

# DANGER ASSESSMENT-5 (DA-5) BRIEF RISK ASSESSMENT FOR CLINICIANS

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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.<sup>1-3</sup> 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?
- 4a. If yes, did your partner ever choke/strangle you or cut off your breathing? check here: \_\_\_\_\_
- 4b. About how long ago? \_\_\_\_\_
- 4c. Did it happen more than once? \_\_\_\_\_
- 4d. 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	Brief Strangulation Protocol
<p><b>4 or 5 "yes" responses:</b></p> <ul style="list-style-type: none"><li>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.</li></ul> <p><b>3 "yes" responses:</b></p> <ul style="list-style-type: none"><li>If the victim is female and you are trained to use the DA:<ul style="list-style-type: none"><li>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.</li></ul></li><li>If the victim is female and you are NOT trained to use the DA:<ul style="list-style-type: none"><li>Refer and hand-off the victim to someone certified to administer the full DA (in-person or voice-to-voice hand-off is preferable).</li></ul></li></ul> <p><b>2 "yes" responses:</b></p> <ul style="list-style-type: none"><li>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).</li></ul> <p><b>0-1 "yes" responses:</b></p> <ul style="list-style-type: none"><li>Proceed with normal referral/procedural processes for domestic violence.</li></ul>	<p>If the victim answered <b>yes to 4a</b>, follow this strangulation protocol for further assessment and/or refer to someone who is trained to conduct the following assessment.</p> <p><b>If the strangulation was less than a week ago:</b></p> <ul style="list-style-type: none"><li>Examine the inside of the throat, neck, face, and scalp for physical signs of strangulation.</li><li>Refer to the strangulation assessment and radiographic evaluation information at <a href="http://www.strangulationtraininginstitute.com">www.strangulationtraininginstitute.com</a></li><li>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".</li></ul> <p><b>If there were multiple strangulations:</b></p> <ul style="list-style-type: none"><li>Conduct a neurological exam for brain injury or refer for examination. Inform the victim of increased risk for homicide.</li></ul> <p><b>If the victim wants, notify police and/or prosecutors</b></p> <ul style="list-style-type: none"><li>Know state/local law on strangulation and mandatory reporting and inform the victim.</li></ul> <p>For more information, visit <a href="http://www.dangerassessment.org">www.dangerassessment.org</a></p>

<sup>1</sup>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. <sup>2</sup> Snider, C., Webster, D., O'Sullivan, S.C., & Campbell, J. (2009). Intimate partner violence: Development of a brief risk assessment for the emergency department. *Society for Academic Emergency Medicine*, 16, 1209-1216. <sup>3</sup> Messing, J.T., Campbell, J.C., & Snider, C. (2017). Validation and adaptation of the Danger Assessment-5 (DA-5): A brief intimate partner violence risk assessment. *Journal of Advanced Nursing*, 73, 3220-3230.

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## DANGER ASSESSMENT

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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
  2. Punching, kicking; bruises, cuts, and/or continuing pain
  3. "Beating up"; severe contusions, burns, broken bones
  4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage or choking\* (use a © in the date to indicate choking/strangulation/cut off your breathing- example 4©)
  5. Use of weapon; wounds from weapon
- (If **any** of the descriptions for the higher number apply, use the higher number.)
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Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- \_\_\_\_\_ 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?  
3a. (If you have *never* lived with him, check here: \_\_)
- \_\_\_\_\_ 4. Is he unemployed?
- \_\_\_\_\_ 5. Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? check here: \_\_)
- \_\_\_\_\_ 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/strangle you or cut off your breathing?  
10a. (If yes, has he done it more than once, or did it make you pass out or black out or make you dizzy? check here: \_\_)
- \_\_\_\_\_ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", 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? (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? (If you have never been pregnant by him, check here: \_\_)
- \_\_\_\_\_ 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, destroy your property, or call you when you don't want him to?
- \_\_\_\_\_ 20. Have you ever threatened or tried to commit suicide?

\_\_\_\_\_ Total "Yes" Answers

**Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in your situation.**