



Intimate Partner Violence: Brief Risk Assessment

Risk assessments are completed to identify if a client who has experienced intimate partner violence (IPV) is at high risk for homicide or severe injury by a partner (or ex). This resource provides guidance on when and how to administer and score the Danger Assessment-5 (DA-5).¹ The full Danger Assessment with weighted scoring provides the most accurate assessment of risk. The DA-5 is a brief adaptation of the full tool.

When to Complete the DA-5

- Once safety and privacy assessed, immediately following a client's disclosure that they have experienced IPV.

Who Can Complete a Risk Assessment

- A public health nurse would have the skills and knowledge to complete the DA-5.
- Trained assessors are able to complete the full Danger Assessment (Calendar + tool).
- Nurses may also have the option to refer the client to an IPV advocate or other service provider trained in risk assessment and safety planning.

Why a Risk Assessment (including the DA-5) Should be Completed

- Provides additional information to understand if the client is in danger of serious injury or homicide.
- Information can be used to educate clients about their risks of lethality or re-assault.
- To provide information to inform their decision-making with respect to safety planning.

The information from evidence-based risk assessments, such as the DA-5, should always be used in combination with the client's preferences and needs (valuing client self-determination) and clinical expertise.

Establishing Privacy Prior to Completing DA-5

The questions on the DA-5 should only be asked once the nurse and client have confirmed that the discussion is occurring in a private setting (in-person or remote), where no-one can overhear the conversation. If it is not possible to have a private conversation with the client, one option may be to recommend that they download the [MyPlan Canada](#) app to use on a secure and personal device. This app is an online decision support aid that includes the Danger Assessment tool.

Introducing the Danger Assessment-5 to the Client

"Thank you for sharing with me what you are experiencing in your relationship. I am concerned about your safety, now and in the future. With your permission, I would like to ask you a few short questions so that you and I can better understand how much danger you may be in, and to use this information to explore different options to increase your safety."

Administering the Danger Assessment-5

"I am going to ask some short questions and ask that you respond "yes" or "no" to each one. We will then review your score and explore different options for increasing your safety."

Depending on the physical environment, encounter mode, or client preferences it may be preferable to have them independently complete the questions with a pencil or read and then nod "yes" or "no" instead of responding verbally to the questions.

The Danger Assessment-5 Tool

Yes No

1. Has the physical violence increased in severity or frequency over the past year?
2. Has your partner (or ex) ever used a weapon against you or threatened you with a weapon?
3. Do you believe your partner (or ex) is capable of killing you?
4. *Has your partner (or ex) **ever tried** to choke/strangle you or cut off your breathing?
- **4a. If yes, **did** your partner ever choke/strangle you or cut off your breathing? **Check here:**
- 4b. About how long ago?
- 4c. Did it happen more than once? **Check here:**
- 4d. Did it make you pass out, or black out, or make you dizzy? **Check here:**
5. Is your partner (or ex) violently and constantly jealous of you?

*Can be asked instead of or in addition to: Have you ever been beaten by your partner (or ex) while you were pregnant?

****If the client answers "yes" to 4a**, it is important to refer them to a health care provider who is trained to conduct a strangulation assessment. If the strangulation event occurred less than one week ago, encourage client to seek emergency medical care.

Scoring the Danger-Assessment-5 and Safety Planning

4-5

Score 4 or 5 “yes” responses

- Inform the client that they are in **serious danger**, that **you are extremely concerned about their safety** and it is imperative that a plan to address safety is implemented immediately.
- Options to offer the client for consideration: call police/911 (only with client consent), call a confidential domestic violence crisis line, seek refuge at a women’s shelter, contact local IPV advocate or call someone else of the client’s choice. No call is not an option.
- Make the call(s) with the client and/or complete an in-person hand-off to a knowledgeable advocate.
- If the client has children, be aware of, and communicate to client, requirements to contact local child protection agency with respect to child safety.
- Document assessment findings and client’s plan for safety as per agency guidelines.

2-3

Score 2 or 3 “yes” responses

- If client is female, administer (if you are trained to or refer to certified assessor) the full Danger Assessment (including calendar) to further assess risks and develop tailored safety plan.
- **For a score of 3 yes responses:** If an assessor trained to administer the Danger Assessment is not available, tell the client there are 3 risk factors for serious injury, assault or homicide. Inform the client that they are in danger, that you are very concerned about their safety and it is extremely important that a plan to address safety is implemented as soon as possible.
- **For a score of 2 yes responses:** If an assessor trained to administer the Danger Assessment is not available, tell the client there are 2 risk factors for serious injury, assault or homicide which means some immediate safety planning is needed.
- Ask if she has a safety plan and if she does, review with her; identify additional safety needs and assist with safety planning.
- Options to urge the client to take advantage of for additional safety planning or if no current safety plan: call a confidential domestic violence crisis line, seek refuge at a women’s shelter, or contact local IPV advocate.
- If the client agrees, refer and hand-off (in-person or voice-to-voice) to a knowledgeable advocate for women experiencing IPV for additional safety planning.
- If the client has children, be aware of, and communicate to client, requirements to contact local child protection agency with respect to child safety.
- Document risk assessment findings and client’s plan for safety as per agency guidelines.

0-1

Score 0 or 1 “yes” responses

- Review client safety plan, including option for referring to additional services (including IPV advocacy services, domestic violence shelter supports or a domestic violence crisis phonenumber) to address immediate and priority needs/concerns.

Practice Note: The role of the nurse is to conduct the risk assessment, interpret the score with the client and explore safety planning options with the client, including informing a client of their duty to report to child protective services (as required). Even when informed of their risk for serious injury or homicide and your expressed concern for their safety, some clients may choose not to accept a referral to a shelter, IPV advocate or other specialized services. In these situations, provide client with a list of local resources, recommend that they call 911 if violence escalates, and inform them you are available for follow-up. In these situations, a public health nurse may find it helpful to consult immediately with their supervisor or manager, as well as to carefully document their assessment data and follow-up actions.

Community Services to Support Clients in Initiating Safety

Services or Supports to Engage in Safety Planning for Women and Children	Local Contact Information
Domestic Violence Crisis Line	
Women's Shelter/Transition Housing	
Advocacy Services for Clients Experiencing IPV	
Child Protection Services Agency	
Victim Support Services	
Sexual Assault and Domestic Violence Centre	
Primary Health Care Providers Skilled in Assessing Strangulation	

Information about Strangulation

Strangulation is a serious or fatal obstruction of a person's breathing that is generally done intentionally. Strangulation is the cause of death in 15% of domestic femicides in Canada². Many women (27-68%) who experience IPV or coercive control, report occurrences of non-fatal strangulation.

Signs & Symptoms Associated with Strangulation

Neurological	Physical	Voice/Throat Changes
loss of memory, headaches, concussion, loss of sensation, vomiting/nausea	breathing changes, petechiae, bruising, swelling	raspy/hoarse voice, unable to speak, sore throat, trouble swallowing

¹ Messing, J.T., Campbell, J.C., & Snider, C. (2017). Validation and adaptation of the Danger Assessment-5 (DA-5): A brief intimate partner violence risk assessment. *Journal of Advanced Nursing*, 73, 3220-3230.

² Dawson, M., & Piscitelli (2021). Risk factors in domestic homicides: Identifying common clusters in the Canadian context. *Journal of Interpersonal Violence*, 36(1-2) 781-792.

Adapted with permission from: The Danger Assessment [Internet]. Baltimore, MD: Johns Hopkins University; 2021. Training to become a certified assessor on the full Danger Assessment tool is available from Available from www.dangerassessment.org

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