

WOMAN ABUSE COUNCIL OF TORONTO



# HIGH RISK ASSESSMENT TRAINING

1652 Keele Street, Suite 129  
Toronto, ON, M6M 3W3  
Tel: 416-944-9242  
[manjeet@womanabuse.ca](mailto:manjeet@womanabuse.ca)  
Website: [www.womanabuse.ca](http://www.womanabuse.ca)

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## **BACKGROUND:**

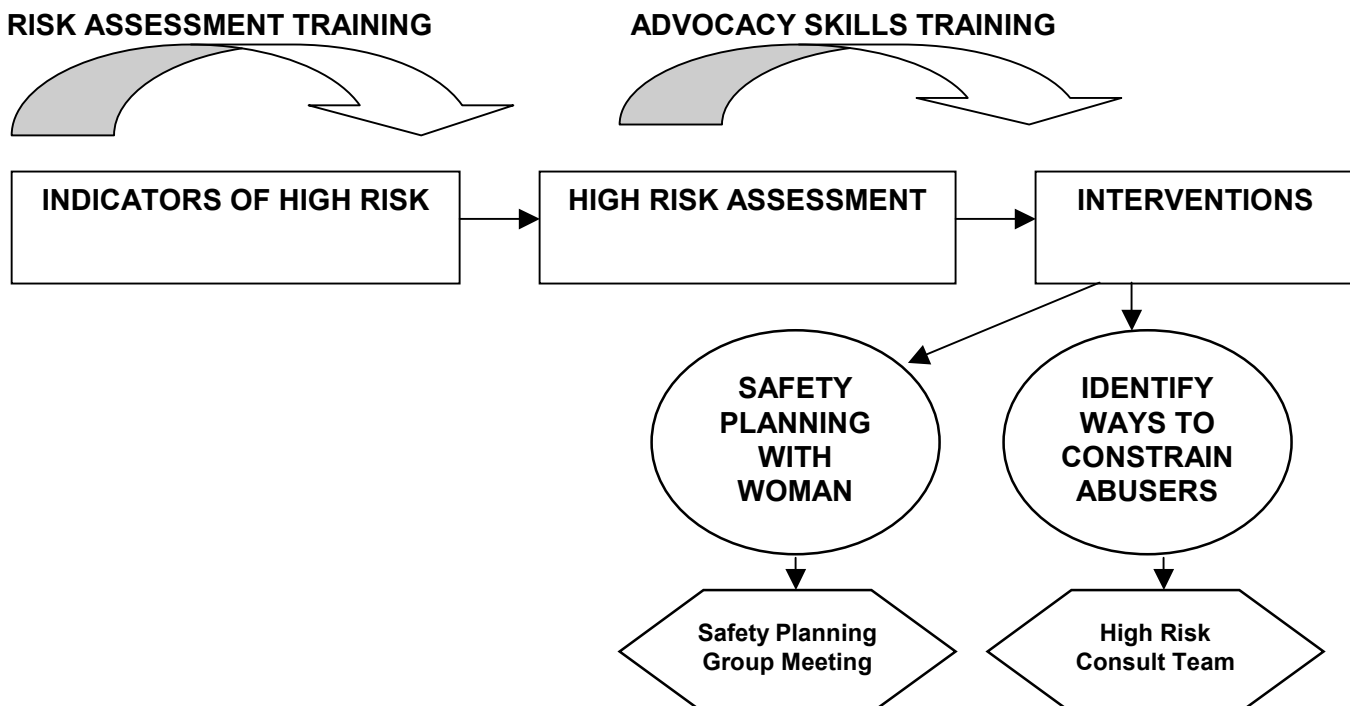
The High Risk project evolved out of the concern raised by members of the Support Services and Cultural Issues Committee of the Woman Abuse Council of Toronto. The concern was regarding the need to identify an effective and timely response to situations where one or more players are involved in a high-risk case.

Sandra Quigley, a high-risk woman who was killed by her intimate partner, had a number of key players involved in her case. All of those involved, despite their best efforts, were unable to protect her safety. In response to her untimely death, the High Risk Response Model was developed to ensure early identification of high risk and an intervention model.

The project has three main aims; the first is the development of a model for risk assessment, the second is to plan timely and appropriate interventions, and the third is to ensure that practitioners' are able to facilitate appropriate responses from all sectors to help protect a woman's safety through training and consultation.

## **THE MODEL HAS THREE COMPONENTS:**

- 1. Regular And Ongoing Use Of Risk Assessment Process And Procedures:**  
Use of a risk assessment process by all those involved with a woman who they believe is at high risk for death or serious injury. Ideally, the practioners should encourage the woman to participate in her own risk assessment process using available tools with the practioners.
- 2. In Cases Of Identified High Risk - Safety Planning:**  
Convening of a safety planning group meeting to identify an action plan to be put into place in a timely fashion to respond to the immediate needs. This plan will include ways to protect her safety in conjunction with key stakeholders (e.g. police, family, VWAP, etc.).
- 3. In Cases Of Concern And Need To Consult - Constraining the Abuser:**  
Bring a specific case situation to the High Risk Consult Team to consult on difficult cases and brainstorm possible interventions.



## **PRINCIPLES IN INTERVENING IN HIGH RISK AND LETHAL SITUATIONS**

1. Safety of women and children is paramount and should determine action. Safety must encompass both emotional and physical aspects.
2. All intervention must support self-determination while balancing safety as a priority and duty to protect.
3. In order to be most effective at protecting safety, it is vital to gather as much information about the specifics of the current high-risk situation.
4. There must be effective and appropriate communication between sectors on a need-to-know basis. An integral aspect of any involvement must be providing information to women so that they can make informed choices and decisions.
5. The relationship between the woman and her children **MUST** be recognized and taken into account in any and all interventions. All interventions should attempt to support this relationship and not re-victimize the mother. The response to women should support, empower and assist them to be able to better protect their children.
6. Practitioners should attempt to respond to the woman's needs as she defines them.
7. Practitioners must balance self-determination of the woman/victim with the need to protect the safety of her children.
8. Practitioners should be clear and direct about the limits to confidentiality and their own duty to warn and protect victims.
9. The system must recognize that the victim is often at the highest risk when she leaves the abusive relationship.
10. High risk and potentially lethal situations require an immediate response.
11. The system must be challenged to monitor abusers and systematically increase sanctions when they breach court order and/or re-offend.
12. An effective response must include an inter-sectoral approach and one which both holds the abuser accountable (through the courts) while supporting the woman and her children.
13. Interventions should attempt to be culturally appropriate and must be relevant to the woman and her community while promoting her safety.
14. Interventions must account for diversity and be flexible to meet individual and specific needs and situations.
15. Responses must meet the needs of all communities and respond to the diversity of women, particular issues faced by women with disabilities.
16. Long term supports for women and children both separately and together, should be made available in order to concretely assist rather than re-victimize women.
17. The system must be challenged to provide adequate emergency and long term housing to ensure a woman can protect her safety and that of her children.
18. Practitioners must recognize the social and economic realities of the woman/ victim's life and attempt to both provide services and advocate with women.

## INDICATORS OF HIGH RISK

1. Woman has made attempts to leave or has left the situation.
2. Threats of homicide or suicide
3. Threats against the victim that are:
  - Specific with respect to time, place, weapon, etc.
  - Frequent and ongoing
  - Public in nature–tells other people, the children, friends, family

**The woman believes that the abuser will carry out the threats.**
4. The presence of weapons in the house or plans to acquire weapons on the part of the abuser.
5. Woman believes that the offender may seriously injure or kill her.
6. A change in the behavior of the abuser. The victim knows the behavior of the perpetrator and can identify changes even if they are incremental.
7. Abuser seems preoccupied or obsessed with the victim (following, monitoring, stalking, exceedingly jealous).
8. Access to the woman by the abuser, through access visits, etc.
9. Disregard on the part of the abuser of court orders including restraining orders, bail conditions, probation conditions, etc.
10. Abuse has included sexual coercion or attacks.
11. Abuser lacks remorse about an incident/his behavior.
12. Abuser has inflicted serious injury on the victim or others in the past.
13. Use/Abuse of drugs or alcohol by the abuser.
14. Abuser shows signs of mental health problems.
15. Unemployment
16. Step children (victim's biological children)
17. Abuse or killing of pets within the home.

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**A Tool for Risk Assessment in Woman Abuse Situations**

This tool has been developed to identify indicators where a woman is at high risk for death or serious injury. This tool is to be used by a counselor/advocate with a woman.  
It is not meant to be filled out by a woman alone, as it can be traumatic.

WOMAN/VICTIM: \_\_\_\_\_  
CHILDREN IN THE HOME: \_\_\_\_\_  
CHARGES LAID: \_\_\_\_\_  
DATE OF OFFENCE: \_\_\_\_\_  
POLICE INVOLVEMENT: \_\_\_Yes \_\_\_No  
INVESTIGATING OFFICER: \_\_\_\_\_

1. To the best of your knowledge, has your partner assaulted any previous spouses/partners or children from another relationship?  
\_\_\_Yes \_\_\_No \_\_\_Don't know
  
2. Has your partner assaulted/threatened you before?  
\_\_\_Yes \_\_\_No
  
3. Has there been a recent increase in assaults/threats?  
\_\_\_Yes \_\_\_No
  
4. Have your children been assaulted by your partner?  
\_\_\_Yes \_\_\_No
  
5. Have the police been called to respond to any domestic situations involving your partner prior to this incident?  
\_\_\_Yes \_\_\_No
  
6. Has your partner destroyed or damaged any of your belongings or contents of your home?  
\_\_\_Yes \_\_\_No
  
7. Has your partner injured or killed your pet?  
\_\_\_Yes \_\_\_No
  
8. Has your partner threatened to kill or harm you?  
\_\_\_Yes \_\_\_No

9. Has your partner threatened to harm/kill the children?  
 Yes       No
10. Has your partner forced you to engage in sexual activity against your will?  
 Yes       No
- If so, was this during an abusive episode?*  
 Yes       No
11. Does your partner have full control over the finances?  
 Yes       No
12. Does your partner prevent or limit your access to money?  
 Yes       No
13. Does your partner own/have access to firearms or weapons?  
 Yes       No       Don't know
14. Does your partner have a Firearms Acquisition Certificate?  
 Yes       No       Don't know
15. Has your partner recently applied for a Firearms Acquisition Certificate?  
 Yes       No       Don't know
16. Has your partner used, or threatened to use guns or any other weapons against you, the children or any other person? (Weapon can include any object used to harm you)  
 Yes       No
17. Have you separated or discussed separation with your partner?  
 Yes       No
- If so, is your partner reacting in an aggressive and/or threatening manner?*  
 Yes       No
18. Is your partner obsessed, overly jealous, or extremely dominant with you?  
 Yes       No
19. Has your partner forcibly confined you, or prevented you from using the telephone, leaving the house, or contacting family or friends?  
 Yes       No

20. Has your partner engaged in any stalking behaviors with you in the past?  
\_\_\_\_Yes      \_\_\_No
21. To the best of your knowledge has your partner engaged in any stalking behavior with any other person?  
\_\_\_\_Yes      \_\_\_No      \_\_\_Don't know
22. Is your partner isolated from others?  
\_\_\_\_Yes      \_\_\_No
23. Can your partner rely on friends and family for support?  
\_\_\_\_Yes      \_\_\_No
24. Has your partner ever threatened to remove the children from your care?  
\_\_\_\_Yes      \_\_\_No
25. Does your partner abuse drugs or alcohol?  
\_\_\_\_Yes      \_\_\_No      \_\_\_Don't know
26. Has your partner threatened/attempted suicide?  
\_\_\_\_Yes      \_\_\_No
- In these threats, have there been specific details of a plan (e.g. a specific weapon, time, place or dangerous act)?*  
\_\_\_\_Yes      \_\_\_No
27. Is your partner under psychiatric care, or has your partner been under such care in the past?  
\_\_\_\_Yes      \_\_\_No      \_\_\_Don't know
28. Is your partner on any medication?  
\_\_\_\_Yes      \_\_\_No
29. Is your partner taking such medication as prescribed?  
\_\_\_\_Yes      \_\_\_No
30. Has your partner ever received counseling for domestic violence or substance abuse issues?  
\_\_\_\_Yes      \_\_\_No



- 31. Has your partner breached any court order, such as bail conditions or a restraining order?  
 Yes      No      Don't know
  
- 32. Do you believe your partner is capable of severely injuring or killing you (or your children)?  
 Yes      No
  
- 33. Do you have any fears for your safety, or the safety of your family?  
 Yes      No
  
- 34. Do you have a personal safety plan in place to help protect yourself or children in the event of a problem with your partner?  
 Yes      No
  
- 35. Are there other members of your partners' family engaging in abusive behaviour towards you (and your children)?  
 Yes      No
  
- 36. Have you consulted a lawyer?  
 Yes      No

*If so, has your partner been served or about to be served with legal papers requesting a divorce/custody/access?*  
 Yes      No

- 37. Have you obtained a custody order, or a restraining order?  
 Yes      No

- 38. Is there anything else that is causing you to fear your partner?

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Woman/Victim's Signature (Optional)

\_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature

\_\_\_\_\_ Date \_\_\_\_\_

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SAFETY PLANNING KIT

DATE: -----  
WOMAN'S NAME: -----  
CONTACT NUMBER: -----  
AGENCY NAME: -----  
CASE MANAGER: -----  
SUPERVISOR/MANAGER: -----

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**1. Needs / Desired Outcome (As defined by victim)**

(In the woman's own words, what needs to be done to protect her / her children's safety and to constrain the abuser)

**2. Background (to be completed by practitioners)**

**Essential background information:**

**Key High Risk Indicators/Factors:**

**High Risk Assessment Tool completed?**        ----- Yes        ----- No

**Practitioners desired outcomes:**

**3. Who needs to be involved in the Safety Planning Process:**

(List people/agencies involved with the woman, children, abuser who are key to an effective safety plan i.e. police, family friends, DVERS, etc.)

AGENCY	NAME	CONTACT NUMBER	HOW ARE THEY INVOLVED?

**4. Safety Planning Request / Consent (optional):**

- I believe that I am at high risk of being seriously injured by my abuser. I request that a Safety Planning Process be carried out to increase my safety.
- I will / will not (please circle) participate in a Safety Planning meeting held on my behalf.

Woman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Safety Planning Process (to be done at the case management meeting):**

**Meeting Planned:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

**People involved in meeting:**

**People required for consultation:**

**6. Safety Action Plan:**

**Actions required:**

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- 

**Who will lead the process?**

- 

**Who will need to be involved?**

- 
- 
-

**When will it be done?**

**7. Follow Up Activities:**

\_\_\_\_\_ **Safety Action Plan distributed to all parties**

\_\_\_\_\_ **Follow up meeting planned?**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**8. Follow Up notes:**

(Please provide detailed notes)

## ADDITIONAL RESOURCES

1. Dr. Jacqueline Campbell  
High Risk Assessment Tool
2. Danger Assesment  
ODARisk Assessment
3. Intimate Femicide in Ontario/ Women we Honour  
Myrna Dawson/ Dr. Rosemary Gardner