

Violence & Homicide Risk Assessment Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A violence and homicide risk assessment records how a clinician evaluated a client's risk of harm to others: the threat inquiry, how identifiable the person at risk is, the factors weighed, a formulation with reasoning, and the protective decisions made, including a reasoned decision not to disclose. No statute prescribes the layout; the standard is a reasonable, documented process whose duty analysis explains the actions.

Reason for assessment & context what prompted it

Do: record the trigger (statement, disclosed ideation, collateral report, referral) plus precipitants, course, substance use.

Pitfall: a trigger with no context reads more alarming, or less, than your actual judgment.

Threat inquiry shown, not summarized

Do: record the substance of what was communicated, conditional or unconditional, when, to whom, repeated or escalated.

Pitfall: "made threatening statements" supports nothing; the threshold cannot be reconstructed from it.

Target & identifiability the pivotal legal fact

Do: state who the concern involves, how identifiable they are, the relationship, and current proximity or contact.

Pitfall: skipping this analysis; most duty-to-protect standards turn on a reasonably identifiable victim.

Intent, capability & access a conversation, not a checkbox

Do: separate stated intent from anger or ideation; ask about access to means directly; record steps agreed and verified.

Pitfall: recording the conclusion ("no access") with no conversation shown.

History with its sources

Do: record prior violence with recency and context, legal history, protective orders, and which sources were available.

Pitfall: history from self-report alone, silently; note what you could and could not review.

Risk & protective factors this client, today

Do: separate acute from stable factors, and make protective factors specific and current.

Pitfall: boilerplate copied forward unchanged; it cuts both ways in a courtroom.

Risk formulation the load-bearing paragraph

Do: characterize acute and longer-term risk with the rationale; record any instrument as an input with its date.

Pitfall: a score or level standing in for reasoning, or prediction language like "will not act".

Duty analysis, consultation & decision in both directions

Do: name the standard applied, whether its threshold is met, who was consulted and when, and the decision, including not disclosing.

Pitfall: the analysis that only exists when the answer is yes.

Actions, disposition & reassessment dated and tracked

Do: record actions with dates, times, and content, the disposition, a dated next contact, and reassessment triggers.

Pitfall: "will monitor" with no date; risk assessed once and dropped reads as abandoned.

Before you sign

- ☐ Inquiry shows asked, endorsed, and denied
- ☐ Identifiability of the person stated
- ☐ Means conversation recorded, steps agreed
- ☐ Formulation states level and rationale
- ☐ Duty analysis and consultation recorded
- ☐ Actions dated; reassessment plan set
- ☐ Signed with credentials, dated promptly

Drafting with AI

Capture 30 seconds of bullets after the session: trigger, what was communicated, identifiability, intent and access, factors, formulation and level, consultation, decision, actions, next contact.

"Draft a violence risk assessment note from these bullets for an outpatient client after a conditional statement about a former coworker, no intent or plan endorsed: ..."

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

300 to 800 words
typical length

15 to 30 min by hand
clinical team estimate

Threat · ideation · forensic
when completed

Care team · boards · courts
who reads it

Violence & Homicide Risk Assessment Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): _____ Date: _____ Setting: ☐ office ☐ telehealth ☐ inpatient/ED ☐ other

Prompted by: ☐ statement in session ☐ ideation disclosed ☐ collateral report ☐ referral

Context & precipitants

Symptom course, current stressors, substance use; instruments as inputs with dates

Threat inquiry

Substance of what was communicated and its context · conditional or unconditional · when, to whom · repeated or escalated

Target & identifiability

Named or reasonably ascertainable · relationship · current proximity or contact

Intent, capability & access to means

Stated intent as distinct from anger or ideation · asked directly · restriction steps agreed and verified

History

Prior violence with recency and context · legal history, protective orders · sources available and consulted

Risk factors

Acute / stable

Protective factors

Specific to this client, today

Risk formulation

Acute and longer-term risk characterized, with the rationale connecting findings to the decisions

Duty analysis, consultation & decision

Standard applied · threshold met or not · who was consulted, when, outcome · decision, including a reasoned decision not to disclose

Actions, disposition & follow-up

Dated, timed actions · level of care · dated next contact · reassessment triggers

Clinician signature / credentials: _____

Date signed: _____