



Louisville Metro Police Department

Domestic Violence Lethality Screen for First Responders



Officer: _____ Date: _____ Case #: _____

Victim: _____ Offender: _____

Check here if victim did not answer any of the questions.

➔ A "Yes" response to any of Questions # 1 – 3 automatically triggers the protocol referral.

1.	Has he/she 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.
2.	Has he/she threatened to kill you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans.
3.	Do you think he/she might try to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans.

➔ Negative responses to Questions # 1 – 3, but positive responses to at least four (4) of Questions # 4 -11 trigger the protocol referral.

4.	Does he/she have a gun or can he/she get one easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans.
5.	Has he/she ever tried to choke you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans.
6.	Is he/she violently or constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans.
7.	Have you left him/her or separated after living together or being married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans.
8.	Is he/she unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans.
9.	Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans.
10.	Do you have a child that he/she knows is not his/hers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans.
11.	Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Ans.

➔ An officer may trigger the protocol 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?)

Counselor Name: _____

Check one:	<input type="checkbox"/> Victim screened in according to the protocol	** Officer required to make call
	<input type="checkbox"/> Victim screened in based on the belief of officer	** Officer required to make call
	<input type="checkbox"/> Victim did not screen in	
If victim screened in:	After advising him/her of a high danger assessment, did victim speak with the hotline counselor?	<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 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.

The Center for Women and Families 24 Hour Crisis Line 502-753-5595 (Police # Only)
Public # for the Center 502-581-7222