

WWP EN



EXPERT PAPER ON INTIMATE PARTNER VIOLENCE RISK ASSESSMENT TOOLS



Expert paper on intimate partner violence risk assessment tools

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Introduction

Domestic/spousal/intimate partner violence and sexual violence are forms of violence against women, a major harmful social phenomenon, affecting millions of women and girls worldwide. According to WHO statistics, about 1 in 3 women globally experienced physical and/or sexual violence committed by their (ex)partner or non-partner sexual violence in their lifetime. (WHO, 2021)

Over the last decades several risk assessment tools have emerged with the aim to prevent or mitigate risk of potentially recurrent violence and femicide and to increase victims' safety by serving as a guidance for first responders to handle domestic abuse cases.

In alignment with our standards, we define risk assessment as a systematic evaluation of the likelihood of recurrent violence in an abusive relationship. This process includes the analysis of both dynamic and static risk factors to predict potential danger posed to survivors and to support professional interventions to mitigate risk of potential harm and increase victim's safety¹.

There are two types of risk assessment tools based on assessment method, actuarial and structured clinical tools. Discussion on both will be included in the result subsection.

This paper intends to list already existing tools and to present the 7 most widely tested tools in more detail. Four distinct sources are listed below that were used to gather information on the available tools.

Information on available risk assessment tools has been compiled through:

- desk researching relevant systematic reviews published between 2000 and 2023;
- surveys carried out among practitioners within the framework of the MARVOW 2.0. project, which focuses on working with perpetrators whose victims are older women;
- the relevant sections of interviews conducted within the TACTICS project with partner organisations that have worked closely with the police and actors of the judicial system;
- organisations answered the WWP EN Impact Toolkit questionnaire.

Measuring the effectiveness and reliability of these tools are challenging; settings, sample size, geographical context, number and aspects of items included in the tools, method to calculate validity varies in the reviewed studies and among the tools itself. Thus, it is difficult to compare tools and draw a robust conclusion of which one works best overall. Our intention is to provide insights on the 7 most validated tools, their contributions, limitations and the context they might perform better.

In the following sections we provide insights on the methodology used for each source, findings and limitations of the reviewed tools.

¹ WWP EN Standards (2023)



Methodology

Scope

The objective of this working paper is to identify available standardised risk assessment tools predicting recurrence, severity or risk of intimate partner physical, psychological or sexual violence, or femicides, and to provide more comprehensive insights of the seven most researched tools regarding their benefits, achievements, and effectiveness, while also acknowledging their limitations. Results of two European projects, MARVOW 2.0. and TACTICS, were also included. The former focuses on the participating organisation's risk assessment and risk management procedures regarding working with perpetrators whose victims are older women. TACTICS focuses partly on risk assessment and risk management in multi-agency collaboration settings, which involves the police and organisations providing perpetrator programmes and/or victim support services.

Design and sample

Data was collected through desk research, online questionnaires (MARVOW 2.0) as well as semi-structured interviews conducted by WWP EN staff (TACTICS). Each data collection method is detailed in the following subsections.

Desk research

We utilised Google Scholar search with specific keywords², focusing on systematic reviews of risk assessment tools related to domestic abuse published between 2000 and 2023. Approximately 30 sources were examined, resulting in the inclusion of 14 systematic reviews and studies in the final analysis. Additionally, the SafeLives Risk Identification Checklist was incorporated as an extra tool. In total, we identified 71 risk assessment tools designed to measure various aspects of intimate partner violence in heterosexual partnerships and violence against women committed by adult men. These tools have been implemented and validated in numerous countries worldwide, but predominantly in the northern hemisphere (USA, Canada, UK), serving diverse purposes.

Among those identified tools, for which this information was available in the reviews, around a third were validated in legal, forensic, or criminal justice contexts, often employed by police officers. Around half of the tools were validated or tested in clinical settings, specifically by psychologists and mental health care professionals. Two others were tested among primary healthcare professionals. One study assessed the effectiveness of 4 tools within the practice of social workers³. This comprehensive exploration underscores the varied applications and contexts in which these risk assessment tools have been validated and utilised globally.

² keywords: intimate partner violence / domestic abuse * risk assessment * systematic review

³ Messing and Thaller (2015)



MARVOW 2.0

MARVOW 2.0 aims to identify the state of art for coordinated multi-agency response to violence against older women across Europe and propose best practices of tailored support to these special needs audiences. As part of MARVOW 2.0. project, WWP EN partner organisations were asked in the form of a 10-questions online survey⁴ to share their experiences, practices, and inputs related to specific procedures related to risk assessment and risk management regarding perpetrators whose victims are older women (defined as 60 years or older). 19 organisations' responses were included in the final sample.

TACTICS

Police, as the primary responders, play a crucial role in addressing intimate partner/domestic violence. Their attitudes and procedures regarding gender based violence cases have a significant impact on the lives and safety of victims. Efficient risk assessment and risk management police practices are vital. In the context of the TACTICS project, with the aim of collecting examples of good collaboration between police and perpetrator programmes, WWP EN has conducted interviews with members. We conducted 5 semi-structured interviews between October 13 and November 9, 2023⁵. Interviewees were selected through convenience sampling, involving professionals, whose organisations had varying degrees of cooperation with the police. The participating organisations, members of WWP EN, included victim support and perpetrator service providers across Europe (Albania, Bulgaria, Italy and Scotland).

IMPACT Toolkit (WWP EN)

IMPACT Programme questionnaire gathers information about the characteristics of the programme (e.g. location, number and training of staff, approach and content of the programme, length and periodicity of sessions, type of sessions -individual or group-, quality assurance measures, partner contact procedures, collaboration with victim services, among others.). Answers related to use of risk assessment tools were included in the analysis.

Table 1. summarises the number of responses gathered from partner organisations within the frameworks of the above mentioned projects.

Table 1. Number of responses from partner organisations

Source of information	Instrument	Nr of respondents
MARVOW 2.0.	survey	19
TACTICS	interview	5
IMPACT	IMPACT Toolkit	16

⁴ See in Appendix (Appendix A)

⁵ See interview structure in the Appendix, relevant questions are **highlighted** (Appendix B)



Results

The reviewed studies have identified over 70 distinct risk assessment tools. This paper presents in detail the seven most widely used and validated ones, as listed in Table 2. These tools vary in terms of length, with the number of items ranging from 10 to 20. They also differ in scope, outcome measures, emphasised risk factors, type and severity of abuse they aim to predict.

Many of these tools require a clinical background and specific qualifications, except for B-SAFER and ODARA. The former is designed for non-clinicians, while the latter is for police officers (Messing and Thaller, 2015). Most of these tools had been used in different settings and by professionals with various backgrounds. Although, the research, assessment, and validation were predominantly conducted by researchers rather than in real-life settings. As Svalin (2020) also highlights, studies on the accuracy of risk assessment conducted by practitioners are limited. In their review they found that most practitioners⁶ do not use standard risk assessment tools, instead they rely solely on their intuition, professional judgement. This result was different to our findings. Two third (65%) of organisations that participated in interviews and answered the survey in the projects of TACTICS and MARVOW 2.0. or used WWP EN Impact Toolkit revealed that they use standard risk assessment tools in each case, serving as a guidance for interventions; predominantly DA, DASH, ODARA, SARA, B-SAFER, and ASAP checklist. In addition, five organisations used a general risk factor checklist. However, these tools are normally used for the general population, not necessarily tailored for specific needs audiences, like older women victims of violence. Multiple organisations in MARVOW 2.0. highlighted the importance of developing tools for specific target groups, focusing on their needs and special circumstances. In addition to the need of creating new instruments, the importance of other aspects were also highlighted. This included training professionals, first line respondents on the existing tools and more broadly, on the topic of gender-based/intimate partner violence, specific target groups subjected to IPV (migrant women, older women, persons with disabilities, etc.), and risk factors of recidivism, femicide. Multi-agency collaborations (i.e. police, victim support services, perpetrator programme practitioners, health and social care professionals) regarding risk assessment and safety planning enhances the effectiveness of risk assessment and management for high-risk cases, ensuring a comprehensive and coordinated response. Such formal joint frameworks that focus on high-risk perpetrators are MATAAC, MAPPA, and MARAC.

Results from the research conducted by WWP EN within the project of TACTICS and MARVOW 2.0. emphasised the importance of regular risk assessment and safety planning with victims, as the level of danger can change over time depending on dynamic risk factors. Some studies also discussed the accuracy of the victim's risk assessment, two thirds of the victims had a high level of accuracy⁷, or sometimes even outperforming standard risk assessment instruments. Accurate results could be also achieved by combining the victim's risk assessment with other actuarial instruments (Heckert & Gondolf, 2004 in Bowen, 2011). However, Bennett Cattaneo et al. (2007) and Bell et al. (2008) found that in cases of physical abuse, when women were inaccurate, PTSD scores pushed more toward overestimating risk, while the victim's substance abuse or prior experience of severe physical abuse resulted in underestimating the risk.

⁶ in the referred studies risk assessment raters were police officers, police employees, probation officers, correctional treatment institutional staff (Svalin, 2020)

⁷ Bell et al., 2008; Bennett Cattaneo et al., 2007 in Bowen (2011)



Results from the literature review showed that Danger Assessment (DA)⁸ and Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment (DASH) were designed to predict homicide, attempted femicide and severe offence. DA also works for predicting general IPV recidivism. The 20 item survey is typically conducted by healthcare professionals or victim support advocates, but it has been validated in various settings.⁹ Its primary intention was to raise awareness and provide insightful information to victims on the potential danger they might face and assist her in safety planning. Since its development, multiple versions arised. DA received some criticism over representing a retrospective approach¹⁰. Using a calendar along with the checklist helps both victim and professional to recognize patterns of potential escalation in frequency and severity of abuse over time. DASH can be employed in a broader context, focusing on harassment, stalking and honour-based killing. It includes certain aspects of coercive control¹¹ (i.e. isolating victim, monitoring her time) and impact on the victim (i.e. suicidal thoughts). However, some studies questioned its effectiveness and suggested its revision and shortening¹². Both instruments require the active involvement of victims, it cannot be filled out from police records only.

SARA, B-SAFER and DVSI are mainly used in criminal justice settings, while ODARA primarily was designed for police officers. SARA requires clinical background, special qualifications. It has a comprehensive approach, collecting information from victim, perpetrator and police records, which makes it a time and resource intensive instrument. It performs better at predicting less severe IPV cases, safety planning and prevention. DVSI and B-SAFER focuses on predicting risk of severe offence. As Nicholls (2013) noted, DVSI serves rather as an indicator for further, more thorough risk assessment¹³. B-SAFER is the shorter, 10-item version of SARA, tailored for non-clinician practitioners. It can provide a quick, simplified risk assessment for immediate interventions, but it is worth completing a more thorough assessment at a later point for more adequately targeted interventions (Messing, 2014, Svalin, 2020, Graham, 2019, Gubbels, 2019). ODARA aims to predict frequency and severity of IPV recidivism, which can be filled out from police records, criminal information if a police officer has no access to the victim or the offender. Its primary goal is to predict femicide, high-risk cases. It showed great results in categorising perpetrators by the level of risk they pose to victims. However, these outcomes were limited and measured retrospectively, using police records (Nicholls, 2013).

Table 2. Summary of most commonly validated RA tools

RA tools	RA tools (complete)	Limitation	Contribution	Context	Aim to predict
B-SAFER	Brief Spousal Assault Form for the Evaluation of Risk	not sufficient for thorough risk assessment	short, can be used by non-clinicians	criminal justice	severe IPV, recidivism
DA	Danger Assessment	retrospective approach	should be filled out with victim	health and social care service	homicide, attempted femicide, severe IPV

⁸ Campbell 1986

⁹ <https://www.dangerassessment.org/>

¹⁰ risk assessment had been validated after the incident using data from criminal history

¹¹ Myhill, Hohl (2019)

¹² HMIC (2014), Robinson et al. (2016), Pease et al. (2014), Almond et al. (2017), Chalkley and Strang (2017); Thornton (2017) in Turner (2019)

¹³ Hisashima (2008) in Nicholls (2013)



DASH	Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment	structured professional judgement scale	broader use, 'honour'-based violence, LGB relationships, MARAC	police officers; victim advocates	severe IPV, femicide, homicide, recidivism
DVSI	Domestic Violence Screening Instrument	not sufficient for thorough risk assessment	mostly suitable for predicting severe violence ¹⁴ ; can be filled out from police record	criminal justice, probation officers ¹⁵	recidivism
ODARA	Ontario Domestic Assault Risk Assessment	retrospective approach	can be filled out from police records (if no access to victim or perpetrator)	police officer	frequency and severity of recidivism
SARA	Spousal Assault Risk Assessment	requires clinical qualification; time and resource consuming	better at predicting risk of less severe IPV; supports safety planning and prevention; more comprehensive approach, information gathered from victim, offender, police records	criminal justice; clinicians in social care	recidivism
VRA	Victim's risk appraisal	victim's substance abuse, increased PTSD, prior severe IPV can increase inaccuracy	mostly high level of predicting accuracy, can be combined with other tools	health and social care	recidivism

Discussion on the available research

Most of the selected articles focused on a sample of male perpetrators who committed intimate partner violence (IPV) or intimate partner homicide (IPH) against their female (ex)partners.

- These studies utilised different measures to validate the reliability of the tools, such as predictive validity, interrater reliability, concurrent validity, internal consistency reliability and construct validity (Graham, 2019). They differed in sample size, location (*mostly USA, Canada, UK, Sweden*), source of information (*official record, perpetrators self-report, victims report*). Coding and testing primarily was conducted by researchers rather than practitioners. As it was highlighted in several systematic reviews, conceptual differences, such as definition of risk, recidivism, and follow-up periods further affect the outcome. All these factors contribute to the complexity of comparisons.

Gubbels (2019) found that study design characteristics, (i.e., study design, follow-up length, type of domestic violence, source of follow-up, publication year, percentage of males in the sample, mean age

¹⁴ Williams & Houghton (2004) in Nicholls (2013)

¹⁵ Williams & Houghton (2004) in Nicholls (2013)



of the sample, and percentage of cultural minorities in the sample) did not significantly affect the overall predictive accuracy of the reviewed tools.

In terms of assessment methods, multiple studies concluded that actuarial methods outperform clinical methods, structured clinical tools, with actuarial tools exhibiting higher predictive accuracy¹⁶. Other studies had come to similar conclusions in areas of criminal justice, forensic mental health and clinical psychology¹⁷. A possible explanation is that professionals using actuarial tools follow standardised, objective procedures and fixed algorithms, while clinical methods rely on subjective professional judgments¹⁸. Actuarial tools are also more effective in distinguishing between low- and high-risk cases¹⁹. Combining risk assessment tools specialised in domestic violence with those assessing risks of general violence yields more accurate results. The same study (Gubbels, 2019) highlighted that the tools predicting the onset of intimate partner violence performed better (AUC = 0.744) than those measuring the recurrence of domestic abuse (AUC = 0.643). According to their results, DA, DVRAG, ODARA, PCL-R, SARA, and DVSR showed at least moderate predictive accuracy.

All reviewed standard risk assessment tools have their benefits and using any of these can contribute to assessing risk of recurrent violence better than simply relying on non-structured clinical judgements. Risk assessment tools specified on intimate partner violence, combined with general risk assessment tools can enhance higher levels of accuracy. Clinical tools focusing on mental health issues, neurodivergent disorders, such as psychopathy had a lower performance. Additional research conducted in real-life settings is essential to draw more robust conclusions regarding the effectiveness of various tools in specific contexts.

Limitations

Despite the difficulties of measuring accuracy and effectiveness of the different risk assessment tools, both researchers and practitioners emphasised the crucial role of using these tools to improve responses to domestic abuse cases. However, it's essential to recognize and address their limitations. In this section, we intend to highlight some additional aspects that could be integrated into these or future tools to gain a more comprehensive understanding of IPV risk.

Most risk assessment tools gather information about the perpetrator's behaviour, actions, predominantly regarding physical violence, but usually they lack a narrative approach and have no overview about the perpetrator's attitude, triggers, or if the perpetrators take responsibility for the violence. Understanding perpetrator's thought processes would be essential to predict and prevent femicides²⁰. There are tools that intend to examine mental health issues, neuropsychiatric disorders, like psychopathy in perpetrators. However, this approach can be misleading and inefficient in the case of intimate partner violence offenders, as most of them do not have these pathological conditions.

¹⁶ Gubbels (2019), Hanson (2007): in Gubbels (2019)

¹⁷ Aegisdottir et al., (2006); Dawes et al., (1989); Grove & Meehl, (1996); Hanson & Morton-Bourgon, (2009); Hilton et al., (2006): in Gubbels (2019)

¹⁸ Dawes et al., (1989); Gambrill & Shlonsky, 2000 : in Gubbels (2019)

¹⁹ Gubbels (2019)

²⁰ di Marco (2023), DRIVE project



An additional aspect highlighted in Gubbels' study (2019) is that actuarial risk assessment tools primarily include static risk factors, incorporating only few dynamic ones. This would be essential for individual case and safety planning, as well as for defining targets of interventions.

Several tools include certain forms of coercive control (i.e. isolating from friends and family, monitoring victim's time, finances, controlling basic needs, using spywares, etc.) and threatening harassment. However, these aspects often do not receive sufficient emphasis in the tools. In addition, the forms of online abuse (cyberstalking, reputation abuse, revenge porn), although they can cause severe harm for victims, are rarely incorporated in the reviewed tools.

Many of the tools also lacked or barely reflected on the impact of domestic abuse on the victim and their children (i.e. suicidal thoughts, depression, loneliness). This aspect could be crucial in preventing suicides of victims. As several researches highlight, women who were subjected to intimate partner violence have higher risk to attempt/commit suicide²¹.

In the process of identifying all currently available risk assessment tools, we did not find any that would specifically focus on assessing the risk of children. Developing such tools would be crucial in preventing child homicides²² related to intimate partner violence. As the British charity, SafeLives emphasised in their guidance for completing DASH, the questions related to harming the victim's children incorporated in several tools is not an adequate substitute for a comprehensive risk assessment for children.

Both the literature review and the findings from the interviews and surveys emphasised the lack of risk assessment tools tailored for victims with specific needs (i.e. older or migrant women, persons with disabilities, individuals experiencing IPV in non-heterosexual relationships).

These limitations can be addressed by revising and extending already existing tools or by developing new ones based on previous studies and practitioners' real-life experiences, expertise.

Conclusions

In general, risk assessment tools play a crucial role in improving responses to domestic abuse cases by mitigating further potential harm and serve as guidance to safety planning and targeted interventions. However, it is important to not only possess a reliable risk assessment tool but also to be an expert in its use and have expertise on the topic of IPV to make informed decisions. There is no one-size-fits-all tool, as the effectiveness depends on the situation, time, perpetrator's attitude and victim's needs.

In order to draw more robust conclusions on the effectiveness and accuracy of the existing instruments, it is essential to conduct further research in real-life settings, including practitioners' experiences (social workers, police officers, victim advocates). This involves not only relying on official documents but also engaging with perpetrators and victims directly.

Most of the existing tools aim at predicting severe IPV assaults, DA and DASH homicide and attempted femicide. SARA performs better at predicting less severe IPV cases. There had been ambiguous results on the effectiveness of DASH, risk assessment being based more on professional judgement as opposed to actuarial tools, like ODARA and versions of DA.

It would be necessary to develop further instruments and to provide related training focusing on IPV risks for specific needs audiences, like older women victims of abuse, persons with disabilities, substance abusers and child victims of IPV. Current tools completely lack or barely incorporates aspects

²¹ McManus (2022)

²² Scott et al. (2020), Jaffe et al. (2017), Cavanagh et al. (2007)



of coercive control, threatening harassment, online abuse (spywares, revenge porn), risk of suicide committed by the victim, perpetrator's attitude and sense of responsibility that would be vital to better understand and thus prevent femicide.

Multi-agency collaborations, joint efforts of risk assessment and risk management, establishing standard procedures for using tools and value measurement, especially for professionals without clinical backgrounds or qualifications, developing other standard procedures across various sectors and professions are essential to enhance victims' safety and can lead to more adequate intervention strategies.



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Appendix

Appendix A.

MARVOW 2.0. Survey to partner organisations

1. Name of the organisation and contact information (we ask this information in case we need to ask you for some extra-information or in case we want to propose your organisation as a good practice example; in any of those cases we would contact you first to ask for permission. If you prefer not to give us this information, please go to the next question).
2. The organisation works/is placed in... (multiple answers possible)
 - with abusive partners
 - in victim/survivor support
 - in research
 - for the police
 - for a health service
 - for a child protection service
 - in prison
 - in policy making
 - in media (e.g. newspaper, journal, blog)
 - in probation
 - other
3. The organisation is located at...
4. In your organisation, are you aware of any specific procedures for perpetrators whose victims are older women, defined as 60 years of age or older?
5. What are the main demographic characteristics of perpetrators whose victims are older women? What relationship do they have (parent - adult child, partners, etc.)
6. In your organisation, are you aware of challenges involved in dealing with detecting and responding to perpetrators whose victims are specifically older women?
7. **In your organisation, are you aware of how risk management is performed specific to perpetrators whose victims are older women? Which procedures, protocols, roadmaps, etc. are used by professionals who come into contact with perpetrators whose victims are older women?**
8. **Which risk assessment tools do you use for older perpetrators, or perpetrators whose victims are older women? Specify if for all populations or specific subsections.**
9. **In your organisation, are you aware of needs when assessing and managing risk with this target population of older perpetrators or those whose victims are older women?**
10. In your organisation, are you aware of what procedures are to be followed or identified cases of perpetrators whose victims are older women who may not be able to leave their residence or are dependent on the caregiver who is also the perpetrator?
11. In your organisation, are you aware of any data protection issues that make multi-stakeholder collaboration challenging between your organisation assisting perpetrators and those assisting victims or police?



12. In your opinion, are there training needs on the issue of violence against older women, for example:
 - case management in multi-agency teamwork
 - risk assessment tool including focus of risk of femicide and suicide
 - work with elderly perpetrators of IPV against older women keeping older women safe and men accountable (survivor-centred approach)
 - coordination issues and tools used to maximise data protection
 - other
13. In your opinion, what could a project like MARVOW 2.0 help you with to improve the multi-stakeholder collaboration in the response and prevention of violence against older women?
14. By answering this survey I accept personal data processing.
I agree

Appendix B.

TACTICS WWP EN Interview on police collaboration

Basic information

1. Name of the organisation
2. Country
3. Interviewee name
4. Interviewee's role/position in the organisation
5. Year of collaboration started:

Priority

1. **Does your organisation provide training to police? What topics are included in the training? (E.g. specific communication techniques used with perpetrators; standard or non standard procedures to refer cases to perpetrator programme; risk assessment tools; identification of high-risk perpetrators; etc)**
2. How do you engage police in your training? What methods seem to work best? (videos, role play, case studies, etc.)
3. Do you have specific documents, protocols, procedures to standardise this collaboration?
4. What do you think, what are the key elements of maintaining a good collaboration with police?
5. What are the main challenges and what would help, what would you need to improve the collaboration?

Optional

6. Do police refer cases to your programme? Is there a standardised or non standardised procedure for that? Please detail



7. Has the police's approach about PPs changed since the collaboration?
8. Have you received feedback from police how they evaluate the collaboration, what do they expect from your organisation?
9. **In what other forms do you collaborate with police? Examples:**
 - a. **Specific procedures for high risk cases (if yes, please detail)**
 - b. **Joint case management**
 - c. **Joint risk assessment**
 - d. **Case-oriented exchange of information: regularly**
 - e. **Case-oriented exchange of information: if required**
 - f. **Development of protocols, guidelines to police on handling domestic violence cases**
 - g. **Others:**Please detail:
10. What would you suggest to an organisation that wants to start a collaboration with police, how to approach police, what benefits to emphasise for a greater success? (e.g. negotiating with leadership level; offering services, like joint risk assessment, providing more information/evidence on perpetrators in police reports, hearings, etc.)
11. Do you exchange information with police? If yes, what information do you exchange?
 - a. Repeated abuse by client
 - b. History of violence
 - c. Information about the risk
 - d. High-risk situation
 - e. Others: _____
 - f. No information is exchanged
12. What experience have your clients had with the police?
13. Is there anything you want to share?