

# Risk assessment: What is it and how can it be applied in family violence?

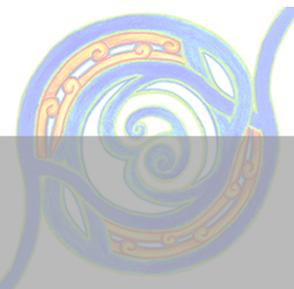
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## Key Messages

- Risk assessment must be considered as a piece in the wider puzzle of risk management.
- Adequate services need to be provided for those considered at “less” risk, so they receive an appropriate response. This reduces the imperative for service providers to escalate a case, in order to get help for a person.
- Effective risk assessment and management needs to be grounded in an integrated response system. This needs to have:
  - Underlying principles which shape how practitioners respond.
  - Training for practitioners in the effective conduct of risk assessment and the effective communication of results.
  - Appropriate risk assessment tools, with monitoring to ensure they are used as intended and that the tools support risk management decision making.
  - Clarity of roles and responsibilities for all components of the system.
- Co-location of professionals for risk management appears very beneficial to facilitate adequate communication. Co-location:
  - Enhances the development of a unique culture which supports increased trust and information sharing between professionals from different agencies.
  - Facilitates the process of risk management planning by reducing turnaround times and enhancing access to services.
  - Where effective colocation is not achievable, clear roles, responsibilities, communication strategies and a common culture around family violence must be developed to ensure a consistent response is provided.
- Effective communication of risk, using common language, is vital to ensure all professionals understand how an estimation of risk was derived.
  - Training is required across government agencies to ensure there is a consistent understanding of family violence – including understanding definitions and patterns of violence.
  - To develop a common language, training should be shared across government agencies, rather than being delivered within agencies.
- Effective risk management requires a lead agency to take responsibility for the implementation of planned activities. This lead agency also needs to be tasked with the responsibility of regularly reviewing risk in light of developments.
  - Agencies need to be aware of each other’s roles and responsibilities within the risk management system.
  - Where limitations exist within the family violence risk management system, external resourcing may be required to ensure all risks are effectively addressed.



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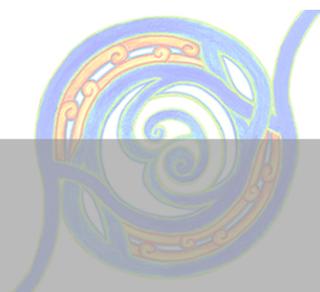
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# 1. Background

*“As risk is necessarily an unknown, risk assessments are social constructs, and yet they have significant practical and emotional implications for those deemed to be both at risk of being harmed and at risk of harming others.” (Hoyle 2008, p.323)<sup>6</sup>*

In this Issues Paper, we seek to develop a shared understanding of terminology and the underlying concepts around risk assessment. We also explore the role of risk assessment in preventing the escalation of family violence.<sup>a</sup> We work from the understanding that risk assessment is not a stand-alone tool for the management of risk, it is one part of a process to try and keep those who experience violence safe and hold perpetrators to account. There are specific circumstances in every case where variations could make a difference to understanding risk. For instance, one victim may have voluntarily engaged with services that provide safety planning, while another may be avoiding any engagement with services, even though both are experiencing serious threats from the perpetrator if they report their victimisation. Service providers, and the victims themselves, may be the only people who know the circumstances that make each person’s safety or risk of further harm specific to them.

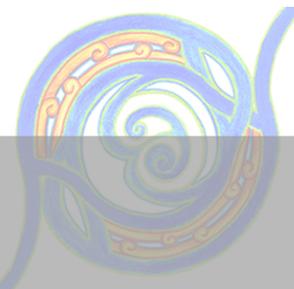
In this paper we cover the following topics:

1. The how, what, why and who of risk assessment
2. What do we do after an assessment?
3. Key issues to consider when applying risk assessment to family violence

A plethora of tools exist, measuring ‘risk’ from various points of view. We will not discuss the value and limitations of individual risk assessment tools. The reader is referred to a large number of review documents on this topic should they be interested in developing an understanding of individual tools. A list of selected review papers is included as further reading (see Appendix). In addition, we have not considered current risk assessment policy, practice, or tools in New Zealand. As part of the current cross-government work programme on family violence, the Ministry of Justice is leading the development of a risk assessment framework. This intends to outline how the risk of harm from family violence is best assessed and the appropriate response for different levels of risk.<sup>13</sup>

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<sup>a</sup> Violence and abuse against any person whom that person is, or has been, in a domestic relationship with. This can include sibling against sibling, child against adult, adult against child and violence by an intimate partner against the other partner.



In a number of places throughout this issues paper, we have provided examples of static or dynamic risk factors. Static risk factors are those risk factors that are not going to change – for example, family history, gender, and ethnicity. Dynamic risk factors are those that are amenable to change, for example, problem alcohol consumption and employment status. It should be noted that examples of risk factors are presented for illustrative purposes only. The presence (or absence) of a risk factor does not predict, with absolute certainty, that family violence will (or will not) occur.

## 2. The how, what, why and who of risk assessment

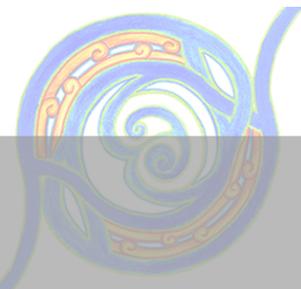
*“... risk is a complex phenomenon; judgments must consider the who, what, where, when, and how of violence” (Kropp 2008, p.203)<sup>15</sup>*

Risk assessment is a process of prioritising resources and managing potentially dangerous situations. It is often used as a tool for rationing the service response to a *“wide spread and complex social problem”*<sup>17</sup> (Stanley and Humphries 2014, p.79). However, ‘risk’ is not a static phenomenon, it is a social construction,<sup>b</sup> and the measurement of risk is strongly influenced by the perspective from which risk is being measured (are they currently experiencing violence? Are they trying to estimate risk on behalf of someone else? Whose risk is being measured? Victim or perpetrator? Adult or child?).

One consistent point, however, confirmed in multiple studies, is that the assessors’ understanding of the risk of future intimate partner violence is best when it is centred on victim perspectives.<sup>15</sup> Victims live with or otherwise know the perpetrator very well and will be constantly carrying out their own “risk assessments” to keep themselves and/or their children as safe as possible from violence. A victim’s assessment of risk becomes highly attuned to the unpredictability of the abuser and rapidly changing nature of risk.<sup>20</sup> If taken into consideration during the process of risk assessment by service providers, victim perspectives can enhance understanding of the likelihood of future violence

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<sup>b</sup> Richardson and May (1999) have described the social construction of ‘violence’ and ‘risk’, both of which are gendered (and sexualised). Definitions of violence revolve around what is deemed as “socially appropriate behaviour in particular contexts” (p.308). Characteristics of the victim and the circumstances in which violence occurs influence the process by which blame and responsibility are attributed to both the perpetrator and the victim. Expectations of risk and responsibility can relate to the victim’s gender. For example, “there is a greater expectation on women to protect themselves from a violent attack through modifying their behaviour” (p.312). This can see victims being expected to take certain actions or risk being seen as culpable. Further, “As a normative ideal ... the private sphere is associated with home, domesticity, care and ‘safety’” (p.312). As such, domestic violence and the sexual abuse of women and children within the home went largely socially unrecognised for many years.<sup>18</sup>



because it incorporates a broader range of information than that which researchers or clinicians consider.<sup>21</sup> However, it should be noted that victims may sometimes underestimate their risk. Further, the victim may not be available for the risk assessment – for example, where they are reluctant to engage with criminal justice or statutory child protection services, which sometimes occurs because they assess the risk of engagement as being severe.

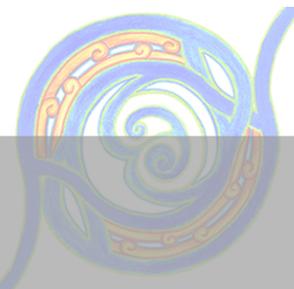
## 2.1 The ‘how’

In its earliest form, risk assessment was an unstructured activity, meaning that it was based primarily on the personal judgement of the assessor. Indeed, many commentators argue that risk assessment continues to be an unstructured process, despite the existence of tools to facilitate more structured assessments.<sup>22</sup> Also referred to as ‘*intuitive*’ assessment, unstructured risk assessment involves the use of experiential or informal procedures to identify relevant information from which to make a decision regarding risk.<sup>23</sup> Opponents of *unstructured risk assessment* view this method as lacking validity and reliability and suggest that it is open to biased information processing strategies. Biased information processes may occur by the assessor placing emphasis on evidence which confirms their opinion and paying less attention to evidence which is to the contrary of their beliefs.<sup>4</sup> For example, the statement “*In most cases domestic violence is verbal and requires no police ...*” (Gover, Paul and Dodge 2011, p.632) indicates a pre-existing bias that most domestic violence has a low level of risk.<sup>24</sup> As the importance of risk assessment for directing safety planning and service provision has been realised by the academic community, efforts have been directed to the development of *actuarial* risk assessment tools.

*Actuarial tools* use statistical modelling techniques to identify a set of variables that will predict the likelihood of violence in the future. Both the set of *predictor* variables and the *outcome* being predicted are highly specific, as is the timeframe in which the outcome is predicted to occur.<sup>23</sup> For example (when measuring risk of recidivism):

*“... one client may only have committed his or her offences in the context of substance abuse, making substance abuse both present and potentially relevant to any future offending. However, another client may have a history of substance abuse but his or her offending post-dates that experience, making it not relevant to future potential.”* (Doyle and Logan 2012, p.409)<sup>25</sup>

Opponents to actuarial tools suggest that the evidence concerning the relative superiority of these methods is limited.<sup>4,21</sup> However, in a review of the literature on risk assessment in intimate partner violence, Bowen pointed out that although actuarial methods were not always more accurate, they were reported to be more accurate around half of the time, while clinical prediction (unstructured risk assessment) was more accurate than actuarial methods in a minority of studies (around 10-20%). In this review, in 30-40% of investigations, there was no difference in the accuracy of prediction between clinical and actuarial methods.<sup>4</sup>



Opponents of actuarial methods also express concern about:

- Actuarial methods' lack of acknowledgement of idiosyncratic and context-dependent factors, such as specific relationship dynamics that increase the likelihood of violence, and the escalation of violent acts over time that may suggest increased likelihood of severe or fatal violence.<sup>26</sup>
- Inability to assist in the case of specific decisions about *how* to intervene. For example, if a person is considered at high risk by an actuarial intervention, this raises questions about what type of intervention should be implemented in response.<sup>27</sup>
- Insensitivity to changing environment and protective factors. Actuarial tools are often based on static risk factors rather than dynamic risk factors.

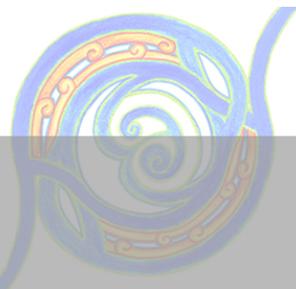
Examples of items contained within an actuarial risk assessment tool are contained within Box 1.

**Box 1: Items included in the Revised Domestic Violence Screening Instrument (DSVI-R)<sup>1</sup>**

- Non-family assaults
- Family assaults
- Prior family violence intervention / treatment
- Violation of orders / court supervision
- Prior verbal / emotional abuse
- Frequency of violence in last six months
- Escalation of violence in last six months
- Substance abuse
- Use of objects as weapons
- Children present during prior or current violence
- Employment status

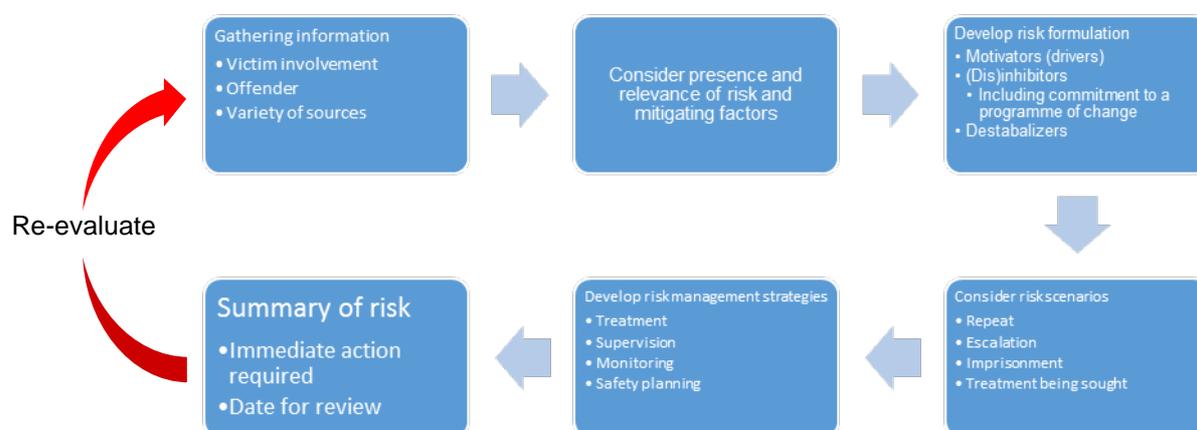
(As listed in Bowen 2011, p.217<sup>4</sup>)

*Structured professional judgement* is an effort to construct a bridge between unstructured and actuarial methods of risk assessment. Although the assessment of a minimum number of measurable risk factors is required, the assessor is also encouraged to use their overall understanding of the case in order to assess future risk.<sup>28</sup> Doyle and Dolan suggest that this approach shifts the emphasis from risk *assessment* to risk *management* by acknowledging idiosyncratic historical, clinical and risk management factors that apply to individual cases (as is described in Figure 1 below).<sup>29</sup>



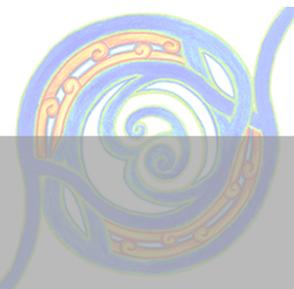
Risk management is a systematic process of identifying risk and protective factors, especially those that are amenable to change, communicating opinions on the most appropriate method of action, combined with the implementation and continual evaluation of violence prevention strategies. The assessor is expected to gain an understanding of why prior harmful behaviour happened as it did, thereby developing further understanding about the circumstances in which it could happen again.<sup>25</sup>

**Figure 1: Structured professional judgement as risk management, adapted from Doyle and Logan's (2012)<sup>25</sup> "Six stages of professional judgement"**



At their best, structured professional judgement methods are an attempt to take into account the interaction between factors that increase as well as those that decrease the likelihood of violence re-occurring.<sup>30</sup> Such factors can include higher level factors including imprisonment (which removes the immediate risk of re-offending), perpetrators taking responsibility for their actions and committing to a programme of change, or more immediate changes in the local environment such as job loss (which can exacerbate risk<sup>1</sup>).

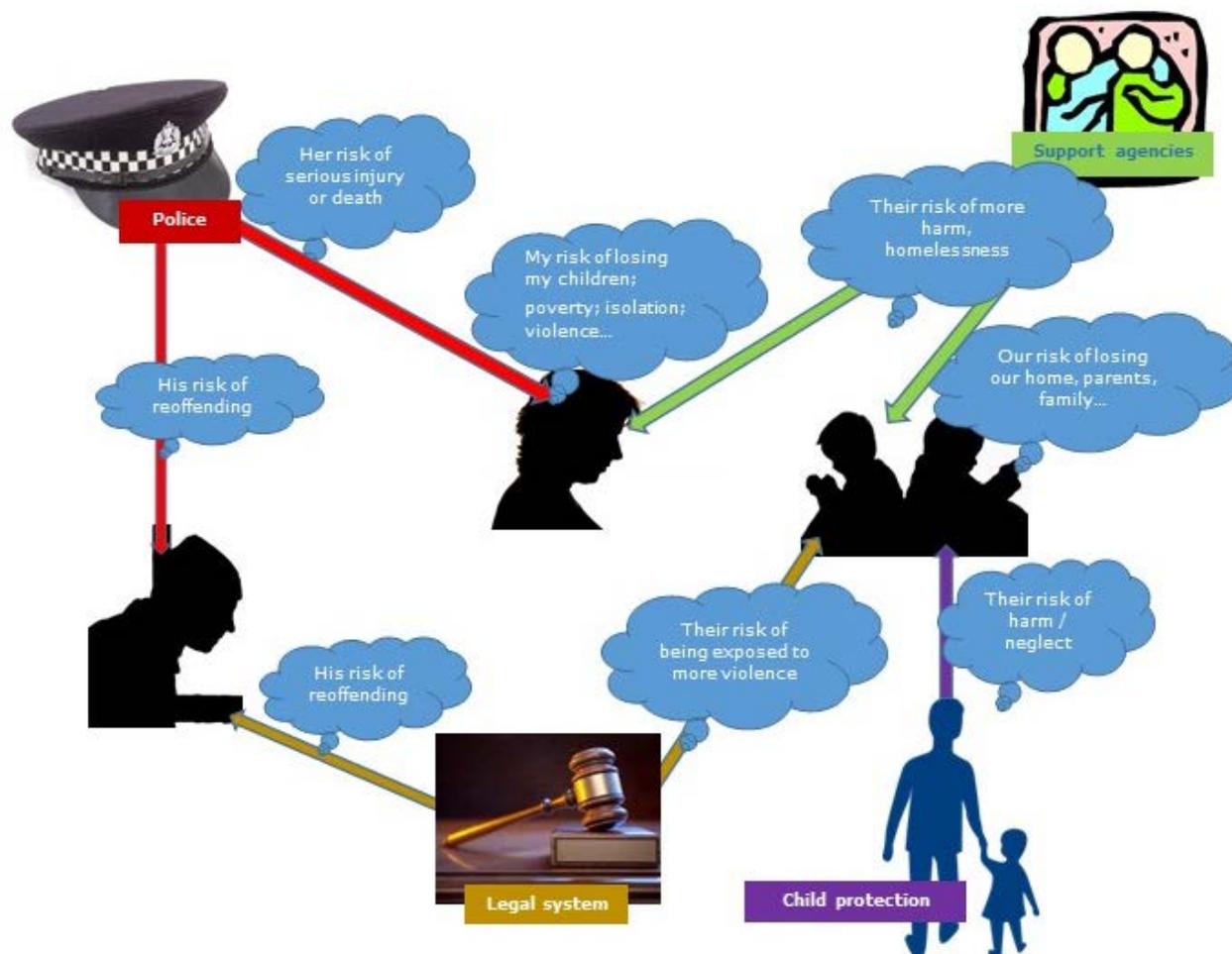
However, because structured professional judgement includes unstructured or intuitive assessment, a potential limitation is that it is possible for assessors using this method to incorporate subjective impressions during the risk assessment process, which may introduce racial and gender biases.<sup>30</sup> The inclusion of empirical methods does not preclude bias and this possibility needs further consideration. In a recent investigation conducted by Childs and colleagues (2014), no evidence was found that would point to increased bias resulting from structured professional judgement methods, in which empirically derived and structured professional judgement techniques were compared for the assessment of violence risk in youth.<sup>30</sup> However, the assessment was conducted in one location, using one method of structured professional judgement in a specific risk area, so the potential for bias may continue to exist in other locations using alternative tools.



## 2.2 The ‘what’

‘What risk’ is being assessed will be dictated by the perspective of the person doing the assessing. Figure 2 provides a diagrammatic representation of different types of ‘risk’ as perceived by those who are directly involved in family violence (the perpetrator, victim and their children) as well as government and non-government organisations involved in managing future risk. Evaluation of the Multi-Agency Risk Assessment Conference (MARAC) model, introduced in England and Wales in 2003, highlighted the many different ways in which risk was understood, considered or assessed by the agencies involved. For example *“probation service work was oriented towards reducing the risk of offending behaviour rather than the risks faced by children and women as a result of domestic violence related behaviours.”* (Peckover, Golding and Cooling 2013, p.26)<sup>14</sup>

**Figure 2: Possible risks as perceived by different stakeholders in a family violence episode (not intended to be comprehensive)**



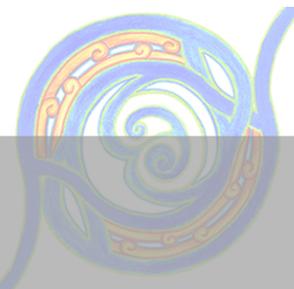
Differing perspectives of ‘risk of what?’ create difficulties in establishing a common operational definition of ‘risk’. An operational definition describes what is being measured in practical, observable (and measurable) terms. While the presence of a violent spouse may increase the risk of child abuse,

the process of leaving the violent spouse may increase the risk of heightened violence for his partner and the children. Therefore, the measured 'risk' of a spouse leaving needs to take into account the relationship between the perpetrator and victim, the context in which the separation occurs and other salient risk factors that are present at the time. A lack of common operational definitions of risk has implications for understanding differences in results when different risk assessment tools or methods are used, as well as contributing to explanations of why there are difficulties in identifying the constellation of risk factors relevant for any specific measure of risk.<sup>15</sup>

While formal risk assessment is largely an external activity (i.e. the assessor is external to the family violence situation), victims also carry out their own informal "risk assessments" in order to keep themselves and/or their children as safe as possible from the violence. As stated earlier, internal risk assessments of a wider range of factors may also be being undertaken by victims, perpetrators and children when answering questions asked by assessors using risk assessment tools (as shown in Figure 2). For example, efforts to remove a violent partner from the home may significantly increase other risks for victims of violence, such as risks of poverty, losing care of or contact with her children or losing her home (sometimes described as structural violence).<sup>6</sup> The person experiencing family violence may have concerns about these real risks which may impact on the responses they give to validated risk assessment measures, which may in turn render the results of the risk assessment invalid.<sup>31</sup>

In some cases, efforts to assist in the problem of family violence can create circumstances that limit our ability to get accurate information. For example, New Zealand, along with a number of other countries, has started to acknowledge the impact of being exposed to intimate partner violence on the psychological health of a child.<sup>32</sup> This acknowledgement contributed to the introduction of the Crimes Amendment Act 2011, which made it a criminal offence for anyone who lives with a child who is being maltreated to fail to protect the child (including psychological abuse, which includes exposure to intimate partner violence).<sup>33</sup> One potential effect of this change is to place a woman who is being abused, who is also a mother, in a position of responsibility while she is also in a position of vulnerability. If contact is made with statutory authorities about her experiences of abuse, and she admits that her child has witnessed the abuse, this may also place her in a position of culpability, because this is perceived as "allowing" the child to be exposed to abuse. Therefore, there may be an incentive for a woman not to disclose her experience of abuse.

Overall, when applying risk assessment methods, there is a need for clarity about the type of risk being assessed, the risk factors being considered and the time period under consideration. Stanley and Humphreys have highlighted that *"the risks identified at the site of a domestic violence incident may differ from those discussed once women are able to talk confidently to a trusted advocate."*<sup>17</sup> (p.80) To address this, they underscore the importance of carrying out on-going risk assessments and information sharing in order to capture the substantial shifts in risk, and perception of risk, that can emerge over time. In addition, care must be taken in communicating risk and providing context and reasoning around the assessed risk. This is covered in more detail in the "Key Issues to



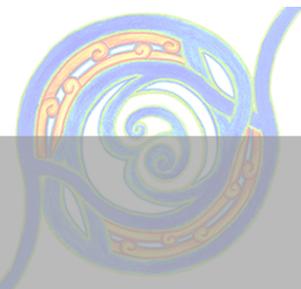
Consider” section below. Examples of the types of risk assessed by New Zealand government agencies are presented in Table 1.

**Table 1: Examples of types of risk assessed by NZ government agencies (not intended to be comprehensive)**

Government agency	Types of risk assessed
New Zealand Police	Future harm Re-assault Risk to children living in a family violence context Repeat victimisation
Work & Income	Immediate danger of violence experience
Ministry of Justice	Lethality Risk of harm to victims
Corrections	Re-offending Further sexual offending
Ministry of Health	Identification of intimate partner violence Identification of elder abuse Identification of child abuse or maltreatment
Child, Youth and Family	Whether a child or young person is in need of care and protection

### 2.3 The ‘why’

A number of the risk assessment tools described in the academic literature are derived from a prediction rather than a prevention paradigm, meaning that they are designed to determine *if* a person is at risk rather than *why* a person is at risk.<sup>25</sup> In contrast, strengths-based assessment tools often focus on factors within the environment or person that reduce risk, which is consistent with a prevention paradigm. An important feature of a prevention perspective is recognition of the possibility of change, and what can be done to reduce the risk of violence in the future. This highlights the importance of linking risk *assessment* with risk *management*. *Risk management* is a systematic process of identifying risk and protective factors, especially those that are amenable to change, communicating views about the most appropriate method of action with victims and other workers, combined with the implementation and continual evaluation of violence prevention strategies (see Multi-Agency Risk Assessment Conferences, in Box 2).



### Box 2: Multi-Agency Risk Assessment Conferences (MARAC)

MARACs were introduced into England and Wales as a method of improving interagency risk assessment and management for 'high risk' victims of domestic abuse. Within this model, statutory and voluntary agency representatives share information about high risk victims to produce a coordinated action plan to increase victim safety.

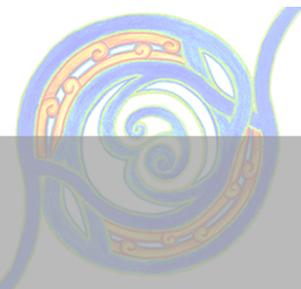
MARACs are based on ten guiding principles:

1. Identification – agencies have protocols and systems for identifying and referring high risk cases to MARAC in a timely way.
2. Referral criteria – clear and transparent referral criteria that include high visible risk, professional judgement and escalation.
3. Representation – relevant statutory agencies, specialist domestic violence services and voluntary and community organisations are represented.
4. Engagement with the victim – the victim is at the centre with an effective advocate in support.
5. Research and information sharing – relevant, proportionate and up-to-date information is shared and stored in accordance with legislation.
6. Action planning – comprehensive action plans developed which address the risks identified at the meeting.
7. Volume – the volume of cases considered at the MARAC should be commensurate with the local population.
8. Administration – promotes safety, efficiency and accountability.
9. Strategy and governance – the process is embedded in key local partnerships to promote sustainability.
10. Equality – the MARAC is structured to deliver equality of outcome for all.<sup>5</sup>

In the 2014/15 financial year, 287 MARACs submitted data to the independent organisation, Safelives (which provided an opportunity to address common issues at a strategic level and to develop policy to support the work of the MARACs), which attended to over 78,000 high risk IPV cases in the 2013/14 financial year.<sup>8</sup>

Core to the effectiveness of the MARAC model is enhanced information sharing, appropriate agency representation, and the role of victim advocates in representing and engaging with the victim in the process. However, a survey of MARAC representatives showed that at meeting the principles of 'identification', 'representation', 'volume' and 'action planning' proved the most challenging for MARACs.<sup>11</sup> Critical issues associated with referrals and safety (action) planning were also identified in a project designed to extend the MARAC model to improve multi-agency working in relation to domestic abuse and safeguarding children. Specifically, referrals were often not achieved in a timely manner, and the results of risk assessments were not effectively communicated nor used as the basis for appropriate safety planning.<sup>14</sup>

To further develop the MARAC model, stakeholders have recommended on-going training for those both within and external to MARACs, increasing the number of non-police referrals, improving agency representation (especially those that represent minority communities), developing links between MARACs and services aimed at addressing perpetrator behaviour, and improving monitoring of MARACs to build an evidence base for their effectiveness.<sup>11</sup>



Understanding the purpose and the ultimate goal of the risk assessment is also imperative. In the bluntest form, risk assessment can be considered part of a triage process, to identify those at most risk of a future event so that resources can be provided to reduce that risk. However, there is no ‘one size fits all’ risk assessment tool. Each risk assessment tool is designed to assess a specific component of risk and, hence, will use different variables in the process of measuring. For example, risk assessment can be part of the process of victim safety planning, planning the provision of child protection services, criminal justice interventions and treatment of the offender.<sup>15</sup> Further, it is important that services are still offered to those considered to be at low risk of future harm because, as highlighted above, risk is a dynamic phenomenon that can change substantially in a very short period of time. The presence of services for those considered at low risk provides a safety net, an opportunity to intervene before violence becomes high risk, and a contact from whom a victim can seek help.

Acknowledging that different types of risk will be assessed by different risk assessment tools once again underscores the importance of communicating level of risk with clarity. How is it that that level of risk was measured? What information was used to derive that level of risk (and therefore, what kind of risk was being assessed)? What are the risk management implications that can be derived from this level of risk? Ensuring common language when communicating the level of risk assessed, how risk estimates were derived and the implications for risk management strategies provides an opportunity for a common risk assessment framework to be developed across agencies. Risk assessment frameworks provide a systematic way of analyzing, understanding and recording what is happening to people at risk of family violence. Frameworks do not provide step-by-step instructions on how to assess risk, but rather a common language, shared values and a joint commitment towards improving outcomes (for an example, see the Victorian Common Risk Assessment Framework, described in Box 3).<sup>34</sup>

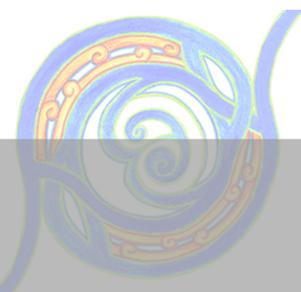
## 2.4 The ‘who’

Understanding the ‘who’ in risk assessment involves answering two questions:

1. What is the role of the person being assessed in the family violence situation?
2. From whose perspective is risk being measured?

### **Agency perspective can determine response**

Stanley and Humphreys have highlighted the problem associated with assuming there is one victim and one perpetrator in family violence situations<sup>17</sup> which is that there can be more than one person at risk at any point in time. Substantial evidence exists concerning the overlap between child maltreatment and intimate partner violence.<sup>35</sup> However, who the risk assessment is conducted with is often determined by the needs of the agency involved, rather than the needs of the family. This can



create tensions in situations of multi-agency engagement with families.<sup>17</sup> For example, the following roles may be being played out in any given situation:

**The child:** May be in a family where child maltreatment is the only type of violence perpetrated or child maltreatment may be concurrent with intimate partner violence.

**The adult victim:** May be the sole person in the family experiencing the violence or be attempting to parent while experiencing intimate partner violence and being aware of the existence of child maltreatment.

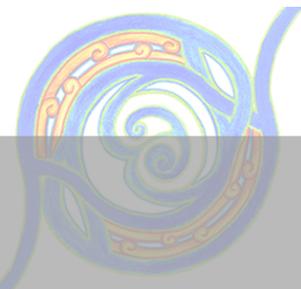
**The adult perpetrator:** Although the primary perpetrator within the household, this adult may not be directly violent towards their children, but not yet have accepted the impact of intimate partner violence on their children.

In a series of investigations of police notifications of intimate partner violence to Child Protection Services in England, Stanley, Richardson-Foster and colleagues were able to provide a description of the differing emphases agencies placed on the stakeholders involved. The police focussed predominantly on the perpetrator and victim, keeping the children on the periphery, to the extent that they were unable to convey the full extent of the children's exposure to the violence.<sup>36</sup> In contrast, the social workers focussed predominantly on the children and mother, having limited engagement with the perpetrators.<sup>37</sup> The social workers' limited engagement with perpetrators has been noted to implicitly lay the blame on victims, leaving them to feel responsible for managing the relationship between their child and the abusive partner.<sup>31</sup>

### **From whose perspective is risk being assessed?**

Jenney and colleagues have highlighted how risk assessment done 'on', rather than safety planning (or risk management) constructed 'with', people who experience family violence can result in a narrow view of what constitutes safety. This can potentially result in *"going through the motions of what it looks like to reduce risk while simultaneously increasing it"* (Jenney et al 2014, p.98).<sup>31</sup> This is despite a growing body of literature that points towards the relative accuracy of a victim's own perception of their risk of further harm, particularly when they are confident of the process and trust the assessor. Institutional assessments of risk may predominantly focus on risk of physical harm at the expense of acknowledging psychological safety and freedom from fear from multiple potential assailants.<sup>31</sup> As highlighted under "The What" above, this can include structural (e.g. statutory welfare agencies) as well as personal (intimate partner) violence.

The difficult position that a mother may find herself in as a result of statutory intervention has led many commentators to question where the perpetrator is in the process of risk assessment.<sup>6,17,31</sup> When interacting with families in which a child is affected by the existence of intimate partner violence (possibly with concurrent child maltreatment), Stanley (2014) has highlighted the need to engage with mothers and fathers in different ways:



*“The harm to children will need to be addressed through engaging with women as partners in the assessment. The assessment with men in their role as fathers will need to explore and name the harm that domestic violence imposes on children and avoid collusion that the violence is mutual or minimal.” (p.81)<sup>17</sup>*

To move towards safety and freedom from fear requires engaging with men to end abusive behaviours, as well as incorporating an assessment of the perpetrator’s possibility of change.<sup>38</sup>

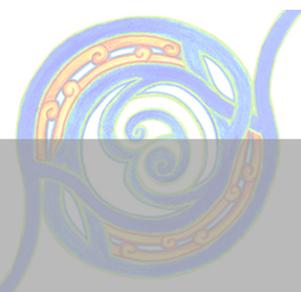
### 3. What do we do after an assessment?

With the movement towards structured professional judgement, there is increasing emphasis on collecting sufficient information to allow risk assessment to become part of the process of risk management rather than a stand-alone tool (see the Victorian Common Risk Assessment Framework, described in Box 3).

Although often not acknowledged, the most important process to occur after assessing risk is that of effectively communicating risk: *“[P]ractitioners need to share their professional assessments and thinking. They should communicate the strength of their evidence that informs their judgements and spend time processing this information until they arrive at shared understandings.”* (Family Violence Death Review Committee 2013, p.52)<sup>39</sup>

When communicating risk, clarity is required around:

- Risk of what?
- To whom?
- Over what timeframe?
- How will this risk be mitigated?
- Who is accountable?



### Box 3: Victorian Common Risk Assessment Framework

Since 2008, Victoria (Australia) has implemented a common risk assessment and risk management framework to encourage the use of common language, definitions of family violence, and risk assessment and management procedures. The anticipated outcome of this common assessment and management process is to increase the ability of the service system to respond in an integrated and coordinated way.<sup>2</sup>

Underpinning the common assessment framework is state-wide cross-sectoral training and the provision of assessment manuals. Training is tailored to the expectations around the level of detail and response relevant to service provider's roles. 'Identifying family violence' training is provided for those professionals or groups considered the first point of contact for women experiencing family violence. 'Preliminary assessment' training is provided for those offering non-family violence specific support or services to people who experience family violence, and 'comprehensive training' is provided for specialist family violence providers.

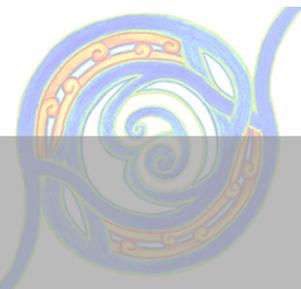
While an initial evaluation was conducted for the implementation of the training programme, a comprehensive review of the implementation of the common risk assessment framework has yet to be undertaken. Preliminary review identified that further development of the training programme was required to ensure:

- Further workforce development for key sectors.
- Extend workforce development for sectors not previously identified as a priority.
- Effectively target training to respond to diverse communities.
- Ensure sustainability of knowledge and skills.
- Recognise the critical role of workforce development to inform the next stages of family violence reform – specifically focus on strengthening risk management.<sup>9</sup>

No evaluation has yet been conducted to provide evidence on whether the implementation of the common risk assessment framework has resulted in better service integration or outcomes for families affected by violence.<sup>12</sup> The framework has also been criticised for being too narrow in focus, leading to an inconsistent acknowledgement of some risk factors and a lack of treatment options relating to these risk factors.<sup>12</sup>

A risk assessment tool will only ever provide part of the story – a story that should be considered to be ever changing and influenced by the flow of risk and protective factors in the family environment and wider community. Doyle and Logan (2012) have expressed concern that, in many circumstances, there is a blunt matching of risk assessment findings to risk management, such as informing sentencing or where to place an individual within the system of violence prevention.<sup>25</sup> In an ideal world, better explanations of risk would be based on personalised, evidence based risk formulations, would identify idiosyncratic causative rather than risk factors, and would aid risk communication.<sup>29</sup>

In order to move towards an ideal risk management system in Devon, England, relevant agencies are being co-located (i.e. housed within the same building) to allow risk assessment to become "*sensitive and dynamic with decisions that are based on information that is timely as well as extensive.*"<sup>17</sup> This is created through a sealed intelligence hub. Staff in the 'intelligence hub' receive referrals, identify relevant information from existing databases, provide an initial assessment of risk, gather and collate

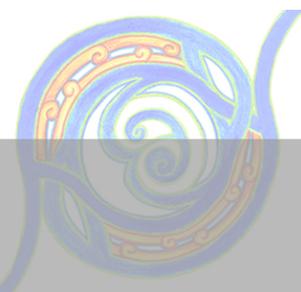


additional information from partner agencies, decide the appropriate course of action and provide guidance to social work and early response teams. This allows information to be released by multiple agencies to inform risk assessment, and with strict protocols concerning how that information will be used outside of the hub.<sup>40</sup> Key components of the safeguarding hubs are: clear governance, aims and terms of reference; willingness to share and overcome joint working issues; sufficient staffing to cope with absences, development and growth; colocation to speed up the process of inter-agency and inter-specialist communication; adequate IT infrastructure and adequate provision of services for those considered at less risk to reduce the imperative to escalate a case to ensure adequate service provision.<sup>40</sup>

Development of the Devon safeguarding hub required commitment at senior management level to allow for improved information sharing, resulting in a cultural change within the staff involved in colocated offices. Interestingly, however, cultural change outside of the safeguarding hubs has been more limited,<sup>40</sup> possibly due to the lack of protocols guiding safe information sharing between agencies.

Kropp (2008) has highlighted the lack of professional standards for conducting risk assessment related to family violence, and the lack of acknowledgement of the need for adequate professional education around risk assessment in the academic literature. As a result, professionals with varying degrees of training and experience are told “what to do, but not how to do it.” (Kropp 2008, p.212) Evaluation of the Devon safeguarding hub highlighted the up-skilling required to allow staff in the safeguarding hubs to adequately communicate the level of risk assessed and how they reached this conclusion. The assessment of risk was reconceptualised as *“an organizational framework for producing a narrative description.”* Therefore, the evaluation of the data and the methods of communicating risk are consistent within the hub to allow staff from different agencies to understand *“the underlying mechanism involved in the generation of harmful behaviour.”* As a result, there is improved communication *“regarding action to facilitate change (that is, harm prevention or managed risk)”* (p.413).<sup>25</sup> Of note is that, irrespective of the agency that they represent, staff within the Devon safeguarding hub are more able to articulate their role in managing risk through a joint understanding of the assessment of the risk and the actions required to mitigate the current and ongoing risks presented.<sup>40</sup>

The Devon safeguarding hub model has been expanded throughout England, with at least 26 operating in London alone. Preliminary evaluation of the London hubs, conducted in the first two months of their implementation, highlighted that the development of a new culture for staff working in the hubs consistently occurred. There was a reduction in turnaround times for access to services for all clients who came in contact with the hub, irrespective of the level of risk identified. However, the early evaluation of the hubs also revealed that teething issues were present, with referral staff needing more education about the responsibilities of the hubs. In addition, staff not associated with social care or police organisations operating within the hubs felt marginalised, being concerned that

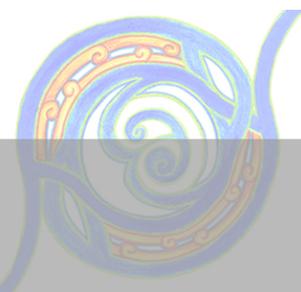


their skills and expertise were not fully utilised. The evaluators recommended team building activities, including allowing professionals to share expertise and knowledge with other team members.<sup>41</sup>

An alternative to co-location is to develop a system that provides clarity concerning the role of each agency in the family violence response system in assessing and managing risk. The Family Violence Death Review Committee has proposed an Integrated System Response Model that *“emphasises the responsibility of services to assess, contain and challenge the perpetrator’s behaviour and thereby more effectively ensure the safety of women and children.”* (Family Violence Death Review Committee, forthcoming) The model outlines four tiers of workforce response, dependent on people and whanau’s levels of risk and need. The tiers of response range from a restoration and prevention response to a multi-agency high risk case management process. The model envisages a system whereby *“regardless of which service a victim discloses to, the practitioners involved are able to effectively respond as appropriate to their tier.”* (Family Violence Death Review Committee, forthcoming) To move towards such a system requires an effective infrastructure, shared understandings of where different services sit and what they have to offer, and improved quality of responses through improved understanding of family violence.

The Praxis International Blueprint for Safety (Box 4) is an example of an integrated response system model which provides a detailed account of the roles and responsibilities of each agency within the justice system when responding to family violence. By effective implementation of the Blueprint, it is anticipated that each member of the justice system will understand the process of risk assessment (who it is undertaken by and what the results represent) and are therefore able to respond accordingly through solid coordination, a strong system of accountability, effective communication, and a commitment to challenging one another and actively engaging in resolving disagreements (see Box 4).<sup>10</sup> While acknowledging the rules and procedures governing the criminal court process, the Blueprint provides an enhanced approach to domestic violence cases by:

- Creating written policies, beginning with the first respondent (either the phone operator or person at the front desk for police) through to probation officers.
- Coordinating actions through administrative protocols and procedures.
- Ensuring police are adequately trained to record and share information to support efforts to coordinate interventions across agencies.
- Delineating roles and functions of practitioners of individual agencies as well as where they sit within a coordinated response.
- Working within a system where the overall goals are:
  - Protecting adult and child victims from ongoing abuse,
  - Imposing meaningful consequences for the harm,
  - Helping offenders who are willing to change,
  - Reducing the unintended negative consequences of state intervention for individuals and communities.<sup>10</sup>



#### Box 4: An example of sustained, coordinated and continually developing justice response to violence perpetration: The Duluth Model & the Duluth Blueprint

Duluth is a small city in the state of Minnesota (population approximately 85,000). The Duluth Model was originally developed by the Domestic Abuse Intervention Project in 1981 as a coordinated community response to make communities safer for victims of intimate partner violence. Core elements of the Duluth Model are:

- Written policies that centralise victim safety and offender accountability
- Practices that link intervening practitioners and agencies together
- An entity that tracks and monitors cases and assesses data
- An interagency process that brings practitioners together to dialogue and resolve problems
- A central role in the process for victim advocates, shelters and battered women
- A shared philosophy about domestic violence
- A system that shifts responsibility for victim safety from the victim to the system<sup>3</sup>

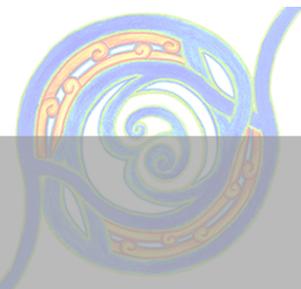
Despite being heralded as an international leader in the development of coordinated community responses, there was a perception that further improvement could be made in the way that criminal justice agencies responded to domestic violence cases. The Duluth Model was successfully replicated and expanded upon, creating a *Blueprint for Safety* that demonstrates the “intricate details that must be figured out to process cases in ways that always centralise victim safety and offender accountability.”<sup>7</sup> There are six foundational principals considered essential characteristics of intervention to maximise safety for victims and hold offenders to account:

- Adhere to an interagency approach and collective intervention goals
- Build attention to the context and severity of abuse into each intervention
- Recognise that most domestic violence is a patterned crime requiring ongoing engagement with victims and offenders
- Ensure sure and swift consequences for continued abuse
- Use the power of the criminal justice system to send messages of help and accountability
- Act in ways that reduce unintended consequences and the disparity of impact on victims and offenders.<sup>10</sup>

Within the *Blueprint*, risk assessment is considered a process of gathering information that illuminates the pattern of abuse and the specific acts being considered in order to produce an appropriate justice response to that abuse.<sup>10</sup>

*“Risk is a big topic around the country; people are all trying to figure out how you collect it, what you do with it, but what you find lots of times is an agency will collect this information but never use it ... The Blueprint takes all this research, tells you how to collect, transfer and use that risk information, from 911 to probation. It’s the first real project that has a multi-agency design on how to utilize risk” (Scott Miller, Blueprint Co-ordinator, Domestic Abuse Intervention Programs)<sup>16</sup>*

The implementation of the Blueprint in Duluth was prefaced with a three year process of review examining policies, practitioners at work, agency practices and forms, and conducting focus groups with battered women to create new practices. Under the Blueprint, “[e]very practitioner, from the 911 call-taker to the judge and the supervising probation officer, is positioned to understand the kind of violence that is occurring (context) and the level of harm that has occurred and is likely to occur in the future”<sup>19</sup>



Effective risk management for all people who experience family violence also needs to take into account structural inequalities such as racism and heterosexism.<sup>6</sup> Therefore, risk management requires the engagement of a multitude of government and non-government agencies who can affect change in familial and environmental risk and protective factors to reduce the likelihood of violence occurring.<sup>39</sup> There is a need to ensure that peripheral agencies feel engaged and are aware of the process to escalate concerns where risk attributes appear to be changing.<sup>41</sup> The relatively high proportion of cases of serious family violence and homicide that have never come to the attention of services serve as a reminder that risk assessment provides only one tool for preventing the escalation of violence.<sup>6</sup>

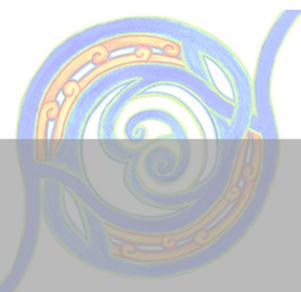
#### 4. Key issues to consider when applying risk assessment to family violence

All forms of risk assessment are predicated on the assumption that the existence of certain risk factors within an individual (and a situation) will increase the likelihood of a negative outcome occurring. Prediction is merely an informed calculation about the future and, as such, can be wrong.<sup>6</sup> Studies do not point to identical lists of risk factors, even when the empirical data are generated from the same or a similar location. Hence any one risk assessment tool may not capture the primary risks and may lead to both false positives and false negatives<sup>c</sup> where strict cut-offs are employed.<sup>6</sup> Further, scientific methods might be inadequate to reliably capture rare or difficult to measure risk factors.<sup>15</sup> For example, the concept of coercive control has proven very difficult to measure with any degree of accuracy or reliability,<sup>42</sup> yet is considered by women who experience it to result in a woman's loss of identity, pleasure in her own life,<sup>43</sup> loss of liberty, autonomy, sense of self and also indicates a very high level of dangerousness.<sup>44</sup> The nature of coercive control can also mean women are not safe to disclose the extent of abuse.

A risk assessment is only as reliable as the information on which it is based.<sup>15</sup> Those accused or convicted of violence are likely to be reluctant to disclose information that may affect arrest, prosecution, sentencing or release opportunities and conditions.<sup>15</sup> In the same way, family violence is infused with emotional considerations. Those who experience violence may still be emotionally committed to a perpetrator and / or they may have their choices restricted by controlling behaviours. However, the very process of considering risks can heighten awareness of their importance, which may lead to the person taking actions to reduce their risk (e.g. moving house).<sup>25</sup>

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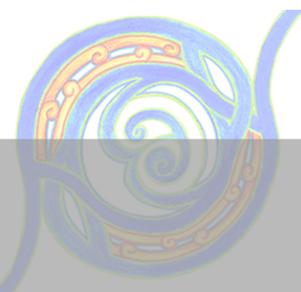
<sup>c</sup> A false positive occurs when, as the result of an error or incomplete data capture, an individual is considered at high risk when they are not. A false negative occurs when, as a result of an error or incomplete data capture, an individual is considered at low risk they are in fact high risk.



It is important that risk assessment tools are fit for purpose and they are effectively used at an appropriate point when intervening in family violence. For example, the assessment of risk conducted by police as first responders can influence the services provided by non-government organisations, and the response from the justice sector. Realistically, police, as well as other practitioners within the family violence system, should be required to only capture what is reasonable within the timeframe of their response, using the skills required for risk assessment. *“Risk assessment and risk management needs to actively enhance the policing response and not overwhelm police with administrative paperwork”*. (Humphreys et al 2015, p.4)<sup>45</sup> Risk assessment tools are designed to be used in particular settings (health / justice / social service), by different professionals gathering data from either case notes or interviews with perpetrators or victims.<sup>46</sup> However, the implementation of inappropriate tools for a given setting may reduce the likelihood that they will be used as expected (or directed), as active agents in shaping practice.<sup>47</sup>

As highlighted above, risk is a social construct, assessed by a professional interpreting the information gathered. The *social construction of risk* as described by Richardson and May (1999) centres on how the characteristics of the victim and the circumstances in which violence occurs influence the process by which blame and responsibility are attributed to both the perpetrator and the victim.<sup>18</sup> Having a risk assessment tool does not make the process an exact science. There must be confidence in the consistency of interpretation of information, potentially requiring risk assessment to be the sole discretion of specifically trained professionals.<sup>6</sup> Given this, Kropp recommends that *“at the very least those conducting risk assessments should have some expertise and experience in interviewing and assessing victims and offenders.”*<sup>15</sup> In addition, they should have an understanding of the dynamics of family violence, and proper risk assessment training in the environment within which the assessment is likely to be undertaken.<sup>15</sup>

Risk assessments should centre on the information provided by victims. Acknowledgement that risk assessment undertaken at any one point in time may be based on insufficient or inadequate data leads on to an acceptance of the dynamic nature of risk. Assessors must be prepared to re-evaluate risk in light of new information as it is presented, and to modify treatment or risk management protocols accordingly. To do so in an effective manner requires ongoing involvement with people who are experiencing family violence until a point of ongoing safety is reached.

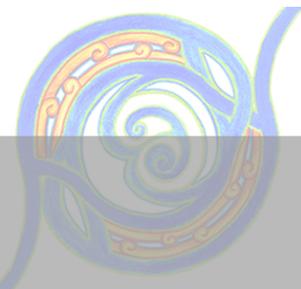


## 5. Recommendations

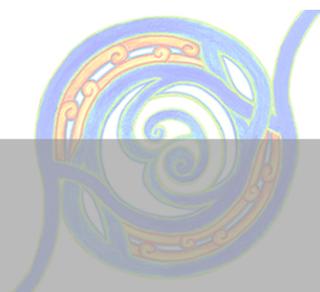
The Family Violence Death Review Committee has highlighted the dangers of having no agreed risk framework in New Zealand. The net result of this lack of a risk assessment framework, as identified through their review of information available on family violence deaths, is inadequate or even non-existent responses to high risk disclosures from victims of violence.<sup>48</sup> In order to ensure consistent, safe practice across agencies charged with the responsibility of responding to family violence in New Zealand, effective risk assessment and management needs to be grounded in an integrated response system in which there are underlying principles which shape how practitioners respond.

The recommendations contained within this section are derived from lessons learned through the experiences of risk assessment in other countries as well as key recommendations derived from the international literature.

1. Risk assessment must be considered as a piece in the wider puzzle of risk management.
2. Adequate services need to be provided for those considered at “less” risk, so they receive an appropriate response. This also reduces the imperative for service providers to escalate a case, in order to get help for person
3. Effective risk assessment and management needs to be grounded in an integrated response system. This needs to have:
  - a. Underlying principles which shape how practitioners respond.
  - b. Training for practitioners in the effective conduct of risk assessment and the effective communication of results.
  - c. Appropriate risk assessment tools should be selected, with monitoring to ensure they are used as intended and that they support risk management decision making.
  - d. Clarity of roles and responsibilities for all components of the system.
4. Co-location of professionals for risk management appears very beneficial to facilitate adequate communication. Co-location:
  - a. Enhances the development of a unique culture which supports increased trust and information sharing between professionals from different agencies.
  - b. Facilitates the process of risk management planning by reducing turnaround times and enhancing access to services.
  - c. Where effective colocation is not achievable, clear roles, responsibilities, communication strategies and a common culture around family violence must be developed to ensure a consistent response is provided.

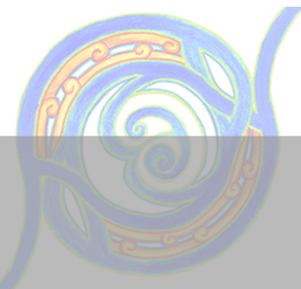


5. Effective communication of risk, using common language, is vital to ensure all professionals understand how an estimation of risk was derived.
  - a. Training is required across government agencies to ensure there is a consistent understanding of family violence – including understanding definitions and patterns of violence.
  - b. To develop a common language, training should be shared across government agencies, rather than being delivered within agencies.
  
6. Effective risk management requires a lead agency to take responsibility for the implementation of planned activities. This lead agency also needs to be tasked with the responsibility of regularly reviewing risk in light of developments.
  - a. Agencies need to be aware of each other's roles and responsibilities within the risk management system.
  - b. Where limitations exist within the family violence risk management system, external resourcing may be required to ensure all risks are effectively addressed.

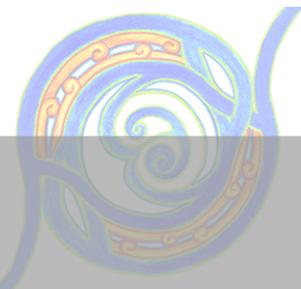


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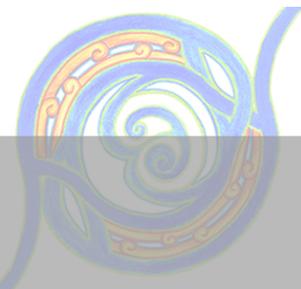
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## Appendix: Further reading

Due to the extensive literature on this topic, this list of selected further reading focuses on reviews of the risk assessment literature. The following databases were searched: New Zealand Family Violence Clearinghouse, Australian Domestic and Family Violence Clearinghouse, Medline, PsycINFO and Sociological Abstracts.

### Defining the issue

Robinson, E., & Maloney, L. (2010). *Family violence: towards a holistic approach to screening and risk assessment in family support services* (AFRC Briefing, no. 17). Melbourne, Vic.: Australian Family Relationships Clearinghouse. [Available online](#)

### Reviews

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Bowen, E. (2011). An overview of partner violence risk assessment and the potential role of female risk appraisals. *Aggression and Violent Behavior*, 16, 214-226. DOI: [10.1016/j.avb.2011.02.007](https://doi.org/10.1016/j.avb.2011.02.007)

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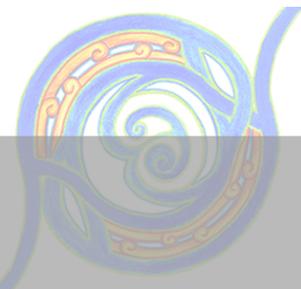
D'andrade, A., Austin, M. J., & Benton, A. (2008). Risk and safety assessment in child welfare: instrument comparisons. *Journal of Evidence-Based Social Work*. 5(1-2), 31-56. DOI: [10.1300/J394v05n01\\_03](https://doi.org/10.1300/J394v05n01_03)

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