#### **DANGER ASSESSMENT-Revised**

#### For Use in Abusive Female Same-Sex Relationships

Nancy Glass, PhD, MPH, RN & Jacquelyn C. Campbell, PhD, RN, FAAN Copyright 2007 Johns Hopkins University, School of Nursing

Several risk factors have been associated with increased risk of re-assault of women in abusive same-sex relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of repeat 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, miscarriage
- 4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
- 5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.

("She" refers to your female partner or ex-partner)

Yes	No		nate parties of ex-parties)
		1.	Is she constantly jealous and/or possessive of you?
		2.	Does she try to isolate you socially?
		3.	Has the physical violence increased in severity or frequency over the past year?
		4.	Has she threatened you with a gun over the past year?
		5.	Have you lived with her in the past year?
		6.	Has she ever abused or threatened to abuse a previous intimate partner, or their family members or friends?
		7.	Does she use illegal drugs, (by illegal drugs, I mean "uppers" or amphetamines, "meth," speed, angel dust, cocaine, "crack," street drugs or mixtures) or abuse prescription medication?
		8.	Is she an alcoholic or problem drinker?
		9.	Does she try to control/limit your spirituality?
		10.	Does she constantly blame you and/or put you down?
		11.	Has she destroyed or threatened to destroy things that belong to you?
		12.	Has she threatened to harm a:
		•	12a Pet?
			12b Elderly family member?
			12c Person you care for with a disability?
		13.	Has she ever violated a restraining order?
		14.	Does she stalk you, for example, follow or spy on you, leave threatening notes or messages on answering machine or cell phone, call you when you do not want her to?
		15.	If you were being abused by her and tried to get help, do you think people would <b>not</b> take you seriously?
		16.	If you were being abused by her, would fear of reinforcing negative stereotypes about female same-sex relationships and/or being discriminated against prevent you from seeking help, for example help from friends, domestic violence advocates, or health care providers?
		17.	If you were having serious difficulties with her, would you keep it a secret out of fear or shame?
		18.	Have <b>you</b> threatened or tried to kill yourself?
		Total	1 "Yes" Answers
		_, :	Thank you. Please talk to your nurse, advocate or counselor about

what the Danger Assessment-Revised means in terms of your situation.

## Weighted Score for DA-R

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Yes to Item 1 = 4 points
Yes to Item 2 = 3 points
Yes to Item 3 = 2 points
Yes to Item 4 = 2 points
Yes to Item 5 = 2 points
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Yes to Item 6 = 2 points

Yes to Items 7-17 = 1 point each

Item 18 is not scored, assessing her suicide attempt

# **Danger Assessment**

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Corrections to calendar scale 2/3/2010

### 2011 Calendar

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, choking
- 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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