

Women's Shelter Of East Texas

Client Name: \_\_\_\_\_

LETHALITY ASSESSMENT

1. Have there been threats of homicide/suicide by your abuser? \_\_\_\_\_
  - a. Against you? \_\_\_\_\_ Children? \_\_\_\_\_ Relatives? \_\_\_\_\_ Self? \_\_\_\_\_
  - b. Has your partner verbalized a specific plan? \_\_\_\_\_
  - c. Is there a history of prior attempts? \_\_\_\_\_
  
2. Have there been fantasies of homicide/suicide by your abuser? \_\_\_\_\_
  - a. Threatens victim, children, relatives or self? \_\_\_\_\_
  - b. Has your partner verbalized a specific plan? \_\_\_\_\_
  - c. Is there a history of prior attempts? \_\_\_\_\_
  
3. Has there been an increased used of threats and violence? \_\_\_\_\_
  - a. Has it increased in frequency and severity over time? \_\_\_\_\_
  - b. What was the most severe violence? \_\_\_\_\_
  
4. Does your abuser have a prior criminal history? \_\_\_\_\_
  - a. Has your abuser been charged or convicted of assault? \_\_\_\_\_  
Against You? \_\_\_\_\_ Children? \_\_\_\_\_  
Previous Partners? \_\_\_\_\_
  - b. Is there prior probation history? \_\_\_\_\_
  - c. Have there been charges/convictions related to drugs or alcohol? \_\_\_\_\_
  - d. Have the police been to your home before? \_\_\_\_\_
  - e. How many times? \_\_\_\_\_
  
5. Does your abuser have current possession and or past use of weapons? \_\_\_\_\_
  - a. Have there been threats with weapons? \_\_\_\_\_
  - b. Increase in frequency and type of weapons? \_\_\_\_\_
  - c. Does your partner have access to weapons? \_\_\_\_\_
  
6. Has there been any alcohol/drug use by your abuser? \_\_\_\_\_
  - a. Frequency, amount, type. \_\_\_\_\_
  - b. Used when depressed or enraged? \_\_\_\_\_
  
7. Is there occupational/military history relating to using force (your abuser)? \_\_\_\_\_
  
8. Does your abuser have access to you? \_\_\_\_\_
  - a. Is there a history of stalking? \_\_\_\_\_
  - b. Have there been attempts to harass you? \_\_\_\_\_
  
9. Is your abuser depressed and/or have rage over life stressors? \_\_\_\_\_
  - a. Unemployment? \_\_\_\_\_
  - b. Significant debt? \_\_\_\_\_
  - c. Has there been a recent death of a loved one? \_\_\_\_\_
  - d. Other: \_\_\_\_\_
  
10. Is there isolation? \_\_\_\_\_
  - a. Abuser isolated from support system? \_\_\_\_\_
  - b. Victim isolated from support system? \_\_\_\_\_
  
11. Has there been violence in previous relationships of your abuser? \_\_\_\_\_
  - a. As a child? \_\_\_\_\_
  - b. As an adult? \_\_\_\_\_

12. What has been the history of prior separations from your partner? \_\_\_\_\_  
(If applicable)
- a. How many times? \_\_\_\_\_
  - b. How long? \_\_\_\_\_
  - c. Where did you go? \_\_\_\_\_
  - d. Why did you return? \_\_\_\_\_
13. Does your abuser have any history of mental illness? \_\_\_\_\_
- a. History of psychiatric assistance? \_\_\_\_\_
  - b. Past or current medications? \_\_\_\_\_
  - c. Has there been any substance abuse counseling? \_\_\_\_\_
14. Does your abuser have any neurological impairment? \_\_\_\_\_
- a. Are there any physical health problems? \_\_\_\_\_
  - b. Any hospitalizations? \_\_\_\_\_
  - c. Does your partner take any medications? \_\_\_\_\_
15. Is there an age difference between you and your partner? \_\_\_\_\_  
(If applicable)
- a. How much of a difference? \_\_\_\_\_
16. Are there children from a previous relationship? \_\_\_\_\_  
(Applies only if abuser is partner)
- a. Do you? \_\_\_\_\_
  - b. Does the abuser? \_\_\_\_\_
17. How long did you know each other before starting an intimate relationship? \_\_\_\_\_  
(If applicable)
18. Are there any other adults who live in your home? \_\_\_\_\_

**Issued and discussed safety plan?** \_\_\_\_\_

Assessment:

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Staff/Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_ Copy to client: yes / no

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(By signing below, I certify that I understand my lethality status and have received a copy of my lethality assessment.)

**Client Signature:** \_\_\_\_\_

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