends, neighbors, relatives, or co-workers expressed concern about your relationship? About you or your partner's safety? What did they say? \_\_\_\_\_

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Have you ever been married?      Yes      No      If yes, how many times? \_\_\_\_\_

How would you describe your marriage(s)

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Previous Relationships:

Name and age:      Length of Relationship:

How would you describe the relationship? \_\_\_\_\_

Why did the relationship end? \_\_\_\_\_

Name and age:

Length of Relationship:

How would you describe the relationship? \_\_\_\_\_

Why did the relationship end? \_\_\_\_\_

Name and age:

Length of Relationship:

How would you describe the relationship? \_\_\_\_\_

Why did the relationship end? \_\_\_\_\_

Have there been incidents of violence in any other relationships.

Yes No

Comments: \_\_\_\_\_

Protective Order/Criminal History/Behavior

Do you have an active Order of Protection with the victim in this case?

Yes No

Has anyone ever taken a Protective Order against you?

Yes No

Have you ever been accused of violating a Protective Order?

Yes No

Have you ever taken an Order of Protection against someone else?

Yes No

Comments: \_\_\_\_\_

Have you ever fought/became violent (physically/verbally) with another family member:

Yes No

Have you ever fought/became violent (physically/verbally) with a stranger or an acquaintance?

Yes No

Comments: \_\_\_\_\_

Aside from this incident how many times have you been arrested for anything before? \_\_\_\_\_

For what? What was the outcome? \_\_\_\_\_

**Conduct DVRNA, DVSI-R HERE If using a validated risk tool to score level of risk and inform High or Low risk program group (see attached tools and information)**

**OR**

**ASK THE FOLLOWING TO GATHER INFORMATION ABOUT VALIDATED DOMESTIC VIOLENCE RISK FACTORS**

**ISOLATION/STALKING BEHAVIOR**

- |   |     |    |
|---|-----|----|
| Does your partner have access to a car?   | Yes | No |
| Can they come and go as they please?  | Yes | No |
| Do they have access to their own phone?   | Yes | No |
| Have you listened in on their calls? Read texts/emails? Entered their social media without them knowing ? | Yes | No |
| Do you feel you have to monitor your partner?   | Yes | No |
| Have there been accusations of cheating/infidelity?   | Yes | No |
| Have you ever followed your partner? Checked up on them?  | Yes | No |
| Do you feel you should always know your partner's whereabouts?  | Yes | No |
| Do you feel you should approve of your partner's friends? Outside activities?                             | Yes | No |
| Does your partner have a job/go to school/have activities outside the home?                               | Yes | No |
| Does your partner have access to money? Can spend money independently?                                    | Yes | No |
| Would someone describe you as a jealous person?   | Yes | No |
| When you do get jealous, how do you express jealousy? How do you find a resolution?                       |     |    |

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Who is responsible for the finances in the home? Who handles money/pays bills? Separate or joint bank accounts?

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How does your partner get access to money? \_\_\_\_\_

Do you ever argue over money?	Yes	No
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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIOLENCE**

Have there been allegations of sexual violence? Forced sex?	Yes	No
Have there been allegations of strangulation/"choking"?	Yes	No
Has anyone ever needed medical care as a result of an injury from this or past incidents?	Yes	No

**ACCESS TO WEAPONS**

Do you have access to a weapon?	Yes	No
Do you have a permit to carry? Have you ever?	Yes	No
Have you ever cleaned/toyed with a weapon while engaged in an argument?	Yes	No
Have you ever threatened your partner with a weapon?	Yes	No
Do you have martial arts, military, or law enforcement training?	Yes	No

**SEPARATION**

Has this relationship ended?	Yes	No
Do you want to get back together?	Yes	No
Can you see/envision this relationship ending?	Yes	No
Would you be able to accept it if the relationship would end?	Yes	No
How do you generally cope with the end of a relationship?		

\_\_\_\_\_  
\_\_\_\_\_

Medical History

Do you have any health problems? Now or in past? Yes No If yes: \_\_\_\_\_

Are you currently under the care of a doctor? Yes No For what: \_\_\_\_\_

Have you ever had a head injury? Knocked out? Concussion? Coma? Yes No

Do you have health insurance? Yes No

Do you get annual check ups? Yes No

How is your appetite? \_\_\_\_\_ Changes in weight? \_\_\_\_\_

Sleeping patterns? \_\_\_\_\_

How is this situation impacting your daily routine? \_\_\_\_\_

How is this situation impacting your mood? \_\_\_\_\_

Psychiatric History

Have you ever been in counseling before? Yes No How many times? \_\_\_\_\_

When and what for? \_\_\_\_\_

Have you ever been diagnosed with a mental health disorder? Yes No

Explain: \_\_\_\_\_

Are you currently under the care of a psychiatrist? Yes No

Currently taking medications? Yes No If yes, what medications? \_\_\_\_\_

Have you ever been in a crisis stabilization unit? Yes No How many times? \_\_\_\_\_

When was the last time? \_\_\_\_\_

Have any of the above interventions been helpful? Yes No

Why or why not? Explain: \_\_\_\_\_

Have you generally been compliant with treatment/medication? Yes No

Are you open to taking medication if it is deemed that you may benefit from psychiatric care? Yes No

Name and contact information of psychiatrist: \_\_\_\_\_

When was your last visit? \_\_\_\_\_

Do any of your immediate family members have a history of mental illness? Yes No

Mental Status

Do you have thoughts of hurting yourself? Yes No

Do you have thoughts of hurting others? Yes No

If yes, explore/action plan: \_\_\_\_\_

Do you hear things others do not hear? Yes No

Do you see things others do not see? Yes No

Oriented: (Day, Date, Floor, Current President) Yes No

Substance Use History

When was the last time you drank alcohol? \_\_\_\_\_ How many/what did you drink? \_\_\_\_\_

Substance	Age at First Use	Type/Amount/Frequency/Duration	Last Date of Use
Alcohol			
Tobacco			
Cannabis/Marijuana			
Prescription Drugs Type:			
Hallucinogens			
Narcotics/Opioids			
Cocaine/Stimulants/Uppers			
X, Molly, Other pills/controlled substances			

For any of the above drugs or alcohol:

Have you ever used when you did not intend to? Yes No

Have you used more or for longer periods than intended? Yes No

Ever tried to limit your use/drinking? Yes No

If taking prescriptions/medical marijuana – have you taken more than prescribed? Yes No

Any issues/symptoms when attempted to stop using/drinking? Yes No

Have you attempted to quit? How many times? Yes No

Has alcohol/drug use caused problems in your life? Yes No

What type of problems? Work School Relationship Legal Medical

Have you experienced any of the following related to substance use?

\_\_\_ Hangovers \_\_\_ Blackouts \_\_\_ Shakes \_\_\_ Passing Out \_\_\_ Nausea

**PRIOR ALCOHOL OR SUBSTANCE ABUSE TREATMENT**

Date	Residential (R) or outpatient (O) – Agency/Program Name:	Completed (Yes or No)

Any family members have a history of alcohol or drug use/abuse? Yes No

Describe: \_\_\_\_\_

Have you ever gotten into arguments or fights while drinking/using? Yes No

Has anyone expressed concern about your alcohol or other drug use? Yes No

Have you missed work or neglected responsibilities because of your alcohol and/or drug use? Yes No

Comments: \_\_\_\_\_

Do you have prior DUI or Drug arrests in any state? Yes No How many? \_\_\_\_\_

Details, When was the last time? \_\_\_\_\_

Behavioral Observations: \_\_\_\_\_

**Motivation to Change and Engage in Programming**

What one thing would be most helpful for you to work on/learn? \_\_\_\_\_

What would your (partner/ex-partner/child) want you to work on? \_\_\_\_\_

Do you want to work on this? \_\_\_\_\_

How? \_\_\_\_\_

**RECOMMENDATIONS**

\_\_\_\_\_ Client is recommended to attend Dignity and Respect as court ordered.

\_\_\_\_\_ Client is not recommended to attend Dignity and Respect at this time

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Client is recommended for Treatment Readiness

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assessors Name:**

**Assessors Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Client's Name:**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Do Not Distribute

# Adverse Childhood Experience (ACE) Questionnaire

## Finding your ACE Score ra hbr 10 24 06

### While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often** ...  
Push, grab, slap, or throw something at you?  
**or**  
**Ever** hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Try to or actually have oral, anal, or vaginal sex with you?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did you **often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Did you **often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
**Often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score

# ADULT HOPE SCALE (AHS)

## Reference:

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585.

## Description of Measure:

A 12-item measure of a respondent's level of hope. In particular the scale is divided into two subscales that comprise Snyder's cognitive model of hope: (1) Agency (i.e., goal-directed energy) and (2) Pathways (i.e., planning to accomplish goals). Of the 12 items, 4 make up the Agency subscale and 4 make up the Pathways subscale. The remaining 4 items are fillers. Each item is answered using an 8-point Likert-type scale ranging from Definitely False to Definitely True.

It should be noted that the authors recommend that when administering the scale, it is called "The Future Scale".

## Abstracts of Selected Related Articles:

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13, 249-275.

Hope is defined as the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways. The adult and child hope scales that are derived from hope theory are described. Hope theory is compared to theories of learned optimism, optimism, self-efficacy, and self-esteem. Higher hope consistently is related to better outcomes in academics, athletics, physical health, psychological adjustment, and psychotherapy. Processes that lessen hope in children and adults are reviewed. Using the hope theory definition, no evidence is found for "false" hope. Future research is encouraged in regard to accurately enhancing hope in medical feedback and helping people to pursue those goals for which they are best suited.

Everson, S.A., Goldberg, D.E., Kaplan, G.A., Cohen R.D., Pukkala, E., Tuomilehto J., & Salonen J.T. (1996). Hopelessness and risk of mortality and incidence of myocardial infarction and cancer. *Psychosomatic Medicine*, 58, 113-121.

We examined the relationship among low, moderate, and high levels of hopelessness, all-cause and cause-specific mortality, and incidence of myocardial infarction (MI) and cancer in a population-based sample of middle-aged men. Participants were 2428 men, ages 42 to 60, from the Kuopio Ischemic Heart Disease study, an ongoing longitudinal study of unestablished psychosocial risk factors for ischemic heart disease and other outcomes. In 6 years of follow-up, 174 deaths (87 cardiovascular and 87 noncardiovascular, including 40 cancer deaths and 29 deaths due to violence or injury), 73 incident cancer cases, and 95 incident MI had occurred. Men were rated low, moderate, or high in hopelessness if they scored in the lower, middle, or upper one-third of scores on a 2-item hopelessness scale. Age-adjusted Cox proportional hazards models identified a dose-response relationship such that moderately and highly hopeless men were at significantly increased risk of all-cause and cause-specific mortality relative to men with low hopelessness scores. Indeed, highly hopeless men were at more than three-fold increased risk of death from violence or injury compared with the reference group. These relationships were maintained after adjusting for biological, socioeconomic, or behavioral risk factors, perceived health, depression, prevalent disease, or social support. High

hopelessness also predicted incident MI, and moderate hopelessness was associated with incident cancer. Our findings indicate that hopelessness is a strong predictor of adverse health outcomes, independent of depression and traditional risk factors. Additional research is needed to examine phenomena that lead to hopelessness.

Babyak, M. A., Snyder, C. R., & Yoshinobu, L. (1993). Psychometric properties of the Hope Scale: A confirmatory factor analysis. *Journal of Research in Personality, 27*, 154-169.

Confirmatory factor analysis was employed to test several psychometric hypotheses regarding the Hope Scale. Across four large samples of college students, a two-factor (agency and pathways) model of hope reproduced the observed data consistently better than did a one-factor model. Support also was found for the tenability of a higher-order latent construct overarching these two factors. Neither the assumption of parallel nor tau-equivalent measures were met, however, suggesting that the items within a given factor are not interchangeable. Reliability estimates of (1) the items as indicators of the first-order construct, and (2) the first-order constructs as indicators of the higher-order latent variable also are presented

**Scale** (taken from <http://www.ppc.sas.upenn.edu/hopescale.pdf>)

*Directions:* Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

- 1. = Definitely False
- 2. = Mostly False
- 3. = Somewhat False
- 4. = Slightly False
- 5. = Slightly True
- 6. = Somewhat True
- 7. = Mostly True
- 8. = Definitely True

- \_\_\_ 1. I can think of many ways to get out of a jam.
- \_\_\_ 2. I energetically pursue my goals.
- \_\_\_ 3. I feel tired most of the time.
- \_\_\_ 4. There are lots of ways around any problem.
- \_\_\_ 5. I am easily downed in an argument.
- \_\_\_ 6. I can think of many ways to get the things in life that are important to me.
- \_\_\_ 7. I worry about my health.
- \_\_\_ 8. Even when others get discouraged, I know I can find a way to solve the problem.
- \_\_\_ 9. My past experiences have prepared me well for my future.
- \_\_\_ 10. I've been pretty successful in life.
- \_\_\_ 11. I usually find myself worrying about something.
- \_\_\_ 12. I meet the goals that I set for myself.

**Scoring:**

Items 2, 9, 10, and 12 make up the agency subscale.  
Items 1, 4, 6, and 8 make up the pathway subscale.

Researchers can either examine results at the subscale level or combine the two subscales to create a total hope score.