

# DOMESTIC VIOLENCE LETHALITY SCREEN FOR LAW ENFORCEMENT



Lethality  
Assessment  
Program



Officer:	Date:	Case #:
Victim:	Offender:	
<input type="checkbox"/> Check here if victim declined to be screened		
<input type="checkbox"/> Check here if the officer could not administer the screen		
<b>A "Yes" response to any of Questions #1-3 is an automatic High-Danger assessment</b>		
1. Has he/she/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. Has he/she/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 he/she/they might try to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk
<b>"Yes" responses to at least four of Questions #4-11 is an automatic High-Danger Assessment</b>		
4. Does he/she/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. Has he/she/they ever tried to choke you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk
6. Is he/she/they violently or constantly jealous or does he/she/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 him/her/them or separated after living together or being married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk
8. Is he/she/they unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk
9. Has he/she/they ever tried to kill himself/herself/themself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk
10. Do you have a child that he/she/they knows is not his/hers/theirs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk
11. Does he/she/they follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk
<b>Is there anything else that worries you about your safety? (If "yes") What worries you?</b>		
<b>An officer may make a High-Danger Assessment if the officer believes the victim is in a potentially lethal situation.</b>		
<b>Check one:</b>	<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	
<b>If victim is High-Danger, did officer make a call to the hotline?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Did the victim speak with the hotline advocate?</b>	<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 are assessed as "High-Danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence. All domestic violence is serious. This Screen should not be used to determine whether someone is a victim or is at risk of re-assault.

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