

Walking the Path Together Danger Assessment Questionnaire

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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.

