

**STUDENT WELLBEING, LEARNING AND WELFARE SUPPORT
RISK ASSESSMENT: DOMESTIC ABUSE**

Department & title of activity where applicable:	SWLWS	Date:	17/05/19
Location:	Various, where a student may find themselves in	Review date:	17/05/20

Details of risk identified:	A student that is a victim of or at risk of domestic abuse							
Who may be at risk:	Any student at the University of Hull							
What is the worst possible outcome:	Minor injury		Major injury		Fatality	√	Damage to property	
Other, please describe:								
What is the likelihood of the worst potential outcome occurring:	Very unlikely	√	Possible		Very likely		Probable	

What steps or actions are needed to minimise risk:	<ul style="list-style-type: none"> • Discuss with the student the best/safest way in which to contact them going forward and make a written note of this on SID • If necessary and with the written consent of the student, consider changing their contact information available on SITS • Staff to consider completing the Safety Plan (located T drive/Student Support Services/Risk Assessment/2018/Domestic Abuse) particularly if the student has very recently left an abusive situation and it is not possible to involve Hull Women's Aid/specialist services immediately • Offer the student a personal alarm • If appropriate and in agreement with the student, consider alerting campus Security • Refer to Telephone Safety document (located T drive/Student Support Services/Risk Assessment/2018/Domestic Abuse) and share with student if appropriate • Refer to Facebook Safety document (located T drive/Student Support Services/Risk Assessment/2018/Domestic Abuse) and share with student if appropriate • If appropriate and in agreement with the student, speak with the Central Hub Team re. disabling the text reminder function on Appointment Manager, or book future appointments outside of that system • Discuss case at next Student at Risk Meeting and update case notes to evidence this
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Is it possible to do what is necessary within existing resources:	Yes	√	No		
If yes, give details of who will ensure the work is done and by when:	Health and wellbeing adviser(s) supporting victims and those at risk of domestic abuse				
If no, give details of additional resources needed:					
Name:		Signed:		Date:	