

DANGER ASSESSMENT - LAW ENFORCEMENT (DA-LE)

SUBMIT THIS WITH YOUR REPORT

 DISTRICT 1

 DISTRICT 2

 DISTRICT 3

 DISTRICT 4

 DISTRICT 5

Officer:	Date:	Incident #:
Victim:	Suspect:	
For each question, provide as much information as space allows. Include additional information in your report. <input type="checkbox"/> CHECK HERE IF VICTIM DECLINED RISK SCREEN		
RISK FACTORS		
1. Has the physical violence increased in severity or frequency over the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered
2. Have you left him/her after living together in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered
3. Does he/she control most or all of your daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered
4. Has he/she tried to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered
5. Has he/she ever threatened to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered
6. Has he/she used a weapon against you or threatened you with a lethal weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered
7. Has he/she ever tried to choke (strangle) you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered
8. Has he/she choked (strangled) you multiple times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered
9. Do you believe he/she is capable of killing you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered
10. Does he/she own a gun?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered
11. Has he/she ever threatened or tried to commit suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Answered

Total "Yes" Answers _____

Further Review

Justification for Further Review:
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The DA-LE is based on the Danger Assessment and research of Dr. Jacquelyn C. Campbell, PhD, RN, FAAN of Johns Hopkins University School of Nursing and Dr. Jill Theresa Messing, MSW, PhD, Arizona State University School of Social Work and developed with the Jeanne Geiger Crisis Center. The contents of this DA-LE may not be reproduced, changed, or duplicated in any manner without express written permission of Jeanne Geiger Crisis Center, Inc.
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PIO	SIO	Unit	Supervisor Name/Badge
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