Domestic Violence Risk Assessment, Risk Management, and Safety Planning:

An Annotated Bibliography

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An Annotated Bibliography

Produced on behalf of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP) (http://www.cdhpi.ca)

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This work is supported by the Social Sciences & Humanities Research Council of Canada.

1. Belfrage, H., Strand, S., Storey, J. E., Gibas, A. L., Kropp, P. R., & Hart, S. D. (2012). Assessment and management of risk for intimate partner violence by police officers using the Spousal Assault Risk Assessment Guide. Law and Human Behavior, 36, 60-67. doi:10.1037/h0093948

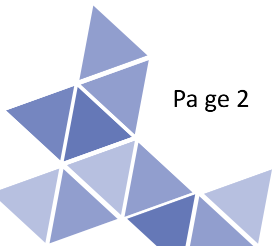
This article examines the use of the Spousal Assault Risk Assessment Guide (SARA; Kropp, Hart, Webster, & Eaves, 1995) by police in Sweden and its associations with risk management and recidivism. The data for this study are drawn from police records on 429 adult, male-to-female spousal assault cases in three counties in Sweden over a period of 18 months, beginning in 2000. Findings support police use of the SARA for both risk assessment and management. The SARA risk assessments were significantly, positively associated with both recidivism and the number of management strategies recommended by police. Risk management mediated the association between risk assessment and recidivism, such that high levels of intervention were associated with decreased recidivism among high-risk perpetrators, but with increased recidivism among low-risk perpetrators. Thus, the authors suggest that low risk perpetrators may require little formal case management. This study is one of few that have moved beyond risk assessment to examine its association with risk management and recidivism.

2. Brown, J. B., Lent, B., Schmidt, G., & Sas, G. (2000). Application of the Woman Abuse Screening Tool (WAST) and WAST-short in the family practice setting. The Journal of Family Practice, 49, 896-903.

This article assesses the use of the Woman Abuse Screening Tool (WAST) in the general population within the family practice setting. The data for this study are drawn from 20 physicians (7 female, 13 male) and 307 female patients aged 18 to 86 in or near London, Ontario between 1997 and 1998. The WAST was found to be a reliable and valid measure in this context (internal consistency: ⍰ = 0.75). Other core findings are that: (a) most physicians thought the WAST assisted them in identifying women who were abused (65%) and reported that they would continue to use the WAST (75%); (b) all physicians were comfortable with the items on the WAST, with female physicians and those who had been in practice longer being significantly more comfortable with certain items; (c) at least 91 percent of patients reported being comfortable with each of the WAST items, with non-abused women being significantly more comfortable with certain items. The authors emphasize the need for a safe, confidential, respectful, and caring atmosphere for screening, particularly for promoting comfort among abused women.

3. Campbell, J. C. (2001). Safety planning based on lethality assessment for partners of batterers in intervention programs. Journal of Aggression, Maltreatment & Trauma, 5, 129-143. doi:10.1300/J146v05n02_08

This article outlines a process of individualized safety planning for female partners of batterers in intervention programs that is based on the principles of empowerment and autonomy, and that takes into account women's situations. The authors suggest that the most important aspects of a women's situation are: (a) the potential lethality or dangerousness from her partner (e.g., using the Danger Assessment; Campbell, 1995); (b) whether she is planning to stay, is in the process of leaving, or has left (as this can impact safety planning and the actions she may be willing to take); (c) her emotional status (e.g., assess for depression or posttraumatic stress disorder as they may influence her ability to strategize for safety; assess her strengths in the safety planning process); (d) resources available through formal and informal support systems (e.g., family, job, and community); and (e) her children (their safety and wellbeing; this may also influence women's decisions and safety planning strategies). Once a woman's situation is assessed, batterer intervention staff can proceed with an informed safety planning process.



4. Campbell, J. C. (2004). Helping women understand their risk in situations of intimate partner violence. Journal of Interpersonal Violence, 19, 1464-1477. doi:10.1177/0886260504269698

This article reviews intimate partner violence and homicide risk factors and discusses implications for the criminal justice, health, and advocacy systems. It uses findings from the intimate partner femicide study—a national 12-city study in the U.S. (Campbell, Webster, et al., 2003)—that used police and medical examiner records of 445 femicides or attempted femicides by an intimate partner between 1994 and 1998, along with interviews with family members and friends. Some core findings and implications include: (a) prior arrest was strongly protective among high-risk women, but increased risk of murder or attempted murder for low-risk women; (b) there was a large proportion of women and perpetrators with substance abuse issues that were not getting treatment and this could be an important avenue for prevention; and (c) the criminal justice and shelter systems had not seen the majority of the victims which could indicate that women who used these services were almost never the victim of homicide or attempted homicide. The authors also note that service providers should take women's own fear and perceptions of risk seriously, and that lethality assessment and safety planning should be done in every system where abused women might be seen.

5. Campbell, J. C., Webster, D. W., & Glass, N. (2009). The Danger Assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. Journal of Interpersonal Violence, 24, 653-674. doi:10.1177/0886260508317180

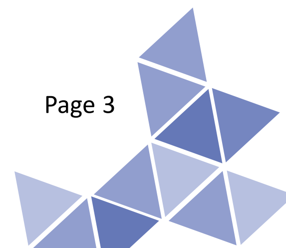
This article describes the development, psychometric validation, and suggestions for use of the Danger Assessment (DA)—a tool to assess danger of intimate partner femicide (IPF). It mainly reviews findings from the 11-city IPF study (Campbell et al., 2003), which uses police and medical examiner records of 545 IPFs of women aged 18 and older, and structured interviews with proxies, victims of attempted IPF, and women who had been physically abused or threatened with a weapon. Based on findings from this study, the original DA was revised, including the addition of four items that were predictive of IPF (e.g., abuser unemployment and stalking behaviour). Four levels of danger were also developed ranging from variable danger to extreme danger. Findings were strongly supportive of the predictive accuracy of the revised DA and of using the danger levels. For example, using the increased level of danger is likely to capture more than 90 percent of potentially lethal intimate partner violence cases and using the extreme danger level should result in fewer than 5 percent false negatives.

6. Dixon, L., Hamilton-Giachritsis, C., & Browne, K. (2008). Classifying partner femicide. Journal of Interpersonal Violence, 23, 74-93. doi:10.1177/0886260507307652

This article empirically constructs a classification system of men who were incarcerated for intimate partner femicide (IPF), using the Holtzworth-Munroe and Stuart (1994) typology. The data for this study are drawn from institutional records (police statements, trial judge's comments, and psychological reports) of 90 men imprisoned for IPF from two prisons in England (aged 18 to 76 at the time of the murder). Using the two dimensions of criminality and psychopathology, the resultant framework successfully classified 80 percent (n 72) of the men into three subgroups characterized by (a) low criminality/low psychopathology (15%), (b) moderate-high criminality/high psychopathology (36%), and (c) high criminality/low-moderate psychopathology (49%). Results also suggest that men characteristic of the "dysphoric/borderline" and "generally violent/antisocial" subtypes of the Holtzworth-Munroe and Stuart (1994) typology are most likely to commit femicide.

7. Dutton, D. G., & Kropp, P. R. (2000). A review of domestic violence risk instruments. Trauma, Violence & Abuse, 1, 171-181. doi:10.1177/1524838000001002004

This article reviews four state-of-the-art domestic violence (DV) risk assessment instruments that have published validity data: the Danger Assessment (DA) Scale, the Spousal Assault Risk Assessment (SARA), the Propensity for Abusiveness Scale (PAS), and the Psychopathy Checklist. The core information they review is: (a) the DA is useful for examining likelihood of repeat abuse; (b) the SARA can significantly discriminate between offenders with and without a history of DV and between recidivistic and nonrecidivistic DV perpetrators; (c) the PAS can correctly discriminate abusive men with 82 percent accuracy, but has focused primarily on emotional abuse; and (d) the Psychopathy Checklist is a robust predictor of violent behaviour in general (with some validity studies including DV perpetrators) and can differentiate between DV treatment successes and failures (but not between



recidivists and nonrecidivists). The authors suggest that risk assessment should include multiple methods and sources of data and should be followed by risk management aimed at specific present and absent risk assessment variables.

8. Eke, A. W., Hilton, N. Z., Harris, G. T., Rice, M. E., & Houghton, R. E. (2011). Intimate partner homicide: Risk assessment and prospects for prediction. Journal of Family Violence, 26, 211-216. doi:10.1007/s10896-010-9356-y

This article examines the characteristics and risk of perpetrators of intimate partner homicide (IPH) and attempted IPH. The data are drawn from 146 male-to-female IPH cases (n = 91) and cases in which death was likely in Ontario, Canada between 1996 and 1998, along with each offender's official police record and an archive of police occurrence reports. The authors also used a subsample of 30 of these cases that had extensive police case file information. The core findings are that: (a) the only significant difference between IPH and attempted IPH cases was that IPH offenders were more likely than attempted IPH offenders to have been married to the victim at the time; (b) the average Ontario Domestic Assault Risk Assessment score (combined IPH and attempted IPH sample) was 8.9; (c) risk scores were significantly related only to employment, such that offenders who were unemployed had significantly higher scores; and (d) 24 percent had no formal contact with either criminal justice or mental health systems before the incident.

9. Glass, N., Eden, K. B., Bloom, T., & Perrin, N. (2010). Computerized aid improves safety decision process for survivors of intimate partner violence. Journal of Interpersonal Violence, 25, 1947-1964. doi:10.1177/0886260509354508

This article focuses on the development and evaluation of a computerized safety decision aid for victims of intimate partner violence (IPV). The aid was developed based on the decisional conflict model (O'Connor, 1995, 1999, 2006) and the authors assess its impact on women's decisional conflict. After consultation with IPV experts and advocates in the development of the decision aid, 90 Spanish or English-speaking abused women aged 17 to 63 in shelters or IPV support groups completed it and provided feedback. The core findings are that (a) women reported that the decision aid was useful and provided privacy for making safety decisions, and (b) after using the safety decision aid, women reported significantly less total decisional conflict and felt significantly more supported in their decision. The authors suggest that practitioners can use this tool to help women set safety priorities and that it can also be made accessible in diverse settings like employment insurance offices, community agencies, and libraries.

10. Heckert, D. A., & Gondolf, E. W. (2004). Battered women's perceptions of risk versus risk factors and instruments in predicting repeat reassault. Journal of Interpersonal Violence, 19, 778-800. doi:10.1177/0886260504265619

This article assesses whether women's perceptions of risk improve prediction of repeat re-assault above and beyond other risk factors and compares their predictive ability to that of simulated versions of three popular risk assessment instruments—the Kingston Screening Instrument for Domestic Violence Offenders (K-SID), the Spousal Assault Risk Assessment (SARA), and the Danger Assessment Scale (DAS). It uses interviews and questionnaires with 840 men who were admitted to batterer programs in four cities—Pittsburgh, Dallas, Houston, and Denver—and their female partners (initial victim and new partner) over a 15-month follow-up. The core finding is that women's characteristics and, to a greater extent, women's perceptions of risk, substantially improved prediction of repeated reassault above and beyond men's characteristics and reports. Women's perceptions of risk by themselves were much better predictors than the simulated K-SID, similar to the SARA, and not quite as accurate as the DAS. Thus, the authors recommend that risk assessment instruments be used in combination with a variety of other sources of information, including women's characteristics and perceptions of risk.

11. Hegarty, K., Forsdike-Young, K., Tarzia, L., Schweitzer, R., & Vlais, R. (2016). Identifying and responding to men who use violence in their intimate relationships. Australian Family Physician, 45, 176-181.

This article reviews the roles of general practitioners (GPs) in identifying and responding to domestic violence (DV) and provides various recommendations. It relies largely on previous literature and suggests that GPs have three main roles in intervening early with men who use violence in their relationships: briefly assess them, prepare them to accept a referral to a behaviour change program, and undertake alternative interventions to decrease the risk

of violence they do not take up a referral. The article provides: (a) a map of important steps when a GP suspects or a patient discloses DV; (b) a list of questions GPs can ask men if there are clinical indicators of DV; and (c) a list of indicators of ongoing DV (e.g., access to weapons, stressors, recent separation, history of violent behaviour). The authors recommend referral of DV perpetrators to men's behaviour change programs, even if they also have substance abuse or mental health issues.

12. Hilton, N. Z., & Harris, G. T. (2005). Predicting wife assault: A critical review and implications for policy and practice. Trauma, Violence, & Abuse, 6, 3-23. doi:10.1177/1524838004272463

This article critically reviews the research evidence for the prediction of wife assault recidivism, lethal wife assault, and wife assault onset. Specifically, the authors review several structured clinical risk assessments (i.e., Domestic Violence Supplementary Report, Danger Assessment, Spousal Assault Risk Assessment, Domestic Violence Screening Instrument, Kingston Screening Instrument for Domestic Violence Offenders) and actuarial risk assessments (i.e., Violence Risk Appraisal Guide, Ontario Domestic Assault Risk Assessment). While structured clinical risk assessments show some merit in predicting wife assault recidivism, actuarial risk assessments have the advantage of estimating the likelihood of recidivism. They have also been found to predict violent recidivism with greater accuracy than clinical judgment or structured clinical risk assessment tools. The Ontario Domestic Assault Risk Assessment, especially, has predicted wife assault recidivism significantly better than other tools.

13. Hilton, N. Z., & Harris, G. T. (2009). How nonrecidivism affects predictive accuracy: Evidence from a cross-validation of the Ontario Domestic Assault Risk Assessment (ODARA). Journal of Interpersonal Violence, 24, 326-337. doi:10.1177/0886260508316478

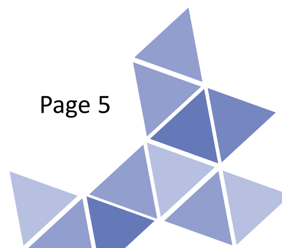
This article examines the ability of the Ontario Domestic Assault Risk Assessment (ODARA; an actuarial police assessment tool) to distinguish subsequent wife assault recidivists and nonrecidivists with less extensive criminal records than previous cross-validation samples. It also tests the effect of discarding ambiguous recidivism (i.e., cases that cannot be classified as either domestic or nondomestic) and comparing only unambiguous recidivists and nonrecidivists. The data for this study are drawn from 391 new cases of male-to-female wife assault drawn from three electronic police incident report archives in Ontario. The core findings are that: (a) the ODARA score was significantly higher for wife assault recidivists than for all other cases and had predictive accuracy with a moderate effect size; (b) the ODARA had better predictive accuracy than the Domestic Violence Supplementary Report (DVSR; a nonactuarial, rationally constructed assessment tool currently used by police across Ontario); and (c) excluding ambiguous nonrecidivists yielded higher predictive accuracy for both the ODARA and the DVSR.

14. Hilton, N. Z., Harris, G. T., Rice, M. E., Houghton, R. E., & Eke, A. W. (2008). An in-depth actuarial assessment for wife assault recidivism: The Domestic Violence Risk Appraisal Guide. Law and Human Behavior, 32, 150-163. doi:10.1007/s10979-007-9088-6

This article examines whether adding more detailed clinical information obtained in other tools to the Ontario Domestic Assault Risk Assessment (ODARA) can enhance the prediction of wife assault recidivism. The data for this study are variously drawn from 649 cases of men with a police record of assault against a female cohabiting partner or ex-partner who had detailed correctional system case files. The authors found that, while none of the other tools examined made an incremental and independent improvement on the ODARA for dichotomous recidivism, the Hare Psychopathy Checklist-Revised (PCL-R) significantly improved the predictive accuracy of the ODARA for three of four continuous recidivism measures. Thus, the authors created a new measure: the Domestic Violence Risk Appraisal Guide (DVRAG), which combined the ODARA and PCL-R. The DVRAG had significantly better predictive ability than the ODARA and reliably rank ordered wife assaulters with respect to their risk of recidivism.

15. Hilton, N. Z., Harris, G. T., Rice, M. E., Lang, C., Cormier, C. A., & Lines, K. J. (2004). A brief actuarial assessment for the prediction of wife assault recidivism: The Ontario Domestic Assault Risk Assessment. Psychological Assessment, 16, 267-275. doi:10.1037/1040-3590.16.3.267

This article reports on the creation and validation of a risk assessment tool (the Ontario Domestic Assault Risk Assessment; ODARA) for wife assault recidivism that can be completed using only information readily available to police officers and courts. The data for this study are drawn from police records of 689 cases of male-to-



female wife assault around December 1996 (589 in the construction phase, 100 in cross-validation), along with recidivism information through 2001. After subjecting several variables (e.g., offender, relationship, and victim characteristics) and recidivism to setwise and stepwise logistic regression, 13 items were retained to construct the ODARA. The core findings are that: (a) the ODARA showed a large effect size in predicting new wife assaults and was significantly correlated with time until recidivism and recidivism frequency and severity; and (b) the ODARA had better predictive validity than other risk assessment tools, including the tool currently used by police in Ontario, Canada.

16. Johnson, H., & Hotton, T. (2003). Losing control: Homicide risk in estranged and intact intimate relationships. Homicide Studies, 7, 58-84. doi:10.1177/1088767902239243

This article examines differences among intimate partner homicides (IPHs) based on the sex of the victim and the state (i.e., intact or estranged) and status (i.e., legal marriage, common-law union, or other non-cohabiting intimate partnership) of the relationship. The data for this study are drawn from reports of IPHs involving 846 female victims and 210 male victims recorded by police departments in Statistics Canada's annual Homicide Survey between 1991 and 2000. The core findings are that: (a) being female was a risk factor for IPH, and separation was one of the most important predictors for female (but not male) victims; (b) most of the incident characteristics examined were significantly different across the relationship states and statuses for female (but not male) victims; and (c) differences in IPHs of women and men were much more pronounced within legal marriages and common-law unions as compared to within other IPHs.

17. Johnson, M. E. (2010). Balancing liberty, dignity, and safety: The impact of domestic violence lethality screening. Cardozo Law Review, 32, 519-580.

This article critically reviews the justice and legal system's use of lethality assessment tools for women subjected to abuse and argues that this use often infringes on women's dignity and autonomy. It focuses on the Danger Assessment Tool (DA) and the Lethality Assessment Program (LAP). The critical review suggests that the DA and LAP rest on several problematic assumptions: (a) that the woman will leave her abuser once she understands her risk of homicide and that separation will stop the homicide or future violence; (b) that women are not making good decisions about their risk; (c) that all women do not understand their risk; and (d) that the assessment is needed because it is the only way a women will understand her risk. The author makes several recommendations to lessen the negative effects on women's dignity and autonomy; that administrators: (a) are transparent regarding the objectives, means, and advantages and disadvantages of lethality assessments; (b) obtain informed consent before conducting assessments and permit women to decline; and (c) engage in woman-centered counselling to determine whether and how women want to use the tools and address the violence.

18. Juodis, M., Starzomski, A., Porter, S., & Woodworth, M. (2014). What can be done about high-risk perpetrators of domestic violence? Journal of Family Violence, 29, 381-390. doi:10.1007/s10896-014-9597-2

This article discusses practical implications for preventing domestic violence (DV) and domestic homicide (DH). Specifically, the authors present literature on and critically discuss: (a) the usefulness of empirically-validated risk assessment tools and the importance of batterer intervention programs, including those specifically for treatment-resistant men; (b) adjunct interventions for addressing some DH dynamics and risk factors (e.g., emotional reactivity, suicidality, substance abuse, emotional dependence); (c) risk management tactics for DV perpetrators, including the importance of monitoring and supervision; (d) the importance of reaching out to victims and perpetrators through community and public awareness campaigns when high-risk DV perpetrators continue to avoid arrest; (e) the importance of safety planning for victims; (f) the usefulness of teaching at-risk youth skills for developing and maintaining healthy relationships, especially school-based programs; and (g) approaches for risk assessment and treatment of psychopathic DV perpetrators.

19. Kropp, P. R., & Hart, S. D. (2000). The Spousal Assault Risk Assessment (SARA) Guide: Reliability and validity in adult male offenders. Law and Human Behavior, 24, 101-118. doi:10.1023/A:1005430904495

This article evaluates the reliability and validity of the Spousal Assault Risk Assessment (SARA) Guide. The data are drawn from six samples of adult male offenders (N = 2681) in Canada. The samples differed based on whether they were probationers or inmates, whether

or not they recidivated after treatment, and whether or not they committed offenses/had a documented history of spousal violence. The core findings are that: (a) the SARA had moderate levels of internal consistency, good convergent and discriminant validity, and high interrater reliability for judgments about individual risk factors and overall perceived risk; (b) inmates had more risk factors and were more likely to receive ratings of high risk than probationers; (c) the SARA ratings significantly discriminated between offenders with and without a history of spousal violence (with spousal violence offenders tending to have higher risk scores), and between recidivistic and nonrecidivistic spousal assaulters (with recidivists tending to have higher risk scores). Unlike previous research, structured professional judgments (the SARA Summary Risk Ratings) outperformed the actuarial SARA scores in differentiating recidivists and nonrecidivists.

20. Messing, J. T., & Campbell, J. (2016). Informing collaborative interventions: Intimate partner violence risk assessment for front line police officers. Policing. doi:10.1093/police/paw013

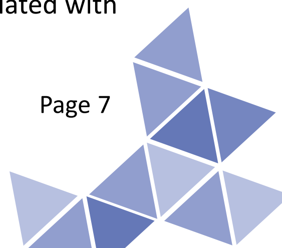
This article examines the predictive validity for attempted intimate partner homicide (IPH) of two risk assessments for administration by frontline police officers: the Lethality Screen and the Danger Assessment for Law Enforcement (DA-LE). It uses interviews with 570 female victim-survivors in police-involved intimate partner violence incidents in Oklahoma between 2009 and 2013 (one at police response and one 7 months later). The core findings are that: (a) the DA-LE (with a cut-off score of 7) referred 30 percent of cases for further evaluation, correctly classified 53 percent of attempted IPHs in the following 7 months (sensitivity), and correctly classified 72 percent of those who did not attempt IPH (specificity); and (b) the Lethality Screen (using the original scoring rubric) classified 80 percent of cases as high danger, and had a sensitivity of 93 percent and a specificity of 21 percent. The authors suggest that the Lethality Screen is appropriate for use when the cost of false positives is low and the DA-LE is appropriate when the cost of false positives is higher.

21. Messing, J. T., Campbell, J., Webster, D. W., Brown, S., Patchell, B., & Wilson, J. S. (2015). The Oklahoma Lethality Assessment Study: A quasi-experimental evaluation of the Lethality Assessment Program. Social Service Review, 89, 499-530.

This article examines the effectiveness of the Lethality Assessment Program (LAP) for women at high risk of future intimate partner violence (IPV). LAP is a collaboration wherein police responding to IPV use the Lethality Screen to identify high risk survivors and offer them the opportunity to speak with an advocate who provides immediate safety planning and referral over the telephone. The data for this study are drawn from structured telephone interviews with women ages 18 to 79 in police-involved IPV incidents in Oklahoma. The core findings are that the LAP was associated with a significant increase in protective strategies and a significant decrease in the frequency and severity of IPV, particularly among those who chose to speak to an advocate. Post-hoc analyses found that, among those who received the LAP intervention and spoke to an advocate, certain protective strategies were associated with significantly less IPV, suggesting a possible mechanism for LAP effectiveness.

22. Messing, J. T., O'Sullivan, C. S., Cavanaugh, C. E., Webster, D. W., & Campbell, J. (2016). Are abused women's protective actions associated with reduced threats, stalking, and violence perpetrated by their male intimate partners? Violence Against Women. Advance online publication. doi:10.77/801216640381.

This article examines the association between abused women's protective strategies and subsequent intimate partner violence (IPV). The data for this study are drawn from structured interviews (baseline and 8-month follow-up) with 755 IPV service-seeking women aged 18 to 62 from the West Coast. The core findings are that, while controlling for demographic and relationship characteristics, abuser access to the victim, and baseline abuse: (a) only going to a shelter and obtaining an order of protection were significantly associated with reduced subsequent IPV (moderate/severe IPV and moderate IPV, respectively); (b) receiving medical treatment and obtaining defensive or security devices (e.g., mace, locks) were significantly associated with increased subsequent IPV (severe IPV and stalking, respectively); and (c) advocacy services, legal assistance, calling the police, the perpetrator attending a batterer program or going to jail, and other strategies/factors were not associated with



subsequent IPV.

23. Messing, J. T., & Thaller, J. (2013). The average predictive validity of intimate partner violence risk assessment instruments. Journal of Interpersonal Violence, 28, 1537-1558. doi:10.1177/0886260512468250

This article examines the average predictive validity weighted by sample size of five intimate partner violence (IPV) risk assessment instruments: the Danger Assessment (DA), the Domestic Violence Screening Inventory (DVSI), the Kingston Screening Instrument for Domestic Violence (K-SID), the Spousal Assault Risk Assessment (SARA), and the Ontario Domestic Assault Risk Assessment (ODARA). The data for this study are drawn from 20 validations of risk assessment instruments and two of victim prediction of risk. The core findings are that: (a) the ODARA had the highest average weighted AUC (.666) followed by the SARA (.628), the DA (.618), the DVSI (.582), and the K-SID (.537; all significantly different); (b) all instruments predicted reassault better than chance; and (c) the effect size for the average AUCs for risk assessment instruments was small, with the exception of a medium effect size for the ODARA. The authors suggest that, although predictive validity is the most important test of efficacy, other factors must also be considered when choosing which risk assessment instrument (e.g., setting, outcome, skills of the assessor, access to information).

24. Roberts, A. R. (2007). Domestic violence continuum, forensic assessment and crisis intervention. Families in Society, 88, 42-54. doi:10.1606/1044-3894.3591

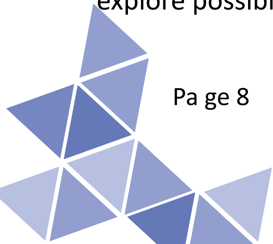
This article examines a new five-level classification schema detailing the duration and severity of woman battering. It uses interviews 501 battered women from New Jersey, including some who had killed their abusive partners. The levels of duration and severity found in this study and forming the new classification schema include: (a) Short-Term (less than one year, mild to moderate severity); (b) Intermediate (months to 2 years, moderate to severe injuries); (c) Intermittent Long-Term (3 to 40 years, severe and intense violent episodes without warning, long periods without violence); (d) Chronic Predictable (5 to 35 years, severe repetitive incidents with frequent and predictable pattern); (e) Homicidal (8 or more years, violence escalates to homicide, often received specific death threats). The authors also propose the following 7-stage crisis intervention model: (a) assess lethality, (b) establish rapport and communication, (c) identify the major problems, (d) deal with feelings and provide support, (e) explore possible alternatives, (f) formulate an action plan, (g) follow-up.

25. Robinson, A. L., & Tregidga, J. (2007). The perceptions of high-risk victims of domestic violence to a coordinated community response in Cardiff, Wales. Violence Against Women, 13, 1130-1148. doi:10.1177/1077801207307797

This article examines revictimization of high-risk victims of domestic violence (DV) one year after being referred to a Multi-Agency Risk Assessment Conference (MARAC) and their perceptions about this multiagency intervention. The data for this study are drawn from police data on 102 women from Cardiff, Wales who were followed up one year after they were identified as very high risk and referred to a MARAC, and interviews with 9 of these women. Findings support taking a holistic approach to DV to reduce recidivism, even among high-risk women. Specifically, the authors found that 47 percent of the victims did not experience any police-reported incidents of repeat violence during the 12-month period post MARAC. In the interviews, many of the women commented on the enormous support they felt from having their case assessed at a multiagency meeting. Nearly all attributed responsibility for ending DV to themselves, acknowledging the importance of multiagency support once they were ready to change their situations.

26. Snider, C., Webster, D., O'Sullivan, C. S., & Campbell, J. (2009). Intimate partner violence: Development of a brief risk assessment for the emergency department. Academic Emergency Medicine, 16, 1208-1216.

Utilizing data from a lager study on domestic violence (DV) risk assessment methods, the authors developed a brief assessment for acute care settings (i.e., emergency departments) to identify victims at higher risk of severe injury from DV or domestic homicide. Through interviewing 666 DV victims twice between 2002 and 2004 (60% returned for follow-up interview), the authors identify five questions adapted from the Campbell's Danger Assessment that were the best predictor of future violence. The authors recommended using this brief assessment in emergency departments and offer health care providers five simple questions to help guide their care of women injured by DV.



27. Stanley, N., & Humphreys, C. (2014). Multi-agency risk assessment and management for children and families experiencing domestic violence. Children and Youth Services Review, 47, 78-85.

This article reviews the literature on risk assessment and management in the context of children and families exposed to domestic violence (DV). Four core questions are identified across the literature. First, who is the primary client and what is the focus of risk assessment? Second, how is information to inform risk assessment collected and organized, including what tools are used, what context is it collected in and how does the rapport between practitioner and client shape information? Third, what role do children and family have in risk assessment and management; specifically, is risk assessed and managed with them or to them? And finally, what is the relationship between risk assessment and risk management? Is risk management regulated by the levels of identified danger or are there opportunities for support and safety planning for families where the risk is assessed to be low? Challenges are explored within each of these themes and recommendations are made based of empirical evidence from past literature.

28. Thomas, K. A., Goodman, L., & Putnins, S. (2015). "I have lost everything": Trade-offs of seeking safety from intimate partner violence. American Journal of Orthopsychiatry, 85, 170-180.

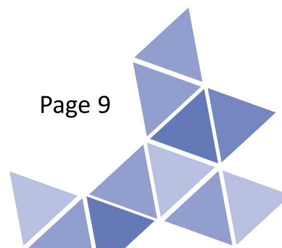
This article employs a mixed-methods design to explore safety-related trade offs when seeking safety. Through surveys and interviews with 301 women survivors seeking intimate partner violence (IPV) services, the study finds that 62 percent of participants reported having to give up too much to keep safe. A further 50 percent reported that seeking safety led to new problems in other areas, and half of these participants reported that these new problems were often unexpected. This study also finds that children's needs are an important consideration in whether to seek safety as well as how survivors retrospectively evaluate the safety strategies they use. Authors' recommendations include IPV programs and services that account for survivors' diverse identities and needs. Furthermore, the authors suggest that safety assessments include the question, "What do you have to give up to be safer?" as a way to expand the focus beyond specific safety strategies to include a survivors' perception of whether those strategies are reasonable given other competing needs.

29. Vatnar, S., & Bjørkly, S. (2013). Lethal intimate partner violence: An interactional perspective on women's perceptions of lethal incidents. Violence and Victims, 28, 772-789.

This article examines the differences between dynamics of lethal and nonlethal intimate partner violence (IPV) using an interactional perspective. The data for this study are drawn from semi-structured interviews with a representative sample of 157 help-seeking women ages 19 to 74 in Norway who had contacted a shelter, the police, or a family counseling office after experiencing IPV. The core findings are that (a) significantly more women perceived physical IPV as lethal (79%) compared to psychological IPV (63%) and significantly more women perceived psychological IPV as lethal compared to sexual IPV (39%); (b) women who perceived that they had experienced lethal IPV were different from those who had not perceived the IPV as lethal concerning interactional dimensions of IPV (e.g., severity and frequency) and in their help-seeking responses (e.g., consulting family doctor, security alarm, reporting to police), but there were no differences in sociodemographic factors (age, marital status, education, income level).

30. Williams, K. R. (2012). Family violence risk assessment: A predictive cross-validation study of the domestic violence screening instrument-revised (DVSI-R). Law and Human Behavior, 36, 120-129. doi:10.1037/h0093977

This article evaluates the predictive validity of the Domestic Violence Screening Instrument-Revised (DVSI-R) using a diverse, statewide sample. Data for this study are drawn from initial assessments and re-arrest data 18 months later for 3,569 family violence perpetration defendants 16 and older in Connecticut. Significant findings include: (1) the DVSI-R had significant predictive accuracy across all five measure of recidivism; (2) the addition of perceived imminent risk did not significantly improve predictive accuracy; (3) with one exception in both cases, the DVSI-R did not differentially predict recidivism based on gender, age, or ethnicity, or based on types of family/household relationships (intimate partner, parent-child, other); (4) the structured clinical judgments about imminent risk corresponded with the prediction of recidivism by the DVSI-R total numeric scores, but the effects of the latter were significantly stronger.



31. Williams, K. R., & Grant, S. R. (2006). Empirically examining the risk of intimate partner violence: The revised domestic violence screening instrument (DVSI-R). Public Health Reports, 121, 400-408.

This article assessed the concurrent and predictive validity of the revised Domestic Violence Screening Instrument (DVSI-R) and whether the validity was sustained over perpetrators demographic characteristics and forms of domestic violence. Data was analyzed on 14,970 assessments conducted in Connecticut, majority of risk assessments (71%) involved men as perpetrators. The core findings are a) empirical support for the concurrent and predictive validity of the DVSI-R; b) the DVSI-R is robust and validity is found independent of characteristics of perpetrators and forms of DV; and c) an unanticipated finding of a significant and substantial association between multiple versus single victim incidents and repeat DV, with multiple victim variable being strongly related to the prediction of future violence. The authors highlight that validating and demonstrating the robustness of risk assessment tools is only the first step in prevention, and the challenge is then training professionals to link valid risk assessments to appropriate and effective interventions.