

**DOMESTIC VIOLENCE  
LETHALITY SCREEN  
FOR FIRST RESPONDERS**

Connecticut Coalition Against Domestic Violence

**When to Initiate a Lethality Assessment?** When an **intimate relationship** is involved; **AND** You believe an **assault** has occurred, You sense the potential for **danger** is high, Names of parties or location are **repeat** names or locations, **OR** You simply believe one should be done.

LAP-Line #:

<b>Officer:</b>	<b>Dept./Town:</b>	<b>Date:</b>
<b>Victim:</b>	<b>Offender:</b>	<b>Case #:</b>

**Victim has been informed that any responses to the following questions could be used in the criminal or civil court process.**

**Check here if victim declined to be screened.**

▶ **A "Yes" response to any of Questions #1-3 automatically triggers the High-Danger referral.**

1. Has he/she ever used a weapon against you or threatened you with a weapon?  Yes  No  Not Ans.

2. Has he/she threatened to kill you or your children?  Yes  No  Not Ans.

3. Do you think he/she might try to kill you?  Yes  No  Not Ans.

▶ **Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the High-Danger referral.**

4. Does he/she have a gun or can he/she get one easily?  Yes  No  Not Ans.

5. Has he/she ever tried to choke you?  Yes  No  Not Ans.

6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?  Yes  No  Not Ans.

7. Have you left him/her or separated after living together or being married?  Yes  No  Not Ans.

8. Is he/she unemployed?  Yes  No  Not Ans.

9. Has he/she ever tried to kill himself/herself?  Yes  No  Not Ans.

10. Do you have a child that he/she knows is not his/hers?  Yes  No  Not Ans.

11. Does he/she follow or spy on you or leave threatening messages?  Yes  No  Not Ans.

▶ **An officer may trigger the High-Danger referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.**

Is there anything else that worries you about your safety? (If "yes") What worries you?

**Check one:**  **Victim is High-Danger based on score**  
 **Victim is High-Danger based on officer belief**  
 **Victim is not assessed as High-Danger**

**High Danger Screen, call the LAP-Line with victim**

**Officer called LAP-Line with victim present**

**If victim screened High-Danger:** Did the victim speak with the LAP-Line advocate?

Yes  No

**Advocate First Name:**

**Officer's Signature:** \_\_\_\_\_ **Supervisor's Signature:** \_\_\_\_\_

**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 screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

**Admin Only**  Sent to DV Agency  Sent to State's Atty  Other (Authorized Agency) \_\_\_\_\_ Name