

## Instructions

The B-SAFER is a guide for the assessment and management of risk for spousal assault. It helps evaluators to exercise their best judgment. The administration procedures and risk factors included in the B-SAFER were determined from a review of hundreds of scientific and professional publications on intimate partner violence. There are no cutoff scores or other rules that can be used to determine the nature or degree of risk posed by a perpetrator/suspect; the presence of a single risk factor may justify a conclusion that the person poses a high risk for future intimate partner violence.

This Worksheet is intended to assist administration of the B-SAFER. It should be used as described in and only in conjunction with the B-SAFER User Manual. Users evaluate and document the presence of each risk factor "Currently" (in the past four weeks) and "In the past" (prior to the past four weeks). These judgments are documented as "Y" for *Yes*, the factor was present; "?" for *Unsure*, the factor was possibly or partially present; or "N" for *No*, the factor was absent. If a risk factor was not considered due to missing information, it should be omitted. Following consideration of individual risk factors, users recommend risk management strategies and document conclusory opinions.

Use of the B-SAFER requires the gathering and documenting of sensitive information. Every effort should be made to keep confidential any information that could jeopardize the safety of the victim/complainant. The language used in the Worksheet assumes the offender/suspect is male and the victim/complainant is female, but the B-SAFER can be used regardless of the gender or marital status of the people involved.

## Case Information

### Identifying Information

Name:

ID:

Evaluated by:

Date completed:

Sources of information reviewed:

- Interviews with perpetrator/suspect
- Interviews with victim/complainant
- Review of police/criminal records
- Other

### Summary of Psychosocial History

Family/childhood

Education

Employment

Relationships

Medical problems

Mental/emotional problems

Substance use

Legal problems

Future plans

Other

## History of Spousal Assault

### *Recent*

Describe incidents

- When (time), what (nature of harm), who (identity of and relationship to victim), why (motivation, precipitants, goals), where (location, context), personal reaction (feelings then and now)

### *Past*

Describe incidents and pattern

- When (time), what (nature of harm), who (identity of and relationship to victim), why (motivation, precipitants, goals), where (location, context), personal reaction (feelings then and now)
- Chronicity (ages, frequency), diversity (types), severity (consequences), escalation (trajectory)

## Presence of Perpetrator Risk Factors and Victim Vulnerability Factors

Section I: Perpetrator Risk Factors, Intimate Partner Violence	Coding
1. Violent Acts	Currently <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N  In the Past <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N
2. Violent Threats or Thoughts	Currently <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N  In the Past <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N
3. Escalation	Currently <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N  In the Past <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N
4. Violation of Court Orders	Currently <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N  In the Past <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N
5. Violent Attitudes	Currently <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N  In the Past <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N
Other Considerations	Currently <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N  In the Past <input type="checkbox"/> Y <input type="checkbox"/> ? <input type="checkbox"/> N

Section II: Perpetrator Risk Factors, Psychosocial Adjustment	Coding
6. General Criminality	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>
7. Intimate Relationship Problems	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>
8. Employment Problems	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>
9. Substance Use Problems	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>
10. Mental Health Problems	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>
Other Considerations	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>

Section III: Victim Vulnerability Factors	Coding
11. Inconsistent Attitudes or Behaviour	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>
12. Extreme Fear of Perpetrator	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>
13. Inadequate Support or Resources	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>
14. Unsafe Living Situation	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>
15. Health Problems	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>
Other Considerations	<p>Currently  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p> <p>In the Past  <input type="checkbox"/>Y <input type="checkbox"/>? <input type="checkbox"/>N</p>

## Management Strategies

<p><b>Monitoring/Surveillance</b></p> <ul style="list-style-type: none"> <li>• What are the most appropriate ways to monitor changes in risk?</li> </ul>	<p><u>Face-to-face interviews</u></p> <input type="checkbox"/> Perpetrator/suspect <input type="checkbox"/> Victim/complainant	<p><u>Telephone interviews</u></p> <input type="checkbox"/> Perpetrator/suspect <input type="checkbox"/> Victim/complainant	<p><u>Visits</u></p> <input type="checkbox"/> Perpetrator/suspect <input type="checkbox"/> Victim/complainant
<p><b>Control/Supervision</b></p> <ul style="list-style-type: none"> <li>• What restrictions on activity, movement, association, or communication are most appropriate?</li> </ul>	<input type="checkbox"/> Remand in custody <input type="checkbox"/> Restraining order <input type="checkbox"/> Report as directed	<input type="checkbox"/> Reside as directed <input type="checkbox"/> No weapons <input type="checkbox"/> No alcohol/drugs	<input type="checkbox"/> Don't contact (specify) <input type="checkbox"/> Don't associate (specify) <input type="checkbox"/> Don't travel (specify)
<p><b>Assessment/Treatment</b></p> <ul style="list-style-type: none"> <li>• What assessment, treatment, or rehabilitation strategies are most appropriate?</li> </ul>	<p><u>Emergency</u></p> <input type="checkbox"/> Hospitalization <input type="checkbox"/> Certification	<p><u>Assessment/treatment</u></p> <input type="checkbox"/> Mental health <input type="checkbox"/> Crisis intervention	<p><u>Counseling</u></p> <input type="checkbox"/> Spousal violence <input type="checkbox"/> Substance use
<p><b>Victim Safety Planning</b></p> <ul style="list-style-type: none"> <li>• What steps could enhance the physical security or self-protective skills of the victim/complainant?</li> </ul>	<p><u>Counseling</u></p> <input type="checkbox"/> Support/advocacy <input type="checkbox"/> Mental health	<p><u>Improve security</u></p> <input type="checkbox"/> Residential (specify) <input type="checkbox"/> Workplace (specify)	<p><u>Lifestyle changes</u></p> <input type="checkbox"/> Residence <input type="checkbox"/> Work/travel

## Step 6: Concluding Opinions

<p>Case Prioritization</p> <ul style="list-style-type: none"><li>• What is the level of concern that the person will commit spousal violence in the future if no intervention is taken?</li></ul>	<p><input type="checkbox"/> High/Urgent <input type="checkbox"/> Moderate/Elevated <input type="checkbox"/> Low/Routine <u>Notes:</u></p>
<p>Life-Threatening Violence</p> <ul style="list-style-type: none"><li>• What is the level of concern that any future spousal violence will involve life-threatening physical harm if no intervention is taken?</li></ul>	<p><input type="checkbox"/> High/Urgent <input type="checkbox"/> Moderate/Elevated <input type="checkbox"/> Low/Routine <u>Notes:</u></p>
<p>Imminent Violence</p> <ul style="list-style-type: none"><li>• What is the level of concern that the person is an imminent risk to commit spousal violence if no intervention is taken?</li></ul>	<p><input type="checkbox"/> High/Urgent <input type="checkbox"/> Moderate/Elevated <input type="checkbox"/> Low/Routine <u>Notes:</u></p>
<p>Likely Victims</p> <ul style="list-style-type: none"><li>• Who are the likely victims of any future spousal violence?</li></ul>	<p><input type="checkbox"/> Current or former intimate partner <input type="checkbox"/> Family/friends of current or former intimate partner <input type="checkbox"/> Other <u>Notes:</u></p>