

GUIDING SYSTEMIC RESPONSES TO SURVIVORS OF GENDER-BASED VIOLENCE THROUGH RISK ASSESSMENT: A SURVIVOR-CENTERED APPROACH

A.1.1: CURRENT THINKING AND APPROACHES TO RISK ASSESSMENT ON THEIR USE FOR THE PREDICTION AND PREVENTION OF GENDER-BASED VIOLENCE

I. Introduction

An examination of the literature on risk assessment tools for gender-based violence (GBV) reveals several different approaches to defining and assessing risk (ANROWS, Companion, 9). Certain risk assessment tools and factors focus upon the survivor/at-risk woman, while others focus upon the offender. The majority of risk assessment tools relate to intimate partner violence (IPV). The terms domestic violence (DV), family violence, and GBV are largely used interchangeably with IPV. In the following section, the risk assessment tools outlined should be considered IPV tools, unless specifically indicated otherwise. Tools related to other forms of violence include those meant to address honour-based violence, workplace violence, elder abuse, female genital mutilation, sex work, human trafficking, stalking, sexual violence, and intimate partner sexual violence.

Risk assessment tools should be created from evidence-based risk factors: static and dynamic variables that predict violence, identify chances of recidivism or escalation, and identify appropriate responses (ANROWS, National Principles, 11). Most risk assessments include one or more of the following outcome measures: predicting future violence, predicting general violence/ recidivism of general violence, predicting recidivism of violence against a particular survivor, identifying victims most in need of intervention, predicting lethality, preventing violence, or mitigating risk (Graham et. al., Systematic, 2).

Risk assessment is not an end in itself but is rather part of an ongoing process to address GBV. Risk assessment should inform further related actions, including risk management and safety planning (Campbell et. al, Domestic Homicide Brief Two, 8). Screening methods, risk assessment tools, risk management, strategies, and safety planning

should be seen as complementary processes in the approach to prevent gender-based violence (AVERT, Screening, 4).

Despite improvements in research and understanding of GBV, no risk assessment tool can be said to function perfectly. There are limitations to the predictive accuracy of risk assessment tools (EIGE, EU, 32). Even the use of statistically validated tools will not guarantee accurate predictions of lethality or recidivism. (Brown, New Zealand, 49). Many perpetrators who have been identified as being high risk for re-assault do not end up re-assaulting (false positive), while others identified as being unlikely to re-assault do end up re-assaulting (false negative) (Brown, New Zealand, 26).

There is no one risk assessment tool that is “best” for the prediction and prevention of GBV. The appropriate risk assessment tool to be used will largely depend upon the particular context of the situation, the characteristics of the offender and the survivor/at-risk woman, and the knowledge and experience of the assessor (Brown, New Zealand, 49). Risk assessment tools are developed for different purposes, populations, settings, and types of violence. Therefore, comparisons between them all are difficult (Brown, New Zealand, 8).

The literature suggests that the overarching structured professional judgment approach to both risk management and assessment is the most effective approach specifically for domestic (IPV), family, and sexual violence (ANROWS, Companion, 23). A common theme emerging from the literature is that risk assessments should have more than one data source (Brown, New Zealand, 17). Best practice involves collecting information from the survivor/at-risk woman, the offender, and/or third-party records (ANROWS, Companion, 22).

According to existing literature (which we suggest should be approached with caution since it does not often apply an anti-oppressive, intersectional approach), a fulsome risk assessment should include an examination of the following factors. These are regardless of whether it engages primarily with the victim or the offender (here again, we caution that this is not necessarily survivor-centred and that many of these factors can be retraumatizing):

- Both static (fixed) and dynamic (variable) factors;
- Patterns of the offender’s behaviour;
- Beliefs held by the offender;
- Existence of coercive control; and
- Patterns of violence (ANROWS, Companion, 21).

The risk assessment should be well-defined and developed with consideration of the following criteria:

- The context in which the assessment is being used (legal, clinical, school, workplace);
- The purpose of the assessment;
- The population the individual being assessed belongs to (age, gender, mental health, location);
- The parameters of the assessment (risk and factors to be assessed, time limits);
- The applicability of the assessment; and
- The approach taken (actuarial, unstructured, structured).

(Heilbrun et al., Overview, 1).

Risk assessment tools can be considered successful when there are demonstrated rates of reduced violence associated with risk assessment procedures (Douglas and Kropp, Prevention-based, 623). Improvements in research and understanding of GBV can lead to the creation of stronger and more effective tools in the future.

Several critiques of existing risk assessment tools have emerged. One critique is the tendency for risk assessment tools to have too narrow a focus. Most tools place focus solely upon the risk of physical violence or re-offending, not upon the important impacts of psychological violence and coercive control (EIGE, EU, 33). There is little existing research making the connection between IPV and sexual violence, despite intimate partner sexual violence (IPSV) being a strong risk factor for violence (ANROWS, Companion, 27).

Another critique is that the majority of research on risk assessment focuses on the prediction of future violence, rather than the utilisation of risk assessment as a strategy to prevent violence (Hanlon et al., Validity, 19). As explained by Douglas and Kropp, a “prominent reconceptualization within the risk assessment field” involves a shift from a focus on which individuals will be violent, to the identification of risk management strategies to reduce violence and mitigate risk (Prevention Strategies, 619).

Other concerns relate to tools being either gender-blind or blatantly heteronormative (EIGE, EU, 33.). Similar concerns exist regarding a lack of intersectional analysis when developing the tools, and the resulting lowered efficacy of certain tools when used with diverse populations.

II. Risk Assessment & Gender-Based Violence

A. Purpose of Risk Assessment

Risk assessment for GBV is an evaluative process that involves identifying, estimating and categorising risk. The concept of “risk” is more than just probability that a particular end result will occur. In the context of GBV, risk encompasses additional elements such as severity, nature, imminence, and frequency (Douglas and Kropp, Prevention-based, 619). While most risk assessments focus upon a single victim, it is important to consider the safety of other at-risk individuals, including children, new intimate partners and other family members, employers, and service providers (Campbell et. al, Domestic Homicide Brief Two, 7).

While there are competing understandings of the purpose of risk assessment, a primary purpose of many tools is to predict violent behaviour. Other risk assessments are meant to develop risk management strategies to prevent or minimize further violence against a survivor (Douglas and Kropp, Prevention-based, 619). Other tools are meant to examine a particular offender’s potential for recidivism only (Northcott, A Review, 13). A secondary purpose of all risk assessment tools is to improve consistency and accountability surrounding decision-making processes regarding GBV (Campbell et. al, Domestic Homicide Brief Two, 3)

According to existing research, there are four different contexts where risk assessments are likely to be conducted:

1. Legal – Situations where legal or quasi-legal decision makers administer a risk assessment. Legal contexts are likely to involve criminal, civil or family law proceedings.
2. Clinical – Situations built around reducing violence or the risk of offending in a relationship. Clinical assessments are often delivered in secure settings such as jail, as well as with individuals on parole or probation as a condition of their treatment.
3. School or workplace situations - Situations where a potential risk of harm to individuals has been identified but formal legal proceedings have not commenced. Assessments in these contexts are usually undertaken in response to concerns regarding a specific individual.

4. Threats to protectees – Situations involving the protection of individual outside of a specific environment, or situations where police create an initial risk assessment at the scene of an alleged domestic violence incident.

(Heilbrun, 2010, Assessment Tools, 1-2).

B. Risk Screening & Identification vs. Risk Assessment

Risk screening or identification is the application of a series of questions meant to identify individuals at risk of violence. Risk screening functions as a safety precaution that can potentially enable early intervention through establishing connections to resources and supports (AVERT, Screening, 8). Risk screening is not the same as risk assessment but is rather a pre-requisite to risk assessment (AVERT, Screening, 8). It can be considered the first step in the risk assessment process (AVERT, Screening, 8). Screening procedures are not to be used when the survivor/at-risk woman has already disclosed violence as the presenting problem (AVERT, Screening, 10).

C. Risk Assessment, Risk Management & Safety Planning

Risk assessment should not be seen as an end in itself, but rather as a mechanism to inform risk management (ANROWS, Companion, 11). Risk assessment tools function best when they are part of an ongoing process of assessment, review, and re-assessment (AVERT, Screening, 20). Such tools should be re-assessed with multiple sources and multiple methods of collection (AVERT, Screening, 21).

Risk assessment should include risk management plans - initiatives that include sufficient monitoring, treatment, supervision, and safety planning with survivors/at-risk women (WAVE, Protect, 17; ANROWS, Companion, 24). Evaluation of assessment procedures should parallel the intended use (Douglas and Kropp, Prevention-based, 632).

Risk management science is far behind risk assessment science. As asserted by Dvoskin and Heilbrun, little work has been completed on the effectiveness of risk management strategies (Great Debate).

Risk management should be a dynamic and collaborative practise, particularly in cases deemed to be high risk (ANROWS, National Principles, 4). Multiple agencies

responding to one situation are better able to create a “whole person” response by addressing multiple intersecting needs. Such an approach lessens the chance of secondary victimisation that can often arise due to siloed and fragmented services (ANROWS, National Principles, 9). Coordinated responses could include services such as: specialist domestic violence services, women’s groups, men’s groups, police, lawyers, child protective services, culturally appropriate services, and health services (AVERT, Screening, 22).

Multi-Agency Risk Assessment Conferences (MARACs) function as multi-agency information-sharing forums on high-risk cases of violence (WAVE, Protect, 17). In a MARAC, relevant agencies work together to create coordinated safety and action plans for survivors. Key actors in the United Kingdom MARACs include Independent Domestic Violence Advisors (IDVA), specialist caseworkers who work directly with high risk survivors/at-risk women and mobilize resources (WAVE, Protect, 17).

Safety planning refers to the preparation of strategies to escape and/or avoid violence (Campbell et. al, Domestic Homicide Brief Two, 11). Safety planning should be a vital component of risk assessment. It involves the process of identifying and documenting resources and steps available for survivors (ANROWS, Companion, 10). Proper safety planning goes beyond generic strategies and should constitute risk-informed safety planning. The safety plan should account for various needs of the survivor/at-risk woman, including consideration of physical, social, emotional, financial, and technological needs (ANROWS, Companion, 11). Safety plans should adjust to consider the particular circumstances of a survivor’s/at risk woman’s situation, such as an offender’s gun ownership or the presence of stalking behaviour in the relationship (Hanlon et al., Validity, 19).

The majority of EU member states have risk assessment or risk management strategies incorporated into policy or legislation (EIGE, EU, 14). Article 51 of the Istanbul Convention requires all relevant state authorities to assess risk and create safety plans on a case-by-case basis for survivors/at-risk women. Article 16 of the Convention requires the implementation of preventative intervention and treatment programmes.

There has been limited research on the efficacy of risk management (EIGE, EU, 34).

Standards for risk assessment and management

The roles and skillsets of the individuals who use and interpret risk assessments vary. Certain professionals may be conducting risk assessments and management without proper training or qualifications (Northcott, A Review, 14; EIGE, EU, 33). The lack of minimum

qualifications or professional standards for utilizing risk assessments has been critiqued, as has a lack of training and evaluation of the assessors. Kropp (2008) asserts a need for “administrators, licensing bodies and government agencies to set and enforce standards for risk assessment practice” [212].

The *New Zealand Standard: Screening, Risk Assessment and Intervention for Family Violence including Child Abuse and Neglect* outlines standards for risk assessment and management. Their identified best practices for risk management include:

- The perceptions and experiences of the survivor/at-risk woman should be taken seriously;
- Because risks can change, they must therefore undergo assessment and review processes;
- A safety plan should be included in risk management;
- Risk should be categorized into levels of seriousness; and
- Assessment tools should be considered to be guides only and not a complete categorization of those at risk.

(As cited in Brown, New Zealand, 46).

5. Approaches to Risk Assessment

A. Methods of Risk Assessment

1. Actuarial Tools

Actuarial tools calculate a risk score by adding together the weighted ratings of several evidence-based risk factors (Brown, New Zealand, 7). Such tools can be developed from police records and self-reports of survivors/at-risk women (Brown, New Zealand, 13). The two most common in Canada are ODARA and DVRAG (Northcott, A Review, 11).

Actuarial tools are considered to have higher reliability and greater predictive accuracy than other forms of risk assessment tools relating to family violence and homicide (Brown New Zealand, 7). Because actuarial tools use the same factors for each assessment, they are easily replicated (Northcott, A Review, 11). Actuarial tools can be used by individuals who do not necessarily have expertise in the area (EIGE, EU, 20).

Actuarial methods have been critiqued due to their reliance on static risk factors, such as past criminal histories or experiences with substance abuse (Canales et al., Brief Synopsis, 2). Their focus is on predicting future behaviour, rather than on conducting an ongoing process of review and re-assessment (Bowen, Risk Appraisals, 216). Due to the lack of emphasis on dynamic factors, the tools cannot capture changes in risk over time. An offender's level might vary based upon life changes, behaviour modifications, or participation in interventions (Canales et al., Brief Synopsis, 3). Moreover, reliance on a limited set of defined variables might prevent important factors unique to a particular individual's situation from being considered (Bowen, Risk Appraisals, 217).

Another critique is the variance in the level of expertise and training of those who utilise these assessments (EIGE, EU, 33).

2. Professional judgment (Unstructured)

Unstructured clinical/ professional judgment is the most commonly used form of risk assessment (Kropp, Intimate). It refers to the sole reliance on professional judgment, rather than on a combination of expertise and guidelines.

Positive aspects of this approach include the ability for the assessor to specifically consider the particular circumstances of a survivor/at-risk woman or offender in order to develop targeted prevention strategies (Northcott, a Review, 10). The flexibility of this approach is also a positive.

The unstructured approach has been critiqued for lacking reliability, validity, and accountability (Brown, New Zealand, 7). One critique is that such tools rely too much upon personal discretion and subjectivity (EIGE, EU, 20). This approach has been characterized as little more accurate than chance (Bowen, Risk Appraisals, 216).

3. Structured clinical/professional judgment

Structured clinical/ professional judgment refers to the practice of clinicians or other professionals incorporating their training and personal expertise along with a set of guidelines in order to make a risk assessment on violence (Brown, New Zealand, 7). The guidelines are built upon theoretical and evidence-based knowledge and include both dynamic and standard risk factors (Campbell et. al, Domestic Homicide Brief Two, 4). The approach may also include varied data sources, including victim statements, a structured tool, investigative checklists, professional judgment, case-management strategies, criminal

records and other offender-related information (ANROWS, National Principles, 7; ANROWS, Companion, 23). The structured approach largely involves multi-agency collaboration and information sharing (ANROWS, Companion, 23).

The structured approach is seen as bridging the gap between actuarial methods and an unstructured professional approach (Brown, New Zealand, 14). Examples of the structured approach include: SARA, Domestic Violence Screening Inventory, Danger Assessment (Northcott, A Review, 10).

The structured approach has been praised for being more flexible than the actuarial approach while having more consistency than the unstructured approach (Northcott, A Review, 10). Limitations are that a determination of risk is left to the assessor and is therefore largely subjective (Northcott, A Review, 10).

A study by Kropp (2008) found that structured professional judgment tools have good inter-rater reliability in relation to risk factors and the level of risk, as well as good criterion validity with predicting recidivism (as cited in Brown, New Zealand, 15).

Examples of Outcomes Measured for IPV

The vast majority of risk assessment tools relate to heteronormative, IPV relationships. Most risk assessments include one or more of the following outcome measures: predicting lethality; predicting future violence or recidivism against survivors/at-risk women; predicting general violence/ recidivism of general violence and preventing violence or mitigating risk (Graham et. al., Systematic, 2).

1. Risk of lethality and/or serious harm to survivor/at-risk woman

Certain risk assessment tools seek to predict a risk of lethality or serious harm to a survivor/at-risk woman. A key example is the *Danger Assessment* (DA) (Campbell 1986). A study by Kropp (1008) found that the DA demonstrated the most reliability and validity for predicting lethality.

The DA has two main parts. The first part requires the survivor/at-risk woman to outline a diary of the type, severity, and frequency of abuse experienced. The second part includes twenty yes or no questions detailing potential elements of abuse. These factors are

then ranked and utilised to give a lethality assessment. Campbell identified the following ranked factors as increasing the risk of lethality:

- threats using a weapon;
- threats to kill;
- attempts to choke/strangle;
- forcible sex;
- the presence of a gun;
- escalation in the severity/ frequency of abuse over time;
- extreme jealousy/ control;
- drug and/or alcohol abuse;
- abuse during pregnancy.

Other related factors include stalking, the presence of an unrelated child to the perpetrator, the survivor/at risk woman attempting to leave the perpetrator, and mental illness.

Other examples of tools that measure risks of lethality or serious violence to survivors include the *Method of Assessment of Domestic Violence Situations or Domestic Violence Method (DV-MOSAIC)* (De Becker & Associates, 2000) and the *Lethality Assessment Screen for First Responders*, a shortened version of the DA that was developed to police to respond to DV incidents.

2. Risk of serious physical assault to survivor/at-risk woman

Certain risk assessment tools measure the risk that a certain perpetrator poses to a particular at-risk woman. Examples of tools used in such situations include the *Ontario Domestic Assault Risk Assessment* (Hilton, Harris, Rice, Lang, Cormier & Lines, 2004) and the *Brief Spousal Assault Form for the Evaluation of Risk* (B-SAFER) (Kropp, Hart & Belfrage, 2005).

Several risk factors for IPV have been identified, including:

- A history of violence towards family members
- A history of abuse towards intimate partners
- A history of criminality
- Escalating violence
- Anti-social attitudes

- Substance abuse
- Mental health problems
- Supportive attitudes towards violence against women

(Northcott, A Review, 8).

A study by Hanson et al. (2007) found that the ODARA, the VRAG, and the DVRAG to be the most accurate tools for predicting recidivism for intimate partner violence.

3. Offender reoffending (general criminality)

Many of the risk factors identified in DV cases are similar to those of general criminal re-offending. (Hanlon et. al, Validity, 2). For example, the VRAG is a tool that examines risk of general violence, not DV. Certain studies have deemed it to be more accurate than those meant to assess risk of IPV (Brown, New Zealand, 29). Another example is the Psychopathy Checklist – Revised (PCL -R) (Hare, Clarke, Grann & Thornton, 2000) which is a sub-component of the VRAG. This tool was not specifically designed for family violence or lethality yet is a good indicator of such risks (Brown, New Zealand, 29).

4. Prevention of violence

Much of IPV is not prevented; violent individuals often end up receiving their first risk assessment in correctional or forensic facilities after they have committed violence (Douglas and Kropp, Prevention-based, 621).

Prevention-based approaches to risk assessment use structured professional judgment (Douglas and Kropp, Prevention-based, 651). When a preventative model is used, the desire is actually to not confirm predictions. Practitioners do not wish high-risk individuals to become violent. If a large statistical sample is available, it likely means that the method was unsuccessful at preventing violence (Douglas and Kropp, Prevention-based, 633).

There are four proposed steps in the validation process of a prevention-focused tool on violence risk assessment and management:

1. Validate the selection procedure for risk factors;
2. Show a connection between risk factors and violence;

3. Show a connection between clinical decisions made upon the risk factors and violence;
4. Reduce or prevent violence due to using the model, rather than to predict violence.

(Douglas and Kropp, Prevention-based, 633).

Messing describes a model of risk-informed social work practice using professional judgment. When certain factors are not present, a service provider can provide an at-risk woman with information about these risks, including the behaviours that are associated with risk for homicide or reassault so that the at-risk woman is alerted to these factors. Similarly, when there are certain risk factors present, the service provider can alert the at-risk woman about the potential danger and help the at-risk woman think of ways to mitigate that risk (107).

An example of a prevention tool is the HRC-20 (Douglas, Webster, Hart, Eaves, & Ogloff, 2001). The HRC- 20 includes twenty factors: 10 historical factors that are mainly static; 5 clinical, potentially dynamic risk factors relating to clinical functioning, and 5 risk management factors that are potentially dynamic and pertain to future context and situations (Douglas and Kropp, Prevention-based, 629). Static factors are more relevant to identifying the intensity of monitoring and supervision. Dynamic factors inform further interventions as needed (Douglas and Kropp, Prevention-based, 651).

The tool requires a determination of an offender's level of risk - low, medium, and high risk (Douglas and Kropp, Prevention-based, 629). The categorization of risk is tied to the level of intervention or management that is needed to prevent violence (Douglas and Kropp, Prevention-based, 630). Generally, the more risk factors that are present, the higher the risk of violence (Douglas and Kropp, Prevention-based, 630).

Non-IPV Risk Assessment Tools

1. Risk of Intimate Partner Sexual Violence

Sexual violence and intimate partner violence can occur in the same violence incident (ANROWS, Companion, 27). Intimate partner sexual violence (IPSV) refers to a lack of consent in a sexually intimate partner relationship. Acts that can be considered IPSV include coercion (rape), unwanted humiliating sexual acts, control regarding reproductive choices,

and refusal to wear a condom during intercourse (ANROWS, Companion, 27). Women who have experienced IPSV are more likely to be at risk for violence and even death (Campbell et al, 2009; ANROWS, National Principles, 10).

There is an erroneous assumption that IPSV is less serious than stranger sexual violence (ANROWS, National Principles, 10). IPSV is underreported as compared to other risk factors (ANROWS, National Principles, 10).

Most risk assessment tools for sexual violence were not developed in conjunction with considerations of intimate partner violence. Research indicates that the phenomena should be considered together in order to reflect the reality of the risks posed by sexual violence in intimate partner relationships (ANROWS, Companion, 27).

2. Risk of Sexual Violence (general)

A prominent form of non-IPV gender-based violence is sexual violence. In the sexual assault field, formal assessment is considered a better approach than expert or professional judgment (Roehl et al, 2005) as cited in (Brown, New Zealand, 17). Common tools include the SVR- 20 and the Risk for Sexual Violence Protocol (RSVP).

3. So-called Honour-Based Violence

It is important to note here that scholars who use a critical race lens have raised significant concerns about so-called “honour-based violence” being identified as a specific form of violence, as this is often used to stigmatize ethnic or cultural minority communities. So-called “Honour”-Based Violence is a specific form of GBV that is oftentimes perpetrated by close family members of a survivor/woman-at-risk for perceived violations of the family’s “honour”. Offenders are not necessarily intimate partners. A key example of a risk assessment tool developed to address honour-based violence is the PATRIARCH tool, a set of structured professional judgment guidelines on risk assessment and management.

4. Stalking

A relationship exists between intimate partner stalking (IPS) and IPV (Gebrandij et al., Stalking, 103). Research indicates that stalking victims who are being harassed by a former intimate partner are at a higher risk of violence than those stalked by other

individuals (Gebrandij et al., Stalking, 103). An example of a risk management tool for stalking is the Guidelines for Stalking Assessment and Management (SAM). The SAM is a structured risk assessment with 30 items meant to address the nature of stalking, perpetrator risk factors, and victim vulnerability factors (Gebrandij et al., Stalking, 108).

5. Human Trafficking

Human trafficking is another form of GBV that has likewise received some critique from anti-racist scholars for the ways in which policy responses promote increased surveillance and stigmatization of racialized groups.

An example of a risk screening tool for human trafficking is the Adult Human Trafficking Screening Tool (NHTTAC, Adult). The tool is used by service providers to identify potential trafficking survivors/at-risk women.

B. Information used in Risk Assessment

1. Interviews

Personal interviews can be used to gather information for risk assessments. Such interviews can be conducted with both survivors/at-risk women and offenders. With survivors/at-risk women, interviews can be used to determine survivors' own perception of risk, as well as to gather information about the offender's behaviour to be used in actuarial tests. Interviews with offenders can indicate patterns and risk of violence, although offenders may not always be the most reliable resource.

2. Records

Records such as the criminal and institutional records of offenders may form part of a particular risk assessment tool.

3. Survivor perception of risk

Survivor perception of risk should form a primary element of risk assessment tools. The tool should consider, and adapt based upon, the survivor's lived experiences. Examples

of tools that incorporate the survivor's/at-risk woman's perception of risk include: the DA, SARA, B-SAFER, and ODARA (Campbell et. al, Domestic Homicide Brief Two, 8).

The efficacy of survivor perception of risk is an under-developed area of study (Heckert and Gondolf, Perceptions, 781). A study by Weisz et al. (2000) determined that a survivor's perception of danger was the single best predictor of re-assault (as cited in Wave, Protect, 8). Another study indicated that women's perceptions of risk substantially improved prediction in a multiple outcome models over other risk factors (Heckert and Gondolf, Perceptions, 791).

However, other studies have suggested that women may not know or may underestimate their true level of risk. Survivors can become de-sensitized to their abuse and normalize dangerous behaviours (ANROWS, National Principles, 6). This is problematic, as the literature suggests that women often underestimate the level of danger they are in (Brown, New Zealand, 44).

Heckert and Gondolf found that when a woman indicated they felt somewhat safe, her perpetrator was more likely to re-assault her than if she indicated she felt very safe. Where women indicated they did not know if they felt safe, felt as though they were not safe, or felt in danger, the perpetrator was not significantly more likely to repeatedly re-assault her than if she felt very safe. Essentially, the authors found that when women feel at great risk, they are more likely to take steps to reduce the risk, but less so if they are uncertain about the risk (Perceptions, 791-794).

Assessors should complement their own decision-making processes with the personal perceptions of survivors (ANROWS, National Principles, 6). Women might need professional assistance to recognize their own level of risk. As such, survivor perception of risk is best used in conjunction with other methods. A combination of structured risk assessments plus the assessments of survivors/at-risk women leads to more accurate risk assessments than those on their own. The DA is a positive tool for this, as it gives survivors the front seat in identifying the risks they face, while having a professional rank and oversee the factors.

C. Participants in conducting Risk Assessment

1. Survivors/ at-risk women

Survivors/ at-risk women should be consulted in the development of risk assessment and risk management. This individual is able to provide much-needed information, including:

- Her concern about future violence at the hands the accused
- Information on the offender's mental health, personality, and past behaviour
- Whether they have a biological child who is not the accused
- Whether they have been assaulted while pregnant
- Any barriers to her seeking help (Campbell et al. 2009) (as cited in Northcott, A Review, 8, 12).

A potential barrier is that some women will not engage with professionals or authorities. Women of colour and Indigenous women may be less likely to speak to police or authorities. Risk assessment should consider factors leading to isolation or barriers to asking for assistance experienced by certain populations (Brown, New Zealand, 21).

2. Offender

Many tools monitor the behaviour of the offender in order to assess risk. Monitoring dynamic risk factors and any changes in offender behaviour is key to proper risk assessment management (ANROWS, Companion, 12). Risk management strategies relating to the offender involve initiatives such as protection orders and offender programming (EIGE, EU, 29). Keeping focus on the offender's risk level is particularly important during times of transition, when women are at the highest risk of being killed or seriously injured (ANROWS, Companion, 13).

Certain tools require assessors to interview offenders in order to assess their risk, either specifically or generally. There are concerns that offender responses can distort the accuracy of the situation and the true level of risk (Brown, New Zealand, 45). Additionally, it might not be feasible in certain settings to engage with and collect information from perpetrators (Hanlon et al., Validity, 18).

3. Police/Law enforcement

Risk assessment tools are used at pre-trial stages by police and prosecutors to make determinations on detention and release decisions, diversion or pre-sentence proceedings, and parole decisions (Northcott, A Review, 9).

There are difficulties with uniform procedures used by law enforcement. Police officers may actively choose to not use the tool, preferring their personal judgement and experience instead. They may fail to collect all information accurately due to the perception of wasting time or creating too much work if certain procedures are followed. Problems may also arise if such tools are treated as more of a checklist in lieu of developing collaborative approaches with other agencies (Brown, New Zealand, 45). Risk assessments should enhance police responses, not overwhelm officers with administrative duties and paperwork (ANROWS, Companion, 11).

Relying on data gathered from law-enforcement can have its own implications for validity. Given that there is well-established under-reporting of IPV to authorities, it is likely that the information gathered is not a fulsome picture of GBV (Hanlon et al., Validity, 18).

4. Service providers for survivors/at-risk women

Service providers are often the front-line workers who engage with survivors/at-risk women. They should be properly trained and equipped to administer and monitor risk assessment tools. The service provider should receive the tools to build a collaborative rapport with the victim-survivor in order to best understand her particular needs and risks (ANROWS, Companion, 11). Survivors/at-risk women may not fully understand the danger they may be in. Service providers are vital in helping to empower women to fully understand the danger of being in an abusive relationship. Service providers often play a key role in the development of a safety plan (ANROWS, Companion, 25).

Additionally, service providers play important roles in risk management. They are able to engage with survivors for extended periods of time and there take steps to monitor whether risk levels have changed (ANROWS, Companion, 24).

Service providers might also need to develop and undertake protective strategies, especially if they are working in a vulnerable location or a high-risk offender is involved in a particular case (ANROWS, Companion, 11).

5. Does Risk Assessment Predict or Prevent Gender-Based Violence?

Little research has been conducted on the reliability, validity, and accuracy of risk assessment tools (Northcott, A Review, 14). The lack of research also results in difficulty in determining whether a particular tool is more accurate than another (Northcott, A Review, 14). Additionally, there has been an inconsistency in the methodology of risk assessment tools. Some have been used in situations they were not developed for (Campbell et. al, Domestic Homicide Brief Two, 7). These inconsistencies make it difficult to accurately measure the predictive validity of tools.

A. Reliability

Reliability refers to the consistency with which a tool measures across time and testing (Bowen, Risk Appraisals, 219). It involves the testing and re-testing of the tool with the same participants or phenomenon under the same circumstances (Graham et. al, Systematic, 2).

Internal consistency reliability measures how well the group of factors perform together to measure an underlying variable (Graham et. al, Systematic, 2). Interrater reliability examines consistency when used by multiple raters (Graham et. al, Systematic, 2).

B. Validity

Validity refers to the accuracy or correctness of the end result – essentially, whether the tool measures what it intends to (Brown, New Zealand, 19) Predictive validity refers to the accuracy or correctness of the tool in predicting future violence (Brown, New Zealand, 19). Predictive validity is most important when conducting an examination of tools that were designed to prevent recidivism (Bowen, Risk Appraisals, 219). The Receiver Operating Characteristic (ROC) curve represents the compromise between predicting true positives (sensitivity) and avoiding false positives (specificity) (Brown, New Zealand, 20).

The inclusion of protective factors in risk assessments may increase predictive validity. Such factors include social support, emotional support, and financial resources

(EIGE, EU, 27). Such factors are presently absent from most risk assessment tools (EIGE, EU, 27).

The Need for Intersectionality

One-size-fits-all approaches to risk assessment can lead to insufficient risk management and safety planning (Campbell et. al, Domestic Homicide Brief Two, 11). An important consideration is the fact that the validity of risk assessment tools may differ for certain vulnerable populations. Intersections such as gender, sexual orientation, ethnicity, disability, health and mental health, citizenship status, age, socio-economic status, culture, and location can impact the particular experiences of individuals (ANROWS, National Principles, 7).

Risk assessment tools have largely been developed without the input of minority groups, such as same sex-couples, linguistic minorities, women living with disabilities, and women of colour (Brown, New Zealand, 21). Leaving out these key populations of individuals subjected to violence has the potential to diminish the overall validity of the tool. Generalised tools may not apply to diverse women to the same extent as is does others (Campbell et. al, Domestic Homicide Brief Two, 11). Such tools may also not be representative of diverse perpetrators (Campbell et. al, Domestic Homicide Brief Two, 11).

There are positive examples of tools that have been built with diverse and intersectional groups. The DA was developed with a significant group of African-American women. It has been used successfully with Black and Hispanic women (Brown, New Zealand, 21). Another positive example is the 18-item Danger assessment- Revised (DA-R), which assesses for re-assault in female same-sex intimate relationships. 10 of these factors pertain to the unique risks faced by women in same-sex relationships (as cited in Campbell et. al, Domestic Homicide Brief Two, 12). Another tool is the (DA-I), which examines factors specifically relevant for immigrant women. A final example is Walking the Path Together. This tool is the DA modified to address the unique situation of Indigenous women living on reserves, including deprivation from cultural practices, specific substance abuse issues, and a risk assessment for children involved (Campbell et. al, Domestic Homicide Brief Two, 12).

I. Which Factors Should Be Considered when Determining Which Tool to Use?

The following section contains checklists of key information that should be considered in the development of risk assessment tools.

- Is the tool concerned with recidivism, risk of violence, or both?
- Is the tool offender or survivor/at-risk woman focused?
- Does it examine the risk of violence or homicide?
 - For recidivism, see SARA or DVSI. For homicide, see the DV-MOSAIC or DA.
- What is the time required to complete the risk assessment? Some might require psychological assessments, reviews, interviews, etc.
- Who is the individual completing the assessment – law enforcement, a professional?
- What skills do they possess?
- Which setting are the assessments taking place in? (courthouse, shelters, etc.)

(Northcott, A Review, 13)

Key Principles

- The safety of survivors should be paramount in all risk assessments (ANROWS, National Principles, 5)
- The needs of diverse populations should be considered “Priority populations” are diverse groups who are vulnerable to experiencing more severe and more frequent instances of violence (ANROWS, National Principles, 5-6).
- Offender behaviour should be assessed and monitored. Systems must be put in place to do so (ANROWS, National Principles, 6).
- Integrated approaches are ideal for risk assessment and risk management processes. Such approaches might range from information sharing agreements to integrated community responses (ANROWS, National Principles, 8). Multi-agency approaches involve information sharing to attempt to respond to and prevent risk and promote safety.
- The tool should also consider intimate partner sexual violence (ANROWS, Companion, 23).

- Risk assessment tools and frameworks are evidence-based – looking at static and dynamic factors to address violence; finding heightening vulnerability; protective factors (those that would mitigate against vulnerabilities); identification of risk level (ANROWS, National Principles, 11).
- Risk assessment tools that incorporate dynamic factors are slightly more effective than those with static factors only (EIGE, EU, 24).

Works Cited

- Australian Attorney-General's Department. *AVERT Family Violence: Collaborative Responses in the Family Law System*. Commonwealth of Australia, 2010.
- Backhouse, Corina and Cherie Toivonen. "National Risk Assessment Principles for domestic and Family Violence: Companion Resource. A Summary of the Evidence-base Supporting the Development and Implementation of the National Risk Assessment Principles for Domestic and Family Violence." Australia's National Research Organisation for Women's Safety, 2018.
- Bell, Margaret, Lauren Bennett Cattaneo, Lisa Goodman and Mary Ann Dutton. "Assessing the Risk of Future Psychological Abuse: Predicting the Accuracy of Battered Women's Predictions." *Journal of Family Law*, vol.23, 2008, pp. 69- 80.
- Bowen, Erica. "An Overview of Partner Violence Risk Assessment and Potential Role of Female Victim Risk Appraisals." *Aggression and Violence Behaviour*, vow. 16, 2011, pp. 214-216.
- Brown, Melanie. *Family Violence Risk Assessment: Review of International Research*. New Zealand Police, 2011.
- Campbell, Jacquelyn, Daniel Webster and N. Glass. "The danger assessment: Validation of a lethality risk assessment instrument for intimate partner femicide." *Journal of Interpersonal Violence*, vol. 24, no. 4, 2009, pp. 653-674.
- Campbell, Marci, Zoe Hilton, Randy Kropp, Myrna Dawson and Peter Jaffe. *Domestic Violence Risk Assessment: Informing Safety Planning & Risk Management. Domestic Homicide Brief 2*. Canadian Domestic Homicide Prevention Initiative, 2016.
- Canales, Donaldo, Alex Mccauley, Ainslie McDougall, Ran Wei and Mary Ann Campbell. *A Brief Synopsis of Risk Assessment Tools For Frontline Professionals Responding to Intimate Partner Violence*. Centre for Justice Studies, University of New Brunswick, 2013.
- Douglas, Kevin and P. Randall Kropp. "A Prevention-Based Paradigm for Violence Risk Assessment: Clinical and Research Applications". *Criminal Justice and Behaviour*, vol. 29, no.5, 2002, pp. 617- 658.
- Dvoskin, Joel., and Heilbrun, Kirk, "Risk Assessment and Release Decision-making: Toward Resolving the Great Debate" *Journal of the American Academy of Psychiatry and the Law*, vol. 29, pp. 6-10.
- European Institute for Gender Equality. *Risk Assessment and Management of Intimate Partner Violence in the EU*. Luxembourg: EIGE, 2019.

- Gebrandij, Jacomina, Barry Rosenfeld, Alicia Nijdam-Jones and Michelle Galietta. "Evaluating Risk Assessment Instruments for Intimate Partner Stalking and Intimate Partner Violence" *American Psychological Association*, vol.5, no.2, 2018, pp. 103-118.
- Graham, Laurie, Kashika Sahay, Cynthia Rizo, Jill Messing and Rebecca Macy. "The Validity and Reliability of Available Intimate Partner Homicide and Reassault Risk Assessment Tools: A Systematic Review." *Trauma, Violence & Abuse*, 1999, pp. 1-23.
- Hanson, R. Karl, Leslie Helmus and Guy Bourgon. *The Validity of Risk Assessments for Intimate Partner Violence: A Meta-Analysis*. Public Safety Canada, 2007.
- Heckert, D. Alex and Edward Gondolf. "Battered Women's Perceptions of Risk Versus Risk Factors and Instruments in Predicting Repeat Reassault". *Journal of Interpersonal Violence*, vol. 19, no. 7, 2004, pp. 778-800.
- Heilbrun, Kirk, Kenyto Yashura and Sanjay Shah. "Violence Risk Assessment Tools: Overview and Critical Analysis". *Handbook of Violence Risk Assessment*, edited by Randy Otto and Kevin Douglas, Routledge/Taylor and Francis, 2010, 12-29.
- Kropp, P. Randall. "Intimate Partner Violence Risk Assessment and Management". *Violence and Victims*, vol. 23, no. 2, 2008, pp. 202-220.
- Macias-Konstantopolous, Wendy and Julie Owens. *Adult Human Trafficking Screening Tool and Guide*, National Human Trafficking Training and Technical Assistance Center, 2018.
- Messing, Jill Theresa. "Risk-Informed Intervention: Using Intimate Partner Risk Assessment within an Evidence-Based Practice Framework." *Social Work*, vol. 64, no.2, 2019, pp. 103-111.
- Northcott, Melissa. *Intimate Partner Violence Risk Assessment Tools: A Review*. Department of Justice Canada, 2012.
- Toivenen, Cherie and Corina Backhouse. "National Risk Assessment Principles for Domestic and Family Violence". Australia's National Research Organisation for Women's Safety, 2018.
- Weisz, Arlene, Richard Tolman and Daniel Saunders. "Assessing the Risk of Severe Domestic Violence: The Importance of Survivors' Predictions". *Journal of Interpersonal Violence*, vol.15, no. 1, 2000, pp. 75-90.
- Women Against Violence Europe. *Protect: Identifying and Protecting High Risk Victims of Gender-based Violence – an Overview*. 2nd ed. Vienna: WAVE, 2011.