



Domestic Violence Danger Assessment

Date: _____ Victim Name: _____

Suspect Name: _____

Advocate: _____

		Yes	No
1	Has your partner ever physically harmed you? <input type="checkbox"/> 1-5 times <input type="checkbox"/> 6-10 times <input type="checkbox"/> 11 or more times Select types of physical abuse: <input type="checkbox"/> Slapped <input type="checkbox"/> Pushed <input type="checkbox"/> Kicked <input type="checkbox"/> Punched <input type="checkbox"/> Burned <input type="checkbox"/> Pulled Hair <input type="checkbox"/> Threw you out of car (or attempted) <input type="checkbox"/> Threw objects at you <input type="checkbox"/> Threw you (into a wall, down stairs, etc) <input type="checkbox"/> Dragged you <input type="checkbox"/> Refused to let you sleep <input type="checkbox"/> Other _____		
2	Has your partner ever tried to strangle you?		
3	Have you ever been battered by your partner while pregnant?		
4	Has your partner ever threatened you with a weapon? If yes please circle what type: Knife Gun Other: _____		
5	Does your partner own or have access to weapons? If yes, please circle what type: Knife Gun Other: _____		
6	Has your partner ever held you against your will?		
7	Has your partner ever threatened or harmed your pets/animals?		
8	Do you believe your partner will kill you?		
9	Has your partner ever told you how they plan to kill you?		
10	Has the physical violence become more serious over the past year?		
11	Has the physical violence happened more often over the past year?		
12	Has your partner ever been Baker-acted or committed to a mental health facility?		
13	Have you recently separated or talked about leaving your partner?		
14	Has your partner ever threatened or attempted suicide?		
15	Has your partner been stalking, following or watching you?		
16	Has your partner been violent toward or threatened to harm your children?		
17	Does your partner control all or most of your daily activities?		
18	Does your partner have a history of violence against other partners?		
19	Does your partner act out violently in front of others?		
20	Does your partner have any criminal history?		
21	Does your partner get high or drunk on a regular basis?		
22	Has your partner been significantly stressed lately? (Loss of job or loved one, recent arrest)		
23	Is your partner violently and constantly jealous of you? (Does your partner say "If I can't have you no one will?")		
24	Have you recently filed any court action against your partner? (Child support, custody, divorce, etc.)		
25	Do you have any upcoming court dates that could affect your partner? (Custody, injunction, divorce, etc.)		

Please check any items that apply

Mental Abuse

- Threatened you and/or family members
- Threatened to take children
- Threatened to use weapon
- Followed in car
- Harassing phone calls
- Called you names
- Destroyed property

Sexual Abuse

- Demanded sex when you did not want it
- Demanded you have sex with others
- Gave you a sexually transmitted disease
- Called you sexual names like "whore"
- Forced you to have an abortion
- Withheld sex
- Criticized you sexually
- Openly having sex with others
- Forced you to watch him/her have sex with others

Financial Abuse

- Took your money or child's money (SSI)
- Does not pay court ordered child support
- Demands receipts or an accounting of every penny you spend
- Refused to let you work
- Refused to give money for necessities