DANGER ASSESSMENT FOR CLINICIANS (DA- 5)

This brief risk assessment identifies women who are at high risk for homicide or severe injury by an intimate partner or former intimate partner.1,2

Mark Yes or No for each of the following questions.

___  1. Has the physical violence increased in frequency or severity over the past year?

___  2. Has your partner (or ex) ever used a weapon against you or threatened you with a weapon?

___  3. Do you believe your partner (or ex) is capable of killing you?

___  4. Has your partner or ex ever tried to choke (strangle) you?
   a. If yes, did he ever choke you? _____
   b. About how long ago? ______
   c. Did it happen more than once? _____
   d. Did you ever lose consciousness or think you may have? _____

___  5. Is your partner or ex violently and constantly jealous of you?

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1 This is a brief adaptation of the Danger Assessment (2003). It is designed for use by a health care provider following a positive screen for intimate partner violence. The full Danger Assessment with weighted scoring provides the most accurate assessment of risk.

Protocol suggestions for use of
DANGER ASSESSMENT-5

• Use 5-item version in the Emergency Department and other healthcare settings; at protective order hearings, child custody etc. once intimate partner violence has been identified.
• If 4 or 5 yes responses, tell the victim s/he is in danger, allow the victim to choose reporting to the police &/or to domestic violence advocacy program &/or confidential hotline (e.g., 800-799-7233). Follow through by calling with the victim &/or with an in-person hand-off to a knowledgeable advocate.
• If 3 of 5 yes responses, do full Danger Assessment (DA) with the calendar and weighted scoring if victim is female; inform the victim of level of danger and do safety planning based on DA or refer to someone certified in administrating the DA and proceed based on results and best practice.
• If 2 of 5, tell the victim there are 2 of 5 risk factors for serious injury/assault/homicide present and recommend further advocacy. If the victim agrees, follow through with a referral and (preferably in-person or voice to voice on phone and with the victim – e.g. 3 way call or speaker phone) hand-off to a knowledgeable advocate.
• If 0-1 of 5, proceed with normal referral/procedural processes for domestic violence.

Brief strangulation protocol
If yes to 4a. If strangulation was a week ago or less, examine inside of throat, neck, face and scalp for physical signs of strangulation. See strangulation assessment and radiographic evaluation information at www.strangulationtraininginstitute.com. Proceed with emergency medical care for strangulation, especially if loss of consciousness or possible loss of consciousness (victims are often unsure, but if lost consciousness will have become incontinent – can ask if “wet her/himself”). If victim reports more than one strangulation, conduct neurological exam for brain injury or refer for examination and inform her of increased risk of homicide. Notify police and/or prosecutors if victim wants this action (know state/local law on strangulation and mandatory reporting so that victim can be informed).