

01 NCAC 17 .0704 INTAKE AND ASSESSMENT

(a) All abuser treatment programs shall establish and comply with written policies and procedures regarding abuser intake and assessment.

(b) Intake: A comprehensive intake and assessment shall be administered to all participants. The intake shall include:

- (1) family and social history;
- (2) medical health history;
- (3) relationship history;
- (4) history of violent, abusive, and controlling behavior;
- (5) history of past criminal behavior;
- (6) substance abuse history and screening;
- (7) assessment of participant's cognitive or social skills;
- (8) any other factors that might interfere with the participation in a group program; and
- (9) lethality assessment.

(c) Lethality Assessment: Because of the severity of injuries and the number of deaths caused by domestic violence, lethality assessment shall be ongoing and not limited to intake. A lethality assessment shall include the following indicators of increased lethality risk:

- (1) violence that increases in severity, frequency, and specificity;
- (2) a high degree of ownership that the abuser expresses regarding the victim;
- (3) violation of court orders and conditions of probation;
- (4) change in access to and relationship with victim;
- (5) accessibility to weapons, especially firearms;
- (6) life stressors (e.g., divorce, chronic illness, death of loved one, and unemployment);
- (7) frequent or severe intoxication from alcohol or other drugs;
- (8) threatened or attempted homicide or suicide;
- (9) stalking behavior;
- (10) history of holding victim captive;
- (11) pet abuse;
- (12) victim making plans to leave or has already left;
- (13) extreme isolation of the victim;
- (14) increased level of risk-taking by the abuser;
- (15) history of sexual assault;
- (16) acute mental health problems, including depression and anti-social behavior;
- (17) past use of weapons or objects;
- (18) strangulation behaviors; and
- (19) violence in the family of origin.

(d) Abuser treatment programs shall also provide initial and ongoing referral services for participants who have concurrent substance abuse, medical, or mental health problems.

*History Note: Authority G.S. 50B-3(a)(12); 143B-394.16;
Eff. October 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 3, 2017*