CANADIAN MULTI-AGENCY RISK ASSESSMENT COMMITTEE (MARAC) MODEL PROGRAM

RISK ASSESSMENT LITERATURE REVIEW

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INTRODUCTION

In July 2019, student researchers from the University of Guelph’s Community Engaged Scholarship Institute (CESI) were invited to assist the Woman Abuse Council of Toronto (WomanACT) in the development of an Annotated Bibliography and associated Literature Review. These documents were created as part of the Canadian Multi-Agency Risk Assessment Committee (MARAC) Model Program to inform the development of risk assessment practices, and as a tool to be used in two pilot sites within Ontario (one rural and one urban). The work conducted by the student researchers was supervised by Dr. Mary Ferguson, Research Associate at CESI.

The student researchers were asked to search for and review scholarly and other written works regarding two areas of interest. The first reviewer engaged with literature pertaining to risk factors that predict women’s vulnerability to intimate partner violence (IPV) or intimate partner homicide (IPH). In the first section, the reviewer provides context for the forthcoming discussion of risk assessment tools, drawing attention to salient factors that should be assessed through these tools. The second reviewer identified current domestic violence risk assessment tools used in Ontario, across Canada, the United States, and the United Kingdom. This reviewer provides an overview of the strengths and weakness of various tools. Following these reviews, the entire research team develops recommendations regarding tools for use within the WomanACT MARACs.

RISK FACTORS

In this section, we identify the most salient factors found across the literature, and discuss risk factors impacting various groups in different ways. Our literature review found that there are many factors that predict women’s vulnerability to IPV or 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 factor within the literature is stalking and/or 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).

A 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). Campbell et al. (2007) also find pregnancy (especially among black women and young women) and access to firearms as 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, thus 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 While our review found evidence for each individual 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, a 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 partners, 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 referring to other risk factors alone (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 following 15-month period than if the woman assessed herself as feeling 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, partner separation and access to firearms are both risk factors in a different way among rural individuals than in urban settings (Banman, 2015). When examining separation data, researchers found that separation was more likely in urban areas than in rural. However, the reported total number of times partners previously separated was similar among rural and urban women, indicating that rural women are leaving their relationships, but more often return (Banman, 2015). 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 are less likely to resort to murder (Banman, 2015). Regarding firearms, rural perpetrators were more likely to have access to or possess a firearm than urban perpetrators, and compared to urban areas, domestic homicides in rural settings were more likely to be completed with a gun (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 with those 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 who fear separation from their partner. Physical and mental illness of either party is also a large risk factor among older adults. Comparing younger (30 – 50 years of age) and older (55 years of age and older) populations, O’Neil (2016) finds that younger couples present more well-known risk factors than older couples (e.g., separated, prior IPV, previous murder threats, obsessive behaviour). The younger couples also have more outside contacts with the criminal justice system, domestic violence services, and mental health care providers (O’Neil, 2016). Meanwhile, older adults have more contact with health care providers, and domestic homicide-suicide is more common among this population. Among older adults, depression, access to a firearm, and prior suicide threats or attempts are the most prevalent risk factors. O’Neil (2016) also finds that older adults face more barriers to seeking help. Ultimately, more risk factors are present among younger couples, which are well-established in the literature. This highlights that there are currently very few established risk factors for 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). As such, it may be significantly harder to predict homicide among older adults.

**RISK ASSESSMENT TOOLS**

In the following review, we provide an overview of various tools used across Canada, discussing their strengths and weaknesses. We then provide a more detailed discussion of the recommended tool, the Danger Assessment.

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 (ODARA); Domestic Abuse, Stalking and Honour-based violence risk identification, assessment and management model (DASH); 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 and a consideration of pertinent clinical and legal issues. The tool is divided into two (2) parts. Part 1 (factors 1–10) is related to general violence risk, whereas part 2 (factors 11–20) is related specifically to risk of spousal violence (Kropp & Hart, 2000). This tool is designed to collect information from a number of sources, including 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 unsuitable for MARAC’s purposes. Per Northcott (2012), it is recommended mental health professionals conduct the assessments. Further, 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).

Considering that the completion of the SARA places a relatively heavy burden on users, the British Columbia Institute Against Family Violence (BCIFV) set out to identify possible redundancy among the 20 SARA risk factors. BCIFV and colleagues conducted Exploratory and Confirmatory Factor Analyses of 2,796 adult male offenders from Canada, ultimately reducing the total number of items (from 20 to 10) and collapsing items that required specific judgments regarding mental health issues (from 3 to 1) (Krop & Hart, 2004). Consequently, the B-SAFER is shorter in length than is the SARA, is less resource-intensive to administer, includes fewer items, has less technical jargon related to mental disorder, and requires less expertise to use (Krop & Hart, 2004). Research on the B-SAFER has shown a significant correlation between number of B-SAFER factors present and the degree of risk that the police officers assess (Belfrage & Strand, 2012). Limitations of the B-SAFER include: variability both within and among administrators in their recommendations regarding risk management, a tendency to under-estimate risk, and poor predictive power of IPV (Krop & Hart, 2004; Belfrage & Strand, 2012).

In 2009, the England and Wales National Policing system endorsed a risk model to support and improve police response to cases of domestic abuse. The risk model, called the Domestic Abuse, Stalking and Harassment and Honour-based violence risk identification, assessment and management model (DASH) was implemented as a ‘structured professional judgment’ approach to identify risk factors and grade the level of risk in domestic abuse cases (Robinson et al., 2016). Although implemented in 2009, the DASH was not subjected to any systematic empirical evaluation until her Majesty’s Inspectorate of Constabulary (HMIC) commissioned a research project in 2014 to investigate the ways in which risk-led policing of domestic abuse occurs across England and Wales. The evaluation included face-to-face interviews with police and partner agencies (n = 61 interviews), observations of frontline responses to incidents (n = 120 hours), force-wide surveys (n = 1296 responses), and case files retrieved from police force IT systems (n = 2180) (Robinson et al., 2016).

The authors find the majority of officers and staff considered all of the DASH items to be very important. The benefits of a joined up, risk-led approach to domestic abuse were widely cited by police and partner agencies: they saw the DASH as helping them to get the right information from victims, and improving the police response to domestic abuse (Robinson et al., 2016). However, police (and their partners) mostly agreed that a shorter tool focusing on identifying factors relevant to any abusive situation (ongoing patterns of behaviour, frequent/severe physical violence, isolation, fear) would be more appropriate for the frontline. Further, some DASH items were interpreted and asked in ways that were incorrect and did not maximize the opportunity for victims to disclose abuse. In addition, the volume of cases coming through often created a backlog at various points in the process, preventing at-risk victims from receiving timely help (Robinson et al., 2016). Lastly, the authors conduct a logistic regression and identify predictors of high-risk domestic abuse situations, but did not validate their scale.

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, completing 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, 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). Furthermore, 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).

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). While most validated IPV risk assessment instruments are aimed at predicting re-assault, 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 and 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, using data from intimate partner femicide cases, and comparing them with data about 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). It is a good tool to use with victims, as it increases victims’ understanding of the risk that their 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).
REFERENCES


