Risk assessment with perpetrators of domestic violence
Children’s exposure to DV

Children present in 55% of DV incidents
Hester 2009
Scottish crime survey 2009 – 33% of DV victims had children living with them
Children present in 63% of most recent incidents
77% saw or heard the DV
2% hurt or injured during the incident
Children and DV:

• Over a quarter (26%) of young adults reported that physical violence sometimes took place between those caring for them during childhood. For 5% this violence was constant or frequent. Cawson, P. (2002) *Child maltreatment in the family*. London: NSPCC. p.37.

• At least 750,000 children a year witness domestic violence.

• DV features in the lives of 37% of children who are receiving SW interventions and 60% on the risk register. (Children in Need Census).

• Up to 77% of cases coming to private law proceedings involve allegations of domestic violence, with informal estimates placing the figure around 90% (HMICA 2005).
Incidence of DV where child neglect or maltreatment is identified:

- For those young adults who said that during childhood they had been neglected, 88% had lived with some level of domestic violence, and for 59% the violence was constant or frequent.

- For young adults who had been physically abused, 75% had lived with some level of domestic violence, and for 36% the violence was constant or frequent.

- For young adults who had been emotionally abused, 71% had lived with some level of domestic violence, and for 48% the violence was constant or frequent.

- For young adults who had been sexually abused, 54% had lived with some level of domestic violence, and for 20% the violence was constant or frequent.

Incidence of child maltreatment where DV is identified:

- Research indicates that between 30 to 66 per cent of children who live with DV also suffer direct abuse.

- A US family violence survey analysed 3,363 cases of family violence, found an almost 100 per cent correlation between the most chronic and serious violence by men toward women and physical abuse of children.
Coincidence of child abuse and DV

28 cases of fatal child abuse perpetrated by fathers
All 26 cases children < 4 yrs
Men – lower levels of education, higher levels of unemployment, general criminal histories, unreasonable developmental expectations of the children, low tolerance, jealous of children and in three quarters of cases also violent to mother
Cavenagh, Dobash & Dobash 2007 – murder in Britain study
Post separation child murders

• 29 children killed during child contact in 13 families (1994-2004)
• DV in 13 of those families
• In 5 cases the contact was court ordered

Saunders 2004
Parental underestimation of children’s exposure

• 46% of caregivers reported exposure while 77% of their children did (Johnson et al 2002)
Learning from Serious case reviews of child homicides

• Where the information was available, well over half of the children had been living with domestic violence or parental mental ill health, or parental substance abuse. These three problems often coexisted.

Brandon et al 2008
Thinking about risk
Case 1: John

Maria, his partner of 4 years has reported a severe assault on her - (strangulation to the point of unconsciousness) other than that no violence but some controlling behaviour around jealousy

She has one child, had planned to live as a family with John – we are asked to assess the risk involved in this.

John (age 45) reports happy childhood and good relationship with parents

Regular employment as carpenter

One previous marriage – still sees adult children – no reports at the start of the case of any violence or abuse in this relationship.

No substance misuse

Some reports of fights in pubs as a younger man

But... you phone his ex-wife and she tells you that he used to grab her by the throat to control her.
Case 2: Jamie

- Jamie (21) grew up with violence and abuse in his childhood

- Living in care home from 15 yrs – mum asked him to leave because he was using drugs and abusive to her

- Met Anna (now 20) in hostel – she is a care leaver too

- Dozens of reports of police being called to the hostel, and subsequently their flat – reports of shouting, smashing furniture, Anna has been seen with black eye on two occasions

- Anna says they argue because they are both very jealous and that she ‘winds him up’

- They have one daughter and want to live together and care for her together

- We are asked for our assessment of the risks in this.
Which case is higher risk?
Any statement about risk should be as specific as possible and include consideration of:

Likelihood

Of what kind of abuse? (Physical harm? Emotional harm?)

At what level of severity

To whom – does the perpetrator pose a risk to partner, to the child?

When? Within what time period?

In what context? – when the couple are living together/apart? At time of threat to relationship? At contact handover?
“Levels of Risk”

Define your terms - what does

- low
- medium
- high
- very high

mean?

These need to be defined separately for likelihood and severity

Make sure you’re clear about this, or you get a clear definition from the person doing the assessment
**Example definitions of likelihood (of harmful behaviour occurring)**

<table>
<thead>
<tr>
<th>very unlikely to occur</th>
<th>unlikely to occur</th>
<th>may occur (a ‘real possibility’)</th>
<th>likely to occur</th>
<th>very likely to occur</th>
</tr>
</thead>
</table>
## Example definitions of severity

### Physical abuse

<table>
<thead>
<tr>
<th>minor</th>
<th>moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>acts such as grabbing, pushing or slapping that are unlikely to leave a significant mark, result in injury or require professional medical attention</td>
<td>acts such as punching, kicking or head-butting that are likely to result in temporary injury and need some form of professional medical attention</td>
<td>acts of extreme violence such as strangulation, forceful blows to the head or striking with an object, that are likely to result in serious or permanent injury, or death</td>
</tr>
</tbody>
</table>
## Example definitions of severity

### Emotional abuse

<table>
<thead>
<tr>
<th>minor</th>
<th>moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>occasional rejection, criticism, insults, name-calling, ‘put-downs’ etc that are unlikely to have a lasting negative impact on the victim’s self-esteem</td>
<td>rejection, criticism, insults, name-calling, ‘put-downs’, humiliation etc that are serious or frequent enough to undermine the victim’s self-esteem</td>
<td>frequent rejection, criticism, insults, name-calling, ‘put-downs’, humiliation etc that are likely to have a devastating impact on the victim’s self-esteem</td>
</tr>
</tbody>
</table>
For instance

In my opinion, if the couple continue to live together, Mr X poses a moderate (may occur) risk of using physical violence severe enough to cause injury towards Ms Y and it is very likely that he will continue to use persistent and severe verbal aggression as well as emotional and psychological abuse towards Ms Y.

I believe that whilst the risk of direct abuse of the children is low, the possibility that they will be indirectly harmed during incidents cannot be discounted. Also given their young age there is a very high likelihood that they will be exposed to any abuse of their mother that takes place.
Overview of risk assessment methodology
Types of risk assessment
(you are already doing one of these)

Clinical Assessment
Where an experienced practitioner makes the assessment, using ‘practice wisdom’ to interpret what they find out about the client.

Actuarial Assessment
• Researchers identify a range of risk factors which are associated with harmful behaviour
  • Investigate which ones show the strongest statistical relationship with future maltreatment.
  • The assessment then consists of identifying the presence or absence of these factors and weighting them according to a set scheme to produce a risk rating.
Types of risk assessment

*Empirically guided clinical assessment aka ‘structured professional judgment’*

The worker conducts a risk assessment by referring to a checklist of factors that have a demonstrated relationship to onset and/or recidivism.

This helps the worker to focus on the relevant data to gather, so that the final assessment, though not statistical, is well informed by the best available research.

[Probably the best and most realistic method in our settings]
Static and Dynamic factors

Risk factors can be divided into two groups:

- **Static factors** – those which are based in the individual’s past history and background demographics, and so are not amenable to change.

- **Dynamic factors** – those which can change through treatment, interventions or the passage of time. These include information about the person’s current attitudes and beliefs gained from interview.
Static factors provide the backbone of any credible risk assessment.

There is a danger of *overrating* impressions gained from the service user in interview and *underrating* information about the person’s past history and behaviour. Abusers may:

- do well in psychological testing, often better than their victims.
- convince others that they have ‘learned their lesson’ or ‘put their past behind them’, overstating the deterrence value of future punishment or other consequences.
- be mild mannered and appear reasonable despite severe risk, or be noisy and intimidating with professionals despite presenting only moderate risk to their partner or child.

In contrast, victims may appear angry with services, emotionally dysregulated and difficult to work with.

(Bell, C. 2007)
The advice from research therefore is:

- First form a judgement of risk based on **static** factors.

- Then use **dynamic** factors to make *modest* adjustments to this estimate.

Clearly information gained from the client about **imminent**, **targeted risk** should be acted upon.
Risk Factors

History of violence
• Used severe violence, with injuries requiring medical treatment
• Used strangulation
• Used or threatened to use a weapon
• Threatened to kill partner
• Used sexual violence, such as rape
• Assaulted other family members, including children
• Violence is becoming more frequent
• Violence is becoming more severe
Static Risk Factors

Other forms of abuse
• Verbal, psychological abuse
• Proprietary behaviour
• Controlling behaviour – is there a pattern of coercive control?
• Sexual abuse, sexual violence
• Harassment, stalking
Static Risk Factors

Other historical factors

• Substance misuse – especially where it has exacerbated the past severity of the violence
• Relevant psychological disorders; Anti-social personality disorders, eg. borderline personality disorder, beliefs of persecution by others

Unemployment – statistically a risk factor – impacts on time the couple spend together, and onset of unemployment can be a trigger
• Generalised aggression, to other family members and outside the home.
• Any non-violent criminal history increases risk of re-assault, ‘criminal versatility’ is a particular risk marker
Assessing dynamic factors

Attitude to the risk concerns

Denial, minimisation, level of responsibility taken

Remorse

Empathy

Abuse- supporting attitudes, Distorted thinking patterns, hostile attributions etc

Insight into use of violence

Motivation to change
Programme acceptance criteria

a realistic level of disclosure

To be prepared to look at particular incidents of violence or aggressive behaviour in detail,

to be prepared to listen to and consider feedback,

to be prepared to explore at his own contribution to his difficulties rather than attributing all blame to his partner

Sufficient cognitive capacity
Substance/alcohol use does not preclude participation
Assessing change

For the men we see to be safer around their partners and children, we would want to see evidence of most of the following:

• awareness of physiological, mental and emotional signs of the build up to violence/abuse.

• broadened definition of what is abusive behaviour

• awareness of the function of abusive behaviour in his life

• acceptance of responsibility for his use of violence, and an awareness that he can choose not to be violent.

• ability to notice, question and change attitudes and beliefs which have supported his use of violence
Assessing change – how do we tell if he is just ‘talking the talk’

Check with his partner how he has behaved towards her.

Ask other professionals

Focused, testing pieces of work in treatment on specific areas of concern

Noting and recording his progress in these areas as he moves through the programme

Revisit dynamic factors in final assessment
Cautions About Assessing Programme Outcomes

• Remember that static risk factors should not be minimised when evaluating the response to the programme.

• Be aware of the potential for inevitable (positive or negative) bias if the assessment comes from the client’s therapist. It is preferable to have someone who has not worked with the man therapeutically also involved in the assessment of change.

• It cannot be assumed that the risk has decreased simply because a person is attending, or has completed a programme. (This assumption is almost certain to be made)

• Some manipulative abusers will be prepared to sit through a programme if they feel it will get them what they want.

• In the end, sustained behaviour change is the only reliable measure.
Dynamic variables

‘CONTACT AND DOMESTIC VIOLENCE - THE EXPERTS’ COURT REPORT’

In the report commissioned by the Official Solicitor to look at the implications of domestic violence for child contact, Sturge and Glaser (2000, p624) recommended that for contact to be beneficial for the child, the father would need to show:

- Some (preferably full) acknowledgement of the violence
- Some acceptance (preferably full) of responsibility for any violence
- An interest in the child’s welfare
- A desire to make amends
- Regret
THE PRACTICE DIRECTION (England and Wales)

The revised Practice Direction – Residence and Contact Orders: Domestic Violence and Harm requires the court, when deciding the issue of contact, to take into account:

- The effect on the child of any domestic violence established
- The father’s motives for pursuing contact
- The likely behaviour of the father during contact and its effect on the child
- The father’s capacity to appreciate the effect of past violence and the potential for future violence on the parent and child
- The father’s attitude to his past violence, and in particular, his capacity to change and behave appropriately.