

## 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.

**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?		



**APPENDIX 3: DOMESTIC VIOLENCE FIRST CONTACT CHECKLIST (page 1 of 2)**

1. I explained the limits to confidentiality (I explained to her what could be held in confidence and what could not be held in confidence).
2. I checked if the client had already completed a risk assessment and if there was a prior risk assessment, I checked with the client if any circumstances had changed and reviewed her safety plan.
3. If there was no prior risk assessment, I completed The Lethality Risk Assessment and if she answered yes to any of these questions, I completed a safety plan **OR**
4. I facilitated the completion of a risk assessment and safety plan by another professional in the community.
5. I have considered any barriers that may have an impact on her ability to access service including; language, financial need, disability, transportation, geographic location, culture, age, and sexual orientation and if necessary, helped her to problem solve to address these (for example, assisted her in calling or arranging transportation for her).
6. I reviewed resources for safety including:
  - Police/Victim Services
  - Emergency Shelter
  - Crisis Lines
  - Hospital medical and support services.
7. I addressed her physical and medical needs by offering a referral to the Guelph-Wellington Sexual Assault & Domestic Violence Care & Treatment Centre at Guelph General Hospital (for medical care assessment, documentation of injuries and/or forensic services and crisis support) and I offered to assist with this referral.
8. If children were involved, I considered whether a referral to Family and Children's Services was needed.
9. I encouraged her to contact Guelph-Wellington Women in Crisis and I offered to assist with this referral.
10. I fully informed her of her choices and options for service provision. I offered her the purple information card.

**APPENDIX 3: DOMESTIC VIOLENCE FIRST CONTACT CHECKLIST (page 2 of 2)**

**Guide to Domestic Violence First Contact Checklist**

All service providers will follow the procedures outlined below in response to a disclosure or incidence of domestic violence, ensuring that regardless of where a woman or child discloses abuse, she will get a consistent and caring first response. Ideally, this process should be seamless, with as much assistance provided to that person to facilitate her accessing the services she chooses and in a manner that is according to our community's guiding principles stated at the outset of the Protocol.

A consistent and caring first response consists of three primary interventions:

**1. Explaining confidentiality and the limits of that confidentiality**

**2. Safety planning and risk assessment**

**3. Making appropriate referrals and problem solving with their client to overcome any potential barriers.**

In this context, service providers and community partners should:

Meet with women in a place that is private and safe

- Clearly describe their services and what kinds of assistance the woman might find helpful
- Identify the potential implications of accepting their services
- Provide her with information about other community services
- Provide her an opportunity to ask and have her questions answered
- Listen to her story in a respectful and non-judgmental manner

The importance of the first response to the disclosure of domestic violence cannot be underestimated. It lays the groundwork for effective intervention and potential prevention of further violence.

**APPENDIX 4: SEXUAL ASSAULT FIRST CONTACT  
CHECKLIST (page 1 of 2)**

1. I explained the limits to confidentiality (I explained to her what could be held in confidence and what could not be held in confidence).
2. I addressed her physical and medical needs by offering a referral to the Guelph-Wellington Sexual Assault & Domestic Violence Care & Treatment Centre at the Guelph General Hospital (for medical care assessment, documentation of injuries and/or forensic services, prevention of sexually transmitted disease, pregnancy prevention and crisis support) and I offered to assist with this referral.
3. I explained to her the various resources available to her including;
  - Community resources
  - Crisis Lines
  - Guelph-Wellington Women in Crisis
  - The option of reporting the assault to the police
4. I have considered any barriers that may have an impact on her ability to access service including language, financial need, disability, transportation, geographic location, culture, age, and sexual orientation. If necessary, helped her to problem solve in addressing these (for example, assisted her in calling or arranging transportation for her).
5. If children were involved, I considered whether a referral to Family & Children's Services was needed.
6. I encouraged her to find someone she could talk to, whether it be professional counselling services, a friend, family member, pastor or trusted person in her family, community or faith community.

**APPENDIX 4: SEXUAL ASSAULT FIRST CONTACT CHECKLIST**  
(page 2 of 2)

**Guide to Sexual Assault First Contact Checklist Guide**

All service providers will follow the procedures outlined below in response to a disclosure of sexual assault, ensuring that regardless of where a woman discloses, she will get a consistent and caring first response. Ideally, this process should be seamless, with as much assistance provided to that person to facilitate her accessing the services she chooses and in a manner that is according to our community's guiding principles stated at the outset of the Protocol. A consistent and caring first response consists of three primary interventions:

- 1.Explaining confidentiality and the limits of that confidentiality,**
- 2.Safety planning and risk assessment**
- 3.Making appropriate referrals and problem solving with their client to overcome any potential barriers**

In this context, service providers should:

- Meet with women in a place that is private and safe
- Clearly describe their services and what kinds of assistance the woman might find helpful
- Identify the potential implications of accepting their services
- Provide her with information about other community services
- Provide her an opportunity to ask and have her questions answered
- Listen to her story in a respectful and non-judgmental manner

The importance of the first response to the disclosure of sexual assault and/or domestic violence cannot be underestimated. It lays the groundwork for effective intervention and can assist women in dealing with the potential traumatic impact of a sexual assault.