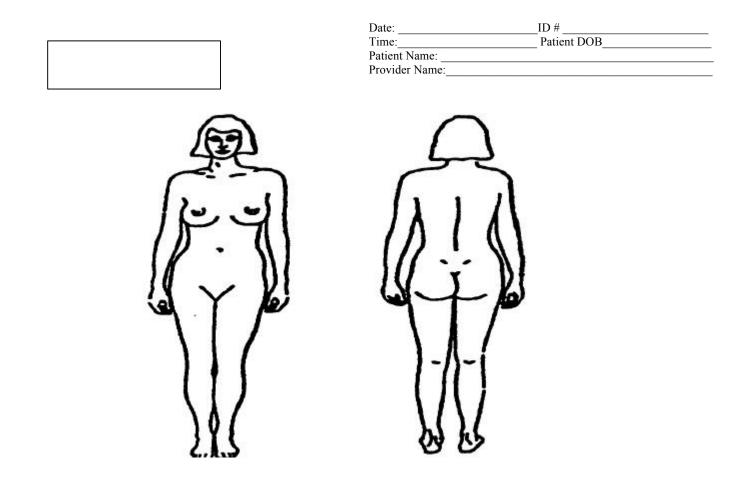
DOMESTIC VIOLENCE



DANGER ASSESSMENT

Indicate on the drawing of the body above anywhere you have been hurt by your current partner. Indicate any place a weapon has been used.

Several risk factors have been associated with homicides (murder) of both batterers and battered women/men through research which has been conducted after the killings have taken place. 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 severe battering and to see how many of the risk factors apply to your situation. The s/he in the question refers to husband, wife, life partner, ex-husband, ex-wife, ex-partner, or whoever is physically hurting you.

Please check YES or NO for each question.

□ YES	□ NO	1.	Is the abuser here now?
□ YES		2.	Are you afraid of your partner?
□ YES		3.	Are you afraid to go home?
□ YES	□ NO	4.	Has the physical violence increased in frequency?
□ YES		5.	Has the physical violence increased in severity?
□ YES	□ NO	6.	Does abuser ever try to choke you?
\Box YES	□ NO	7.	Threats of homicide?
\Box YES	□ NO	8.	Does abuser control daily activities (i.e. use of money, transportation, friends)?
			If abuser tries, but you do not allow it, check here
\Box YES	□ NO	9.	Is abuser violently and constantly jealous of you (i.e. "If I can't have you, no one can")?
\Box YES	\square NO	10.	Alcohol or substance abuse?
\Box YES	D NO	11.	Threats of suicide? By whom:
□ YES	D NO	12.	Is there a gun in the house?
\Box YES	D NO	13.	Has your partner physically abused children?
\Box YES	D NO	14.	Have your children witnessed violence in the home?
\Box YES	D NO	15.	Have you discussed a safety plan with anyone?

PROGRESS NOTES	DATE:
(USING S.O.A.P. FORMAT)	TIME:

Describe frequency and severity of present and past abuse (use direct quotes); describe mechanism, location and extent of injury and/or other symptoms/condition.

REFI	ERRALS	REPORTING
	Safety Plan Made Hotline Number Given Legal Referral Made Shelter Number Given	 Law Enforcement Report Made Child Protective Services Report Made Adult Protective Services Report Made
	In-house Referral Made Describe:	PHOTOGRAPHS
		$\Box Yes \qquad No Consent to be photographed?$
	Other Referral Made Describe:	□ Yes No Photograph taken?

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