The Routledge International Handbook of Domestic Violence and Abuse

John Devaney, Caroline Bradbury-Jones, Rebecca J. Macy, Carolina Øverlien, Stephanie Holt

International review of the literature on risk assessment and management of domestic violence and abuse

Publication details
Stephanie Holt, Lynne Cahill
Published online on: 18 Mar 2021

Accessed on: 30 Nov 2023

PLEASE SCROLL DOWN FOR DOCUMENT

Full terms and conditions of use: https://www.routledgehandbooks.com/legal-notices/terms

This Document PDF may be used for research, teaching and private study purposes. Any substantial or systematic reproductions, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The publisher shall not be liable for an loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.
Introduction

The criminal justice system is tasked with responsibility for protecting victims of domestic violence and abuse (DVA), and at the same time safeguarding the rights of the accused at different stages in the criminal justice process, such as bail, sentencing, and parole. A clear rationale for the implementation of risk assessment and management processes includes an acknowledgement of the role such processes can play in protecting victims and preventing future victimisation, including intimate partner homicide. With global rates estimating more than one-third of female homicides perpetrated by an intimate partner (Stockl et al., 2013) and a history of DVA considered the most robust risk indicator for intimate partner homicide (Dawson, 2017; Graham, Sahay, Rizo, Messing, & Macy, 2019; Holt, 2007), international strategies to address DVA and reduce homicide risk include the introduction of standardised risk assessment and management tools. These are currently utilised in many states across Europe (EIGE, 2019), the United Kingdom (Robinson, 2006), the United States (Dutton & Kropp, 2000), Canada (Millar, Code, & Ha, 2013), China (Chan, 2012), and Australia (Lauria, McEwan, Luebbers, Simmons, & Ogloff, 2017). However, the absence of systematic and robust processes for defining and understanding the dynamics, nature, and impact of DVA; for responding to the complex needs of victims and perpetrators; for identifying, assessing, and managing risk, has also been compounded by debates about terminology and disputes about gender. It is worth noting, albeit briefly, some debates critical to any risk assessment and management process, before moving on to the main body of the chapter where the risk assessment tools themselves will be critically presented.

While the emergence and recognition of the concept of coercive control as central to the phenomena of DVA has only been established in policy and legislation in the past decade or so (Robinson, Myhill, & Wire, 2018), it should be noted that the centrality of power and control to the experience of DVA has been fundamental to feminist–advocate understanding of this issue since the 1970s (Schechter, 1982; Sheppard & Pence, 1988). With reference to Myhill and Hohl’s (2016) analysis of risk assessments in England and Wales, Robinson et al. (2018, p. 32)
further note that factors correlating with coercive control, including perpetrators’ controlling, stalking, and sexually coercive behaviour, in addition to victim experiences of isolation and fear, formed the most constant pattern of abuse. As such, while an in-depth understanding of the significance of coercive controlling behaviour would seem critical to effective responses, Robinson et al. (2018, p. 33) conclude that “the evidence establishing whether practitioners do in fact ‘get it’ is relatively scant”.

This chapter presents an extensive review of the available international literature regarding the design, implementation, and evaluation of risk assessment and management tools. Set against the backdrop of the Council of Europe Convention on preventing and combating violence against women and domestic violence (the ‘Istanbul Convention’, 2011), this chapter is grounded in the evidence that gender, specifically being female, intersects with multiple adversities – including but not limited to domestic, sexual, and gender-based violence – and that this discrimination and marginalisation can occur across a woman’s lifespan.

The chapter commences with an overview of the methodological approach employed to gather data for inclusion in the chapter before moving on to highlight some of the nuances and complexities requiring consideration in any discussion on risk assessment and management in the context of DVA. The main body of the chapter then focuses on risk assessment both as a process and as a tool, providing a critical overview of the main approaches to, and models of, risk assessment.

Methodology
The identification of literature for inclusion in this chapter comprised of a systematic search of seven identified databases (BMJ Journals Online, CINAHL, Internurse, Web of Science, Psychological and Behavioral Sciences Collection, PsycINFO, and Scopus). The search was conducted using all possible combinations of the following terms: ‘risk assessment’, ‘risk management’, and ‘risk factors’ were combined with ‘domestic violence’, ‘intimate partner abuse’, ‘domestic homicide’, and ‘front line responders’. An additional search was conducted to retrieve literature related to known risk assessment instruments based on the following names and acronyms: ‘Danger Assessment’, ‘DA’, ‘Brief Spousal Assault’, ‘B-SAFER’, ‘Domestic Violence Risk Assessment Guide’, ‘DVRAG’, ‘Domestic Violence Screening Instrument’, ‘DVSI’, ‘Ontario Domestic Assault Risk Assessment’, ‘ODARA’, and ‘Spousal Assault Risk Assessment’, ‘SARA’. Studies included in the review were English language, accessed from scholarly peer-reviewed journals, with an unspecified date range. The database search was subsequently augmented with a review of the bibliographies of related articles. Using the citation indexes (Kugley et al., 2016) of previously identified studies was especially useful in the identification of seminal texts and key authors in the field. This search strategy complemented the searches conducted in the database searches and provided an alternative way of accessing relevant studies. This search aimed to capture a geographical spread of the empirical material cognisant of the fact that evidence from Canada, the UK, USA, Australia, and New Zealand dominates this field.

Analysis and discussion
Starting from the premise that DVA is a complex issue, risk assessment processes must have as their starting point a clearly grounded understanding of the dynamics of DVA, in particular the centrality of power and coercive control to the abusive experience. Reflecting on pilot risk assessment processes in England and Wales, however, Robinson, Myhill, and Wire (2018) noted that police officers often failed to identify coercive controlling behaviours, instead prioritising
Literature review on risk assessment

physical abuse at call-outs. Similarly, Wire and Myhill (2018) advised that a risk tool will not, by itself, result in officers making appropriate risk assessments. Rather, having an in-depth appreciation of the complex dynamics of DVA, with a sophisticated understanding of the nuanced nature of coercive control is an integral requirement of appropriate risk assessment. Stated simply, any professional responding to DVA needs to know what they are looking for. We argue therefore that risk identification is the first step in a three-step process that involves secondly, risk assessment and thirdly, risk management.

Risk instruments are not precise enough to reliably discriminate among different types of risk (e.g., who will commit homicide vs. who will commit less serious violence). Therefore, some professional discretion will likely always be necessary. However not everyone can or should perform risk assessments. Such evaluations require specialised knowledge and experience. Those conducting risk assessments should understand the dynamics of DVA, and they should have experience working with perpetrators and victims (Wire & Myhill, 2018). Proper risk assessment training is extremely important and should include issues regarding report writing and communication (Robinson et al., 2018).

We would also argue for the need for clarity and agreement about a number of further questions. For example, what is the purpose of the risk assessment? Is it to reduce the number of police call-outs and therefore reduce the draw on police time and/or reduce the incidence of serious harm? What risk is being assessed and whose risk is being assessed? Are we assessing the risk of current and future victimisation, either adult or child, or the risk of current and future harm perpetrated by the perpetrator? Given the research evidence that adult victims report negatively on police call-outs, experiencing this intervention as simultaneously being blamed for the problem and held responsible for the solution to the problem (Anderson et al., 2003), we argue for the risk assessment process to focus on the risk the perpetrator presents. Adapting this focus would work towards lifting the responsibility from the victim, particularly given that the perpetrator might pose risks to more than one victim, including children, other family members of the victim, and any other current/future partners of the perpetrator. More recent research focusing on children’s experiences of police call-outs should also usefully inform policing practices (Millar, Devaney, & Butler, 2019; Elliffe & Holt, 2019).

Researchers argue that it is insufficient to report the level of risk posed by the alleged perpetrator without attention being paid to how the individual’s risk is managed (Kropp, 2002, 2004; Heilbrun, 1997). As such, it is important to make a clear distinction between risk assessment and risk management. Thompson and Thompson (2008) contrast risk assessment, which they identify as the process of identifying risk, to risk management where actions are taken in response to the identification and assessment of the risk. With risk considered a “complex practice and policy issue” (Kemshall & Pritchard, 1996, p. 2), caution is also advised against seeing these two as distinct stand-alone stages. Rather they are intertwined and interactive, taking into account both static and dynamic factors and features of individual cases. Static risk factors are risk factors that are fixed and unchangeable, for example demographic factors (age, gender), childhood history, and criminal history. As such they are not changeable through intervention. Dynamic risk factors on the other hand are defined by their ability to change throughout the life-course. Examples of these factors include unemployment, substance abuse, and negative peer associations.

Risk assessment

Heilbrun (1997) asserts that it is useful to distinguish two major goals of risk assessment (RA): prediction (with an emphasis on accuracy) and management (with an emphasis on risk
reduction). The former approach assesses the likelihood of recidivism of a person of concern while the latter is concerned with a person being further victimised. The origins of the development and use of RA tools in cases of DVA increased as a result of policy change and research in Canada and the United States (Douglas & Otto, 2010; Roehl & Guertin, 2000). Roehl and Guertin (2000, p. 172) suggest that reform in the criminal justice system regarding DVA in the 1970s, and in the mental health field where “legal requirements and professional concerns have encouraged clinicians to develop feasible estimates of a person’s potential for violence”, spurred research in the field, leading to a growing body of scientific knowledge examining risk predictors for violence. In Canada, the UK and the US in the early 1990s, pro-arrest policies in cases of DVA led to an increase in cases presenting in the criminal justice system (Bowen, 2011; Cattaneo & Goodman, 2003). Roehl and Guertin (2000) argue that this increase created the need to develop a mechanism to ensure scarce resources were directed to those most at risk. Furthermore, this change was happening against a backdrop of a series of court decisions that held clinicians negligent for inadequate predictions of danger, not protecting victims, or providing warnings to potential clients (Hart, 1988).

Comprised of questions that assess risk factors for intimate partner homicide (IPH) and DVA re-assault, RA tools are designed to assist a range of professionals responding to DVA – advocates, criminal justice personnel, nurses, social workers, and other first responders in identifying those individuals at particular risk for ongoing danger and lethality in the context of intimate partnerships (Heilbrun, Yasuhara, & Shah, 2010; Messing & Thaller, 2012). Common risk factors include past abusive, controlling, or threatening behaviour; a history of mental health and/or substance misuse; unemployment; prior use of a weapon; and separation or threats of self-harm (Graham et al., 2019).

Examining domestic homicide case reviews in Canada between 2003 and 2015, Dawson (2017) highlights that more than 70% of the 261 cases were found to have seven or more risk factors, with only four cases reviewed revealing no known risk factors. Dawson cautions however against a simplistic linear correlation between the presence of multiple risk factors and higher levels of preventability, as some risk factors are considered more lethal than others. Dawson (2017, p. 73) also highlights that little research has established the lethality of “risk factor clusters or combinations”.

**Models of risk assessment**

Before outlining the models of available risk assessments, it is important to highlight some key limitations. Firstly, risk assessment for DVA is largely focused on a ‘violence model’ (Gelles, 1997, p. 14) where abuse is defined as “an act carried out with the intention or perceived intention of causing physical pain or injury to another person”. Consequently, DVA risk assessment is primarily concentrated on predicting individual risk factors and the statistical validity of instruments that predict future re-victimisation and reoffending of physical assault, using case examples from the police. The focus on violence prediction and recidivism may be redundant in contexts of coercive control where severe acts of violence may not be either present at all or present initially, and the perpetrator surveillance of everyday life comprises threats and low-level but routinised coercion without any physical assault (Stark, 2007).

We also note that the choice of a method of risk assessment is complicated, with one clear limitation of risk assessment tools is that they have all been substantially informed by an understanding of domestic violence perpetration by males against females in intimate partner relationships (current and former). As such, their applicability to other intimate partnerships is
unknown. The most recent systematic review investigating risk assessment and intimate partner violence (Graham et al., 2019) found that while the reviewed studies primarily examined DVA/IPH RA tools in the context of relationships with a male perpetrator and female victim, many other studies reviewed had not specified either perpetrator or victim gender. Less is known about other types of perpetrator-victim dyads, with researchers calling for the expansion of cross-validation studies to include diverse samples that are inclusive of the lesbian, gay, bisexual, and transgender populations, and male victims and female perpetrators (Glass et al., 2008; Nicholls, Pritchard, Reeves, & Hilterman, 2013). However, the limited empirical evidence that exists assessing and managing female DVA perpetration suggests that women present with fewer risk factors than men (Storey & Strand, 2013).

With these limitations in mind, an examination of the literature reveals four models of violence risk assessment: unstructured clinical decision-making, actuarial risk assessment, structured professional judgement, and victim appraisal (victim’s perception of their own risk).

Unstructured clinical decision-making is possibly the most commonly used approach in the risk assessment of DVA (Dutton & Kropp, 2000; Kropp, 2008). With this approach, the professional collects and assesses information and produces a risk assessment based on their professional judgement (Helmus & Bourgon, 2011), without guidelines or pre-determined constraints. One strength of this approach is that it allows for an idiographic analysis of offender behaviour which permits the professional to develop a person- and context-specific risk assessment and violence prevention strategy (Kropp, 2008). However, there are multiple issues identified with this approach. The model has been described as an “informal, in the head, impressionistic, subjective conclusion, reached (somehow) by a human clinical judge” (Grove & Meehl, 1996, p. 294). Researchers argue the major weaknesses include the limited accountability, replicability, transparency, validity, and the heavy emphasis on professional discretion (Helmus & Bourgon, 2011; Kropp, 2008; Nicholls, Desmarais, Douglas, & Kropp, 2006; Nicholls et al., 2013). Further, because this model is heavily influenced by professional opinion and discretion, the approach is vulnerable to missing important known risk factors. Secondly, recommendations for management strategies by professionals may be influenced by training, preferences, and biases of the assessor rather than crime-relevant risk factors and empirically validated intervention strategies. Finally, the approach includes consideration of issues such as suicidal behaviour that are not strong predictors of domestic violence (Hilton & Harris, 2005). Consequently, those involved in risk assessment strategies are moving away from this practice (Dutton & Kropp, 2000; Nicholls et al., 2013), concluding that “unstructured clinical judgment by itself is no longer a useful or necessary approach to appraising violence risk” (Heilbrun et al., 2010, p. 5).

In an effort to improve clinical accuracy and the structure of risk appraisals, the field moved toward the application of the second model, actuarial risk assessment (Nicholls et al., 2013), also described as “nondiscretionary” approaches (Hart & Logan, 2011). The actuarial approach to risk assessment is strongly aligned with the predictive paradigm in the literature on violence (Heilbrun, 1997). The method utilises statistical models and empirical research on recidivism and risk factors to (1) create formulas that provide a probability that future violence will occur (Nicholls et al., 2013), and (2) to predict specific behaviours within a specific time period compared to a norm-based reference group (Kropp, 2004, 2008). Risk factors are combined using explicit rules, such as an algorithm or equation (Grove & Meehl, 1996). The assessment is based on counting and scoring of empirically validated risk factors (Wheller & Wire, 2014). Risk factors are assigned a numerical value and a total is generated through an algorithm (Singh, Grann, & Fazel, 2011). The assessor indicates if risk factors are present or absent, and then adds up the values to get a total score (Nicholls et al., 2013). The total score estimates the probability
Stephanie Holt and Lynne Cahill

that the individual will reoffend within a specific time frame (Singh et al., 2011). Examples of Actuarial Risk Assessment models include the Ontario Domestic Assault Risk Assessment (ODARA), the Domestic Violence Risk Assessment Guide (DVRAG), and the Domestic Violence Screening Instrument (DVSI) – the DVSI-R.

Several strengths have been identified with the actuarial approach. For example there is consensus in the literature that the key strength associated with the actuarial approach is that it improves upon the poor reliability and validity of unstructured clinical assessments (Grove & Meehl, 1996; Kropp, 2008; Nicholls et al., 2013). Actuarial risk assessment uses the same criteria, and therefore findings can be easily replicated, while independent tests of the model show that it has the ability to predict violent outcomes (Kropp, 2008). An important advantage of actuarial assessments for police officers and the courts system is that each score corresponds to a percentile rank in the referent population, thus, providing the ability to estimate the probability of an outcome (Hilton et al., 2004). For example, using scores from an actuarial assessment can inform the decision to deny bail based on the probability of recidivism within a certain time period or in the identification of the most dangerous perpetrators. Because actuarial RAs are based on a fixed set of risk factors, they can be used by professionals who are not clinically qualified, or trained in the area of DVA (EIGE, 2019; Northcott, 2008).

An examination of the literature reveals that the limitations to this approach include a focus on prediction rather than risk management and violence prevention (Heilbrun et al., 2010), and a dependence on static risk factors that cannot capture how risk can fluctuate over time (Kropp, 2004; Nicholls et al., 2013). Because this method removes professional discretion in the analysis of risk, practitioners are reluctant to engage with the model, creating a "schism between science and practice" (Kropp, 2008, p. 206). Similarly, Nicholls et al. (2013) describe assessors being uncomfortable using the tool to inform a decision about risk because of the lack of attention to case specific factors. Actuarial approaches limit the assessor to a fixed set of factors, which one could assert is a strength of the approach as it reduces the evidence to the fewest possible factors required to make the most likely prediction of future outcomes. Therefore, it has a practical utility, alongside validity and reliability. However, one might also question why they do not consider 'low base' (Nicholls et al., 2013) factors that do not occur frequently, such as homicidal ideation, that may be relevant to a case and have been found to correlate modestly with violence (Kropp, 2008; Nicholls et al., 2006).

Kropp (2008) argues that while the approach can tell us about the overall level of risk management required, there is less information available about violence prevention strategies. Heilbrun (1997) compared predictions vs. management models of risk assessment, proposing that risk assessment based on prediction lacks the capacity to capture sensitivity to change, and that this likely results in minimal implications for management. The focus on predicting rather than preventing and managing violence, has been found to impact professional non-engagement with such tools. Researchers suggest that a possible explanation for this might be that professionals see themselves in a preventive rather than predictive role (Douglas & Kropp, 2002; Heilbrun, 1997). Another limitation identified with the approach is that it may not be compatible with offender treatment programmes as actuarial tools do not consider 'attitudes toward violence' or 'denial and minimisation' and 'victim empathy' (Kropp, 2004, 2008). As such, researchers advocate for risk assessment tools where professional judgement is a necessary component of any risk related decision-making process (Nicholls et al., 2013). Finally, actuarial risk assessment tools with their focus on violence prediction and recidivism may not be designed to capture the nuances of ongoing coercive controlling behaviours. The counting and scoring of
Literature review on risk assessment

empirically validated individual risk factors, targeting discrete violent acts, cannot account for the continuous nature of abuse attributed to coercive control with studies demonstrating that where there is effort to ‘count’ abuse, the option of ‘daily’ is not enough for victims of coercive control (Evans et al., 2016).

The third type of risk assessment model is the structured professional approach, also known as the ‘guided professional approach’ or the ‘guided clinical approach’ (Kropp, 2004). The primary goal of this model is to prevent violence (Douglas & Kropp, 2002). The term ‘professional’ is significant as it recognises the reality that many professionals are involved in the conduct of risk assessment outside of the clinical professions. Examples include the Spousal Assault Risk Assessment Guide (SARA) and the Brief Spousal Assault Form for the Evaluation of Risk (B–SAFER).

The risk assessment is based on guidelines that reflect current theoretical, clinical, and empirical knowledge, where the assessor follows guidelines that include both static and dynamic risk factors (Kropp, 2004). The guidelines further allow the assessor to “include recommendations for information gathering, communicating opinions, and implementing violence prevention strategies” (Kropp, 2004, p. 683). This approach is considered as a professional guideline that allows evaluators to integrate their own judgement, while also providing a list of factors garnered from consultation, theory, and the literature for consideration. The model suggests risk factors to consider; however assessors do not add up those factors to determine a final score (Nicholls et al., 2013). Unlike the actuarial approach, there are no restrictions on the inclusion, weighting, or combining of risk factors; rather the model is dependent on the evaluator for the final decision (Kropp, 2004). The final step in combining risk factors is not done by algorithm and this aspect of the model facilitates flexibility.

There are a number of strengths associated with this approach. Kropp (2004) argues that the model’s ability to systematically identify both static and dynamic risk factors creates the opportunity to tailor management strategies to prevent violence. The structured professional approach relies on risk factors culled from the empirical evidence base, which means the tools are more generalisable than tools developed for a specific population, as is often the case with the actuarial approach (Helmus & Bourgon, 2011). Interestingly, while it would appear that SARA has been outperformed by other RAs of generic violence risk (Bowen, 2011), the results of these studies need to be interpreted with caution as in the majority of cases (except Kropp & Hart, 2000), the SARA was not used as intended due to the reliance on file information rather than the comprehensive perpetrator and victim assessment that is recommended. Consequently, it is possible that the actual performance of the complete SARA assessment is better, and that the predictive accuracy is greater (Bowen, 2011, p. 220).

However, a study exploring intimate partner abuse risk assessment and the role of female victim risk appraisals reported that actuarial instruments outperform those based on structured professional judgement. Like the issues identified with the earlier model of unstructured clinical decision-making, Bowen (2011) argued that the reliability of evaluator-identified critical items are not particularly effective in predicting violence particularly problematic.

There are several limitations associated with the model. It is vulnerable to the same criticism as the unstructured clinical decision-making in terms of the emphasis on professional judgement (Kropp, 2004, 2008). The approach involves professional subjectivity rather than basing the risk assessment decision on a total score derived from an empirically validated tool (Helmus & Bourgon, 2011). Other research has highlighted that the model includes risk factors, such as suicidal behaviour, that are reported as not strong predictors of intimate partner violence (Hilton & Harris, 2005).
The final model of risk assessment is described in the literature as victim risk appraisals (Bowen, 2011). Authorities in the field recommend that risk assessment should be victim-informed (Kropp, 2004), while those who developed SARA (a structured professional risk assessment), caution that risk assessment should never be performed without the inclusion of victim-informed data (Kropp, Hart, Webster, & Eaves, 1999 cited in Kropp, 2004). Unlike risk assessment in cases of domestic homicide and general violence, the evaluator has access to the victim who can provide critical information pertaining to dynamic risk factors such as the perpetrator's violent history, personality, attitudes, and mental health (Dutton & Kropp, 2000; Kropp, 2004). Kropp (2004) argues for the importance of ‘collateral informants’ in the conduct of risk assessment as there is a danger with evaluations of risk that rely on perpetrator self-report data. Not only do perpetrators deny or minimise their responsibility for violence, they are also reluctant to disclose information that may affect their outcomes in the criminal justice system.

Previous research indicates that female predictions of re-assault are empirically validated. Weisz, Tolman, and Saunders’s (2000) examination of severe physical violence assessed following a four month follow-up, reported that for the 177 female victims, their survivor predictions of re-assault were significantly associated with the reoccurrence of severe violence. Examining continued abuse assessed at a three month follow-up with a sample of 169 women, Bennett Cattaneo and Goodman (2003) reported that victim assessments were significant predictors of abuse. A later study by Bennett and colleagues (2007) examining re-abuse, defined as physical assault, injury, and attempts to kill at an 18-month follow-up, reported that of the sample of 276 women, 182 (66%) accurately assessed their own risk. Another study explored psychological abuse at an 18-month follow-up and reported that of a sample of 244 women, 151 (62%) accurately assessed their risk, and furthermore, the study found that victims were equally skilled in predicting re-assault and non-re-assault (Bell, Cattaneo, Goodman, & Dutton, 2008). The empirical data concerning female victim risk appraisal assessed over different time periods, and taking account physical, psychological, and continued non-assault abuse, indicates that victims provide important information that should be factored into the risk assessment process.

All of this stated, studies also reveal the limitations of victim-informed risk assessment. Weisz et al. (2000) cautioned that victims’ perceptions of their risk are not always accurate. Depending solely on victims’ assessment is not recommended. Victims have been reported to both under- and over-estimate their risk, and may be reluctant to share information for fear of their safety and their children’s safety, fear of losing their children, or to protect their abuser. It is also worth noting here that not all DVA victims may be likely to participate in such assessments and may be unwilling to engage with the criminal justice system (Kropp, 2008; Nicholls et al., 2006). For example, victims of colour may not provide information about their partners to law enforcement for fear of policing bias or indiscriminate incarceration, and other groups of victims (LGBTQ+, and victims with limited resources) may be systematically disadvantaged and prevented from participating in the criminal justice system.

Although structural professional approaches to risk assessment continue to lean toward general violence recidivism risk factors, they are inclusive of specific DVA factors (Bowen, 2011). Structured professional approaches to risk assessment and victim appraisal tools present more opportunities for the assessor to capture coercive controlling behaviours. Unlike actuarial risk assessments, the assessor has the opportunity to capture victim-informed data by considering the victim statements, and cross-referencing the perpetrator report with the victim report, by interviewing the victim where possible. This creates the ability to assess for impact of abuse, a critical component in assessing for coercive control as Myhill (2015, p. 360) forewarns, “Without considering impact, even comprehensive scales risk summatizing controlling behaviors without
being able to assess whether or not a state of coercive control has been achieved”. Furthermore, structured professional approaches reflect a move away from counting discrete incidents of abuse to assessing the continuous nature of abuse attributed to coercive control, with some instruments, the B-SAFER for example, appraising past and current behaviours within the past four weeks (Bowen, 2011).

Managing risk

Risk management requires familiarity and cooperation across multiple stakeholders and agencies with different skill sets and mandates (Kropp, 2008). Moreover, the design and implementation of a “comprehensive, integrated, multidisciplinary risk management plan” (ibid., p. 214) should be supported with a policy to guide the plan and an accompanying manual for procedures (Kropp, Hart, Lyon, & LePard, 2002). Kropp (2008) suggests that risk assessment evaluators should initiate four risk management activities: monitoring, treatment, supervision, and victim safety planning.

The day-to-day reality of risk assessment and management practice also needs to account for the organisational culture and individual practices of professionals’ involvement in the tasks. This highlights the need for inter-/multi-disciplinary risk management strategies. Robinson (2006) contends that in cases of DVA, accurate risk assessments provide structure for responding police officers to gather detailed and relevant information from victims, to share information between agencies that can lead to an improved service response, and the creation of a paper trail of evidence to be used by prosecutors should the victim decide not to proceed with a case.

Communicating risk effectively plays an integral role in the prevention of violence, and can greatly affect how information is received and utilised (Heilbrun, O’Neill, Strohman, Bowman, & Philipson, 2000; Kropp, 2008). Heilbrun et al. (2000, p. 159) assert that “risk communication is the link between risk assessment and decision making about risk”, with risk assessments that are not effectively communicated on a multi-disciplinary level to decision-makers, specialist practitioners, and victims essentially considered useless. The crucial role of risk communication in the risk assessment process is evident from reviews of domestic homicide, where despite the presence of risk indicators, this information was not recorded or communicated to those who needed this information (including victims, criminal justice agencies, offender treatment programmes, and the police) (Sharp-Jeffs & Kelly, 2016; Websdale, 1999).

Kropp (2008) proposes several principles of “sound risk communication”. Firstly, professional opinions about risk must be supported concisely and grounded in evidence. Guidelines and checklists associated with the DA, ODARA, DVSI, and SARA assist with structuring opinion and instincts about risk. Secondly, communicating risk to victims allows for an understanding of their overall level of risk and the precautions needed (Kropp, 2008). Educating victims about specific risk factors is important as studies indicate that victims can interpret risk factors such as unemployment, mental health problems, and substance abuse as sympathy factors rather than causal factors for violence (Kropp et al., 2002). Communicating risk to victims can also inform an effective safety plan. Thirdly, risk assessment opinions must be qualified and any limitations with the collection of information must be made clear. For example, in the absence of a victim interview, those contributing information to the risk assessment must be made aware that the information they provide could seriously affect the validity (the extent to which the scale can be said to measure what it claims to measure) of the risk assessment. As Kropp (2008, p. 213) forewarns, “there is nothing more dangerous than a risk assessment based on inadequate
information that does not include adequate qualifications”, which can lead to underestimating risk and the provision of inaccurate information to victims and other relevant agencies.

While the research evidence on risk assessment has expanded significantly in recent years, evidence concerning risk management is relatively thin, with no empirical evidence available on the ability of violence risk assessment instruments to aid in the management and the prevention of violence until very recently (Belfrage et al., 2012; Storey, Kropp, Hart, Belfrage, & Strand, 2014).

In the UK, Wire and Myhill’s (2018) review concluded that the evidence base for the usefulness of Multi-agency Risk Assessment Conferences (MARAC) is thin (Steel, Blakeborough, & Nicholas, 2011), and that furthermore, longitudinal evaluation of outcomes for victims following police engagement was largely non-existent. Commenting on the process of conducting primary and secondary risk assessment, the authors also highlight the variability in secondary risk assessment and management by the police, particularly when it comes to multi-agency and partnership working. Concurring with Robinson, Myhill, Wire, Roberts, and Tillwy’s (2016) recommendation that police involvement in secondary risk assessment processes should be minimised in favour of specialist support services involvement, Wire and Myhill (2018) conclude that specialist support workers are best placed to undertake a thorough risk assessment.

**Conclusion**

This chapter has provided an overview of the four main risk assessment models, highlighting their strengths and weaknesses in respect of DA and linking those models with risk instruments, all of which have similar content and some of which have established psychometric reliability and validity.

Although the risk factors for DVA are well established in the literature, these are grounded in an intersectional and gender-based understanding of male-perpetrated violence and abuse against women, with further research needed to understand the applicability of risk assessment tools for more diverse samples. Furthermore, we would argue, risk assessment tools do not always translate easily into risk assessment practice and tools, particularly regarding the issue of coercive behaviours, and the misuse of power and control. With no validated measure of coercive control (Stark, 2012) and risk factors associated with coercive controlling behaviour featuring less frequently in standardised risk assessment, we would concur with Stark (2012) that “the level of control an offender is exercising is a far better way to ration scarce police resources than the level of violence”. The evidence consistently demonstrates that the existence of control predicts a range of harms, physical, sexual, and fatal violence, more so than prior assault (Glass et al., 2008).

While the concept of coercive control should therefore forefront any risk assessment tool, it should also be noted however that a risk tool will not, by itself, result in appropriate risk assessments. Having an in-depth appreciation of the complex dynamics of DVA, with a sophisticated understanding of the nuanced nature of coercive control is an integral requirement of appropriate risk assessment.

Furthermore it is important for those conducting risk assessments to not rely solely on self-reported information from the offender. It is also critical to use victim-based information somehow. This must be done sensitively and respectfully with attention paid to ethical and safety issues. Finally, it is important to recognise that risk management involves far more than just DVA programming. Other specialised treatments might be necessary, as well as proper monitoring and supervision. Moreover, victim safety planning is crucial, as offender intervention is far from
perfect for preventing future violence. The principle of ‘interventions should restrict opportunities for harm’ should underpin the identification-assessment-management of risk processes.

**Critical findings**

- The risk factors for domestic violence are well established in the literature but do not always translate easily into risk assessment tools, particularly the issue of coercive behaviours and power and control.
- A risk tool will not, by itself, result in appropriate risk assessments. Having an in-depth appreciation of the complex dynamics of domestic violence, with a sophisticated understanding of the nuanced nature of coercive control is an integral requirement of appropriate risk assessment.
- Given the centrality of coercive control to the experience of domestic violence, the concept of coercive control should forefront any risk assessment tool, representing the “thread” from identification to assessment and through to risk management.
- Existing RA tools are primarily focused on statistical precision when predicting future physical assault and re-victimisation. As such they have limited ability to accurately assess for coercive control.

**Implications for policy, practice, and research**

- Not everyone can or should perform risk assessments. Such evaluations require specialised knowledge and experience. Those conducting risk assessments should understand the dynamics of domestic violence, and they should have experience working with offenders and victims. Proper risk assessment training is extremely important.
- One clear limitation of risk assessment tools is that they have all been substantially informed by an understanding of domestic violence perpetration by males against females in intimate partner relationships (current and former). As such, their applicability to other intimate partnerships is unknown.
- This presents a clear gap in the literature examining IPA predictors for same-sex relationships, and a lack of research focused on female perpetrators.
- While the research evidence base on risk assessment has expanded significantly in recent years, evidence concerning risk management is relatively thin.

**Notes**

1 Dawson’s 2017 review of Canadian Homicide Reviews between 2013 and 2015 concluded that the top four risk factors included a history of domestic violence in the couple’s relationship (71%), actual or pending separation (67%), obsessive behaviour by the perpetrator (48%), and a victim who had an intuitive sense of fear towards the perpetrator (44%).
2 One clear limitation of risk assessment tools is that they have all been substantially informed by an understanding of domestic violence perpetration by males against females in intimate partner relationships (current and former). As such, their applicability to other intimate partnerships is unknown.
3 Suicidal behaviour is a strong risk indicator for domestic homicide but not domestic violence.
4 Ontario Domestic Abuse Risk Assessment (ODARA) and the Domestic Violence Risk Appraisal Guide (DVRAG) are examples of actuarial models of RA.
5 A note of caution however is advised that professionals including first responders receive adequate training in using the tool appropriately and in identifying and responding to domestic violence cases (Graham et al., 2019; Robinson, Myhill, Wire, Roberts, & Tillwy, 2016).
6 Static risk factors are risk factors that are fixed and unchangeable, for example demographic factors (age, gender), childhood history, and criminal history.
7 Anecdotal evidence from the UK suggests that statutory professionals are resisting training and education around domestic violence, expressing a preference for a tool only (consultation with Davina James-Hanman).
8 Most perpetrator programmes in Ireland have been trained in the use of the B-SAFER risk assessment tool and continue to develop systems for using this information to improve safety for women and inform work with men. This is a tool developed by Randall Kropp and others from the original Spousal Assault Risk Assessment (SARA) tool. One service providing support to women experiencing domestic violence (Sonas Housing) utilises the CAADA Dash in risk assessment processes.
9 SARA and B-SAFER risk assessment instruments are examples of the structured professional approach to RA.
10 Campbell’s Danger Assessment (DA) is designed entirely for use with victims.
11 The Multi-agency Risk Assessment Conference (MARAC) is a monthly meeting of agencies such as the local police, health and housing practitioners, shelter workers and other government and nongovernmental specialists, including Independent Domestic Violence Advisors (IDVAs) providing services to domestic violence survivors identified as being at the highest risk (defined as a pattern of abuse which presents a risk of serious harm or femicide).
12 Primary assessments can be conducted by both responding officer(s) attending a domestic abuse incident and by their supervisors (sergeants) who review the circumstances of the incident, using professional judgement. They may or may not perform background intelligence checks on force systems.
Secondary risk assessments are undertaken by the police on all or a proportion of cases by a central unit, using professional judgement, and drawing on the primary risk assessment, information contained on force systems, and, in some cases, the Police National Computer and data from partner agencies.

References

Literature review on risk assessment


