



## CARDV DANGER ASSESSMENT

This Danger Assessment instrument helps determine the level of danger within an intimate partner relationship. This tool is intended to educate and assess the risk of lethality, or near-lethal re-assault and to inform decision-making.

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- Has physical violence increased in severity or frequency over the past year?
- Does your partner own a gun?
- Have you left your partner after living together during the past year?
- Is your partner unemployed?
- Has your partner ever used a weapon against you or threatened you with a lethal weapon?  
(If yes, was the weapon a gun? Yes No )
- Does your partner threaten to kill you?
- Has your partner avoided being arrested for domestic violence?
- Do you have a child that is not your partner's?
- Has your partner ever forced you to have sex when you did not wish to do so?
- Does your partner ever try to choke/strangle you or cut off your breathing?  
(If yes, has your partner done it more than once, or did it make you pass out, black out, or make you dizzy? \_\_\_\_\_)
- Does your partner use drugs?
- Is your partner an alcoholic or problem drinker?
- Does your partner control (or try to control) most or all of your daily activities?  
(For example: Does your partner 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?)
- Is your partner violently and constantly jealous of you?  
(For instance, does your partner say things like "If I can't have you, no one can.")
- If you are a female: Has he physically harmed you while you were pregnant?  
(If you have never been pregnant by him, check here: Yes \_\_\_\_\_ No \_\_\_\_\_ )
- Has your partner ever threatened or tried to commit suicide?
- Does your partner threaten to harm your children?
- Do you believe your partner is capable of killing you?
- Does your partner follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want your partner to?
- Have you ever threatened or tried to commit suicide?

Total : \_\_\_\_\_

Please return to your advocate or counselor to discuss what the Danger Assessment means in your situation.