

Breaking Through: Rethinking Assessment Practices In Ontario Shelters



Ontario Association of Interval & Transition Houses

ACKNOWLEDGEMENTS

This report was written and designed by Susan Tiihonen
for the Ontario Association of Interval and Transition Houses (OAITH).

Edited by Suzanne Gallant

With Forward by Margaret Alexander, OAITH Project Coordinator

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ABOUT OAITH

OAITH is a provincial coalition founded by women's shelter advocates in 1977. Membership includes primarily first stage emergency shelters for abused women and their children, as well as some second stage housing programs and community-based women's service organizations. The association works with member agencies to educate and promote change in all areas that abused women and their children identify as important to their freedom from violence.

OAITH operates from an integrated, feminist, anti-racist/anti-oppression perspective on violence against women. We recognize that violence and abuse against women and children occurs as a result of unequal power and status of women and children in society. We also recognize that all racism and oppression of women is a form of violence.

We are committed to:

- Removing barriers to equality for all women and children
- Ensuring the voices and experiences of all abused women are heard when working for social change
- Increasing awareness through education, public advocacy and empowerment for OAITH member agencies
- Assisting shelters in offering support and services to women
- Offering training of to OAITH member shelters
- Working with our equity-seeking allies in the community to end all forms of violence and oppression of women

PREFACE

The focus of this report is to identify the assessment practices and tools that feminist anti-violence shelters and second stage houses use in order to assess risk, barriers, and potential for harm, as well as to identify how this information is put to use once it is collected.

To this end, this report contains a number of objectives. We hope that by gathering this information, we will:

- Contribute to a broadened understanding of “harm” and “risk” and the ways in which shelter workers engage in assessment processes.
- Begin to collate the anecdotal information that shelter workers collect into data that can be analysed and disseminated in support of our calls for broad-based systemic change.
- Develop a violence against women (VAW) conceptual model of risk assessment that includes an expanded notion of risk and vulnerabilities faced by women who have experienced abuse.

Because of limited resources and time, the review’s consultation process was not exhaustive, but rather opportunistic: six VAW organizations were invited to participate in individual or small group discussions about assessment and planning.

According to the National Clearing House on Family Violence, in 2008 there were 136 transition houses in Ontario. This report is a very small sampling of the risk assessment processes that occur in feminist anti-violence organizations and is not intended to suggest best practices in risk assessment. Rather the information contained in this report reflects the efforts of OAITH to begin a discussion that informs a conceptual framework of risk assessment in feminist anti-violence organizations.

The quotes encapsulated in purple were either taken from the conversations we had with shelter staff or were existing quotes we felt brought deeper meaning and insight into the body of this report.

The samples presented in the appendixes are not a full set of any of the tools or documents highlighted in this report. These samples are presented to give readers a sense of what documents and/or questions look like and **should not be used without permissions from the developers.**

FORWARD

Risk assessment in VAW cases is not a new idea in women's anti-violence work. Women's advocates have been doing "risk assessment with women" almost since the inception of shelters, if not before. While our practice of risk assessment has been around for over 30 years, our processes for the most part have not been standardized - and in some cases formalized - to reflect the ways in which risk assessment is currently being discussed in the broader community.

It is important to remind anti-violence workers of this fact, because in the last decade, the idea of assessing women's risk has been picked up by mainstream institutions, specifically medical systems/psychologists, police, and legal services. As advocates we are pleased that these institutions have heeded the call to take women's risks seriously by creating policy, procedures, and tools that accurately record women's situations and more importantly, that this information is communicated between police services and the legal system when appropriate. However the legal system and police can only address a very small area of a woman's risk of harm only that which has been identified as a crime and their interventions are limited to what falls within their specific institutional jurisdiction (probation, CAS, VWAP, medical systems, etc.). And often when engaged in relationships with these institutions, women lose most if not all decision-making power.

Psychologists are recruited to "scientifically" demonstrate a psychological profile of an abuser and identify common factors that are present in situations where an abuser seriously assaulted or murdered his partner. From this information, a variety of risk assessment tools have been developed that rate a variety of things such as whether an abuser will assault again through to whether he would be likely to kill his partner the next time. The assessment questions on many of these tools are quite similar to each other and focus on many of the same risk areas.

What's interesting to note is that the intake risk assessment tool that I made use of almost 20 years ago in a VAW shelter asked similar questions and focused on the same risk areas. However, at the time, the intake risk assessment tool was just one of the many ways in which VAW advocates worked with women to identify their risk of harm. As advocates we had an understanding of *many more of* the ways in which women were experiencing violence and abuse, drawn from our own experiences and from the experiences of the women accessing our services. Assessing the risk of further assault from their partner was just one of many conversations that took place between women and VAW advocates. Women were also invited to talk about other areas they were vulnerable to further harm, from where the harm might come, and strategies to mitigate the harm.

In the current context of risk assessment and violence against women, these other types of risk have been discounted and have largely disappeared from the discourse about risk assessment. These other kinds of risk are considered to be social

problems, whereas abuse in a relationship is considered to be a relationship or individual problem. Over the years, VAW organizations have adapted to the current context of risk assessment and have begun to conceptualize women's risk of violence and abuse in the same narrow way. The other ways in which women are experiencing violence - poverty, threats of deportation, criminalization, child apprehension - are now beginning to be conceived of as "barriers" to safety from an abuser, rather than being thought of as patriarchal, colonial violence that women are at risk of experiencing.

For the most part we still address these risks at the frontline level of the work, utilizing other assessment tools and developing strategies for mitigation, etc., but we are moving away from conceiving of them as violence against women: that is, as violence that is equally and in some cases more dangerous to women than their abusive partner. It's our feminist anti-oppression analysis that allows us to identify the incredible amount of risk that women face from various social and governmental institutions. It's this same analysis that identifies that ending violence against women means addressing the systems that perpetuate and maintain sexist, racist, classist and other oppressive beliefs, and that in turn maintain and perpetuate violence against women.

VAW advocates again find themselves on the slippery slope of seeing their work, their core message about violence against women, disappear through a process of benign co-optation. This has happened time and time again, most notably with the development of the term "domestic violence," which has worked to obscure the language and conception of "woman abuse," "wife assault," and "violence against women" by relegating the reality of patriarchal, colonial violence against women to being part of some sort of evil feminist plot to gain power over men. Women's advocates have experienced a great deal of backlash and sanctions for being critical of dominant cultural models of intervention, for suggesting that women sometimes face a greater risk once they engage with mainstream institutions (especially if they come from a marginalized social location), and for even mentioning patriarchy when talking about violence against women.

This report is an attempt to begin to concretize a feminist anti-violence model of risk assessment: to document what we do and explain it in the terms of our analysis of violence against women. I hope that VAW advocates in Ontario will continue to expand the discussions of risk and risk assessment wherever possible and take opportunities to meet with each other and re-establish feminist anti-oppression models of women's anti-violence work.

Margaret Alexander
Feminist Anti-Oppression Activist and Educator
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SECTION 1: VAW RISK ASSESSMENT PRACTICES

Defining Risk: A Holistic Approach

Societal norms and ideals all of the messages that tell us who we ought to be have been created to maintain and reinforce certain systems of belief that preserve patriarchy, colonialism, and capitalism in our society. Racism, sexism, heterosexism, ableism, ageism, sizeism, and class oppression are omnipresent in all of our lives. They play themselves out daily through many of our interpersonal interactions, and in our interactions with the state, institutions and social/cultural systems. In the context of partner violence, we tend to identify the ways in which women are abused by their partner and the systemic and social ways in which women are made vulnerable to continued abuse from their partner as “barriers” to escaping the abuse. However, some women may feel that the risk of violence from these systems have a similar or greater impact on their lives as the violence they experience in their interpersonal relationships.

A holistic approach to risk assessment pulls all of the pieces of women’s experience of violence together in an attempt to form a “big picture” understanding of violence against women. It is rooted in the belief that when we expand the definition of violence to include any act, overt or covert, that causes physical hurt, material loss, mental anguish, or that degrades human beings or acts against human rights, dignity, and decency, we can truly consider all of the ways in which women experience violence and where all possible risks lie.

Types of Violence: A Breakdown

A holistic conception of risk assessment looks at both the risk of further partner violence as well as other types of violence and oppression experienced by women. The following is a breakdown of various sources of violence.

Interpersonal violence occurs in the context of a relationship. Relationships may be intimate, sexual, professional, casual, familial, caregiver, etc. Often a certain level of trust exists in these relationships. We understand it to include physical, sexual, emotional, spiritual, financial and psychological violence. Interpersonal violence also refers to any continued humiliation, manipulation, or control exerted through social media and other technologies.

“This one woman talks about her faith in terms of it being the most important relationship [and it] is the relationship with her God. However it’s through the religion and the faith that her husband has continued to find her. So, she can’t go out publically to engage with her faith, she has to do that all within her doors here.”

State violence is seen to occur when governing bodies or institutions, legislation, policing and military bodies are the perpetrators of violence. Examples of such violence include deportation, dual charging, arrests or imprisonment, child apprehension, discreditation of sex trade workers' experience of sexual violence, the Indian Act, and acts of war.

Systemic violence is violence that occurs within a system or institution. This type of violence can be difficult to identify as it quickly becomes normalized in society. It includes things like the lack of safe and affordable housing, the dismissive and blaming practice of psychiatrizing women, cuts to support services, OW and ODSP rates and policies, strip searches, and police presence in schools.

“And what if your partner decided to smash up the place and you live in subsidized housing. You are responsible for half of those damages and if it hasn't been paid, you might not get in if you have been evicted. So you have to go into market, but market rent is too high so where the heck are you going to live? Especially if you are tied to a custody order so you have to stay in the area. It's just one thing, to another, to another... We see it all the time.”

“For medication, that can be a big thing if the partner had benefits when looking at what she or her children need and it is cut off. The question then is should you stay with a person who can sustain your health or get cut off?”

“Even affording bus tickets to go pick up a child because she has visitation today and if she doesn't go to the visitation, that's going to affect her getting her kids back.”

Societal or social violence is perpetrated through direct person to person contact and by using popular media to reinforce negative messages. This kind of violence includes advertisements that use images of violence against women to sell products, popular news media's focus on “Islamic terrorists” or “black youth gangs,” or stigmatization from mental health labels, one's substance use, age, race, single parent status, ability, sexual orientation, etc.

“...but women who come here from diverse communities and have to go to the hospital are treated like less than individuals. It's incredibly overt. Navigating those things are as much about safety as anything else.”

“Women tell you they wait in the waiting room longer and they believe it's because of the colour of their skin or the way they look, or their presentation...”

Current Risk Assessment Tools

As experts in the field of violence against women, it is important that we become familiar with the assessment tools being used by others that affect or influence our sector. Here we will review some of the most common tools used by police services, legal systems, and legal system partners in Ontario.

Types of Assessment: A Breakdown

Before we can discuss current risk assessment tools, we should say a few words about terminology. The terms safety assessment, threat assessment and risk assessment are often used interchangeably. Although there is some measure of overlap in these concepts, we should take care to note how they differ. The following is a breakdown of each of these concepts.

Safety assessments examine the factors that may contribute to an incident of harm occurring (e.g. a campus tour that looks for places that require more light or emergency telephones to prevent cases of sexual assault).

Threat assessments/Lethality assessments probes a specific situation to determine the potential of an attack where both the victim and the perpetrator are known. It is often used by the military and law enforcement to assess national and individual security. Jackie Campbell's Danger Assessment is a lethality assessment that seeks to predict the potential of a perpetrator using lethal levels of violence on a victim.

Risk assessments evaluate the potential for the occurrence of any harmful situation. They are the broadest model of assessment and do not limit harm to that coming from a known abuser. This is the best fit for feminist anti-violence work because it allows women to look at how all areas of their lives may impact their safety.

Common Assessment Tools in Ontario: A Review

Spousal Assault Risk Assessment Guide (SARA)

- SARA is a clinical checklist of risk factors for spousal assault. The instrument is a two-page form with 20 questions that are rated 0–2.
- This is a risk assessment tool used by law enforcement agencies to predict future violence against a woman.
- The tool examines the abuser's criminal history, his psychosocial adjustment, his spousal assault history, and the current charges he faces.
- Police units have a specialized team of officers who administer this tool; these officers have specialized training.
- This tool involves extensive research and information gathering and is therefore viewed by police to be the most detailed assessment tool available.
- It is only used when a case is deemed by the police to be very serious.

- The results of the assessment are used by the Crown to determine potential release options for the abuser.
- It is also used by Children's Aid Societies to develop safety plans.

Ontario Domestic Assault Risk Assessment (ODARA)

- ODARA is a general violence-screening tool that deals with recidivism. It does not focus on lethality.
- The form contains 13 questions where "yes" answers are given a one-point score.
- If a person scores between 7 and 13, there is a 70% risk that the abuser may commit another assault.
- This tool may be of great value as a general violence screening to raise "red flags" for the potential that a victim will be at risk of future violence.

Domestic Violence Supplementary Report Form (DVSRF)

- DVSRF is a tool comprised of a 19-factor checklist that is administered by a responding police officer.
- The woman is asked a series of yes/no questions and is given an opportunity to write a detailed response where necessary.
- The results are shared with the Crown; it is useful to the Crown because the woman gives her responses shortly after the incident, and it therefore creates a picture of her experience of the incident.
- The results are not used in the trial process or shown to the judge.

Victim's Statement of Risk

- This is a risk indicator checklist that was developed by the Joint Committee of Domestic Violence in Ontario
- It is used by the police in some jurisdictions who ask the woman a series of questions shortly after the incident of violence
- The statement is videotaped and is shared with the lawyers during the trial process

Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)

- This tool, developed by P. Randall Kropp, Ph.D., Stephen D. Hart, Ph.D., and Henrik Belfrage is a checklist or guide for assessing risk for spousal assault in criminal and civil justice (i.e. forensic) settings.
- The B-SAFER is intended to help people exercise their professional discretion when conducting risk assessments; it is not a replacement for professional discretion.
- Its purpose is to introduce a systematic, standardized, and practically useful framework for gathering and considering information when making decisions about violence risk.
- It draws directly from the scientific and professional literatures on spousal violence risk assessment and victim safety planning.

Danger Assessment Instrument (DA-2)

- This tool was developed by Jacquelyn C. Campbell, Ph.D., R.N. of the Johns Hopkins University School of Nursing, a leading expert and researcher in the United States.
- This instrument first asks the victim to record specific examples of abuse on a calendar. The instrument then poses 20 questions on lethality requiring a “yes/no” answer.
- It establishes a pattern of frequency and severity of the violence during the past year, and serves as an important safety-planning tool, especially for victims who often minimize their level of risk.

Examples of the tools can be found at the end of this document, in Appendix A.

Common Assessment Tools in Ontario: A Critique

The majority of the assessment tools currently used in Ontario focus on the question of lethality, which evaluates the abuser’s likelihood of perpetrating severe assault or murder of his partner or family. These tools are largely used by the police, and by medical and legal services. However, many of us have adapted these tools for use within our shelters.

The questions in these tools have been developed using medical and legal paradigms that attempt to psychologically assess the abuser’s behaviour. Framing men’s choices to be violent abusers as an illness is problematic; however, these tools can still be useful in that they point to the potential level of criminality or illness of the abuser and indicate which type of medical (if appropriate) or legal intervention may be utilized to address the situation. But these tools are also limited in scope since they only serve to assess the physical risk posed by the abuser. Systemic, state, and societal forms of violence are rarely taken into consideration by these assessment models.

In privileging assessment tools that are designed within a legal paradigm, we miss much of what the on-the-ground practices and experiences of VAW advocates can offer. For instance, the criminal justice system’s understanding and response to violence against women does not always coincide with a woman’s safety.

“The distinction between safety and justice is often blurred, but it becomes clear when you are walking down a crowded city sidewalk, and an athletic young man grabs your purse or briefcase. As he runs off into fast-moving traffic, justice requires that you chase the youth down to catch and arrest him. But as he zig-zags through traffic, cars barely missing him, safety requires that you break off the chase. It is unfair that he gets away unpunished, but it is more important that you come away unhurt.” Gavin de Becker, Security Consultant, Developer of MOSAIC

In addition, when an assessment is carried out using these tools, the woman is all-too-often treated as a passive victim requiring protection and is given little to no control over the risk assessment process itself. For instance, the results of the tests are rarely directly shared with the woman.

As discussed earlier, “risk assessments” are the broadest of all assessment types and provide the best fit for feminist anti-violence work because they do not limit their understanding of harm to that coming from a known abuser. But even while the majority of assessment tools in Ontario evaluate lethality rather than a more holistic understanding of “risk,” they are more often than not still termed “risk assessment tools.” This confusion in terminology has in turn affected the way that shelter workers hear and understand the word “risk.”

We believe it’s important to accurately name all of the ways in which we see and experience risk in order to begin to formalize our practice, identify gaps in our practice, and help other institutions understand the work that we do. Creating a language that truly addresses how we see risk will aid us in everything from the collection of relevant statistics, the gaining of a stronger credibility before the court system, through to more influence in our broad-based advocacy and lobbying work.

SECTION 2: THE ON THE GROUND REALITIES OF ASSESSMENT

So what does assessment look like in our shelters and second stage houses? It might be asking questions about the types of abuse a woman has suffered and how frequent and intense these experiences were. We might ask more about the context of her situation, what her thoughts are on her situation, and what her goals are for the future.

Assessment happens at all stages and during most, if not all, of our interactions with the women who come to us. Some assessment practices are planned, while others occur in passing or during casual conversations.

The following section provides examples of the tools and practices used by VAW organizations in order to address the risk posed by an abuser, as well as the systemic barriers that women face when dealing with an abusive situation and the consequences of fleeing that abuse.

First Contact and Assessment

Immediate Safety from Abuser

As mentioned in section 1, many shelters have adapted the lethality assessment for use within our shelters. We use them to assess the physical safety of the women and children that come to our shelters, and to make sure that women have as much information as possible if they make the choice to return to their partners.

Upon first contact, usually by phone, we immediately ask about the risk of harm from the partner or caregiver. Noted questions include, “Are you safe now?”, “If we get disconnected, how should I respond?”, “If (s)he walks in right now, what do you want me to do?”.

Some organizations determine the level of risk by asking a few questions and by then assigning a level of risk based on the answers given. One of the shelters we contacted uses a community case conference when a high level of risk is assigned. In this case the woman, if she desires to be present, meets with the police, a probation officer, the batter’s program, shelter staff, Children’s Aid Society, and/or any other relevant services, to discuss ways in which she can keep herself and her children safe from her abuser. Another shelter establishes first contact by asking 3 questions, and if the woman responds with a “yes” to any of the questions, they continue with a lengthier lethality assessment.

In every case, answers indicating that the woman and children were at risk for experiencing violence from their partner resulted in the devising of a safety plan. For instance, if the woman is at risk of her partner finding her by tracking her cell phone, we might plan that she will hang up immediately or call the police if called by her partner.

Program Eligibility

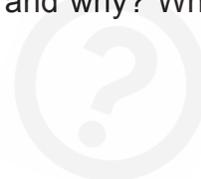
In our discussions with shelter workers, we found that once a woman's immediate safety was confirmed, an assessment was then made to see if the woman's needs fit within the program's mandate. A program mandate defines which experiences of violence make the woman and her family eligible for intake and services. It's important to note that by making this eligibility assessment, it does not mean that a woman's self-identified risk is being discounted. These questions are asked because shelters are responsible for making sure that they are providing appropriate service and response to the risks that are named, while working within a program's mandate. This may mean that a woman may not be eligible for service in the shelter. However, she may be eligible to receive support from the outreach team and/or may be referred to another agency that can meet her needs.

Of all the program mandates we encountered, we found that the narrowest in scope was one that focused solely on the current or immediate experiences of violence from an intimate partner. Other shelters included current experiences of abuse from family members or caregivers, while other mandates included current abuse from any person or group. The most inclusive mandate we noted included any experience of violence as defined by the woman that is actively preventing her and her children from being safe.

We also noted that most shelters will work with a woman who is experiencing abuse from a person or persons, but they are less likely to work with women experiencing abuse from a non-individual, such as an institution, system or social factor. Exploring the cause of this limitation was outside the scope of this review, but anecdotal information gleaned from many conversations with workers over a number of years indicates that anti-violence services have experienced increased pressure to eliminate the inclusion of social justice and advocacy in their work.

Second stage houses have a different sort of mandate to meet. As a result of this, their intake assessment processes are also different than those found in shelters. Second stage houses invite women to apply for their programs first, and if they meet the mandate, they will then be asked to come in for an interview. The application form covers assessment of risk for physical harm and lethality, as well as what needs the women currently have. The follow-up interview further assesses the women's needs, and how they may fare in a second stage housing living arrangement.

Questions to Consider: What kind of violence are we assessing for and why? What kinds of violence does our mandate recognize?



Assessing Continued Violence and Escalating Abuse

Generally, once it is determined that a woman is eligible for a service within a shelter, further assessment for determining the risk of harm from the abuser is evaluated during intake.

Intake Forms

This type of scheduled assessment includes the use of a questionnaire or document that highlights specific questions in relation to the abuser's behaviour. This questionnaire may be part of a document that many shelters call "intake form" (refer to Appendix B for an example).

These forms focus on continued and deliberate contact from the abuser and the likelihood of continued violence. In cases where there is a high risk of physical violence, programs tend to make immediate safety plans that may include contacting the police or Children's Aids Society. It is important to remember that once the criminal justice system is involved in the perpetrator's life, the woman is then involved with the same system and she is also bound by the same rules and can be criminalized herself. While on paper the criminal justice system identifies itself as neutral and equal for everyone—this is not the reality that women experience. This is important to remember when shelters have a policy to call the police if the resident does not return to the shelter by a certain time. It was noted that one shelter asks the women whom they would want contacted in such a scenario taking the risk of police involvement into consideration.

Within these questionnaires or intake forms, there is a noted hierarchy based on the possible outcomes that determine the level of risk to a woman. In other words, the outcome of death is seen as the highest level of risk, followed by serious physical harm, and so on.

Questions to Consider: When considering risk of fatality or serious harm, do the assessment questions only explore the outcome of violence by the abuser? Or do they also explore the multiple impacts of living with such risk of violence? What determines the hierarchy of risk to harm? Do the intake forms explore what kinds of risks the woman may face when leaving, beyond the threat of physical violence from her interpersonal relationship? If so, how and who determines the weight of the risk? Do shelters assess the risk of involving the police or child welfare when they are considering making a third party report?



Ongoing Assessments

Once women have fled their abusers, they have specific needs that shelters and second stage houses can help them explore and plan around. These include housing, legal issues, immigration issues, finances, children, emotional well-being, and physical health.

In many cases, specific workers have been allocated to work with the women around these needs, and unique forms have been created to help guide the process. Some smaller shelters and second stage houses, however, use all of their front-line staff to work with the women on any and all needs and goals the women may identify. In these cases, one general form was typically in use.

Scheduled Check-Ins

These ongoing assessments frequently occur at scheduled times and intervals. They are often called check-ins, “weeklies,” sessions, client-directed meetings or individual meetings, and they were seen to occur daily, weekly or when needed. The process was seen as both client- and worker-led; however, specific goals were most often identified by the women themselves.

One shelter developed a strategy for planning scheduled assessments that involved breaking down the assessment of needs into 3 different stages. The first stage of needs assessment is carried out on the women’s first day at the shelter, the second stage on the second day, and the third stage on the following day. As the women become more accustomed to shelter life, they are more often better able to name and address a broader variety of their needs and goals.

Unscheduled Check-Ins

While some of the needs assessment processes are planned, a good deal of them are not. In fact, many assessments occur during unscheduled conversations, and these prove to be every bit as important as scheduled check-ins.

There was acknowledgment from every shelter and second stage house that assessments occur continually during unscheduled interaction with women. It is important for us to not label these encounters as informal because all of our encounters are in fact formal, or work-related, due to the women’s informed consent. Framing these encounters as unscheduled, unorganized, unsolicited, indirect or conversational, acknowledges that there may not be a questionnaire attached to the interaction, but that the information is still part of the service being delivered and therefore still part of collected information and subject to policies and procedures of the organization in relation to confidentiality and sharing between workers, etc.

Because a large part of the work that we do involves gathering all the information necessary to help women make decisions and plan around all aspects of their lives, we cannot discount the importance of these more casual encounters.

Assessment with Children and Youth

Assessments are also conducted around the needs and risks pertaining to women who are mothers. Most often, these assessments are facilitated with the mother taking the lead either during an individual meeting, a general conversation or in a group setting. Other times, however, children's worker or other front-line staff may make assessments during one-on-one conversations with the children or while engaging in play.

In at least one shelter, a special "mother's intake" is conducted during a scheduled meeting. While meeting with the mother, she is asked a number of questions that help identify areas in which the woman as a mother may feel that she requires support, or areas in which her children themselves require support. Common areas of assessment are done around issues relating to school, emotional well-being and the impact of violence, development, parent/child relationships, and coping strategies.

A Note on Harm Reduction

It was noted that many shelters also assess the harm that women pose to themselves. Shelter life can trigger a great deal of stress, and everyone has coping mechanisms that they turn to when they are in need of extra support or comfort. These coping mechanisms likely serve a purpose, especially when women come to a shelter to escape violence. For this reason, demanding that a woman must stop using a coping mechanism in a time of difficult transition may not be the best policy. Instead, adopting a harm reduction approach may be better suited to the situation.

Harm reduction is a concept that is often linked to substance use. The goal of harm reduction is to reduce harm from a substance or situation without requiring the cessation of use. When working from a harm reduction framework, we work with a woman to determine the risks of harm that she herself defines. A woman's goals may not be synonymous with what we think of as possible or ideal goals for her. A woman may share that she uses street drugs or prescription pain killers to help numb the emotional and physical pain of trauma. However, if we ask her how that is working out for her, we have to allow the possibility that she may be ok with it, and that all she requires in terms of support is a new housing arrangement. She may not want to quit using the coping mechanism, or it may not be the right time for her to stop, but if she requests it, we can help her plan for how to better manage her coping in a way that's suitable to her life and experiences. A harm reduction strategy can be an important part of risk assessment and safety planning.

Needs and Risks that Change Over Time

All of the shelter and second stage housing workers we interviewed talked about needs assessment as an ongoing process. Assessment starts at first contact with the women who come to us, but it often continues through to the months that follow the establishment of their new lives away from the violence.

Throughout their journey with VAW services, women's circumstances are often susceptible to change. When that happens, there is a need for us to work with them on these new issues. For example, a woman might find it challenging to live in a common space with many others, her partner might be released from jail, or she may discover that she has a medical issue, one that she had not previously tended to because she was spending most of her time just trying to survive.

Additional needs and risks may also be uncovered as women become more comfortable with or trusting of the VAW workers. Often when women are given the space and resources to focus on things in a way that wasn't possible before, the sense of isolation that they feel begins to break down. Through a supportive process that affords women the chance to talk to other women, they can begin to gain the perspective and confidence needed in order to think about any other aspect of their lives that may require addressing as well. Over time, assessment becomes a learned strategy that women are able to self-apply to their own lives in order to identify and address their needs, barriers, and goals.

“Sometimes things get revisited. Halfway through her stay she may tell us more stuff. Sometimes we will do a new risk assessment. It's ongoing and evolves.”

For sample forms discussed in Section 2, please refer to Appendix B.

SECTION 3: WHAT WE DO WITH THE INFORMATION

So what does our work look like after we've acquired all of the information required through conversations and check-ins, both and formal? We make notes about what is most important, we document and analyze the information, and we work with women to form plans to keep them and their children safe from harm.

Importantly, we also share our knowledge about violence, community resources, and emotional resiliency. We work toward helping the women we support to become advocates in their own right, speaking from their own voice, and on their own terms.

And we in turn learn much from women's experiences and knowledge, using what we glean from our interactions to fuel our fight for ending violence against women through political and policy-oriented advocacy.

Analyzing the Information

Analysis is a process that involves collecting information and assigning meaning and value to it. When we analyze the data we've collected from the women we support, we gather all of the relevant details, identify where harm may lie if circumstances stay the same or if they escalate, and begin to envision what an "improvement" might look like. Analysis also guides our work in that it helps us understand where we need to focus our advocacy attention, both on a local level and on a societal level.

Analysis of information can happen immediately during a conversation between worker and client, or it can happen at a later time and independently by the worker or in a team of workers. Most organizations collect information as part of case notes or file notes, and these may be added to a database. This information is often shared with their peers at staff meetings, supervision meetings, during peer consultation, through email, or during case management (where the woman is not present).

Part of the analysis involves problem solving around what opportunities shelter workers can offer and what referrals can be made to outside services or networks to further support the women. In addition, shelter workers discuss external barriers (i.e. things outside of a woman's control) with clients, and workers will often brainstorm suggestions for helping women to address such barriers.

Documentation

Documentation is often a large part of the work that we do. It is extremely important since it also acts as an important tool that can be used to hold individuals accountable to the mandates and policies delineated by our organizations. Appropriate documentation also helps to prevent further harm from occurring to the women by external services such as the police and the Children's Aid Society. When we are, for instance, lobbying for institu-

institutional change, we also draw on our documentation by creating statistics that show where and how women experience violence. (Samples of various data collection forms are included in Appendix X.)

Many shelters have protocols concerning what information is collected and whether or not it is to be shared. At times, funders will require a certain amount of information about the women in order to ensure that the organization is meeting and maintaining its goals around service provision. However, this information does not put women at any personal risk since their names are not attached to the information.

When a worker recognizes a threat of physical harm to another or to one's self, or in the case of a child who has witnessed violence, we are also often required to share information with institutions such as the police or the Children's Aid Society. These types of protocol can have great implications in a woman's life and should not be taken lightly.

"We knew that women were really struggling [around social housing] and their experience was horrible. I said "that's it. I can't do anything else, we have to write this stuff down. And I'm going to bring it to them. They wanted a copy, I said not, you take your own notes, we're telling you this is what happened."

"Whenever anyone phones, it gets written down on the form and that gets signed, so we know what we're talking about. So, for example, when a CAS worker calls regarding a report we made and says "so can you tell me about your clients choices with her children" we can look at the forms and stick to what we wrote so we're not implicated in other child protection issues. It's like we are saying "We reported this concern, that was our obligation, now it's up to you to address that."

"We're also doing a different survey with women where we ask them to identify if they've been in shelters before, do they have mental health issues or addictions issues etc. And we're doing these surveys to pull together what are the trends – what are women telling us. So it's a different approach to research."

"We document and we now have a new form in our agency called 'issues of concern', so if anyone has an issue with a housing provider we can fill out that form. We're building a file on the issue."

Confidentiality and Informed Consent

Assessment, at its core, is an information gathering process. But it is important to bear in mind that the information being gathered belongs to the women who seek our help. They should always have final say about what information is collected, what the information is used for, and who is able to access the information. In some specific circumstances, however, we are held to our organizational policies and must report certain kinds of information.

As feminist advocates, we recognize the importance of continually reminding women about confidentiality and the limits of that confidentiality as prescribed by our agency's policies. We always endeavour to inform women about when our organizations engage in third party reporting, and what is involved in such reporting processes. The following are some common examples of how we share information.

- We share information within our service teams in order to ensure that we deliver a high-quality service and that our safety and advocacy planning is as effective as possible.
- In some communities, we belong to “high-risk assessment teams” that are established by the police or other legal system partners. Where a shelter participates, especially when in lieu of the woman herself, her consent should always be sought before engaging in the process.
- When we are mandated to report safety concerns to agencies such as Child Protection Services, it is important to relate that information to the women so that they may understand the possible impact of disclosure on their lives. In addition, if a call is to be made to such an agency, it is important that the women be given the opportunity to make the call themselves.

Safety Planning

In response to a risk assessment (the broadest model of assessment as discussed in Section 1), safety planning will involve a plethora of short and long range individualized strategies to assist a woman and her children in meeting her needs and goals. As feminist anti-violence workers, we create safety plans that are sets of strategies, objectives, actions and ideas that we develop with the woman in relation to the potential harm as she identifies it.

Planning Sessions

We meet with women in meetings we call “goal setting,” “case management,” “planning,” and “woman’s weekly” to strategize around new plans, all the while acknowledging strategies that have worked for them thus far. As part of the planning, some of us use assigned paper work or forms that break down the issues, and some of us don’t. The planning that we undertake is flexible and adaptable to change and often requires reviewing and revising. We also work to envision best and worst case scenarios, which allows the women to identify and consider gaps in the strategy.

Plans can be both simple and complex depending on the level of harm a woman may be facing, as well as how the harm might unfold. At times, a child advocate might work with a woman to mitigate the impact of CAS involvement through advocacy strategies. Strategies for coping with triggers or emotional anguish due to racism in a place of employment, for instance, may also be a part of a woman’s plan for decreased harm and increased

Most importantly, we allow the woman to take the lead in planning for her own safety. Even when a woman's decision does not coincide with what we believe should be the priority, our job is to support a woman's choices while offering her our expertise and as much information as possible. We recognize that women do not passively accept violence and oppression, and that the women we work with are already active in taking steps to keep themselves safe, such as speaking with us. Part of supporting a woman's self-empowerment is identifying these strategies and encouraging them to take the lead in their own safety planning.

It is important for women's advocates to discuss with women the realities of a restraining order, similar to bail conditions and peace bonds. All documents that restrict or limit perpetrators' actions with the intent of keeping a victim safer are only words on a piece of paper. There is no true guarantee of physical safety with any of these documents.

Safety planning with children helps kids feel some sense of control, but without placing the full weight of adult responsibility on them. Practical strategies are discussed, created, and practiced for when the children become afraid and for when they need to keep themselves safe once violence begins. This type of conversation gives children a space to talk about their feelings. Women's advocates will often support women in having these conversations with their children by suggesting examples of what to say and of what kids can do.

Printed Information

Another way in which shelters plan for safety is by offering pamphlets and printed information on topics that relate to where and how women experience harm and violence.

Booklets, pamphlets, single sheet leaflets, and discrete notes hidden in objects such as lipstick containers and in pens address safety issues in a multitude of ways. Topics include safety planning when living with an abusive partner, elder abuse, illicit substances use, sex work, safety when walking or taking transit, immigration issues, safety when interacting with police, sexual harassment in the workplace, as well as safety during access visits, when using technology, and when dating.

Pamphlets and workbooks intended for children and youth also address issues of safety from harms and violence. Examples of topics include bullying, violence in the home, dating violence, and drug use.

Partnerships

Many shelters partner with organizations that address issues that pertain to women's safety. At least one shelter, for instance, partners with an independent not-for-profit organization that conducts safety audits for women in their communities. They take a long list of things into consideration such as accessibility and lighting, which help woman to better plan around their physical safety.

Partnerships between shelters and other organizations that receive public funding from ministries and government departments are commonplace. They aim to develop educational initiatives that address topics such as immigration processes, infant health, and sexual health. However, because such funding envelopes are attached to specific government bodies, the systems that are meant to deliver the information have specific points of view and goals that may not be entirely shared by the shelters with whom their partner.

Advocacy Planning

Developing an advocacy plan is something that feminist anti-violence workers do as part of their job each day. In fact, so much so that the activities involved in this process often happen without our even thinking about it. Acknowledging the importance of women's voices and experiences is paramount in our work, and we do our best to promote courses of action that make this a priority. At times, this also leads to programming that includes group work, focusing on issues that the women themselves identify as being needed. And as our individual advocacy work often informs our public advocacy and community work, we will often use the experiences of the women we help to support our fight against VAW more broadly.

The Importance of Women's Voices

As advocates, we support women to make choices for themselves by providing them with information and by standing behind the choices they make. When a woman is making a choice that we don't entirely agree with, our job is to give her the benefit of our knowledge and experience, and to assist her in developing a strategy for dealing with the consequences of her choice.

Sometimes the women we work with will want us to speak on their behalf. Speaking on behalf of a woman should not be our primary course of action because, as advocates, our goal is to empower women to speak for themselves. When a service or system does not want to hear directly from a woman we are working with, that is a signal that the system or service may be oppressive or patriarchal, and that we should question the intent or goal(s) of the interaction. Nonetheless, there are times when our voices, as professional service providers, may be a resource that a woman chooses to call upon. In those circumstances, our desire to create systemic change should not lead us to sacrifice a particular woman's ability to achieve her goals.

"We have a green Crown [lawyer]... He says, 'I'm the Crown and this is what I do,' and we're saying, 'You're the Crown, you have to do these things too.' So he's saying, 'I don't know how to do that,' and we're saying, 'Yeah, we know,' but he's learning, and he made a different shift this week. So we have some hope..."

“When a success is made it is not flaunted but acknowledged that it is better for women. You need to working with what you have while advocating for change. If someone makes a mistake, we call it but we’ll still work with them. It’s not about shaming them and shutting down and saying, ‘You’re awful’.”

“We worked with [the police] to get an abuser arrested. We told them about a cocaine press in his barn. The police had been there lots of times before, but they never knew what that big piece of machinery was sitting there in the middle of the room. Since the woman knew what it was, we told the police what it was and where to find it, and we were able to get him put in jail.”

Group Work

Sometimes group programming is constructed around issues where education is most needed. Often, it is created at the request of women and in response to a need that they have themselves identified.

At times, shelter and second stage workers will take the lead in facilitating these workshop-style sessions. At other times, they are outsourced to appropriate and qualified individuals from the community. Topics such as self esteem, self care, sexual health, self-defense, cooking on a budget, and art therapy are addressed over a single or multiple sessions. These topics are also often discussed in a manner that connects them to the larger community dynamics in which the women live.

Children and youth also engage in their own group work. After-school programs, homework clubs, or “Children Witnessing Violence” groups are examples of groups that discuss topics such as what bullying means, how to define violence, how to talk about feelings, self-esteem, dating, and relationships.

Some group work is peer led with information sharing and planning occurring between the women who attend and participate in meetings. When women come together to discuss either a specific or a general topic, conversations about challenges and goals arise, and counter-advice is often offered up by women who have experienced similar circumstances. Women speak from their own lived experiences, which allows other women to draw on the wisdom of their peers in order to assess areas in their lives where they might require further support.

Broad Based Advocacy and Community Work

As feminist anti-violence workers, an integral role is that we play is that of the advocate. Our individual advocacy work often informs our public, broad-based advocacy and community work. Working locally, provincially, nationally and globally within committees, networks, and organizations that include the women we support can help influence decision-making, institutional policy, and legislation on all levels. Since patriarchy lies

at the heart of VAW, it is important to bring a gendered analysis to the table and to have one foot in all areas where women are affected by experiences of violence.

One shelter spoke about the experiences of the women in their community who had to contend with major issues around social housing. The workers decided to use the information and experiences gleaned from these women to try and affect change in the political arena. By educating politicians about what VAW is like both locally and globally, they were able to exert pressure on them and force them to recognize how they were also responsible for acting on this front. By holding their local Member of Parliament accountable for addressing the social housing situation, he/she was then able to force the local non-profit housing providers to become more accountable to the women who access their services. This is but one example of a way in which we can use the systems in place in order to hold individuals accountable—even when the systems themselves might have oppressive practices in place.

“It’s persistence, it’s that we don’t conclude—we don’t draw conclusions. We certainly present our issues and our concerns, but we don’t draw conclusions without giving people opportunity to respond. If they don’t, then it gives us no choice. We tell people they have a responsibility and we hold them to that responsibility.”

“I think sometimes we cause a ruckus, and I think that that public ruckus creates a bit of reaction and sometimes you have to do what you have to do.”

“I think that we really believe in engaging women, and I think that we’ve provided opportunity for women to lead us. They say “We have to talk to our MPP, so we say, ‘OK, we’ll call him and tell him to come or we’ll get on that bus.’”

“I think we go in, the word I think of is ‘armed.’ I don’t like it, but we go in with information. I don’t just call someone on the first instance of an issue.”

“I think the other thing that staff do very well is that they go to every table and they say, ‘What about VAW?’ and they bring it to every table, so it’s not just that we’re all by ourselves in the boat. We go to the municipal drug strategy, not because we think all women who are victims of violence are drug addicts, we go because violence against women is part of that strategy and needs to be a part of that strategy. We go to our community cares project on suicide because VAW is part of that. Murder-suicide is a reality so we bring it in differently. I think it’s the package, the issues of concern thing really helps to be able to specify.”

“Our federal Conservative MP has taken an interest in wanting to develop a relationship with us, so you have to work with what you have. We really don’t have a choice because we could ignore them and they won’t represent women’s issues. They may misrepresent without enough education, but they’re interested so we have to navigate that because it’s about women’s safety.”

For sample forms discussed in Section 3, please refer to Appendix C.

SECTION 4: CLOSING THOUGHTS AND NEXT STEPS

Summary

Assessing the risk of further assault from a partner is just one of the many conversations that takes place between women and VAW advocates. The women we work with also experience forms of institutional and societal violence that come from various sources: poverty, criminalization, threats of deportation, child apprehension, oppressive cultural norms and values, etc. A holistic approach to risk assessment thus pulls all of the pieces of women's experience of violence together and formulates a "big picture" understanding of violence against women.

As such, our mandate of keeping women safe and supporting them through difficult times is not limited to preventing lethality and physical violence. We also work with women in doing goal-setting, on-going needs assessments, and advocacy planning in order to help mitigate a great number of harms. And as women's circumstances change over time, we are there to help address new issues as they arise and to review and revise our planning accordingly.

When we gather information on a woman's case or circumstance, we do so both through scheduled and unscheduled check-ins or interactions. While planned assessment meetings are indeed crucial, we also recognize that we collect a great deal of information through casual conversation or from information gathered "in passing".

In all that we do, we ensure that the women we work with are able to take the lead in planning for their safety and in defining their own goals. Sometimes this is done during individual one-on-one meetings, while at other times, this occurs through group work with peers and/or through partnering with other organizations and service providers.

As feminist anti-violence advocates, we also work in the community to bring a gendered analysis to policy and planning initiatives and to ensure that the needs of women are considered and prioritized by other agencies and government initiatives. Because patriarchy lies at the heart of VAW, our individual advocacy work informs much of our more broad-based, public advocacy work.

Closing Thoughts

A too narrow definition of risk—one that only pertains to partner violence—limits the very ways in which we understand harm to affect women's lives. When we use a non-holistic approach to risk assessment, we also fail to embrace the full scope of the work that we are actively doing, day in and day out. If we can broaden our view of risk to include potentially harmful situations beyond known abusers, we will be better equipped to properly identify, name, and address such sources of violence.

Further expanding or unpacking the notion of risk also affords women the space to speak about risk in ways and using examples that are meaningful to them. Racism, sexism, heterosexisms, ableism, sizeism, and class oppression play themselves out daily in our interactions with other individuals, groups, institutions, and society at large. Many women may feel that the risk of violence from these systemic, social, or institutional sources have similar or greater impacts on their lives as the violence they experience in interpersonal relationships.

These broader sets of risk are not simple, nor are they amenable to yes or no checklists. Recognizing and dealing with conflicting needs and complex, multi-layered issues in the course of our work is not an easy task. To be sure, with a holistic approach to risk assessment, no one size fits all, no one form fits all, and no one response fits all. It can be difficult to know what to do when the women we work with are involved in institutions that have power and control over their lives—such as the police, courts, CAS, and mental health authorities—and especially when they may be creating more vulnerability to harm for the women. Once these services are in a woman's life, they will often be the ones to determine when they come to a conclusion—rendering it nearly impossible for the women themselves to stop accessing them. Addressing these broader risks begins with the recognition that many of these harms are interconnected, and that it is next to impossible to deal with one issue without also dealing with another competing or connected issue.

Because of the complexity and systemic nature of these broad risks, it is equally imperative that we remain aware of the importance of confidentiality, and that we are clear on the limitations to confidentiality and rights to privacy. In particular, we must continue to apply a feminist anti-oppression lens to the issue of third party reporting or sharing of information. After all, it is important to keep in mind that potential consequences of information sharing will, in the end, impact the women (as opposed to the shelter or second stage housing workers). This remains the case even when shelters feel pressured to breach confidentiality via threats of legal action, which are based on the idea that shelters put women at risk and may be sued in the event that something were to go wrong.

It is possible that in the foreseeable future the work that we do will need to become more formalized. For instance, the CAS has a number of documents which they are required to generate, as well as a series of steps they are required to follow, pursuant to the outcome of a number of mandated assessment tools. It may well be that our work will go the same route.

Next Steps

One future step to consider would be for shelter and second stage housing workers to get together and create a conceptual model of risk assessment with tools that identify violence and risk as we see it. This could take place, for instance, in an online forum where we could easily share examples, analysis, and tips for planning around those risks. By having comprehensive tools that assess broader areas where women experience violence, we will be clearer on what our expectations are as workers, where we fall short as advocates, and what to strategize and plan around when lobbying for change. Such tools will also make the collection of statistics much easier and will create a cohesiveness across the sector that will help to legitimize our perspectives as well as make explicit the work that we do. Over time, the concepts that we use will also become more widely accepted—or at the very least, subject to healthy discussion and debate.

We may also want to consider working with women to further develop self-assessment capacity so that they may learn to identify barriers as they arise and seek assistance when needed.

This report is meant to be a first step towards understanding all of the assessment work that we do and sharing our approaches to this work.

“[There is] value in what shelter and anti-violence advocates have to offer from a grass roots perspective...we are not people who have had accreditation and are not ‘professionalized’. We are advocates and we work towards social justice. We’re not the social service. There is a difference, so let’s identify the difference and identify what we have in common and how we can still respond to the same people.”

Reference

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Overview of the B-SAFER

The B-SAFER is a checklist or guide for assessing risk for spousal assault in criminal and civil justice (i.e., forensic) settings. The B-SAFER is intended to help people exercise their professional discretion when conducting risk assessments; it is not a replacement for professional discretion. Its purpose is to introduce a systematic, standardized, and practically useful framework for gathering and considering information when making decisions about violence risk. It draws directly from the scientific and professional literatures on spousal violence risk assessment and victim safety planning.

The tool is divided into two sections that cover the basic content of a comprehensive spousal assault risk assessment. The first section, Spousal Assault, comprises 5 factors related to the perpetrator's history of intimate partner violence. The second section, Psychosocial Adjustment, comprises 5 risk factors that reflect psychological and social functioning and that are also related to violence risk more generally. Users also can document Other Considerations, risk factors that are rare or even unique to the case at hand.

B-SAFER Form Used for Pilot Test

Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)

Police Case Number:

Completed by:

Signature:

Date Completed:

<p>Information Sources:</p> <p><input type="checkbox"/> Interview with offender/ suspect</p> <p><input type="checkbox"/> Interview with victim(s)</p> <p><input type="checkbox"/> Review of criminal record</p> <p><input type="checkbox"/> Other _____</p>	<p>Item Rating Procedures:</p> <p>O = Omit - Insufficient information</p> <p>N = Not present</p> <p>P = Possibly or partially present</p> <p>Y = Present</p> <p>"Currently" refers to the past 4 weeks, up to and including the incident under investigation</p>
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<p>Spousal Assault</p> <ul style="list-style-type: none"> Includes assaults against all intimate partners (e.g., marital, 	<p>Currently (O, N, P, Y)</p>	<p>In the Past (O, N, P,</p>
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common-law, dating partners)		Y)
<p>1. Serious Physical/Sexual Violence</p> <ul style="list-style-type: none"> Actual or attempted physical assault, including sexual assault and use of weapons "Serious" includes such things as life threatening violence and violence resulting in injuries that require medical attention, coded as "Y" Less serious violence coded as "P" 		
<p>2. Serious Violent Threats, Ideation, or Intent</p> <ul style="list-style-type: none"> Homicidal or aggressive thoughts, urges, plans, or behavior "Serious" includes such things as threats of injury or death and threats with weapons, stalking, persistent and intrusive aggressive thoughts, and explicit plans, coded as "Y" Less serious threats, ideation, or intent coded as "P" 		
<p>3. Escalation of Physical/Sexual Violence or Threats/Ideation/Intent</p> <ul style="list-style-type: none"> Physical/sexual violence or threats/ideation/intent have increased in frequency or severity over time 		
<p>4. Violations of Civil or Criminal Court Orders</p> <ul style="list-style-type: none"> Includes such things as conditions of restraining orders, parole, probation, and bail imposed because of spousal assault or to prevent spousal assault Arrest(s) pertaining to current or previous offense(s) coded as "Y" Violation(s) not resulting in arrest(s) coded as "P" 		
<p>5. Negative Attitudes About Spousal Assault</p> <ul style="list-style-type: none"> Expresses socio-political, religious, cultural, sub-cultural, or personal beliefs and values that encourage, excuse, justify, or minimize abusive, controlling, and violent behavior Includes sexual jealousy and possessiveness Includes minimization/denial of many or all past acts of violence; minimization/denial of personal responsibility for many or all past acts (e.g., blames the victim or others); or minimization/denial of serious consequences of many or all past acts 		

(e.g., says the victim did not suffer physical injuries)		
<p>B-SAFER developed by P. R. Kropp, S. D. Hart, and H. Belfrage</p> <p>DRAFT VERSION</p> <p><i>NOTE: This form is intended for informational purposes only. Proper use of the B-SAFER requires specialized training.</i></p> <p><i>Please contact the authors for information regarding recommended education and training procedures.</i></p>		
Psychosocial Adjustment Currently	Currently (O, N, P, Y)	In the Past (O, N, P, Y)
<p>6. Other Serious Criminality</p> <ul style="list-style-type: none"> • Sentenced for or suspected of other criminality NOT related to spousal assault • Includes actual or attempted physical violence or sexual assault, including use of weapons, against family members (other than intimate partners), acquaintances, and strangers • Includes property offenses, public disorder, alcohol/drug offenses, and violations of conditional release (e.g., parole, probation, bail, etc.) • Less serious criminality coded as "P" 		
<p>7. Relationship Problems</p> <ul style="list-style-type: none"> • Separation from partner or extreme conflict regarding relationships status • Code regardless of whether the conflict results from the index offense 		
<p>8. Employment and/or Financial Problems</p> <ul style="list-style-type: none"> • Chronic unemployment, unstable work pattern, or significant financial difficulties 		
<p>9. Substance Abuse</p> <ul style="list-style-type: none"> • Serious problems with the use of illicit drugs, alcohol, or prescription drugs that leads to impairment in social functioning (e.g., health, relationships, work, or legal problems) 		
<p>10. Mental Disorder</p> <ul style="list-style-type: none"> • Irrational (e.g., strange, bizarre) beliefs or perceptions • Serious disturbance of mood 		

<ul style="list-style-type: none"> • Long-standing problems with anger, impulsivity, or instability • Suicidal threats, ideation, or intent 			
<input type="checkbox"/> Definite: Coded from current or past mental health evaluation			
<input type="checkbox"/> Provisional: Refer for confirmation by mental health evaluation			
Other Considerations (e.g., access to weapons, recent stress)			
Risk to intimate partner(s) if no intervention is taken Circle Low (L), Moderate (M), or High (H)			
Imminent Risk			
Next 2 months	L	M	H
Long-Term Risk			
Beyond 2 months	L	M	H
Risk for extremely serious assault/death			
Beyond 2 months	L	M	H

	<p>For information on this and related publications, contact: The British Columbia Institute Against Family Violence Suite 551, 409 Granville Street, Vancouver, British Columbia V6C 1T2 Tel: (604) 669-7055 " Fax: (604) 669-7054 E-mail: publications@bcifv.org " URL: www.bcifv.org</p>
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Risk Management Plan
Identify strategies for managing risk for spousal violence

	Examples	Plans
<p>Monitoring</p> <ul style="list-style-type: none"> • What is the best way to monitor warning signs that the risks posed by the perpetrator may be increasing? • What events, occurrences, or circumstances should trigger a re-assessment of risk? 	<ul style="list-style-type: none"> • Specify the kind and frequency of contacts required (e.g., weekly face-to-face visits, daily phone contacts, monthly assessments). 	

<p>Treatment</p> <ul style="list-style-type: none"> • What treatment or rehabilitation strategies could be implemented to manage the risks posed by the perpetrator? • Which deficits in psychosocial adjustment are high priorities for intervention? 	<ul style="list-style-type: none"> • Attend assessment and/or counseling as directed • Attend substance abuse counseling as directed • Voluntary or involuntary hospitalization • Crisis intervention 	
<p>Supervision</p> <ul style="list-style-type: none"> • What supervision or surveillance strategies could be implemented to manage the risks posed by the perpetrator? • What restrictions on activity, movement, association, or communication are indicated? 	<ul style="list-style-type: none"> • Detention • Peace bond • Report (e.g. to police, corrections) • No contact (e.g., with victims, others) • No go to specific areas • Weapons restrictions • Drugs/alcohol restrictions 	
<p>Victim Safety Planning</p> <ul style="list-style-type: none"> • What steps could be taken to enhance the security of the victim? • How might the victim's physical security or self-protective skills be improved? 	<ul style="list-style-type: none"> • Dynamic security: support services, counseling, treatment, information about risks and security options • Static security: improve visibility, target hardening, restricting access, installing alarms, workplace security, relocation 	
<p>Other Considerations</p> <ul style="list-style-type: none"> • What events, occurrences, or circumstances might increase or decrease risk? • What else might be done to manage risk? 		

This document was copied from:

Kropp, P.R. & Hart, S.D. (2004). The development of the brief spousal assault form for the evaluation of risk (B-SAFER): A tool for criminal justice professionals. Department of Justice Canada

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN, FAAN
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 Corrections to calendar scale 2/3/2010

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage, choking
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.

("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the physical violence increased in severity or frequency over the past year?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does he own a gun?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you left him after living together during the past year?
<input type="checkbox"/>	<input type="checkbox"/>	3a. (If have <i>never</i> lived with him, check here <input type="checkbox"/>)
<input type="checkbox"/>	<input type="checkbox"/>	4. Is he unemployed?
<input type="checkbox"/>	<input type="checkbox"/>	5. Has he ever used a weapon against you or threatened you with a lethal weapon?
<input type="checkbox"/>	<input type="checkbox"/>	5a. (If yes, was the weapon a gun? <input type="checkbox"/>)
<input type="checkbox"/>	<input type="checkbox"/>	6. Does he threaten to kill you?
<input type="checkbox"/>	<input type="checkbox"/>	7. Has he avoided being arrested for domestic violence?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have a child that is not his?
<input type="checkbox"/>	<input type="checkbox"/>	9. Has he ever forced you to have sex when you did not wish to do so?
<input type="checkbox"/>	<input type="checkbox"/>	10. Does he ever try to choke you?
<input type="checkbox"/>	<input type="checkbox"/>	11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, Meth, speed, angel dust, cocaine, "crack", street drugs or mixtures.
<input type="checkbox"/>	<input type="checkbox"/>	12. Is he an alcoholic or problem drinker?
<input type="checkbox"/>	<input type="checkbox"/>	13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: <input type="checkbox"/>)
<input type="checkbox"/>	<input type="checkbox"/>	14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: <input type="checkbox"/>)
<input type="checkbox"/>	<input type="checkbox"/>	16. Has he ever threatened or tried to commit suicide?
<input type="checkbox"/>	<input type="checkbox"/>	17. Does he threaten to harm your children?
<input type="checkbox"/>	<input type="checkbox"/>	18. Do you believe he is capable of killing you?
<input type="checkbox"/>	<input type="checkbox"/>	19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
<input type="checkbox"/>	<input type="checkbox"/>	20. Have you ever threatened or tried to commit suicide?
<input type="checkbox"/>	<input type="checkbox"/>	Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

January 2010

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2010

M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2010

M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2010

M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2010

M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2010

M	T	W	T	F	S	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July 2010

M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2010

M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2010

M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2010

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2010

M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2010

M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Instructions

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)



ASSESSMENT: ADMISSION CHART

(CC# _____)

SAFETY NEEDS

<p>Safe now</p> <p>Info: Geographics</p> <p><input type="checkbox"/> Lanark County <input type="checkbox"/> Other/On. _____</p> <p><input type="checkbox"/> Ottawa <input type="checkbox"/> Other/Prov _____</p> <p><input type="checkbox"/> Notify woman we gather certain info.</p> <p><input type="checkbox"/> Confidentiality</p> <p><input type="checkbox"/> Obligation to report to CAS</p> <p>Info: Children #of: _____ Ages: _____</p> <p>(Males 16 & over No Admit)</p> <p><input type="checkbox"/> Behavioral concerns: see sp. assess.</p>	<p>Unsafe now</p> <p><input type="checkbox"/> Call police</p> <p><input type="checkbox"/> Direct to a safe place</p> <p><input type="checkbox"/> Call ambulance: if medical needs</p> <p>Give LCIH # 257-5960/1-800-267-7946</p>
--	---

NATURE OF CONTACT

<p>Abuse</p> <p><input type="checkbox"/> Current/ongoing (past _____ weeks)</p> <p>Date of last incident: _____</p> <p><input type="checkbox"/> Unsafe in own home</p>	<p>Housing</p> <p><input type="checkbox"/> Review possibility of abuse (LCIH does not take housing)</p> <p><input type="checkbox"/> Other referrals given: _____</p>	<p>If historical/ environmental</p>
---	--	--

<p>Info required: Type of abuse:</p> <p><input type="checkbox"/> Physical <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> Emotional/Verbal/Psych¹</p> <p><input type="checkbox"/> Social/Financial</p>	<p>By who:</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Familial</p> <p><input type="checkbox"/> Other: (see sp. assess)</p>
---	--

<p>CALLER WANTS TO COME IN</p> <p><input type="checkbox"/> Check No Admit list</p> <p><input type="checkbox"/> Space available</p> <p><input type="checkbox"/> Full: refer to other shelters</p>	<p>OR</p>	<p>SUPPORT AND INFO ONLY</p> <p><input type="checkbox"/> Given on phone now</p> <p><input type="checkbox"/> Refer to Outreach</p> <p><input type="checkbox"/> Refer back to original resources</p>
---	-----------	---

<p>Info to exchange:</p> <p><input type="checkbox"/> Where we are located</p> <p><input type="checkbox"/> Transportation limits (LCIH)</p> <p><input type="checkbox"/> Transportation needs (hers)</p> <p><input type="checkbox"/> Coop living/house rules</p> <p><input type="checkbox"/> Sharing Space/storage space</p> <p><input type="checkbox"/> Housing priority (Ottawa)</p> <p><input type="checkbox"/> Important info to bring (Birth/Immig/health/cohab)</p>	<p>Specific needs addressed:</p> <p>Abuser is in another area</p> <p>Mental health needs: beyond LCIH resources</p> <p>Recent suicide attempt/release from hospital</p> <p>Addiction needs: detox</p> <p>Disability needs</p> <p>Children's abusive behaviour: out of control</p> <p>Witness in need of protection</p> <p>Caller refusing to give info</p>
--	---

<p>SPECIAL ASSESSMENT REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Two person admit (may require delayed admit)</p> <p>Extended assessment: tell caller more in depth assessment will continue once in shelter</p> <p>Further info required: eg. written confirmation of info given; release of info needed by LCIH, etc.</p>

CALLER'S PLAN AT END OF CALL:

Assessment Questions

As we are a 12 bed shelter and concentrate on offering services to women in the Orillia area that are fleeing intimate abuse it is important to prepare the client to understand our services and the family environment that we provide. Not all clients meet our “mandate” but assessing the needs even for referrals elsewhere may take some time and be the service that we can provide.

Crisis Call

Are you safe to talk?

Can you describe what is going on now so that we can establish how we can support you?

Have police been involved now or in the past?

How long have you been in relationship?

Do you have children?

Are you prepared to leave today?

If we can provide service ask who can provide transportation?

When someone is calling from out of area.

(Establish if they are needing safety or running away from issues)

Why do you need to relocate?

What ties do you have to this area?

What are your plans once you arrive?

Have you tried to relocate in the past? Was it successful?

Do you have a history of substance abuse? How have you coped? Are you open to establishing supports here?

Do you have children? Are their custody issues or any orders presently?

Do you have a plan to get here?

How many personal belongings items might you be bringing?

When someone does not meet the mandate. (Do you have a room?)

Where have you been living?

Who have you reached out too?

Have you talked to Salvation Army, friends, family?

What are some of the barriers to you finding housing?

Here are other numbers that may be helpful.

When someone is depressed or lonely?

What has been helpful in the past?

Who have you called for counseling and support?

Are you feeling suicidal?

Have you talked to anyone about your feelings?

Help them make a plan for a next step.

The information reported on this form was collected during an interview and is not intended as verification or evidence of a police investigation.
**To Be Completed by Shelter Staff during Intake interview. Potential "High Risk Situations" to be reported by telephone to
 OPP Communications Centre at 1-888-310-1122**

Name of Potential Offender: _____ D.O.B.: _____

Current Address and/or Known Whereabouts:

Physical Description: (height, weight, hair colour, tattoos/distinguishing marks, skin colour, eye colour etc.)

Vehicle(s) Description: (license plate #, colour, make, etc)

Known Associates who may assist abuser: (name, description, car description etc.)

Assessment of Risk level	Yes	No
Weapons Owned or has access (list below) _____	_____	_____
Current Court Conditions/Orders _____	_____	Where: _____
Previous Charges and/or Prior Assault charges _____	_____	When: _____
Uses drugs/alcohol _____	_____	
History of mental health/emotional problems _____	_____	
Suicidal: _____	_____	
Abuser threatened to or used weapon(s) against woman and/or children _____	_____	
Does abuser have interim custody order or access of child(ren)? _____	_____	
Has abuser threatened to take child(ren)? _____	_____	
Does abuser know where woman is/location of shelter? _____	_____	
Additional Information (include list of potential weapons): _____ _____		
Police Notified (Date): _____	By Whom: _____	Date: _____
Incident Number: _____ Sergeant on Duty: _____		

Guelph-Wellington Community Protocol on Sexual Assault & Domestic Violence, 2010.

Appendix 1: SHORT LETHALITY RISK ASSESSMENT

Client's name: _____

Worker's name: _____ Date: _____

Has he/she threatened to kill you or your children?	YES [<input type="checkbox"/>]	NO [<input type="checkbox"/>]
Has he/she ever used a weapon against you or threatened you with a weapon?	YES [<input type="checkbox"/>]	NO [<input type="checkbox"/>]
Do you think he/she might try to kill you?	YES [<input type="checkbox"/>]	NO [<input type="checkbox"/>]
Is there an actual or pending separation?	YES [<input type="checkbox"/>]	NO [<input type="checkbox"/>]

If a woman answers yes to any of these questions, it is very important that a risk assessment is completed and a plan for her safety developed. If you are not comfortable completing a more comprehensive risk assessment and safety plan, then it is critical you facilitate a referral to a service provider that can, such as Women In Crisis or the Guelph General Hospital Sexual Assault Care & Treatment Centre. She should be reminded that if she chooses, she can contact the police at any time if she is feeling threatened or wishes to report that her partner has threatened her or her children.

Even if a woman answers NO to all of these questions, it is important to remember that there are many forms of abuse and you may still want to use your own agency's risk assessment and/or refer the client to services for women who are abused. Each sector has different tools for assessing risk and lethality, which are designed to measure specific aspects of risk.

This Lethality Risk Assessment **DOES NOT** predict the behaviour of any given individual. The single best predictor of future violent behaviour continues to be past violence, and we cannot, in any absolute sense, predict lethality or serious injury. If you don't feel comfortable doing safety planning, call **Guelph-Wellington Women in Crisis** 24-hour crisis line (519-836-5710) for assistance.

Guelph-Wellington Community Protocol on Sexual Assault & Domestic Violence, 2010.

APPENDIX 2: RISK ASSESSMENT/SCREENING TOOL for DOMESTIC VIOLENCE (page 1 of 2)

QUESTION	YES	NO
1. Has your partner assaulted/threatened you before?		
2. Have you been injured in prior assaults?		
3. Has there been a recent increase in assaults/threats?		
4. Has there been a recent change or separation in your relationship?		
5. Have your children been assaulted by your partner?		
6. Have the police been called to respond to any domestic violence situations involving your partner?		
7. Has there been a change in contact between your partner and the children?		
8. Is your partner jealous of you?		
9. Does your partner stop you from seeing family, friends or anyone else?		
10. If you are not separated from your partner, is your partner preoccupied or obsessed with you? (For example, is your partner making repetitive phone calls or checking your movements and contacts?)		
11. If you are separated from you partner, has your partner stalked you, the family or others? (e.g. harassing phone calls, watching, tampering with personal property, frequenting workplace etc.)		
12. Has your partner killed or injured your pet?		
13. Has your partner destroyed or threatened to destroy your personal property?		
14. Has your partner threatened or attempted suicide?		
15. Has your partner threatened to harm/kill the children?		
16. Has your partner threatened to harm/kill any other family members or acquaintances?		
17. Has your partner experienced any unusual stress recently? (such as losing a job?)		
18. Does your partner abuse alcohol or drugs?		
19. Is your partner more aggressive or violent when using alcohol or drugs?		
20. Does your partner have mental health problems?		
21. Is your partner on any medication?		
22. If so, is he/she taking the medication as prescribed?		
23. Has your partner sexually abused you?		
24. Has your partner breached any court order, such as bail conditions or restraining order?		
25. Does your partner own/have access to firearms?		
26. Does your partner have a Firearms License or recently applied for one?		
27. Do you fear that your partner will injure or kill you?		
28. Have you ever received medical treatment for injuries because you were assaulted?		
29. Do you fear that your partner will injure or kill the children?		
30. Do you have children from a previous relationship?		
31. Is there anything else that is causing you to fear your partner?		

SAFETY: WHEN GOING OUT

You can do all or any of these things:

- sit near the driver on the bus
- change the routes you take
- change the stops you get on and off
- travel with a friend
- car pool with somebody
- change the times you normally go to banks, stores, appointments
- use different entrances or exits
- go to different places than you usually go to.
- avoid secluded areas
- carry a personal alarm
- carry a cell phone
- know where the nearest police, hospital, fire station is

YOU CAN INFORM YOUR BOSS, SECURITY PERSON, FRIENDS, TEACHERS AND/OR CO-WORKERS OF YOUR SITUATION AND YOU CAN.....

- give them a picture of the abuser
- give them a description of the abuser's car
- ask that any visitors/calls be screened
- ask to have your hours of work changed or rotated
- ask them to call police: 911 if they see the abuser with you

IF YOU HAVE A CAR, YOU CAN:

- change the place you park
- ask someone to walk with you to your car
- trade cars with a friend
- keep your doors locked at all times when you are in or out of the car
- keep the car keys in your hand when you are approaching your car
- park in well lit areas
- park in non secluded areas

IF YOU ARE BEING FOLLOWED YOU CAN:

- go to a place where you know there are people (store or restaurant)
- "make a scene" in order to get attention SCREAM FOR HELP
- You can sound your car horn loudly, and flash your headlights
- You can make plans about what to do if the abuser confronts you

Safety Plan

I, _____, instruct the Crisis Counsellor of Green Haven Shelter, to implement the following safety plan in the event that I do not contact/or return to the shelter, _____ hrs after I have stated that I would return.

Please contact the following people in the order listed and provided them with the following details

1. Name _____
Phone # _____

Details _____

Release signed and attached _____

2. Name _____
Phone # _____

Details _____

Release signed and attached _____

3. Name _____
Phone # _____

Details _____

Release signed and attached _____

GUELPH-WELLINGTON WOMEN IN CRISIS

SAFETY PLANNING

I. EMERGENCY ESCAPE SAFETY PLAN

The following are questions to think about when making a personal safety plan with a woman.

1. How does her abuser's behaviour change just before he/she assaults her?
 - Does the look in his/her eye change?
 - Does his/her posture change (hands clenched, etc)?
 - How does his/her voice change?
 - Does his/her face change colour?
 - Does he/she make threats before he/she strikes?

2. The woman's own feelings and instincts can be the best indication of any danger she is in. Trust these instincts. Explore with her how her behaviour changes when she is in an unsafe situation? Does she generally have a physical response to the fear she feels before an attack? For example: pains in her stomach, tight feeling in her chest, headaches. These stress induced symptoms may be a sign that he/she is about to experience abuse.
 - Does she try especially hard to please him/her in order to try and avoid physical violence?
 - Are there any other things she often feels or does just before her abuser/partner hurts her?

3. What circumstances have been present in the past before an incident?
 - Pay day?
 - Time of year?
 - Holidays?
 - Sporting Event?
 - Drinking or drug use?
 - Lack of Money?
 - Is there a time of day which is most dangerous?
 - Are certain people around (his/her buddies, parents)?
 - Was the incident in a particular area of the house?
 - What else is associated with attacks?

4. Other things to consider when assessing her situation:
 - He/she does not or will not abuse her if certain people are around. Who are they?
 - Fantasies or threats of homicide or suicide by the abuser
 - Pending or actual separation
 - Pending or actual serving of court orders (divorce papers, restraining order etc.)
 - A new relationship
 - Other dates or events that remind her abuser of his/her diminished control
 - Pregnancy
 - Children in the home
 - Threats of actual child abuse; child witnessing of violence
 - Depression and/or psychiatric history
 - Drug or alcohol use
 - Prior use of access to or possession of – weapons (guns, knives, ropes, martial arts, etc).

SAFETY PLANNING WHEN LIVING WITH AN ABUSER

Protection Planning She Can Do While Living with an Abuser:

- Tell someone she trusts about the abuse.
- Think about her partner's past use and level of force. This will help her predict what type of danger she and her children are facing and when to leave.
- Tell the children that abuse is never right, even when someone they love is being abusive. Tell them "the abuse isn't my fault or your fault; we did not cause it". Teach them it is important to keep safe when there is abuse.
- Plan where to go in an emergency. Teach children how to get help. Tell them not to get between the adults if there is violence. Plan a code word to signal they should get help or leave.
- Don't run to a place where the children are, as the abuser may hurt them as well.
- Create a plan to get out of the home safely and practice it with the children
- Ask neighbours, friends and/or family to call the police if they hear sounds of abuse and to look after the children in an emergency.
- If an argument is developing, move to a space where she can get outside easily. Don't go to a room where there is access to potential weapons (e.g. kitchen, workshop, bathroom).
- If she is being hurt, protect her face with her arms around each side of her head, with her fingers locked together. Don't wear scarves or long jewelry.
- Park the car by backing it into the driveway and keep it fuelled.
- Hide keys, cell phone and some money near her escape route.
- Have a list of phone numbers to call for help. Call the police if it is an emergency. Ask local shelters or police if they may be able to equip her with a panic button or cell phone.

- Try to get all weapons and ammunition hidden or removed from the home.
- Remember to clear the phone of the last number called to avoid utilizing redial.

Preparations She Can Consider for an Emergency Escape

Violent incidents cannot always be avoided and it is important to remind the woman that she does not cause her abuser to be violent. NO strategy will guarantee her safety, but may make her feel (or actually be) safer. She must remember that she is the best person to assess her situation. She can make a plan that feels right to her. If she needs assistance with this planning, she can call the crisis line 24 hours a day, 365 days of the year, to develop a safety plan. Additionally, she can receive support during business hours through the Transitional Housing and Support Program, the Rural Women Support Program or the Sexual Assault Centre.

Crisis Line	519-836-5710
Crisis Line	1-800- 265-7233
Transitional Support	519-836-1110
Sexual Assault Centre	519-836-1110
Rural Women Support Centre	519-843-6834 (Fergus)
	519-833-2301 (Erin)
	519-323-3638 (Mount Forest)
	519-343-5192 (Palmerston)

1. Take a photocopy of these items and store them in a safe place away from the originals. Hide the originals with someone or somewhere else if possible.
 - Passports, birth certificates, immigration papers for all family members.
 - School and vaccination records.
 - Medication, prescriptions, medical records for all family members.
 - Driver's license and registration.
 - Welfare identification
 - Work permits
 - Divorce papers, custody documentation, court orders, restraining orders, marriage certificate and tax returns.
 - Lease/rental agreement, property/house deed, mortgage payment book.
 - Bank/loan books or statements.
 - Insurance papers.
 - Address/telephone book.
 - Picture of abuser.
 - Health cards and immunization records for her and the children.
 - All the cards that she would normally use: phone card, Social Insurance card, bank cards, credit cards, etc.

2. Keep all the cards that she would normally use in her wallet. For example: Social Insurance Card, bank cards, credit cards, health cards, etc.
3. Keep her wallet or purse handy and containing the following:
 - Car/house/work keys.
 - Cheque book, bank book, bank statements.
 - Driver's License, registration, insurance.
 - Address/telephone book.
 - Picture of abuser.
 - Emergency money in cash (hidden away).
4. Keep the following things set aside in an easy to get to place so that she can grab them quickly:
 - Emergency suitcase with immediate needs.
 - Special toys, items, etc., for the children.
 - Jewelry.
 - Small saleable objects.
 - Items of sentimental value.
 - A list of other items she would like to take if she gets a chance to come back to her home later.
5. Open a bank account in her own name, at a bank that is different than the abusers, and arrange that no bank statements or other communication be sent/phoned to the home. Arrangements for mail to be sent to a friend or family member could be made.
6. Change her password (cell and computer) on a regular basis.
7. Save and set aside as much money as she can. Also, set aside in a place she can get to, \$10 to \$15 for cab fare and quarters for phone booths.
8. Plan emergency exits. How would she get out fast? Would she use a door or a window? How will she get her emergency suitcase, money, etc, out? Look in each room and figure out the best way to escape; try to stay out of places that have no outside exit. Try to avoid places where weapons such as knives or guns are kept. Kitchen utensils and knife blocks can be placed in the cupboards so they are not as accessible. Plan and rehearse the steps she will take if she needs to leave quickly – and encourage her to learn them well. These steps include what she will do and where she will go once she has left her home.
9. Have a safe answer for her abuser if he/she asks what she is doing. What will she tell him/her?
10. If her abuser's behaviour escalates, what could she do to try and de-escalate the situation?

11. Keep any evidence of physical abuse (such as photos). Keep a journal of all violent incidents, noting dates, events, threats and any witnesses. Consider consulting a lawyer.
12. Hide extra clothing, house keys, car keys, money etc., at a friend/family member's house.
13. Consider getting a safety deposit box at a bank that is different from her partner's.
14. Suggest she arrange with someone to care for her pets temporarily, until she gets settled. A shelter may be able to help with this.
15. Advise her not to tell her abuser that she is leaving. Leave quickly.
16. Have a backup plan if her abuser finds out where she is going.

The Police can escort women back to the home later to remove some additional personal belongings, if it is arranged through the local division. They will only do this once. She should plan on having only a short time to gather the items listed above and/or anything else that is important to her and her children.

Discuss the idea of leaving and taking her children with her– **if she can do it safely**. If she tries to get them later, the Police cannot help her remove them from the other parent unless she has a valid court order.

In an emergency she will try to;

- Stay away from the kitchen (the abuser can find weapons like knives there).
- Stay away from bathrooms, closets or small spaces where the abuser can trap her.
- Get to a room with a door or window to escape.
- Get to a room with a phone to call for help; lock the abuser outside if she can.
- Call 911 (or my local emergency number) right away and get the dispatchers #. She should leave the phone off the hook after the call because 911 will call back if she hangs up before they get the information they need, and her abuser may pick up the phone.

Guelph Police	519-824-1212
Waterloo Regional Police	519-653-7700
OPP	1-888-310-1122
OPP TDD (phone for hearing impaired)	1-800-265-2529
Victim Services	519-824-1212 X 304

- Make as much noise as possible, for example; set off fire alarm, break things, turn up TV or stereo so neighbours may call the police for her. Keep in mind, however that if the TV or stereo is too loud the neighbours may not hear calls for help.
- Think about a neighbour or friend that she could run to for help.

- IF a police officer comes, tell him/her what happened; get his/her name, badge number and possibly occurrence number.
- Get medical help if anyone is hurt.
- Take pictures of bruises or injuries.
- Transportation to help her leave:

Red Top Taxi	519-821-1700
Canadian Cab	519-824-3110
Friend's Phone Number	_____

For emotional support or shelter after an incident – or at any time – she can call the crisis line (519-836-5710 or 1-800-265-7233) twenty-four hours a day and someone there will be ready to help her.

If she needs medical attention, she can go to the Guelph-Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence (519-822-5350 Ext 2715). This is located at Guelph General Hospital via the Emergency Department.

Name of Family Doctor: _____

After She Leaves or Her Abuser Leaves the Relationship

- Consider applying for a restraining order or peace bond that may help keep her abuser away from her and her children. She should keep it with her at all times.
- Provide police with copy of any legal orders she may have.
- Consult a lawyer or legal aid clinic about actions to protect herself or the children. As well she should let her lawyer know if there are any Criminal Court proceedings.
- Consider changing any service provider that she shares with her abuser.
- Obtain an unlisted telephone number, get caller ID and block her number when calling out.
- Make sure that her children's school or day care centre is aware of the situation and has copies of all relevant documents.
- Carry a photo of the abuser and her children with her.
- Take extra precautions at work, at home and in the community.
- Think about places and patterns that her abuser will know about and try to change them.
- Do not return home unless accompanied by the police. Never confront the abuser.

SAFETY PLANNING WHEN NOT LIVING WITH AN ABUSER

At home she can:

- Change the locks on the doors, windows, garage and mailbox.
- Have window bars and poles to wedge against doors.
- Teach her children not to answer the door.
- Replace the wooden doors with steel/metal doors.
- Get a guard dog.
- If she can afford it, she can install security systems including additional locks, window bars, poles to wedge against doors, or an electric system. A string of bells tied across stairs, hallways, doorways, etc. can serve as an early warning system.
- Install smoke detectors and fire extinguishers on each floor.
- Install outside lighting system that lights up when a person comes close to house.
- Install a peephole in the door.
- Buy rope ladders to be used for escape from upper floors. If she has a balcony, she can put wire around it.
- If she has a no communication order, she should keep it near her at all times. Make sure that the police, school and daycare have a copy of all court orders including restraining orders, custody and access orders as well as a picture of the abuser.
- Have her telephone number unpublished.
- If she needs to phone her abuser, use *67 to block her number from showing up on call display or from being obtained from *69. It is a FREE service. She can also call Bell Canada and have her abuser's phone number blocked from her phone (at a cost of \$5 per month).
- If her abuser has a pattern of violence (such as when pickup up or dropping off the children), she can develop an action plan to be prepared. Times involving access by an abuser to the children can be times when abuse occurs. Public pick up and drop offs (at police stations, McDonald's, a mall parking lot, etc.) may increase safety.
- Having curtains closed and a light on at all times can help to deter the abuser from knowing when she is in or out.
- If there is a no communication order in place, during business hours, she can contact the Transitional Housing & Support Program or the Rural Women Support Program (Erin, Fergus, Mount Forest or Palmerston) about getting a DVERS (domestic violence emergency response system) installed.
- She can obtain a support link cell phone to call 911 through Victim Services, by calling 519-824-1212 ext 304.
- If she has call display on her phone, she should be careful about who can access the stored numbers (e.g. last number dialed etc.).
- Have her consider moving her furniture around differently as this is something her abuser may not anticipate and cause him/her to bump into it and giving a warning that he/she is in the house.
- Install a wide – angle viewer (peep hole) in all primary doors.

At work or school:

Each woman must decide for herself if and/or when she will tell others that she is fleeing abuse and that she may be at risk. Friends, family, teachers and co-workers may be able to help her to stay safe. However, each woman should consider carefully which people to recruit to help secure their own safety. If she is comfortable, she may choose to do any or all of the following:

- Inform her supervisor, the security supervisor and other key people or friends at work/school of her situation.
- Ask to have her calls screened at work. It may also help to have these calls documented.
- Discuss the possibility of having her employer call the police if she is in danger from her abuser.
- When arriving at or leaving work/school she could;
 - Let someone know when she will be home.
 - Carry her keys in her hand.
 - Walk with someone to her car/bus stop.
 - Scan the parking lot/area.
 - Look inside and underneath her car before she gets in.
 - Check her car brakes.
 - Carry a small personal alarm device or whistle.
 - Choose not to get a remote or keyless car door opener- (there are devices available that can unlock many cars with keyless openers).
 - If her abuser is following her, drive to a place where there are people to support her- for example, police station, church, 24hour store, or friend's house.
 - Keep a sign in her car saying "Call Police".
 - If she is walking, take a route that is likely to be busy with people.
 - Take different routes to and from home.
 - Change the pattern of when she arrives and leaves.
 - If she sees her abuser on the street, try and get to a public place like a store.
 - Try to call attention to herself and request help.
 - Yell "FIRE"- to attract a crowd.

Personal Security

She could:

- Remove her home address on personal cheques and business cards.
- Utilize a private mailbox service to receive all personal mail. List the mailbox as suite 123 or apartment 123 rather than P.O. Box 123.
- Place property in a trust, and list utilities under the name of the trustee.
- File for confidential voter status or register to vote utilizing mailbox address.
- Destroy discarded mail by shredding, burning or other.
- Get a telephone line installed in a location other than her residence and call forward to her home.
- Place her resident rental agreement in another person's name.

- Make sure her name does not appear on service or delivery orders to her house.
- Tape emergency number on all phones.
- Park in a secured garage when possible.

Court Orders, the Police and the Criminal Justice System

She can:

- Ask what personal information is available about her to the abuser via any court orders and request that this information be removed whenever possible.
- Notify the police about every infraction of a court order. Get an occurrence report number from the police each time.
- If her abuser has been charged by police, find out from them if he/she is going to be held in custody or released and when.
- If her abuser is going to be released or has been released, ask the police or courts for a copy of his/her conditions of release so she knows what he/she can and cannot do.
- If her abuser has been charged by the police, contact the investigating police officer (or detective) to request to keep her informed of what is going to happen.
- If her abuser has not been charged but information about what charges are desired or what he/she could be charged with, call the police and ask if there is a special section that deals with domestic violence or spousal assault and speak to one of their investigators.
- If the police do not have a domestic violence section, ask to speak to a sergeant or staff sergeant at their information desk or main number.
- Ask the police for a free home security check.

EMOTIONAL SAFETY PLAN

The experience of being abused and verbally degraded by an abuser is usually exhausting and emotionally draining. The process of surviving and building a new life requires much courage and energy. To conserve a woman's emotional energy and support her in hard emotional times, there are a number of things she can do:

- Attend group counselling sessions with other women and/or access one to one counselling support. This can be useful for short or long term. Call a crisis line if needed.
 - Become involved in community activities to reduce feelings of isolation.
 - Take a part time job to reduce isolation and improve finances. Volunteering can also reduce isolation, build skills and increase good feelings about self.
- | | |
|--|---------------------|
| Guelph Information & Referral | 519-821-0632 |
| Human Resources Centre | 519-826-2222 |
| Volunteer Centre | 519-822-0912 |
- Enroll in school to increase skills.
- | | |
|--|---------------------|
| Wellington Centre for Cont. Education | 519-836-7280 |
| Computer Skills for the Workplace | 519-766-9884 |

- Join support groups to gain support and strengthen relationships with other people.
- | | |
|--|---------------------|
| Guelph-Wellington Women in Crisis (G-W WIC) | |
| Transitional Housing & Support Program | 519-836-6865 |
| Sexual Assault Centre | 519-823-5806 |
| Rural Women's Support Program: | |
| Erin office | 519-833-2301 |
| Fergus office | 519-843-6834 |
| Mount Forest office | 519-323-3638 |
| Palmerston office | 519-343-5192 |
| Family Counselling & Support Services | 519-824-2431 |
- Spend time with people who make her feel good and provide support.
 - Take care of her sleep and nutrition needs.
 - Take time for herself to meditate, read, play music etc.
 - Document, document and document! Write down abuser's description, vehicle information, and access to weapons, medication, substance abuse and criminal charges / convictions. Write down incidents of abuse (including threats) and the history of abuse in the relationship. Include any police contact, medical documentation of injuries. Keep this information updated in case it is ever needed (for court, by the police, by professional supports, such as counsellor, shelter staff, etc.).
 - Keep personal journal to write about feelings, especially when she is feeling low or vulnerable. Keep it in a safe place, or if she concerned about her abuser finding it or destroy it.
 - Take time to prepare emotionally before stressful situations (talking to abuser, meeting lawyers, attending court, etc).
 - Try not to overbook herself. She can limit herself to one appointment per day to reduce stress.
 - Be creative and do whatever makes her feel good.
 - Write something positive about herself every day.
 - Do not find comfort in excessive use of alcohol, drugs, food, gambling: this can increase negative feelings.
- | | |
|---|---------------------|
| CADS (Community Alcohol & Drug Services) | 519-836-5733 |
| Alcoholics Anonymous | 519-836-1522 |
| Overeaters Anonymous | 519-829-3339 |
- Avoid excessive shopping or impulse buying.
 - Join a health club or start an exercise program. It will increase energy levels and sense of well being. Subsidies are available.
- | | |
|--------------------------|---------------------|
| YM-YWCA of Guelph | 519-824-5150 |
|--------------------------|---------------------|
- It is ok to feel angry. Find positive/constructive ways to express anger.
- | | |
|--------------------------------------|---------------------|
| Women in Crisis (Crisis Line) | 519-836-5710 |
| Women in Crisis (Crisis Line) | 800-265-7233 |
| Distress Centre | 519-821-3760 |
| Distress Centre | 888-821-3760 |

Outline (Gay, Lesbian, Bisexual Support)	519-836-4550
Family Counselling & Support Services	519-824-2431
Canadian Mental Health Association	519-836-6220
Trellis Mental Health and Developmental Services	519-821-2060
Homewood Health Centre	519-824-1010

- Local places of worship may also offer additional support services.
- Remind her that she is the most important person to take care of right now.
- Try to get involved with family and friends who do not use violence in their arguments.

CHILDREN'S SAFETY PLAN

This plan was developed to help mothers in teaching their children some basic safety planning. It is based on the belief that the most important thing that children can do for their mothers and their families is get away from the area of violence! They cannot stop the abuse, although they often try by distracting the abuser or directly interfering in the abusive episode. It is important to tell the child that the best and most important thing for them to do is to keep safe. Children who experience woman abuse can be profoundly affected. It is very traumatic for them to be faced with violence directed at them or someone they love. Personal safety and safety planning are necessary for children whose families are experiencing violence. Children should learn to protect themselves.

Here are several ideas to help develop a safety plan with children. The easiest way for children to learn is through play and games. Involve your children, if possible, once a week in playing "What if..." games. By running scenarios such as;

- What to do if someone offers them a ride?*
- Who they are going to ask for help if they're lost?*
- What they're going to do if their father asks them to go with him or asks them about plans they have with their mother over a weekend...?*

Guide children to explore what would be best to do in one of these or other situations that might jeopardize their safety.

- Have children identify a safe room/place in the house, preferably with a lock on the door and a phone. The first step of any plan is for the child(ren) to get out of the room where the abuse is occurring.
- Stress the importance of being safe, and that it is not his/her responsibility to make sure that their mother is safe.
- Teach child(ren) how to call for help. It is important that children know they should not use a phone that is in view of the abuser. This puts them at risk. If the woman has a cell phone, teach child(ren) how to use it.
- Teach them how to contact the police at the emergency number.
- Ensure that children know their address and full name (rural children need to know their emergency number, and rural route number).

- Rehearse what they will say. In the case of young children it should be something simple and specific, for example; “Someone is hurting mommy”. An example of what your children could rehearse is:

My name is _____.
 I am ____ years old.
 Someone is hurting my mom.
 The address here is _____.
 The phone number here is _____.

- If children call the police, they need to leave the phone off the hook after they are done talking. The police may call the number back if they hang-up, and the abuser could answer the phone. This could create a dangerous situation.
- Teach child(ren) about Neighbourhood Block Parents and how to use them.
- Pick a safe place to meet child(ren) out of home after the situation is safe for mom and children to easily find each other. Teach them the safest route to that place.
- Have a “**code word**” with child(ren) that they can use with mom. A word that no one else will know what it really means; “I don’t feel safe”, “we need to get to safety” or “we need to get help right now”.
- Advise child(ren)’s schools, doctors, and child care providers of the situation and give them a copy of any court orders.
- Advise these same people about who is allowed to pick your child(ren) up, or who is to have contact with them. Request that they report any suspicious persons or activity to police.
- Ensure that child(ren) are accompanied to and from school and any other places they go to.
- If the abuser has access to the child(ren), develop individual and group safety plans with child(ren) for these visits. These plans can include cues that they are in danger, escape plans from the location of where they are visiting and who/where they can go for help.
- Make arrangements for transporting child(ren) to and from visits to avoid contact with the abuser. Ask someone of trust to drop them off and pick them up. Arrange for child(ren) to be picked up from a public location (like a restaurant). Make sure to double buckle a child in a stroller in case the abuser tries to pick up the child from the stroller.
- Make sure that child(ren) know how to use the phone, know how to call 911 and how to make collect calls to mom.
- Keep emergency numbers by all phones.
- Develop a visual or other code for child(ren) to know that there is a danger so that they will not enter the house or the room if they see it (like a light on or off).
- Contact a shelter or 24 hour crisis line for women to find out where the programs for child witnesses of violence are located. These programs are very helpful in teaching children and women, in detail about safety.
- Teach child(ren) to let mom know when someone is at the door, before answering it.

Internet Safety and Unhealthy Relationships

Can my activity on the internet really be tracked? Could my abuser tell what sites I have visited?

Yes, there are a few ways that someone could easily find out what web sites you have visited. Computers have what is called a cache file. The cache (pronounced “cash”) automatically saves web pages and graphics. Anyone who looks at the cache file on your computer can see what information you have viewed recently on the internet. Also, most web browsers like Internet Explorer and Netscape keep a list of the most recent web sites and links that you have visited in a history file. You can look at your own history, by clicking on the history button on your toolbar. It is possible to clear the cache and history files so that your computer doesn't keep a list of the sites you have visited. But you should be very cautious about doing this.

If your abuser is comfortable with computers, and sees that you have cleared all the cache and history files on your computer (including the sites they have visited), he/she could become suspicious or angry. If that is a possibility, it would be better for you to use a computer he/she cannot have access to—for example, at a library, a friend's house or at work.

Is there anything I can do to prevent my abuser from seeing what sites I have been on?

The cache and history files on your computer show what sites you have recently visited. You can empty your cache and clear your history files after each time you have used your computer. But you should be very cautious about clearing all your cache and history files.

Do not empty all the cache and history files on your computer if you think that your abuser will notice. If you are comfortable with computers, follow your browser instructions to delete specific files from your cache and history.

I'm concerned that my email messages will be read by my abuser.

If you are using an email program such as Outlook and your abuser has access to your computer, he/she will easily be able to read your email. **Delete sensitive emails that you send and receive.** Remember the second step; after you have deleted a message, go to the Deleted Mail folder in Outlook, highlight the message and delete it again.

If you are worried about the privacy of your email on your home computer, you might want to set up a free email account for yourself on the web. If you set up an account with [Hotmail](#) or [Yahoo](#); your email messages will be stored on the Hotmail or Yahoo server instead of your own computer.

I've heard that “instant messaging” is a quick way to send and receive messages. Is it any more or less secure than email?

Instant messaging (sometimes called IM) is the ability to easily see whether a friend is connected to the Internet and if they are, to exchange messages with them. Generally it

is good practice not to transmit sensitive and confidential information through Instant Messengers, since IM could be intercepted and read. If you use instant messaging and your abuser has access to your computer, be aware of and make use of the privacy features of the program you are using.

Make sure you DO NOT have your computer set to automatically keep a history of your messages if you are concerned about your abuser reading them.

Additional information about internet safety can be found on the internet. Companies such as McAfee, have a number of resources, search McAfee Internet Safety which will allow you access to a McAfee 10 step Internet Safety Plan with general information and age specific information for home, children and



Technology Safety Planning with Survivors

Tips to discuss if someone you know is in danger

Technology can be very helpful to victims of domestic violence, sexual violence, and stalking, however it is important to also consider how technology might be misused.

1. **Trust your instincts.** If you suspect an abusive person knows too much, it is possible that your phone, computer, email, driving or other activities are being monitored. Abusers and stalkers can act in incredibly persistent and creative ways to maintain power and control.
2. **Plan for safety.** Navigating violence, abuse, and stalking is very difficult and dangerous. We suggest you contact local and provincial/territory domestic violence or rape crisis hotlines and organizations to discuss options and safety risks. The Safety Net Project can support agencies in any technology stalking or safety issues you experience that are new or unfamiliar to their staff.
3. **Take precautions if you have a “techy” abuser.** If computers and technology are a profession or hobby for the abuser/stalker, trust your instincts. If you think someone may be monitoring or tracking you, talk to hotline advocates or police.
4. **Use a safer computer.** If anyone abusive has access to your computer, he/she might be monitoring your computer activities. Try to use a safer computer when you look for help, a new place to live, etc. It may be safer to use a computer at a public library, community center, or Internet café.
5. **Create new email or IM accounts.** If you suspect that anyone abusive can access your email or instant messaging (IM), consider creating additional email/IM accounts on a safer computer. Do not create or check this new email/IM from a computer the abuser could access, in case it is monitored. Look for free web-based email accounts, and strongly consider using non-identifying name & account information. (example: bluecat@email.com and not YourRealName@email.com)
6. **Check your cell phone settings.** If you are using a cell phone provided by the abusive person, consider turning it off when not in use. Also, many phones let you to “lock” the keys so a phone won’t automatically answer or call if bumped. When on, check the phone settings; if your phone has an optional location service, you may want to switch the location feature off/on via phone settings or by turning your phone on and off.
7. **Change passwords & pin numbers.** Some abusers use victim’s email and other accounts to impersonate and cause harm. If anyone abusive knows or could guess your passwords, change them quickly and frequently. Think about any password protected accounts: online banking, voicemail, instant messaging, etc.
8. **Minimize use of cordless phones or baby monitors.** If you don’t want others to overhear your conversations, turn off baby monitors if not needed and use traditional corded phones for sensitive conversations.
9. **Use a donated or new cell phone.** When making or receiving private calls or arranging escape plans, try not to use a shared or family cell phone because cell phone billing records and phone logs might reveal your plans to an abuser. Contact your local or provincial/territory hotline/crisis organization to learn about donation programs that provide new free cell phones and/or prepaid phone cards to victims of abuse and stalking.
10. **Ask about your records and data.** Some court systems, government agencies and organizations publish records with personal information on the Internet. Ask agencies how they protect or publish your records and request that court, government, post office and others seal or restrict access to your files to protect your safety.
11. **Get a private mailbox and don’t give out your real address.** When asked by businesses, doctors, and others for your address, have a private mailbox address or a safer address to provide. Try to keep your true residential address out of databases.
12. **Search for your name on the Internet.** Major search engines such as “Google” or “Yahoo” may have links to your contact information. Search for your name in quotation marks: “Full Name”. Check phone directory pages because unlisted numbers might be listed if you gave your number to anyone.

Ontario Anonymous & Confidential 24X7 hotlines:

- **Assaulted Women's Helpline** awhl.org
1-866-863-0511 or TTY 1-866-863-7868
- **FEMAIDE French-language hotline** briserlesilence.ca
1-877-336-2433 (fem-aide) or ATS 1-866-860-7082

Search for Canadian shelters at Shelternet.ca
Canadian Association of Sexual Assault Centres casac.ca
Nat'l Aboriginal Circle Against Family Violence nacafv.ca
Email Safety Net Project at SafetyNet@nnedv.org

Safety Net addresses all ways that technology impacts survivors of stalking, domestic & sexual violence.
Safety Net: the Safe & Strategic Technology Project at the U.S. National Network to End Domestic Violence.
Email: SafetyNet@nnedv.org Web: www.nnedv.org/SafetyNet © NNEVDV 2003. Last revised 2007

REPORTING TO THE CHILDREN'S AID SOCIETY (CAS)
Phone: 257-1556 or 1-613-267-4200

Date Information Obtained (D/M/Y): _____ Date Reported (D/M/Y): _____

Disclosure Made To Which Staff: _____ Staff Reporting: _____

Contributing Circumstances (ie. Language barrier, Hospitalization, Non-emergency, etc.) if dates differ:

Name of Mother (First and Last): _____

Date of Birth (D/M/Y): _____ Age: _____

Name of Father (First and Last): _____

Date of Birth (D/M/Y): _____ Age: _____

Last Known Address and Telephone Number: _____

Name of Alleged Offender (First and Last): _____

Name of Child Involved (First and Last): _____

Date of Birth (D/M/Y): _____ Age: _____ Sex: _____

Name of Sibling (First and Last): _____

Date of Birth (D/M/Y): _____ Age: _____ Sex: _____

Name of Siblings (First and Last): _____

Date of Birth (D/M/Y): _____ Age: _____ Sex: _____

Name of Sibling (First and Last): _____

Date of Birth (D/M/Y): _____ Age: _____ Sex: _____

Yes: No:

- Was woman informed of need to contact CAS over this particular incident?
- Did woman contact CAS herself with our help? Please note: we must be present during this call.
- Did staff contact CAS?
- If staff contacted CAS, was woman informed?

Previous Involvement With CAS? No Yes Where: _____

