

Integrating Safety Assessment with Risk Management:
A Dynamic Victim-Centered Approach

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Safe Horizon

The authors would like to thank the SARM Committee members, Natalie Wright, Paula Rogowsky, Tracy Perrizo, Chris O'Sullivan, Mandi Larsen, Maureen Curtis, and Michele Archer, for their comments on earlier versions of this paper and Bea Hanson, Paula Calby and Nancy Arnow for encouraging and supporting the committee throughout the process.

Abstract

This article describes the rationale and process by which a victim assistance agency developed a safety assessment and risk management (SARM) policy. This policy builds on the work of Cattaneo and Goodman (2007) and Davies, Lyon, and Monti-Catania (1998) offering a dynamic victim-centered framework for integrating safety assessment with risk management. It reflects the agency's vision for a victim-centered, dynamic, collaborative approach to crime victim assistance.

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“I think I need a bit of counseling because it was really hard. I should have done it. I got physical care but I should have gone to counseling. I scheduled to do so but I didn’t go. I couldn’t make it because the clinics are so far. I live in Queens and the clinic is downtown and then parking is hard. I can’t get on the street. I can’t even breathe. I get claustrophobic. I can’t be around people. I think my excuse is transportation, the way to get there and the streets to park.”

“When like you have physical damage like bruises and stuff done to you they say like if you have bruises and he has bruises they say all right if you want to press charges on him we have to take you too. Even though like say I’m defending myself and maybe scratched him in the face or anything that’s... They will arrest you as well.”

“I depend more on my neighbors and my super than I could depend on the police department, honestly.”

Each year large numbers of children and adults are the victims of crime and abuse (Catalano, 2006). However, national studies and surveys have shown that in the aftermath of crime and abuse the number of victims who seek assistance from formal systems is very small (George, Winfield, & Blazer, 1992; Kaukinen, 2002) whether the services are criminal justice (Catalano, 2006), health (Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Kaukinen, 2004; Mahoney, 1999; Norris, Kaniasty, & Scheer, 1990; Resnick et al., 2000), mental health (Golding et al., 1989; Jaycox, Marshall, & Shell, 2004; Norris et al., 1990) or victim assistance (Brickman, 2002). Investigators from a variety of disciplines have postulated as to why this occurs and numerous articles focusing on issues created by the experience of crime and abuse (Gartner & Macmillan, 1995; Gavrilovic, Schutzwahl, Fazel, & Priebe, 2005; Jaycox et al., 2004; Resnick et al., 2000), barriers to accessing the service systems (Jaycox et al., 2004; Koenen, Goodwin, Struening, Hellman, & Guardino, 2003; Logan, Evans, Stevenson, & Jordan, 2005;

Norris et al., 1990; Smith, Kilpatrick, Falsetti, & Best, 2002) and characteristics of the victim and the victim's pre-victimization resources and supports have been published. Moreover, there is a large body of evidence suggesting that of the individuals who do seek victim assistance after being criminally victimized or abused, most do not follow-through with criminal justice referrals or recommendations for other services (Jaycox et al., 2004; Smith et al., 2002).

For victim assistance service providers, understanding this situation and addressing the issues that can be affected by the way services are provided is an ongoing priority. From the time of its founding in New York City as Victim Services in 1978, Safe Horizon has been working to expand access to services for victims of crime and abuse. As New York City's leading victim assistance organization Safe Horizon operates a myriad of programs, including programs in criminal and family courts, police precincts, domestic violence shelters, child advocacy centers and New York City's crime, domestic violence and rape and sexual assault hotline. Other Safe Horizon programs assist a wide array of victims of crime and abuse, including homeless and street-involved youth, family members of homicide victims, and victims of human trafficking.

Providing victims of crime and abuse with the resources and tools to maximize their personal safety and reduce their risk of further abuse is our primary service obligation. Assessing this outcome demands standardized policies and practices, i.e., policies and service practice guidelines that can be applied to victims of different crimes and victimizations, implemented in a variety of different sites (e.g., courts, police precincts, private homes, community offices, etc.) and conducted in person or on the phone. In order to create standardized policies that provide guidelines for direct service

provision across the organization, a committee was formed and charged with standardizing practices around risk assessment and safety planning.

As a committee of advocates, practitioners and administrators, we wanted our work to reinforce the protective actions victims could take. However, we were uncomfortable emphasizing the actions of victims, lest it somehow be construed as holding the victim responsible. Our intent is to support areas that are under the victim's control, i.e., factors that, with or without additional assistance, victims might be able to influence or change.

Consequently, we formed a subcommittee to look for conceptual support in the victim assistance and social service literature. During this time, one of the members circulated a draft of a paper that would later become *New Directions in IPV Risk Assessment: An Empowerment Approach to Risk Management* (Cattaneo and Goodman, 2007). In this paper Cattaneo and Goodman discuss *Safety Planning with Battered Women: Complex Lives, Difficult Choices* (Davies, Lyon & Monti-Catania, 1998) at length. From a victim assistance provider perspective, these texts provided theoretical and empirical evidence to substantiate departing from traditional safety planning and risk assessment practices with all victims of crime and abuse. Cattaneo and Goodman (2007) argue that dynamic risk assessment is fundamental to managing risk. Davies et al. (1998) argue that assessment of risk is a necessary step in the practice of safety planning with victims, but they do not provide a dynamic framework for victim advocates to use in assessing the victim's risk. These texts enabled us to move toward creating a policy and standardized practice guidelines based on our organization's guiding principles that would increase our ability to provide victim assistance services

that engage those who seek assistance in making informed decisions about their situation and promote their emotional and physical safety.

As a result, we developed a policy for Safety Assessment and Risk Management (SARM) that is victim centered, and promotes self-determination. In order to support the victim as decision-maker, the policy outlines practices that require staff to listen and respond to victims in a compassionate and nonjudgmental manner. By placing victims' needs, wishes, resources and capacities at the center of client work, we set a standard for a dynamic and collaborative process to address the complex challenges that victims of crime or abuse face. (The reader is referred to Appendix A for the full policy). This paper describes the rationale behind our departure from traditional safety planning and risk assessment to this policy of safety assessment and risk management that is built on the theories of Cattaneo and Goodman (2007) and Davies et al. (1998) and presents a new approach to victim assistance that integrates safety assessment with risk management.

A Safety Planning Model

“I got a special phone number from a detective...I always got it in my pocketbook. Carry with me because you never know.”

“What keeps me from going insane is my kids. I make sure I have an active relationship with them and that is what makes me feel better knowing that they are happy.”

“He was sending messages through his niece... I told her not to give me the messages ... I told her you can tell him you are relaying the messages, but just don't tell them to me. So, she stopped telling me.”

“I have taken some precautions. Through his friends, I had informed him not to try to do anything stupid and not to try to come here to my house. I also let him know that if he doesn't do what he's supposed to do, I'll take him back to court. It gets dark early now, so when I'm coming back home, I'm more mindful when I'm opening the door. You always have to watch your back, not only because of him but because of others also.”

Davies et al. (1998) describe traditional safety planning for victims of domestic violence as “a discussion between an advocate and a battered woman about her partner’s physical violence, leading to a plan for her to separate from him immediately” (p. 5). They argue that this form of safety planning ignores two important points: that battered women’s safety planning has already begun before she interacts with an advocate, and that many battered women do not wish to leave their partners. A decade ago, Davies et al. (1998) noted that “service-defined advocacy ... in which advocates fit women into the services available without understanding their plans” (p. 17), had become the new trend in safety planning. Today, this model of service provision is the default practice model for many victim assistance organizations. “If advocacy focuses on the risks addressed by the service and not necessarily the risks perceived by the victim...to be her priority, unintended and negative consequences can follow” (p. 125). These consequences include: disparities in service provision (i.e., victims who are not “ready to accept” the available menu of services get nothing), decreased help seeking behavior by the victim, and placing the victim at increased risk.

“After I saw [the counselor] a couple of times, I realized she wasn’t letting me get my own opinion. She was making my opinions for me. That’s why I stayed away.”

Instead, Davies et al. (1998) argue for an ongoing practice of victim-centered safety planning that involves developing a collaborative relationship with the victim, prioritizing the victim’s most urgent concerns and questions, honoring the victim’s own sense of her risk, and building a plan based on the safety plan that the victim has already developed for herself. This “woman-defined advocacy” includes plans that are flexible, addresses more than physical violence, and ensures that the victim is the decision maker.

They describe how safety planning might address a number of common risks that victims may experience, and how each risk may have a number of potential strategies that a victim might consider, weighing the potential consequences and appropriateness of each strategy to determine which strategies she wishes to add to her existing risk analysis and safety plan.

Davies et al. (1998) state that a “thorough and active risk analysis is an essential component of safety planning” (p. 95). They argue that advocates need to review the victim’s sense of her own risk with her, in a way that “respectfully combines the battered woman’s information, experience, and priorities with the advocate’s knowledge and understanding” (p. 96). They describe this review of the victim’s risk analysis as having three components: the range of risks for the victim, the victim’s perception of how continuing or ending the relationship will affect those risks, and the meaning that the victim assigns to those risks. Davies et al. (1998) describe some of the ways victims analyze their own risk—focusing on what they term “batterer-generated” and “life-generated” risks.

While Davies et al. (1998) emphasize the importance of combining the advocate’s sense of victim risk (expertise) with the victim’s personal risk analysis, the guidelines they suggest for the advocate are static and limited to lethality measures for the victim and physical risk to children. It is this gap in victim-centered safety planning that led us to look for a method of risk assessment that might be adapted to Davies et al.’s (1998) formulation.

Risk Assessment Models

“He made statements...that he had no reason to live now and that he didn’t care what happened and that was a threatening statement to me. I was worried...that he was going to try something stupid.”

“The police left. In the end, he also decided to leave. But when he was saying goodbye to the baby, he started calling me names and became very, very violent again and started hitting me. He threw me on the bed. He punched me on my face and on my left eye. Between the eye and forehead I had a bump. I tried to defend myself but was being cautious because I didn’t want to get arrested like the police said.”

“If all of this was because he wanted to see his daughter, that’s fine but he didn’t have to leave threatening messages. He could leave nice, calm messages.”

“My biggest fear was that he would get out [of jail], I wouldn’t know he’s out, and he would come here. And I didn’t know when he got out because they didn’t call me. That’s a scary thing.”

Traditional risk assessment models focus on predicting offender behavior, specifically the likelihood of the offender re-offending (some focusing particularly on the likelihood of the offender re-offending in a lethal manner). They are used to make one-time legal decisions, such as whether to deny bail (Silver & Miller, 2002). They generally are of three types: actuarial, clinical, and combined. Actuarial methods of risk assessment make predictions of future violence based on empirically validated risk factors. Some examples are: The Danger Assessment, the DV-MOSAIC, and the California Family Risk Assessment (Campbell, 1995; Campbell, 2004; DeBecker & Associates, 2000; Johnson, 2004; Shlonsky & Friend, 2007; Wagner & Johnson, 2003). Clinical methods (also called structured contextual assessments) use clinician expertise to make predictions about offender behavior (Shlonsky & Friend, 2007). There are no standardized models for how to do this, though clinicians are sometimes urged to

consider a list of risk factors similar to those targeted by actuarial assessments (Cattaneo & Goodman, 2007; Hart, 1988). Combined methods use both clinical expertise and actuarial assessment to make predictions about the likelihood of future violence; some examples are: SARA, RSVP¹, and the Children's Research Center's Structured Decision Making² (Cattaneo & Goodman, 2007; Kropp, Hart, Webster & Eaves, 1995; Shlonsky & Friend, 2007; Shlonsky & Wagner, 2005).

Additionally, nested assessments have been suggested for service providers who deal with the intersection of more than one kind of victimization. A nested approach to risk assessment creates a hierarchy of risk assessment instruments (that may align with a hierarchy of victimizations), and begin with one instrument that assesses for risk of one kind of victimization, moving into others as appropriate. For example, Shlonsky & Friend (2007) suggest both a nested and an integrated approach to risk assessment for child protective workers coping with situations where child abuse and domestic violence co-occur, an approach that uses integrated assessments and prioritizes risk to the child over risk to the parent.

The results of any of these risk assessment methods are most often used to inform the actions of child protective services providers, courts, and parole boards (Shlonsky & Friend, 2007; Silver & Miller, 2002). In the absence of methods developed specifically to assist victim service providers, many victim assistance agencies³ have utilized these methods in their work with victims (Kropp, 2004). Davies et al. (1998) urge advocates to

¹ RSVP integrates an actuarial assessment and a clinical assessment with a practice of risk management, recommending strategies for managing the offenders risk of reoffending (Cattaneo & Goodman, 2007).

² When CPS workers generally use this tool, the actuarial assessment is used to determine intensity of intervention, while the clinical assessment is used to determine case planning, and incorporates a collaborative approach to case planning (Shlonsky & Friend, 2007).

³ Including Safe Horizon.

utilize a clinical assessment that considers a list of risk factors similar to those targeted by actuarial assessments in combination with the victim's own assessment of risk.

These methods have been the subject of substantial criticism and controversy. Cattaneo and Goodman (2007) offer useful criticisms when considering these methods in a victim services context. They argue that none of these methods will have 100 percent accuracy and that predictions that work in the aggregate will not necessarily apply to the individual case. They also argue that as one-time estimates of future violence, these methods are not dynamic or sensitive to change over time. These criticisms illustrate that current risk assessment methodologies may not be applicable to ongoing assistance work with victims, as they may not apply to individual cases, or adjust to changing patterns of risk.

Cattaneo and Goodman (2007) argue instead for a focus on risk management, not prediction. They state that “complex and dynamic circumstances surround every incident of violence and every potential incident”, and argue that a risk management model allows for this complexity. They emphasize the need for risk management to be sensitive to change over time, identify multiple sources of risk, and focus on factors that can change. They draw on Davies et al. (1998) to argue for an active role for victims in assessing risk of future offender violence.

The critique of traditional risk assessment methods offered by Cattaneo and Goodman (2007) influenced our consideration of the potential utility of risk assessment methods in victim assistance work. We had experienced first hand that traditional risk assessment methods do not support victim assistance practices. In addition, risk assessment methods are not useful to the practice of victim assistance for service

providers because they do not take victim actions into account when predicting risk, i.e., they are focused on correctly determining whether an event will occur, instead of determining which actions a victim might be able to take or wish to take on her/his own behalf to reduce risk.

Cattaneo and Goodman (2007) cite the RSVP as an example of risk management, and discuss questions offered in the RSVP manual (Hart et al., 2003) that they hope will aid the field in developing methods of assessing risk. We found these questions very useful when conceiving our theory of safety assessment, particularly the following questions:

- Does the procedure gather information concerning multiple domains of the individual's functioning?
- Does the procedure gather information concerning both static and dynamic risk factors?
- Does the procedure allow re-assessments to evaluate changes in risk over time?
- Is the procedure acceptable to consumers?
- Can evaluators be trained to use the procedure in a consistent manner? (p.10)

These questions assisted us in articulating some of the most vital elements of safety assessment. Safety assessment must: 1) assess risk in multiple domains; 2) assess static risk factors as well as those that change over time; 3) be an ongoing process; 4) be a practice that is acceptable to our clients; and 5) allow for consistent training. Cattaneo and Goodman (2007) also emphasize a focus on factors that can be changed, and we concluded that this too was an important aspect of safety assessment. An additional point that we drew upon from both Cattaneo and Goodman (2007) and Davies et al. (1998) was that victimization⁴ is a process that occurs in a context, not an isolated act. This

⁴ The authors specified domestic violence, but committee members agreed that much victimization was ongoing and specific to the context in which it occurs.

confirmed the need for safety assessment to consider the context of the victimization, how the victim understands and interprets the victimization. Davies et al. (1998) discuss this very point in their three-part review of the victim's risk analysis. It was clear that we needed to incorporate the victim's risk analysis into our own assessment of the victim's risk.

Cattaneo and Goodman (2007) redefine the central question of risk management to be: "under what circumstances might violence occur, and how might we change them?" We found this question useful in shaping our victim-centered approach to an integration of assessment and intervention that we termed Safety Assessment and Risk Management (SARM)⁵. We defined the primary purpose of safety assessment as directly informing the practice of risk management. Safety assessment answers the first part of the question "under what circumstances might violence occur?" while risk management answers the second part of the question "how might we change them?"

In general, management of a problem without assessment of that problem often leads to familiar solutions or an attempt to select one of several predetermined options. It would follow that risk management that is not based in safety assessment would result in traditional and familiar methods of safety planning or in the service provider attempting to fit the plan to the available menu of services (the *service-defined advocacy* that Davies et al. (1998) critique). Safety assessment, without a built-in risk management component leaves the victim without the assistance of a service provider in addressing the risks that emerge in the assessment.

A fundamental and unique aspect of SARM is that the two practices are integrated. While both Cattaneo and Goodman (2007) and Davies et al. (1998)

⁵ Adapted from Cattaneo and Goodman's term.

developed theories to address domestic violence specifically, SARM is a practice that could be applied to work with victims of many different histories and experiences of crime and abuse.

Safe Horizon's mission is to "provide support, prevent violence, and promote justice for victims of crime and abuse, their families and communities." We strive to do this through the implementation of our guiding principles. We emphasize safety as the core of our work in the first guiding principle: "We, at Safe Horizon recognize the impact of violence on our clients' lives and work with them to achieve safety, stem the effects of violence, and prevent future violence." The second guiding principle lays out our philosophy of client work, emphasizing that we "support and promote client self determination, dignity and empowerment in a compassionate, non-judgmental environment." It is this philosophy of client work that grounded our practice of safety assessment and risk management.

Safety Assessment and Risk Management at Safe Horizon

"I didn't want to tell this story to a stranger and then maybe they look at me differently."

"I wanted him away from me. I wanted him out of the apartment. I wanted to feel safe. I felt horrible that he had to endure being in jail for a night and I look on back and said 'what choice do I really have?' And that's why it was very important for me to talk to a counselor because the counselor understood that even though someone has abused you, you can still have feelings of caring for this person. So I didn't feel that I was a total wacko, but that it was very common to feel that way."

"We hadn't been home for some days. When I got home, he had left me a lot of threatening messages. One message said he was going to come to my house and "f me up" if he couldn't see his daughter. I took that as a threat so I went to the police station and filed a report. They picked him up. I saved the messages so they could listen to them. I had no intention of waiting around for him to actually go through with his threats. I went to the precinct to report it."

“I took a lot of taxis back and forth and made sure that I wasn’t being followed because I normally take the bus to work and the bus home.”

Safety assessment is a dynamic, ongoing process that is revisited at every interaction with a victim. Its success is dependent upon the victim’s engagement and trust in the relationship with the service provider, as well as the victim’s current protective actions⁶, resources, and barriers. Safety assessment must be responsive to the current situation and setting, appropriate to the victim’s current needs and wishes, prioritize areas of high risk and reflect the victim’s most immediate safety concerns. Safety assessment also includes threats to safety in all arenas of the victim’s life, the victim’s current victimization experience, and past victimizations where appropriate. It includes assessment of both dynamic and static risk factors. Safety assessment also focuses on malleable factors—those aspects of the situation that the victim can control. Safety assessment is a necessary first step in risk management.

Risk management is a collaborative process wherein service providers work together with victims to construct a plan that is focused on increasing the victim’s safety and reducing the victim’s risk of further victimization. It is tailored to the specifics of a victim’s situation and the information gathered in the safety assessment. Risk management builds on what the victim is already doing to increase her safety and reduce her risk, and is tailored to the elements of threat and risk that the victim wishes to address. Risk management planning focuses on malleable factors, and concentrates on the protective actions that the victim wishes to take, feels are realistic and possible, and is

⁶ Protective actions are those actions taken to increase client safety or reduce client risk of further victimization. Some protective actions are taken by clients on their own behalf, while some protective actions are taken by others (e.g. actions taken by police officers, district attorneys, etc.).

willing to implement. Risk management plans are fed by ongoing and dynamic safety assessment.

Depending upon the length of relationship and context of service, as well as the victimization type, different assessment elements will be more salient, and will need to be tailored to practice accordingly. For example, the depth of assessment of static and dynamic risk factors will be specific to program, role, victimization and client priority. Many “static” risk factors (like immigration status, history of psychiatric disability, literacy, and sexual orientation) carry stigma that make them challenging to assess. Additionally, the line between static and dynamic risk factors is particularly murky for victims of violence and abuse, as some factors traditionally considered “static” are more likely to change.

We have defined *dynamic risk factors* as factors that are influenced by context, circumstance, and the actions of others, and frequently change and interact (sometimes dramatically) with other aspects of risk. They also are more likely to contain malleable elements that victims can focus on in risk management planning. *Static risk factors*, on the other hand, we defined as risk factors that are static and rarely influenced by the actions of others.

As victim service providers, we need to consider static factors as well as dynamic factors. Static factors influence physical and mental health, create barriers to help seeking and risk management, impact risk, and are often weapons in the hands of offenders. In the context of victim’s assistance, supporting the victim’s help-seeking behavior requires that we be judicious in our assessments, so that we preserve the helping relationship, encourage victims to continue help-seeking behavior, and make the

interaction useful for the victim. The practice of SARM at Safe Horizon will consider the length of contact, role and function of the program, its staff and victim base when determining which factors are required for safety assessment for each context of service delivery at the program.

A. POLICY ON CLIENT SAFETY ASSESSMENT AND RISK MANAGEMENT

Subject:
Supersedes: New

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B. Effective:

Approved By:

1.0 OVERVIEW

1.1 Background and Rationale Safe Horizon’s clients are at risk of ongoing physical and emotional harm as a result of both the criminal victimization that brought them to the agency and the heightened risk of re-victimization to which all crime victims are vulnerable. In considering how staff can best work with clients to help them secure physical and psychological safety, Safe Horizon decided to shift from the traditional “risk assessment” and “safety planning” approach to a safety assessment and risk management approach. This shift is intended to convey a more proactive and validating response by both staff and clients to the potential for re-victimization.

Careful review of the evidence regarding the accuracy and utility of risk assessment methods led to the shift from risk assessment to a safety assessment approach. Risk assessment methods provide a static picture of the risks of re-victimization at one point in time and do not achieve sufficient levels of accuracy to be relied upon with individual clients. (NOTE: Because some funders require the use of a risk assessment instrument, such instrument should be used as set forth in program-specific policies and procedures.)

The decision to move from safety planning to risk management was made to accommodate the diverse needs of Safe Horizon’s clients and to empower clients to take control of their lives. The term risk management, unlike “safety planning,” more clearly places the responsibility for the danger on the perpetrator while emphasizing that there are strategies available that may reduce exposure to harm.

1.2 Purpose This policy establishes guidelines and procedures for Safe Horizon direct service staff and supervisors to ensure that safety assessment and risk management become integral to ongoing work with all clients. This policy outlines the steps a direct service staff member must take when conducting a safety assessment and developing a risk management plan with each client. It is expected that safety assessment and risk management planning will be a routine and ongoing element of work with clients because risks of re-victimization and trauma change over time and because protective actions may moderate those risks.

1.3 Requirements Safety assessment and risk management involves three integrated steps:

- First, staff must engage clients to conduct the safety assessment in collaboration with each client. The safety assessment incorporates the client's primary concerns, perceptions of risk, protective actions taken or planned, individual situation and resources available.
- Second, staff must help clients develop an individualized risk management plan.
- Third, staff must reassess safety at every client contact, and revise the risk management plan as the situation evolves. Supervisors must ensure compliance with this policy and provide guidance to staff in implementing it, especially in cases that pose the greatest danger of re-victimization or psychological trauma.

Safe Horizon direct service staff should, in sum, engage the client in safety assessment, develop a risk management plan, reassess safety at each opportunity, and revise the plan as necessary. Supervisors of direct service staff must offer guidance and oversight in monitoring safety assessments and risk management planning.

2.0 SCOPE

This Policy on Client Safety Assessment and Risk Management and the procedures described herein apply to all Safe Horizon direct service and management staff. The policy describes a standard of care that will be upheld across the organization. Specific aspects of implementation will depend on the program and the services offered by that program.

3.0 RESPONSIBILITY

The implementation of this policy and procedure shall be the responsibility of the Chief Program Officer.

4.0 DEFINITIONS

- Safety Assessment: Safety assessment involves working with the client to identify their primary concerns; discover and list threats to safety, threats to safety, offender behavior, protective actions taken and resources available that can be utilized to decrease exposure to danger.
- Risk Management: A risk management plan requires developing with the client guidelines, procedures or written plans designed to reduce the likelihood of further victimization.
- Protective actions: Protective actions are those steps taken by victims, victim assistance providers, the criminal justice system and others to increase the safety of victims and reduce the likelihood of re-victimization.

5.0 POLICY

5.0.1 It is Safe Horizon's policy that a direct service staff member will: 1) conduct an initial safety assessment, and 2) develop a risk management plan with the full participation of the client.

- a) In addition, direct service staff will reassess safety at each contact and revise the risk management plan as necessary to address any change in the client's situation or threats by the perpetrator.
- b) Direct service staff, in collaboration with their supervisors, will identify and conduct ongoing monitoring of high risk cases as defined in program specific procedures. For these cases, staff will maintain more consistent contact with the client, provide the most intensive interventions, and more frequently revise risk management strategies.

5.0.2 To ensure effective implementation of this policy, program supervisors will:

- a) Develop and implement program-specific procedures that address the training of new staff, required documentation, and the identification and monitoring of high risk cases.
- b) Ensure that staff receives yearly training on issues related to this policy.
- c) Provide support and guidance for staff concerning specific cases, especially high-risk cases, through ongoing supervision.

5.1 DOCUMENTATION AND CONFIDENTIALITY

5.1.1 As part of the safety assessment conducted with each client, direct service staff must document the following:

- Any information collected regarding the client's situation, primary concerns, threats to safety, offender behavior, protective actions taken and resources available;
- Consultations with supervisors and other Safe Horizon staff; and
- Interactions with criminal justice or other outside agencies.

5.1.2 As part of risk management planning, direct services staff should document the following:

- How any safety concerns identified during the safety assessment are being addressed;

- Strategies agreed upon by the client and staff member about actions that the client plans to take to reduce the client's future risk of physical and psychological harm and to manage trauma.
- Strategies agreed upon by the client and staff member about actions that the staff member will take to assist the client in reducing their risk of physical and psychological harm and to manage trauma.

5.1.3 As in all other cases, a client's confidentiality must be protected in accordance with Safe Horizon policy and applicable law.

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