

RISK ASSESSMENT QUESTIONS:

- 1) Do you think the perpetrator will seriously injure you or your children?
- 2) Do you think the perpetrator might try and kill you?
- 3) Has the perpetrator threatened you or your children?
- 4) Does perpetrator own or have access to guns?
- 5) Has the perpetrator ever threatened or used a weapon against you?
- 6) Has the perpetrator forced you to perform sexual acts under the threat of violence? Or when you didn't want to?"
- 7) How frequently and seriously does perpetrator intimidate, threaten or assault you?
- 8) Is the frequency of the violence changing?
- 9) Describe the most frightening event/worst incidence of violence involving him or her.
- 10) Have you been pressured or threatened by family members, attorneys or others to drop the charges or else? Who? What threats?
- 11) Does the perpetrator control where you go, who you talk to, or how you spend your money?
- 12) Is the perpetrator violent outside of your relationship/to others?
- 13) Does the perpetrator abuse drugs or alcohol?
- 14) Has the perpetrator ever destroyed or intentionally damaged your personal items?
- 15) Has the perpetrator ever threatened to commit suicide?
- 16) Has the perpetrator ever been violent toward the children?
- 17) Has the perpetrator ever been violent to pets?

As for victims who may have been strangled or suffocated, Officers should follow the protocol on which they have been trained, which should include the information in the attached Strangulation assessment card (including recommending medical treatment). Key questions to ask are as follows:

- 1) Do you have any pain in your neck or jaw?
- 2) Do you have a sore throat from the incident?
- 3) Do you have difficulty breathing or swallowing?
- 4) Have you had any vision or hearing changes since the incident?
- 5) Have you had any light-headedness or headache?
- 6) Have you had any weakness or numbness to your arms or legs since the incident?
- 7) Have you noticed any voice changes since the incident?
- 8) Do you have any memory loss or difficulty recalling any part of the incident?
- 9) Did you notice any accidental urination or defecation since the incident?