

# Domestic Violence Service Priority Assessment Form

## *Information for Contracted Service Providers*

This service priority assessment form is recommended for use as a tool for assisting victim service programs in identifying women and children who are at potential risk for serious injury or death as a result of domestic violence.<sup>1</sup> The form can also be used by other agencies responding to domestic violence incidents, although it is the responsibility of the agency to ensure that users have appropriate knowledge and experience. Once identified, these women and their children should be given service priority and/or referred to other services in the community where appropriate. As per the Referral Policy for Victims of Power-Based Crimes, all victims of family or sexual violence should be referred to community-based victim services where such services exist. For programs that already have their own intake forms and procedures, please ensure that your approach takes into consideration the evidence-based risk and safety factors identified here so as to ensure a consistent approach across the province.

## *Information for Users*

All agencies providing support to victims of domestic violence need to focus on the immediate safety needs and risk factors related to the woman's perception of fear, risk to herself or her children, personal safety and future violence. Domestic violence is a complex crime that can have lethal consequences. The dynamics and risk factors can change at any time. This form is intended to supplement your own professional judgement with evidence-based indicators of potential risk to the safety of a woman or her children. It is not intended to replace a comprehensive safety plan, a thorough risk assessment, or the value of interpersonal relationships developed with a client through a more in-depth discussion. In all cases, a comprehensive safety plan should be developed following initial intake and updated regularly with clients when their situation changes.

<sup>1</sup> In order to reflect the gendered nature of domestic violence, this document, like British Columbia's Violence Against Women in Relationships (VAWIR) Policy uses gender-specific language. This approach is not intended to obscure the fact that violence within intimate relationships is also perpetrated against males in same-sex relationships, males in heterosexual relationships, and women in lesbian relationships.



Ministry of  
Public Safety  
and Solicitor General

## Purpose

Survivors of domestic violence often need immediate access to support services. The Domestic Violence Service Priority Assessment Form is intended to support your assessment of the immediate safety needs of clients and to make informed decisions on service priority and referrals. While this form was developed for client intake over the phone, it is equally relevant for in-person intake.

When your agency receives a call for service or support, or contacts a client to offer services or support, information about the client, including their immediate safety and language needs, is required to make a decision on further action. This form is structured so that critical information is documented leading to informed decisions about service priority and referral that can be subsequently followed by in-depth safety planning.

Completing this form is a three step process:

### **1. Collect Information in Sections A Through D:**

This includes the caller's current status, why she is calling, whether or not she and her children are safe, her contact information and, in Section C, questions to ask in an emergency situation. Questions related to risk and safety are included in Section D and can be asked if it is safe for the client to talk. These questions are consistent with evidence-based research on offender behaviour and safety needs of victims and are consistent with current police practice on risk investigations and with other assessment tools such as the Danger Assessment (Campbell), Spouse Assault Risk Assessment (Kropp et al.) and BSAFER (ProActive Resolutions).

**2. Assess Information:** Once this information is collected an assessment needs to be made regarding service priority and referral. Always remember that the caller may or may not have reported to the police, she may or may not have had contact with other support agencies, and she may or may not disclose the full extent of the violence on the call. Use the information collected to inform your professional judgment, critical thinking and analysis of the unique circumstances of each case.

### **3. Determine Service Priority and Follow-up**

**in Section E:** If the client requires priority service, reschedule other appointments so that higher priority cases can be seen as soon as possible.

*If your agency is unable to see or speak with the victim immediately or same day then arrangements need to be made with another agency to see the victim for assessment, safety planning, and provision of protective measures.*

### **A Consistent Approach Across the Province**

The questions included on this priority assessment form have been developed based on the best available research on factors associated with violence by a current or former intimate partner. They represent information that women may be willing to disclose about their safety and do not cover all known risk factors. They are intended to ensure that programs across the province are using a consistent set of criteria in their intake procedures, and that these criteria supplement professional judgement. *Anything that will help the woman trust her sense of risk and her sense of how to get safe will increase her safety.* (Barbara Hart, 1998)

## Language Support

If the caller is more comfortable speaking a language other than English, VictimLink BC can provide translation services in over 100 languages and dialects including 17 Aboriginal languages. VictimLink BC services are available 24 hours a day, 7 days a week by calling 1-800-563-0808.

## Referrals

A comprehensive range of supports and services are available to women and children impacted by violence. Ensure your agency has an up-to-date list of available resources in your community and ensure your client knows where they can go for additional help and assistance. Be proactive in setting up appointments for these services to ensure available supports are utilized. As per the Referral Policy for Victims of Power-Based Crimes, all victims of family or sexual violence should be referred to community-based victim services where such services exist.

If the victim lives in your community but is temporarily in another location to keep safe, and she calls your office for a priority placement for service, please make arrangements with another victim service program in the new location.

## Confidentiality and Disclosure

Contracted service providers are reminded that they must comply with all relevant privacy legislation regarding the collection, use and disclosure of a client's personal information.

## A Note on Children

Everyone who has a reason to believe that a child has been or is likely to be physically harmed, sexually abused or sexually exploited, or needs protection is legally responsible to report the matter to a child protection worker. Reports can be made to the toll-free Helpline for Children at **310-1234** (no area code needed). You do not need proof and even if you think someone else will make the report you must still call the Helpline.

For more information, please see the guidebook on reporting child abuse to the Ministry of Children and Family Development at [http://www.mcf.gov.bc.ca/child\\_protection/child\\_welfare\\_your\\_role](http://www.mcf.gov.bc.ca/child_protection/child_welfare_your_role).

**If a child is in immediate danger call 911 or your local police.**

## Summary of Domestic Violence Risk Factors in Police Training

All police in British Columbia are trained on domestic violence, which includes a job aid highlighting the following evidence-based risk factors:

- suspect's criminal violence history,
- victim's perception of future violence,
- previous domestic violence history,
- current status of relationship,
- court orders,
- escalation in abuse,
- alcohol and drug use,
- children exposed,
- employment instability,
- threats,
- mental illness,
- forced sex,
- suicidal ideation,
- strangling, choking or biting,
- weapons/firearms,
- stalking,
- victim's perception of personal safety, and
- information related to social powerlessness, marginalization, and culture.

The Domestic Violence Service Priority Assessment Form has been developed to ensure consistency with these risk factors.

## About this Form

Victim Services and Crime Prevention (VSCP) sought the input of a number of service providers in the development of this form including Family Services of Greater Vancouver, Surrey Women's Centre, Cowichan Women Against Violence Society, Vernon Women's Transition House Society, Victoria Women's Transition House Society, K'wak'walat'si Child and Family Services, Prince George and District Elizabeth Fry Society and Atira Women's Resource Society. Feedback was also received from RCMP "E" Division, Ministry of Children and Family Development, Information Services Vancouver, E-Comm 911 Services and the Ending Violence Association of BC. Thank you to all those who provided input and feedback.

We are interested in hearing about the usefulness of the form and will be following up with contracted service providers and users. If you have feedback that you would like to share, please send comments to [VictimServices@gov.bc.ca](mailto:VictimServices@gov.bc.ca).

## About VSCP

Victim Services and Crime Prevention, Ministry of Public Safety and Solicitor General, is the centre of responsibility in government for victim services, crime prevention, and violence against women. VSCP funded programs and services provide a comprehensive and integrated response to victims of crime in British Columbia. VSCP funded programs include:

- ▶ Police-based Victim Services
- ▶ Community-based Victim Services
- ▶ Crime Victim Assistance Program
- ▶ Victim Safety Unit
- ▶ Community Coordination for Women's Safety Program
- ▶ Stopping the Violence Counselling
- ▶ Children Who Witness Abuse Program
- ▶ Victim Court Support Program
- ▶ VictimLink BC Helpline (1-800-563-0808)
- ▶ Outreach and Multicultural Outreach Services for Women Fleeing Violence



VictimLinkBC

**1-800-563-0808**

*Victim Services and Crime Prevention*

302 – 815 Hornby Street, Vancouver, BC V6Z 2E6

Tel: 604 660-5199 Fax: 604 660-5340

[www.pssg.gov.bc.ca/victim\\_services/](http://www.pssg.gov.bc.ca/victim_services/)



# DV Service Priority Assessment Form

<b>Client Last Name</b>	<b>First Name</b>	
Agency File Number	ID Type	ID Number
Date	Primary Language	

## Current Status

### Section A

Reason for call:  Partner violence or abuse  Other (please specify):

Do you have children?  YES  NO  Don't know

Are you (or any children) in danger right now?  YES  NO  Don't know

*If YES, go to Section C.  
If NO, go to Section B.*

### Section B

Is it safe for you to talk right now?  YES  NO  Don't know

*If YES, go to Section D.*

Do we need to call 911?  YES  NO  Don't know

*If YES, go to Section C.  
If NO, arrange to meet or speak with the client as soon as possible.*

Appointment Date	Time	Location
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### Section C

**Note: Emergency responders prefer the client calls 911 directly**

Are you able to call 911 directly?  YES  NO  Don't know *If NO, let the client know a co-worker is calling 911.*

Where are you calling from?	Location Address	Apt #
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Where is the activity occurring?

Are there any weapons involved?  YES  NO  Don't know *If YES, What type of weapons? (please specify):*

Does s/he (abuser) have access to weapons?  YES  NO  Don't know *If YES, What type of weapons? (please specify):*

Is anyone injured?  YES  NO  Don't know *Where is s/he (abuser) right now? (please specify):*

Are there children or anyone else with you at your location?  YES  NO  Don't know *If NO, Are you expecting anyone, and if so when?*

<i>If YES, How many children?</i>	How old are they?	Where are they now?
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Are there drugs or alcohol involved?  YES  NO  Don't know *Has this happened before?*  YES  NO  Don't know

Is there anything else the police should know? (please specify):

## Risk and Safety Factor Assessment

### Section D *Note: Please explain that the purpose of these questions is the safety of the client*

Do you fear for your safety (or the children's safety)?  YES  NO  Don't know

Do you have a safe place you can go (with the children) if there is trouble?  YES  NO  Don't know

Does s/he have a history of violence or crime?  YES  NO  Don't know

Have you, a child, a pet or anyone else recently been injured or threatened by him/her?  YES  NO  Don't know

*If YES, Has the violence been getting worse?*  YES  NO  Don't know

*If YES, please specify:*

- Client     Child     Pet  
 Another Family Member     Friend or New Partner  
 Other (please specify):

*If YES, Have you contacted the police?*  YES  NO  Don't know

Are you aware of whether s/he has ever had any court orders or bail conditions?  YES  NO  Don't know

*If YES, Is s/he currently under any court order or bail conditions?*  YES  NO  Don't know

*If YES, Has s/he ever violated the court order or bail conditions?*  YES  NO  Don't know

Have you recently been separated or discussed separation with him/her?  YES  NO  Don't know

Are you pregnant or have you recently been pregnant?  YES  NO  Don't know

Has s/he stalked or harassed you?  YES  NO  Don't know

Does s/he have access to weapons?  YES  NO  Don't know

Does s/he have a problem with drugs or alcohol?  YES  NO  Don't know

Has s/he been depressed or diagnosed with a mental health issue?  YES  NO  Don't know

Is s/he jealous or controlling?  YES  NO  Don't know

Has s/he talked about or tried to commit suicide?  YES  NO  Don't know

Has s/he recently experienced financial difficulties or employment problems?  YES  NO  Don't know

## Service Priority

Does this client require priority service?  YES  NO

Is there a safe number where I can call you?  YES  NO  Don't know

Would you like to see someone right away?  YES  NO  Don't know

*If YES, Phone Number:* \_\_\_\_\_  
 Home     Cellular     Other

*If NO, respect the client's judgement but strongly suggest they meet with you right away if s/he requires priority service.*

Appointment Date | Time | Location

Is it okay to leave a message at this number?  YES  NO  Don't know

**Encourage the client to call 911 directly if at any time they feel their safety is at risk**