

LETHALITY ASSESSMENT

(To the providers: The Lethality Assessment should be administered to patients who screen positive for domestic violence in order to determine the level of danger and severity of the situation. There is no fixed score for this assessment that indicates on woman will be murdered and another will not; providers should use their judgment to interpret the information which the victim provides. Roughly, more yes answers to the Lethality Assessment questions indicate that the patient is more likely to be killed or severely injured. It is important to use the results of this assessment in a constructive way, to develop a safety plan that will address the specific circumstances of the victim's situation.

To the Patient: Several risk factors have been associated with homicides (murder) of both batterers and battered women/men. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and to see how many of the risk factors apply to your situation. The s/he in the questions refers to husband, wife, life partner, ex-husband, ex-wife, ex-partner, or whoever is physically hurting you.

Please check YES or NO for each questions below.

YES NO

- | | | |
|-----|-----|---|
| ___ | ___ | 1. Has the physical violence increased in frequency over the past year? |
| ___ | ___ | 2. Has the physical violence increased in severity over the past year and/or has a weapon been used? |
| ___ | ___ | 3. Has s/he ever tried to choke you? |
| ___ | ___ | 4. Is there a gun in the house? |
| ___ | ___ | 5. Has s/he ever tried to force you into sex? |
| ___ | ___ | 6. Does s/he use drugs? By drugs I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs, heroin, or mixtures. |
| ___ | ___ | 7. Does s/he threaten to kill you, and/or do you believe s/he is capable of killing you? |
| ___ | ___ | 8. Is s/he drunk every day or almost everyday? (In terms of quantity of alcohol.) |
| ___ | ___ | 9. Does s/he control most of your daily activities? For instance, does s/he tell you who you can be friend with, how much money you can take with you shopping, or when you can take the car? (If he tries, but you do not let him/her, check here ___) |
| ___ | ___ | 10. Have you ever been beaten by him when you were pregnant? (if never pregnant by him, check here ___) |
| ___ | ___ | 11. Is s/he violently and constantly jealous of you? (For instance, does s/he say, "If I can have you, no one can"?) |
| ___ | ___ | 12. Have you ever been threatened or tried to commit suicide? |
| ___ | ___ | 13. Has s/he ever threatened or tried to commit suicide? |
| ___ | ___ | 14. Is s/he violent outside of the home? |

TOTAL YES ANSWERS: _____

DOMESTIC VIOLENCE

DV Screen

DV+ (Positive)

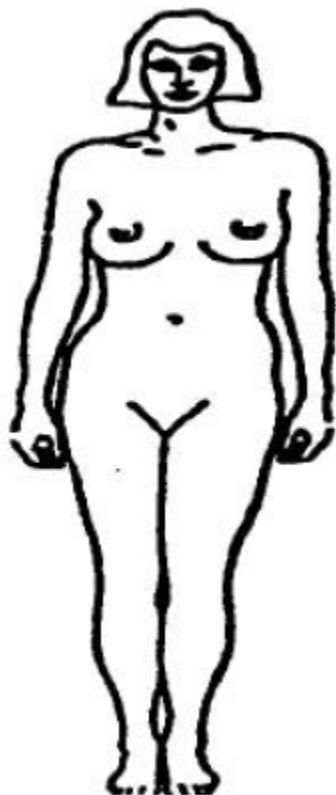
DV+ (Suspected)

Date: _____ ID # _____

Date: _____ ID #: _____
Time: _____ Patient DOB: _____

Patient Name: _____

Provider Name: _____

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