

# Escalating Violence

## How to Assess and Respond to Risk

### A Review of International Experience

Aoibhneas Women and Children's Refuge  
Coolock, Dublin

Candy Murphy  
Natalie McDonnell

February 2008



**Aoibhneas**  
Women and Children's Refuge, Coolock

## Acknowledgements

The authors would like to thank all those who contributed to the current study, especially the various organisations working in the area of Domestic Violence who gave us the benefit of their views and experience. A special thanks is due to Dr Helen Buckley, Senior Lecturer, School of Social Work and Social Policy, Trinity College, Dublin and Stephanie Holt, Research Fellow, Children's Research Centre, Trinity College Dublin who so willingly shared their expertise with us.

© Copyright Aoibhneas Women and Children's Refuge 2008

This report has been written for Aoibhneas Women and Children's Refuge by Candy Murphy and Natalie McDonnell

# Contents

<b>Foreword</b> .....	<b>4</b>
<b>Introduction</b> .....	<b>5</b>
Limitations of study.....	7
Prevalence of Domestic/Intimate Partner Violence in Ireland.....	7
Trends in the escalation of Domestic/Intimate Partner Violence .....	8
Children’s and women’s rights .....	9
<b>Purpose and Objectives of Assessing Risk of Escalating Violence</b> .....	<b>11</b>
Effectiveness of such risk-assessment systems in other countries.....	11
Links between intimate adult and child violence .....	12
<b>Review of Models of Risk Assessment Internationally</b> .....	<b>14</b>
Models of risk assessment employed in a European context.....	14
Models of risk assessment employed in the UK, US and Canada.....	16
Examples of good practice from international review.....	20
<b>Overview of Protocols/Systems in Place in Ireland</b> .....	<b>23</b>
Intimate Partner Violence.....	23
Child protection.....	23
Overall comment.....	25
<b>Conclusions</b> .....	<b>26</b>
<b>Key Recommendations</b> .....	<b>28</b>
<b>Appendix 1: Jacquelyn C Campbell’s Danger Assessment Model</b> .....	<b>30</b>
<b>Appendix 2: Tyagi’s Review of Risk–Assessment Models</b> .....	<b>33</b>
<b>Bibliography</b> .....	<b>38</b>

# Foreword

I am delighted to launch this research on the risk associated with escalating violence in the home and the associated consequences of familial homicide.

When I first read of the tragedy in Summer 2007, I thought about how such an horrific event could happen without anyone being alerted to the signs, or if there were any signs, people did not understand them. Women have also been murdered in their own homes, again with no apparent alerts from family service agencies. Nor did there seem to be any mechanism in place to ensure joined-up thinking between the various agencies.

We in Aoibhneas wanted to develop a set of early warning signals and tools to help identify women and children at risk, alert them to that risk through validated assessments and take the necessary measures to ensure that the violence does not escalate to tragic proportions.

Candy Murphy and Natalie McDonnell have worked with us to research current international best practice in this area; to identify measures that can be taken to deal with escalating risk and to put together recommendations on how we in Aoibhneas can play our role in dealing with these issues.

Aoibhneas will be following up this work with the development of a series of diagnostic tests and training measures in cooperation with our colleagues in the various agencies and organisations currently involved in addressing violence in the home.

Thank you for your support.

**Terri Morrissey**

Chairperson

Aoibhneas Women and Children's Refuge

# Introduction

This study was commissioned by Aobhneas Women and Children's Refuge in response to the growing number of high-profile cases that have recently occurred where clients in contact with services, both statutory and non-statutory, have subsequently experienced high levels of violence, resulting in death, either through suicide or murder. This trend is mirrored in the US, where research indicates that in cases of intimate partner homicide the victim, perpetrator or both, have usually had contact with criminal justice, victim support and/or health agencies.<sup>1</sup> In these circumstances, this research aims to look at what supports are currently in place in Ireland to alert services to the potential danger of seriously escalating violence among clients and at what can be learnt from international experience in this area.

The research investigates the potential for identifying 'early warning' signs in order to reduce the likelihood of such attacks occurring. Such risk-assessment systems aim to predict the chances of violence and/or its re-occurrence and escalation through a tested process undertaken with the survivor or perpetrator.

Risk-assessment methods involving a tested process are already in operation in the US, Canada and the UK. This research examines the international literature on systems in place in these countries and highlights the potential benefits for relevant organisations in Ireland of adopting such an approach, including making a number of suggested next steps aimed at addressing this need.

The study examines the models and practice currently in place in relation to domestic and intimate partner violence, specifically through work with survivors and child protection work, again as it pertains to those

---

1 Sharps et al (2001) in Roehl, O'Sullivan, Webster and Campbell, *Intimate Partner Violence Risk Assessment Validation Study*, May 2005.

who work with families at risk. The focus is on models as they relate to work with survivors of intimate partner and Domestic Violence – mainly women and children.

Buckley et al in *Listen to Me! Children's Experience of Domestic Violence*, point out that the term 'Domestic Violence' is most frequently used as an easily understood and widely accepted term. They state that:

*'However, it is criticised for its association with "family violence", where the woman's experience disappears behind the experience of all those for whom she cares (Stark & Flitcraft, 1997). The term "domestic" is also associated with the trivialisation of abuse, when it is referred to (most frequently by the police) as "just another domestic". By locating the abuse in the "domestic sphere", it also negates the dangers to women when they attempt to leave the relationship as this has been cited as their most dangerous time (Mullender, 1996, p8). Similarly, terms such as "battered wives" and "victims of Domestic Violence" are criticised for their negative labelling of women as a victim rather than as a survivor. In addition, their primary emphasis is on the physical assaults, thereby ignoring the emotional and sexual abuse also suffered (Hooks, 1997 cited in Buckley et al, 2006, p4).'*

In this study we also therefore look at how systems can be put in place to empower women, in particular, in particular to anticipate and be aware of threats of such violence and thus assist them to take action to avoid such situations involving them and their children.

Such intimate partner violence has been defined as a pattern of assaultive and coercive behaviours that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviours are perpetrated by someone who is, was or wishes to be, involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.

Child exposure to intimate partner violence is a term encompassing a wide range of experiences for children whose caregivers are being abused physically, sexually or emotionally by an intimate partner.

## Limitations of study

In preparing this report the authors recognise that violence among intimates encompasses a wider range of activity than it has been possible to cover in this preliminary study. We are aware that such violence can occur between mothers and their children and partners, often as a result of post-natal depression or other mental illness, and that violence can occur between children themselves and by children on their parents. We are also aware that work is being done, and could be further developed, with those suffering from mental health disorders that could result in seriously escalating violence involving partners and children. We recommend that further research be carried out in these areas to complement our current work.

## Prevalence of Domestic/Intimate Partner Violence in Ireland

Garda statistics for 2004 recorded a total of 6,229 reported incidences of 'Domestic Violence' (Buckley et al, 2006, p5). In a survey of 1,871 women attending Irish GPs, just under two-fifths of the women surveyed who had close relationships had experienced some form of violence from their partner (Buckley et al, 2006). Buckley et al also point out that pregnancy has been identified as a time of risk for women and cite a 2003 study by Ryan, conducted in the Rotunda Hospital, Dublin, in which one in eight women reported experiencing physical abuse while pregnant (Buckley et al, 2006, p6).

## Trends in the escalation of Domestic/Intimate Partner Violence

Of the 140 Irish females murdered since 1995, 88 have been killed in their own homes (Women's Aid, 2008). Buckley et al state:

*'One of the most striking features regarding the nature of intimate violence is its early appearance in the relationship. Dobash et al, (1985) showed that half the women in their study were assaulted in the first year of marriage or co-habitation, with very few cases emerging after the first three years' (Buckley et al, 2006, p6).*

US statistics indicate that 38 per cent of all femicides are committed by a husband, boyfriend or ex-boyfriend (cited in Buckley et al, 2006). In 66–80 per cent of femicides the woman has been battered, sometimes for years, before she was killed.

A study by Zawitz (1994) reported that 13 per cent of perpetrators in 540 intimate partner homicides in the US had a history of mental illness. Approximately one-third of the 200 perpetrators in the 11-city study of attempted and actual femicides were described as being in poor mental health (Sharps et al, 2001b, cited in Zawitz, 1994). In the US, homicide-suicides represent 27–35 per cent of intimate partner femicides. In a study carried out in Quebec, Canada, 21 per cent of perpetrators had consulted mental health services in the year prior to the event (Buteau et al, 1993).

These statistics clearly indicate the prevalence of intimate relationship violence and the urgent need for concerted strategies and related actions aimed at alerting service providers and potential victims to possible cases.

## Children's and women's rights

It is increasingly acknowledged that women and children vulnerable to escalating violence and lethality have a right to preventative systems and services that address their fundamental needs.

In February 2006, a resolution, adopted by the European Parliament recommended, among other things, that the Commission and the Member States:

- adopt a proactive, preventive and penal strategy towards the perpetrators of violence against women in order to reduce recidivism
- provide advisory services for perpetrators, either on their own initiative or under a court order
- always carry out adequate risk assessments in order to ensure the safety of women and children in any process

There is a clear understanding in human rights instruments of the importance of risk-assessment processes in ensuring the safety and the life of women and children. The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the UN Convention on the Rights of the Child also encourage the development of risk-assessment tools as a method of safeguarding the safety of children.

The UN Declaration on the Elimination of Violence against Women<sup>2</sup> places an obligation on States to protect the rights of women experiencing or at risk of Domestic Violence. Article 3 of the Declaration states that women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field and this includes the right to life. Article 4 establishes the concept of due diligence in relation to how States attempt to realise these rights, encouraging States to:

---

2 UN General Assembly Resolution 48/104 20<sup>th</sup> December 1993

*'Exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons.'*

In furtherance of this the Declaration encourages States to:

*'Develop, in a comprehensive way, preventive approaches and all those measures of a legal, political, administrative and cultural nature that promote the protection of women against any form of violence, and ensure that the re-victimisation of women does not occur because of laws insensitive to gender considerations, enforcement practices or other interventions.'*

In addition, the Committee on the Elimination of All Forms of Discrimination Against Women has issued a General Recommendation addressed to State Parties elaborating on the nature of their obligations under the Convention. In General Recommendation 19, the CEDAW Committee calls on States to put in place preventative measures in relation to Domestic Violence – particularly those aimed at protecting women's right to life.

Action to ensure the rights of women and children should include the right to supports that can help to identify and protect potential victims of lethal violence.

# Purpose and Objectives of Assessing Risk of Escalating Violence

The main purpose of assessing the risk of escalating violence is to prevent further serious violence and, ultimately, death. Such risk-assessment systems also offer service providers a framework within which to place warning signs – behavioural and otherwise – with a view to developing targeted interventions in family situations where there is a risk of escalation and lethality.

Such risk assessment methods are necessary in a multitude of circumstances. Service providers coming into contact with perpetrators (Gardai, social work services, probation services, mental health services etc) need to be equipped to assess risk and to act on foot of risk assessment criteria in order to prevent escalating violence and/or lethality.

Similarly, services coming into contact with survivors – men, women and children – need to have the capacity to assess risk. Here, the service providers will include Domestic Violence services and women's refuges, among others.

## Effectiveness of such risk-assessment systems in other countries

The National Consensus Guidelines, a resource prepared by the Family Violence Prevention Fund in the US encourages those working in healthcare settings to conduct robust risk assessments in the context of a health and safety assessment in a health care setting. The guidelines provide that if the patient states that there has been an escalation in the frequency and/or severity of violence, that weapons have been used or that there has been hostage taking, stalking, homicide or suicide

threats, providers should conduct a homicide/suicide assessment (Family Violence Prevention Fund 2004, p14).

Studies in US emergency departments found up to a 14 per cent annual prevalence of abuse among women. An assessment strategy focusing on these settings was able to identify 12 per cent of the female patient population as experiencing abuse within the past year. In primary care, it could identify between 21–37 per cent of the female population experiencing abuse at some point in their lives. In obstetrics and gynaecological care settings, an effective assessment strategy was able to identify 6 per cent of the female population experiencing abuse within the previous year (Family Violence Prevention Fund 2004, p42).

## Links between intimate adult and child violence

Conceptually, there is a growing recognition that Domestic Violence and child abuse are interlinked. Comprehensive risk-assessment models are needed to enable service providers to assess the risk of increased violence while their service focus is on child protection and vice versa. These are no longer seen as discrete areas of social policy and service provision. Buckley et al's study emphasises the relationship between men's abuse of women and abuse of children. The authors trace the research in their literature review and note that there is a 45-70 per cent co-occurrence of child physical abuse and a raised incidence of sexual abuse (Hooper, 1992; Hester and Pearson, 1998 cited in Buckley et al, 2006).

These studies highlight the fact that, at its most extreme, violence against women may result in the death of children and cite the UK cases of Maria Colwell, Sukina Hammond and Toni Dale (Hester et al, 2000 cited in Buckley et al, 2006).

Such violence can take the form of direct abuse of children in the context of a domestically violent adult relationship, where the abuse of children is designed to exacerbate that of the mother, a process labeled

as 'double level of intentionality' (Hester et al, 2000 cited in Buckley et al, 2006).

A Canadian report (Office of the Chief Coroner, 2005, p117) reviewing Domestic Violence related deaths in Ontario identified the most frequent forms of child victimisation encountered by those working in Domestic Violence as children

- left parentless following homicides and/or suicides
- exposed to the violent deaths of parents
- indirectly killed as a result of being caught in the crossfire during violent episodes
- directly killed by a parent as punishment to the partner who decided to end the relationship
- directly or indirectly killed as part of an overall murder/suicide plan by a parent who decides to annihilate family members

This study also identified child custody and access disputes, pregnancy and child protection services involvement as significant indicators of increased risk.

# Review of Models of Risk Assessment Internationally

## Models of risk assessment employed in a European context

Women Against Violence Europe have addressed the subject of risk assessment in their 2006 manual on inter-agency cooperation. Using a body of research on the subject (Gandolf 2001; Robinson 2004; Humphreys et al 2005 cited in Women Against Violence Europe, 2006) they conceptualise the risk factors associated with the possibility of escalating violence in the following way:

- Previous acts of violence against the partner and the children or other members of the family
- Separation and divorce are times of high risk
- Severity and frequency of violent acts
- Violence against former partners or other family members
- Acts of violence outside the family
- Possession of weapons, use of weapons
- Abuse of alcohol or drugs
- Threats
- Threats of murder/serious coercion
- Threats of suicide, depression
- Extreme jealousy and possessiveness
- Extremely patriarchal concepts and attitudes
- Persecution, psychological terror (stalking)
- Danger for children
- Non-compliance with restraining orders by courts or police
- Risk assessment by the partner

In relation to this final factor they point out that:

*'Gandorf (2002), in his study on the risk of repeat offences in the context of Domestic Violence, determined that the assessment by the victims is an important indicator of the danger of renewed violence, and that there is a strong correlation between the risk assessment on the part of the victim and the actual use of violence by the perpetrator. They further state that 'a systematic assessment of the risk situation should be a standard procedure in all cases of Domestic Violence, followed by the development of a safety plan, which should be drawn up with the victim in each individual case – not only once, but repeatedly' (2006, p21).*

The report identifies the application of risk-assessment tools in Domestic Violence situations aimed at identifying victims most at risk of future harm, serious injury and homicide as the newest development in the field of policing.

Robinson (2005, p6) identified five key ways to increase the safety of women and children experiencing Domestic Violence, one of which is conducting risk assessments. In particular, he identified the need for agencies to work with victims to help them to understand that their own perceptions of risk are vital and that if they fear for their safety they should not ignore that fear.

This has been emphasised in other recent studies which have found that women's perception of risk is important in determining risk of re-assault by an intimate partner. Roehl et al summarise this as follows:

*'Weisz, Tolman and Saunders (2000) found that women's perception of danger was the single best predictor of re-assault, a stronger predictor than any of the 10 items from the Danger Assessment available in criminal justice records. Similarly, Goodman, Dutton and Bennett (2001) in a sample of 92 women found that women's prediction of re-assault was the strongest single predictor of re-assault. In an analysis*

*of their data on 499 men in batterer intervention programmes and their partners, Heckert and Gondolf (2004) found women's perception of risk to be a significant predictor of revictimisation by an intimate partner, stronger than the Spousal Assault Risk Assessment....the best model of prediction was the Danger Assessment along with women's perception of risk. However, in the 11-city femicide study, only 47 per cent of the actual femicide victims and 54 per cent of the victims of attempted femicide accurately assessed that their perpetrator was capable of killing them' (Roehl et al, 2005, p15).*

Robinson's study also states that risk assessment and safety planning must be standard in the work of survivor support services and crime prevention and criminal justice agencies. The study developed a checklist in relation to best practice, one of the components of which was that risk assessment should be a standard practice at the agency and should be carried out using standardised tools. They also recommended that safety planning with the victim should be mandatory, and should also be conducted using standardised tools (Robinson 2004, p51).

## **Models of risk assessment employed in the UK, US and Canada**

A wide range of models, risk-assessment tools and systems are operating in other countries. The literature indicates that many of these models have been developed around Domestic or Intimate Partner Violence and the risk of escalation of such violence.

Models and projects in place were found to focus on training and on the development and testing of risk-assessment tools aimed at reducing the number of Domestic/Family Violence murders and serious incidents.

Most research in this area has been conducted in relation to sexual assault, general violent behaviour and community violence by the diagnosed mentally ill.

In the US, in particular, several instruments have been developed to assist Domestic Violence service providers, the law enforcement agencies and the courts in determining the cases most likely to escalate to severe or lethal violence in other countries.

Risk factors have also been identified to take account of subjective perceptions of risk on the part of potential victims.

The Domestic Abuse Intervention Program (DAIP) in Duluth, Minnesota, US, has developed 26 questions to assess the danger of a perpetrator. Other instruments include that developed by Jacquelyn C Campbell, the Danger Assessment Model which is used in a variety of US and Canadian service provision settings. The London Metropolitan Police have also developed a risk-assessment model for Domestic Violence cases (SPECSS).

A US study entitled *Intimate Partner Violence Risk Assessment Validation Study*, set about assessing the predictive accuracy of several methods of assessing risk of escalating assault/violence or lethality. Models tested included the Danger Assessment (DA) and the Threat Assessment (TA) methods and DV-MOSAIC, which is designed to diagnose risk of lethal violence and extreme danger. The Danger and Threat Assessment Models are designed to detect the threat of danger while the DV-MOSAIC model is designed specifically to diagnose lethality. The difference in the models is largely one of emphasis.

DV-MOSAIC has been purchased by POST, California's main police standards and training organisation. Police departments, shelters and hospital-based Domestic Violence programmes have adopted Campbell's Danger Assessment Model. Some entire states, such as Colorado, have mandated risk assessment in Domestic Violence cases in the criminal justice system.

In discussing the clinical versus actuarial approaches to the risk of identifying the level of danger in Intimate Partner Violence, the authors

state that the ideal would be 'a well-validated instrument specific to the type of violence being assessed in the hands of a clinician who is expert in that type of violence by virtue of training and experience'. Kropp (2004) suggests the terminology 'structured professional judgement' to describe this kind of approach.

Independent predictive studies have indicated that DA successfully predicted re-assault in a sample of 92 battered women who had filed a protective order. The first part of this model assessed severity and frequency of battering by presenting the woman with a calendar of the past year. The second part is a 15-item yes/no response format of risk factors associated with intimate partner homicide. DV-Mosaic is a computer-assisted method that includes 46 multiple response questions about risk and protective factors.

Although other models and systems were also tested in this study, the DA Model and DV-MOSAIC specifically test for the risk of seriously escalating violence and lethality. A distinction should be drawn between these and other models of risk assessment for repeat violence.

In the context of this report, it is also important to distinguish between safety assessments, risk assessments and lethality assessments. Models have generally been developed in line with this distinction. Safety assessments aim to plan for safety with clients presenting at services while risk and lethality assessments diagnose risk and/or potential lethality.

However, these have been recognised as interlinked, particularly in the work of Jacquelyn Campbell, the US academic who developed the DA method some 30-years ago. The instrument was developed initially as a means of putting women back in control of their situation by increasing their awareness of, and reflection on, their situation. It now also acts as a method of planning interventions and is widely used. The DA scale is a lethality assessment. Campbell points out that while all Domestic Violence is dangerous, it is imperative to have an instrument to predict

and prevent the risk of such violence escalating to death/lethality. Based on a sum of weighted scoring the risk of escalating violence is placed in one of the following categories:

- Less than 8 – 'variable danger'
- 8 to 13 – 'increased danger'
- 14 to 17 – 'severe danger'
- 18 or more – 'extreme danger'

Campbell further advises those working with women and administering the test on how to act in the circumstances of a response falling within these danger ranges:

**Variable danger range** – be sure to tell women level can change quickly – watch for other signs of danger, believe their gut

**Increased and severe danger** – advise women of risk, assertive safety planning; consult with judges, suggest a high level of supervision recommendations

**Extreme danger** – advise women of the serious danger – take assertive actions – call for criminal justice or other professional help – recommend highest bail, highest probation supervision

Campbell believes that one of the most important aims of the test is to put women in the picture in relation to the danger they may face and equip them to make a decision to leave and/or take precautions. A study of a US risk-assessment process included the following statements from women following the Risk Assessment Process (NIJ RAVE study):

*'I never knew – this makes me much more resolved to not go back'*

*'I'm gonna' go get that permanent thing? (referring to a protection order)– I wasn't gonna' go through the hassle before but now I surely will'*

*'Damn.... He is really dangerous, isn't he? I keep foolin' myself about that – now I know I gotta do something'*

*'I knew he was scary but no one believed me – I'm going to keep pushing now'*

Campbell further advises on the importance of a protocol governing the use of the risk-assessment model which she considers to be 'as important as the instrument itself'. The elements required should include agreement on the purpose of risk assessment, the development of a training programme in relation to the use and administration of the system and actions to encourage women's participation.

Finally, she points out that 'Danger Assessment is a Process not a Product' and that it can consist of two parallel processes – a brief re-offending risk assessment for criminal justice cases and a danger (lethality) process which is a longer process carried out with the victim for safety planning. She identifies strategies for working with victims as an important component. The aim of these strategies is to increase their realistic appraisal and to determine risk factors not available from criminal record checks or from perpetrators never previously arrested, for example, as part of batterer intervention programmes.

## Examples of good practice from international review

In countries where risk assessment has formed part of the strategy for reducing escalating violence and lethality, there has been a resulting impact on service provision and models of intervention. This is, in part due to the fact that risk assessment enables a more targeted approach in individual cases. There has been a direct impact on service provision and a strong emphasis on inter-agency working.

These interventions tend to be multi-sectoral in that they involve law enforcement agencies and social work teams as well as non-

governmental agencies and other family support agencies. Models to which Irish service providers could look in terms of developing best practice include the High Risk Consult Team Woman Abuse Council of Toronto (WACT), a policy development and planning body with a mandate to develop a coordinated response to woman abuse. WACT has developed a high-risk tool kit. The project also formed the High Risk Consult Team to provide expert consultation to front-line practitioners struggling with high-risk and potentially lethal cases. The teams purpose is to brainstorm case management strategies and to support front-line staff in pro-actively managing a transition from danger to stability. Similarly, the Domestic Violence High Risk Case Response Team, Greaternewbury, US provides an example of good practice combining risk assessment and service provision. The team was developed following a high-profile murder of a woman named Dorothy Cotter by her husband in 2002. Dorothy's advocates and legal team were aware that this was a potentially lethal case<sup>3</sup> due to her application for a protection order but the other components of the system were unaware of the obvious risk factors. The team uses risk-assessment tools to identify which cases pose the greatest risk of serious re-assault or lethal violence. Victim advocates, officers at the scene and probation officers all regularly conduct these assessments and develop individualised intervention plans to interrupt the cycle of escalating violence.

---

3 Dorothy Cotter's legal team knew that her husband had taken her hostage in the past, had attempted to strangle her with a telephone wire and had threatened to kill her if she ever left him, but there was no mechanism to pass these risk factors on to law enforcement or other agencies.

## CASE STUDY: BARNARDOS, NORTHERN IRELAND

Barnardos' Northern Ireland Domestic Violence Outreach Scheme (DVOS) opened in November 1997 and has developed several services, including carrying out recovery and safety work with women and children who were still in a violent relationship. 'We noticed there was an inconsistency in how social workers managed these cases,' says children's services manager, Maddie Bell. 'Sometimes they would set off a child protection response when it probably could have done with a family support response; and vice-versa.' Seeking answers, Bell took a two-week field trip to Canada in 2000. 'I went to London, Ontario, to observe their group work with children, and to see how they were managing Domestic Violence in their child protection procedures,' she says. 'Following the study trip a Canadian trainer came over and trained 25 staff here in their risk-assessment model.' However, Barnardos' experience in Canada led to Bell expanding the model's six assessment areas to nine and adding threshold scales consisting of risk factors, potential vulnerabilities and protective factors. 'Canada had a model of analysing risks through child protection procedures,' she says. 'They had "adult conflict" as a category of abuse. That was the difference. And that made us think of threshold scales. Domestic Violence wasn't even mentioned in our procedures. It wasn't there as a form of abuse. Now it is.' In Northern Ireland there are at least 11,000 children known to be living in Domestic Violence situations. Mindful of research that suggested such children suffer directly and indirectly, and may well be children in need, three Health and Social Services Trusts and the Ulster Community & Hospital Trust commissioned Barnardos to carry out a six-month pilot study in 2004, to apply the model in their family and child care teams. 'We provided an initial three days' training – two on risk assessment and, crucially, one day equipping social workers with a toolkit to do safety work with women and children,' explains Bell. 'Safety work is an important part of this model; the best time to do such work is in the aftermath of an incident and the people going in at that time are the social workers.'

*Source:* <http://www.communitycare.co.uk/Articles/2006/05/18/54017/danger-signals.html>

# Overview of Protocols/Systems in Place in Ireland

A number of organisations working in the area of Domestic Violence, both statutory and NGOs, were contacted in the course of this study. Those contacted indicated that, when assessing risk of escalating violence, checklists are used, backed up by what Kropp refers to as 'structured professional judgement'. The situation varies in relation to violence among adult partners and children.

## Intimate Partner Violence

Many of the services contacted in the course of the study address risk-assessment factors during training.

In some NGO-based services, staff establish risk in every case on an individual basis, followed up by planned interventions in order to minimise risk. Such systems are based on decades of experience within the centres.

Some of the services use a checklist of questions with their clients aimed at assessing risk and consequent safety needs. This checklist contains questions such as a partner threatening to use or owning a weapon, the use of violence outside the family home, the level of control exerted etc.

## Child protection

The Health Services Executive is under a statutory duty, under the Child Care Act 1991, to identify children at risk in its area. It is notable that no such duty exists in relation to women vulnerable to violence. Children First provide guidelines on the reporting of child abuse to those working in both the statutory and non-statutory sectors.

As Helen Buckley points out in *Child Protection and Welfare – Innovations and Interventions*, the legislative obligation on the HSE in relation to the protection of children at risk requires professionals who work with children to 'understand the causes, signs and effects of child abuse and neglect.' She points to the range of professionals who deal with children including child care workers, teachers and youth and community workers, among others. She states that:

*'However, as child abuse enquiries in Ireland and the UK have shown, many disciplines and agencies lack information, procedures and structures for piecing together information and implications contained for them in the Child Care Act, 1991 and expressed the need for more intense and specific training in it' (2002, p46).*

Buckley traces the development of risk-assessment frameworks. She points to the work of Anna Madden, at the time a public health nurse who worked in the North Western Health Board assessing child welfare and safety. Madden's primary recommendation was that the key elements of the assessment process, which she had highlighted, should be formally developed into a model of practice for universal use, thus providing a framework that would be more valid and credible than the use of checklists.

Buckley also refers to Rachel Devlin, a senior public health nurse in the Eastern Health Board. Devlin designed a five-stage process for the identification of children at risk of child abuse or neglect. Devlin's research indicated that group discussions and the pooling of knowledge and expertise greatly enhanced the options open to a professional for intervention.

In 2006, Helen Buckley, Jan Horwath and Sadhbh Whelan produced the *Framework for the Assessment of Vulnerable Children and their Families: Assessment Tool and Practice Guidance*, which was published by the Children's Research Centre, TCD and the University of Sheffield. The

framework was a collaborative effort between the two universities and HSE staff.

The assessment tool is designed to help practitioners to complete child-centred assessments of vulnerable children and their families. It is designed to establish whether or not a child care intervention should be made.

## Overall comment

The organisations consulted agreed on the benefits of developing formal risk-assessment frameworks in general and lethality assessments, in particular, in an Irish context. This view has also been expressed by the Rape Crisis Network Ireland, which has recommended the development of risk-assessment systems for perpetrators of sexual violence in advance of their release from prison as part of their 'Agenda for Justice'.

There is a significant need for such systems in a wide variety of situations. In the statutory context, they include the Health Service Executive Child Welfare and Protection Services, Mental Health teams and allied health workers, the Garda Síochána, professionals in the criminal justice system as well as those working in educational settings who come into contact with those at risk of escalating violence. NGOs working in the area have also expressed an interest in being involved in the development of more formalised risk-assessment systems, based on best practice internationally.

# Conclusions

International experience indicates that risk-assessment models and tools can be effective in identifying and preventing escalating violence in intimate relationships. They can also play an important role in empowering potential victims to anticipate and avoid such violence. The success of these models is evidenced, in particular, by the fact that the Danger Assessment Model successfully predicted re-assault in a sample of 92 women in the US. Women's own perceptions of risk are central to the question of prevention and it is essential that these are placed at the centre of all risk- and safety-assessment procedures.

Robinson (2005) suggests a checklist for agencies for safety planning which includes the following:

- Risk assessment is a standard practice in our agency
- Risk assessment is carried out using standardised tools
- Safety planning with the victim is mandatory
- Standardised checklists are used for safety planning
- Safety planning is an ongoing task
- We provide proactive support in safety planning and keep in touch with survivors to remain aware of their needs

The study also indicates how the role of such assessment models is grounded in women's and children's right to health, welfare and life.

The international literature indicates that these tools, combined with inter-agency intervention, professional judgement and experience, and effective and individualised case management, can interrupt the cycle of escalation which often leads to lethality.



In order to better equip services in Ireland to detect the risk of escalating violence and lethality, there is a need for:

- further research on such models
- the development and testing of such models in an Irish context
- the introduction of training programmes for all relevant personnel

# Key Recommendations

## Practice/Service Implications

### We recommend that services:

- Undertake a study visit with the aim of establishing best practice in the area of risk assessment and safety planning
- Conduct systematic risk assessment with each person presenting to the service in order to assess and identify further risk
- Develop protocols and procedures in relation to actions to be taken as a result of risk assessment
- Develop comprehensive safety plans with women on the basis of the risk assessments conducted
- Develop training models for the use of risk-assessment and safety planning tools

## Research

### We recommend that further research be carried out in the following areas:

- A similar review of risk-assessment models in use in the area of mental health, with a particular emphasis on work with perpetrators
- A review of the risk of escalating violence at certain flashpoints, ie during pregnancy, separation and divorce
- A databank of statistics be developed and maintained jointly by all the key organisations involved in Ireland on perpetrators and victims/survivors of such violence – this database would, for example, record whether or not those involved have been in contact with support services

## Cross-sector action

### Drawing on this research we recommend that:

- A cross-sector team of mental health professionals, social workers, academics and NGOs working in the areas of Domestic Violence and child protection be convened with the aim of developing risk-assessment frameworks
- In particular, the Gardai and those working in criminal justice settings should also look at developing risk-assessment models that will enable them to predict and prevent escalating violence and lethality
- Such risk-assessment models should then be tested and evaluated in a systematic manner
- Consideration should be given to introducing legislation to ensure compliance by all service providers with such risk-assessment procedures and also to establishing a reporting structure to ensure that the Gardai are informed of any risk-assessment case which is considered to be dangerous/potentially lethal in nature

# Appendix 1: Jacquelyn C Campbell's Danger Assessment Model

Jacquelyn C Campbell, PhD, RN  
Copyright, 2003

Several risk factors have been associated with the increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts and/or continuing pain
3. 'Beating up'; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ('He' refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. Has the physical violence increased in severity or frequency over the past year?
2. Does he own a gun?
3. Have you left him after living together during the past year?
  - 3a. (If you have *never* lived with him, tick here\_\_\_\_)
4. Is he unemployed?
5. Has he ever used a weapon against you or threatened you with a lethal weapon?  
(If yes, was the weapon a gun?\_\_\_\_)

---

6. Does he threaten to kill you?
7. Has he avoided being arrested for Domestic Violence?
8. Do you have a child that is not his?
9. Has he ever forced you to have sex when you did not wish to do so?
10. Does he ever try to choke you?
11. Does he use illegal drugs? By drugs, I mean 'uppers' or amphetamines, speed, angel dust, cocaine, 'crack', street drugs or mixtures.
12. Is he an alcoholic or problem drinker?
13. Does he control most or all of your daily activities? For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, tick here: \_\_\_\_)

14. Is he violently and constantly jealous of you? (For instance, does he say 'If I can't have you, no one can.')
15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, tick here: \_\_\_\_)
16. Have you ever threatened or tried to commit suicide?
17. Has he ever threatened or tried to commit suicide?
18. Does he threaten to harm your children?
19. Do you believe he is capable of killing you?
20. Does he follow or spy on you, leave threatening notes or messages on answering machines, destroy your property, or call you when you don't want him to?

**Total 'Yes' Answers**

**Thank you. Please talk to your nurse, advocate or counsellor about what the Danger Assessment means in terms of your situation.**

# Appendix 2: Tyagi's Review of Risk-Assessment Models

Extract from: *Risk-Assessment Measures in Prediction of Domestic/Interpersonal Violence:*

Brief overview of some measures and issues

Report by  
Smita Vir Tyagi  
Counterpoint, November 2003

**SARA: Spousal Assault Risk Appraisal Guide**  
(Kropp, Hart, Webster & Eaves, 1994; Kropp et al, 2000).

This scale uses empirically established risk indicators

- 20-item instrument designed to screen for risk factors in males suspected of /being treated for family related assault – for use with adult males only
- Purpose is not to provide relative or absolute risk measures using cut-off scores but to enhance professionals judgements about risk if person is a threat to family, spouse or other
- Scores based on information from multiple sources [victim, offender, addictions history, review of collateral records including police reports, criminal records, other psychological assessments where available]

- Well-established psychometric properties
- Easy to score – risk management flows from scores
- One critique is its variables, which are derived from clinical judgements that rely on professionally trained staff and are subject to inter-rater disagreement and also does not assess relationship status
- Copyrighted, sold by Multi Health System, Toronto, Complete kit \$72 Cn

## DA: Danger Assessment (Campbell, 1995)

**One of the few instruments that uses victim as information source**

- 19-item paper and pencil checklist style instrument
- Uses information from the victim – use applied to adult males only
- Originally developed to assess risk of homicide among batterers but can be used to predict future Domestic Violence
- Psychometric properties have been published – replication on larger samples promising (Goodman, Dutton & Benett, 2000 for other references see Danger Assessment website)
- Easy to use and interpret
- Copyright by author but available for widespread use with credit to author – see website for up-to-date information: [www.son.jhmi.edu/research/CNR/homicide/DANGER.htm](http://www.son.jhmi.edu/research/CNR/homicide/DANGER.htm)

## **PAPS: Partner Abuse Prognostic Scale (Murphy, Morrell, Elliott & Neavans, 2003)**

**Scale obtained information from both offenders and partners in its development**

- A prognostic index derived from 17 well-established risk variables – for use with adult males only
- Found prediction of additive model (putting different risk factors together) was good
- Reported psychometric data are very promising
- Provides cut-off scores for risk
- As of September 2003, practice applications await further validation
- Authors can be contacted at University of Maryland

## **Kerry's Femicide Scale (1998)**

**Scale based on information gathered from convicted killers and community men**

- Scale is unique in that it identifies characteristics of men who kill women with whom they've been in an intimate relationship – for use with adult males only
- Identifies a constellation of factors including psychological, emotional, physical abuse and attitudes to women
- Based on an extensive study of perpetrators of femicide [killing of women]
- Preliminary psychometric data appear promising
- Author has indicated that scale would be available for widespread use

- Author can be contacted via Correctional Services Canada, High Risk Family Violence Program, Kingston.

## **PAS: Propensity for Abusiveness Scale (Dutton, 1995)**

**Scale based on information gathered from batterers and non-violent community men**

- Self-report scale developed by assessing items in a comprehensive assessment, taps attachment style, anger response, trauma symptoms, parental treatment and self-concept stability – for use with adult males only
- Author suggests it may be more useful for non-criminal populations and predicting emotional abuse and risk for physical abuse
- Preliminary psychometric data look promising, still developmental
- Author should be contacted for more information at Dept of Psychology, University of British Columbia

## **Other Interpersonal Violence scales**

### **PCL–R: Psychopath Checklist– Revised (Hare, 1991)**

- 20-item instrument is a structured interview and set of ratings based on the interview and corroboration from multiple sources – for use with adult males only
- Multiple information sources include case history reviews, interviews with family members, criminal and psychiatric records
- Uses information such as exploitation of others and chronically unstable lifestyle as predictors and has a few violence related items

- Well-established psychometric properties, large number of studies supporting its use
- Robust predictor of violence including Domestic Violence although scale was not designed for Domestic Violence
- Easy to score – risk management flows from scores
- One critique is that it was designed to predict general violence and criminal recidivism so it gathers little or no information on partner abuse (see Dutton, 2000 for potential limitation as demonstrated in a recent study)
- Copyrighted, Training for the instrument sold by Multi Health System, Toronto, Complete kit price \$300 Cn

# Bibliography

Buckley, H, Whelan, S, Holt, S (2006) *Listen to Me! Children's Experience of Domestic Violence*, Dublin: Children's Research Centre

Buckley, H (2002) *Child Protection and Welfare: Innovations and Interventions*. Dublin: Institute of Public Administration

Buckley, H, Horwath, J, Whelan, S (2006) *Framework Assessment of Vulnerable Children and their Families*. Dublin: Children's Research Centre and University of Sheffield

Buteau, J, Lesage, A D, & Kiely, M C (1993) 'Homicide followed by Suicide: A Quebec case series, 1988-1990', *Canadian Journal of Psychiatry*, 38(8), 552-556

Campbell, Jacquelyn, *Intimate Partner Violence Risk Assessment: Implications for the Advocacy and Criminal Justice Systems*, [www.ohsu.edu/healthdisparities/LethalityAssessmentORshort.ppt](http://www.ohsu.edu/healthdisparities/LethalityAssessmentORshort.ppt)

Family Violence Prevention Fund (2004) *National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings*, San Francisco: The Family Violence Prevention Fund

Kropp, P R (2004) 'Some questions regarding spousal assault risk assessment', *Violence Against Women*, 10 (6), 676-697

Office of the Chief Coroner, Ontario (2005) *Domestic Violence Annual Review Committee Annual Report to the Chief Coroner*

O'Marra, A J C (2005) *Domestic Violence Death Review Committee: Annual Report to the Chief Coroner, Ontario*

Robinson, Amanda L (2005) *The Cardiff Women's Safety Unit: Understanding the Costs and Consequences of Domestic Violence*, Cardiff University <http://www.crarg.org.uk/> (February 13, 2006)

Robinson, Amanda L (2004) *Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very High-Risk Victims* in Cardiff, Wales: A Process and Outcome Evaluation, Cardiff University <http://www.crarg.org.uk/>; (February 13, 2006)

Roehl, J, O'Sullivan, C, Webster, D, Campbell, J (2005) *Intimate Partner Violence Risk Assessment Validation Study*, Final Report

Vir Tyagi, Smita (2003) *Risk Assessment Measures in the Prediction of Domestic /Interpersonal Violence: Brief Overview of Some Measures and Issues*, Professional Education for Community Practitioners: Technical Paper Series: User-Report 2003:01

Women Against Violence Europe (2006) *Bridging Gaps – From Good Intentions to Good Cooperation – Manual for Effective Multi-agency Cooperation in Tackling Domestic Violence*, Vienna: WAVE

Women's Aid (2008) *Femicide Watch*, [www.womensaid.ie](http://www.womensaid.ie)

Zawitz, M W (1994) *Violence between Intimates*, Washington DC: Bureau of Justice Statistics

*Domestic Violence refers to the use of physical, sexual, psychological or financial abuse in close adult relationships*

Aoibhneas was established to respond to the needs of women and children suffering violence in the home

It provides a 24-hour professional support, information and referral service as well as safe refuge accommodation for women and their children who are forced to leave home due to Domestic Violence

**Aoibhneas Women and Children's Refuge, Coolock  
PO Box 5504, Dublin 17**

Tel: (01) 8670805

Fax: (01) 8670806

Helpline: (01) 8670701

Email: [helpline@aoibhneas.org](mailto:helpline@aoibhneas.org)

Website: [www.aoibhneas.ie](http://www.aoibhneas.ie)

Registered Charity Number: 8955

