

Issues in Domestic and Family Violence

Risk Assessment and Risk Management



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The research at a Glance

The Victorian government has implemented a strategy of common risk assessment and risk management to support the integration of family violence intervention and provide enhanced safety for women and children as well as heightened accountability for perpetrators of violence and abuse. Two different projects in the first year of the SAFER program have pointed to issues which have the potential to inform the development of family violence risk assessment and management.

- Data from the Common Risk Assessment Framework undertaken by Women's Domestic Violence Crisis Service (DVCS) for women accessing the Northern Crisis and Advocacy Response Service (NCARS) indicates that almost half of the 168 women were living in circumstances in which 7 or more perpetrator risk factors were present (80 women or 47%). Of these, 42 (25%) of women were living in circumstances in which there were 9 or more perpetrator risk factors present. This is indicative of severe levels of risk in which an immediate multi-agency risk management strategy would be appropriate.
- Data from the Men's Behaviour Change Agency Survey, KPMG Benchmark data and the NCARS evaluation indicates that the number and extent of risk factors emerge over time. Risk assessment and risk management outcomes at this stage are not routinely shared between agencies. The data points to areas for further development to increase the effectiveness of family violence risk assessment and risk management.

Research Objectives

The research summary identifies:

- The emergence of cases of very high risk based on the presence of an accumulation of risk factors;
- Limited sharing of the accumulated evidence of risk which could be used to more accurately inform risk assessment and risk management.

Researchers involved: All members of the SAFER research team.

Background

Family violence risk assessment and risk management has not been the focus of the projects 'nested' within the wider SAFER program in Year One. However, given the significance and the priority which has been placed on the development of common risk assessment and management in the Victorian reform, a research summary of the data which has emerged from two projects, NCARS Evaluation Report, 2008 and the Men's Behaviour Change Agency Survey has been provided.

Risk assessment and management as an aid to multi-agency family violence intervention is growing in popularity nationally and internationally. While police forces have had a significant role to play in driving the use of risk assessment and management models, the women's sector supporting victims have also actively engaged with and supported the process in many regions and countries (Davies et al., 1998). A particularly attractive feature of family violence risk assessment and management models is their potential to fulfil multiple functions and improve the quality of decision making. A summary of this is provided by Robinson (2003:8) in relation to police practice and includes:

- a) Providing a structured guide for responding officers to gather detailed and relevant information at the scene of the incident.
- b) The ability to provide other agencies with information which will give a better service to victims by specifying their particular needs, especially in relation to safety.
- c) A more systematic recording of a 'paper trail' of evidence with which to inform prosecutors, particularly if victims are not in a position or willing to be involved in the criminal prosecution.
- d) The prioritisation of scarce criminal justice resources to help assist police and other agencies to identify those victims in the most dangerous situations who need more resources from the police and other agencies to support their safety and prevent the escalation of severity over time.
- e) The enhancement of multi-agency partnership working through a shared view of risk and information sharing processes to support the safety of workers from other agencies involved with the family, e.g. health visitors and social workers, as well as the victim and children.

Indirect benefits may be further provided through the need for awareness raising and training for all police and support staff using the risk assessment model/tool (Hanmer et al., 1999) and the support for an integrated approach to domestic violence, of which high quality evidence gathering is the first essential plank (Humphreys and Holder, 2002). The role of perpetrator risk assessment and management to inform and develop child protection practice is also critical though essentially undeveloped at this stage (Humphreys, 2007).

Some warnings have been raised about the development of risk assessment and risk management tools. Firstly the priority on the most dangerous perpetrators leaves many women and children without an adequate and safe intervention. Secondly, the risk factors are indicative not predictive and serious cases may be left out of a system which only prioritises intervention to high risk cases. Thirdly, the checklist of factors may create barriers to the trust building and dialogue which is needed to gain sensitive information (Pense, 2004). Finally, the risk assessment and risk management needs to actively enhance the policing response and not overwhelm police with administrative paperwork (Holder, 2008).

Risk Assessment and Management Models

The evidence base for the development of risk assessment models/tools draws on several different, though overlapping, areas.

- Murder and serious crime reviews (Richards, 2003; Websdale, 1999).
- Victimization and crime surveys and reviews of policy and agency data (Walby and Myhill, 2002; Campbell et al., 1995).
- Analysis of perpetrator characteristics and contexts (Dobash and Dobash, 2002; Gilchrist et al., 2003).

A number of different risk assessment models have now been developed both in Australia, the UK and elsewhere. Together these models have been used to develop and enhance both police and multi-agency working in relation to family violence. Most of the risk factors are similar. Recognition that 'obsessive jealousy and highly controlling behaviour' is the most sensitive marker of dangerousness is highlighted by the South Wales MARAC evaluation which showed that its presence as a risk factor makes 11 of the 14 other risk factors significantly more likely to occur (Robinson, 2004, p. 3). The UK Domestic Violence Homicide Reviews also highlight this factor with one analysis of London cases showing 67% (14 of 21 cases) where jealousy and controlling behaviour were recorded (Richards, 2003) and another pointing out the prevalence of this factor across cases is indicative of its significance, but one which is often under-estimated in the current risk assessment models (Kelly and Regan, 2008). Some, such as the Killingbeck model are driven by a focus on the perpetrator and particular on the escalation of repeat incidents. Other models

focus on a mixture of victim and perpetrator factors drawn from factors associated with homicide and serious incidents of physical and sexual assault.

The major differences in the models occur around the process of risk management. For instance, the SPECCS+ model used by West Yorkshire and London Metropolitan police forces is a three stage model: initial response, risk assessment and risk management. The first stage involves front line (FL) police officers undertaking an investigation of the domestic violence incident and ensuring that sufficient evidence is gathered to take 'positive action' where appropriate. The second stage involves an assessment of whether the risk is standard, medium or high. This assessment is based on risk factors outlined in SPECCS+. The third stage involves both the Front Line officer but also specialist officers in the management of risk and taking appropriate steps to minimise risk. High performing forces have few cases in the high risk category as active management has ensured the perpetrator of abuse has been apprehended, and the affected family members appropriately supported either by policy or the inter-agency (Humphreys et al, 2006). The strength of the SPECCS+ model lies in raising the overall standard of decision-making and policing of domestic violence.

The Multi-Agency Risk Assessment Conferences (MARACS) were developed and tested in South Wales. The model emerged out of the intensive work, relationship building and trust which developed between the Cardiff Women's Safety Unit and the South Wales Police Force and other agencies involved in the multi-agency domestic violence intervention (Robinson, 2004). The model has proved successful in addressing the needs of high risk victims and also assisted in managing the workforce demands on police. It is now being adapted and implemented across England, including now in London where it has an interface with SPECCS+. The MARAC involves an 'actuarial response' plus professional judgement, plus victim perception to identify approximately the highest 10% of severely at risk victims. The revised MARAC is based on the following thresholds:

- 10 risk factors (from a checklist of 20);
- or 4 significant concerns (drawn from the top 5 risk factors which are partner/ex-partner criminal record for violence or drugs; current incident resulted in injuries; use of weapons; threats to kill; partner/ex-partner expressed/behaved in a jealous way or displayed controlling behaviour or obsessive tendencies);
- or 3 police call outs in 12 months.

In all cases advocates and police should take the victims' perception of their risk very seriously and should use their professional judgement if a client appears to be at high or very high risk even if they do not meet the criteria outlined above (www.caada.org.uk/).

In Victoria, very significant attention has been given to support for a common risk assessment and risk management framework to be adopted across all organisations and professionals involved in family violence intervention. Work is at an early stage with an intensive program of multi-agency training across Victoria. The evidence from the NCARS evaluation and the Men's Behaviour Change Agency Survey point to areas where work to continue to develop the potential of the risk assessment and risk management tool could be progressed.

Evidence arising from the Northern Crisis and Advocacy Response Service (NCARS) (Frere et al, 2008)

Drawing from the descriptive data from 168 clients who used the NCARS service between February–July, 2008 in the North West Metropolitan Region a number of issues arose in relation to risk assessment and management. A focus group was undertaken in March, 09 to explore further the issues of risk assessment and risk management.

The NCARS sample included representation of women who were at increased risk of isolation due to specific issues of vulnerability. These included: CALD background (46% of cases) and need for interpreter (15% of referrals); 8% of women reported some form of

disability,¹ and about one-third of victims (52 cases) were recorded as having a mental health problem, with depression the most common form of problem²; five women identified themselves as Aboriginal or Torres Strait Islander; 10% of women reported some form of drug or alcohol misuse; and a significant proportion were repeat victims with a history of utilising police services, WDVC, and regional family violence agencies.

Some groups of women using NCARS were exposed to more risks than others. In particular, women who reported mental health issues or a disability, a perpetrator who was an ex-partner, and being pregnant or having recently given birth were exposed to more risks.

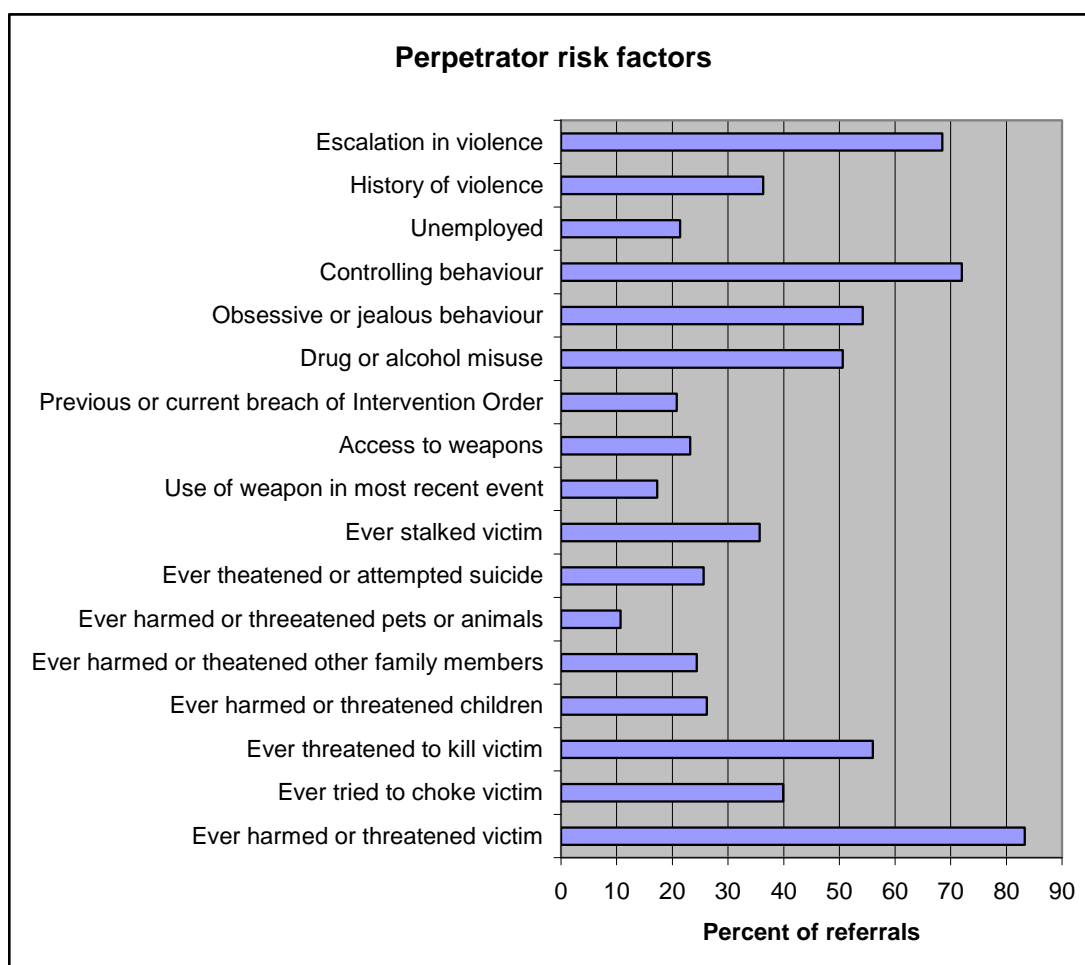
The risks for children were also high. Six in ten of the women had children in their care. The number of children ranged from one to nine, with a mean of 2.2 children. There were 23 cases (14%) where the victim was either pregnant or had recently given birth.

In addition to the risks associated with the women as clients (discussed above), the assessment recorded a range of risk factors associated with perpetrators. In 95% of cases the perpetrator was male.

The most commonly identified risk factors were that the perpetrator had harmed or threatened to harm the victim (in over half of cases this included having threatened to kill the victim); showed controlling behaviour; and that there had been an escalation in violence in the period leading up to the referral. Violence or threats of violence frequently extended to children, other family members and pets or animals. Around one third of perpetrators had some history of violence other than family violence. In 17% of cases a weapon had been used in the most recent event, and around one-quarter of perpetrators had access to weapons (bearing in mind that access to weapons is a difficult concept to quantify).

¹ There are a number of issues regarding improvements in data collection on women with disability including self-reporting, worker interpretation, definition and understanding and the likelihood of all women living with violence also experiencing mental health issues, including depression (see Healey, Howe, Humphreys, Jennings & Julian 2008).

² Seven women reported both a disability and depression or other mental health issues.



Data from the Common Risk Assessment Framework undertaken by WDVCS on NCARS clients indicates that almost half of the 168 women were living in circumstances in which 7 or more perpetrator risk factors were present (80 women or 47%).

Of the 42 or 25% of women who were living in circumstances in which there were 9 or more perpetrator risk factors present, half reported that the perpetrator was their ex-partner. Data also indicates that women who were pregnant or who had a new baby were more likely to be in this highest risk group (i.e. where there were 9 or more perpetrator risk factors present).³ This highest risk group also accounted for 40% of all the legal aid or court support referrals, and 41% of all the health and counselling support referrals.

This data is alarming and indicates that NCARS workers were supporting women (and their children) who were living in highly dangerous situations. While this data cannot be directly mapped to the MARAC risk assessment model it is worth noting that these are dangerous levels of risk. In the original Cardiff model, presence of 6 or more perpetrator risk factors would immediately initiate a MARAC response (see Robinson 2003, 2004). The threshold has now been heightened in the more general rollout across the UK. Even with this increased threshold, it is evident that NCARS is managing a high number of women and children who are at the most dangerous end of the family violence spectrum which should engender intensive case management support and very proactive policing.

³ Limitations on data collection processes means that we are unable to verify the presence of other 'victim' risk factors, such as isolation, presence of disability, attempted suicide or presence of suicidal thoughts, misuse or abuse of drugs and/or alcohol.

The focus group discussion with workers drawn from a range of different organisations involved in the multi-agency NCARS service highlighted further issues about risk assessment and risk management:

a) concerns were expressed about any shift in practice which would not provide a customised response to all women who used the NCARS service, not just those at high risk;

b) there were few mechanisms for sharing the dynamic development of the risk assessment particularly in relation to feedback to police

c) concern was expressed about the lack of resources to actively support women staying safely in the homes (e.g. locks, safety alarms, increased surveillance, crisis support for the perpetrator removed from the home).

Data from Men's Behaviour Change (MBC) Agency Survey

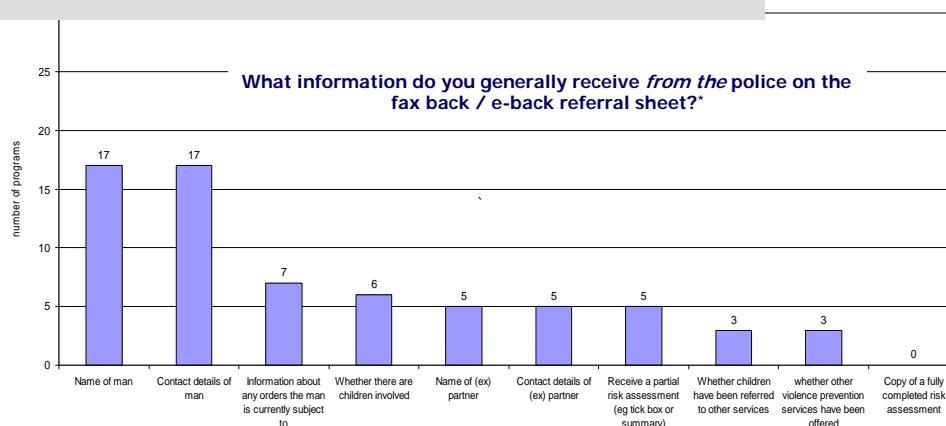
The survey of men's behaviour change programs undertaken by the SAFER team also raised issues in relation to risk assessment and risk management. The focus of this research was on the processes of integration between men's behaviour change programs and the wider family violence intervention.

The data from the survey which had a 100% return rate from the 26 eligible MBC programs indicated that processes were, as yet, poorly developed in relation to risk assessment and risk management as a jointly held inter-agency responsibility.

Figure 1 shows that more than half the men's behaviour change programs in Victoria now have some form of active referral (fax back) by police to a men's behaviour change program. However in most cases this provides only the most minimal information, with only 7-17 programs even receiving information about any orders that the man is subject to. No programs included a full police risk assessment while in 5 cases a partial assessment was received.

Measure of Minimal form: Formal protocols for referring clients from other agencies (including limited confidentiality).

As very few MBC programs in Victoria have formal referral protocols with agencies other than the police, only information sharing with police can be explored at this stage. Nearly all programs reported that the man in the program must sign a limited confidentiality agreement (25 of 26) – but it's unclear whether this applies to sharing information with other agencies or his partner / ex-partner only.



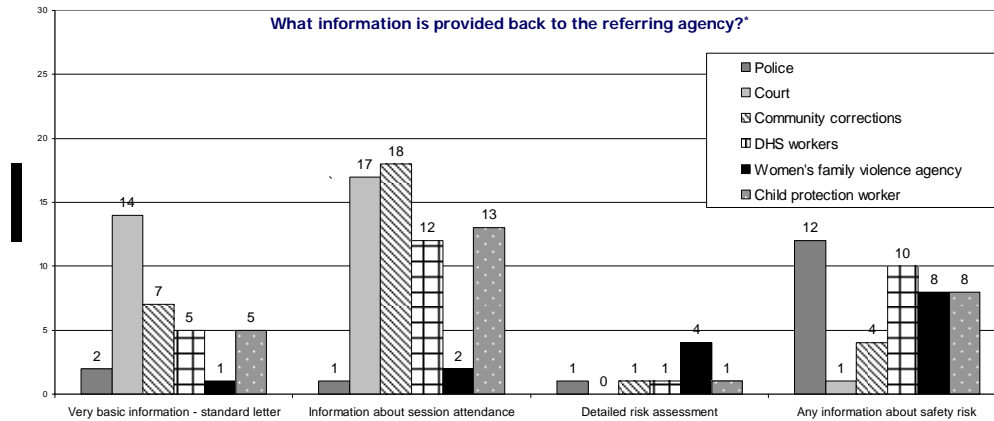
* Based on 26 agencies, multiple responses accepted

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The amount of feedback provided to referring organisations from men's behaviour change programs was very dependent upon the organisation involved in the referral.

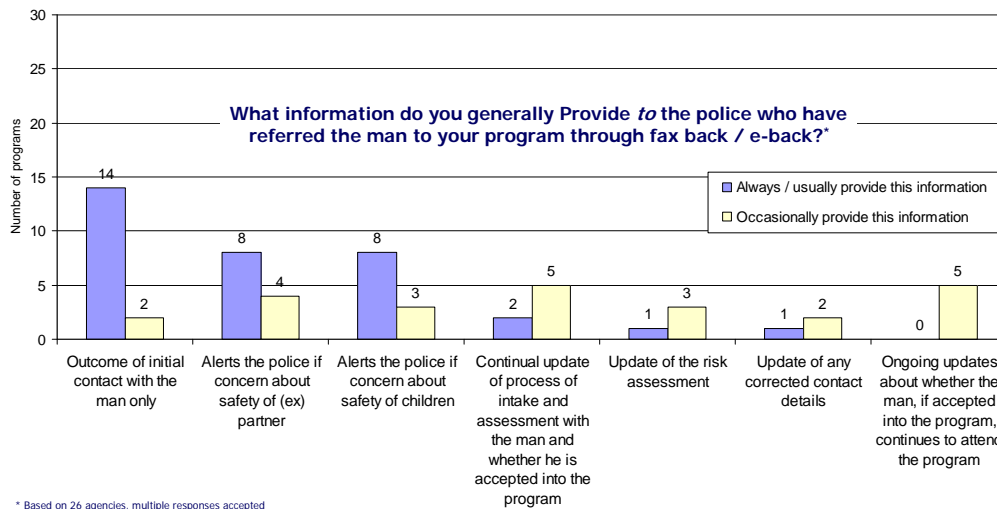
Measure of Minimal form: Referrals from all agencies (statutory and non-statutory) have formalised processes of follow-up, monitoring and evaluation (ensures agencies actively engage with the MBC program when referring).

Majority of feedback to agencies provides information relating to attendance. Less than half of the programs will provide information about perceived safety risks back to the referring agency.



* Based on 26 agencies, multiple responses accepted

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* Based on 26 agencies, multiple responses accepted

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Figures 2 and 3 show that feedback and information sharing is on a continuum from very basic information to the potential to share full risk assessment.

The data highlights that risk assessment and risk management are not generally seen as a shared activity in which information across services is pooled. Similarly, active and shared risk management is not an agreed inter-agency process and yet one which could be critical as part of safety for women and children and accountability for men.

The Victorian information sharing project may be helpful in progressing this aspect of risk assessment and management. However, currently there should be no barriers to sharing information where high levels of risk are evident for affected family members (mainly women and children).

Conclusion

The data gleaned from the 2 studies nested in the SAFER project suggest that risk assessment and risk management is at an early stage of development. The implementation of the Victorian Common Risk Assessment and Risk Management Framework and associated training is a major achievement. Up-scaling to realise the full potential of this work is indicated as a need based on the emerging data from the SAFER projects.

The KPMG Benchmark data supports a number of issues raised in the NCARS and Men's Behaviour Change Agency Survey. It is encouraging to see from the Benchmark data that a risk assessment is now a standard part of police practice with risk factors being noted, though few affected family members are asked about their level of fear (10%). The data from the Victorian Family Violence Benchmark March 2007 points to the potential benefits of sharing a dynamic risk assessment. In the Benchmark only 2% of 886 cases recorded by the police showed 6 or more risk factors, although 37% of incidents showed at least one factor designated as a high risk factor. The data on risk factors drawn from the women's specialist family violence organisations however showed similar levels of risk to those recorded in the NCARS data with 34% of women showing 9 or more risk factors. The NCARS focus group suggested that this differentiation between police risk assessment and the women's service risk assessment should not be unexpected as the focus at the incident, and the ability to speak at length with the victim at the incident may be quite limited.

However, the substantially different information about risk available to police and to specialist women's services (or potentially specialist men's services) suggests that forums for drawing together a more comprehensive picture of risk to inform risk management may enhance the processes of both safety and accountability.

The response to high risk at this stage remains an open question in Victoria as the Victorian risk assessment and risk management strategy is at an early stage tackling multi-agency training. UK data on the MARAC process holds within it some risks – namely that all focus and resources are placed on the risk management of those women and children with the highest risks at the expense of all other women and children (Gill and Banga, 2008). In Cardiff where the MARAC originated, a mature and trusting relationship existed between women's services, police and other agencies which had been developed over several years of intensive working together. The evaluation suggests that this distortion did not occur (Robinson, 2004).

The MARAC is also not a cost-neutral process and increased resources are required to support the organisations involved to participate (Gill and Banga, 2008; Robinson, 2004). On the other hand, agreed understandings about shared strategies for managing high risk which are undertaken in consultation with the woman⁴ are shown to be effective in preventing re-victimisation and increased safety in areas in which relationships and protocols have been effectively established (Barran, 2008).

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⁴ In South Wales none of the perpetrators of violence in the MARAC were women (Robinson, 2004).

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