

Annex
to the Procedure for Risk Assessment of Domestic
Violence
(paragraph 1 of section II)

FORM OF RISK ASSESSMENT OF DOMESTIC VIOLENCE

Date:	A police officer of the authorized police unit (name, rank, position, police body) _____ _____		
The victim: sex: <input type="checkbox"/> M/ <input type="checkbox"/> F/ <input type="checkbox"/> Other, (full name) _____ _____			
Offender: sex: <input type="checkbox"/> M/ <input type="checkbox"/> F/ <input type="checkbox"/> Other, (full name) _____ _____			
What is the relationship of the offender with the victim: _____ (the information shall be indicated in accordance with an			
Article 3 of the Law of Ukraine "On Prevention and Counteraction to Domestic Violence")			
Place (address) of risk assessment: _____ _____			
Did the police officer of the authorized police unit manage to hold a conversation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the victim refuse to communicate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1. Has the offender ever threatened to use and / or use weapons or other objects that could harm the life and health of the victim and / or his / her children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
2. Did the offender threaten to kill the victim and / or his / her children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
3. Does the victim admit that the offender may try to kill the victim and / or his / her children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
4. Has the offender ever strangled the victim or tried to do so?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
5. Has the offender previously used physical violence that resulted in moderate and / or severe bodily harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
6. Has an urgent injunction been applied to the offender during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown

7. Does the offender have a weapon and / or can he easily obtain and use it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
8. Is the offender prone to strong and / or constant jealousy and does he control most of the victim's daily life?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
9. Did the offender express intentions and / or attempt suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
10. Did the offender intimidate, harass, or threaten the victim and / or his / her children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
11. Did the offender attack the victim and / or his / her children outside the home environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
12. Did the offender keep the victim and / or his / her children against his will in a certain place or in any other way restrict his freedom, including freedom of communication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
13. Did the offender's conduct affect the safety of the victim and / or the safety of his / her children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
14. Is the offender addicted to alcohol or abusing alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
15. Does the offender have a drug addiction or abuse drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
16. Has the offender ever threatened to kill or intentionally harm a pet and / or another animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
17. Did the offender commit physical and / or sexual violence against the victim while she was pregnant or with a newborn child / infant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
18. Does the offender have financial problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
19. Is the victim and / or his / her children economically dependent on the offender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
20. Were there any cases after marriage or living together when the offender left the family for a long time (at least 10 days) without a reason and explanation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
21. Does the victim have a child / children from another marriage that the offender knows and / or has recently learned about?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
22. Is the victim's family under social support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown

23. Did the court issue a restraining order to the offender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
24. If a restraining order was issued to the offender, did he violate the measures of temporary restriction of the rights of the offender or imposition on him of the obligations provided by such an injunction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
25. Is the victim aware of the perpetrator's criminal prosecution for murder, infliction of bodily harm, rape, and / or other crimes against sexual freedom and sexual integrity of the person? <i>(if so, should be highlighted or underlined)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
26. Did the offender expel the victim and / or his children from the place of residence and / or threaten to do so?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
27. Is there anything extra that makes the victim worry about his / her safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
If so, what exactly worries the victim? _____ _____ _____ _____ _____ _____ _____			
Whether the victim made a phone call or consulted with experts from the National Hotline on Prevention of Domestic Violence, Trafficking in Human Beings and Gender Discrimination or the Children's Hotline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No answer / Unknown
Remarks of the police authorized police unit on any other factors / circumstances that increase / decrease the level of threat to the life and health of the victim _____ _____ _____ _____ _____ _____ _____			
Signature of the police authorized police unit that conducted the risk assessment: _____ date _____ 20__ year			
The level of danger was determined by the police officer of the authorized police unit:			

high - ;
middle - ;
low -

An urgent injunction was issued against the offender: YES/ NO
in the case of an order to indicate: No _____ date _____ 20__ year