



IMPRODOVA

Factsheet

Risk Assessment and Safety Planning

Risk assessment and safety enhancement

Many victims who have suffered or are suffering violence fear for their safety. Other victims may not think that they need a security plan because they do not expect the violence to repeat or escalate. It should be explained that in most cases domestic violence does not stop of its own accord: often the violence continues and can become worse and more frequent over time.

Risk Assessment

The patient should be helped to assess his or her immediate and future safety and that of his or her children. Risk assessment according to good practice includes

- collecting relevant facts about the particular domestic situation
- the questioning of the victim's own perception of risk
- a professional judgement on current risk factors

The patient may need to be referred to a specialised service for domestic violence. The patient may also be advised to go to the police for even greater protection. However, since this always involves reporting the offender to the police and since it is very difficult for the victim to reveal himself/herself to another group of people, this advice must be weighed up very carefully!

It is important that the victim is involved in a conversation about his/her risk perception and safety management in the past. All plans that have been made must be documented for future reference! Copies should be given to the victims, if possible.

At the same time, they must be made aware that this entails the risk that the perpetrator might find the document and that the violence will escalate.

For an initial risk assessment at least this must be done:

Talk to the victim in a private setting.

Examine immediate concerns:

- Does the patient feel safe at home after the appointment?
- Are his or her children safe?
- Does he or she need an immediate, safe place?
- Does he or she need assistance with the next steps for his or her safety?
- Does he or she need to consider an alternative exit from the current building?

If immediate safety is not an issue, the future safety of the patient must be assessed:

- Has the perpetrator ever caused physical injury (e.g. by being beaten)?
- Has the behaviour of the perpetrator changed recently or has it escalated?
- Does the perpetrator have access to weapons or other objects to cause serious physical injury?
- Does the patient need assistance with referral to the police or a legal service?
- Does the patient have emergency telephone numbers?
- Does the patient need a referral to a domestic violence service to make an emergency plan?
- Where would the patient go if he or she had to leave the shared home?
- How would the patient get there?

- What would the patient take with him/her?
- Who could the patient turn to for support?

Questions on the assessment of the immediate risk of violence

Victims who answer "yes" to at least three of the following questions may be at a particularly high immediate risk of violence.

"Has the physical violence increased or worsened in the last six months?"

"Has he or she ever used a gun or held a gun on you?"

"Has he or she ever tried to strangle you?"

"Do you think he or she might kill you?"

"Did he or she ever hit you when you were pregnant?"

"Is he or she violent and constantly jealous of you?"

If it is not safe for the victim to return home, provide safe accommodation or work with the victim to find a safe place to go (e.g. a friend's house).

Creation of a security plan

Victims who are not directly exposed to a serious, life-threatening danger also benefit from a security plan. If they have a plan, they can deal better with the situation if violence suddenly reoccurs. The following elements are part of a security plan and questions that can be asked to the victim to help them draw up a plan.

- Safe place
"If you have to leave your house in a hurry, where can you go?"
- Planning for the children
"Would you go alone or take your children with you?"
- Transport
"How would you get there?"
- Objects to be taken along

- *"Do you need to take any documents, keys, money, clothes or other things with you when you leave? What is indispensable?"*
- Financial issues
"Do you have access to money when you need to go? Where is it stored? Can you access it in an emergency?"
- Support from a close person
"Is there a neighbor you can tell about the violence, who can call the police or get you help if they hear sounds of violence coming from your house?"

The needs of victims generally go beyond what can be offered in a clinic or a practice. You can help by discussing the victim's needs with him or her, telling him or her about other offers of help and helping him or her to get help if he or she wants it. Usually it will not be possible to deal with all the issues at the first meeting. One should let the victim know that one is available for another meeting to talk about other issues.

It may seem frustrating when victims are unwilling to take steps to change their situation. However, the decision to do something about the current situation is not an easy one for the victims. One should always respect their wishes and decisions.

Immediate risk of suicide or self-harm

Some people fear that the question of suicide might provoke the victim to commit it. On the contrary, talking about suicide often reduces the victim's fear of suicidal thoughts and helps him or her to feel understood.

If the victim:

- has current thoughts or plans to commit suicide or harm himself or herself
- or
- if there is a history of thoughts or plans for self-harm in the past month or a record of self-harm in the past year,

and he or she is now extremely agitated, violent, desperate or uncommunicative, then there is an imminent danger of self-harm or suicide and he or she should not be left alone

The victim should be immediately transferred to a psychiatric hospital. If the patient refuses to go there alone, he or she should be accompanied or an accompanying person should be contacted. If the patient runs away or does not report to the clinic at the agreed time of arrival, the fire brigade should be called in. Breaking confidentiality is not a crime in this case. On the contrary, one is even obliged to report acute self-endangerment.

Obligation to notify

If a victim says that he or she has experienced or perpetrated violence, and if it is believed that there are reasonable grounds to believe that a child is at risk of serious harm (child endangerment), this must be reported to the police or youth welfare office.

You should be informed about the specifics of the law and the conditions under which you are obliged to report (e.g. reporting a rape of a child or child abuse) and assure the victim that you will not tell anyone outside this reporting obligation without their permission. For example, one can say: "What you tell me is confidential, which means that I will not tell anyone else what you tell me. The only exception to this is..."

Ongoing support

Security assessment and planning is an ongoing process - it is not just a one-off conversation. You can help by discussing the special needs and situation of victims with them and by exploring their options and resources each time you see them, as their situation changes.

Sources

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