

# Danger Assessment

Jacquelyn C. Campbell, PhD, RN, FAAN

Designed by: Lillian Bigstone

Client #:

Completed by:

Date:

- Focus on Interconnectedness
- For every Action there's a Reaction
- Physical – Violence Occurs
- Mental – Mind Control
- Emotional – Hurt and anger
- Spiritual – Soul suffers, Self Esteem Issues, etc.

Several risk factors have been associated with increased risk of homicide (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 risks factors apply to your situation.

*One aspect of your being affects the other*

1. Has the physical violence increased in severity or frequency over the past year? **Yes\_\_ or No\_\_**

2. Does he own a gun? **Yes\_\_ or No\_\_**

3. Have you left him after living together during the past year?  
**Yes\_\_ or No\_\_**      3a. (If you *never* lived with him, check here \_\_)

4. Is he unemployed? **Yes\_\_ or No\_\_**

5. Has he ever used a weapon against you or threatened you with a lethal weapon?  
**Yes\_\_ or No\_\_**      5a. (If yes, what type of weapon was it? \_\_\_\_\_)

6. Does he threaten to kill you? **Yes\_\_ or No\_\_**

7. Has he avoided being arrested for domestic violence? **Yes\_\_ or No\_\_**

8. Do you have a child that is not his? **Yes\_\_ or No\_\_**

9. Has he ever forced you to have sex when you did not wish to do so? **Yes\_\_ or No\_\_**

10. Does he try to choke you? **Yes\_\_ or No\_\_**

11. Does he use illegal drugs? If yes, what type of drug? \_\_\_\_\_

12. Is he an alcoholic or have a problem drinker? **Yes\_\_ or No\_\_**

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? **Yes\_\_ or No\_\_** (If he tries, but you do not let him, check here: \_\_)

14. Is he violently and constantly jealous of you? **Yes\_\_ or No\_\_**  
(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? **Yes\_\_ or No\_\_**  
(If you have never been pregnant by him, check here: \_\_)

16. Has he ever threatened or tried to commit suicide? **Yes\_\_ or No\_\_**

17. Does he threaten to harm your children? **Yes\_\_ or No\_\_**

18. Do you believe he is capable of killing you? **Yes\_\_ or No\_\_**

19. Does he follow or spy on you, leave threatening notes or text messages on your cell phone, destroy your property, or call you when you don't want him to? **Yes\_\_ or No\_\_**

20. Have you ever threatened or tried to commit suicide?  
**Yes\_\_ or No\_\_**

*One aspect of your being affects the other*



# Healing Plan

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