**Homicide Risk Assessment Form**

Client Name: Client DOB:

Reason for Assessment:

* Client disclosed homicidal thoughts or feelings
* Client disclosed homicidal threat towards others
* Homicidal event already occurred
* Outside source reported homicidal factors
* Other:

What was reported/stated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observation of client by social worker (agitated, stressed, content, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently having any thoughts of hurting or killing anyone?

* Yes
* No

What thoughts are you having? Tell me more (get specific details). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who are the thoughts about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much time are you spending thinking about hurting or killing that (those) person(s), or someone? Are the thoughts fleeting? Is the intensity of the thoughts increasing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client have a specific plan:

* Yes
* No

If yes, please specify:
1. Who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you pictured yourself following through with your plan?

* Yes
* No

Have you had any past history of violence toward others? If yes, find out details of violent acts — what, when, who, consequences, remorse. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you concerned about the potential consequences if you act on your plan to harm/kill someone else? (e.g., legal, incarceration, impact on other person and family, remorse)

* Yes
* No

Environmental Risk Factors:

* Access to lethal means (weapons, etc.)
* Close proximity to intended victim
* Recent negative event (interpersonal loss or relationship problems)

Protective Factors:

* Fear of death
* Positive expectations for future
* Sense of purpose/responsibility (family, friends, etc.)
* Reason to live
* Social support system
* Religious/Spiritual beliefs
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment of Risk: □ Low □ Moderate □ High

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Level** | **Risk/Protective Factors** | **Suicidality/Homicidality** | **Possible Interventions** |
| **High** | Multiple risk factors including intent/plan; psychiatric disorders with severe symptoms; no protective factors. | Suicide/Homicide thoughts with plan, intent, available means of lethal use. | Duty to Warn/Report; refer to hospital; call police authorities |
| **Moderate** | Multiple risk factors, few protective factors; S/H ideation/thoughts with some control of acting on them. | S/H with plan but no intent or behavior.  | Develop a crisis/safety plan |
| **Low** | Low risk factors, strong protective factors; thoughts but no intent. | Thoughts of S/H but no plan, intent, or behavior. | Outside services referral; develop safety plan. |
| **Low Risk*** Continue monitoring/counseling
* Involve other personnel if necessary
 | **Moderate/High Risk*** Consult with supervisor on how to manage
 |

School Social Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

ISSWP Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_