Barbra Schlifer Commemorative Clinic

United Way Greater Toronto

An Unequal Patchwork: Research on Risk Assessment & Safety Planning with Service Providers Across Canada

RESEARCH BULLETIN ONE

AUGUST 2023

Introduction

Service providers have an important role to play when it comes to helping GBV survivors to assess their level of risk and plan for their safety. Yet many risk assessment tools have not been field-tested in service provider settings. This means that we do not know how well risk assessment tools are working in practice when it comes to supporting the diverse safety needs of GBV survivors.

To help understand the risk assessment practices of service providers in Canada, the Barbra Schlifer Commemorative Clinic conducted a community-based research study. Between 2021-2022, the Clinic engaged in research and outreach consultations with 597 service providers, who participated through a national series of consultation forums, an online survey offered in both official languages, and knowledge exchange opportunities.

The objectives of the research were to:

- Understand current risk assessment and safety planning practices being used by GBV service providers across Canada.
- Collect feedback from service providers on their experiences using risk assessment tools to support diverse populations.
- Consult with service providers on ways to improve risk assessment tools and practices to ensure that they are trauma-informed, survivor-centred, and intersectional in their approach.

Overall, the research found an “unequal patchwork” of risk assessment and safety planning practices across Canada. We found significant variation in the extent to which service providers are using formal risk assessment tools, along with differences in which tools were used across different settings. Participants also identified significant limitations in available tools and wanted more holistic and trauma-informed tools adaptable to their service provider settings.

About the Schlifer Clinic’s National Risk Assessment project:

The research in this bulletin was conducted as part of the Schlifer Clinic's 5-year national project on *"Guiding Systemic Responses to Gender-Based Violence through Risk Assessment – A Survivor-Centric approach."* The Risk Assessment project focuses on promising practices in GBV risk assessment and safety planning, by leveraging partnerships and consultations with GBV survivors, agencies, and scholars across Canada. Our goal is to blueprint safety assessment tools and resources that are trauma-informed, survivor-centred, and intersectional.

METHODS & SAMPLE

Service providers across Canada were recruited to participate in a multi-method community-based research study on current risk assessment and safety planning practices.

- **National Bilingual Survey:** The online survey was administered in July 2021 and again in September 2022. We asked service providers questions about their current practices with respect to risk assessment and safety planning with GBV clients. We also asked open-ended questions about gaps and challenges that service providers are experiencing as well as promising practices. **Sample Size: 35 participants.**
- **National Consultation Forums:** Three online consultation forums were held in Fall 2021. Each forum focused on promising practices for specific groups, including 1) refugee, immigrant, and non-status women; 2) Black and racialized women and gender diverse people; and 3) 2SLGBTQIA+ and gender diverse people. The forums had an educational component followed by more in-depth consultations where service providers shared their knowledge, best practices, and gaps in risk assessment and safety planning strategies. **Sample Size: 200 participants.**
- **Knowledge Exchange and Outreach:** In addition to our primary methods above, the Clinic collected additional data during knowledge exchange and outreach activities between 2021-2022, where preliminary findings from the survey and forums were shared. **Sample Size: 362 participants, 59 of whom were Clinic staff.**
- **Research with Survivors:** In addition to our research with service providers, the Clinic also conducted research with GBV survivors. Approximately 30% of our interview sample identified both as survivors and as service providers who had worked in the GBV sector. You can learn more about this research by clicking on the link below.
  https://www.schliferclinic.com/guiding-systemic-responses/

The Blueprint for National Consultations

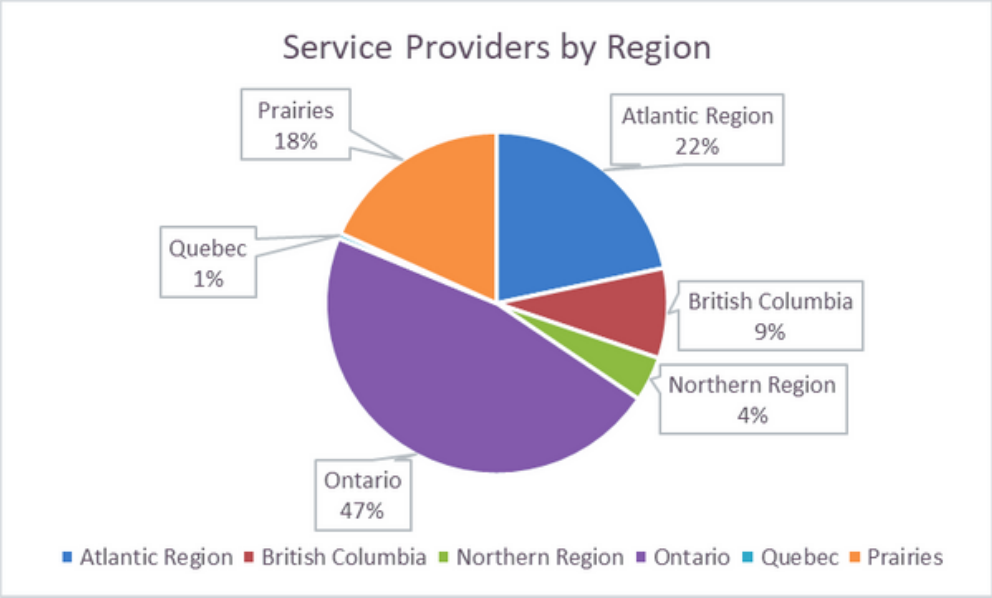
Our virtual forums adopted the following best practices for community-based research design:

- ✓ Topic addresses a demonstrated gap in the literature.
- ✓ Community experts and people with lived experience are invited to collaborate in the forum design, content, and/or delivery. Honorariums provided.
- ✓ Forum is delivered in English, French and with ASL interpretation and closed captioning. Multi-lingual interpretation was available upon request.
- ✓ Extensively promoted via multilingual flyers, social media, and Clinic website.
- ✓ Presentation materials provided to all participants in both official languages.
- ✓ Includes an educational component for participants who may be new to the field.
- ✓ Includes opportunities for small group and large group discussion.
- ✓ Community ground rules for participation shared at the outset, as well as information about how the data will be collected, used, and stored.
- ✓ Digital illustrator recorded large-group discussions in a “live” graphic recording, which was displayed to participants at the end of each forum.
- ✓ Evaluation survey provided for participants to provide feedback following the session and used to enhance future sessions.
- ✓ Relevant resources and findings shared with participants following the session.

Regional Representation

Our primary sample (survey and consultations) had representation from most regions in Canada. The largest share was from Ontario (47%), where the Clinic is located and has the strongest networks. There was fair representation from the Atlantic region (22%), and Western Canada (27%), although the share from British Columbia was under-represented compared to population size. Northern regions represented 4% of our sample. One limitation of the sample was the low response from providers in Quebec at 1% of the primary sample.

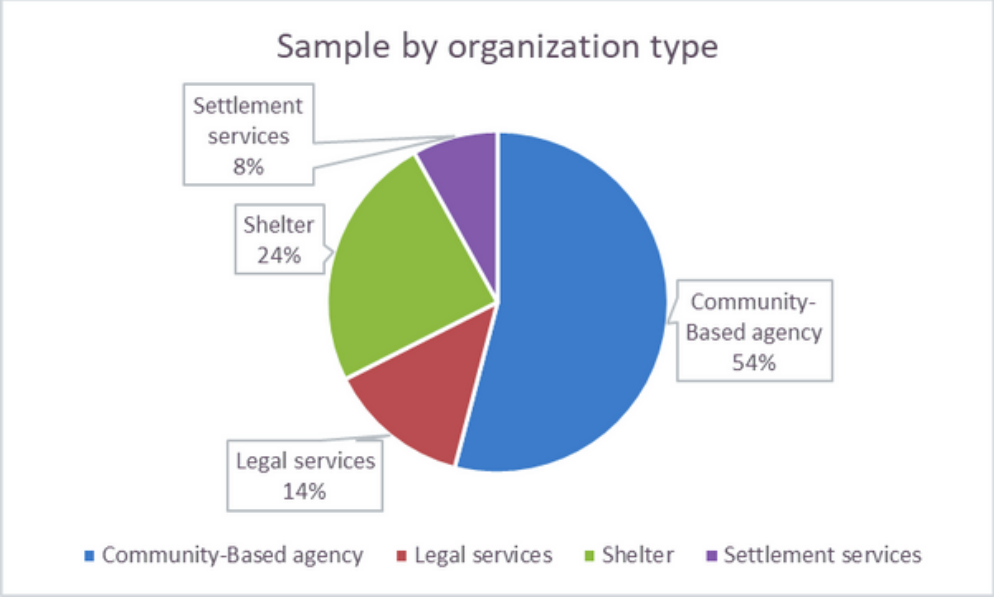
Figure 1: Sample by Region



Sample Characteristics

The service providers in our survey sample worked across various organization types (see Fig. 2). Most worked for a community-based agency (54%). Nearly a quarter worked at a shelter (24%) and 14% worked in legal services. A smaller percentage worked in settlement (8%). Providers from healthcare services were under-represented in our survey sample. To help balance out this distribution, we conducted outreach with social workers, settlement workers, and health-care providers as part of our outreach strategy.

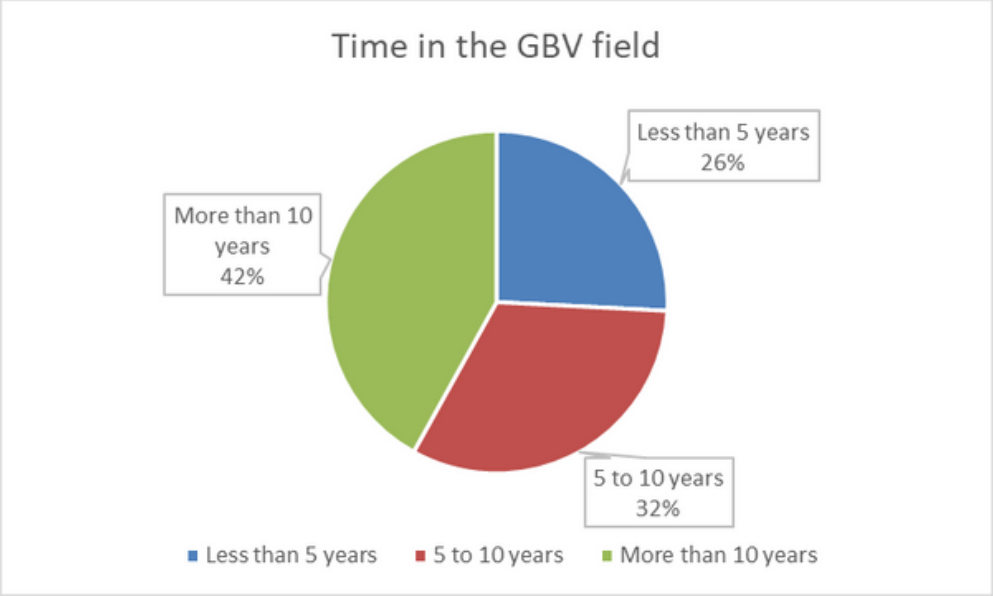
Figure 2: Sample by Organization Type



Time in the GBV Field

Our survey sample also had a good distribution of workers by length of time in the field (see Fig. 3). Nearly one-third had been in the field less than 5 years. One-third had been in the field 5-10 years. And 42% had been in the field for 10 years or more. Notably, our consultation forums also had a good distribution of service providers by time in the field, although with the opposite distribution. In a poll we ran during the forum, attendees tended to identify as newer to the field (42% with less than five years of experience, compared to 26% on the survey). They were also less likely to have been in the field for 10 years or longer (29% with more than ten years of experience, compared to 42% of our survey sample). This flipped distribution made sense to us, given how many of the attendees were seeking training/ information about risk assessment by attending the consultation forum. We took this difference into account when analyzing data from both sources.

Figure 3: Time in the GBV Field



How the data was analyzed

The project team conducted a thematic analysis of all consultation data, including digital and audio recordings, discussion notes, survey data, participant feedback, and literature reviews. Over a 3-month period, the project team met to discuss our respective interpretations and agreed on the research's most salient themes, which are identified below. Starting in Spring 2022, we also began sharing early findings from the research with our advisory committee and service provider groups, as part of the project's knowledge-sharing and outreach activities. Feedback collected during these sessions was also used to refine our data analysis. A final research report was generated that captured findings from all consultations with service providers.

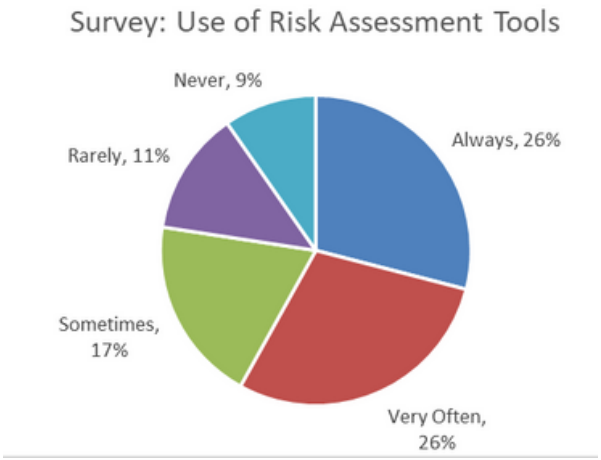
KEY FINDINGS

1. SERVICE PROVIDERS ARE QUITE VARIED WHEN IT COMES TO USING FORMAL RISK ASSESSMENT TOOLS.

We found a lot of variation among service providers in their use of risk assessment tools. Just over half of our survey respondents said they “always” or “very often” use a risk assessment tool when working with clients (see Fig. 4). Yet, a significant number do not use a tool, or use one infrequently. For example, a combined 20% said they “never” or “rarely” use a formal tool, and 17% said they “sometimes” use one.

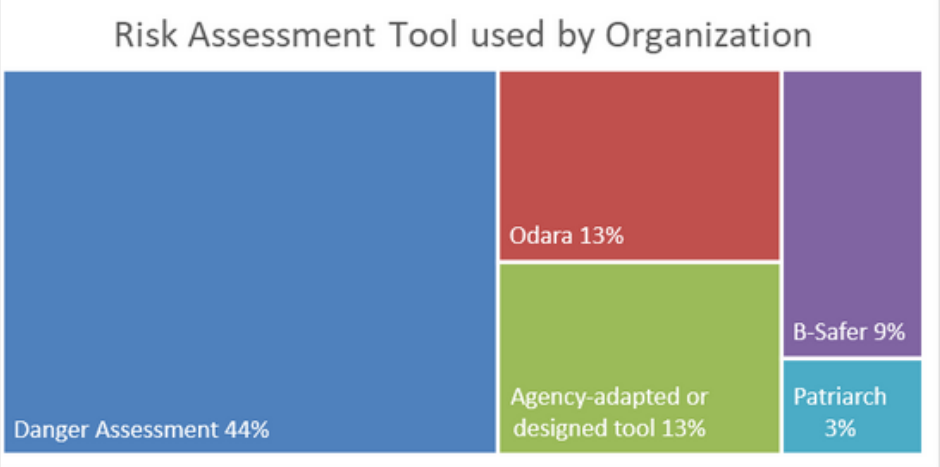
A poll that we ran during our national consultations with service providers showed a similar variation in use of tools, although the distribution was different (see Fig. 5). 42% said they “always” or “very often” use a risk assessment tool. However, a combined 26% said they “never” or “rarely” use a formal tool. 32% said “sometimes”.

Figures 4 & 5: Use of RA tools



Among survey respondents who did use a tool, there was also variation in terms of which tool their organization used. Most named the Danger Assessment (44%), however, a significant number used Odara (13%) or their own agency's adapted or self-designed tool (13%). A small number mentioned B-Safer (9%) and Patriarch (3%).

Figure 6: Tool Used



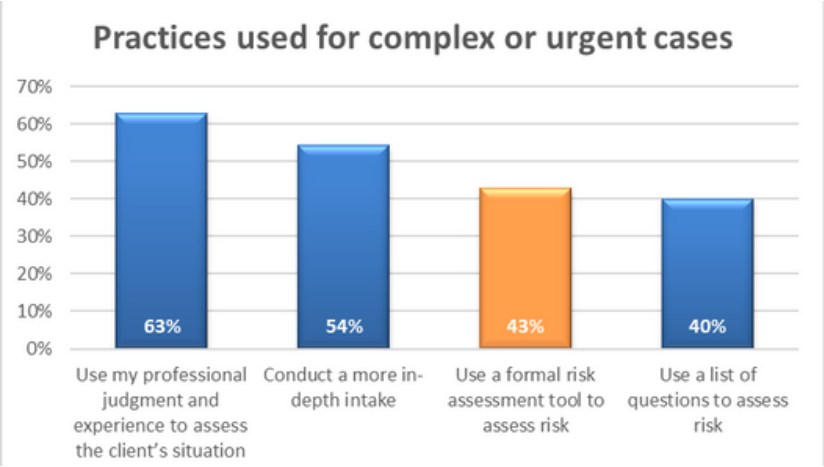
During the consultation forums, we also asked service providers which tools they were currently using, and many of the above were mentioned. In addition, participants mentioned WEB (Women's Experiences of Battering), and some mentioned a tool developed by Jacquelyn Campbell, which we believe was referencing the Danger Assessment tool. For a list of all available Risk Assessment tools that we identified in our literature review, please click here https://www.schliferclinic.com/guiding-systemic-responses/

2. SERVICE PROVIDERS WERE MORE LIKELY TO USE PROFESSIONAL JUDGEMENT AND IN-DEPTH INTAKES COMPARED TO A FORMAL RISK ASSESSMENT TOOL.

When it came to high-risk or complex/urgent situations, the service providers in our sample were more likely to rely on their professional judgement and experience to help assess a client's situation (63%). Likewise, more than half of the sample (54%) said they would conduct a more in-depth intake in such cases.

By comparison, 43% said they would use a formal risk assessment tool. This was slightly higher than the number who would use a list of questions to assess risk (sometimes referred to as an informal assessment strategy).

Figure 7: Complex Cases



Even in cases where formal tools were used, a significant percentage had adapted the tool to their organization. 13% of survey participants indicated that their agency had adapted its own tool. Several forum participants also stated they only use tools as a guide since most tools focus on physical danger and do not address clients' unique circumstances and challenges.

3. MANY SERVICE PROVIDERS EXPRESSED DISSATISFACTION WITH USING A FORMAL RISK ASSESSMENT TOOL.

Across both the survey and consultations, many service providers expressed dissatisfaction with using a formal risk assessment tool in their work. The reasons for this were complex: some disagreed with the practice altogether, while others were not satisfied with the design or content of existing tools for doing trauma-informed work with diverse GBV survivors. Many wanted more training on what tools were available and how to use them effectively. We briefly describe each of these themes below.

For some, the choice to not use such tools was intentional. Some respondents commented that their agency does not use a formal assessment tool because of feedback from survivors that the experience was harmful. As they explained:

> "I am in a sexual assault centre. Our marginalized clients have been over-surveilled and dehumanized by institutions. They inform us that intake forms and risk assessment forms compound the experience of 'being a number, a file - not a person.'"

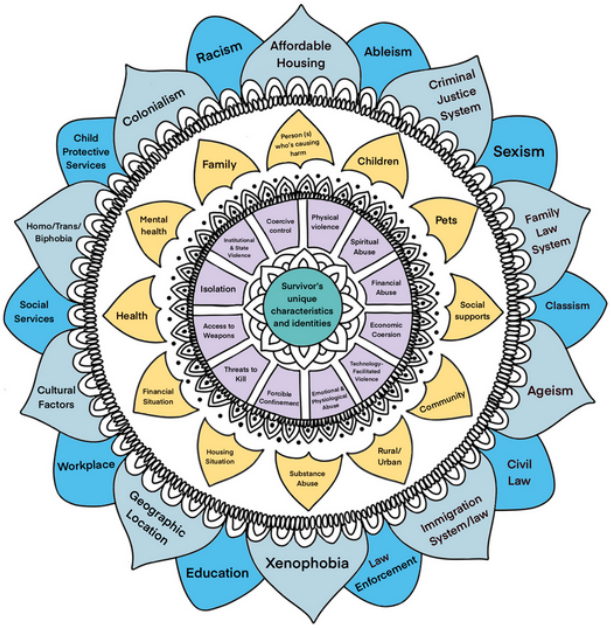
> "If an agency opts to use screening practices or tools of any kind, I suggest they think carefully about the impacts of those practices on survivors and their experience of themselves as whole persons, not "checklists," or "cases," or "numbers" as they come through the door... Survivors have regularly identified this as a barrier."

This perspective stood in tension with the general viewpoint that validated tools are important for preventing lethality, for ensuring that assessments are evidence-based, and for avoiding unconscious bias across different providers. Moreover, as some pointed out, the use of validated tools was an important strategy in doing legal and advocacy work on behalf of clients.

Among those that did use tools, however, many were not satisfied with the design or content of existing tools for doing trauma-informed work with diverse GBV survivors. Common critiques of current risk assessment and safety planning tools included:

- **Over-emphasis on physical risk and safety, to the exclusion of emotional or other forms of risk and safety**
  Tools tend to focus on physical violence. But if the perpetrator uses coercive control, that is not always captured. As one participant explained in the case of migrant women, for example, “women can be landed as immigrants but told by the perpetrator they could be deported and believe the perpetrator until they come to us.”

- **Lack of consideration of structural risk factors in favour of individualized risk factors**
  Structural risk factors like poverty, forced migration, criminalization, and discrimination were important components for doing client-centred risk mitigation and safety planning. However, many tools focused solely or primarily on individual-level factors like perpetrator history and behaviour. As one participant asked: “How do we connect with safety not just away from the perpetrator but also institutional violence and other community members? Without addressing institutional barriers, it is hard for gender diverse folks to move away from this like poverty, homelessness, debilitating mental health situations.” A holistic, intersectional assessment tool would consider both as well as the interactions between different levels.



- **Missing risk factors or safety considerations for equity-seeking groups**
  Tools tended to focus on intimate partner violence (IPV) situations, and many did not adequately consider the range of risk factors that survivors from equity-seeking groups may experience.

- **Exclusionary language/ Lack of inclusivity**
  Participants noted that most tools are designed for women and heterosexual relationships only and expressed the need to include gender-affirming language when developing tools and resources for survivors.

- **Accessibility barriers**
  Not only is multi-lingual interpretation necessary for doing risk assessments and safety planning with diverse survivors, but tools should themselves be available in multiple languages.

- **Tool does not adequately consider the realities of GBV service provision.**
  Many commented that tools were too long to use in brief interactions with clients. Indeed, a key finding was that the assessment setting matters and tools should have the flexibility to be adapted to the setting. As one participant described: “it depends on how much time you are going to have with this person; time to figure out what we focus on must be negotiated together. In our case, it is a one-time short meeting, whereas they will have more time in a shelter—the setting matters…”

  Turnover and varying levels of expertise among service providers was another reality of GBV settings that should be considered in the design of tools. Seasoned counsellors may want more organic assessments: “Maybe the language they would use would be different; they feel the need to tailor it.” Whereas those newer to the field may want more structured tools.

- **Need for comprehensive training and support.**
  The need for consistent training was another key theme that came up in the survey. Many wanted more training on what tools were available and how to use them effectively. This included training for everyone at the agency and at all stages of a service provider's engagement with tools. As a result, the project team added an educational component to the National Forums with service providers in addition to the research consultation.

4. PROMISING PRACTICES: TRAUMA-INFORMED, STRENGTH-BASED, HOLISTIC APPROACH

Several forum participants focused on the methodology or format of risk assessment and safety planning tools, highlighting the need for more trauma-informed and survivor-centred approaches. This common theme emerged across all Forums.

In addition, service providers mentioned the need to include psychoeducation on trauma and to have questions about survivors' journeys and how safe they feel.

One participant stated that service providers should not assume that everyone experiences trauma at the same level since people experience trauma in different ways. In some cases, trauma can impact clients' ability to share their experiences which may compromise an adequate assessment of potential risks.

As a result, service providers emphasize the need for a trauma-informed and strengths-based approach considering the unique experiences of survivors.

One participant stated that having a holistic approach that includes safety, choice, collaboration, trustworthiness, and empowerment is essential for understanding the person as a whole, to address the physical and emotional safety of the person seeking help. Others recommended expanding beyond checklists to include visual cues in tools and resources for survivors and offering audio notes when working with clients with different literacy levels.

Forum participants also expressed strong endorsement for the Schlifer Clinic’s national risk assessment project goals. Participants demonstrated excitement about the project research and strongly endorsed the need to develop tools and resources that address survivors' unique circumstances. There was also a strong desire to connect with other service providers on this topic, particularly for equity-seeking groups.

SUGGESTED READINGS

- **Barbra Schlifer Commemorative Clinic (2023): Current thinking and approaches to risk assessment on their use for the prediction and prevention of Gender-Based Violence. Online:** https://www.schliferclinic.com/wp-content/uploads/2023/08/Risk-Assessment-Approaches.pdf

- **Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP) Literature Review on Risk Assessment, Risk Management and Safety Planning.** https://www.cdhpi.ca/literature-review-report

- **Domestic Violence risk assessment: informing safety planning & risk management brief.** http://cdhpi.ca/domestic-violence-risk-assessment-informing-safety-planning-risk-management-brief

- **Ontario Association of Interval and Transition Houses (2023). Between Risk & Safety: An Overview & Critical Analysis of Gender-Based Violence Risk Assessment & Management in Ontario.** https://www.oaith.ca/resource_library/search_results.php

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Women and Gender Equality Canada | Femmes et Égalité des genres Canada

Appendix: Forums Graphic recordings

Image one: *Summary of GBV Service provider's recommendations concerning safety planning and risk assessment when working with survivors from the 2SLGTBQIA+ and gender-diverse communities.*

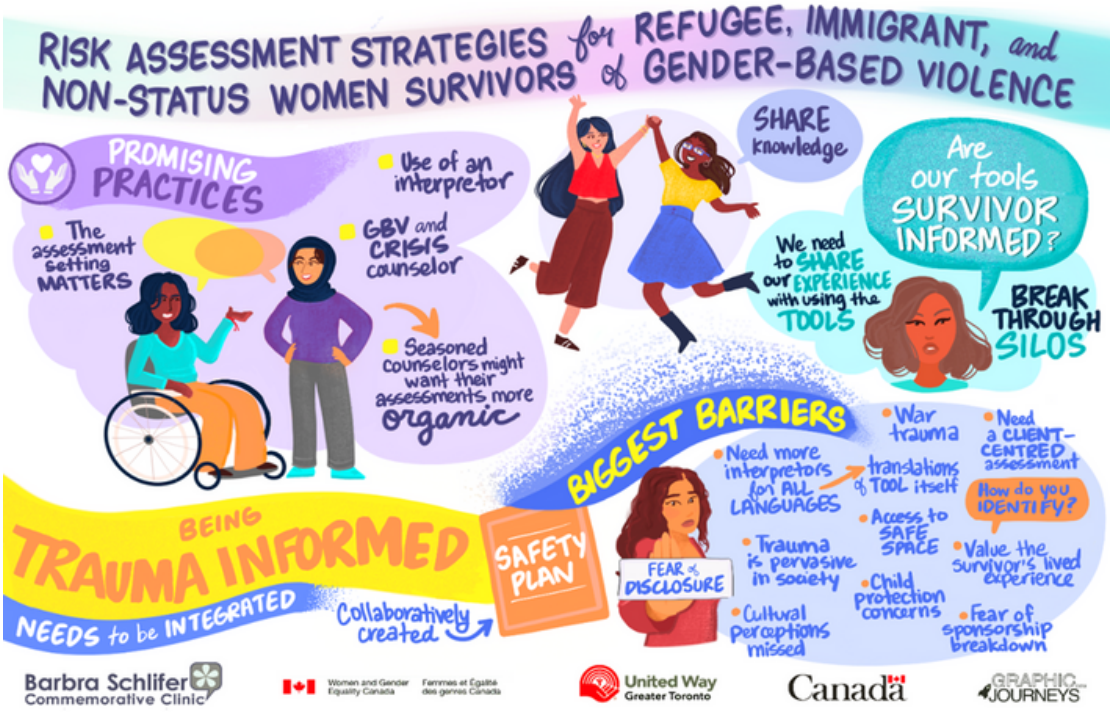

Image two: *Summary of GBV Service provider's recommendations, including promising practices and a list of the biggest barriers immigrant, refugee and non-status survivors face. In addition, participants emphasized the need to have tools informed by survivors.*

Appendix: Forums Graphic recordings

Image three: Summary of GBV Service provider's recommendations concerning safety planning and risk assessment when working with Black, racialized and gender non-binary survivors of gender-based violence.