



Chapter 4 Risk Assessment

Risk Assessment is part of an integrated and holistic approach to IPV, aiming to identify the risk of further victimisation, including the risk of homicide, through the identification of risk factors. It can be supported by instruments.

Risk Assessment requires that professionals develop some skills, knowledge and, above all, some attitudes when dealing with women and children survivors. It is important to actively listen to the survivors, validating their experience, as well as to read between the lines when making the 'professional judgement' about risk level.

Risk assessment is preceded by the screening/identification of violent situations by professionals, neighbours or other citizens in the community that may not be directly involved in IPV issues.

In the last decades researchers and evaluation studies realised that DV/IPV situations were only identified when the victims/survivors, for some reason, contacted the service. The main conclusion was that violence in the family context was invisible.

As such, in some specialised community networks on DV/IPV, a systematic process of screening was introduced, in order to enable early identification allowing for earlier, preventive intervention.

The Risk Assessment process involves the application of a range of instruments that are part of a broader framework. Training of professionals is a basic condition for the effectiveness of the process.

4.1 Objectives

According to Laing (2004), risk assessment is conducted by professionals primarily for the aims listed below:

- "evaluate the risk of re-assault;
- evaluate the risk of homicide:
- inform service responses and criminal justice approaches;
- help victims understand their own level of risk and/or validate their fears/own assessment;
- provide a basis from which a case can be monitored by service providers."

It intends to increase the protection and safety of victims/survivors, supporting the intervention of professionals by adopting common references.

4.2 Principles

- Risk Assessment is a process that can only be made with the victims'/survivors' collaboration;
- Victims/Survivors own assessment of their safety and risk levels must be considered. Research shows that victims/survivors have the most accurate assessment of their own risk level;
- Victims/Survivors must be listened to without the presence of the perpetrator, family and/or their community members;
- Children should have the opportunity to talk;
- Professionals have the responsibility to assess, manage and monitor the perpetrators risk;
- Professionals, in case of significant harm to children, must consider and agree on the best procedure that safeguards and protects them;
- It is important to clarify the limits of the risk assessment and management process:
- No improbable or unrealistic promises should be made.

Nowadays, it is common knowledge that victims/survivors must have a role in the risk assessment process. They must be listened to and acknowledged as one of the best predictors of repeated re-assaults.²

¹Laing, 2004; cited by Department for Child Protection, 2011. *The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*. Perth Western Australia: Western Australian Government. p. 14

²US Department of Justice - National Institute of Justice [U.S. NIJ], 2009. *Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors and Judges - Special Report.* Available at https://www.ncjrs.gov/pdffiles1/nij/225722.pdf

4.3 Proceedings

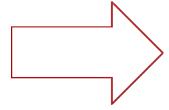
The risk assessment is a comprehensive process of gathering information about the history of abuse, its context and the identification of the risk level and any protective factors. Nevertheless, the risk assessment should be also considered by helplines, i.e., in the contact by phone with victims/survivors. Thus, it is important that professionals collect the most important information, since there could have some constraints, such as little time to engage in a conversation, the sudden arrival or presence of the perpetrator, among others (consult the **Appendix 2** regarding the information to collect).

Often the first call for help is made to the police/helpline. When this happens it is important to seek relevant information for risk assessment, such as:

- When and where the assault occurred;
- Level of violence frequency and intensity;
- The existence of weapons by the perpetrator;
- Information about the crime scene;
- Whether there were some witnesses:
- Need of urgent support.

Any agency using a risk assessment framework needs to agree on:

- aims and objectives
- reasonable duration of an assessment
- how to encourage victims/survivors' participation, through verbal and nonverbal communication
- how to ask the victim/survivor to use the information (request of consent and what for)
- confidentiality of information its limits and promises
- who implements risk assessment
- the required training, skills and knowledge to implement risk assessment
- what will be done with the information gathered
- what will be communicated to victims/survivors and what information and/or advice to give
- what will be shared with the system what information and format is appropriated regarding the different services/professionals
- where the information will be filed and who will have access to it



The responsibility of assessment and management of perpetrators risk is upon agencies and not survivors. In case of significant harm to children and adolescents or to women (including lethality), professionals must consider and agree on the best procedure that safeguards and protects them.

Risk assessment must not be reduced to the application of questionnaires because of the complexity of the many diverse factors that are present in each situation. Implementing risk assessment methods requires that the professional has previous knowledge on the risk factors.

He/She should consider the women's perception and have a safe and supportive approach in order for women and children to disclose their fears. This will contribute to identify the ones at risk of further violence and the nature of risk, as well as the strategies to reduce the risk. In some cases women minimise their own risk and underestimate the risk level that arises mainly as a survival strategy. Thus, after the assessment it is important to inform women about the risk they are facing for further process of risk management.

4.4 Risk Factors

As mentioned previously, risk level is given through the result of the assessment. For the assessment, there are several factors, such for example³:

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³ Consult the following documents to deeper knowledge on the risk factors: Family Violence Coordination Unit, 2007. *Family Violence: Risk Assessment and Risk Management.* pp. 53-55.

[.] Women Against Violence Europe [WAVE], 2011. Protect II – Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims – A Learning Resource. Austria. Pp. 87-93 Richards, L., Letchford, S. & Stratton, S., 2008. *Policing Domestic Violence*. Oxford University Press pp. 121-155

RISK FACTOR	WOMEN	EXPLANATION
Pregnancy/Newborn	The pregnancy could be a period when violence starts or increases. It is an indicator of future harm to the woman and her child.	
Isolation	It is a sign of vulnerability. The lack of resources does not allow the victim/survivor to get help. Isolation increases the likelihood of violence.	
Fear	Being afraid can increase the violence.	
Depression/ Mental Health Problem	Factor of vulnerability for women, due to their inability to accurately assess their situation.	
Suicidal Ideas/ Attempts	Indicates vulnerability of	the woman.

RISK FACTOR	PERPETRATOR 1 EXPLANATION	
Use/Access to weapons	A weapon can injury or kill someone and/or destroy property. Its use indicates a high risk level (in terms of predicting a future behaviour). The access to weapons, including firearms, greatly increases the likelihood of serious injuries or even the murder of a victim.	
Use of violence/ Threats to harm	Psychological, emotional and physical violence demonstrates the violence history (and its continuing nature) and could predict further violence.	
Attempt to choke	Choking or strangulation is often used as attempt to murder.	
Use of violence/ Threats to harm or kill children	Usually child abuse coexists with IPV in domestic violence situations. Children are also victims/ survivors of DV., directly or indirectly (as witness), which will affect their personal development.	
Use of violence/ Threats to harm or kill other family members	It is a way to provoke fear on the victim/survivor and thus control her behaviour.	
Use of violence/ Threats to harm or kill pets or other animals	There is a correlation between IPV and pets abuse, killing or threats to harm. There are cases that perpetrators use pets as a form of control over family members.	
Damage or throwing objects	Similar to the threats or violence over animals, damage or throwing objects is a form of control over family members. It can have also a hidden message: you will be next	
Suicidal ideas/ Attempts	It represents a risk factor for murder-suicide.	
Sexual violence	It can include acts such as forced sex (against their will) or unwanted practice. Reporting sexual assault is likely to mean that there is violence history.	

RISK FACTOR	PERPETRATOR 2 EXPLANATION	
Previous or current court order violation	To have violated previously or actually a Court Order indicates that the perpetrator is not willing to obey, and so it is a serious indicator of possible further violence. It can be also combined with history of arrest and incarceration and type of crime.	
Alcohol and/or drug misuse/abuse	The use or abuse of substances can decrease the social functioning and increase the risk of violence.	
Control/ Possessiveness or obsessive behaviour	The perpetrator can exercise complete control over victim/survivor (her activities, finances, and family and friends relations). In situations that he is in charge, combines several forms of violence can be combined	
New technologies	The new technologies, such as mobile phones, GPS, computer/internet, can be used by the perpetrator to control the women, and also to maintain her condition of isolation. It also allows him to keep in touch constantly with victims/survivors. They can be also used to blackmail women (for example, regarding some more private content).	
Stalking	Stalking and coercive control are highly connected. In association to physical violence is strongly connected to murder or its attempt.	
Professional activity/ unemployment	By one hand is important to know their professional activity, since it allows knowing if the perpetrator has access to weapons/firearms, privileged information (being able to control her). By another hand, unemployment or sudden situation of unemployment is associated to increased risk and even femicide. It is also an indicator of spare time that could be used to control her.	
Depression/ mental health issue	Murder-suicide in IPV has been associated with depression, as a mental health problem.	
Violence history	Perpetrators, who had experienced violence in childhood or witnessed violence against their mothers, have more tendencies to use violence against family members. Violent perpetrators who have a violent past, comparing with those who does not have, usually use violence more frequent and severely.	

RISK FACTOR	CONTEXT	EXPLANATION
Separation	The period immediately after a separation or taking action is high risk for the victims/survivors.	
Disclosure	If the perpetrator knows that the woman has disclosed and is acceding services or tries to leave the relationship, she may be at risk of escalating violence.	
Violence escalation	The increase in severity and/or frequency of violence (i.e. more often and worse) is associated to femicide.	
Threats to kill	The threats are often accompanied by the violence escalation, i.e. increase of the frequency and severity of violence.	
Financial difficulties	Low income and financial difficulties (e.g. no enough money for basic needs) represents a risk for violence.	

4.5 Approaches

There are several approaches to the implementation of risk assessment, which also evolved over time:

This approach refers to the professional judgement in determining the risk. The professional has complete discretion over which information is considered and there are no constraints on the information that can be used to reach a Clinical decision. Approach The subjective judgement is also based on the information available about the perpetrator. This approach integrates statistical evidence into assessment. This involves weightings or scores derived through analysis and reseach. It uses tools based on scales or matrices developed on retrospective evidencebased analysis of factors associated with the outcome of interest (for example, episodes of violence). Actuarial When all factors in the risk assessment instrument are complete, the Approach individual's level of risk can be determined. The instrument is a tool for information gathering and the result obtained is limited, since many actuarial tools are based on small known foresinc samples. Does not allow for bespoke management plans as it only focuses the end user on the risk factors in the model, rather than other factors that may also be relevant but not included. This approach usually combines the clinical and actuarial approaches (as guidelines that recommends what information should be collected and identifies the core risk factors), promoting the evidence-based framework for Structured consistency. **Professional** This approach takes also into consideration the specific situation and the Judgement context. Is the most common procedure, person-centred and focused on unique aspects of the case. With little evidence and decisions are based on intuition of professionals

In addition, considering that women are the experts of their own situation (perpetrator and relationship dynamics), they are good assessors of their own risk. Women's perception of risk combined with professional judgement results in a more accurate prediction of risk and likelihood of re-assault/femicide. This perception is a significant predictor of risk.

4.6 Instruments

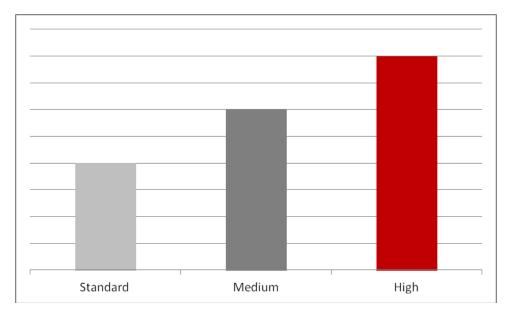
Several risk assessment tools were developed to be used by services intervening in domestic violence situations. Many tools have also been developed to assess the risk, not only of further re-assault but also the risk of femicide or suicide.

Some instruments are presented below.



Table 1: Examples of risk assessment instruments

In practice, tools are used to assess the risk level of dangerousness through a measurable scale of indicators. Some instruments consider three levels of risk and others consider four levels of risk and most of the time the risk levels are associated to colours as we can see in the figure below.



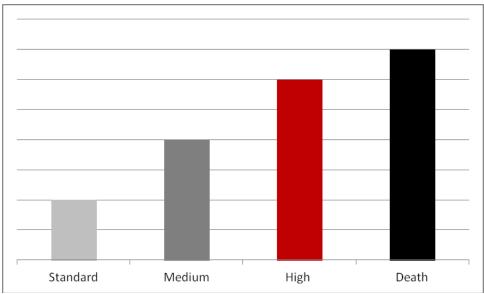


Figure 7: Risk levels by colours

The instruments must be validated at national level, even if it is an adaptation of existing instruments. It is important to consider that different countries may have different approaches to IPV (at legal/criminal, social and health level) linked to specific cultural identities and influences.

The policies and protocols inherent to the tool are equally important. Nevertheless, the procedure should not become a tick box exercise. The fulfilment of the risk assessment instrument must be done in collaboration with the victim/survivor.

In order to increase the effectiveness of responses to the needs of victims/survivors of DV/IPV, it is important that instruments, approaches and frameworks are adopted at national and regional level.

Remarks:

- In all process, we must adequate the language to the person in front of us, avoiding misinterpretations. For instance, "chocking" can be in reality an attempt of strangulation;
- The information gathered during the risk assessment process should be treated accordingly to the data protection. However, working in a multi-agency approach requires the share of information, which should have protocols in place;
- Although women answer to several questions at the same time, when using an instrument, all questions should be asked, in order to assure that we do not forget any question;
- In cases of extreme danger, professionals must be extremely assertive in communicating the risk of murder to the women and inform about shelters.

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