

Danger Assessment

Patient information	
Name:	Date of birth:
Contact information:	
Date of assessment:	

This two-part risk assessment evaluates the level of danger an abused woman has of being killed by her intimate partner. The Danger Assessment helps women and anyone else involved be aware of the risk factors that apply to their specific situation, along with the danger of homicide in cases of abuse. It is not a predictive measurement tool.

Please answer the questions honestly and accurately to obtain the most representative results.

Part 1

Using the calendar, please mark the appropriate dates during the past year when you were abused by your partner or ex-partner. On the date, write how bad the accident was according to the following scale. If any of the descriptions for the higher number apply, please use the higher number.

1. Slapping, punching; no injuries and/or lasting pain.
2. Punching, kicking; bruises, cuts and/or continuing pain.
3. "Beating up"; severe burns, contusions, broken bones, miscarriage.
4. Threat to use weapon; internal injury, head injury, miscarriage, permanent injury.
5. Use of weapon; wounds from weapon.

Part 2

Please mark yes or no for each of the following items. "He" refers to your husband, partner, ex-husband, ex-partner, or whoever else is currently physically hurting you.

Item	Yes	No
1. Has the physical violence increased in severity or frequency over the past year?		
2. Does he own a gun?		
3. Have you left him after living together during the past year?		
a. If you have never lived with him, tick here:		
4. Is he unemployed?		
5. Has he ever used a weapon against you or threatened you with a lethal weapon?		
a. If YES, was the weapon a gun? Check here if it was:		
6. Does he threaten to kill you?		
7. Has he avoided being arrested for domestic violence?		
8. Do you have a child that is not his?		
9. Has he ever forced you to have sex when you did not wish to do so?		
10. Does he ever try to choke you?		
11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack," street drugs or mixtures.		
12. Is he an alcoholic or problem drinker?		
13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?)		
a. If he tries, but you do not let him, check here:		
14. Is he violently and constantly jealous of you? (For instance, does he say, "If I can't have you, no one can.")		
15. Have you ever been beaten by him while you were pregnant?		
b. If he tries, but you do not let him, check here:		

Item	Yes	No
16. Has he ever threatened or tried to commit suicide?		
17. Does he threaten to harm your children?		
18. Do you believe he is capable of killing you?		
19. Does he follow or spy on you, leave threatening notes or messages on answering machines, destroy your property, or call you when you don't want him to?		
20. Have you ever threatened or tried to commit suicide?		

Scoring

Item	Score
Total number of "yes" responses from 1 through 20.	
4 points for each "yes" to items 2 and 3.	
3 points for a "yes" to item 4.	
2 points for each "yes" to items 5, 6 and 7.	
1 point for each "yes" to items 8 and 9.	
Subtract 3 points if item 3a is checked.	
Total score (sum of points):	

Interpretation

Based on the total score, place the respondent into one of the following categories:

- **Less than 8 (Variable danger):** Ensure that the women is advised that the level can change quickly, watch for other signs of danger.
- **8 to 13 (Increased danger):** Advise women of risk, assertive safety planning, and increased monitoring.
- **14 to 17 (Severe danger):** Advise women of risk, strong safety plan is necessary, consult with judges, high level of supervision recommendations if abuser is in the criminal justice system.
- **18 or more (Extreme danger):** Advise of serious danger, take assertive actions; call for criminal justice or other professional help, recommend highest bail, sentencing, and probation supervision against an abuser.

Please select one for the respondent

Variable danger

Increased danger

Severe danger

Extreme danger

Additional notes**Healthcare information****Name:****License ID:****Signature:****Date of assessment:**

Campbell, J. C. (2004). *Danger assessment*. Danger Assessment (Johns Hopkins School of Nursing).
https://www.dangerassessment.org/uploads/DA_NewScoring_2019.pdf

Optum San Diego. (n.d.). Term domestic violence victim group standards scoring sheet for screens.
[https://www.optumsandiego.com/content/dam/san-diego/documents/temproviders/groupstandards/DV_Standards -
_Mandatory_Assessment_Screening_Tools_Scoring_Sheet.pdf](https://www.optumsandiego.com/content/dam/san-diego/documents/temproviders/groupstandards/DV_Standards_-_Mandatory_Assessment_Screening_Tools_Scoring_Sheet.pdf)