Australian Domestic & Family Violence CLEARINGHOUSE

# Risk Assessment in Domestic Violence *

*Dr Lesley Laing,*
*Senior Lecturer,*
*School of Social Work and Policy Studies,*
*University of Sydney*

## Introduction

Because safety is the central concern of domestic violence intervention, service providers are inevitably involved in attempting to assess and manage risk. The approaches to risk assessment described in this paper represent attempts to formalise this process, based on the research literature and on the experience of workers with abused women.

Roehl and Guertin (2000, p. 171) define risk assessment as:

> *…the formal application of instruments to assess the likelihood that intimate partner violence will be repeated and escalated. The term is synonymous with dangerousness assessment and encompasses lethality assessment, the use of instruments specifically developed to identify potentially lethal situations.*

By incorporating the term "lethality assessment", this definition avoids becoming embroiled in the controversy about the use of this term alone. For example, it is frequently argued that it is not possible to make a clear distinction between women who are killed, and women who experience domestic violence, but are not killed (e.g. Abrams, Belknap & Melton 2001).

This definition also incorporates the term “dangerousness assessment”, which is commonly used in the domestic violence literature, for example by Websdale (2000a), who also argues against the use of the term “lethality assessment”:

> *Given that the research shows little if any qualitative difference in the antecedents to lethal and non-lethal domestic violence, it might be more appropriate to use the term dangerousness assessment rather than lethality assessment. The dangerousness assessment recognizes a continuum of violence against women and seeks to identify what point on that continuum a woman is situated.* (Websdale 2000b, p. 2)

Websdale (2000a) also makes the point that the availability of emergency medical services may be a factor determining whether or not a situation ends as a homicide or is recorded as an aggravated assault.

The following benefits of utilising risk assessment have been identified:

- To assist women and domestic violence workers to develop more realistic safety plans (Campbell 1986; Abrams, Belknap & Melton 2000; Roehl & Guertin 2000; Websdale 2000a; Weisz, Tolman & Saunders 2000).
- To assist perpetrator treatment programs to select the amount and types of treatment (Weisz, Tolman & Saunders 2000). For example, abuse of alcohol appears in many risk assessment lists. Screening for alcohol problems may identify the need to provide treatment for alcohol abuse, in addition to perpetrator treatment (e.g. Domestic Violence/ Substance Abuse Interdisciplinary Task Force 2000).
- To help the criminal justice system to identify which offenders need closer supervision (Weisz, Tolman & Saunders 2000), particularly given the rise in number of domestic violence perpetrators now before the courts in jurisdictions with strong arrest and prosecution policies (Goodman, Dutton & Bennett 2000).

- They may be a tool for educating service providers about domestic violence (Websdale 2000a).
- They potentially provide a shared language about risk for service providers from a range of different agencies (Abrams, Belknap & Melton 2000; Websdale 2000a).

In a comprehensive review, Dutton and Kropp (2000) distinguish between two approaches to risk assessment: the identification of *risk factors* - sometimes termed risk *markers* (Gondolf 2002) - and the development of risk assessment *instruments* or *scales*. Each of these is now discussed in turn.

## Risk factors/markers

Risk factors/markers are 'characteristics that increase the likelihood of reassault' (Gondolf 2002, p. 167). These factors include psychological and psychosocial characteristics of offenders and victims and dynamics of the victim-offender relationship (Roehl & Guertin 2000). It is important to note that they are not causal factors (Saunders 1995; Gondolf 2002). Dutton and Kropp (2000, p. 172) reviewed the research on factors associated with domestic violence and identified some key factors that appear in many risk factor lists:

- factors related to the history of assaultive behaviour;
- generally antisocial behaviours and attitudes;
- stability of relationships;
- stability of employment;
- mental health and personality disorder;
- childhood abuse;
- motivation for treatment;
- attitudes toward women.

One of the best-known check-lists of risk factors is that developed by the Pennsylvania Coalition Against Domestic Violence (Hart 1990, cited in Hilton,

Harris & Rice 2001, p. 409). The list of factors indicative of life-threatening attack on a spouse includes:

- threats of homicide or suicide;
- having homicidal or suicidal fantasies;
- access to weapons;
- displaying a sense of "ownership";
- displaying dependence on the partner;
- being separated;
- being depressed;
- having access to potential victims;
- escalation of reckless behaviour;
- hostage taking;
- victim having contacted law enforcement officials.

In reviewing this list, Hilton, Harris and Rice (2001, p. 409) note that the 'the more indicators present and the more intense the indicators (no guidelines for the evaluation of intensity were recorded), the more likely homicide is assumed to be.' They also note that the list has not been tested empirically.

Saunders (1995, pp. 70-74) identified the following risk factors for "wife assault":

- violence in family of origin;
- demographic factors (income, education);
- alcohol;
- behavioural deficits;
- psychopathology;
- violence towards children;
- anger;

- stress;
- depression and low self esteem.

For “severe wife assault”, risk factors are:

- generalised aggression;
- alcohol abuse;
- abuse by parents (Saunders 1995, pp. 76-79).

In the book, *Safety Planning with Battered Women*, Davies, Lyon and Monti-Catania (1998, pp. 98-100) categorise risk factors across five dimensions:

**Batterer history:** This includes, for example: previous assaults against the woman, previous assaults against others and suicide and homicide attempts or threats.

**Batterer behaviour:** This includes, for example, drug and alcohol abuse, monitoring and stalking, terrorising or sadistic behaviours, escalating frequency or severity of aggressiveness, physical and sexual abuse of the children and abuse during pregnancy.

**Batterer personality:** This includes, for example, jealousness, lack of empathy, sense of entitlement or possessiveness: “If I can’t have her, nobody will”.

**Context:** This includes, for example, separation, the availability of weapons, losses, exposure of the victim’s or offender’s secrets (such as affairs, illegal activity, incest), the victim’s escalating use of violence, victim’s suicide attempts, institutional rejections of the woman’s search for help and victim’s abuse of substances.

**Additional elements which may assist to identify extreme danger:** These include, for example, the woman saying “he gives me the creeps, he’s changed, he has that look in his eyes”, sudden change in abuser’s behaviour, violence towards pets, obsession with violent pornography, the abuser

starting to attack the woman outside the house and violation of restraining orders.

In a review of research on risk markers, Gondolf (2002, p. 168) lists four that are commonly identified: excessive alcohol use, severe psychological problems, several prior arrests, and being abused or neglected. He notes, however:

> *The predictive power of these factors, even when they are combined, is very weak. That is, the risk markers incorrectly identify a lot of men. Many men who do not reassault are identified as reassaulters or high risk (false positives), and many men who do reassault are identified as nonreassaulters or low risk (false negatives).* (Gondolf 2002, p. 168) (Emphasis in citation)

Gondolf (2002) used data from his large, multi-site, four-year evaluation of perpetrator programs in the United States to try to identify risk markers that might help to predict re-assault and to identify the most dangerous offenders. With respect to risk markers, many predisposing characteristics and some situational factors were examined. The study found that:

> *The most influential risk marker for reassault was a situational factor identified after program intake: drunkenness. The man's drunkenness during the follow-up interval made him 3 1/2 times more likely to reassault his partner than a man who did not get drunk. If the man was drunk nearly every day, he was 16 times more likely to reassault than those who seldom or never drank. Additional analysis showed that merely drinking prior to the assault did not predict reassault—it was the drunkenness that mattered.* (Gondolf 2002, p. 171)

A recent study (Campbell et al. 2003) is the most comprehensive effort to date to attempt to identify the risk factors – over and beyond previous physical intimate partner abuse – which are associated with the murder of women (femicide). The sample of murdered women (220) was drawn from eleven US cities using police or medical examiner records from 1994 to 2000. For each woman, an informant, knowledgeable about the woman's relationship with the

perpetrator, was interviewed. A control group of abused women was used in the study. The authors describe the data analysis in the following way:

> *Logistic regression was used to estimate the independent associations between each of the hypothesized risk factors and the risk of intimate partner femicide. Because the importance of certain risk factors may not be detected when their effects are mediated by more proximal factors, we sequentially added blocks of conceptually similar explanatory variables along a risk factor continuum ranging from the most distal (demographic characteristics of perpetrators and victims) to most proximal (e.g., weapon used in the femicide or most serious abuse incident).* (Campbell et al. 2003, p. 1090)

Findings include the following:

- The abuser's unemployment was the strongest sociodemographic risk factor for intimate partner femicide.
- After controlling for other risk factors, previous arrest for domestic violence decreased the risk of femicide. The authors note that there were comprehensive coordinated community responses to domestic violence in most of the cities in the study, and comment: 'Under these types of conditions, arrest can indeed be protective against domestic violence escalating to lethality' (p. 1092).
- Presence of a child of the victim to a previous partner living in the home (i.e. a step child to the perpetrator) increased the risk of femicide.
- Separation from an abusive partner after cohabiting was associated with increased risk of femicide, particularly when the perpetrator was highly controlling. 'It is also clear that extremely controlling abusers are particularly dangerous under conditions of estrangement' (p. 1095).

- Perpetrator's use of a gun in the worst incident of abuse and previous threat with a weapon, were strongly associated with increased risk of femicide
- Perpetrator's use of illicit drugs was also associated with femicide, though excessive use of alcohol was not.

On the basis of their findings, the authors suggest that preventive efforts should focus on increasing employment opportunities, preventing substance abuse and restricting abusers' access to guns. They argue that heath care providers can contribute to women's safety by asking about the abuser's level of controlling behaviours, his employment status, the presence of stepchildren in the home and threats to kill the women.

> *Under these conditions of extreme danger, it is incumbent on health care professionals to be extremely assertive with abused women about their risk of homicide and their need for shelter.* (Campbell et al. 2003, p. 1095)

## *The role of survivors' predictions*

Victim advocates have stressed the importance of listening to women's assessments of their partner's dangerousness (e.g. Hart 1994 and de Becker 1997, cited in Weisz, Tolman & Saunders 2000). A number of recent studies have been undertaken to compare the relative strength of women's views and risk factors in predicting repeat domestic violence.

Weisz, Tolman and Saunders (2000, p. 77) explored 'whether prediction of severe domestic violence could best be made by the survivors' general rating of risk, a statistical approach using many risk factors, or a combination of the two.' The findings supported advocates' emphasis on the importance of women's assessment of dangerousness, since they showed that the addition of survivors' predictions to risk factors significantly improved the accuracy of prediction of severe re-assault in a four-month follow-up period. The authors conclude that:

> *These results support the use of both empirically derived risk variables and survivors' predictions in assessment of danger.* (Weisz, Tolman & Saunders 2000, p. 86)

Further evidence of the importance of including women's assessments in risk assessment processes comes from the findings of Gondolf's (2002) multi-site, four-year follow-up evaluation of US perpetrator treatment programs. In this study:

> *Women's perceptions of safety and the likelihood of reassault [emerged as the] most consistent and strongest risk marker. In fact, the women's predictions were as useful as all the batterer characteristics combined.* (Gondolf 2002, p. 174)

A recent, prospective study (Cattaneo & Goodman 2003) investigated the relative predictive utility of a group of risk factors for continued abuse by men who had been arrested for domestic violence. Abusive behaviour was defined more broadly in this study than in many others: in addition to physical and sexual abuse, it included destruction of the woman's property, threats to kill her and making contact with her against her will. Risk factors included in the study were: demographic variables (employment, marital status, age, socio-economic status and criminal history); substance abuse; prior violence/abuse (violence towards others, severity of physical violence and severity of psychological abuse); and victim assessment of risk. With respect to the latter, the authors state:

> *The final question this study examined is an important yet rarely addressed one in the field of risk assessment: whether the consideration of empirically validated risk factors are any more useful than an assessment of risk made by the victim herself.* (Cattaneo & Goodman 2003, p. 353)

This study differed from the Weisz, Tolman and Saunders (2000) study, discussed above, in that victims in the Cattaneo and Goodman study were asked to assess risk very soon after the domestic violence offence, often within 24 hours. (In comparison, women in the Weisz et al. study assessed

dangerousness at the point of case disposition, a median 17.5 weeks after the incident which resulted in criminal justice system intervention.)

The Cattaneo and Goodman study comprised 169 women who presented to the US Attorney's Office Domestic Violence Intake Centre, Washington DC, following the arrest of an intimate partner for assaulting them. Women who agreed to participate completed questionnaires on the variables of interest. At follow-up, three months later, 56.8 per cent of the women could be contacted in order to ascertain whether they had experienced re-abuse. The study confirmed the predictive value of variables previously identified in the literature such as alcohol abuse, the history of abuse in the relationship and a history of general violence. In addition:

> *The study adds to the literature by confirming a prior pilot study showing that psychological abuse is important to include in assessing risk, and that among psychologically abusive behaviors, controlling behaviors are particularly important to consider. Finally, the victim's own assessment was a sensitive predictor of continued abuse.* (Cattaneo & Goodman 2003, p. 365)

With respect to the findings regarding victims' assessment of risk, the authors caution that their sample comprised women who had contacted the criminal justice system for assistance, and note that the findings may differ for women at different stages in dealing with domestic violence. They identify the need for more research on risk assessment, and for including in this research, attention to victim assessment of risk.

## Risk assessment instruments

Risk assessment instruments have been developed in order to try to increase prediction of re-assault beyond the level offered by risk factors/markers (Gondolf 2002). 'The instruments measure several risk markers and calculate a score that reflects the degree of risk' (Gondolf 2002, p. 168). Gondolf notes that reviews of the utility of risk instruments find them superior to clinical judgement, but argues that:

> *As with risk markers in general, the instruments still make a substantial amount of misclassifications.* (Gondolf 2002, p. 169)

Roehl and Guertin (2000) note that most instruments use simple, manual scoring systems, and most do not have "cut off" scores, by which they mean numerical levels which differentiate "high risk" or "lethal" offenders from others. In most cases, higher scores represent increased risk. The exceptions are two instruments – the Domestic Violence Screening Instrument (DVSI) and Spousal Assault Risk Assessment (SARA) which place offenders into low-, medium- and high-risk groups.

Dutton and Kropp (2000) divide the rapidly proliferating risk assessment instruments into three groups:

1. Instruments for which developers have reported no past or current attempts to establish validity (e.g. Mosaic-20, developed by de Becker)
2. Instruments whose validity is currently being evaluated but which have not reported results in the scientific literature (e.g. The Domestic Violence Inventory - DVI)
3. Instruments for which published validity data is available. Some of the more widely used of these are described below.

## *The Danger Assessment (DA) Scale (Campbell 1986)*

> *The Danger Assessment Scale is a clinical and research instrument that has been designed to help battered women assess their danger of homicide* (Campbell 1986).

One of the best-known tools, the Danger Assessment Scale was developed for use by health personnel in consultation with women to 'enhance women's self-care agency' (Campbell 1986, p. 37). It is a 15-item instrument, developed through a review of the research literature on risk factors for homicide or serious injury, and completed by the woman.[1] Hilton, Harris and

[1] On-line at the National Violence Against Women Prevention Research Centre site: http://www.musc.edu/vawprevention/ – Go to 'research', then to 'tools and resources', then 'Danger Assessment Instrument'.

Rice (2001) note that the Danger Assessment Scale includes items in common with other lists such as:

- escalation of frequency and severity of violence;
- availability of weapons;
- violence towards others;
- substance abuse;
- suicide threats;
- jealousy.

In addition it includes:

- assaults during pregnancy.

Goodman, Dutton and Bennett (2000) note that the Danger Assessment Scale is 'one of the few instruments with any published empirical evaluation of psychometric properties such as test-retest and internal consistency reliability.' A study by McFarlane, Parker and Soeken (1995, cited in Goodman, Dutton & Bennett, 2000) found that women abused while pregnant scored significantly higher on the Danger Assessment Scale than women who were abused before, but not during, pregnancy. Goodman, Dutton and Bennett (2000, p. 66) undertook a pilot study to test 'the degree to which the Danger Assessment Scale can be used to predict the likelihood of short-term abuse by batterers within the criminal justice system.' They found evidence of the predictive validity of the Danger Assessment Scale over a 12-week follow-up period. However, the authors caution that this was a preliminary study in which only 53 per cent of the participants could be re-contacted at the 3-month follow-up point. Roehl and Guertin (2000) report that a major longitudinal study is underway to further assess the reliability and construct validity of the Danger Assessment Scale.

## *SARA (Spousal Assault Risk Assessment)*

The SARA, developed at the British Colombia Institute on Family Violence (Kropp et al. 1995) is 'a set of guidelines for the content and process of a

thorough risk assessment' (Dutton & Kropp 2000, p. 175). It comprises 20 items derived from the research literature on domestic violence and from the clinical literature on male perpetrators of domestic violence. The items are grouped into five sections: criminal history; psychological adjustment; spouse abuse history; current offence characteristics; and other (e.g. stalking, torture). It is stressed that:

> *…the SARA is not a test. Its purpose is not to provide absolute or relative measures of risk using cutoff scores or norms but rather to structure and enhance professional judgements.* (Dutton & Kropp 2000, p. 175)

The SARA involves the use of multiple sources of data:

- Interviews with the accused and with victims;
- Standardised measures of physical and emotional abuse and of drug and alcohol use;
- A review of collateral records - e.g. police report, victim statements, criminal records (Dutton & Kropp 2000, p. 175).

## Suggestions for using risk assessment instruments/ tools

The literature contains several caveats regarding the use of risk assessment instruments.

- A risk assessment tool should not be used as the sole basis for safety planning with women, but rather used in conjunction with other information (Websdale 2000a).
- Research on prediction of repeat domestic violence is in its infancy (Weisz, Tolman & Saunders 2000). Roehl and Guerin (2000, p. 172) note that '…data on reliability, validity, and predictive accuracy of risk assessment are scarce.'

- The quality of information on which they are based is critical (Dutton & Kropp 2000; Gondolf 2002). This necessitates the use of multiple sources and multiple methods of data collection, including the victim/s (Dutton & Kropp 2000).
- The use of risk assessment scores by police, probation officers and prosecutors should not be a substitute for listening to women (Websdale 2000a). There is a risk that, because of the aura of "science" around risk assessment tools, women's voices and experiences may be disregarded: '…they employ a scientific language that seeks to foretell the future. Steeped in the aura of scientific legitimacy, relying upon "clean data" that are checked into boxes on questionnaires, women's lives are stripped of their idiosyncrasies, their complexities, and subsumed into a final score or final solution that obscures the richness of their personal experiences' (Websdale 2000a, p. 5).
- Women should not be placed in the situation of completing these tools where there is any possibility that this can place them at further risk from abusers – e.g. criminal justice system personnel should not send them home for women to complete and return (Websdale 2000a).
- It is important to be clear about 'what type of risk you are assessing for, and what change in intervention will occur as a result of the assessment' (Abrams, Belknap & Melton, 2000, p. 45). They argue that risk assessment should not be used to limit eligibility for services, but rather to identify when enhanced or expedited intervention is necessary.

## Ongoing risk management

It is emphasised in the literature that risk assessment should not be seen as a single, static event: 'it must be seen as an on-going process and done at every point of contact with the victim and/or batterer' (Abrams, Belknap &

Melton, 2000, p. 46). Similarly, Dutton and Kropp (2000, p. 179) emphasise that risk assessment is the beginning of a process of risk management:

> *It is important to remember that the true goal of the evaluator is to prevent violence, not predict it. This can only be achieved through sound planning based on a comprehensive and informed risk assessment.*

The findings of Gondolf's (2002) longitudinal, multi-site evaluation of perpetrator programs, support this view. As discussed, the perpetrator characteristics assessed at program intake proved less useful in predicting re-assault than risk markers which emerged during and following the man's participation in the perpetrator program: the perpetrator's drunkenness and the woman's perception of safety. Based on these findings, Gondolf (2002, pp. 191-192) makes two recommendations for improving intervention with perpetrators:

- Maintain more structured and consistent support for women during and after batterer programs, and
- Impose more certain sanctions and decisive containment for men who are non-compliant, frequently drunk, and who re-assault.

## Conclusion

Research into risk factors, such as the study by Campbell et al (2003), is providing those working with domestic violence victims and perpetrators with important information for addressing women's safety. Efforts to move beyond identifying risk factors and construct risk assessment instruments are at an early stage of development, leading to a cautious approach to their use. For example, following a comprehensive review of the most commonly used risk assessment instruments, Dutton and Kropp (2000) conclude that they have a role as one, but not the sole, part of the assessment process:

> *Properly applied, the practice of risk assessment can serve as a paradigm for effective case management of spousal assaulters. It can serve as the basis for release planning, treatment placement, and*

*safety planning for the victim. Improperly applied, it can mislead the courts, victims, and offenders into falsely believing in an infallible science that does not yet exist.* (Dutton & Kropp 2000, p. 179)

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