



# 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 perpetrators of domestic violence do not stop of their own accord: often the violence continues and can become worse and more frequent over time.

#### Risk Assessment

The victim should be helped to assess his or her immediate and future safety and that of his or her children. Risk assessment according to best 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

It is important that the victim is involved in a conversation about his or her risk perception and security 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 should be made aware that the risk is 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 client 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 victim must be reviewed*

- 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 victim have a telephone number for emergencies?
- Does the victim need a referral to a domestic violence service to make an emergency plan?
- Where would the victim go if he or she had to leave the (shared) home?
- How would the victim get there?
- What would the victim take with him or her?
- Who could the victim 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?"*

You can help victims by discussing their 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. You should let them know that you will be available for another meeting to discuss other issues.

It may seem frustrating when victims are not willing 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. Admission to a psychiatric hospital is necessary and legally justifiable even against the will of the victim in cases of acute suicide risk.

## 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

Ali, McGarry (2019): Domestic Violence in Health Contexts: A Guide for Healthcare Professions

### Further sources from WHO:

WHO (2013): Umgang mit Gewalt in Paarbeziehungen und mit sexueller Gewalt gegen Frauen: Leitlinien der WHO für Gesundheitsversorgung und Gesundheitspolitik:

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