

NEW HAMPSHIRE BUREAU OF ELDERLY AND ADULT SERVICES
ADULT PROTECTIVE SERVICES
SDM® SAFETY ASSESSMENT

r: 07/24/08

Alleged Victim Name: _____ Assessment Date: ____/____/____

Report ID: _____ Report Date: ____/____/____

Initial Face-to-face Contact Date: ____/____/____ Report Types (circle all that apply): SA N PA EA EX S-N

Factors Influencing Vulnerability (Mark all that apply to the alleged victim):

- The alleged victim is isolated. Significant untreated suspected or diagnosed medical or mental health disorder, or alcohol or drug dependency.
- Diminished cognitive functioning (e.g., dementia, developmental disability, delirium). Diminished physical functioning (e.g., non-ambulatory, limited use of limbs, sensory disability).

SECTION 1: IMMINENT DANGER FACTORS

Assess the household/facility for each of the following factors that indicate the presence of imminent danger to the alleged victim. Answer yes or no for each factor based on all information known and available at the time of assessment completion.

Alleged Victim (Individual ID#: _____)

Yes No

1. The alleged victim experienced serious bodily injury or a plausible threat of serious bodily injury by a primary support person or some other person in the current investigation, as indicated by the following:
- Injury or abuse to the alleged victim other than accidental
 - Threat to cause harm or retaliate against the alleged victim
 - Use of physical or chemical restraint
 - A primary support person who voices concern that he/she will maltreat the alleged victim
2. There is a history of maltreatment or self-neglect that suggests that the alleged victim's safety is of immediate concern.
- The alleged victim has a history of self-neglect that suggests safety is of immediate concern.
 - The alleged victim's current safety is of immediate concern because the primary support person has a history of maltreatment as a perpetrator.
3. Sexual abuse is suspected, and circumstances suggest that the alleged victim's safety is of immediate concern.
4. The alleged victim's explanation for an observed injury to him/herself is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the alleged victim's safety is of immediate concern.
5. The alleged victim refuses access.
6. The alleged victim does not or cannot meet his/her immediate needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the alleged victim.
8. The alleged victim's current substance use seriously impairs the alleged victim's ability to care for him/herself.

Yes No

- 9. Violence, including domestic or family violence, exists in the home and poses a threat of physical and/or emotional harm to the alleged victim.
- 10. The alleged victim demonstrates significant mental/emotional distress or disorientation that suggests he/she is a danger to him/herself or others.
- 11. Other imminent danger factor related to the alleged victim (describe): _____

Primary Support Person Name: _____

Primary Support Person Date of Birth: ____/____/____

- Not applicable—no primary support person

Yes No

- 1. The primary support person fails or is unable to protect the alleged victim from serious harm or threatened serious harm by others.
- 2. The primary support person's explanation for an observed injury to the alleged victim is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the alleged victim's safety is of immediate concern.
- 3. Access to the alleged victim is being denied by the primary support person or some other person.
- 4. The primary support person does not or cannot meet the alleged victim's immediate needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care.
- 5. The primary support person's current substance use seriously impairs his/her ability to provide care.
- 6. Other imminent danger factor related to the primary support person (describe): _____

If all imminent danger factors are marked "No" for both the alleged victim and the primary support person, go to Section 3.

If any imminent danger factors are marked "Yes" for either the alleged victim or the primary support person, go to Section 2.

SECTION 2: RECOMMENDED IMMEDIATE SAFETY INTERVENTIONS

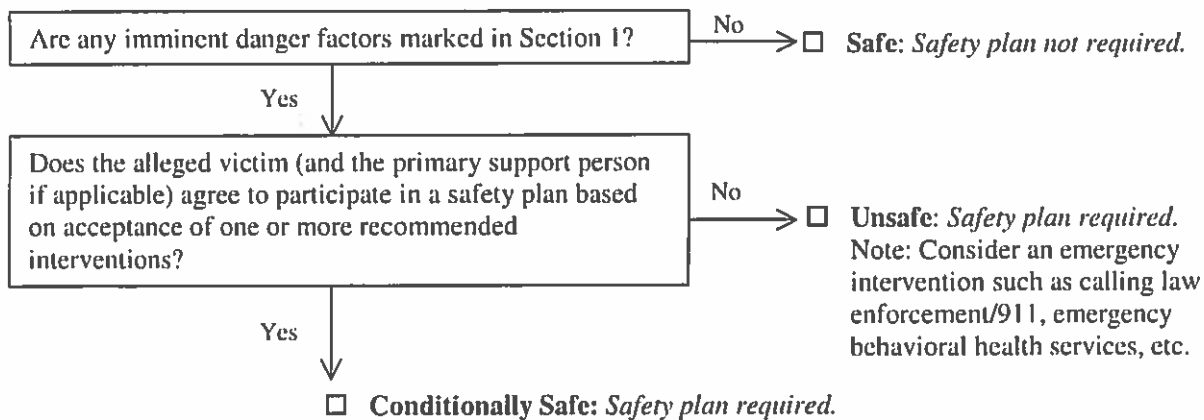
Note: This section is required if there are any imminent danger factors identified in Section 1.

Safety interventions are actions recommended specifically to mitigate any identified imminent danger factors. They should address immediate considerations for safety rather than long-term changes. Safety interventions should be implemented in accordance with New Hampshire BEAS policies and procedures. Mark all interventions recommended by the APSW to mitigate identified imminent danger factors, then indicate whether the alleged victim (and the primary support person if applicable) accepts the intervention.

Interventions Recommended Mark all interventions recommended or planned by the APSW or another person.	Acceptance Indicator Indicate if the alleged victim and/or the primary support person (PSP) accepted the intervention.	
	Alleged Victim	PSP <input type="checkbox"/> N/A*
<input type="checkbox"/> 1. Intervention by the worker (do not include the investigation itself).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2. Use of the alleged victim's family members, neighbors, and/or friends as safety resources.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3. Use of community agencies or services as safety resources.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4. Agreement by a primary support person(s) to protect the alleged victim from the alleged perpetrator.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6. The alleged victim voluntarily leaves the home.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7. Other safety intervention (describe):	<input type="checkbox"/>	<input type="checkbox"/>

*If there is no primary support person, do not complete this column.

SECTION 3: SAFETY DECISION



Additional information pertinent to the safety assessment:

APSW: _____

Date: ____/____/____

Supervisor: _____

Date: ____/____/____

**NEW HAMPSHIRE BUREAU OF ELDERLY AND ADULT SERVICES
SAFETY PLAN TO ADDRESS IMMINENT DANGER FACTOR(S)**

r. 07/22/08

Alleged Victim Name: _____ **Safety Assessment Decision:** Conditionally Safe Unsafe

For each imminent danger factor identified, describe the specific issues and behaviors observed, what the specific safety action/intervention is, how the plan will be implemented, and how it will be monitored.

Specific Imminent Danger Factors	Specific Safety Action Recommended	Service Availability/Acceptance AV=Alleged Victim PSP=Primary Support Person	If services are unavailable/not accepted, what is the alternative intervention?	Person/Agency Responsible for Implementation and Monitoring (Including Timeframes)
		<input type="checkbox"/> Service available <input type="checkbox"/> Service not available <input type="checkbox"/> Service provider will not accept client <input type="checkbox"/> AV and/or PSP unwilling to accept service <input type="checkbox"/> Other:		
		<input type="checkbox"/> Service available <input type="checkbox"/> Service not available <input type="checkbox"/> Service provider will not accept client <input type="checkbox"/> AV and/or PSP unwilling to accept service <input type="checkbox"/> Other:		
		<input type="checkbox"/> Service available <input type="checkbox"/> Service not available <input type="checkbox"/> Service provider will not accept client <input type="checkbox"/> AV and/or PSP unwilling to accept service <input type="checkbox"/> Other:		

Completed by: _____ on _____ / _____ / _____ (Date)
(Name/Signature of APSW)

Alleged victim signature: _____ **Date:** _____ / _____ / _____ or Alleged victim unable to sign Alleged victim unwilling to sign

Primary support person or guardian (if applicable) signature: _____ **Date:** _____ / _____ / _____

Other signature (include relationship and role): _____ **Date:** _____ / _____ / _____

Supervisor review/approval: _____ **Date:** _____ / _____ / _____