The DA-5 is a brief risk assessment that identifies victims at high risk for homicide or severe injury by a current or former intimate partner. It should be used when intimate partner violence has been identified in the Emergency Department or other health care settings, protective order or child custody hearings, or other brief-treatment/practice settings. Presence of these risk factors could mean the victim is in danger of serious injury and/or homicide. Evidence-based risk assessments should be used in combination with survivor self-determination and practitioner expertise to collaboratively develop the best way forward for each individual.

Mark Yes or No for each of the following questions.

1. Has the physical violence increased in severity or frequency 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 parent (or ex) is capable of killing you?
4. *Has your partner (or ex) ever tried to choke/strangle you or cut off your breathing?
   a. If yes, did your partner ever choke/strangle you or cut off your breathing? check here: ___
   b. About how long ago? ___
   c. Did it happen more than once? ___
   d. Did it make you pass out of black out or make you dizzy? ___
5. Is your partner (or ex) violently and constantly jealous of you?

Total “Yes” answers

*Can be asked instead of or in addition to: Have you ever been beaten by your partner (or ex) while you were pregnant?

### Scoring Instructions

#### 4 or 5 “yes” responses:
- Tell the victim they are in danger. Give them the choice of reporting to the police and/or a confidential hotline (800-799-7233). Make the call with the victim and/or complete an in-person hand-off to a knowledgeable advocate.

#### 3 “yes” responses:
- If the victim is female and you are trained to use the DA:
  - Complete the full DA using the calendar and weighted scoring. Inform the victim of her level of danger. Do safety planning based on the full DA results.
- If the victim is female and you are NOT trained to use the DA:
  - Refer and hand-off the victim to someone certified to administer the full DA (in-person or voice-to-voice hand-off is preferable).

#### 2 “yes” responses:
- Tell the victim there are 2 risk factors for serious injury/assault/homicide. If victim agrees, refer and hand-off to a knowledgeable advocate (in-person or voice-to-voice hand-off is preferable).

#### 0-1 “yes” responses:
- Proceed with normal referral/procedural processes for domestic violence.

### Brief Strangulation Protocol

- If the victim answered yes to 4a, follow this strangulation protocol for further assessment and/or refer to someone who is trained to conduct the following assessment.

#### If the strangulation was less than a week ago:
- Examine the inside of the throat, neck, face, and scalp for physical signs of strangulation.
- Refer to the 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 commonly unsure about loss of consciousness) particularly if they became incontinent—ask if the victim “wet themselves”.

#### If there were multiple strangulations:
- Conduct a neurological exam for brain injury or refer for examination. Inform the victim of increased risk for homicide.

#### If the victim wants, notify police and/or prosecutors
- Know state/local law on strangulation and mandatory reporting and inform the victim.

For more information, visit www.dangerassessment.org

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1 This is a brief adaptation of the Danger Assessment (2003). The full DA with weighted scoring provides the most accurate assessment of risk. The DA and its revisions are evidence-based risk assessments intended for use with survivors to educate them and their supports about their risk of lethality or reassault and to inform their decision-making.  

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