

Risk Assessment and Safety Planning

Factsheet



Click [here](#) for an explanation Video on **evidence-based risk factors.**



Find information on **indicators of domestic violence** in [module 2.](#)

It is important to identify the presence of **risk factors** which increase the likelihood of escalating the violence and can lead to 'reassault'.¹ These factors encompass the psychological and psychosocial traits of both, perpetrators and victims, as well as the dynamics within the victim-perpetrator relationship.² It's essential to emphasise that these factors are not causal factors.³ Understanding risk factors is an important part of responding appropriately to disclosures of domestic violence.⁴ Risk factors may not be direct triggers of domestic violence but rather play a role as contributing factors to domestic violence. It's essential to remember that these factors can interact in various intricate ways. Nevertheless, even though certain factors often coincide with domestic violence, none of them directly causes it.

Individual Risk Factors ⁵

The first level highlights biological and personal background elements that elevate the risk of an individual becoming either a victim or perpetrator of violence.

- Substance abuse
- Experiencing or witnessing violence as a child
- Illness/disease
- Low self-esteem/depression
- Low education or income
- Young age (victim)
- Poor behavioural control and impulsiveness
- Traits associated with borderline personality disorder
- Economic stress (e.g., unemployment -> increased risk of femicide ⁶)
- Depression and suicide attempts
- Belief in strict gender roles
- Vulnerable conditions: Disability, Pregnancy, etc.
- Access to weapons

Relationship Risk Factors ⁷

The second level delves into intimate connections that could heighten the probability of encountering violence, either as a victim or perpetrator. An individual's inner social circle, comprising peers, romantic partners, and family members, significantly shapes their conduct and adds to their exposure to violence.

- Controlling behaviours: monitoring everyday activities such as phone calls, social interactions, including social media, and dress



Find information on **forms and dynamics of domestic violence** in [module 1](#).

- Obsessive and/or excessive jealous behaviour
- Financial difficulties
- Recent or planned separation/divorce -> increased risk of femicide⁸
- Violations of self-esteem through verbal violence
- Witnessing violence as a child
- History of experiencing poor parenting or physical discipline as a child
- Presence of a child of the victim to a previous partner living in the home (i.e. a stepchild to the perpetrator) -> increased risk of femicide⁹

Community Risk Factors ¹⁰

The third level investigates environments such as educational institutions, workplaces, and communities, where social interactions take place. It aims to pinpoint the attributes of these environments that correlate with individuals becoming either victims or perpetrators of violence.

- Gender-inequitable social norms (especially those that link notions of manhood to dominance and aggression)
- Social and geographic isolation
- Socio-economic inequality
- Lack of access to support networks and services
- Communities with high unemployment rates, high rates of violence and crime, easy access to drugs and alcohol, weak sanctions against domestic violence
- Low community involvement among residents

Societal Risk Factors ¹¹

The fourth level examines overarching societal influences that shape the atmosphere either fostering or deterring violence. These influences encompass social and cultural norms that endorse violence as an acceptable means of conflict resolution. Additionally, significant societal factors consist of health, economic, educational, and social policies that perpetuate economic or social disparities among different groups within society.

- Gender and age inequality: stereotypical ideas about the roles of women and men in society, and the way they should behave, foster an environment for domestic violence to occur
- Humanitarian crises: climate change and environmental degradation (e.g., tropical storms, severe flooding, landslides), armed conflicts, and the COVID-19 pandemic result in increased rates of gender-based violence such as harmful practices, sexual violence against women and girls
- Cultural norms that support aggression toward others
- Weak health, educational, economic, and social policies or laws



Find specific information on [Gynaecology/Obstetrics, Surgery/Emergency Room, Paediatric and Dentistry.](#)



Possible indicators for high-risk:

- Sudden change in perpetrators' behaviour: "he's/she's changed all of sudden"
- Victim tells you: "he/she gives me the creeps", "He/she has that look in his/her eyes"
- Violence towards pets
- Substance abuse e.g. alcoholism, drugs etc.
- Strangulation
- Pregnancy
- Separation and divorce
- Victim is in a new relationship
- Perpetrator lost custody of children
- Violation of restraining orders

Source: Davies, J., Lyon, E. & Monti-Catania, D. 1998, Safety Planning with Battered Women: Complex Lives/Difficult Choices, Sage Publications, Thousand Oaks, p. 98-100).

Risk Assessment

Evidence shows that adult victim/survivors are often good predictors of their own level of safety and risk, and that this is the most accurate assessment of their level of risk.

Therefore, understanding and assessing risk begins with listening to the victim. Through listening, professionals can pick up on cues and ask questions about indicators of violence. Risk assessment helps to identify whether the risk is low or high.¹²

Risk assessment means making a professional judgement about:

The risk factors that are present combined with the victim's own assessment of risk to determine the likelihood of future violence and the potential for harm, including serious injury or death, from future violence.¹³

Therefore, it is essential to assist the patient in evaluating both their present and future safety, along with that of their children. A comprehensive risk assessment, following best practices, involves gathering pertinent information about the domestic environment, inquiring about the victim's perception of risk, and making a professional judgment regarding current risk factors.¹⁴



Find information
on
**communication
in cases of
domestic
violence** in
[module 3](#).

Immediate risk of suicide and self-injury

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**. The findings of a study demonstrated a clear correlation between documented cases of domestic violence and a heightened likelihood of self-harm. During the study period, almost a quarter of individuals who experienced domestic assault engaged in self-harming behaviour.¹⁵

Further it is important to provide documentation indicating an immediate risk of suicide and self-injury, to facilitate effective communication among colleagues and ensure consistency.

Sex and gender aspects in risk assessment¹⁶

The majority of risk assessments do not explicitly consider sex/gender aspects. Often, these instruments either lack provisions for both sexes in their checklists or exclusively use the masculine form when referring to perpetrators. Consequently, if health care professionals harbour gender bias, they may overlook men as victims of domestic violence.

Integrating sex and gender aspects into risk assessment instruments is imperative for health care professional. They must acknowledge legislative and ethical requirements on gender equality, reflecting on their behaviour and judgment to mitigate biases that could affect risk assessment outcomes. Even if sex/gender aspects are included, health care professionals must be trained to consider them during assessments, ensuring that questions are asked and interpreted appropriately. For further insights, refer to [module 8](#).

Safety Planning

Creating a safety plan can be approached in various ways, tailored to individual circumstances. It should address immediate safety concerns and remain adaptable to changes in circumstances. While a victim cannot control their partner's abusive behaviour, they can implement measures to safeguard themselves and their children. A safety plan is a personalised and practical strategy that identifies specific actions a victim can take to enhance their protection and minimise the risk of harm.

When making a safety plan with someone experiencing violence, it's important to start by listening. **First, listen for, and ask questions about, what has been happening**. Find out what they **already do to increase safety** and use this as a basis for helping them to think about what else might increase their safety.¹⁷

Here are some example questions you can ask to for safety planning:

Safe place to go	<i>"If you need to leave your home in a hurry, where could you go?"</i>
Planning for children	<i>"Would you go alone or take your children with you?"</i>
Transport	<i>"How will you get there?"</i>
Items to take with you	<i>"Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential?"</i>
Financials	<i>"Do you have access to money if you need to leave? Where is it kept? Can you get to it in an emergency?"</i>
Support of someone close by	<i>"Is there a neighbour you can tell about the violence, who can call the police or come help you if they hear sounds of violence coming from your home?"</i>

Helpful sources

They can be found [here](#).

¹ Gondolf, E. W. 2002, *Batterer Intervention Systems: Issues, Outcomes and Recommendations*, Sage Publications, Thousand Oaks, p. 167.

² Roehl, J., & Guertin, K. 2000, 'Intimate partner violence: The current use of risk assessments in sentencing offenders', *The Justice System Journal*, vol. 21, no. 2, pp. 171-198.

³ Gondolf, E. W. 2002, *Batterer Intervention Systems: Issues, Outcomes and Recommendations*, Sage Publications, Thousand Oaks.

⁴ 1800 Respect, national domestic family and sexual violence counselling service, accessed: 01.02.24, <https://www.1800respect.org.au/resources-and-tools/raft>

⁵ National Center for Injury Prevention and Control, Division of Violence Prevention. Risk and Protective Factors for Perpetration. Centers for Disease Control and Prevention 2021.

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html> (accessed January 31, 2024).

⁶ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N. McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Mangello, J., Xu, X., Schollenberger, J., Frye, V. & Laughton, K., 2003, 'Risk factors for femicide in abusive relationships: Results from a multisite case control study', *American Journal of Public Health*, vol. 93, no. 7, pp. 1089-97.

⁷ National Center for Injury Prevention and Control, Division of Violence Prevention. Risk and Protective Factors for Perpetration. Centers for Disease Control and Prevention 2021.

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⁸ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N. McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Mangello, J., Xu, X., Schollenberger, J., Frye, V. & Laughton, K., 2003, 'Risk factors for femicide in abusive relationships: Results from a multisite case control study', *American Journal of Public Health*, vol. 93, no. 7, pp. 1089-97.

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¹⁰ National Center for Injury Prevention and Control, Division of Violence Prevention. Risk and Protective Factors for Perpetration. Centers for Disease Control and Prevention 2021.

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¹¹ National Center for Injury Prevention and Control, Division of Violence Prevention. Risk and Protective Factors for Perpetration. Centers for Disease Control and Prevention 2021.

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html> (accessed January 31, 2024).

¹² 1800 Respect, national domestic family and sexual violence counselling service, accessed: 01.02.24, <https://www.1800respect.org.au/resources-and-tools/risk-assessment-frameworks-and-tools/risk-assessment>

¹³ 1800 Respect, national domestic family and sexual violence counselling service, accessed: 01.02.24, <https://www.1800respect.org.au/resources-and-tools/risk-assessment-frameworks-and-tools/risk-assessment>

¹⁴ Mann, L., & Tosun, Z. (2020, October 23). ASSESSING AND MANAGING RISKS IN CASES OF VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE. Council of Europe, p. 9.

¹⁵ Boyle A, Jones P, Lloyd S. The association between domestic violence and self harm in emergency medicine patients. Emerg Med J. 2006 Aug;23(8):604-7. doi: 10.1136/emj.2005.031260. PMID: 16858090; PMCID: PMC2564159.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564159/>

¹⁶ Sondern, Lisa & Pfliegerer, Bettina. (2020). Why the integration of sex and gender aspects will improve domestic violence risk assessment. 155-165.

<https://bulletin.cepol.europa.eu/index.php/bulletin/article/view/413/332>

¹⁷ 1800 Respect, national domestic family and sexual violence counselling service, accessed: 01.02.24, <https://www.1800respect.org.au/resources-and-tools/risk-assessment-frameworks-and-tools/risk-assessment>