

INTIMATE PARTNER VIOLENCE LETHALITY SCREEN FOR LAW ENFORCEMENT



Lethality
Assessment
Program



City/Town/Village:			
Officer:	Date:	Case #:	
Victim Initials: <small>*do not include victim's name here</small>	Offender Initials:		
<input type="checkbox"/> Check here if victim declined to be screened (Does Not Answer/DNA for data collection & reporting purposes)			
<input type="checkbox"/> Check here if the officer could not administer the screen			
A "Yes" response to any of Questions #1-3 is an automatic high-danger assessment			
1. Have they ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
2. Have they threatened to kill you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
3. Do you think they might try to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
"Yes" responses to at least four of Questions #4-11 is a high-danger assessment			
4. Do they have a gun or can they easily get one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
5. Have they ever tried to strangle or choke you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
6. Are they violently or constantly jealous or do they control most of your daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
7. Have you left them or separated after living together or being married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
8. Are they unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
9. Have they ever tried to kill themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
10. Do you have a child that they know is not theirs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
11. Do they follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans/Unk
Is there anything else that worries you about your safety? (If "yes") What worries you?			
<i>Note: An officer may screen a victim in as high danger if the officer believes the victim is in a potentially lethal situation, regardless of the victim's responses to the questions above. It simply means that the officer places a call to the domestic violence hotline and offers the victim an opportunity to speak to an advocate.</i>			
Check one:	<input type="checkbox"/> Victim is high-danger based on score		
	<input type="checkbox"/> Victim is high-danger based on officer belief		
	<input type="checkbox"/> Victim is not assessed as high-danger		
If victim is high-danger, did officer make a call to the hotline? <i>*Note: The hotline should be called in all high danger assessments. An officer should not provide the advocate with the victim's name when placing the call, it should be the victim's choice, if/when they speak to the advocate, about whether or not to tell the advocate their name.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the victim speak with the hotline advocate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If the victim spoke with the hotline advocate, did the victim provide the hotline advocate with their name and contact information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If the victim did not speak to the hotline advocate, did the victim provide the officer with consent to share the victim's name and contact information with the advocate for purposes of follow up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	