

# DANGER ASSESSMENT

**Everyone has the right to life,  
liberty and security of person.  
We all have the right to live in  
freedom and safety**

*Article 3  
Universal Declaration of Human Rights*



Revised Edition  
October 2019

*User Guide*

For Alberta Women's Shelters and their Community  
Partners

## TABLE OF CONTENTS

Acknowledgements .....	4
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Terms Used In This Guide .....	5
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## SECTION I: SAFETY & CHANGE

Safety and Change: Why the Danger Assessment? .....	8
Gendered Nature of Domestic Violence.....	8
What is the Danger Assessment? .....	10
What is the Purpose of the Danger Assessment? .....	10
How Were the DA Tools Developed? .....	11
The original tool .....	11
The current tool .....	11
Limitations of the Danger Assessment .....	12

## SECTION II: USING THE DANGER ASSESSMENT

Using the Danger Assessment .....	14
What Do I Need to Know Before Completing the DA? .....	14
Understanding the connection between abuse and trauma.....	14
Supporting informed consent by being relational.....	17
Completing the DA early in the woman's shelter stay.....	19
Creating an environment conducive to completing the DA .....	19
Attending to coping strategies.....	20
How Do I Administer the DA Calendar in a Trauma-Informed Way? .....	21
Introduction.....	21
Why is the Calendar important? .....	21
Keys Pieces to Complete the Calendar .....	21
Brief Overview of the Calendar.....	21
Build a Common Language.....	21
Affirm Your Supportive Role .....	21
Mark Significant Dates .....	22
Mark Incidents of Physical Violence.....	22
Mark Incidents of Other Types of Abuse.....	23
Mark Other Significant Information .....	23
Additional Tips for Completing the Calendar .....	24
Stay with the woman while she completes the calendar.....	24
Avoid asking leading questions.....	24
Review & discuss content of woman's comments on the Calendar .....	24
Check in with woman how is feeling after completing calendar .....	24
How Do I Administer the DA Questionnaire in a Trauma-Informed Way?.....	25
Introduction.....	25
Why is the Questionnaire important? .....	25
Steps to Complete the Questionnaire .....	25
1. Asking the Questions .....	25
2. Scoring the questionnaire.....	30
3. Discussing the score.....	30
4. Planning for next steps based on the score .....	31

5. Check in with the client's feelings.....	31
---	----

### SECTION III: SAFETY PLANNING

<b>Danger Assessment and safety planning .....</b>	<b>32</b>
<b>Introduction .....</b>	<b>32</b>
<b>What is a Safety Plan? .....</b>	<b>32</b>
Important considerations.....	33
What areas should be considered when developing a safety plan?.....	33
Safety planning and lived experience .....	34

### SECTION IV: DANGER ASSESSMENT VARIATIONS

<b>Danger Assessment Tools Developed for Vulnerable Populations.....</b>	<b>38</b>
<b>Walking the Path Together Danger Assessment (WTPT) .....</b>	<b>38</b>
Working with Indigenous women on and off reserve .....	38
<b>Danger Assessment – Immigrant Women (DA-I) .....</b>	<b>39</b>
Working with women from diverse backgrounds .....	39
<b>Danger Assessment – Revised (DA-R).....</b>	<b>40</b>
Working with women in same-sex relationships .....	40
<b>Figure 1. variations of the DA for vulnerable populations .....</b>	<b>41</b>

### SECTION V: THE DANGER ASSESSMENT WEBSITE

<b>Danger Assessment website .....</b>	<b>42</b>
Accessing the Website .....	42
Danger Assessment Questionnaires and Calendar.....	42
Publications .....	42
Certified Users Access.....	43

### SECTION VI: DANGER ASSESSMENT AND OUTCOME TRACKER

<b>Danger Assessment and Outcome Tracker .....</b>	<b>44</b>
<b>Introduction .....</b>	<b>42</b>
<b>Using Outcome Tracker .....</b>	<b>45</b>

### SECTION VII: DANGER ASSESSMENT TOOL TEMPLATES

<b>Danger Assessment Tool Templates .....</b>	<b>50</b>
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### Appendices

<b>APPENDIX I – Engaging with Women to Obtain Informed Consent .....</b>	<b>78</b>
<b>Step 1: Checking In.....</b>	<b>78</b>
Sample script for checking in.....	78
<b>Step 2: Explain the Purpose and Scope of the Danger Assessment .....</b>	<b>80</b>
Sample script for introducing the DA .....	80
<b>Step 3: Explain Confidentiality, Limits to Confidentiality and Documentation .....</b>	<b>81</b>
Sample script for explaining confidentiality .....	81
<b>Step 4: Ensuring Consent is Informed .....</b>	<b>82</b>
Sample script for ensuring informed consent.....	82
<b>APPENDIX II – Research &amp; the Danger Assessment .....</b>	<b>83</b>

Research - Danger Assessment .....	83
Research - Danger Assessment for Immigrant women (DA-I).....	87
Research - Danger Assessment-R .....	910
<b>APPENDIX III – DA &amp; Trauma: Returning Women to a Calmer State .....</b>	<b>932</b>
1. Grounding activities .....	932
2. Containment .....	943
3. Visual meditation exercise .....	944
4. Mindfulness exercises .....	96
<b>APPENDIX IV – Types of Abuse .....</b>	<b>97</b>
<b>APPENDIX V – Additional Reading Material .....</b>	<b>99</b>
<b>References .....</b>	<b>100</b>

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### ***Traditional Lands***

ACWS acknowledges the traditional lands upon which we live, work, and play. We recognize that all Albertans are Treaty people and have a responsibility to understand our history so that we can honor the past, be aware of the present, and create a just and caring future. ACWS celebrates and values the resiliency, successes, and teachings that Alberta's Indigenous people have shown us, as well as the unique contributions of every Albertan. We honour the courage and strength of Indigenous women. We honor them as life givers and caregivers as we honour and learn from their continuing achievements, consistent strength and their remarkable endurance.

The ACWS office is located on Treaty 6 land, which is the traditional territory of the Plains Cree and an ancient gathering place of many Indigenous peoples for thousands of years. These lands have also been home to and a central trading place of the Blackfoot, Nakoda, Assiniboine, Dene, and the Métis people of western Canada. Our members serve all nations and all peoples. They are located on Treaty 6, 7 and 8 lands across this province and includes the six Métis regions of Alberta.

### ***Women***

ACWS wishes to convey our deep appreciation to courageous women everywhere in our province and beyond who daily seek safety from domestic violence for themselves and their children and in so doing create a better world for all. It is their experiences which inform our work.

### ***Dr. Jacquelyn Campbell***

To Dr. Jacquelyn Campbell of Johns Hopkins University, for your tireless work over the last 35+ years to develop and research the Danger Assessment (DA) tool, we are forever grateful for your mentorship and trust in our oversight of DA training, implementation and evaluation in Alberta. It has been our privilege to work closely with you since 2002 on several initiatives including training sessions for Alberta shelters in the use of the DA, development of a "train the trainer model" (2010), as well as collaborating on two action research projects. Keeping Women Alive: Assessing the Danger (2007-2009), supported and evaluated implementation of the DA by nine Alberta women's shelters including the development of a foundational Alberta training curriculum for ACWS members and community partners and the Walking the Path Together project (see below).

### ***Walking the Path Together (2010 – 2014) Project Participants***

Walking the Path Together used an innovative crime-prevention approach with Eagle Feather Workers in five on-reserve Alberta women's shelters providing one-on-one support to First Nations children and their families living with violence. Working with Dr. Campbell, Eagle Feather Workers and shelter directors guided the development of a culturally appropriate approach with the Danger Assessment, now being implemented in support of Indigenous women and their non-Indigenous sisters accessing shelters across Alberta and beyond. (For a full list of participants see **Section IV**)

### ***ACWS Member Agency Staff***

Our sincere gratitude to all ACWS member agency leadership and staff as you work together with women to use Danger Assessment tools, and for the outstanding work you do every day in creating safe healing spaces for women and children. We also wish to acknowledge ACWS members' participation in action research projects which has supported increased standardization of practice with the DA and contributed to the current update of our DA User Guide (see references in **Section VI DA and Outcome Tracker: Data Informing Practice**)

### ***Our Funders***

Development of this curriculum was made possible in part due to funding from the Government of Alberta Community and Social Service.

## TERMS USED IN THIS GUIDE

### Abuse

Abuse may or may not have a physical dimension. It is a pattern of conduct – verbal, physical or sexual – that targets and undermines another person’s self-esteem and emotional well-being. It can include exertion of domination and control by humiliating, belittling, denigrating, intimidating, controlling, or isolating.

### Domestic violence

There are many definitions of domestic violence in all its forms.

The *Domestic Violence Handbook for Police Services and Crown Prosecutors in Alberta* (2014) defines domestic violence as:<sup>1</sup>

any use of physical or sexual force, actual or threatened, in an intimate relationship. It may include a single act of violence, or a number of acts forming a pattern of abuse through the use of assaultive and controlling behaviour. The pattern of abuse may include:

- Physical abuse;
- Emotional abuse;
- Psychological abuse;
- Sexual abuse;
- Criminal harassment (stalking); and
- Threats to harm children, other family members, pets, and property.

The violence is used to intimidate, humiliate or frighten a partner of an intimate relationship, or to make them feel powerless.

**INTIMATE RELATIONSHIP** is defined as between opposite-sex or same-sex partners. These relationships vary in duration and legal formality, and include:

- Current and former dating relationships;
- Current and former common-law relationships;
- Current and former married relationships;
- Persons who are the parents of one or more children, regardless of their marital status or whether they have lived together at any time.

Domestic violence is also commonly referred to as:

- Domestic abuse;
- Domestic assault;
- Domestic conflict;
- Spousal abuse;
- Spousal assault;
- Battering;
- Intimate partner abuse;
- Intimate partner assault;
- Relationship abuse;
- Family violence.

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<sup>1</sup> Justice and Solicitor General (2014). *A domestic violence handbook for police services and crown prosecutors in Alberta*. Justice and Solicitor General: Edmonton.

Acts or methods of domestic violence include (but are not limited to) homicide; physical assaults (including strangulation); sexual assaults; sexual humiliation; arson; emotional degradation and abuse; psychological torture; sleep deprivation; social isolation; extortion; economic coercion; threats to harm or kill; destruction of property; threatened or attempted suicide; litigation harassment and litigation tactics; manipulation of children, of relatives and of investigation agencies; surveillance and monitoring; stalking; intimidation.<sup>2</sup>

### **Abused woman, Abused individual, Abused partner, Victim, Survivor**

These terms will be used interchangeably to refer to the person targeted by the person responsible for the onset and the pattern of domestic violence. Although controversial, the term victim is often appropriate when used in the context of legal proceedings, although survivor is a term more frequently used by women's organizations.

### **Perpetrator, Abusive person, Abusive partner, Abuser**

These terms will be used to refer to the individual who is perpetrating domestic violence or abuse on another person(s).

*Note: Recognition of the gendered nature of violence against women does not, however, preclude recognition of females who perpetrate coercive, domestic violence.*

### **Danger Assessment**

The Danger Assessment is an instrument that helps to determine the level of danger an abused woman has of being killed by her intimate partner. The tool was originally developed by Jacquelyn Campbell (1986) with consultation and content validity support from battered women, shelter workers, law enforcement officials, and other clinical experts on battering.

### **Femicide**

Femicide is generally understood to involve intentional murder of women because they are women, but broader definitions include any killings of women or girls. Femicide is usually perpetrated by men, but sometimes female family members may be involved. Femicide differs from male homicide in specific ways. For example, most cases of femicide are committed by partners or ex-partners, and involve ongoing abuse in the home, threats or intimidation, sexual violence or situations where women have less power or fewer resources than their partner. (World Health Organization, 2012)

### **Lethality**

The capacity to cause death or serious harm or damage.

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<sup>2</sup> Neilson, L. (2017). *Response to domestic violence in family law, civil protection and child protection cases*. CanLIIDocs2





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# SECTION I

## SAFETY AND CHANGE: WHY THE DANGER ASSESSMENT?

This section will provide an overview, background and context for understanding the Danger Assessment.

***In this section, we will cover the following topics:***

The gendered nature of domestic violence;  
What the DA is;  
Purpose of the DA;  
How the DA was developed; and  
The limitations of the DA.

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### GENDERED NATURE OF DOMESTIC VIOLENCE

***Women are more likely than men to be victims of domestic violence and continue to be exposed to the highest risk for intimate partner homicide.***

The Family Violence in Canada statistical profile highlights the gendered nature of domestic violence. This underscores the need for women-centered shelters to support women in understanding the danger they are facing and to help keep women safe.

- Intimate partner violence was the leading type of violence experienced by women in 2016 (42% of female victims of all types of violence)
- Of the over 93,000 victims of intimate partner violence reported in 2016, the clear majority (79%) were women.
- Women continue to be at a higher risk of intimate partner homicide even though overall homicide rates have been declining for the past 30 years.
  - In 2015 the rate was 5x higher for women than men, at 4.5 female victims per 1 million versus 0.9 male victims per 1 million.
  - 78% of intimate partner homicides in 2016 were female (63 out of 81).
- Four in ten women (42%) victimized by their spouse in the previous five years reported being physically injured (Fig. 1). This was more than double the proportion of male victims (18%).
- In 2009, female victims were over 3x more likely than male victims to report being sexually assaulted, beaten, choked or threatened with a gun or a knife (34% vs 10%) (Fig. 2)
- Six in ten (60%) senior victims of family violence were female, 26% higher than that of male seniors.

Fig. 1 Impact of spousal violence victims by sex of victim, Canada, 2009

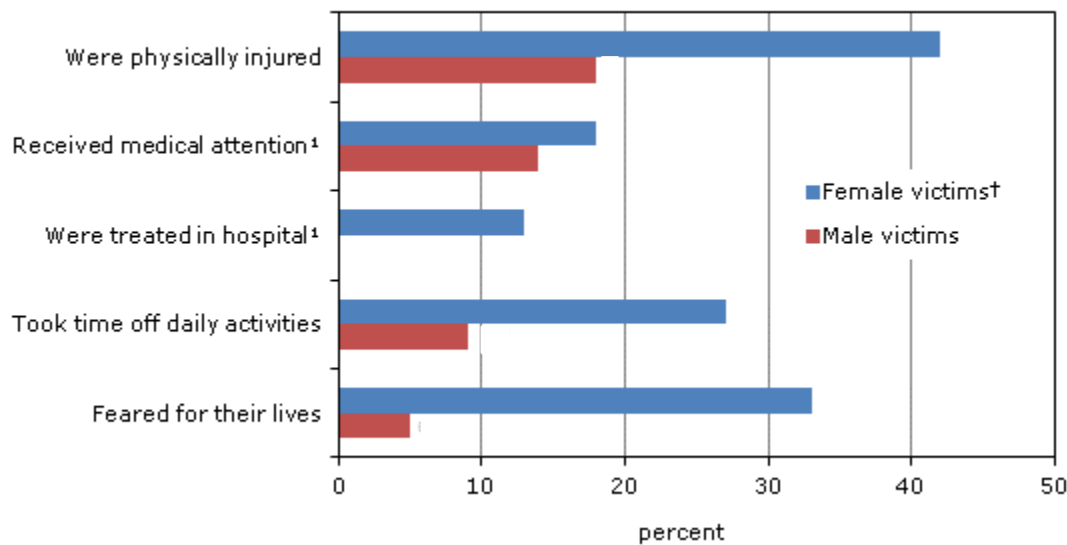
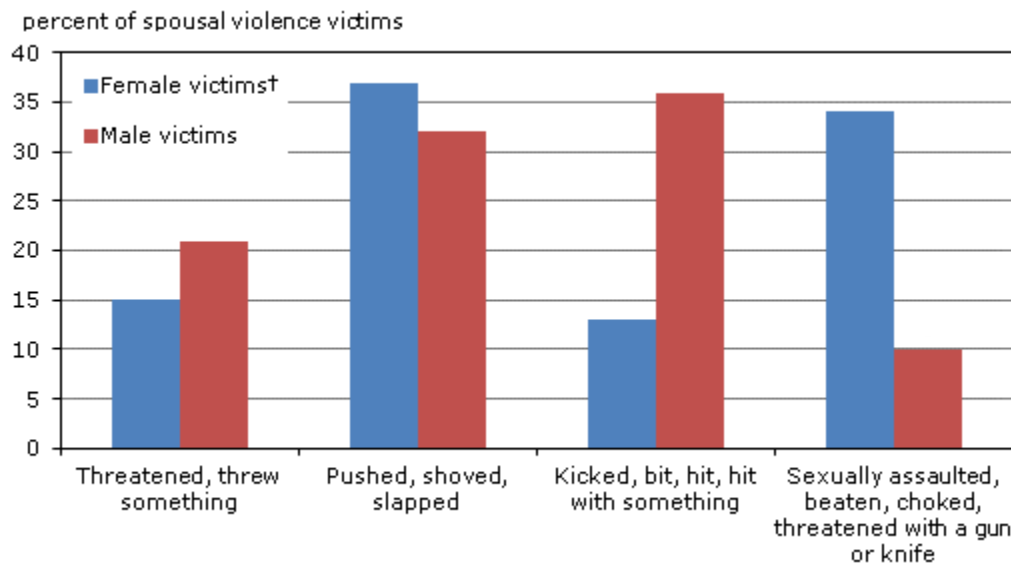


Fig. 2 Spousal violence in past 5 years by sex of victim and most serious type of violence, Canada, 2009



Women experiencing domestic violence face multiple challenges including social inequalities that stem from political and patriarchal norms; they also experience economic and financial dependence that are often the result of power and control used by their partners to further entrap women in the abusive relationship (Erez et al., 2009, Herman, 1997). The overwhelmingly female experience of domestic violence displayed in the Canadian statistics suggest the reality of these challenges; it also implies that gender and power play a significant role when it comes to intimate partner violence, as expressed by dominance of males over their partners (Alhabi et al., 2010) and the abuse of power within the social context of one’s relationship (Register, 1993; Straka & Montminy, 2008). It is important to note, that the presence of physical abuse of a woman is often present in intimate partner homicides, regardless of which partner was killed (Campbell et al., 2009).

## WHAT IS THE DANGER ASSESSMENT?

The **Danger Assessment (DA)** is a tool that helps to determine the level of danger an abused woman has of being killed by her intimate partner.

Dr. Jacquelyn Campbell developed the DA from the research data in **femicide** cases; she found that certain risk factors put women at greater risk of femicide. As a result, the DA has a weighted scoring system that accurately reflects how likely a woman will be killed by her current or ex-partner.

The DA has been **validated**, meaning it is proven to correctly measure what it is intended to measure, using data from femicide, attempted femicide, and femicide-suicide (homicide of women, followed by suicide of the intimate partner) cases. Dr. Campbell's research and the validation process mean that we can be confident that the factors identified in the DA are strongly associated with risk of femicide and attempted femicide.

***All versions of the Danger Assessment consist of two tools, a Calendar and a Questionnaire.*** (See Section II: Using the Danger Assessment for detailed instructions on completing the DA tools)

### ***DA Calendar***

***Process*** – You will ask the woman to use a DA Calendar tool. You will ask her to recall and assist her to document incidents of abuse and associated circumstances over the 12 months prior to her current shelter admission.

***Purpose*** - The information from the Calendar and the conversation you have while gathering it helps to assess the severity and the frequency of abuse during the previous year. The calendar provides a visual representation of the woman's experience of the abuse.

### ***DA Questionnaire***

***Process*** – You will ask the woman to answer the 20-item DA Questionnaire. Her responses to these questions are then scored using the weighted scoring system.

***Purpose*** - The score provides an indicator of her specific level of risk of **lethality**.

## WHAT IS THE PURPOSE OF THE DANGER ASSESSMENT?

***The DA provides women and shelters with information to promote safety and empower change.***

- Information on women's level of danger of lethality;
- Information about the specific factors that contribute to her level of danger;
- Information that enables staff to support women develop safety plans for themselves and their children; and
- Information about the level of risk that can be communicated to others, possibly including larger systems (such as justice, health and education) as appropriate to implement an effective safety plan.

The overriding intent of the DA is to empower women at risk with information that reduces the likelihood of further exposure to risk of femicide.

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## SOMETHING TO CONSIDER

*Empowerment is one of the key factors in helping women move through the process of change.*

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Empowerment can help a woman feel she has the ability to make her own choices and reinforces that women are the experts of their own lives. Empowerment means that her decisions are honoured while challenging the role of violence in her life and educating her about the cycle of abuse. The role of service providers is to support women to build her skills,

strength and resources so she may consider what her life would be like if it was free from violence. (Allen & Wozniak, 2010).

Women who have been abused often feel powerless because the abuse results in their oppression; women may feel they have no voice and not perceive their strengths used to have survived many years of abuse. The healing process requires the restoration of their power, to acknowledge and believe in their strength, and to build their self-efficacy. (Cattaneo & Goodman, 2015)

## HOW WERE THE DA TOOLS DEVELOPED?

### THE ORIGINAL TOOL

The Danger Assessment tool was originally developed in 1986 ([www.dangerassessment.org](http://www.dangerassessment.org)). The content and wording of the tool at that time was based on several early studies and developed in consultation with women who had experienced intimate partner violence, shelter workers, law enforcement officials, and other clinical experts. The DA tool was designed to ensure that battered women understand their level of risk of lethality.

### THE CURRENT TOOL

Formal, controlled research was then conducted, resulting in the current, revised version of the tool. The purpose of the research was to specify the risk factors for Intimate Partner Femicide over and above those risk factors for Domestic Violence and inform the assessment and possible revision of the Danger Assessment. *The research indicates that the risk factors for intimate partner violence re-assault are different from the risk factors associated with intimate partner homicide.* Even though there are overlapping issues there are also important differences. Lethality assessment, like the DA, looks at the risk of a particular woman's situation becoming lethal or resulting in an attempted homicide, whereas risk assessment looks at the likelihood of re-assault – that there will be another incident of abuse. *Both types of instruments, those that assess risk lethality as well as those that assess risk of re-assault are a good basis for safety planning and can be useful when working with women who have been abused.*



The newer, adapted version of the Danger Assessment (DA) tool (Campbell, 2003) includes a Calendar and a 20-item Questionnaire that is scored using a weighted scoring system. The item weightings are supported by research, including studies that further demonstrate its reliability and validity.

Dr Campbell's foundational research involved an 11-city case-control study completed in the United States. This study found that *even though abused women's perception of risk of re-assault can be accurate* (Goodman et al., 2000; Heckert & Gondolf, 2004; Weisz et al., 2000) *abused women often underestimate the potential for homicide*. That being said, women's perception of risk is still very important in developing safety plans and interventions.



#### ***Perception of Risk of Lethality***

Only 45% of proxy informants for victims of femicide and 54% of victims of near lethal violence accurately determined their risk of lethal violence.

(Campbell et al., 2003b).

The research also found *the majority of women who are at risk for lethality come into contact with someone who could be a potential risk assessor* (a police officer, nurse, shelter worker). This points to the need to administer the DA even though a woman who has been abused states that she does not feel afraid of her situation. Expert judgment should not determine which women should be screened using the Danger Assessment. (Campbell, et al., 2009)

In 2019 important updates were made to the choking/strangulation question. These changes identify when there have been multiple choking/strangulations, or any strangulation event that resulted in passing out, blacking out, or dizziness or altered consciousness. The DA scoring was also updated to reflect the increased risk of lethality when strangulation happens multiple times, or when it results in altered consciousness or blacking out. (For a detailed account of the research supporting the DA, see ***Appendix II: Research and the Danger Assessment***).

## **LIMITATIONS OF THE DANGER ASSESSMENT**

The Danger Assessment does not provide an assessment of the intimate partner or ex-partner. It does not provide assessment of his functioning.

The Danger Assessment is one tool. It provides one measure of risk of lethality for an individual. Ongoing monitoring of a woman fleeing domestic violence is needed to develop a thorough understanding of the current, changing and emerging factors that contribute to her risk and to develop options for planning and prevention of femicide.

The Danger Assessment question weightings were established on an American sample. No research on the accuracy of these weightings has yet been completed using a Canadian sample. Therefore, the scoring of the Danger Assessment for Canadian women may change in response to research completion in Canada. It is unlikely, however, that these changes will be substantial, since the risk factors identified in the American research have also been frequently identified with Canadian samples (e.g. Ontario Death Review Committee), though their weightings have not been assessed.



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## SECTION II

### USING THE DANGER ASSESSMENT

The intent of the Danger Assessment (DA) tool is an approach to assessment that informs safety planning and intervention. This means it is very important that shelter staff using the tool have a solid understanding of its content and a thorough understanding of the process.

***This section will walk you through how to administer the Danger Assessment and will cover the following topics:***

How to prepare yourself, your space and a woman to complete the DA;

How to obtain informed consent;

How to complete the DA using trauma-informed principles;

and

How to score the Questionnaire.

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### WHAT DO I NEED TO KNOW BEFORE COMPLETING THE DA?

#### UNDERSTANDING THE CONNECTION BETWEEN ABUSE AND TRAUMA

Women fleeing domestic violence must navigate the after effects of abuse that impact the psychological, physical and social aspects of self (Allen & Wozniak, 2010). Those who have experienced domestic violence often report difficulty in establishing meaningful relationships, envisioning a future, having a positive sense of self and worth, perceive and experience a heightened sense of danger, and difficulty managing distressing/negative emotions (Bloom & Sreedhar, 2008; Bonomi et al., 2009; Herman, 1997). Women who have been abused are also more likely to develop post-traumatic stress disorder and major depressive disorder (Bargai et al., 2007; Houskamp & Foy, 1991) as well as a range of physical ailments and illnesses (Bonomi et al., 2009). This is why it is so important that work with women who have experienced abuse come from a stance of ‘what has happened to you’ rather than ‘what is wrong with you’ (Bloom & Sreedhar, 2008). This approach provides an opportunity for women to talk about their experience, to process and integrate past trauma into the present self, and help women see themselves more holistically instead of identifying exclusively, as a victim or as a survivor of abuse (Allen & Wozniak, 2010).

The administration of the DA requires women to recall incidents of abuse they experienced over the course of their relationship with the abusive partner. It is critical for staff administering the tool to

establish a good rapport and relationship with a woman, in order for her to feel safe and supported. Women who have been abused can experience physiological and emotional responses to memories of traumatic events (e.g., feeling afraid for one's life, internal activation of body's threat system, feelings of pain, worthlessness, numbness etc.) (Allen & Wozniak, 2010). These responses are related to a woman's internal experience that perceives that the threat linked to a past event is happening in the present moment (Covington, 2008). The concept of safety as a goal of the DA is important in helping women stay present while it is completed. Creating a safe space for the woman should be a priority, however, giving women an opportunity to discuss what has happened to them should not be minimized or avoided. In fact, there is evidence that women have a desire to talk about their experience so long as they feel safe and are ready (Hiavka et al., 2007) and that most women experience a positive gain from doing so (Johnson & Benight, 2003).



### ***Feeling Safe***

The more a woman feels safe, the more likely she can stay in the present and the less likely she will re-live a traumatic event while remembering it.

Nonetheless, it is important to understand that the experience of completing the DA may bring up painful memories and emotions for some women. Some may be triggered by these memories and they may experience emotional flooding or may "zone out". Having a basic understanding of what trauma is and how the body and brain respond to threats associated with recalling traumatic events can help staff assist women return to a calmer state should they become overwhelmed during the process of completing the DA, or in any counselling or information session they might participate in.



### ***What is Trauma?***

A simple definition of trauma is wounding – a wounding of the soul.

When a traumatic event occurs in an individual's life, it tends not to be processed like other life events. The traumatic memory gets stored in a different way. For example, a memory may be stored in the body and not in the thinking part of the brain. Therefore, when that memory gets triggered for some reason – it could be a sight, smell, sound or a thought about an incident – a woman may

experience an emotional reaction. The emotions felt while remembering may be almost as intense as the emotions attached to the original incident; a woman may experience a traumatic reaction, even though she is not currently experiencing a traumatic event. In that moment, she may be overwhelmed and struggle to cope.

***The Brain's Response to Trauma.*** Levine and Philips (2012) describe how the brain will set off alarm bells that tell our body to brace and protect itself when we feel threatened. Our brain has certain structures that turn on and off depending on what we perceive. When we face what we believe to be a threat to our survival, a part of our brain called the amygdala is turned on and sends a signal to the rest of our body that we are in danger: this is the fear response. The fear response is also commonly referred to as the 'fight/flight/freeze' response and occurs in the brain stem – also referred to as the reptilian brain. These responses allow us to respond instinctively to threat by bypassing other structures in the brain that otherwise take precious time



### ***Fight, Flight or Freeze?***

These reactions can be cues that a woman no longer feels safe. It might be time to use techniques from Appendix III.



weighing the pros and cons of a response. As a result, we will choose an automatic response (e.g., fight or run away) based on which option has the best probability of survival. If fighting or running away is deemed to be useless, we will go into a 'freeze' response. Freezing can look like 'playing dead' or result in dissociation and 'numbing out'. These responses are normal responses to threat and are key to our survival. It is believed that the fear response must run its course before the nervous system can return to normal. Over time our bodies and nervous systems learn from the outcome of the response so it can get better at responding to future threats (Levine & Philips, 2012).

A woman who is fleeing domestic violence may have experienced years of physical and emotional abuse as well as psychological control. As a result, her nervous system is likely on high alert and her fear response almost always turned on. Her nervous system may rarely, if ever, return to a calm state. In this constant state of fear and anxiety, a woman is more likely to believe danger is just around the corner and fear the abuse will happen again (Herman, 1997).



### **High Alert**

A woman's vigilance and resourcefulness in finding ways to protect herself and her family have been critical to her survival while in an abusive relationship.

When we administer the DA, we must be attuned to when a woman displays a fight, flight or freeze response because it relays to us that she no longer feels safe. This is our cue to slow down and use techniques (see **Appendix III: DA & Trauma: Returning Women to a Calmer State**) to help a woman return to the present and reach a calmer state.

## SUPPORTING INFORMED CONSENT BY BEING RELATIONAL



### ***Informed Consent***

Is shared decision making that equalizes power imbalances, empowers a woman's rights, and supports choice.

As mentioned, there are many advantages in a woman completing the DA, especially in helping her understand the danger she faces and providing specific information that can help keep her safe. There are also challenges; the DA takes time to administer and can create discomfort for the woman who may not be used to talking to someone about private matters; it also asks the woman to recount incidents of abuse which can be

emotionally distressing and painful. If informed consent is supported in a relational way, the likelihood of re-traumatizing a woman is minimized because you will have provided enough information for her to make an informed choice. The informed consent process can also be used to establish rapport and build a working alliance with the woman that creates an atmosphere of safety and trust (McBride, 2016). A non-threatening atmosphere can contribute to a woman's feeling of comfort, helping her be more open to processing the information related to her safety, gathered from the DA.

*For consent to be truly informed, shelter workers must ensure the woman completing the DA:*

- understands that they have the right to decide whether or not they want to participate.
- display that they are competent and capable of deciding for themselves.
- be able to weigh the pros and cons of that decision.
- do not feel coerced into participation.
- know that they have the right to withdraw and/or stop participation at any point, even after the assessment, activity or treatment has begun (Tymchuk, 1997).

Remember, informed consent is a shared decision-making process between a woman and shelter staff; it equalizes the power imbalance that may be present and it empowers women by helping them re-establish their rights in their ability to choose for themselves (Crowhurst & Dobson, 1993; McBride, 2016).

***Introducing the DA to the Woman and Obtaining Informed Consent.*** The following are suggested steps and topics to cover to introduce the DA and support the woman's informed consent. It is important to note that the information be provided through a conversation rather than a list so that staff can repeat, confirm, and check in with the woman that her rights are well understood. Please see ***Appendix I – Engaging with Women to Obtain Informed Consent*** for a sample script for obtaining informed consent.

1. ***Affirm Her Rights.*** Explain to the woman that completing the DA is a desired part of the shelter intake/assessment process.
  - a. Emphasize to the woman that completing the DA is her choice and that the quality of service she receives will not be impacted if she chooses not to complete the DA.
  - b. The woman must understand that if at any point, she feels she cannot continue, she does not have to and can either choose to no longer complete the DA or opt to complete the DA later.
2. ***Inform Her.*** Describe how the information provided through the Danger Assessment may be used so that she can make informed choices about participating. This process should include providing

the following pieces of information:

- a. The scope and purpose of the tool including its strengths and limitations (See **Section I**)
- b. The benefits:
  - Help the woman process what has happened to her and possibly make sense of the experience that has brought her to the shelter.
  - Assess the potential danger she may be in, including the likelihood that she may be seriously harmed and killed by her partner.
  - Identify the factors that are unique to the woman's situation, that contribute to her level of danger.
  - Support safety planning for the woman and her children so that they can stay safe.
  - If necessary, the DA score can be communicated to formal systems that can further assist her in keeping safe.
- c. The challenges:
  - The DA takes about 1 hour to complete. Although this may create some anxiety in the woman for many valid reasons, it is important for her to know this. It is also important for her to know that you are prepared to spend the necessary time to support her process.
  - The Calendar and the Questionnaire may create distressing emotions that may be overwhelming; staff need to convey that they will be attuned to her emotional responses and will provide tools to help her return to a calmer state.
- d. Confidentiality and privacy, including access and limits of confidentiality.
  - Communicate to the woman that what she tells you will be kept confidential and private. She should also be informed who will have access to her file. Explain that you and other staff are bound by confidentiality and are not allowed to share her information with anyone else unless she gives permission.
  - ***It is an ethical obligation to let the woman know when her privacy cannot be protected; it is of utmost importance that the message is relayed in a non-threatening way:***
    - Under what circumstances shelter staff would be required to inform external authorities or systems, specific to individual woman's safety or the safety of individual women's children;
    - Under what circumstances shelter staff would be required to provide information in response to a legal order or request for information;
    - If her DA score will be shared with other shelters if she is transferred;
    - How and where the information will be recorded on women's file.

3. *Answer Her Questions.* Ask whether she has any questions and answer as you are able.

4. *Confirm Her Consent.* Ask if you have the woman's consent to complete the Danger Assessment.

A woman is likely to consent if she is well informed and understands that the DA has empowered many other women to build safety and change for themselves and their children. Ultimately it is her choice whether she completes the DA.

## COMPLETING THE DA EARLY IN THE WOMAN'S SHELTER STAY

It is important to complete the DA within 48 of a woman entering an emergency shelter as she may leave shelter within a few days after admission. In second stage shelter settings, completion of the DA tool can be later, providing more time to develop rapport. However even in second stage shelters, the DA should be completed, and a safety plan developed within a reasonable time frame. Women often need to continue their daily lives - to go to work and school, visit family and friends - and need a comprehensive safety plan based on the results of the DA. Completing the DA early will provide women information on what kind of danger she may be facing and provide her a safety plan in the case she goes back to the abusive relationship upon leaving the shelter.

If a DA is sent to a second stage shelter as part of the referral process it is recommended that the DA is reviewed with a woman within the first month of her stay. If a DA has not been done before with the woman or has not been shared by the emergency shelter it is recommended that the DA be completed within the first two weeks of her stay. The DA should be re-done at 6-months and then reviewed again at the time of discharge along with the safety plan. The DA should be re-done if there is significant change in the woman's life, as defined by her and the case manager.

## CREATING AN ENVIRONMENT CONDUCIVE TO COMPLETING THE DA

**Preparing Yourself.** Shelter work is demanding and involves multitasking. Prior to meeting with a woman to complete the Danger Assessment it is important to ready yourself for the session. Take a few minutes to ensure you are grounded. Take time to utilize your own calming and grounding strategies such as breathing exercises. Ensure that the space you will be using has everything you will need. Is there a pitcher of water and glasses available? Are there comfort items in the room? Do you have all the paper work that you need?

**Preparing a Woman.** Even though it is recommended to complete the DA early in a woman's stay, avoid using the DA immediately after a woman has experienced an assault or when she appears to be experiencing significant distress and signs of trauma.

It is extremely important that shelter staff take time to develop a positive helping relationship with women prior to implementing the DA. Building a helping relationship with a woman can be done very quickly. Participants should consider the question "What are some ways that I can quickly build a supportive relationship with the women I work with?"

Some examples include:

- Ensure enough time (uninterrupted);
- Ensure that children are being cared for;
- Provide a space to administer the DA that is calm and supportive and away from the busyness of the shelter;
- Set up the room with comfort items (e.g. affirmation cards, shawls, stuffed animals, a basket of comfort items, a pitcher of water);
- Check with the woman regarding her experience at the shelter;
- Ask how her children are coping and listen to her tell her story;
- Ask if she has any questions or concerns about the DA and provide her with answers to her questions;

- Acknowledge that coming into a shelter is often a very difficult decision; and
- Remind her that you are there to support her.

### ATTENDING TO COPING STRATEGIES

Work with the woman to identify any strength-based coping strategies that she uses when she experiences difficult situations or feels emotionally overwhelmed.

- Does she seek out positive supports?
- Does she meditate, pray, smudge?
- Does she use self-care techniques?
- What types of things did she previously do that helped her feel better (e.g. skills and/or hobbies?)
- Does she have friends, family, or co-workers that she is still connected to that are safe and supportive?
- Are there formal supports (e.g. other agencies, counsellors, etc.) that she is currently using that she finds helpful?

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### SOMETHING TO CONSIDER

*Some women develop strategies or habits that may be unhealthy in order cope with difficult or intense emotions. Explore these with her in a non-judgmental way. Brainstorm other healthier options together, come up with a few techniques that make sense for her and are easy to do.*

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## HOW DO I ADMINISTER THE DA CALENDAR IN A TRAUMA-INFORMED WAY?

### INTRODUCTION

This section gives you some tips on how to use the Calendar. The Calendar is the first of the DA tools and should be completed before starting the Questionnaire.

### WHY IS THE CALENDAR IMPORTANT?

*The Calendar helps a woman give voice to what has happened to her and come to her own conclusions about the danger of her situation. It is a tool that can:*

1. Help you create a supportive, helping and healing relationship with a woman.
2. Emphasize safety and open the possibility of change.
3. Support her in identifying abuse in her relationship.
4. Encourage her accurate recollection of events, and inform her completion of the Questionnaire.
5. Provide a visual which helps her remember the incidents of abuse by linking those incidents with significant events that happened over the past year and identifying patterns.
6. Help identify specific information to use in developing safety plans (e.g. high-risk events and times).

### KEYS PIECES TO COMPLETE THE CALENDAR

1. **BRIEF OVERVIEW OF THE CALENDAR.** Let the woman know that you will support her to work on the DA Calendar that will provide an overview of the abuse she has experienced in her relationship.

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*Consider that she may find it difficult to remember a full year prior to coming to shelter. Let the woman know that even if she can't recall in detail the abusive incidents she has experienced, or if she has been in a relationship for less than a year, she can still complete the Calendar. Assure her that it is alright to provide whatever information she can remember about the abuse and that approximate dates are sufficient.*

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2. **BUILD A COMMON LANGUAGE.** Begin by discussing the different types of abuse women experience (see **Appendix IV – Types of Abuse**). Ask about how she defines abuse; see how it reflects or differs from the definitions of physical, emotional, financial and spiritual abuse identified in the handout. Women must have a good understanding of the different types of abuse before completing the Calendar.
3. **AFFIRM YOUR SUPPORTIVE ROLE.** Remind the woman that as she completes her Calendar, you will check on her level of stress. Let her know that you will be using the Subjective Units of Distress scale (SUD) to determine if it is appropriate to keep going. Briefly review her coping strategies and other techniques you would like to use, with her permission, if she becomes overwhelmed and you need to stop the DA process.



### The SUD Scale

Observe the woman's tone of voice, body language and comfort level and verbally check in throughout the whole DA process. Use the SUD if you feel that she may become overwhelmed or if you begin to see her shutting down.

Describe to her how it works:

"When you start to feel uncomfortable or overwhelmed while we are doing the Calendar, you can let me know whether or not we can continue. I will check in with you and ask you on a scale of 0-100 how you are feeling. If you give me a score of 0, it tells me that you feel completely calm. A score of 100 tells me that you are extremely anxious."

Reassure her that it is ok to stop if she feels overwhelmed.

Stop if the woman indicates a score of 50 or higher.

Work with the woman to implement positive coping strategies and help her return to a calm state.

4. **MARK SIGNIFICANT DATES.** Once the woman is ready to begin, ask her to first mark any special occasions, dates, annual/routine family gatherings (e.g., kids' activities, birthdays, religious/spiritual practices/traditions, etc.) that are important to her and/or her partner or ex-partner. You can suggest the following as examples:
  - Holidays, vacations,
  - Birthdays, anniversaries, her pregnancies/births,
  - Family events, seasons,
  - Other routine activities potentially associated with abuse (e.g. paydays).
5. **MARK INCIDENTS OF PHYSICAL VIOLENCE.** Ask the woman to mark on the Calendar all incidents of violence that occurred during the past one-year period, starting with the most recent month. For any physical violence she reports, write the following codes beside each incident:
  - P1 = Slapping, pushing; no injuries and/or lasting pain
  - P2 = Punching, kicking; bruises, cuts, continuing pain

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*Consider that this might be the first time a woman has heard that limits/control of finances and/or spiritual practices as well as constant put-downs and name calling are forms of abuse; she may begin to see a clearer picture of the abuse she is experiencing because of your conversation with her. This is a great opportunity to build on the supportive relationship you have established with the woman.*

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P3 = "Beating up"; severe contusions, burns, broken bones,

P4 = Threat to use weapon; choking; head injury, internal injury, permanent injury, miscarriage

P5 = Use of weapon; wounds from weapon

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***Note:** If a woman feels that the severity of the physical abuse falls between two numbers, mark the higher number on the Calendar.*

***Note:** ACWS, together with Dr. Campbell, have decided to track choking as its own category of abuse (see below).*

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6. **MARK INCIDENTS OF OTHER TYPES OF ABUSE.** Ask the woman to identify the dates of incidents of other types of abuse and mark the related letter on the Calendar:

(E) Emotional, verbal or psychological abuse

(F) Financial abuse

(S) Sexual abuse

(SP) Spiritual abuse

(C) Choking

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***Note:** One incident may include several different types of abuse and, 'E' can signify emotional abuse for several days at a time. If this is the case an 'E' can be placed on one date and then a line can be drawn through the other days that it occurred.*

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7. **MARK OTHER SIGNIFICANT INFORMATION.** Ask the woman to add any significant details about what was happening on the days she experienced the violence to the Calendar. Let her know:

- It is not important that she knows the exact date.
  - If possible, the Calendar should be completed in her own handwriting, using ink. If this is not possible, staff should document the information on the Calendar for her and then sign the Calendar indicating the name of the person that completed the Calendar, and the reason why this was necessary.
  - If an interpreter is used, both the interpreter and the shelter staff sign the Calendar.
- 

***Obtaining details surrounding the incidents of abuse will help you support a woman to develop a safety plan that is specific and uniquely tailored to her experience based on the events and patterns that appear in the Calendar.***

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## ADDITIONAL TIPS FOR COMPLETING THE CALENDAR

### STAY WITH THE WOMAN WHILE SHE COMPLETES THE CALENDAR

- Respond to all questions or comments as needed.
- Remind her that if it is too upsetting, she may stop at any time.
- Offer emotional support as needed.
- Show that you are interested in understanding her experiences with violence.
- Provide occasional prompts such as:
  - Are there other events that your family or his family regularly plan?
  - What else was happening around that time?
  - Where were the children when this was happening?
  - What was going on during the week before this all happened?

### AVOID ASKING LEADING QUESTIONS

- Leading questions suggest a particular answer; it is critical that the woman tells her story as she sees it.
- Questions that suggest specific answers may encourage women to change their responses and can diminish the accuracy of the recollection of events.
  - An example would be: “Does your intimate partner often assault you when relatives are visiting?” *Suggests that the intimate partner assaults her during visits from relatives.*
  - Alternative question: “What else was happening in the house during the times you describe when your partner assaulted you?”

### REVIEW & DISCUSS CONTENT OF WOMAN’S COMMENTS ON THE CALENDAR

- Once the Calendar is completed, go over the Calendar with her to ensure that you:
  - Understand what is written on the Calendar;
  - Avoid asking leading questions;
  - Invite and allow the woman to tell the details of her story if she chooses to.
- Ask the woman:
  - If she sees any patterns based on the events documented on the Calendar,
  - If there is anything that is surprising to her; and
  - If she noticed anything new or gained any new knowledge while completing the Calendar.

### CHECK IN WITH WOMAN HOW SHE IS FEELING AFTER COMPLETING CALENDAR

- Debrief! Give her time to talk about her feelings about completing the Calendar and any other thoughts she may have had throughout the process.
- Acknowledge that recalling the details of violent incidents can trigger difficult emotional, cognitive and physiological responses and let her know that it is normal to feel these responses if she experienced them.
- Use the SUD (Subjective Unit of Distress) scale at this point. If a woman appears distressed and indicates a SUDs of 50 or more, use relaxation and/or grounding techniques to assist her in returning to a calmer state.

# HOW DO I ADMINISTER THE DA QUESTIONNAIRE IN A TRAUMA-INFORMED WAY?

## INTRODUCTION

This section will help you understand how to use the Questionnaire as the second component of the two-part Danger Assessment (DA) tool, by:

- Describing how to complete the DA 20 Yes/No Questions;
- Explaining how the DA questions are scored and how to discuss the score with the woman; and
- Explaining how the questions are represented in the research.

## WHY IS THE QUESTIONNAIRE IMPORTANT?

*It is critical to obtain information about the violence in the relationship from the victim to determine risk of lethality in domestic violence situations.* The DA Questionnaire:

- Provides you with the tools to assist women to understand the specific factors that contribute to risk;
- Emphasizes safety and opens up the possibility of change;
- Supports communication of specific risk factors and overall risk with other involved professionals; and
- Facilitates accurate understanding and communication with others regarding the reliability of the tool.

## STEPS TO COMPLETE THE QUESTIONNAIRE

The steps to completing the Questionnaire are as follows:

1. Ask the questions;
2. Score the questions;
3. Discuss the score;
4. Plan for next steps based on the score; and
5. Check in with the woman's feelings

### 1. ASKING THE QUESTIONS

Invite the woman to answer the questions by indicating 'Yes' or 'No' when the questions are read to her. It is important to ensure each question is completed. A blank is equivalent to a 'no' response.

Each of the 20 questions in the Questionnaire is presented below. Except for question #20, all the factors indicated by the DA questions are significant factors in predicting risk of femicide. Dr. Campbell's research shows that women in the femicide and attempted femicide groups scored significantly higher on each of these questions than the women in the group who were abused but were not killed or almost killed.

Some of the questions are scored higher than others due to their weight in predicting femicide. The strongest indicators of risk of femicide are questions 2, 3 and 4.

- *The partner's ownership of a gun was one of the highest scoring indicators of risk* and is rated accordingly in the weighted scoring. Abusive men in the American samples were twice as likely as non-abusive men to own a gun.
- In the clear majority of femicide and near-femicide cases (73%) there had been a significant relationship change in the preceding 12 months, usually involving the woman leaving her partner.
- *Unemployment is the number one demographic risk factor for femicide.*

*Question #20 is not scored because it does not represent a significant indicator of risk for femicide. This question was included to ensure the woman's risk of suicide is assessed.*

## **DA Questionnaire Items**

### **Physical Violence**

1. Has the physical violence increased in severity or frequency over the past year?
  - After completing the Calendar and recognizing patterns of escalation, most women will be able to answer this question with more accuracy than had they not completed the Calendar.

### **Gun Ownership**

2. Does your partner own a gun?
  - *Owning a gun is the highest risk factor for intimate partner femicide.*
  - The key word is ownership and not access. So, if a partner owns a gun and it is not stored in the home, the answer would be 'yes'.
  - This is an important area to focus on when later working with a woman to complete a safety plan. **Note:** If she responds that her partner or ex-partner has access to a gun, this is scored as a "no" but should be noted on the DA Questionnaire and further explored in safety planning.

### **Significant Change in Relationship**

3. Have you left your partner after living together during the past year?
  - 3.A (If you have never lived with your partner, check here \_\_\_\_).
    - If a woman had been living with her partner and came into the shelter – the answer would be 'yes' to this question. So even if she came to the shelter for a break and plans to return to her partner, the answer is 'yes'. This question only applies if they have been living together.
    - Research shows that women who have left their partner experience an increased risk of femicide, especially if the partner is highly controlling. Risk is significantly elevated if she left him for another partner.
    - Never having lived together is protective – that is reduces the risk of femicide.

### **Unemployment**

4. Is your partner unemployed?
  - *Unemployment represents the greatest demographic risk factor for femicide.*

### Use of a Weapon

5. Has your partner ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? \_\_\_\_).
- It is important to pay attention to the word **ever** – if the partner used a weapon and/or threatened the woman with a weapon and it was 2 years ago – check ‘yes’.
  - Clinical judgement is important. In the context of this Questionnaire, the definition of a weapon is an object that has the potential to kill – so a shoe would not be considered a weapon but a baseball bat, an axe, a knife for example would be considered a lethal weapon.

### Threat to Kill

6. Does your partner threaten to kill you?
- Refers to any previous threat.
  - A veiled threat or one that is not direct is not the same as an actual threat in terms of risk of femicide.

### Avoiding Arrest

7. Has your partner avoided being arrested for domestic violence?
- You may have to explain ways to avoid being arrested – for example – police were called but charges were not laid, she was charged but he was not, he fled before the police arrived. Avoiding being arrested may make him feel more powerful – like he can get away with anything.
  - Research shows that arrest for DV is a protective factor – lowers the risk of femicide.

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### HOW CAN ARRESTS BE PROTECTIVE?

*Arrests initiate a coordinated community response; when abusive individuals are arrested, they are monitored and supervised through the probation/parole process and are often required to complete mandated programming; victims are provided more support and are assisted more often with safety planning and their situation is assessed for risk on an ongoing basis (Campbell et al., 2009).*

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### Step Child

8. Do you have a child that is not his?
- The child is a constant reminder that the woman has been with someone else.
  - This does not apply to adopted or foster children – only if the child is a biological child of the woman.

### Forced Sex

9. Has your partner ever forced you to have sex when you did not wish to do so?
- Pay attention to the word **ever** – if it happened more than a year ago the answer is ‘yes’.
  - This refers to forced sex rather than pressure for sex. The element of danger is related to force.

## Choking

10. Does your partner ever try to choke/strangle you or cut off your breathing?

10.A (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 : \_\_\_\_\_)

- **10.A was added in 2019** to identify when there have been multiple choking/strangulations, or any strangulation event that resulted in passing out, blacking out, or dizziness or altered consciousness.
- **The DA scoring was also updated** to reflect the increased risk of lethality of repeated strangulation, or when it results in altered consciousness or blacking out.
- Pay attention to **ever** – ever includes previous choking incidents beyond the previous year.
- The question refers to strangulation but added ‘choke’ and ‘cut off your breathing’ because it is usually easier for women to relate to.
- If she answers ‘yes’ and it was a recent incident – follow the VON Strangulation Protocol (see **Appendix V - Additional Reading Material**). There is a risk of death up to 5 days after a choking incident.

## Use of illegal drugs (does not include marijuana)

11. Does your partner use illegal drugs?

- In the context of this Questionnaire, drugs mean “uppers” or amphetamines, speed, angel dust, cocaine, “crack”, street drugs or mixtures.
- Include any drugs that are not prescribed and that are illegal.
- Does not include marijuana.

## Abuse of alcohol

12. Is your partner an alcoholic or problem drinker?

- Explain what a problem drinker means – includes binge drinking, heavy drinking on a regular basis.

## Partner is controlling

13. Does your partner 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: \_\_\_\_).

- It is important to note that women who have left their partners after living together are at an elevated risk for femicide especially if he is highly controlling.
- This is a critical area to discuss when doing the safety planning.
- It is advised for her not to inform her partner if she is planning to leave the relationship.

## Jealousy

14. Is your partner violently and constantly jealous of you? For instance, does he say, “If I can’t have you, no one can”?

- This is a high-risk factor for murder/suicide.

### **Violence during pregnancy**

15. Have you ever been beaten by your partner while you were pregnant? (If you have never been pregnant by him, check here: \_\_\_\_)

- Again, pay attention to the word **ever** – not just within the last year.
- If she is pregnant and there has been a recent assault she should be referred for medical treatment due to the heightened risk of miscarriage.
- If the woman is pregnant and returns to partner, a call to child welfare may need to be made. Follow your agency protocol.

### **Partner threatening suicide**

16. Has your partner ever threatened or tried to commit suicide?

- This indicator was particularly significant among homicide-suicide cases.

### **Threat to harm children**

17. Does your partner threaten to harm your children?

- This refers to children that may be the couple's together or hers only.
- If she answers 'yes' this does not necessarily mean a need to contact child welfare. This will be dependent on whether the woman decides to return to her partner.
- Clinical judgment needs to be used. If you feel there is a need to contact child welfare, follow your agency protocol.

### **Belief in partner's capacity to kill her**

18. Do you believe your partner is capable of killing you?

- This is a sensitive question. A woman's own perception about her risk should always be considered when assessing risk of femicide.
- Research indicates that about 50% of femicide victims and near femicide victims accurately predict their risk.

### **Stalking**

19. Does your partner follow or spy on you, leave threatening notes or messages on your answering machine, destroy your property, or call when you don't want him to?

- Stalking is against the law and there is something that woman can do about it. You might want to give the woman information on stalking.

### **Victim threatening or attempting suicide**

20. Have you ever threatened or tried to commit suicide?

- This question is not scored.
- If a woman answers 'yes' – and the threat or attempt was recent follow your agencies suicide intervention protocol.

## 2. SCORING THE QUESTIONNAIRE

This is the updated 2019 Scoring Guide for the original and Walking the Path Together Danger Assessment tools (DA-I and DA-R Scoring Guides can be found in **Section VII – Danger Assessment Tool Templates** pg. 58-59).

Score the Questionnaire using the following steps.

1. Add 1(one) point for each 'Yes' response to questions 1 through 19. Some 'Yes' responses receive extra points because they are more important in predicting femicide. Specifically:
  - Add 4 extra points for a "Yes" to question 2.
  - Add 3 extra points for each "Yes" to questions 3 & 4.
  - Add 2 extra points for each "Yes" to questions 5, 6 & 7.
  - Add 2 extra points if 10.A is checked.
  - Add 1 extra point for each "Yes" to questions 8 and 9.
  - Subtract 3 points if 3a is checked.
2. **The highest possible score is 39.**
3. **Note: Question 20 is not included in the overall score.** However, if a woman answered 'Yes', potential for suicide requires further exploration. If a woman is assessed as being currently suicidal - follow shelter protocols.
4. Write the total score for questions 1 to 19 at the bottom of the page on the DA Questionnaire.

## 3. DISCUSSING THE SCORE

Explain the total score to the woman, indicating the specific level of danger that is identified with her score, and the related implications for safety.

**Be very careful not to under-represent risk regardless of the score**

*All levels of risk are a concern and all domestic violence poses risk. It is important that the woman does not perceive a lower score to mean that she is not at risk.*

Be sure she understands that:

- Any level of danger is significant.
- Her level of risk can change quickly.
- The DA is only one tool, and her situation, emerging events, and her own perception of danger should be monitored to understand and reduce her level of risk on an ongoing basis.
- *If the DA score is low, and a woman talks about feeling afraid, this needs to be considered when safety planning.*
  - Conversely, if her score is high and she insists that there is no or low risk of femicide, this needs to be addressed in safety planning.
- *If a score is low but you perceive danger in the situation your expert judgment should guide intervention.*

- A low DA score should not be used to limit a woman's level of service.

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***NOTE: The DA is a better predictor of femicide than expert judgement. Even the most experienced of assessors tends to see situations through their own lens which is usually based on previous situations they have dealt with. There may also be a tendency to miss certain questions if one is not using a tool.***

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#### **4. PLANNING FOR NEXT STEPS BASED ON THE SCORE**

##### Less than 8 is "Variable risk"

- This level means the risk can change – some women at this level will become femicide victims, but most will not.
- Introduce safety planning and the need to monitor safety over time.
- Inform her, if she becomes frightened she should trust her perception and "believe her gut".

##### 8– 13 is "Increased Danger"

- Risk of femicide is increased at this level.
- Implement safety planning and monitor safety over time.

##### 14 – 17 is "Severe Danger"

- Approximately 90% of women who were killed or almost killed scored at the severe or extreme danger category.
- Risk prediction has an 80% accuracy rate in this category.
- Assertive and continuous safety planning is required at this level of risk.

##### 18+ is "Extreme Danger"

- This is the highest level of risk.
- Assertive and continuous safety planning is required.
- Work with the woman toward acting to reduce risk.
- Identify the systems and individuals that will support her to mobilize to increase her safety.

#### **5. CHECK IN WITH THE CLIENT'S FEELINGS**

Check in with the woman about how she is feeling. Pay special attention to any high-risk coping strategies that she may have indicated previously (i.e. suicidal ideation or attempts, self-harming behaviour, drug or alcohol abuse, withdrawal, running/disappearance, self-deprecation, loss of time, changes in sleeping or eating patterns, etc.).

The SUD (Subjective Unit of Distress) scale should be used again at this point. If a woman appears distressed and indicates a SUDs of 50 or more, the staff working with her should use relaxation and/or grounding techniques to assist her to return to a calm state.



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## SECTION III

### DANGER ASSESSMENT AND SAFETY PLANNING

This section will provide some guidance around how to use the information around risk factors identified through the completion of the DA to develop a woman's safety plan.

***In this section, we will cover the following topics:***

What a safety plan is;  
Important considerations;  
Areas to consider in the development of a safety plan; and  
Safety planning and lived experience.

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#### INTRODUCTION

The risk factors contributing to a woman's danger identified in the DA should inform the development of a woman's safety plan. In addition to the information a woman provides in completing the DA, other factors should also be considered to ensure that the safety plan is relevant and practical for a woman to carry out in the face of danger. A document titled "*The Danger Assessment and Safety Planning*"<sup>3</sup> has been included in **Section VII Danger Assessment Tool Templates** for your review; it provides you an outline of what questions to ask and actions to consider based on women's responses to the DA Questionnaire. The Walking the Path Together POP TARTS Safety Planning Tool is also included in Section VII. A safety plan will be more effective and more likely to be implemented if it is relevant to a woman's situation and addresses specific risk factors that are present in her life.

#### WHAT IS A SAFETY PLAN?

A safety plan is critical in helping women plan and prepare for potential future abuse by becoming aware of risks in the relationship that signal fear, threat and danger associated with the potential of abuse (Davies, 2009).

Safety plans should include:

- Strategies for escaping, avoiding and surviving violence.
- Strategies for increasing resources and support.
- Identified patterns of abuse escalation - internal and external and early cues of escalation.



#### ***Safety Plans***

Identify steps women can take to increase their safety as well as place attention on risk factors so that women and children can prepare and act to stay safe when required. (Plesuk, 2015)

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<sup>3</sup> Originally developed by Noreen Cotton from St. Paul Crisis Centre

A safety plan, co-created by a woman and you is more effective if it is developed through a conversation rather than through a checklist. Checklists neglect the uniqueness of a woman's situation, may fail to show understanding of her experience and the plan created may be inadequate to address specific risk factors missing from the checklist. A co-created safety plan creates opportunities for her to identify specific elements in her situation that keep her and her children safe as well as help her identify signs of danger.



### ***Co-Creating a Safety Plan***

Just like when completing the DA Calendar and Questionnaire, it is important to use a relational approach and build the safety plan through conversation.

Safety plans must also explore systemic barriers that get in the way of a woman's safety. A woman may experience cultural or language barriers. She may face barriers receiving health care, accessing information, securing stable housing, finding employment, or receiving education and social services. Poverty and lack of access to financial services can also be significant factors. A cohesive safety plan aims to explore the barriers a woman faces and include ways in which these barriers can be addressed. It is critical in our work with women that we reflect on how we as well as our organizations, reinforce – albeit unintentionally – the power-over/power-under dynamics that women experiencing domestic violence face.

## **IMPORTANT CONSIDERATIONS**

- A safety plan should include **more** than strategies needed to leave a relationship.
- Leaving does not guarantee safety, in fact, a woman who leaves a relationship is often in more danger as compared to a woman who stays.
- A woman who leaves must face not only the loss of a relationship that she may have invested many years of her life, she may also face social isolation, financial loss, loss of parenting support, employment/career disruption as well as grief relating to the loss of family structure.
- Many women do not want to leave; women who have left abusive relationships have often attempted to leave their partners 7 or more times before they left for good. It is critical that safety plans are comprehensive and tailored to a woman's situations for precisely this reason.

## **WHAT AREAS SHOULD BE CONSIDERED WHEN DEVELOPING A SAFETY PLAN?**

- Consider these examples of questions to explore her situation:
  - Are there specific social and/or cultural factors that need to be considered in developing a safety plan?
  - Does she live in an urban or rural community?
  - Does the woman present any mental health or substance abuse issues?
  - Is she living with her partner?
  - Is she planning to leave, or does she hope for reconciliation?
  - Does she work in the community? Does she have children?
- Explore whether there are other agencies that can be of assistance to the woman and her children.
  - Get familiar with the role of other agencies in your community.
  - Is there a possibility to coordinate resources?

- Can you develop relationships with other agencies that allow for open communication while protecting confidentiality?
- **Safety and Technology**
  - Has the woman used a computer to search for resources and help?
  - Has she deleted her search history?
  - Does he have access to her email accounts?
  - Can he locate her via her cellphone?
  - Has she changed her passwords and PINs?
- If children are involved, include a developmentally appropriate safety plan for children that they understand and can do.
  - It is important to be sensitive to the fact that the child may have conflicted feelings towards their father if he is the perpetrator.
  - Help children identify how they can stay physically safe during violent incidents (e.g. telephone access and 911).
  - Help them understand that it is not their fault that the abuse is happening and that it is not their responsibility to stop the violence.
  - Identify 2 or 3 people they can call as well as other supports they have outside the home.

## **SAFETY PLANNING AND LIVED EXPERIENCE**

When co-creating a safety plan with a woman, it is critical that staff acknowledge her lived experience. For example, staff must recognize the potential impact of colonization on an Indigenous woman as well as the intergenerational trauma she has experienced. For those working with an immigrant/refugee woman staff must have awareness of her pre-migration and/or refugee experience. Staff should make effort to find out the beliefs she holds that may compete with her safety. A woman with disabilities requires different considerations than those without, as does a woman with limited access to resources because of the rural or remote community she lives in, and a woman who lives with substance use and/or mental health issues. These considerations are important in ensuring that the safety plans for women with varying experiences are uniquely tailored to her situation for it to be effective in keeping herself and her children safe.



### ***Intersectionality***

Is an approach that looks at all aspects of a woman's identity (e.g. race, class, sexual orientation, age, disability, etc.), how they interweave and interact to impact her lived experience.

Kimberle Crenshaw

It is also essential to consider if and how these different lived experiences may overlap and impact the same women, as is often the case with women who live with violence. These considerations are important in ensuring that safety plans for women with varying and overlapping experiences are uniquely tailored.

### ***Considerations for Indigenous women***

The WTPT DA tools include the POPTARTS (**P**rotection, **O**ptions, **P**lanning: **T**aking **A**ction **R**elated **T**o **S**afety) safety planning document which was developed to be more relevant for women living on reserve. The POPTART is meant to serve as a guide, so that staff can support the woman in developing a safety

plan that helps her identify her signs of protection mode; list her options; and make a realistic plan to get out fast.

### ***Considerations for women with disabilities***

Women with disabilities face increased risk for domestic violence for the following reasons:

- Physical vulnerability that may include difficulties communicating.
- Emotional vulnerability due to social isolation.
- Difficulty in identifying what is abusive behavior.
- Dependence on others for basic care.
- Abuser's perception that they can "get away with it".

It is important for staff to consider how a woman's disability impacts her ability to access resources. Consider what kind of resources can be accessed for her and if there is technology, equipment, medication, or people she trusts that can further assist with keeping her safe.

### ***Considerations for immigrant and refugee women***

#### ***Navigating Complex Systems***

Immigrant women may face complex legal dilemmas. Women who are fleeing domestic violence often lose status as a direct result of leaving her sponsor, which is often her spouse.

Women with immigrant and refugee status often contend with language barriers that make it difficult to access and make sense of information about possible formal supports. They also lack the support of an extended family or community which could help them with acculturating to a new country. There are cultural and religious beliefs to consider, that may compete with the notion of safety. Staff will need to understand

immigration policies as well as be educated in diverse cultural backgrounds. Access to interpreters will also be critical as will helping women connect with a community that they feel safe in.

### ***Considerations for women in rural/remote communities***

Women living in rural/remote communities are often isolated and have little access to formal and informal supports. There is often a lack of affordable housing, public transportation, support and health services, educational opportunities and telephone/internet access. Due to the small population, confidentiality is an issue. It can be challenging if the abusive partner is a known member of the community, or if the service provider knows the woman and/or her partner or ex-partner. Access to firearms and powerful/dangerous farm machinery are more readily available. This puts women at greater risk and can also be used to induce fear. Staff will need to be creative and resourceful in developing safety plans with women who are living in rural/remote communities. It may require that staff and women meet in less obvious places or use other trusted individuals to deliver messages. Establishing relationships with other community partners is critical in optimizing the limited resources available (e.g. enlisting the RCMP for support).

## ***Considerations for women with mental health and/or substance misuse issues***



### ***Targeting Vulnerabilities***

Threatening a woman with institutionalization or losing her kids if she tells others about her issues and seeks help is a tactic a woman who deals with mental health or substance use issues may experience.

A woman who is dealing with mental health/substance misuse issues may have faced years of abuse from an individual that directly targets her vulnerabilities and symptoms to keep her from accessing help. She may have been led to believe that no one would listen to her or that she is imagining things. She has probably heard that no one else will want to be in a relationship with her because of her issues. Staff need to address a woman's distrust of her own instincts due to the abuse she has experienced and help her identify the triggers that may aggravate her symptoms. The relationship that focuses on creating an atmosphere of

safety and trust is even more critical when working with women struggling with mental health/substance misuse issues; it is the foundation that allows for a woman to be open to suggestions that can help her manage her stress as well as provide her an opportunity to build trust with a safe person.



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## SECTION IV

### DANGER ASSESSMENT TOOLS DEVELOPED FOR VULNERABLE POPULATIONS

The Danger Assessment (DA) has been adapted and revised to identify risk for severe and lethal domestic violence with Indigenous women (Walking the Path Together DA), Immigrant women (DA-I), women in same-sex intimate relationships (DA-R). This section provides you with an overview of these tools. You can find the relevant Calendars, Questionnaires, Scoring Guides and safety planning tools in **Section VII Danger Assessment Tool Templates**. The research conducted in the development of these tools is described in **Appendix II – Research and the Danger Assessment**.

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#### WALKING THE PATH TOGETHER DANGER ASSESSMENT (WTPT)

##### WORKING WITH INDIGENOUS WOMEN ON AND OFF RESERVE

To make the Danger Assessment more relevant to women on-reserve as well as off-reserve Walking the Path Together: Phase II supported the cultural adaptation of the DA tools. Working with Dr. Campbell, Eagle Feather Workers Teresa Snow (Eagle's Nest Stoney Family Shelter) and Lillian Bigstone (Bigstone Cree Nation Women's Emergency Shelter) guided the development of this culturally appropriate approach with the Danger Assessment, with the advice and support of their colleagues, Joan Wolfe (Ermineskin Women's Shelter Society) Rita Vermillion (Paspew House, Mikisew Cree Nation), and Melanie Heroux (Sucker Creek Women's Emergency Shelter) and later, Heather Poucette (Eagle's Nest Stoney Family Shelter) and Michelle Littlechild and Stephanie Littlechild (Ermineskin Women's Shelter Society). Project Guidance Circle (PGC)<sup>4</sup> members including Janet Gladue (Bigstone Cree Nation Women's Emergency Shelter); Nora-Lee Rear (Eagle's Nest Stoney Family Shelter); Sandra Ermineskin (Ermineskin Women's Shelter Society); Mary Simpson (Mikisew Cree Nation); Darlene Lightning-Mattson (Sucker Creek Women's Emergency Shelter) and ACWS project manager Dorothy Sam provided input and affirmation of this work.

As part of the WTPT: Phase II, Eagle Feather Workers<sup>5</sup> (EFWs) continued to complete the DA tool with mothers and other caregivers of children they worked with. Phase II also included the participation of

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<sup>4</sup> PGC members included: the executive director from each of the five participating on-reserve shelters, ACWS Executive Director, ACWS Director of Member Programs and Services, ACWS Project Manager, two representatives from Centre for Children and Families in the Justice System, Dr. Jacquelyn Campbell and Appreciative Inquiry Facilitator.

<sup>5</sup> Eagle Feather Workers provided one-on-one support to children in their communities, working with their families, schools and community supports.

five off reserve shelters<sup>6</sup> that used the WTPT DA tools for a period of 6 months that helped further provide feedback on its relevancy for use with Indigenous and non-Indigenous women experiencing violence.

Revising the Danger Assessment to be a culturally relevant tool is a response to the fact that Indigenous women are exposed to higher rates of victimizations than any other group. Statistics Canada (2014) reported that Indigenous women had an overall rate of violent victimization that was double that of Indigenous men and more than triple that of non-Indigenous men. The rates of victimization become even higher when considering Indigenous women between the ages of 15 and 24 who are 3X more likely to experience victimization when compared to non-Indigenous women in the same age group.

These rates highlight the importance of using the WTPT Tools: Danger Assessment when working with Indigenous women as well as the need for continual evaluation of the tool; further development on the DA's cultural competence would ensure that shelters are more apt and able meet the safety needs of Indigenous women accessing shelters across Alberta.

## **DANGER ASSESSMENT – IMMIGRANT WOMEN (DA-I)**

### **WORKING WITH WOMEN FROM DIVERSE BACKGROUNDS**

Shelters have seen an increase in the number of women from diverse cultural backgrounds accessing shelter over the last few years, largely due to of changing immigration policies and Canada's mandate in the provision of refuge and compassionate humanitarian status for those fleeing war-torn countries. The shifts that families often experience attempting to integrate the culture of origin with Canadian culture can create family friction and conflict. Isolation and role confusion, as well as difficulty navigating laws and policy can also occur and is made more complex by language barriers (Campbell, 2009).

The loss of extended family also means loss of support for the woman. This may unintentionally remove the 'checks' and 'balances' that may have been in place pre-migration and protected her from being abused by her husband (Erez et al., 2009).



***Family Friction***  
Isolation, language barriers, role confusion, discrimination and loss of family/community supports are some of the unique factors faced by women who have immigrated to Canada.

Immigrant women experiencing domestic violence face unique factors that limit their ability to access services they need to stay safe. These factors include language barriers, isolation, loss (e.g. of family and friends, also profession, status, loss of respect from children because they are unable to speak English, etc.), lack of knowledge of systems, economic/financial instability, racial discrimination, and an inability to perform roles that may have been protective in country of origin (e.g., male as breadwinner) (Campbell, 2009; Erez et al., 2009; James, 2010). These roles may have provided males meaning and identity that were attached to status and power which are no longer relevant or available as an immigrant (James, 2010). These dynamics may intensify the conditions of family conflict and violence especially if a woman was victimized pre-migration. Additionally, immigrant women who are being abused may fear the loss of their community, both in Canada and back 'home' if they disclose abuse to

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<sup>6</sup> YWCA Sheriff King Home, Rowan House, Columbus House of Hope, Brenda Strafford, Wings of Providence



formal supports. It may be customary to keep problems within the family, it may be their belief that by bringing attention to the abuse and asking for help, they bring shame to their family's name and reputation (Girishkumar, 2014; Helms, 2015).

It is important to keep in mind, the experience of immigration and pre-migration when completing the DA with women from diverse cultural backgrounds. A critical first step is to have curiosity about her culture and the norms and values she identifies with. Worldviews vary greatly even within the same culture, as well as the interpretations and devotion to the prescribed beliefs and practices (Helms, 2015). A woman that identifies strongly with collectivist values may be accessing shelter for reprieve, with hopes of rehabilitation for her partner and reconciliation for the family. If we are aware of our biases and prejudices, a woman may feel that her cultural values are honoured. This may open her up to completing the DA as well as the information it provides which can in turn, challenge the abuse she is experiencing and help her stay safe. The DA can give her new information that helps her understand abuse is not normal as well as offer an opportunity to learn about the dynamics of abuse. It may prompt her to explore the idea that she has rights and question the role of violence in her life (James, 2010).

As mentioned previously, the immigration experience brings a multitude of challenges and unique risk factors for immigrant women experiencing IPV that may be unique from the risk factors experienced by non-immigrant women. Although the DA has been used to assess the likelihood of femicide for women from all cultural backgrounds, research has informed the development of the Danger Assessment for Immigrant Women (DA-I) (see Appendix II); efforts to standardize the DA-I instrument are ongoing.

## **DANGER ASSESSMENT – REVISED (DA-R)**

### **WORKING WITH WOMEN IN SAME-SEX RELATIONSHIPS**

Women who are in same-sex relationships may also experience abuse from their partners (Glass et al., 2008). Although the Danger Assessment highlights similar risk factors for women in same-sex relationships, the findings of those risk factors in the DA is based on heterosexual relationships. To address the relevancy of the DA to same-sex female partners, Glass and associates (2008) developed the DA-R to ensure accuracy of defining risk factors for *re-assault* in same-sex abusive relationships. The outcome of this research is the Danger Assessment Revised (DA-R) (Appendix II); an 18-item Questionnaire that predicts the risk of re-assault of a female abusive partner.

**Figure 1** below provides “at a glance” the key features and differences among the variations of the Danger Assessment for each of the vulnerable populations described above.

**FIGURE 1. VARIATIONS OF THE DA FOR VULNERABLE POPULATIONS**

	<b>Walking the Path Together-DA Indigenous Women</b>	<b>DA-I Immigrant Women</b>	<b>DA-Revised (Female Same Sex Relationships)</b>
<b>Calendar</b>	Seasonal Calendar	Same as original DA	Same as original DA
<b>DA Questionnaire</b>	20-item Questionnaire	26-item Questionnaire	18-item Questionnaire “She” used to refer to female partner or ex-partner.
<b>Original DA Q’s found not to be a risk factor (research)</b>	N/A	<b>Questions 2,3,4,11,13</b>	<b>Questions 2,4,6,7,8,9,10,13,15,16,17,18,</b>
<b>Original DA Q’s kept, Modified or Additional Q’s added specific to risk factors unique to the population (research)</b>	<p><b>20 Original DA Questions kept</b>  <b>Questions Modified: 5, 11</b>  <i>Question 5 was expanded to read “Has he ever used a potentially lethal weapon against you or threatened you with a lethal weapon? If yes, what was the weapon?”</i>  <i>Question 11 was modified to better reflect the problem of prescription substance abuse, e.g., T3’s and OxyContin’s</i>  A second question was added to  <b>Question 11: 11a. “If the abuser uses prescription drugs, does he become more abusive when the drugs are not available?”</b></p>	<p><b>15 Original DA Questions kept:</b>  <b>11 New Questions Added:</b>  <i>[Examples: Do you prefer to answer these questions in English? Are you married to him? Are you unemployed? Have you attended college, vocational school and/or graduate school? Do you hide the truth from others because you are afraid of him? Does he prevent you from going to school, or getting job training, or learning English? Has he threatened to report you to child protective services, immigration, or other authorities? Do you feel ashamed of the things he does to you?]</i></p>	<p><b>8 Original DA Questions kept</b>  <b>10 New Questions Added:</b>  <i>[Examples: If you were being abused by her and tried to get help, do you think people would <b>not</b> take you seriously? If you were 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 from friends, domestic violence advocates, or health care providers? If you were having serious difficulties with her, would you keep it a secret out of fear or shame?</i></p>

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## SECTION V

### DANGER ASSESSMENT WEBSITE

[www.dangerassessment.org](http://www.dangerassessment.org)

The Johns Hopkins School of Nursing DA website is a great resource for you to explore as you begin and become more familiar with using the DA tool. Check it often! There may be important updates you need to know as work on the DA continues to be done by Dr. Campbell and her team.

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#### ACCESSING THE WEBSITE

You can always access the website, even if you have not been certified to use the DA. However, when you are certified, you gain access to other parts of the website that are not available to the public, such as the weighted scoring calculator. You get this type of access once you have completed and passed your test.

On your test, you were asked to write down an email address. You will be sent the login information for the website through the email address you gave. We ask that you login to the website as soon as you can. Not only does it provide great information about the DA, you can also print off your hard-earned certificate from there!

#### DANGER ASSESSMENT QUESTIONNAIRES AND CALENDAR

Dr. Campbell and her colleagues have created additional DAs to use with specific female populations. The following Questionnaires can be printed from the website:

- Danger Assessment
- Danger Assessment-Revised (Female same-sex relationships)

Note: The DA-I and the WTPT DA are not currently available on this website but can be accessed through ACWS.

#### PUBLICATIONS

Do you like research? The DA website provides many articles that you can download and read. The two important articles mentioned at the beginning of the manual are also included in the list of publications in the case you want to print and share with your colleagues. This section also provides links to news stories that display how the DA can help women stay safe. There is also a

DA reference list if you are wanting to dig further into the research and get a greater understanding on the topic of assessment, safety, and risk factors, associated with women fleeing from abuse and the level of danger they are exposed to.

#### **CERTIFIED USERS ACCESS**

- Certificate Access
- Quick reference for interpretations of Danger levels
- Online DA Score Calculator
- PowerPoint presentation: “DA-Revised: For use in abusive female same-sex relationships”
- Online training modules presented by Dr. Jacquelyn Campbell

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## SECTION VI

### DANGER ASSESSMENT AND OUTCOME TRACKER:

#### DATA INFORMING PRACTICE

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#### INTRODUCTION

ACWS and its members recognize their accountability to service recipients, funders and the broader community. We gather data to inform program and policy development and be responsive to evolving community and political environments. Data gathering benefits shelters, shelter staff, funders and policy makers, and, most importantly, women and their families accessing services. The importance of collective information gathering has been repeatedly demonstrated over the last ten years by ACWS in collaboration with members implementing several action-based projects which have informed practice and contributed to women's safety. Danger Assessment Calendar and Questionnaire information that was gathered in these projects was critical in understanding and addressing women's safety risks. These projects include:

- Keeping Women Safe: Assessing the Danger (2007-2009)  
<https://acws.ca/reports#DangerAssessment>
- Practical Frameworks for Change (2010-2011)  
<https://acws.ca/sites/default/files/documents/PFCFinalEvaluationReport.pdf>
- Walking the Path Together Project (2010-2014)  
<https://acws.ca/walkingthepath>
- Children's Project (2011-2012)  
<https://acws.ca/collaborate-document/2258/view>
- Second-Stage Shelter Project (2013-2018)  
<https://acws.ca/collaborate-document/2854/view>

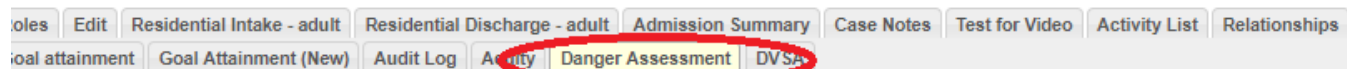
Most ACWS members use a common data base called Outcome Tracker developed and managed by VistaShare<sup>7</sup> to track Danger Assessment and other relevant demographic and outcome data. ACWS and members began using Outcome Tracker in 2010 – it is now a reliable source of timely data, offering members at the local level capacity to inform program service development and delivery and to evaluate service impact. ACWS acts as the Network Administrator to aggregate anonymized individual data provincially or regionally as required. Most importantly it supports evaluation of ACWS and member collective impact; implementation of action research projects informing member and ACWS policy development, training, practice and evaluation; and influences policy development at all levels of government.

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<sup>7</sup> <https://www1.vistashare.com/>

## USING OUTCOME TRACKER

1. Once a woman has been admitted and her information entered on Outcome Tracker, staff can add the Danger Assessment to her file by navigating to the Danger Assessment tab in her file.



\*Note: The exact location of this tab in comparison to others will likely be slightly different for your shelter.

2. Fill out the date and program information at the top as you would normally for other enrollments.
3. **Information from the Calendar.** If you have completed a DA Calendar for this client, select "Yes" in this question and the fields for the DA Calendar will reveal and you can enter this data. Indicate the total number of months where the different *types* of abuse occurred. For example, if a woman indicated that she experienced emotional abuse 3X

A screenshot of the 'Has DA Calendar been completed?' form. The form is set against a yellow background. It contains the following fields:

- 'Has DA Calendar been completed?' with a dropdown menu showing 'Yes'.
- 'Name of staff member completing DA calendar' with a dropdown menu showing '<Click to select>'.
- 'Number of months where abuse was recorded' with a text input field.
- 'Total Number of Instances - P1' with a text input field.
- 'Total Number of Instances - P2' with a text input field.
- 'Total Number of Instances - P3' with a text input field.
- 'Total Number of Instances - P4' with a text input field.
- 'Total Number of Instances - P5' with a text input field.
- 'Total Number of Instances - E' with a text input field.
- 'Total Number of Instances - F' with a text input field.
- 'Total Number of Instances - S' with a text input field.
- 'Total Number of Instances - SP' with a text input field.

in 1 month, you would enter '1' in the 'Total Number of Instances – E' box. If she experienced emotional abuse at least once each month, or if she experienced it every day of the year, you would enter '12' in the 'Total Number of Instances – E' box.

4. **Select Danger Assessment Type.** There are now four different types of Danger Assessments, each one tailored for the concerns for a different demographic. You can ask a women which DA she would prefer to complete.
  - a. WTPT DA – Walking the Path Together DA. This can be selected for any woman who identifies as Indigenous or can be used with any woman.
  - b. DA-I – Danger Assessment for Immigrant Women. This can be selected for any woman who is a recent immigrant to Canada
  - c. DA-R – Danger Assessment for Same-Sex Relationships. This can be selected for any woman when the relationship of relevance is a same-sex relationship.
  - d. DA – Danger Assessment. This DA can be used with any woman.
5. **Information from the Questionnaire.** Enter whether the woman answered yes or no to each question.

Danger Assessment Type

WTPT DA

Has the physical violence increased in severity or frequency over the past year

<Click to select>

Does your partner own a gun

Yes

Have you left your partner after living together during the past year

<Click to select>

If you have never lived with your partner, select 'Yes'

No

Is your partner unemployed

<Click to select>

Has your partner ever used a weapon against you or threatened you with a lethal weapon

<Click to select>

If yes, was the weapon a gun

<Click to select>

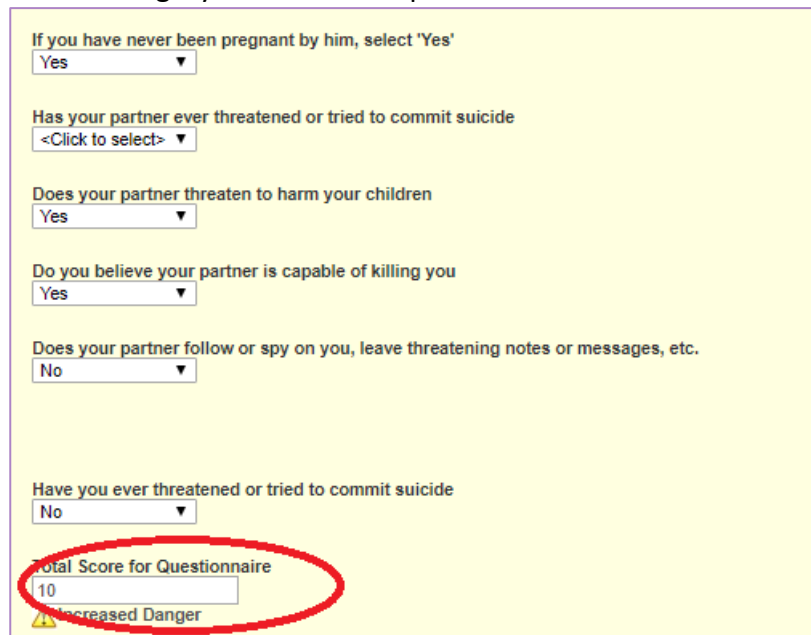
Does your partner threaten to kill you

<Click to select>

Has your partner avoided being arrested for domestic violence

<Click to select>

As questions are entered, the total score will calculate automatically at the end of the form, as well as the category that the score puts the woman into.



The screenshot shows a questionnaire form with a yellow background. It contains several questions with dropdown menus for answers. The questions are:

- If you have never been pregnant by him, select 'Yes' (Dropdown: Yes)
- Has your partner ever threatened or tried to commit suicide (Dropdown: <Click to select>)
- Does your partner threaten to harm your children (Dropdown: Yes)
- Do you believe your partner is capable of killing you (Dropdown: Yes)
- Does your partner follow or spy on you, leave threatening notes or messages, etc. (Dropdown: No)
- Have you ever threatened or tried to commit suicide (Dropdown: No)

At the bottom, there is a section for the total score and danger level, which is circled in red:

Total Score for Questionnaire  
10  
⚠ Increased Danger

6. **DA Calendar Report.** In the folder (ACWS Network - Shared Network Reports \ Queries and Reports by Form or Activity \ Danger Assessment and DVSA) you can pull up a report that captures the information for all the women in your shelter who have completed the Calendar portion of the DA. From the report below, you can see that most of the women who completed the Calendar portion of the DA answered that they experienced abuse at least 6 months of the year or that they experienced it every month of the year.



Total			
Number of months where abuse was recorded	# of clients	% of clients	
1	2	7.41%	
2	1	3.70%	
3	1	3.70%	
4	2	7.41%	
5	1	3.70%	
6	6	22.22%	
7	1	3.70%	
8	1	3.70%	
9	2	7.41%	
10	1	3.70%	
11	1	3.70%	
12	7	25.93%	
13	1	3.70%	
Total	27	100.00%	
Average Minimum Maximum			
Number of Months - Summary	7	1	13
Total Number of Instances - D4	# of clients	% of clients	

7. **DA Questionnaire Report.** In the folder (ACWS Network - Shared Network Reports \ Queries and Reports by Form or Activity \ Danger Assessment and DVSA) you can pull a report that captures all the DA scores of the women in your shelter who have completed the DA. From the report below, you can see that 70% of the women who completed the DA had scores of 14 or more.

None			
	29	26.85%	
Total	108	100.00%	
Score Break-down	# of clients	% of clients	
Less than 8	8	10.00%	
8 - 13	16	20.00%	
14 - 17	16	20.00%	
18 or more	40	50.00%	
Score Summary	Average	Minimum	Maximum
Total	17	0	36



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## SECTION VII

### DANGER ASSESSMENT TOOL TEMPLATES

In this section you will find all the tools you need to complete the various Danger Assessment Calendars and Questionnaires as well as the POPTARTS Tools for safety planning. These are originals that can be photocopied.

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This section contains:

- Basic DA Questionnaire
  - DA-I Questionnaire for Immigrant Women
- DA-R Questionnaire for Women in Same-Sex Relationships
  - Scoring Guides all versions (DA, WTPT, DA-I DA-R)
  - Basic DA Calendar for use with DA, DA-I and DA-R
    - The Danger Assessment and Safety Planning
- Walking the Path Together DA Questionnaire for Indigenous Women
  - Walking the Path Together Seasonal Calendars
- Walking the Path Together POPTARTS Safety Planning Tools



## DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N. Copyright, 2003; update 2019; [www.dangerassessment.com](http://www.dangerassessment.com)

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.)

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.**



# DANGER ASSESSMENT for IMMIGRANT WOMEN

Jill Theresa Messing, MSW, Ph.D., Nancy E. Glass, Ph.D., MPH, RN, Jacquelyn C. Campbell, Ph.D., R.N., FAAN

Several risk factors have been associated with increased risk of violence, particularly severe and/or life threatening violence, among immigrant women in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of repeat and severe violence 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 (if **any** of the descriptions for the higher number apply, use the higher number):

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
5. Use of weapon; wounds from weapon

#	Yes	No	Mark <b>Yes</b> or <b>No</b> for each of the following ("he" or "him" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)
1			Do you prefer to answer these questions in English?
2			Has the physical violence increased in severity or frequency over the past year?
3			Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? ____)
4			Does he threaten to kill you?
5			Has he avoided being arrested for domestic violence?
6			Are you married to him?
7		*	Do you have any children living with you in your home?
8		*	Do you have any children with him?
9			Do you have a child that is not his?
10			Has he ever forced you to have sex when you did not wish to do so?
11			Does he ever try to choke you?
12			Is he an alcoholic or problem drinker?
13			Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
14			Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ____)
15			Has he ever threatened or tried to commit suicide?
16			Does he threaten to harm your children?
17			Do you believe he is capable of killing you?
18			Does he follow or spy on you, leave threatening notes or messages on voicemail, destroy your property, or call you when you don't want him to?
19			Are you unemployed?
20			Have you attended college, vocational school, and/or graduate school?
21			Do you hide the truth from others because you are afraid of him?
22			Does he prevent you from going to school, or getting job training, or learning English?
23			Has he threatened to report you to Child Protective Services, immigration, or other authorities?
24			Do you feel ashamed of the things he does to you?
25			Was your partner born in the Canada?
26			Have you ever threatened or tried to commit suicide?

\* indicates that a "no" response increases risk.

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





**DANGER ASSESSMENT-Revised****For Use in Abusive Female Same-Sex Relationships**

Nancy Glass, PhD, MPH, RN &amp; Jacquelyn C. Campbell, PhD, RN, FAAN

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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	
___	___	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 "Yes" Answers

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



## DANGER ASSESSMENT SCORING GUIDES

To use the Danger Assessment to its fullest extent a weighted scoring system has been updated and validated to interpret the results for each version of the Danger Assessment.

### Original DA for All Women (updated 2019)

1. Add 1(one) point for each 'Yes' response to questions 1 through 19. Some 'Yes' responses receive extra points because they are more important in predicting femicide. Specifically:
  - Add 4 extra points for a "Yes" to question 2.
  - Add 3 extra points for each "Yes" to questions 3 & 4.
  - Add 2 extra points for each "Yes" to questions 5, 6 & 7.
  - Add 2 extra points if 10.A is checked.
  - Add 1 extra point for each "Yes" to questions 8 and 9.
  - **Subtract** 3 points if 3.A is checked.
2. **The highest possible score is 39.**
3. **Note:** Question 20 is not included in the overall score. However, if a woman answered 'Yes', potential for suicide requires further exploration. If a woman is assessed as being currently suicidal - follow shelter protocols.
4. Write the total score for questions 1 to 19 at the bottom of the page on the DA Questionnaire.

### Walking the Path Together DA Weighted Scoring

1. WTPT DA follows the same scoring as the original DA
2. Two additional non-scored questions are included at the end of the WTPT DA to inform safety planning.
3. The levels of risk for the WTPT DA follow the original DA levels.

### DA-I for Immigrant Women Weighted Scoring

1. Add 1(one) point for each 'Yes' response to **questions 1 through 6 and 9 through 25**. Some 'Yes' responses receive extra points because they are more important in predicting femicide. Specifically:
  - Add 3 extra points for a "Yes" to question 4, 13, & 24.
  - Add 2 extra points for a "Yes" to question 2.
  - Add 1 extra point for a "Yes" to questions 3, 6, 9, 10, 11, 12, 16, 22, 23 & 25.
  - Item 26 is not scored; it is assessing her suicide attempt risk
2. **'No' responses to questions 7 and 8 indicate an increased level of danger.**
  - Add 5 points for a **"No"** to question 7.
  - Add 4 points for a **"No"** to question 8.
3. **Maximum score possible is 53**

4. Levels of Risk for DA- I for Immigrant Women

- Less than 14 = Variable Danger
- Between 15 & 25 = Increased Danger
- Between 26 & 35 = Severe Danger
- Between 36+ = Extreme Danger

**DA-R for Women in Same-Sex Relationships Weighted Scoring**

1. Add 1(one) point for each 'Yes' response to questions 1 through 17. Some 'Yes' responses receive extra points because they are more important in predicting femicide. Specifically:
  - Add 3 extra points for a "Yes" to question 1.
  - Add 2 extra points for a "Yes" to question 2.
  - Add 1 extra point for a "Yes" to questions 3, 4, 5 & 6.
  - Item 18 is not scored; it is assessing her suicide attempt risk
2. **Maximum score possible is 26**
3. The levels of risk for the DA-R have not yet been established, follow the original DA levels.
  - Less than 8 = Variable Danger
  - Between 8 & 13 = Increased Danger
  - Between 14 & 17 = Severe Danger
  - Between 18+ = Extreme Danger

JANUARY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

FEBRUARY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

MARCH						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Danger Assessment Calendar

Outcome Tracker #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

APRIL						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

MAY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

JUNE						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Danger Assessment Calendar

Outcome Tracker #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

JULY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

AUGUST						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SEPTEMBER						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

### Danger Assessment Calendar

Outcome Tracker #: \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Completed By: \_\_\_\_\_

OCTOBER						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

NOVEMBER						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

DECEMBER						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Danger Assessment Calendar

Outcome Tracker #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_



## ***THE DANGER ASSESSMENT AND SAFETY PLANNING***

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

- Ask the woman what tools she has already used to keep herself safe.
- Advise her that if she plans on returning to her partner it is probable that the severity and frequency will increase over and above what she has experienced so far.
- If she does return and then decides to leave again she needs to be aware of the dangers of leaving and be informed that it is best not to confront her partner with her decision to leave the relationship. It is recommended that she leave when he is not present.

### **2. Does your partner own a gun?**

- Inform the gun registry.
- Inform RCMP/local police.
- Explore if the gun can be locked up.
- Plant a seed about the dangerousness of a gun in the home.
- Identify a safe room in the house.
- Important to note the question refers to gun ownership, not access. But if the person who has been abusive has access to a gun this should be noted and taken into consideration when safety planning with the woman.
- Important to use your professional judgment.

### **3. Have you left him after living together?**

#### **3.A (If you have never lived together, check here: \_\_\_\_\_)**

- Remember if the woman left her partner to come into the shelter then the answer is yes to the above question.
- According to the research a woman leaving her partner after living together increases her risk of femicide.
- Talk to the woman about the probability of escalation of abuse if she decides to return to her partner.
- Ask about past behavior if she has left previously.
- Does she have what she needs so that she does not have to go back to get it personally?

### **4. Is your partner unemployed**

- According to the research unemployment is the number one demographic risk factor for femicide.
- Explore - If she does go back and he is unemployed it is more likely he will be around the home more – what does that mean for her and her safety?

**5. Has he ever used a weapon against you or threatened you with a lethal weapon?**

- Discuss what a lethal weapon is. Explore what he has used before.

**6. Does he threaten to kill you?**

- This is a sensitive question – she may answer yes but insist he doesn't mean it.
- Talk to her about death threats and that people do not usually make threats lightly.
- Encourage her to listen to her inner voice – and her feelings.
- Spend time exploring the previous threat. What was happening before he made the threat, what happened next? What emotions come up for her as she remembers that experience? What is that telling her?

**7. Has your partner avoided being arrested for domestic violence?**

- According to the research avoiding being arrested increases her risk of femicide. The abusive partner may experience a sense of power when he avoids arrest.
- Explore with her the option of calling police if there is risk of another incident. Inform her that arrest for domestic violence can be a protective factor. Explain that sanctions may be placed on her partner.
- Inform her about other legal options – EPO, Restraining orders.

**8. Do you have a child that is not his?**

- This increases her risk. The child serves as a constant reminder that she was with someone else.
- Talk to her about the safety of her child/children.

**9. Has your partner ever forced you to have sex when you did not wish to do so?**

- This refers to forced sex – not pressure.
- This can be an important awareness for some women – that it is possible to be sexually assaulted within a relationship. Forced sex is a risk factor for femicide.

**10. Does your partner ever try to choke/strangle you or cut off your breathing?**

**10.A (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 : \_\_\_\_\_)**

- If a woman answers yes – and was a recent incident – follow the VON Strangulation Protocol as outlined on the ACWS website. Refer for medical attention.
- It is important to educate about the impact of strangulation – even if the strangulation happened a long time ago.
- There is an increased risk of femicide with repeated strangulation, or when it results in altered consciousness or blacking out.

**11. Does your partner use illegal drugs?**

- If the drug is a prescription drug or marijuana make note of that but it would not be scored as a yes. Use of marijuana and abuse of prescription drugs needs to be addressed in the safety plan.

- It is important to talk about a safety plan around where to go if the partner is using. Possible questions to explore with her - where can she go? Is it possible to report to the police? Would this increase her risk?
- Help her determine the patterns of her partner's use – is it weekly, daily, on pay day, etc.
- Other questions: where does he store the drugs? Are they safe from the children?
- She may talk about her own drug use – explore how safe or not safe she is when she is using. Possibly may need to do safety planning around her own use – where is a safe place? Who are safe individuals to be around? Safety is the first concern. It is important to be nonjudgmental.

**12. Is your partner an alcoholic or problem drinker?**

- Includes binge drinking, heavy drinking on a regular basis.
- Have a similar conversation as above.

**13. Does your partner control most of all of your daily activities?**

- According to the research, a yes answer to question 3 and a yes response to this question presents an elevated risk for femicide. Women who have left their partners after living together are at an elevated risk for femicide especially if he is highly controlling.
- Critical area to review when safety planning
- The second part of the question – “she doesn’t let him” – important to talk about this. If she stands up to her partner are there risks for her safety?

**14. Is your partner violently and constantly jealous of you?**

- If yes – high risk for murder suicide.
- Let her know that violent and constant jealousy is a risk factor for murder- suicide.

**15. Have you ever been beaten by your partner while you were pregnant?**

- If a woman is pregnant and there has been a recent assault- refer her for medical treatment.
- An assault when a woman is pregnant increases the risk of miscarriage.

**16. Has your partner ever threatened or tried to commit suicide?**

- This is a risk factor for murder/suicide
- Threat of suicide is a control factor

**17. Does your partner threaten to harm your children?**

- A positive response does not necessarily mean a call to Children’s Services. Does indicate a need to do more exploring.
- Have a conversation about the actions she has taken to keep her children safe. Reassure her that removing her children from an unsafe situation and coming into shelter is the best protective thing she could have done for her children.

- Let her know the impact of witnessing violence on her children.
- Validate her feelings.

**18. Do you believe your partner is capable of killing you?**

- A very sensitive question. A woman's own perception of her risk should always be considered. Yet research indicates that only ½ of femicide victims and near femicide victims accurately predict their risk.

**19. Does your partner follow or spy on you, leave threatening notes or messages on your answering machine, destroy your property, or call when you don't want him to?**

- This refers to stalking behavior.
- According to the research 80% of victims of femicide or attempted femicide were previously stalked by their partner or ex-partner.
- Provide information about stalking. The Domestic Violence Action Team Anti-Stalking Program document is a helpful resource.
- Advise her that stalking is illegal and encourage her to report to the police.
- Police may talk to the abusive individual about the stalking behavior and that might be enough for the behavior to stop.
- It is important to document all stalking behaviors. Recommend that she log all unwanted contact and stalking behavior, save all electronic messages, emails, face book, text messages, etc. Help her understand that everything is public on face book unless you make it private.
- It is important to provide her with information on how to be safe online and on social networking sites.
- Inform her that phone pictures can be traced to the location where the photo was taken.
- Ask her if she would like to speak to a lawyer.
- Some abusive individuals continue to harass partners by phoning. Some have been able to get phone numbers of their partners from individual phone companies even after the woman has continued to change her phone number. If contacting the phone provider does not work advise her to contact the CRTC (Canadian Radio-Television and Telecommunications Commission).

**20. Have you ever threatened or tried to commit suicide?**

- If the threat or attempt was recent follow shelter protocol.

**THE CALENDAR AND SAFETY PLANNING:**

- It is important to think outside the box when safety planning
- Safety planning is a collaborative process; Crisis intervention workers support women to develop a safety plan that is unique to their circumstance.
- It takes time and lots of discussion. It is important to look at the patterns of abuse that are identified as a result of completing the calendar.
- It is important to not only look at safety from the violence but also look at life generated risks including poverty issues, child custody issues, safe housing, etc.

## Walking the Path Together Danger Assessment Questionnaire

Jacquelyn C. Campbell, Ph.D., R.N.

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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.

Before completing the Questionnaire below, complete the Seasonal Calendar per the attached Instructions.

Mark Yes or No for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently or was physically hurting you – could be a she.)

- ☐ 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?  
3.A (If have never lived with him, check here ☐)
- ☐ 4. Is he unemployed?
- ☐ 5. Has he ever used a potentially lethal weapon against you or threatened you with a lethal weapon (If yes, what was the weapon? )
- ☐ 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?  
10.A (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.  
(If no but there are problems with other drugs, e.g. T3's or OxyContin, note what )  
(If yes to either, does he become more abusive when the drugs are not available? Check here: ☐)
- ☐ 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. Are you afraid that that he could kill 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

Additional Non-scored questions (suggested by Dr. Jacquelyn Campbell to inform safety planning)

Is there anything else that frightens you? (Yes/No)

What else frightens you?

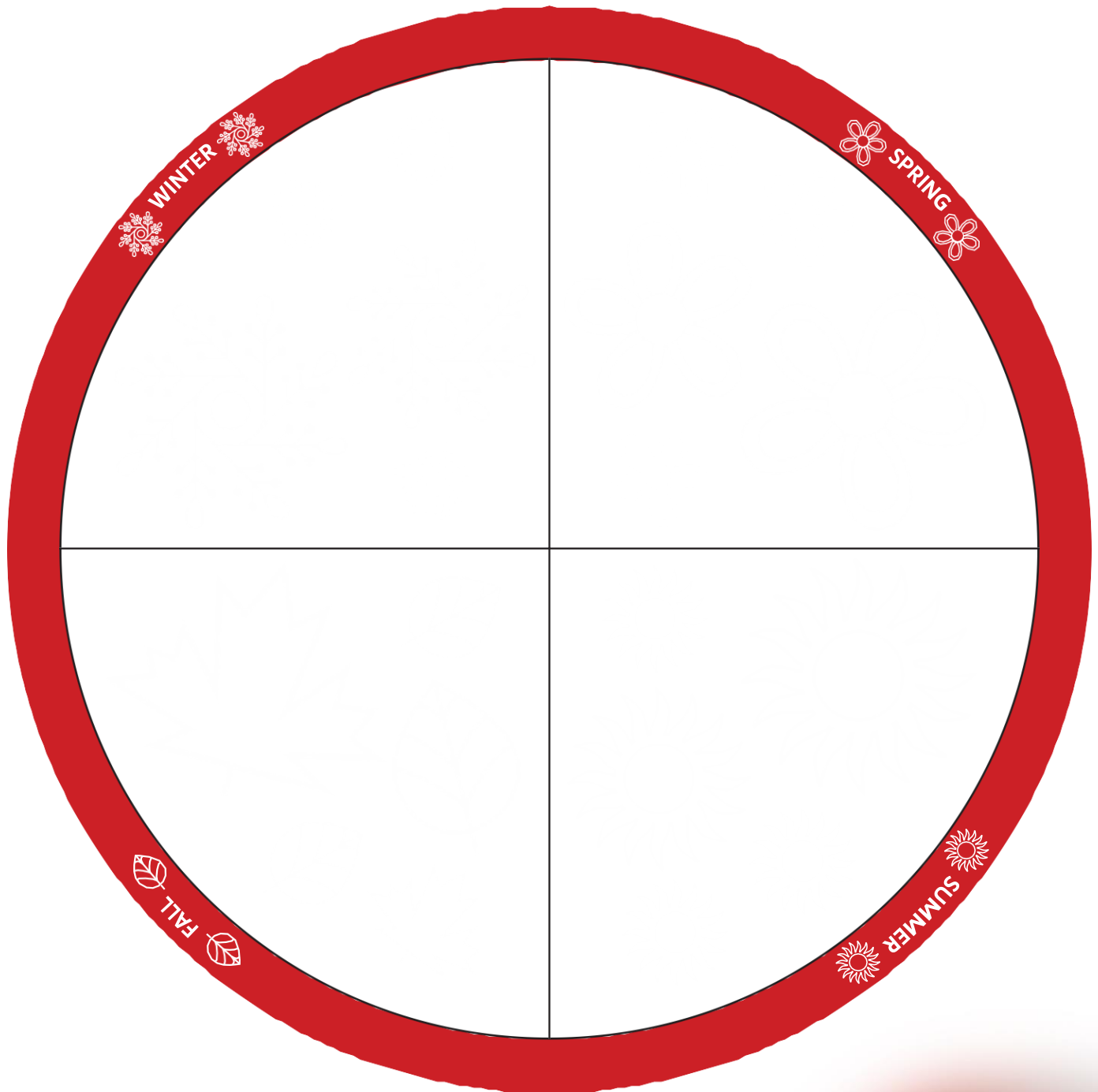
Thank you. Please talk to your Eagle Feather, advocate, nurse or counselor about what the Danger Assessment means in terms of your situation.







## Walking the Path Together Danger Assessment Seasonal Calendar



Outcome Tracker #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_



## Instructions for completing the Walking the Path Together Danger Assessment Seasonal Calendar

Use the calendar to document incidents of physical abuse by your partner.

Identify the approximate dates using the numbers to indicate the severity of the incident:

**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 a weapon; head injury, internal injury, permanent injury, miscarriage

**5** = use of a weapon; wounds from a weapon

Other types of abuse can be indicated by the following letters:

**C** = cultural/customs

**E** = emotional; verbal and psychological

**F** = financial

**S** = sexual

**CH** = choking

**SP** = spiritual

Identify Person Implementing Abuse:

**Spouse**



**Cousin**



**In-Laws**



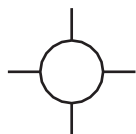
**Family Friend**



**Son**



**Brother**



**Father**



**Uncle**



**Grandfather**



**Daughter**



**Sister**



**Mother**



**Aunty**



**Grandmother**



\* If any descriptions for the higher number apply, use the higher number.

Walking the Path Together



DECEMBER						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

JANUARY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

FEBRUARY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Walking the Path Together Danger Assessment Seasonal Calendar

# WINTER

Outcome Tracker #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_



MARCH						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

APRIL						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

MAY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Walking the Path Together Danger Assessment Seasonal Calendar

# SPRING

Outcome Tracker #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_



JUNE						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

JULY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

AUGUST						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

# Walking the Path Together Danger Assessment Seasonal Calendar

## SUMMER

Outcome Tracker #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_



Walking the Path Together



SEPTEMBER						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

OCTOBER						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

NOVEMBER						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

# Walking the Path Together Danger Assessment Seasonal Calendar

# FALL

Outcome Tracker #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_



**Walking the Path Together Tool: POP TARTS**  
**SIGNS YOU ARE MOVING INTO**  
**“PROTECTION MODE”**

**What you might see in HIM**

Picking fights for no reason  
 Finding excuses to get angry about things  
 Yelling at the kids about nothing  
 Changes in his drinking (e.g. drinking more or drinking more often or running out of booze or falling off the wagon, etc.)  
 Hooking up with old drinking buddies he hasn't seen in a while  
 Running out of his pills or being near to running out  
 Things aren't going well for him right now (e.g. he lost his job, has no money, etc.)  
 He is obsessed with the idea that I am going to leave him and I can't convince him that I am not  
 He is saying things like how he'd be better off dead or he'd be better off if I were dead  
 Giving me that “look” that scares me  
 Finding fault with everything, blaming everything that goes wrong on me  
 Giving me the silent treatment  
 Knowing he is going to run out of money soon

**What you might think and feel inside YOURSELF**

Feeling like I'm “on guard,” can't relax, jumpy, tense, panicky  
 Bad feeling in my stomach / feeling of impending doom / nausea / can't eat  
 Changes in sleeping (e.g. sleeping with one eye open, sleeping in my clothes, etc.)  
 Wanting people to spend time at my home, especially male relatives who protect us  
 Trying to avoid contact with him, like staying in the bedroom most of the time  
 Trying to avoid talking with him because anything I say will start an argument  
 My relatives (or his relatives) are worried about me  
 Feeling like I'm at the end of my rope / can't take this much longer / going to snap  
 Tired of fighting or tired of trying to keep the peace  
 Being grouchy or yelling at the kids for no reason because I'm tense and preoccupied  
 Trying to keep the kids quiet so they don't get on his nerves  
 Finding other places for the kids to stay for a while  
 Feeling like “here we go again”  
 Feeling scared to be with him alone  
 Wanting to be around other people because I feel safer  
 Feeling like I should find another place to stay for a while

**What you might see in your CHILDREN**

Being clingy, needing to be with me or close to me all the time  
 Hanging around the house more — even skipping school sometimes— so I am not alone  
 Trying to be invisible and stay “below his radar”  
 Being super good so they don't make him mad  
 Having stomach aches, headaches, wetting the bed, looking unwell or unhappy  
 Getting angry with me over small things  
 Asking to go stay with relatives or at a friend's house for a while  
 Refusing to leave if I suggest going to stay with relatives or with a friend  
 One of my eldest kids is taking care of the younger ones, trying to keep them quiet and out of his way  
 My kids want me to leave him and stay somewhere else  
 My kids know how to get help (e.g. who to call or text if things get bad, etc.)  
 They cry or get scared easily, like at sudden noises

## Walking the Path Together Tool: POP TARTS

Protection, Options, Planning:

Taking Action Related To Safety



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Code word(s): \_\_\_\_\_ Action: \_\_\_\_\_

What are the signs you are in Protection Mode? What changes do you see in him? In yourself? In your kids?

Next time you need to go into protection mode, what are your options? Who can you call or text? Who can give you a ride if you need one? Where can you stay?

Let's make a plan for next time you need to get away. How will you contact me or the people who can help you? Can we pick a code word or phrase in case you are not free to talk? What important things do you need?

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## APPENDICES

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### APPENDIX I – ENGAGING WITH WOMEN TO OBTAIN INFORMED CONSENT

*(Thanks to Noreen Cotton, Executive Director, St Paul Crisis Centre for developing the original document.)*

The following provides a suggested format for obtaining informed consent when asking women about completing the Danger Assessment. **This is a guide only.** Make it your own and use your own words as you go through the process of letting the woman know what the DA is all about.

#### STEP 1: CHECKING IN

Checking in with a woman is an important step as you prepare to administer the DA.

- Shows respect for her feelings and that you care about her situation.
- Gives you a chance to build a supportive relationship with her.
- She can feel free to ask questions about the DA and other things that may be weighing on her mind.
- Creates a nurturing and safe environment; lowering any anxiety or fear she may be experiencing.

#### SAMPLE SCRIPT FOR CHECKING IN

*Hello, my name is \_\_\_\_\_. I am a \_\_\_\_\_ here at the shelter. Thank you for agreeing to come and meet with me. How has it been? Are you sleeping ok?*

*Other possible questions for checking in: How are your children adjusting? Do you have any questions or concerns about the shelter? Anything you are unsure about?*

**Practice Tip:** Create a safe and comfortable atmosphere from the beginning by using a soft voice and mindful pace of speaking. Empathize and acknowledge how difficult it would be to move to a shelter.

*Option 1:*

*I understand that it is a very difficult decision to come into shelter, and communal living isn't that great, but you know that you are safe here, and that there are counsellors (staff) available to you 24/7 anytime you need to talk.*

*Option 2:*

*I am sure that deciding to come to the shelter was a very difficult thing to do. Many women who have come to shelter have told me that they feel like they are on an emotional rollercoaster – some are relieved, some feel unsure about their decision, and some even feel regret. We are here for you in case you would like to talk it out with someone*

**Practice Tip:** Look for clues in her responses that may be an opening for you to help her process what she is feeling. If a woman opens the opportunity for you to explore how she is feeling, it may be helpful to validate her feelings; this makes her feel heard and gives you the chance to build on that safe and supportive environment you are creating for her.

*Option 1:*

*Yes, it is not the most comfortable situation. Especially when you are used to having your own things and following your own rules...it's a big adjustment for you and your children.*

*Option 2:*

*That is an understandable reaction. Sometimes it feels easier to react that way when faced with an overwhelming change.*

**Practice Tip:** This is a good time to ask her about her coping strategies. Suggest other strategies that may help her stay grounded (e.g., deep breathing, a brisk walk, journaling). Respecting her on what she feels she needs and giving her a heads up on some of the shelter's policies and process, so she is prepared for it fosters a supportive environment.

*Option 1:*

*How do you usually cope when experiencing painful or difficult emotions, or when you are feeling overwhelmed, what do you do to take care of yourself?*

*Option 2:*

*Women that come to the shelter sometimes tell me that when they have too many things they are thinking of, they just want to be alone, just like yourself. Some women like to read. Some women write in their journal. Are there other things you do that helps when you are feeling down and out?*

**Practice Tip:** Providing a heads up of what's to come and asking for permission is empowering; it can lower the power differential inherent in the staff-client relationship.

*Later in our meeting we can talk about what might work for you. To help you during those times when things feel very difficult and overwhelming. Would that be ok?*



## STEP 2: EXPLAIN THE PURPOSE AND SCOPE OF THE DANGER ASSESSMENT

Once you have settled in and observed that the woman is feeling a bit more at ease with you, begin to explain the purpose of the DA and why the shelter uses it.

### SAMPLE SCRIPT FOR INTRODUCING THE DA

*When women come into shelter fleeing an abusive relationship, we like to do a Danger Assessment. What a Danger Assessment is, is a Lethality Risk Assessment tool, that will give us a measure of the risk of you being killed or seriously injured by your partner. It's an important process to do because it helps us to understand the situation you are in, and it provides an assessment to you of the level of risk of danger you might be in. Other women who have completed the DA also found it helped them to recognize patterns and escalation of abuse, and it helped them to develop a safety plan specific to their unique situation.*

*I am going to take some time now to talk about what the Danger Assessment is all about. I want to make sure you have all the information you need to decide of whether you would like to complete it.*

**Practice Tip:** Completing the DA is of course, highly encouraged. However, letting the woman know it is her choice to do so may be the first time in a long time, that she is able to take control and ownership of a decision that directly impacts her without having negative consequences.

*Once completed, the Danger Assessment is a legal document that we will keep in your file. It can be used in a court of law if you so wish. The Danger Assessment can be attached to a parenting order or a protection order for example.*

*The Danger Assessment was developed based on years of research; studies were done on women who were actually murdered or almost murdered by their partner or ex- partner. As a result of that study, the Danger Assessment was developed. The intent is that by completing the Danger Assessment, you will have more knowledge and awareness of the level of risk you may be in, and therefore be better able to keep yourself and your children safer as a result.*

*The Danger Assessment does not provide an assessment of your partner, it does not provide any assessment of his functioning or capacity, nor does it predict his future behaviors. Situations change that can contribute to your level of risk; it is important for you to develop continuous safety planning for yourself and your children.*

**Practice Tip:** Acknowledging your own feelings about the DA can relay empathy about how painful it can be to come to terms that someone you love could seriously hurt or kill you. Validating her feelings helps her feel heard and valued.

*Option 1:*

*Yes, the purpose of the DA can be very difficult to think about. Even as I say those words, I never feel comfortable saying it. It can be difficult for anyone to think about that kind of scenario.*

*Option2:*

*It is difficult to talk about something that is very private and emotional experience*

**Practice Tip:** Emphasize your role as her support throughout the DA process.

*Option 1:*

*One thing completing the DA can provide is a safe space for you, to talk about these painful experiences; it can also help you understand your situation and allow you to voice what has happened to you.*

*Option 2:*

*It sounds like it's been really hard for you to talk about your experience. If you choose to complete the DA, there may be times where you feel emotionally overwhelmed. You can always ask for us to stop; and if we need to, we can pick up where we left off another day. But you are in control and you can let me know how fast or slow you want to take it.*

*I know this is a lot of information. Do you have any questions so far?*

**Practice Tip:** Asking questions can help you determine if she understands your explanations. You can also observe through her responses if she is having difficulty focusing or remaining present with you. If you observe a woman expressing these behaviours, you may want to consider administering the DA at another time as it may be difficult for the woman to continue in this state.

### **STEP 3: EXPLAIN CONFIDENTIALITY, LIMITS TO CONFIDENTIALITY AND DOCUMENTATION**

It is important to explain to the woman, who sees her file, what goes into her file, when you are not allowed to share information about her and when you are required by law to do so. A few examples of explaining the implications of confidentiality and documentation are as follows:

#### **SAMPLE SCRIPT FOR EXPLAINING CONFIDENTIALITY**

*Again, like I mentioned before, the Danger Assessment is a legal document, which becomes part of your file. As was explained to you at intake, all the information you share with us remains confidential, and will only be shared with outside agencies with your consent. The only time we*

*will be required to share your file with an outside agency is if it is subpoenaed by a court of law. This is rare; whoever requesting the file would have to have a really good reason to compel a court to subpoena your file.*

*As explained to you at intake, all agencies and individuals are required by law to report to Children's Services any information they have that indicates children are at risk of being harmed. I reassure you that removing your children from an unhealthy and possibly dangerous place and coming into shelter is the best protective thing you could have done for your children. Coming to shelter and revealing what happened does NOT put you at risk of intervention.*

**Practice Tip:** Ask her about her experiences and concerns with confidentiality. Assure her that her experience will not be shared with those not working with her or within the community but be clear where the limits are.

*From your experience, what do you know about your right to confidentiality?*

*The people who will work with you will know your file, so we can better help you. However, who you are, that you are staying here, and your story will not be shared outside of the shelter unless you choose to share it with others.*

*This is rare, but if there is a situation where I may have to share information about you, we will have more conversation about it.*

## **STEP 4: ENSURING CONSENT IS INFORMED**

### **SAMPLE SCRIPT FOR ENSURING INFORMED CONSENT**

**Practice Tip:** Refocus her on the tool and confirm she understands why you would like her to complete it as well as confidentiality, limits and documentation.

*I have given you a lot of information so far. I just want to make sure I have been clear for you, in terms of what the DA is used for. Can you recall what the DA is used for?*

*Do you have any questions about confidentiality and when I may have to pull other people in to help keep you safe?*

*Option 1:*

*Do I have your consent to proceed with the Danger Assessment?*

*Option 2:*

*Is it OK that we proceed with the Danger Assessment?*

**Staff must document in the woman's file that consent was verbally obtained.**

## APPENDIX II – RESEARCH & THE DANGER ASSESSMENT

### RESEARCH - DANGER ASESMENT

#### THE RESEARCH PARTICIPANTS

Research participants were selected from 11 cities across the United States. Participants were from different ethnic backgrounds, primarily African American (40%), Hispanic (20%) and Caucasian (40%) (Campbell, et. al., 2003).

#### THE FEMICIDE GROUP

1. 310 femicide cases were studied:
  - Police or medical examiner homicide records from 1994-2000 were reviewed in each study city to examine the victim-perpetrator relationships.
  - Cases were eligible if:
    - The victim was a woman 18 and older,
    - The perpetrator was a current or ex-intimate partner; and
    - The case was deemed closed by the police.
  - Records were checked for data specific to the homicide and to identify potential proxy informants who might be knowledgeable about the details of the relationship (e.g. family members, friends).
  - Proxies were sent a letter explaining the study and were invited to participate. Two weeks later – study staff contacted these individuals.
  - In 373 of the 545 (68%) total intimate partner femicide cases examined, a knowledgeable proxy was located.
  - Proxies agreed to participate in 83% (310/373) of the cases.

#### THE ATTEMPTED FEMICIDE GROUP

2. 194 attempted femicide cases were also studied:
  - A secondary objective of the study was to determine whether the risk factors for attempted femicide, situations in which the researchers had an opportunity to collect risk factor information directly from victims were like those identified for femicides through proxy interviews.
  - Cases were identified through offices of the district attorney, police, community domestic violence advocacy, or trauma centers.
  - For accurate case selection, attempted femicide was defined very narrowly to ensure that the assailant had a clear intent to kill. Attempted femicide was defined as a nonfatal gunshot or stab wound to the head, neck or torso, strangulation or near drowning with loss of consciousness, severe injuries inflicted that could have led to death, or gunshot or stab wound to other body part with evidence of intent to kill on the part of the perpetrator who was a current or former intimate partner.
  - It was difficult to locate a high number of these women. Many had relocated due to

- the attempted femicide. The women that did not relocate tended to be the women with fewer financial resources.
- Once located, 90% of the attempted femicide victims agreed to participate. They were asked - were there other risk factors that weren't part of the interview that they identified as being important? Were there things that made them feel that they were more at risk?
  - In-depth interviews were conducted with a sub-sample of 30 participants from this group.

### **THE CONTROL GROUP**

3. A control group of 427 women who had been abused were studied:
  - Random digit dialing was used to select English and Spanish speaking women aged 18-50 years who had been in an intimate relationship at some time in the previous two years in the same cities in which the homicides occurred.
  - A woman was considered abused if she had been physically assaulted or threatened with a weapon by a current or former intimate partner during the previous 2 years.
  - A modified version of the Conflict Tactics Scale with stalking items added was used to identify episodes of abuse.
  - A total of 4,746 women met the age and relationship criteria; 3,637 agreed to participate.
  - A total of 427 (8.5%) of these women had been physically abused or threatened with a weapon by a current or recent partner and were included in the analysis.

### **METHODOLOGY**

- Interviews involved completing the Danger Assessment (DA) and gathering demographic and relationship data including:
  - The type, severity, and frequency of physical violence,
  - Psychological abuse and harassment,
  - Alcohol and drug use, and
  - Weapon availability.
- Individuals interviewed regarding femicide and attempted femicide cases were asked to report on risk factors for intimate partner homicide in the year prior to the incident.
- Participants in the abused control group were asked to report on physical or sexual violence or threats of physical or sexual violence in the previous two years from an intimate partner and to identify and describe the worst incident of abuse.
- Results of the interviews were analyzed across the three participant groups.

### **KEY FINDINGS FROM THE RESEARCH**

- Reliability (internal consistency) of the tool was acceptable in each group studied. Reliability refers to the consistency of the measurement; the degree to which a tool measures the same way each time it is used under the same conditions.
- The premise that physical violence against a victim is the primary risk factor for intimate partner homicide was confirmed.

- Scores on the DA Questionnaire were significantly lower for the control group and higher for femicide and attempted femicide cases.
- Approximately half of the women did not accurately perceive that their partner can kill or seriously harming them prior to the completion of the DA.
- The Danger Assessment works best to predict femicide and attempted femicide when used in combination with the woman's own perception of risk.

## IN-DEPTH INTERVIEWS

In-depth interviews were conducted with 30 of the attempted femicide women:

- 15% from each of the major cities (6 of the 11 sites)
- 40% African American, 40% Caucasian, 20% Hispanic

Researchers asked these women if there were other risk factors that were not part of the long interview process that made them feel they might be at risk.

- 2/3 of these women had a history of escalating violence.
- 5 only had a history of minor violence and controlling behavior.
- 2 had a history of controlling behavior.

In 2 cases, there was no history of violence or controlling behavior.

- 14 of the women had no clue how dangerous their partner was.
- If the DA or another risk assessment tool had been used all but 3 of the cases would have been identified.
- 73% of the women had a significant relationship change in the previous year.
- In the majority of cases she was leaving him.
- In 4 of the cases he had left her and then got enraged when she started seeing someone else and he had changed his mind.

**In summary:**

- 30% of the cases were clearly at risk. She was scared, and others were scared for her.
- 55% could have been identified with a skilled risk assessment but 15% appeared to have occurred completely out of the blue.

## THE RISK FACTORS

85% of the cases studied were classified correctly:

- **Unemployment** was the most important demographic risk factor for acts of intimate partner femicide. Perpetrator unemployed increased a woman's risk by 4.4.
- **Perpetrator owning a gun** – there was a greater likelihood of his using a gun in the worst incident of abuse. This increased a woman's risk by 5.4.
- Instances in which a **child of the victim by a previous partner** was living in the home increased the risk of intimate partner femicide by 2.4.
- **Never living together was protective** – victim having her own place to go to increase her safety.
- Women who **separated from their partners after cohabitation** experienced increased risk of femicide especially when the partner was highly controlling. A highly controlling

partner and the couple being separated increased a woman's risk by 5.5.

- A **highly controlling partner** and not being separated increased her risk by 2.1.
- A partner not highly controlling, and the **couple separated** increased her risk by 3.6.
- **Threats to kill** increased a woman's risk by 3.2.
- **Threats with a weapon** increased risk by 3.8
- **Forced sex** increased a woman's risk by 1.9.
- **Prior arrest for DV was protective** – likely due to sanctions being placed on perpetrators.

## 2019 UPDATE: CHOKING/STRANGULATION ITEM & SCORING INCREASE

In September 2019 Dr. Jacquelyn Campbell and the Danger Assessment Technical Assistance Center are announced an update to the choking/strangulation question on the Danger Assessment (DA). This change follows a thorough analysis of emerging data, and in consultation with the [National Strangulation Institute](#).

**A summary of changes to the DA includes the following:**

- **Item 10 now reads:** 10. Does he ever try to choke/strangle you or cut off your breathing?
- **Addition of item 10a, with scoring change (+2 points, if yes):**
  - 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: \_\_)
- **Total possible score increases to 39**
- **No change to cut-off points for level of danger**
  - Variable, Increased, Severe, Extreme remain the same

The updated choking/strangulation questions identifies when there have been multiple choking/strangulations, or any strangulation event that resulted in passing out, blacking out, or dizziness or altered consciousness.

The DA scoring has also been updated. This change measures the increased risk of lethality when strangulation happens multiple times, or when it results in altered consciousness or blacking out.

The total possible score on the DA has increased by two points (total possible is 39). Cut-off points to the Levels of Danger have NOT been changed ("Variable, Increased, Severe, and Extreme").

VON Strangulation Protocol is the suggested follow-up instructions for "yes" answers to items 10 or 10a

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## MYTHS ABOUT DOMESTIC VIOLENCE

*“Only certain people get involved in abusive relationships.”*

*What the research shows:*

- *The number of women who had a college education were similar for femicide and attempted femicide victims (Campbell et al., 2009);*
- *No race, culture or class is immune to domestic violence (Campbell et al., 2009; Erez et al., 2009; Grossman & Lundy, 2007)*

*“Women who are not independent are more likely to end up with abusers.”*

*What the research shows:*

- *51.8% of femicide victims and 42.9% of attempted femicide victims were employed full time (Campbell et al., 2009);*
  - *Women who leave their partners are in more danger than when they are in the abusive relationship; leaving also means poverty, temporary housing and isolation from friends and family (Murray, 2008)*
-



## RESEARCH - DANGER ASSESSMENT FOR IMMIGRANT WOMEN (DA-I)

Messing and colleagues (2013) conducted research to make the original DA more relevant for immigrant women experiencing domestic violence. The goal of adapting the DA for use with immigrant women was to increase the capacity of the original DA to predict re-assault and the likelihood of experiencing severe intimate partner violence for immigrant women experiencing IPV.

The data used came from the National Institute of Justice-funded Risk Assessment Validation (RAVE) study. Participants were recruited through family courts, domestic violence shelters and community offices, domestic violence related calls to police.

Eligibility: Women were eligible if they reported currently experiencing intimate partner violence (at least 1 experience in the previous 6 months).

Self-reports: Participants were asked to report on the following:

- Intimate partner violence (experience of physical or sexual IPV between T1-Baseline and T2-Follow Up)
- Severe IPV (experienced severe physical or sexual IPV, near lethal violence or both, between T1 and T2); severity was determined by participant's yes answer to whether partner:
  - Used force to make you have sex
  - Used a knife or gun on you
  - Punched you or hit you with something that could hurt
  - Choked you
  - Beat you up
  - Burned or scalded you on purpose
  - Kicked you
  - Nearly killed you
  - Tried to kill you
- Danger Assessment score
- Additional risk items (ability of items from original Questionnaire to identify risk factors found to be relevant for immigrant women such as: marginalization, social isolation, gender norms, etc.)
- Self-perceived risk:
  - Rate likelihood partner would a) abuse or b) seriously hurt them in the next year (asked at T1)
- Participant and relationship characteristics (e.g., race, age, employment status, etc.)

## RESULTS

**Participants:** There were two interviews conducted with women, on the self-report measures listed above. Initially, 1,307 women participated in the baseline interview (T1). Of those 1,307 women, 148 women were located and completed the follow up interview (T2); the follow up interview was completed on average, 9 months after the initial interview. The data from the 148 women was used in the analysis.

The 148 women had a mean age of 34.51 years and the majority (66.89%) identified as Latina. Almost half (48.65%) were employed part time or full time and 56.75% had high school or higher level of education. 60.14% were married and 12.84% reported not having children living at home.

**Intimate Partner Violence:** The most common type of abuse reported by the women was verbal abuse; 90% of the participants reported experiencing verbal abuse at T1 and half of the participants reported experiencing verbal abuse at T2. At T1, 94.59% (140) reported experiencing non-severe IPV and 31.09% (n=46) reported experiencing non-severe IPV at T2. For severe IPV, 83.78% (n=124) reported experiencing it at T1 and 20.95% (n=31) reported experiencing it at T2; 67.39% who experienced IPV reported experiencing severe IPV.

**Analysis** was conducted on participant's responses to the DA, additional risk items, self-perceived risk and participant and relationship characteristics. The study evaluated whether specific factors on these measures predicted the likelihood of experiencing severe IPV at T2. The factors that were significantly linked to predicting re-assault and severe intimate partner violence were identified and a 26-item Questionnaire was developed. These 26 items "predicts risk for severe violence and re-assault for immigrant women with significantly greater accuracy than the original DA and women's predictions of their risk of future violence and injury". These 26 items make up the DA-I.

### THE DANGER ASSESSMENT FOR IMMIGRANT WOMEN (DA-I) TOOL

The DA-I includes 15 items from the original DA and 11 new risk items; these items were the ones found to be significantly predictive of an immigrant's women risk of re-assault and severe IPV perpetrated by their abusive partner. It should be noted that 5 original DA items were excluded from the DA-I, providing more support for the need to research the unique factors that contribute to increased risk of re-assault and severe IPV for immigrant women.

### SCORING

The scoring of the DA-I (See *Section VII Danger Assessment Tool Templates*) is similar to the DA in that each question is weighted, based on whether or not the specific item represents a higher risk of re-assault than others. As with the DA, the DA-I final scores indicate the level of danger a woman is in although these levels are in the process of being standardized. The following indicate the cut-off scores and level of danger for the DA-I:

- 0-14: Variable Danger
- 15-25: Increased Danger
- 26-35: Severe Danger

- 36-53: Extreme Danger

## **LIMITATIONS**

The DA-I, a first of its kind, is based on a small sample size that is reflective of the American cultural landscape which differs from that of the Canadian one. It is also important to note that 40% of participants who participated in T1 did not participate in T2. Caution is also advised for generalizing the findings to women of *all* cultural backgrounds as culture, even within individuals of the same origin or faith, is practiced, understood, and adhered to in many ways. Nonetheless, the DA-I is a valuable tool in helping immigrant women understand her risk within a cultural context that help her develop a safety plan tailored to her unique situation. The DA-I can also help staff identify other barriers (e.g., immigration status, sponsorship under husband) unique to immigrant women that must be considered in addressing safety as well as other societal roadblocks such as marginalization, discrimination, system navigation and isolation.

## RESEARCH - DANGER ASSESSMENT-R

Glass and associates (2008) conducted research that looked at the original DA and reviewed whether the items were relevant to abusive female same-sex relationships as well as new items that were identified by women who identified themselves as being in an abusive same-sex relationship. The study was conducted in 2 phases and recruitment targeted organizations, media, agencies serving the LBT community as well as on university campuses and craigslist. In phase 1, recruitment was conducted statewide; in phase 2, it was expanded nationally.

### PHASE 1

Eligibility: Women were eligible to participate in Phase I if they:

“...self-reported current/past year physical or sexual violence perpetrated by a same-sex partner or ex-partner and women who self-reported current or past-year perpetration of physical or sexual violence, perpetrated by a same-sex partner or ex-partner and women who self-reported current or past-year perpetration of physical or sexual violence in a same-sex relationship...”

There were 52 women, between 15-64 years of age, who participated in the research; 10 of the women were members of a minority/racial group and 5 of the women identified as perpetrators.

Purpose: The purpose of Phase I was to review the 20 items on the DA. Researchers also asked participants to provide feedback on what they felt was important to consider in an abusive same-sex relationship and was NOT captured on the original DA.

**Phase 1 Results:** The participants' feedback indicated that the 20 items on the original DA were important considerations in same-sex relationships but needed to be re-worded to increase relevancy. For instance, the questions “Has he/she ever forced you to have sex when you did not wish to do so?” was thought to be more applicable if changed to “Does she try to control your sex-life, for example, withholding sex or using coercion or manipulation?”

Participants also advised the need for the DA to include additional items that looked at the following areas:

- Perpetrator's abusive behaviours, history of depression, exposure to violence in childhood;
- *As well as* Victim's use of violence (including self-defense), history of depression, exposure to violence in childhood, use of illegal or prescription drugs or alcohol; and
- LBT women's experiences of not feeling supported/taken seriously when reporting same-sex abuse; difficulty in navigating a system that can be entrenched in stereotypes and discrimination against the LBT community.

The result of Phase I was the development of a 79-item Questionnaire reflecting the experiences and areas female survivors of same-sex intimate partner violence perceived to be important considerations for helping women assess their risk of re-assault.

## **PHASE 2**

**Eligibility:** Women were eligible to participate in Phase II if they:

“...self-reported current or past year physical or sexual violence perpetrated by a same-sex partner or ex-partner...”

93 women completed the baseline interview and 84 completed the 1 month follow up.

**Purpose:** The purpose of Phase 2 was to investigate whether the 79-item Questionnaire (which included the re-worded questions of the DA, developed in phase 1, accurately predicted the risk of re-assault over 1 month, of a woman who was in an abusive female same-sex relationship. A baseline and 1 month follow up interview was conducted with all participants. At baseline, participants were asked to answer the 79-item Questionnaire based on their experiences over the last 6 months; demographic information was also gathered (e.g., status of relationship, education, employment, income, children, etc.).

During follow up, participants were asked to report on the 79-item Questionnaire again, this time, based on experiences over the previous month. Women were also asked to report if they had been physically or sexually assaulted, or if they had been threatened physically or sexually by a current or ex-partner in the previous month.

Results: The analysis looked at whether or not items indicated a higher risk of re-assault for women in abusive female same-sex relationships. From the 79 items, 18 items stood out to be indicative of higher risk of re-assault; of these 18 items, 8 were from the original DA and 10 were from the additional items endorsed by survivors of same-sex IPV. The result of this study is the Danger Assessment Revised (DA-R) which can predict the likelihood that a woman will be re-assaulted by her same-sex abusive partner.

## **SCORING**

The scoring of the DA-R is similar to the DA in that each question is weighted, based on whether or not the specific item represents a higher risk of re-assault than others. Different from the DA however, the DA-R does not have levels of risk, in terms of low to high levels of danger as the tool is currently undergoing standardization. The DA-R is still a valuable tool in helping women in same-sex abusive relationships assess their situation realistically as the higher the score, the higher the likelihood they will be re-assaulted. As with the DA, the DA-R can also help staff in creating uniquely tailored safety plans that address additional considerations for women in abusive same-sex relationships that may be overlooked.

## **LIMITATIONS**

The DA-R, although a first of its kind, is based on a small sample size that may not reflect the general LBT population. Additionally, the sample may not adequately reflect the broad experiences of the LBT community. It is important to consider these limitations in your use of the DA-R with your clients.

## APPENDIX III – DA & TRAUMA: RETURNING WOMEN TO A CALMER STATE

### 1. GROUNDING ACTIVITIES

Grounding activities assist women to be fully present when they are experiencing overwhelming feelings and intense anxiety. Grounding activities help women feel grounded and centered in the moment.

#### **Examples:**

- Give the woman something to hold and ask her to describe it;
- Ask her to choose something from the basket of soothing items and ask her to describe what it feels like;
- Invite her to take off her shoes and place her feet firmly on the ground and tap her toes; can be done with shoes on as well;
- Ask questions - Where are you now? When is your birthday? What month is it?
- Ask the woman to draw the unsettling emotion and the picture can then be destroyed, or it can be contained in a container that you have in the room. She can then be invited to draw something that represents her strength or something that represents the hope that she has for herself.

#### ***Safe Place Exercise:***

The safe place exercise can be very helpful in supporting women to move to a place of calmness.

- Invite the woman to imagine a place where she has been or can imagine being where she is completely safe and calm. She can either keep her eyes open or closed if she is comfortable doing so. Ask her to keep her feet flat on the floor.
- Lead her through the exercise by asking her to imagine this safe place by first noticing what she sees in her safe place – noticing the colors, the size and shapes of things.
- Then ask her to notice what she hears in her safe place – is it quiet or are there sounds. Ask her to notice and pay attention to both the sights and sounds in her safe place.
- Then ask her to be aware of any smells in her safe place. Ask her if she can reach out and touch anything in her safe place. And if can touch anything ask her to notice what these things feel like.
- Remind her again to notice what she sees, what she hears, what she smells and what she can touch in her safe place. Then ask her to turn her attention inwards and notice what she is feeling.
- Ask her to take a last look at her safe place noticing the sights, sounds, smells, and feel of objects. Invite her to return to the room and check in with her about what she is feeling in the moment.

Most women will describe a sense of calmness and peace. Suggest to the woman that she can return to that safe place whenever she is feeling overwhelmed or distressed. Just as we can go to a disturbing place in our minds - we can also go to a calm, serene place.

### **Relaxation/Breathing Exercise:**

- Guide the women through a breathing/relaxation exercise. It is important to breathe with her and it can be very helpful to count out loud as you do this.
- 5-4-3-2-1- exercise (based on the work of Yvonne Dolan)
  - Ask the woman to focus her eyes on an object that is in the room and then slowly look around the room without moving her head too much.
  - Ask her to name 5 things that she sees, 5 things that she hears, and 5 things that she physically feels.
  - Then ask her to name 4 things she sees, 4 things she hears and 4 things that she physically feels, and so on.
  - It is unlikely that she will need to go to one of each. As the process facilitates her to use the thinking part of her brain, she will likely move out of her emotional or limbic system and feel calmer.

### **Additional grounding exercises:**

- <https://scottjeffrey.com/grounding-techniques/>
- <http://www.tothegrowlery.com/blog/2017/4/18/six-different-types-of-grounding-exercises-for-anxiety-intense-emotions>

## **2. CONTAINMENT**

Containment involves purposefully containing distressing emotions. It is not facilitating denial. It is about gaining control over distressing, overwhelming emotions.

- Invite the woman to imagine a container that she could use to put her painful emotions in until she is ready to deal with them. Encourage her to give as much detail as possible – what color is it? How does it close? How big is it?
- Invite her to imagine placing the painful emotions into the container and securing it shut.
- Explore with her how that feels once she has contained the emotion.
- You could also have the woman draw the emotion and put it into a container that you have in your office.
- Through this process the woman can decide when she is ready to deal with the emotion.

## **3. VISUAL MEDITATION EXERCISE**

### **Calming Color Relaxation Visualization:**

(The following script is from <http://www.innerhealthstudio.com/calming-color-relaxation.html>)

“This calming color relaxation script allows you to relax with visualization by imagining each color of the rainbow. A rainbow consists of red, orange, yellow, green, blue, and violet... and this relaxation script will describe each color to allow you to relax by mediating on the colors.

Visualization can be particularly effective to relax because it allows you to focus your mind on an imagined image. This focus is key to meditation and relaxation in general.

### ***Sample script for visual meditation***

*“To begin, make yourself comfortable. Adjust your clothing as needed and assume a comfortable position.*

*First, before the calming color relaxation begins, notice how your body feels in this moment.*

*Passively pay attention to the state of your body right now. Do not try to change anything, simply notice how your body and mind feel.*

*Feel your body begin to relax slightly, as your shoulders drop a little lower.... your jaw loosens so your teeth are not touching.... and your eyelids start to feel heavy.*

*Take a deep breath in.... hold it.... and slowly breathe out....*

*Now just notice your breathing. Your body knows how much air you need. Notice with interest how your breath goes in and out. Feel the pause after you inhale and before you exhale.... and the pause before drawing another breath.*

*Allow your body to relax and your mind to focus on the calming color relaxation.*

*Allow the relaxation to occur naturally.... allow and observe....*

*Create a picture in your mind of the color red.*

*Imagine red of all shades....*

*You might picture red objects, a red landscape, or just a solid color....*

*Imagine all the different tones of red.... roses.... bricks.... apples.... sunset....*

*Enjoy the color red.*

*Now allow the color you are imagining changing to orange. Picture orange.... infinite shades of orange.... flowers.... pumpkins .... carrots....*

*Fill the entire visual field of your mind's eye with orange.*

*Enjoy orange.*

*Visualize yellow. See in your imagination all the various shades of yellow. Allow yellow to fill your vision.... lemons.... flowers.... fall leaves....*



*Imagine the endless tones of yellow. Imagine yourself surrounded with the calming color yellow.... Immerse yourself....*

*Enjoy the color yellow.*

*Let the color you are imagining become green. Fill your imagination with green. Endless shades and tones of green.... plants.... leaves.... grass....*

*Imagine being surrounded by beautiful green.... all shades from the lightest to the darkest, bright green.... subdued green...*

*Enjoy green.*

*Now see in your mind blue. Surround yourself with beautiful blue.... Unending shades of blue.... water.... sky....*

*Imagine blue filling your vision....*

*Enjoy blue.*

*Allow the color in your imagination to become violet.... Focus on the multitude of purples around you.... flowers.... eggplant.... sunrise....*

*Immerse yourself in the color violet....*

*Enjoy violet.*

*Now allow your attention to return to your breathing.... notice how calm and regular your breathing is now....*

*Meditate on the calming color relaxation once more....*

*Imagine the colors again, one at a time.... starting with red....*

*Orange....*

*Yellow....*

*Green....*

*Blue....*

*Violet....*

*Now picture whatever calming color you wish. Do you have a favorite? Or a color that suits your mood right now? Imagine whatever colors you like. Allow your mind to be relaxed, focused, and calm....*

*Enjoy the feeling of relaxation you are experiencing.....*

*Now it is time to return your attention to your regular activities....*

*Become more alert with each breath you take....*

*More aware of your surroundings....*

*Stretch your muscles.... and open your eyes. Fully alert and calm.”*

#### **4. MINDFULNESS EXERCISES**

##### **Sorting Boxes:**

Begin by taking slow, deep breaths. Give your client a few minutes to allow the body to get into the rhythm of the breath. Tell the client the following, allowing for time between each direction:

- *Focus on your breathing, without trying to change it.*
- *Notice any thoughts, sensations (physical sensations), or emotions (feelings) that come into your awareness.*
- *Imagine that there are three boxes in your mind, labelled “thoughts”, “sensations”, and “emotions.”*
- *Continue to focus on your breathing and continue to observe anything that comes into your awareness.*
- *Identify these things as thoughts, sensations, or emotions and sort them into the corresponding box in your mind.*
- *Try not to judge these thoughts but only label them as ‘thoughts’, ‘sensations’, or ‘emotions’.*
- *Continue clearing your mind by putting these thoughts, sensations, and emotions into their respective boxes until you hear a bell.*
- *Following this guided mindfulness exercise will help you to clear your mind of worry about the past or the future and allow you to focus on this present moment in a time.*

##### **Additional mindfulness exercises:**

- <https://positivepsychologyprogram.com/mindfulness-exercises-techniques-activities/#mindfulness-depression-anxiety-anger-addictions>
- [https://www.mindful.org/mindfulness-meditation-guided-practices/?gclid=EAlaIqobChMIsaD7p4\\_52AIVgol-Ch0j6AUUEAAYASAAEgLOavD\\_BwE](https://www.mindful.org/mindfulness-meditation-guided-practices/?gclid=EAlaIqobChMIsaD7p4_52AIVgol-Ch0j6AUUEAAYASAAEgLOavD_BwE)

## APPENDIX IV – TYPES OF ABUSE

### PHYSICAL ABUSE

- Slapping, pushing
- Punching, kicking
- Choking
- Using a weapon to hurt you
- Locking you out of your house, or holding you captive
- Abandoning you in a dangerous place; reckless driving
- Refusing to help you when you are sick or pregnant
- Threatening to harm you with a weapon

### EMOTIONAL / PSYCHOLOGICAL / VERBAL ABUSE

- Put downs, criticism, name-calling
- Being accused of doing things that you have not done
- Partner acting jealous, accusing you of having affairs
- Threatens to leave you or threatens to make you leave the home
- Degrades or humiliates you, your friends or family
- Isolates you from friends and family
- Manipulates or confuses you with lies and contradictions
- Uses confidential information against you
- Refuses to speak to you or to acknowledge your feelings
- Living with constant fear of threats of violence
- Being harassed at work by phone calls or visits
- Destruction of prized possessions
- Threats of suicide as a means of control

### SEXUAL ABUSE

- Forcing you or pressuring you for sex
- Calling you sexually demeaning names
- Forcing you to dress in a way that you are not comfortable with
- Forcing you to watch porn or to participate in porn
- Being woken up to your partner having sex with you
- Withholding sex or affection

### FINANCIAL ABUSE

- Your partner controls all of the money
- Your partner forbids you to work or causes you to lose your job

- Your partner prevents you from going back to school
- You need to ask permission to spend money and/or must account for all of the money that you spend
- You are not given enough money to manage the household expenses
- Your partner is irresponsible with his own spending - gambling, spending money on alcohol or drugs and not ensuring that bills are paid and there is food for the family
- Forcing you to work to support him
- Your partner refusing to account for his spending of the family money

#### **SPIRITUAL ABUSE**

- Partner prevents you from participating in your spiritual practices or forces you to follow his
- Destroys your religious/spiritual items
- Cites scripture out of context as a means of control

## APPENDIX V – ADDITIONAL READING MATERIAL

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