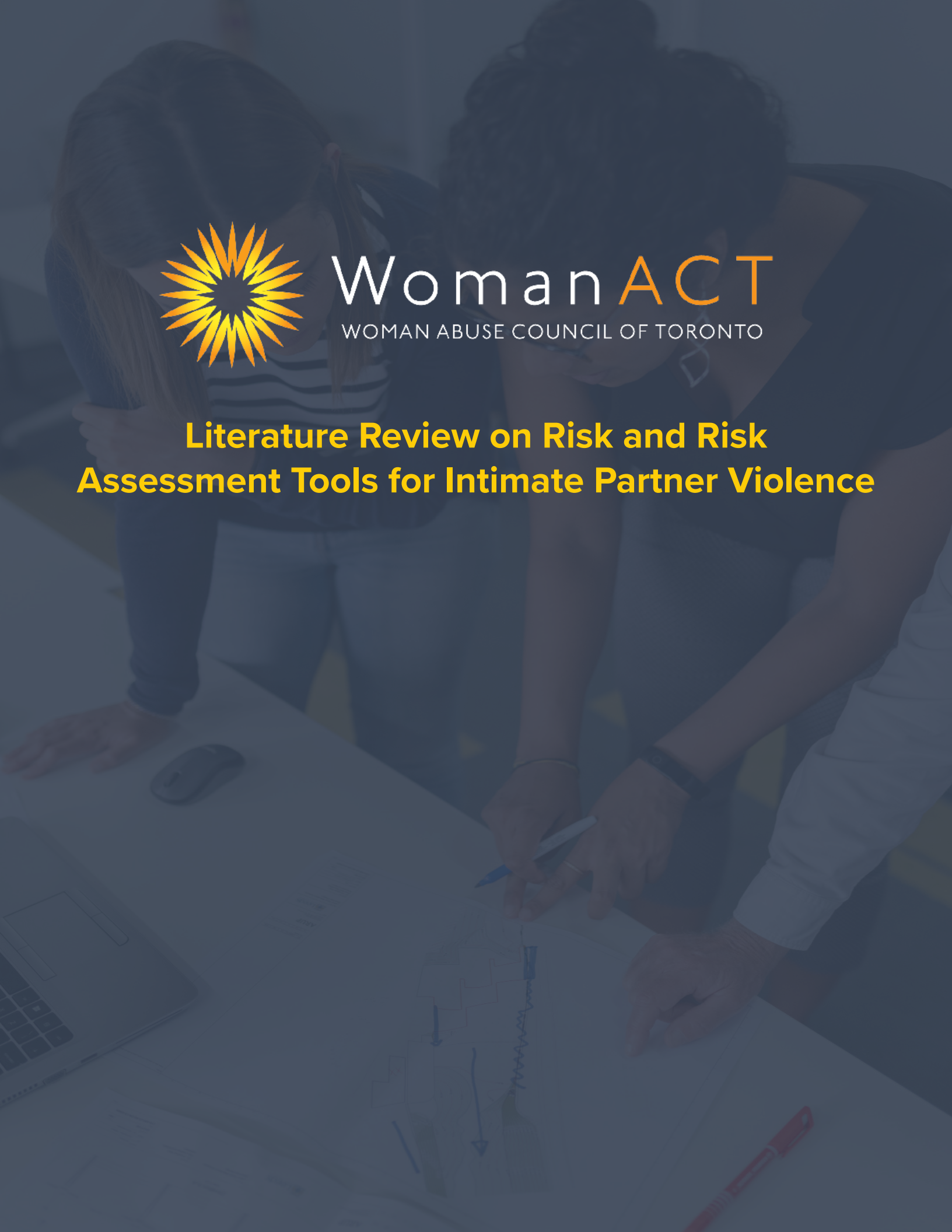

WomanACT

WOMAN ABUSE COUNCIL OF TORONTO

Literature Review on Risk and Risk Assessment Tools for Intimate Partner Violence

ABOUT WOMANACT

Woman Abuse Council of Toronto (WomanACT) envisions a world where all women are safe and have access to equal opportunities. We work collaboratively to eradicate violence against women through community mobilization, research, policy, and education.

The organization has been operating as a community-based coalition since 1991 and became a registered charity in 2010. Working closely with the violence against women sector, governments, industry leaders, communities and survivors, we strive to promote knowledge sharing, build capacity and generate public discussion in order to advance women's safety and gender equity. The aim of our research is to promote public dialogue, transform practice and shape policy to advance women's safety and gender equity.

By Molly Contini* & Brianna Wilson*
Department of Psychology, University of Guelph, Guelph, Ontario and Supported by The Community Engaged Scholarship Institute

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* These authors contributed equally to this work.

RISK FACTORS

Our literature review found that there are many salient factors that predict women's vulnerability to intimate partner violence (IPV) or intimate partner homicide (IPH). The most common factor across the literature is presence of prior IPV (Campbell et al., 2007; Dawson & Piscitelli, 2017; Robinson, 2006; Robinson & Howarth, 2012). Another salient factor within the literature is stalking and perpetrator's obsessive, jealous, and controlling behaviour (Campbell et al., 2007; Dawson & Piscitelli, 2017; Robinson, 2006; Robinson & Howarth, 2012). An additional common risk factor present in the literature is actual or pending separation (Campbell et al., 2007; Dawson & Piscitelli, 2017; Robinson, 2006; Robinson & Howarth, 2012).

Another less common but still important factor is the perpetrator having a criminal record (Robinson, 2006; Robinson & Howarth, 2012). Presence of aggravating problems, such as drug or alcohol use, is also a risk factor within the literature (Campbell et al., 2007; Robinson, 2006). Furthermore, in their work, Campbell et al (2007) find pregnancy (especially among black women and young women) and access to firearms to be risk factors for IPH. Sheehan et al (2015) also find the presence of a triggering event to be a risk factor, as it may signal to the perpetrator that he or she has lost control over the victim, then becoming the motivation for a dramatic change in behavior. Lastly, in their review of IPH cases in Ontario, Dawson and Piscitelli (2017) find perpetrator depression, perpetrator's prior threats and/or attempts to commit suicide, escalation of violence in the relationship, prior threats to kill the victim, perpetrator unemployment, and perpetrator attempts to isolate the victim to be risk factors.

While our review found evidence for each risk factor, the relationships or interactions between these factors and the degree of each woman's risk is not always straightforward. For instance, Campbell (2004) finds that among women most at risk, perpetrator's prior arrest was a protective factor against further victimization. Yet among women at low risk, prior arrest becomes a risk factor. This may be because prior arrest helped to keep highly dangerous men from killing their partner, perhaps because of surveillance from the criminal justice system (Campbell, 2004).

Women's perceptions of their safety are also very helpful in assessing the level of risk for IPV/IPH. Heckert et al (2004) examined women's perceptions of risk as a predictor of re-assault in IPV, above and beyond other risk factors, through interviews with women and their abusers across a 15-month period. The results indicate that incorporating women's personal perceptions of risk into predictive regression models substantially improved prediction rates over and above inclusion of other risk factors (Heckert et al., 2004). Again however, the relationship between women's perceptions and the likelihood of re-assault is not straightforward (Heckert et al., 2004). If a woman stated that she felt somewhat safe, the man was more likely to repeatedly re-assault across the 15-month period than if the woman felt very safe. Yet in all other cases (i.e., if the woman did not know how safe she was, felt unsafe, or felt in danger), the man was not more likely to repeatedly re-assault than if the woman felt very safe (Heckert et al., 2004). This may be because when women feel greater risk, they are more likely to take action to reduce that risk, such as leaving the abuser or safety planning. In contrast, if they feel somewhat safe, they may feel uncertain about the risk but not enough to try to remedy it (Heckert et al., 2004).

Certain risk factors have different impacts on different groups of women. For instance, among rural individuals, partner separation and access to firearms are both risk factors in a different way than in urban settings (Banman, 2015). Specifically, researchers found that separation was more likely in urban areas, than rural. However, the reported total number of times previously separated was similar among rural and urban women, indicating that rural women are leaving the relationship but often return (Banman, 2015). Additionally, urban women are more likely to be killed while separated, as the perpetrator might see the separation as permanent (Banman, 2015). Rural perpetrators, however, might think that the woman will return, so they do not resort to murder at that time (Banman, 2015). Regarding firearms, rural perpetrators were more likely to have access to or possess a firearm than urban perpetrators. Additionally, domestic homicides were more likely to be completed with a gun in rural areas, compared to urban (Banman, 2015). Lastly, sexual jealousy and obsessive behaviour was more common in urban homicides compared to rural (Banman, 2015).

Research by Kalaichandran (2018) noted a number of risk factors as particularly relevant to immigrant victims of violence. These factors include: social isolation, language and/or cultural barriers, lack of trust in social services, the police, and the judicial system, masculine gender role stereotypes and culturally conservative beliefs, and victim mental health issues (Kalaichandran, 2018). Together, these interrelated concepts of vulnerability may inhibit an immigrant victim's likelihood of taking protective action, thereby heightening her risk of domestic violence and domestic homicide. Furthermore, comparing cases involving Canadian-born perpetrators with Canadian-born victims and cases involving immigrant perpetrators and immigrant victims, the immigrant cases were less likely to be separated and were less likely to be in a common-law relationship (Kalaichandran, 2018).

Lastly, older adults also experience unique risk factors for high-risk IPV and IPH. In their work, O'Neil (2016) noted that domestic homicide and homicide-suicide with older adults is usually perpetrated by men, commonly with a history of depression, access to a firearm, and fear separation from their partner. Physical and mental illness of the woman and/or the perpetrator is also a large risk factor among older adults. Through research comparing younger and older populations, O'Neil (2016) found that younger couples had more well-known risk factors present than older couples (e.g., separated, prior IPV, previous murder threats, obsessive behaviour). They also had more outside contacts with the criminal justice system, domestic violence services, and mental health care providers (O'Neil, 2016). Meanwhile, older adults had more contact with health care providers, and domestic homicide-suicide was more common among this population. Furthermore, depression, access to a firearm, and prior suicide threats or attempts were the most prevalent risk factors among older adults. It was also found that older adults face more barriers to seeking help (O'Neil, 2016). Ultimately, more risk factors were present among younger couples, which were well-established in the literature. This highlights that there are currently very few established risk factors for older adults. As such, it may be significantly harder to predict homicide among older adults. Commonly used risk assessments focus on factors not relevant among older adults (e.g., child abuse, history of separation, etc.) and therefore they do not accurately assess risk of lethal violence within this population (O'Neil, 2016).

RISK ASSESSMENT TOOLS

Common risk assessment tools used to predict IPV and lethality include the Spousal Assault Risk Assessment (SARA), the Violence Risk Appraisal Guide (VRAG), the Ontario Domestic Assault Risk Assessment, and the Danger Assessment (DA). This section presents a brief overview of the aforementioned commonly used risk assessment tools and provides a recommendation for the MARAC project.

The Spousal Assault Risk Assessment Guide (SARA) was developed in Canada at the British Columbia Institute on Family Violence and is used in 15 countries around the world (Braff and Sneddon, 2007). The SARA consists of 20 items that focus on criminal history, psychosocial adjustment, spousal assault history, and information on the alleged offence. The 20 risk factors were identified from a review of the relevant literature as well as a consideration of pertinent clinical and legal issues. Part 1 (factors 1–10) is related to violence risk in general, whereas part 2 (factors 11–20) is related specifically to risk of spousal violence (Kropp & Hart, 2000). Information for this tool is collected from a number of sources, including from the accused, the victim, standardized measures of psychological and emotional abuse, and other records such as police reports (Kropp, 2008). The SARA, however, has a number of requirements that prevent it for being a viable tool for MARAC's purposes. Per Northcott (2012), it is recommended mental health professionals conduct the assessments and the required information needs to be gathered from a number of sources. Taken together, the SARA may not be practical for use in the field. Further, the SARA's capacity to predict lethality has not been validated (Northcott, 2012).

Quinsey and colleagues developed the Violence Risk Appraisal Guide (VRAG) in Canada in 2006 by assessing violent male offenders in a psychiatric hospital. The authors considered approximately 50 variables to predict criminal or violent recidivism and used multiple regression to select the best combination for the VRAG, resulting in a 12-item risk assessment (Quinsey et al., 2006). The VRAG was designed to predict violent recidivism and is used in a number of capacities, including with patients in forensic and non-forensic settings, sex offenders, and offenders in prison (Northcott, 2012). The VRAG consists of items relating to demographics and childhood history, and includes a psychiatric assessment. In 2013, Rice, Harris, & Lang revised and validated an easier-to-score version of the VRAG, dubbed the VRAG-R. The VRAG-R was found to accurately predict violent recidivism overall and to significantly predict other violent outcomes (Rice, Harris, & Lang, 2013). Unfortunately, to complete the VRAG requires a great deal of time, access to offender history, and the ability to conduct clinical assessments (Northcott, 2012).

The Mental Health Centre in Penetanguishene and the Ontario Provincial Police developed the Ontario Domestic Assault Risk Assessment (ODARA) (Millar, 2009). The ODARA was constructed from a pool of potential predictors in a sample of offenders. Archival information in several domains (offender characteristics, domestic violence history, nondomestic criminal history, relationship characteristics, victim characteristics, index offense) and recidivism were subjected to setwise and stepwise logistic regression. This process resulted in a 13-item scale that is used to predict future violence against a spouse, as well as the frequency and severity of the violence (Millar, 2009). This tool is used by police officers, victim services, domestic violence case-workers, and probation and correctional services in many provinces across Canada.

However, there were no cases of homicide in the sample used in the tool's development, so the tool may not be appropriate for use in predicting lethality (Norcott, 2012). Furthermore, many of the items require gathering information from criminal justice databases, which may be more easily accessible for some professionals (i.e., law enforcement), but not for others (i.e., victim advocates) (Guo and Harstall, 2008).

The Danger Assessment (DA) was developed by Jacquelyn Campbell in the United States and is used throughout the United States and Canada (Guo and Harstall, 2008). The DA scale was designed to assess the likelihood of lethality or near lethality occurring in a case of intimate partner violence (Campbell, Webster, & Glass, 2009). Most validated IPV risk assessment instruments are aimed at predicting re-assault, however this measure is specifically designed to assess the danger of being murdered (Campbell, Webster, & Glass, 2009). It is used for a number of purposes, including victim education and awareness, safety planning and determining the conditions of services (Northcott, 2012). The most appropriate users of the DA are victim advocates, social workers or clinicians in various settings, such as women's shelters and hospitals (Millar, 2009). Considering the purpose of the DA and limitations of the other risk assessment tools, the DA is the proposed risk assessment tool for the MARAC project.

In 2009, Campbell, Webster, & Glass revised the DA to identify levels of danger. The authors conducted an 11-city study of intimate partner femicide and used multivariate analysis to test the predictive validity of the risk factors on the DA from intimate partner femicide cases compared with abused women in the same cities. The results were used to revise the DA (four items added; one "double-barreled" item divided into two) and the calculated weights (adjusted odds ratios) were used to develop a scoring algorithm to determine levels of risk. Levels of risk were determined to be variable, increased, severe, or extreme danger (Campbell, Webster, & Glass, 2009). The updated DA is likely to capture 90% of potentially lethal IPV cases and using the extreme danger level should result in fewer than 5% false negatives (Campbell, Webster, & Glass, 2009). Campbell, Webster, & Glass (2009) also found that the revised DA can accurately identify the majority of abused women who are at high risk of homicide or attempted homicide, as well as distinguish most of the IPV cases that are at lowest risk (Campbell, Webster, & Glass, 2009).

In a review of risk assessment tools, it was recommended the evaluator choose the DA if the purpose of the assessment is to determine the likelihood of intimate partner homicide (Northcott, 2012). Further, the DA is a strong predictor of IPV, as it accurately predicts 66% of repeat offenders (Northcott, 2012). A different review found the combination of the DA and women's perceptions of her safety to be the best model available for predicting IPV (Heckert & Gondolf, 2004). The DA has strong test-retest reliability, good inter-rater reliability and construct validity, and correlates strongly with other measures of domestic violence recidivism (Northcott, 2012). In addition, it is a good tool to use with victims, as it allows victims to better understand the risk that the relationship may pose to them and what risk management options are available. It may also serve as a useful instrument when information is difficult to obtain or when the offender cannot be interviewed (Northcott, 2012).

The DA has been revised and modified to accurately predict risk and lethality in a number of populations, including same-sex relationships (Campbell, Webster, & Glass, 2009), immigrant women (Messing, Amanor-Boadu, Cavanaugh, Glass, & Campbell, 2013), and First Nations populations (Knowledge Exchange, 2012). Further, the DA has inspired a number of assessment tools used on the front lines, including the South Wales Police (SWP) Victim Initial Risk Indicator Form (Robinson, 2004), the Independent Domestic Violence Advisors (IDVAs) risk assessment (Robinson & Howarth, 2012), and the Maryland State Police's Lethality Assessment Program (Knowledge Exchange, 2002).

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APPENDIX A

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN

www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.

("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

Yes	No		
		1.	Has the physical violence increased in severity or frequency over the past year?
		2.	Does he own a gun?
		3.	Have you left him after living together during the past year?
			3a. (If have *never* lived with him, check here___)
		4.	Is he unemployed?
		5.	Has he ever used a weapon against you or threatened you with a lethal weapon?
			5a. (If yes, was the weapon a gun?____)
		6.	Does he threaten to kill you?
		7.	Has he avoided being arrested for domestic violence?
		8.	Do you have a child that is not his?
		9.	Has he ever forced you to have sex when you did not wish to do so?
		10.	Does he ever try to choke you?
		11.	Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
		12.	Is he an alcoholic or problem drinker?
		13.	Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?
			(If he tries, but you do not let him, check here: ____)
		14.	Is he violently and constantly jealous of you?
			(For instance, does he say "If I can't have you, no one can.")
		15.	Have you ever been beaten by him while you were pregnant?
			(If you have never been pregnant by him, check here: ____)
		16.	Has he ever threatened or tried to commit suicide?
		17.	Does he threaten to harm your children?
		18.	Do you believe he is capable of killing you?
		19.	Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
		20.	Have you ever threatened or tried to commit suicide?
		Total "Yes" Answers	