

## Risk Identification and Safety Assessment (RISA) Tool

### QUESTIONNAIRE

NOTE: The RISA questionnaire is a self-directed tool for service providers to use with professional discretion and in line with relevant organizational policies, professional codes of conduct, and laws. The Barbra Schlifer Commemorative Clinic does not assume any responsibility or liability for assessments conducted using this tool. Always refer to your own organization's policies and procedures, which take precedent over the content provided in this tool and consult with your supervisor.

# INTRODUCTION

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The RISA Questionnaire is a core component of the RISA Tool for Service Providers, available at [www.riseaboverisk.ca](http://www.riseaboverisk.ca). It is intended to assist service providers in screening and identifying any potential risk(s) for future violence where gender-based violence (GBV) has been identified.

The Questionnaire consists of 4 sections that will assist with identification of risks and inform safety and action plans. The assessment and suggested plans will be based on the client's past and current experiences of violence and unique circumstances and identities.

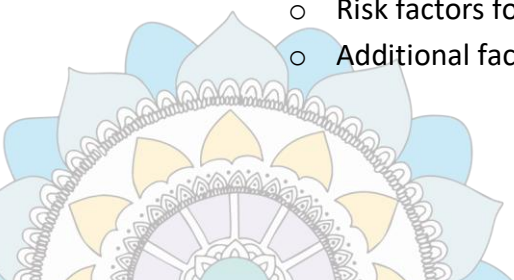
## Before you start:

- Check out the RISA tool's Framework and Learning Modules to support your risk identification and safety planning work with clients. These are available at [www.riseaboverisk.ca](http://www.riseaboverisk.ca).
- Remember that the nature and content of the Questionnaire can be activating for some. When a client's nervous system is in fight, flight, freeze, or fawn mode, this can impact the capacity for accurate assessment of the client's situation and potential risks. It is important to check in with your client and take breaks as needed. Meeting the client more than once and finalizing the assessment with care and time is ideal.
- There is a delicate balance that you must navigate. Given the potential of high-risk situations, we also encourage service providers to pay closer attention to the questions that assess potential serious harm or lethality to determine the next steps and/or some immediate actions based on the assessment.
- Familiarize yourself with the full Questionnaire in this PDF so that you can be fully present with your client and can make client-centered decisions about which sections to prioritize, when to take breaks, and how many sessions you may need to complete the Questionnaire. All RISA materials are available at [www.riseaboverisk.ca](http://www.riseaboverisk.ca).

## How the Questionnaire is organized:

There are three sections included in the Questionnaire. You can choose where to begin:

- Client's current situation with respect to the person causing harm.
- Relevant identity factors.
- Risk identification:
  - Risk factors for serious harm/lethality
  - Risk factors for potential re-assault
  - Additional factors based on research and consultations.



# I: CLIENT'S CURRENT SITUATION

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One of the times with highest risk is when leaving or planning to leave a situation of Intimate Partner Violence (IPV). In this section, we ask several questions designed to determine the level of risk a client may be facing depending on their current situation. It is important to be non-judgmental in terms of the client's choice to remain in the situation.

This component has questions about a client's current situation, such as whether the client is living with the person who caused harm, or is recently separated or planning to leave, that will be linked to safety and action plans based on the client's situation.

**Suggested script:**

*In order to best help you with appropriate services and safety tips, I am going to ask you about your current situation regarding the person(s) who caused harm. Your answers to the questions will guide us in planning for your safety and next steps. The questions I ask are voluntary – if you want to pass on any of them, you can, or if you want me to repeat the question or clarify it, I'm happy to. We can also take breaks and do some breathing or grounding exercises if that feels right for you.*

	YES	NO	Don't Know	Prefer Not to Say	Skip for Now	Comments/Notes
<p><b>Prompt:</b> Please tell me about your current living situation</p> <p><b>Are you currently living with the person(s) causing harm?</b></p>						
<p><b>Prompt:</b> Sometimes there are considerations like whether to stay or leave your current living situation.</p> <p><b>Are you considering or planning to leave the person who is causing harm?</b></p> <p><b>If yes:</b> What barriers to leaving, if any, are you currently experiencing?</p>						



	YES	NO	Don't Know	Prefer Not to Say	Skip for Now	Comments/Notes
<p><b>Prompt:</b> In some cases, survivors come to us after the person who harmed them has been charged or police have been involved.</p> <p><b>Has the person(s) causing harm to you been charged or released on bail?</b></p> <p><b>If yes:</b></p> <p><b>Prompt:</b> What do you know about the charges? Are there any details that you think are important for me to know?</p> <p><b>Prompt:</b> Are there any protection orders in place (e.g. peace bond, restraining order). If yes, is there an expiry date that you are aware of?</p>						
<p><b>Prompt:</b> In some cases, survivors come to us for help with their family court application or after being served with court documents.</p> <p><b>Are you planning to start an application in family court, or have you been served with court documents?</b></p>						



## II: RELEVANT IDENTITY FACTORS

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This component includes questions related to a client’s social identity factors and other relevant factors. Since clients’ overlapping identities and experiences can increase or mediate the risk level and/or impact safety, answers to the questions will inform safety and action plans.

### Suggested script for service providers:

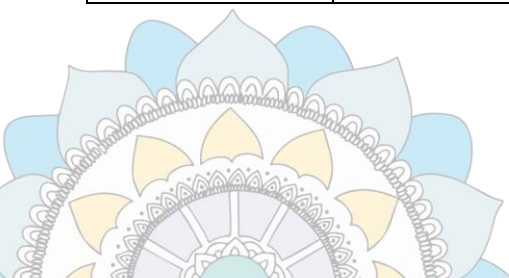
*Next, I’m going to ask you some questions about social identity. A person’s social identity includes things like their age, where they were born, their gender, race, or education, for example. We ask about social identity for a couple of reasons. Sometimes it can help us to better understand the kinds of challenges or circumstances that a person may be experiencing. It can also help us to see if there are specialized services or supports that we can connect you with if that is of interest.*

*The information we collect is kept confidential and you can choose not to answer any question that I ask you, just say “pass”. And if you don’t want me to ask you any questions about how you identify, we can skip this part or return to it later if you prefer. [Check-In] How does that sound to you?*

Factor	Question	Comments/Notes
Age	<b>What is your current age?</b> <input type="checkbox"/> Under 18 (*Note, RISA is designed for adult clients) <input type="checkbox"/> 18 to 20 years old <input type="checkbox"/> 21 to 29 years old <input type="checkbox"/> 30 to 49 years old <input type="checkbox"/> 50 to 64 years old <input type="checkbox"/> 65 and older <input type="checkbox"/> Prefer not to say	
Geography	<b>Do you live in a:</b> <input type="checkbox"/> City <input type="checkbox"/> Suburb <input type="checkbox"/> Small town <input type="checkbox"/> Rural or remote area <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> Prefer not to say	



Factor	Question	Comments/Notes
<b>Gender Identity</b>	<p><b>Prompt:</b> Gender identity is the gender that people identify with or how they perceive themselves, which may be different from their sex assigned at birth. For example, a person might identify as a woman, man, gender non-binary etc.</p> <p><b>How would you describe your gender?</b></p> <p>[If it's helpful to give the client more examples, you can draw from the following]</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Woman</li> <li><input type="checkbox"/> Man</li> <li><input type="checkbox"/> Trans woman</li> <li><input type="checkbox"/> Trans man</li> <li><input type="checkbox"/> Gender non-binary (including gender fluid, genderqueer, androgynous)</li> <li><input type="checkbox"/> Two-Spirit</li> <li><input type="checkbox"/> Not listed, please describe: _____</li> <li><input type="checkbox"/> Prefer not to say</li> </ul>	
<b>Sexual Orientation</b>	<p><b>Prompt:</b> Sexual orientation describes a person's emotional, physical, romantic and/or sexual attraction to other people. e.g., a person might identify as heterosexual or straight, or as gay, lesbian, bisexual or queer, for example.</p> <p><b>What best describes your sexual orientation?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Heterosexual or Straight</li> <li><input type="checkbox"/> Bisexual</li> <li><input type="checkbox"/> Gay</li> <li><input type="checkbox"/> Lesbian</li> <li><input type="checkbox"/> Queer</li> <li><input type="checkbox"/> Two-Spirit</li> <li><input type="checkbox"/> Don't know</li> <li><input type="checkbox"/> Not listed (please describe)</li> <li><input type="checkbox"/> Prefer not to say</li> </ul>	



Factor	Question	Comments/Notes
<b>Race or Ethnic Group</b>	<p><b>Prompt:</b> People often describe themselves by their race or racial background. For example, some people consider themselves "Black", "White" or "East Asian".</p> <p><b>What race(s) or ethnic group(s) do you identify with?</b></p> <p>[If it's helpful to give the client some examples, you can draw from the following]</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Arab, Middle Eastern or West Asian (examples: Afghan, Armenian, Iranian, Lebanese, Persian, Turkish)</li> <li><input type="checkbox"/> Black (examples: African, African-Canadian, Afro-Caribbean)</li> <li><input type="checkbox"/> East Asian (examples: Chinese, Japanese, Korean)</li> <li><input type="checkbox"/> First Nations (status, non-status, treaty or non-treaty), Inuit or Métis</li> <li><input type="checkbox"/> Latin American (examples: Brazilian, Colombian, Cuban, Mexican, Peruvian)</li> <li><input type="checkbox"/> South Asian or Indo-Caribbean (examples: Indian, Indo-Guyanese, Indo-Trinidadian, Pakistani, Sri Lankan)</li> <li><input type="checkbox"/> Southeast Asian (examples: Filipino, Malaysian, Singaporean, Thai, Vietnamese)</li> <li><input type="checkbox"/> White (examples: English, Greek, Italian, Portuguese, Russian, Slovakian)</li> <li><input type="checkbox"/> More than one race category or mixed race, please describe: _____</li> <li><input type="checkbox"/> Not listed, please describe: _____</li> <li><input type="checkbox"/> Prefer not to say</li> </ul>	



Factor	Question	Comments/Notes
<b>Migration Status</b>	<p><b>What country were you born in?</b></p> <p>If the client was born in Canada, proceed to next question.</p> <p>If born outside of Canada:</p> <p><b>How long have you been in Canada for (approximately)?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 1 year</li> <li><input type="checkbox"/> 1 to 4 years</li> <li><input type="checkbox"/> 5 to 9 years</li> <li><input type="checkbox"/> 10 years or longer</li> <li><input type="checkbox"/> Prefer not to say</li> <li><input type="checkbox"/> Other (please specify):</li> </ul> <p><b>How would you describe your current immigration status?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Citizen</li> <li><input type="checkbox"/> Permanent resident</li> <li><input type="checkbox"/> Temporary foreign worker</li> <li><input type="checkbox"/> Refugee claimant</li> <li><input type="checkbox"/> Visitor</li> <li><input type="checkbox"/> Non-status/ without status</li> <li><input type="checkbox"/> Don't know</li> <li><input type="checkbox"/> Prefer not to say</li> <li><input type="checkbox"/> Other (please specify)</li> </ul>	
<b>Ability</b>	<p><b>Do you identify as a person with a disability or disabilities?</b></p> <p>[If the client seems unsure about what this means, you can provide a definition] Disability is understood as any physical, mental, developmental, cognitive, learning, communication, sight, hearing or functional limitation that, in interaction with a barrier, hinders a person's full and equal participation in society. A</p>	





Factor	Question	Comments/Notes
	<p>disability can be permanent, temporary or episodic, and visible or invisible.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Other (please specify)</p>	
<b>Children</b>	<p><b>Prompt:</b> Let's talk about your family now.</p> <p><b>Do you have children?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Other (please specify):</p> <p>If yes:</p> <p><b>How many children do you have?</b></p> <p><b>How old are they?</b></p>	
<b>Pets or Livestock</b>	<p><b>Do you have any pets or livestock?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Other (please specify)</p> <p>If yes:</p> <p><b>How many?</b></p> <p><b>What kind?</b></p>	
<b>Household</b>	<p><b>How many people live in your current household?</b></p> <p><b>Prompt:</b> What is their relationship to you?</p>	



### III: RISK IDENTIFICATION

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This section includes questions that a provider can use to help identify the risks that clients may be facing. Questions are organized by level of risk based on validated and non-validated risk factors to help inform a provider's professional assessment of risk.

These include:

#### **Cluster #1: Validated Risk Factors for Serious Harm/ Lethality**

Risk factors for serious harm and lethality are indicators validated by research studies and/or recommended by Death Review Committees and Mass Casualty reports that have been associated with life-threatening and fatal outcomes for individuals who have experienced gender-based violence.

#### **Cluster #2 Validated Risk Factors for Potential re-assault**

Risk factors for recidivism are indicators that have been related to a person who caused harm's risk of re-assault in the context of Intimate Partner Violence.

#### **Cluster #3 Additional Factors based on research and consultations**

These are additional factors that emerged in community-based research conducted by the Barbra Schlifer Clinic in the development of this tool. While they have not been listed as validated factors, our research showed the importance of considering such factors when conducting holistic safety planning.

#### **Suggested script for service providers:**

*I am now going to ask you some questions to help me understand the situation of harm or violence that you have experienced or are experiencing. I will ask questions about different kinds of harm or violence that sometimes occur in these situations so that we can plan for your safety and the safety of your loved ones. Keep in mind that I'm asking these questions so that I can be as helpful as possible in supporting you to identify the risks you might be facing and to help plan for your safety.*

*Everything I ask you is voluntary: you can skip any question you do not feel comfortable answering, and we can come back to it at any time.*

*Sometimes talking about these things can bring up big feelings and so I invite you to let me know if you want to take a break at any point or do some grounding exercises together.*



## Cluster #1: Validated Risk Factors for Serious Harm/ Lethality

	YES	If YES: any escalation in the past 3 months?	NO	Don't Know	Prefer Not to Say	Skip for Now	Comments/Notes
1. Has the person(s) who caused harm isolated you from your family/friends?							
2. Has the person(s) who caused harm expressed controlling and/or jealous behaviour towards you? (e.g. controlling your daily activities, who you are allowed to speak to, what you are allowed to wear)							
3. Has the person(s) who caused harm followed you or controlled your whereabouts to know precisely where you are? (i.e. stalking)  <b>Follow-up prompt:</b> Have they followed you or controlled your whereabouts online? (i.e. cyberstalking, such as social media monitoring and tracking, sending excessive emails and/ or text messages, using tracking devices to know your whereabouts)							
4. Has the person(s) who caused harm taken money away from you and/or controlled your finances?							
5. Have you noticed the increased frequency and severity of abuse? (Including emotional, sexual, or physical abuse?)							



	YES	If YES: any escalation in the past 3 months?	NO	Don't Know	Prefer Not to Say	Skip for Now	Comments/Notes
6. Has there been a recent or pending separation or previous attempts to separate from your partner?							
7. Are there any disputes over custody (of children) or visitation?							
8. Are there any recent life-changing circumstances in the person(s) who caused harm's life (e.g. Loss of a family member, job loss, financial difficulties, immigration problems, disability, medical condition, mental health issues)?							
9. Has the person who caused harm been diagnosed with a mental health condition (i.e. Depression, Anxiety, PTSD)?  <b>If yes, is there a treatment plan?</b>							
10. Does the person(s) who caused harm excessively use alcohol or drugs?							
11. Has the person who caused harm attempted or threatened to hurt themselves or take their own life?							
12. Have the police been involved in the past? <b>If yes:</b> Has the person(s) who caused harm been criminally charged or convicted? <b>If yes:</b> please describe the nature of the offence and/or conviction.							



	YES	If YES: any escalation in the past 3 months?	NO	Don't Know	Prefer Not to Say	Skip for Now	Comments/Notes
<p>13. Has the person(s) who caused harm ever put their hands around your neck or throat? (i.e. strangulation, sometimes clients will use the term “choke” or “suffocate”).</p> <p><b>If yes:</b> How recently?*</p> <p>More than once?</p> <p>Did it make you pass out, black out or feel dizzy?</p> <p>*Anyone who’s been strangled should seek immediate medical help. Even if there are no visible signs or symptoms, and the survivor says they feel fine, they may have suffered internal injuries that could cause sudden, severe consequences, including death, in the coming months. For more information about strangulation and brain injury prevention, please refer to this resource  <a href="https://soarproject.ca/wp-content/uploads/2023/09/2023-SOAR-Strangulation-Worker-EN.pdf">https://soarproject.ca/wp-content/uploads/2023/09/2023-SOAR-Strangulation-Worker-EN.pdf</a></p>							
<p>14. Has the person who caused harm ever pressured or forced you to engage in sexual activities against your will?</p>							
<p>15. Has the person(s) who caused harm assaulted or threatened you with a weapon? (A weapon is any object that can hurt you, such as a gun, knife, baseball bat, etc.)?</p>							



	YES	If YES: any escalation in the past 3 months?	NO	Don't Know	Prefer Not to Say	Skip for Now	Comments/Notes
16. Does the person who caused harm have access to a firearm?							
17. Has the person who caused harm threatened to kill you?  <b>Follow-up (if appropriate):</b> Do you think the person(s) who caused harm is capable of doing so?							
18. Have you experienced physical violence from this person(s) while pregnant?							
19. Has the person(s) who caused harm injured, threatened, or killed a pet or livestock?							

**Additional Notes:**

*Cluster #2 on next page.../*



## Cluster #2: Validated Risk Factors for Potential re-assault

	YES	If YES: any escalati on in the past 3 month s?	NO	Don't Know	Prefer Not to Say	Skip for Now	Comments/Notes
20. Has the person who caused harm damaged or threatened to damage your belongings and/or property?							
21. Has the person who caused harm engaged in any criminal/illegal activity?							
22. Has the person who caused harm emotionally or psychologically abused you? (e.g. by making condescending comments to you, calling you names, insulting you, putting you down and/or making you uncomfortable in front of others, constant yelling or criticism)							
23. Has the person who caused harm threatened to or assaulted any family member(s) or friend(s)?							
24. Has the person who caused harm ever hurt you (physically)?							
25. Has the person who caused harm forcibly confined you or prevented you from leaving the house for work/school and/or contacting family/friends?							



### Cluster #3: Additional Factors based on research & consultation

	YES	If YES: any escalation in the past 3 months?	NO	Don't Know	Prefer Not to Say	Skip for Now	Comments/Notes
<p>26. Has a Child Protection Agency been involved with your family?</p> <p><b>If no:</b> Do you have any concerns about having CPA involved?</p> <p><b>If yes:</b> in what capacity? (e.g., support or child protection concerns/ investigation).</p> <p><b>Prompt:</b> What has your experience been like with the Agency? Do you have any concerns about having a CPA involved?</p>							
<p>27. Have the police been involved with your family?</p> <p><b>If no:</b> Do you have any concerns about having the police involved?</p> <p><b>If yes:</b> in what capacity?</p> <p><b>Prompt:</b> What has your experience been like with the police? Do you have any concerns about having the police involved?</p>							





	YES	If YES: any escalation in the past 3 months?	NO	Don't Know	Prefer Not to Say	Skip for Now	Comments/Notes
28. Do you have any concerns about accessing services from community-based agencies?							
29. Has your racial or ethnic identity impacted your ability to access resources and/or seek safety measures for you and your child/ren? If yes, how?							
30. Has your faith impacted your ability to access resources and/or seek safety measures for you and your child/ren?							
31. Has your gender identity and/or sexual orientation impacted your ability to access resources and/or seek safety measures for you and your child/ren?							
32. Are there particular practices or beliefs about abusive situations or abuse in your family or community that you feel are relevant to your situation?							
33. Has your family or (ex) partner's family committed any violence against someone who did not follow their family norms?							



	YES	If YES: any escalation in the past 3 months?	NO	Don't Know	Prefer Not to Say	Skip for Now	Comments/Notes
34. Is there a history of forced marriages (i.e. marriages without the consent of the parties involved) in your family?							
35. Is your family pressuring you to get married?							
36. Are you concerned that your family is planning to take you out of the country and marry you to someone you have not freely chosen?							

**Additional Notes:**

