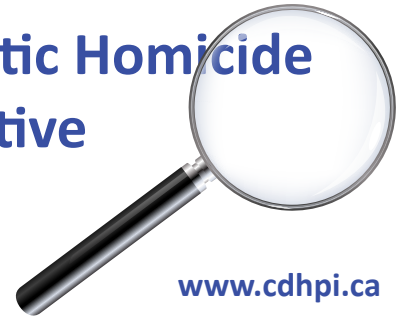




**Canadian Domestic Homicide
Prevention Initiative
with Vulnerable
Populations**



www.cdhpi.ca

**Domestic Violence Risk Assessment,
Risk Management,
and Safety Planning:
Summary of Selected Grey Literature**

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Summary of Selected Grey Literature

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. Australian Government & Northern Territory Government. (2013, 18 March). [PDF document]. Family safety framework: Alice Springs pilot practice manual. Retrieved from: https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=r-ja&uact=8&ved=0ahUKEwi_xriBq6bRAhWi5oMKHST1A-mEQFggaMAA&url=http%3A%2F%2Fwww.pfes.nt.gov.au%2F~%2Fmedia%2FFiles%2FPolice%2FFamily-safety-framework%2FFinal%2520FSF%2520Alice%2520Springs%2520Practice%2520Manual.ashx&usg=AFQjCNEapjyMuKqV-79Vud9RPEG2cb0Wf4g

This manual outlines the Family Safety Framework used in Alice Springs, Australia. The framework is an integrated, multi-agency approach to supporting women and children at high risk of death or serious injury due to domestic violence. The framework includes a common risk assessment form to identify high-risk cases, information sharing by agencies, and the development of an action plan by the cooperating agencies to reduce risk. The authors argue that agencies must be alert to the fact that risk can change suddenly. They also suggest that the risk assessment form in their framework should not be used as the sole basis for safety planning, but rather in conjunction with other information (e.g., women's own assessment of risk).

2. Campbell, J. C. & Wolf, A. D. (n.d.). [PDF document]. Issues in risk assessment in the field of intimate partner violence: What practitioners need to know [PDF slides]. Retrieved from: <http://praxisinternational.org/wp-content/uploads/2015/12/dangerousness.pdf>

This presentation provides an overview of an 11-city study on intimate partner femicide. Data for the presented study are drawn from police records and proxy interviews regarding 493 cases of actual and attempted femicides, and surveys with 427 battered and 418 not battered women (controls). The core findings are that (a) most items on the Danger Assessment (DA) were significantly more likely in femicide/attempted femicide cases than abuse controls; and (b) there were missed opportunities for prevention in 65 percent of cases. The author recommends that stalking be added to intimate partner femicide risk assessment and that, while the DA can be a good basis for safety planning, cutoffs should not be used for deciding protection for women.

3. Campbell, J. C., Koziol-McLain, J., Webster, D., Block, C. R., Campbell, D. Curry, M. A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., & Manganello, J. (2004). [PDF document]. Research results from a national study of intimate partner homicide: The Danger Assessment instrument. In (B. S. Fisher (Ed.), *Violence Against Women and Family Violence: Developments in Research, Practice, and Policy* (pp. II-5-1 – II-5-10). Retrieved from: https://www.ncjrs.gov/pdffiles1/nij/199701.pdf?bcsi_scan_15D00938B-02C633E=0&bcsi_scan_filename=199701.pdf#page=126

This report examines the ability of the Danger Assessment (DA) to predict intimate partner homicide (IPH) among women in violent relationships in a large national sample. The study uses interviews with proxy informants for 220 IPHs and with 356 abused women (abused controls) in 12 cities in the U.S. The core findings are that: (a) 15 of the 17 DA items distinguished IPH victims from abused women (all but partner and victim suicidality); (b) use (or threatened use) of a weapon and threatened with being killed were the strongest predictors of IPH over abuse; (c) the average DA score was significantly higher among IPHs than abused controls; and (d) internal consistency of the DA was acceptable among the IPHs (0.73) and controls (0.76). Results suggest that a score of 4 or higher should be considered as indicating serious risk.



4. Drouin, C., Lindsay, J. Dubé, M., Trépanier, M., & Blanchette, D. (2012). *Intervenir auprès des hommes pour prévenir l'homicide conjugal. (Intervening with men to prevent spousal homicide)*. Montréal and Québec: Centre de recherche interdisciplinaire sur la violence familiale and la violence faite aux femmes.

This reference guide serves professionals who intervene with men perpetrating intimate partner violence, particularly in high-lethality risk situations. The two components of the guide include an overview of domestic homicide, and risk assessment and management strategies following separation. The data for this study are drawn from the member organizations of à cœur d'homme in Québec who completed telephone surveys and focus groups on effective interventions for men. Specific recommendations for risk assessment include the use of the tool Assessing the risk of spousal homicide, which incorporates the identification of risk elements, triggering events, and protection elements. In terms of risk management, the document outlines recommendations that involve identifying the needs that the client is trying to meet with the homicidal statement, and developing strategies to reflect on the consequences of the act, and confronting any unrealistic cognitions. The perpetrator's involvement is a key element in helping him take responsibility, and managing risk. Risk management is more intensive if the level of risk is higher, such that the situation should be followed more closely and with stricter commitments from the perpetrator if risk is classified as "imminent" or "aggravated". Safety planning recommendations are based on the level of risk, and involve reinforcing protection elements and reducing the risk elements. If the perpetrator refuses to participate, workers are directed to act without his consent to ensure the safety of all involved. Other unique aspects or contributions of this study include a discussion of possible personal biases workers may have that could influence their effectiveness in assessing and managing risk.

5. Drouin, C., Drolet, J., Rondeau, G., Dubé, M., Lindsay, J., Brochu, S., . . . Therrien, S. (2004). *Agir pour prévenir l'homicide de la conjointe (Preventing domestic homicide of women: an intervention guide)*. Centre de Recherche Interdisciplinaire sur la Violence Familiale et la Violence Faite aux Femmes and La Fédération de ressources d'hébergement pour femmes violentées et en difficulté du Québec. Retrieved from: https://www.criviff.qc.ca/sites/criviff.qc.ca/files/publications/pub_108.pdf

This intervention guide focuses on providing shelter workers with assessment and intervention skills to prevent domestic homicide of women. It contains an overview of domestic homicide, and addresses the key principles to intervening in domestic violence cases where homicide risk is high. It also includes risk assessment tools, recommendations to support workers following a crisis, ways to support a woman through the judicial process utilizing a feminist approach, and important ethical considerations with these interventions. The information for this guide is drawn from the domestic homicide literature and from a previous research project conducted by the Centre de Recherche Interdisciplinaire sur la Violence Familiale et la Violence Faite aux Femmes that examined how intervention workers manage high-risk domestic violence cases. Specific recommendations for risk assessment include the use of the Imminence of Danger Grid, evaluation of danger indicators, and the Danger Assessment Scale. In terms of risk management, recommendations include informing the woman about her rights and resources available to her, building a relationship of trust with the woman, appraising the severity of the situation and communicating the risk-level to her, making team-based decisions especially during crisis, and keeping in communication with the woman following the assessment. Safety planning is high priority and must be conducted with the woman and worker. The guide provides concrete components of safety planning depending on a variety of situations for the woman. Other unique aspects of this guide include safety planning recommendations when children are involved.



6. Gibas, A. L. (2011). *The victim's voice: A victim-focused safety planning intervention for intimate partner violence* (Unpublished doctoral dissertation). Simon Fraser University, British Columbia, Canada.

This dissertation compares the impact of two intimate partner violence (IPV) interventions—one based on a cognitive/analytical mode of appraising risk and one based on an affective/experiential mode. Data for this study are drawn from pre- (N = 60) and post-intervention (N = 36) interviews with a community-based sample of IPV victims aged 20 to 62 from Vancouver, British Columbia. The core findings are that: (a) victim risk ratings were at least comparable to expert ratings; (b) self-appraised risk or fear levels were not significantly different between the two interventions and also declined with participation in the interventions; (c) safety plan quality was comparable across both interventions; (d) participants were at least moderately satisfied with the content of both interventions, and more so than with past safety planning experiences; and (e) Experiential Intervention participants were less likely to be re-victimized than Analytical Intervention participants. Results suggest that both professional and victim evaluations should be considered in risk assessment. Furthermore, that no differences in safety plan quality were found between intervention groups contrasts the traditional view of the superiority of cognition over emotion in decision-making.

7. Hanson, R. K., Helmus, L., & Bourgon, G. (2007). *The validity of risk assessments for intimate partner violence: A meta-analysis*. [PDF document]. Public Safety Canada. Retrieved from: <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ntmt-prtnr-vlnce/ntmt-prtnr-vlnce-eng.pdf>

This report is the first quantitative review of spousal assault risk assessments using standard meta-analytic techniques. It examines the predictive validity of various approaches to spousal assault recidivism risk assessment (i.e., spousal assault scales, other risk scales, structured professional judgment, and victim judgment) found in 18 studies. The core findings are that: (a) the various approaches had, on average, moderate predictive accuracy; (b) the structured tools specifically designed to assess spousal assault risk showed similar levels of accuracy as tools designed to predict general or violent recidivism and global assessments of risk provided by female partners; and (c) the most accurate tools were actuarial measures (i.e., the DVRAG and the VRAG). The authors suggest that it may be possible to improve

predictive accuracy by combining specific and general risk factors as well as information from different sources.

8. Hisashima, J. (2008, January). *Validation study of the Domestic Violence Screening Instrument (DVSII): All assessments completed between August 2003 and July 2007*. [PDF document]. Department of the Attorney General: Crime Prevention and Justice Assistance Division. Retrieved from <http://icis.hawaii.gov/wp-content/uploads/2013/07/DVSI-Validation-2003-2007-Jan-2008.pdf>

This report examines various distributions and the accuracy of the Domestic Violence Screening Instrument (DVSII) using all DVSII assessments completed in the State of Hawaii between 2003 and 2007 (N = 1,913 offenders) and recidivism data for 442 offenders, respectively. Results indicated that: (a) most (55.8%) offenders were classified in the DVSII Administrative risk level, followed by the High (23.4%) and Medium risk (12.0%) levels; (b) the most commonly reported risk factors in the DVSII were prior non-domestic violence convictions (43.4%); victim separated from defendant within the last six months (38.5%); prior arrests for assault, harassment, or menacing (37.7%); and unemployed (35.3%). Results also support the accuracy of the DVSII: in general, DV and general re-arrest rates increased as the severity of the risk level increased.

9. Kerry, G. P. (2001). *Understanding and predicting intimate femicide: An analysis of men who kill their intimate female partners* (Unpublished doctoral dissertation). Carleton University, Ottawa, Canada.

This dissertation examines characteristics that differentiate intimate murderers from controls and validates a Binary Model of intimate femicide. The model takes a multidimensional approach that considers both individual and social factors. The data are drawn from questionnaires completed by men aged 20 to 89, predominantly from Ontario, Canada (89 intimate murderers, 151 general offenders, 102 community controls). Several characteristics differentiated intimate murderers from the controls, including contact with men who support woman abuse, mental health issues, previous arrest/charge for abuse, separation, and poor marital adjustment. The most frequent motives for intimate femicide were anger, loss of emotional control, and/or jealousy. The two primary profiles of intimate murderers outlined in the Binary Model were also supported: Alpha Murderers, who are impulsive, have peer groups that condone woman abuse,



and have a history of partner abuse that culminates in murder; and Beta Murderers, who do not have a history of abuse or peer groups that condone abuse, but who often experience intense feelings of dysphoria and rejection upon separation, which leads to the murder, and who often attempt/commit suicide. Finally, support was found for the Intimate Femicide Screening Scale (IFSS)—the first empirically derived intimate femicide risk scale.

10. Kropp, P. R., & Hart, S. D. (2004). The development of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER): A tool for criminal justice professionals. [PDF document]. Department of Justice Canada: Research and Statistics Division. Retrieved from: http://www.justice.gc.ca/eng/rp-pr/fl-lf/famil/rr05_fv1-rr05_vf1/rr05_fv1.pdf

This report presents the development and assessment of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER). The authors began by assessing the Spousal Assault Risk Assessment Guide (SARA) and a modified version for police. They then used these findings, which suggested a need to shorten, simplify, and revise the forms, to develop the B-SAFER. Data used to test the new B-SAFER are drawn from forms completed by police for spousal violence cases in Canada (n = 50) and Sweden (n = 283). The core findings are that: (a) all of the B-SAFER items were present in at least some cases, and many in a large percentage of cases; (b) less than 10% of items were omitted due to missing information; (c) in the Canadian sample, about one third of the cases were considered a high risk for imminent violence, close to half for long-term risk for violence, and one quarter for severe assault or death (however, many of these cases came from a unit that dealt exclusively with high risk or difficult to manage cases); and (d) significantly more intervention was recommended in cases perceived to be high risk than in cases perceived to be low risk.

11. Kropp, P. R., Hart, S. D., & Belfrage, H. (2005). Structuring judgments about spousal violence risk and lethality: A decision support tool for criminal justice professionals. [PDF document]. JustResearch, 13, (pp. 22-27). Department of Justice Canada: Research and Statistics Division. Retrieved from: <http://justice.gc.ca/eng/rp-pr/jr/jr13/jr13.pdf>

This article briefly describes the development and evaluation of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER). Data are drawn from B-SAFER

forms completed by police for spousal violence cases in Canada (n = 50) and Sweden (n = 283), as well as recidivism information from the Swedish cases. The core findings are that: (a) less than 10% of items were omitted due to missing information, suggesting that the tool includes relevant risk factors to spousal assault cases and that the tool can be coded easily by police; (b) summary risk ratings were diverse, suggesting that police were able to use the coding instructions to discriminate among perpetrators; (c) there was variability within and among officers in their risk management recommendations, suggesting that recommendations were influenced by risk judgments; and (d) risk judgments and management strategies were related to recidivism, suggesting that the tool has predictive validity and may be helpful in guiding decisions about a case. Qualitative feedback reported by 11 officers also suggested that they found the tool to be helpful and easy to use.

12. Millar, A., Code, R., & Ha, L. (2009/2013) Inventory of spousal violence risk assessment tools used in Canada. [PDF document]. Department of Justice Canada: Research and Statistics Division. Retrieved from: http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr09_7/rr09_7.pdf

This report identifies and summarizes the spousal violence risk assessment tools, investigative checklists, and protocols used by criminal justice personnel in Canada in 2008. The resulting inventory of 31 tools, checklists, and protocols come from contact with representatives of the Family Violence Initiative from each of the Canadian provinces and territories. The authors found that, while some organizations were using validated risk assessment tools, others were using tools that they created themselves. Although investigative checklists and case management tools do not have predictive value like risk assessment tools do, respondents suggested that they still serve important functions in developing victim safety plans and offender risk/need plans, raising risk factor awareness among police officers, and providing evidence for pre-trial and post-sentence decisions. According to respondents, effectiveness in reducing risk and improving safety is linked to: (a) improved service coordination and information-sharing; (b) interdisciplinary training for all stakeholders; and (c) coordination of risk assessments and practices among all criminal justice personnel and victim services. Many respondents also expressed an interest in developing standard risk assessment practices across the country.



13. Moser, A. E., & Campbell, M. A. (2012, March). Validation and expansion of the Ontario Domestic Assault Risk Assessment (ODARA) Instrument: An early warning system. [PDF document]. Centre for Criminal Justice Studies & Department of Psychology, University of New Brunswick. Retrieved from: http://www.unb.ca/saintjohn/ccjs/_resources/pdf/odarapolicerresponse2012.pdf

This paper explores three main areas: (a) the typical profile of perpetrators of intimate partner violence (IPV) and the contextual details to the violence in a Canadian community, (b) the validation of the utility of the Ontario Domestic Assault Risk Assessment (ODARA) for predicting subsequent occurrences of IPV in both male and female perpetrators as well as non-physical partner abuse cases; and (c) evaluation of the actions of responding police officers to determine which responses maximized reductions of subsequent occurrences of IPV. This study utilized a random sample of 200 offenders (174 males, 26 females) selected from police reports of IPV to be followed for six years. Results indicated that the ODARA was able to discriminate between recidivists and non-recidivists, regardless of perpetrator gender, victim gender, or type of violence committed (physical vs. non-physical). The ODARA was also effective in distinguishing between low, moderate, and high risk for male and female IPV perpetrators, regardless of whether the violence was physical or non-physical. Both male and female perpetrators were found to have similar risk profiles and offending patterns. Additionally, police officers' decision to arrest perpetrators in the current sample showed no relationship with the offender's risk of IPV, but rather to situational factors (e.g., victim injury). The authors recommended that police formally assess risk to triage offenders and victims into suitable intervention channels based on level of risk, rather than relying on "gut instincts" and reactive policing methods.

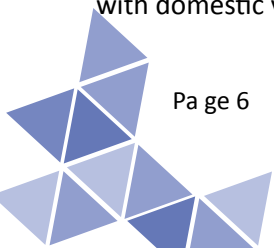
14. Murphy, C., & McDonnell, N. (2008, February). Escalating violence: How to assess and respond to risk: A review of international experience. [PDF document]. Aoibhneas Women and Children's Refuge, Coolock, Dublin. Retrieved from: http://www.aoibhneas.org/pdf/Escalating_violence-How_to_Assess_and_Respond_to_Risk.pdf

This review examines the domestic violence assessment frameworks and practice currently in place in Ireland. Through evaluating the literature, as well as through consultation with organizations with direct experience with domestic violence, overall this review highlights

the agreed upon benefits of developing formal risk-assessment frameworks for general violence as well as lethality of violence. The authors propose a number of recommendations based on their review including: (1) undertaking a study with the aim of establishing best practice in the area of risk assessment and safety planning with an Irish context; (2) conducting systematic risk assessment with a number of service providers being present in order to assess and identify further risk; (3) developing protocols and procedures in relation to actions to be taken as a result of risk assessment; (4) developing a database of domestic violence related statistics to be maintained jointly by all the key organizations involved with services directed toward domestic violence; (5) convene a multi-disciplinary team working in the areas of domestic violence and child protection with the aim of developing risk-assessment frameworks, including the police and those working in criminal justice settings.

15. Robinson, A. L. (2004). Domestic violence MARACs (Multi-Agency Risk Assessment Conferences) for very high-risk victims in Cardiff, Wales: A process and outcome evaluation. Wales, UK: School of Social Sciences, Cardiff University.

This study describes and evaluates the Multi-Agency Risk Assessment Conferences (MARAC), introduced in the UK for the management of violent and sex offenders. Using interviews and data from police files from 146 women, this study evaluated MARACs over a 6-month period. This report includes the findings from a process evaluation that involved site visits and key informant interviews, and an outcome evaluation that incorporated police data and victim interviews. Results indicate that the MARACs are an important innovation in the community and criminal justice response to domestic violence. The process evaluation demonstrates that the respondents viewed the MARACs as invaluable, and that the added work they undertook did 'pay off' because agencies could assist victims more efficiently. Respondents also made it clear that MARACs facilitated information sharing between agencies, contributing to victims' safety, aided in identifying key contacts within agencies, and raised awareness about the impact of domestic violence on children. MARACs were also successful at improving the safety of victims measured by the number of domestic violence police complaints post-MARAC, with the majority of victims (about 6 in 10) not being re-victimized. Overall, the authors highlight that these positive results reveal the benefits of taking a multi-agency approach to helping women (and their children) who are experiencing domestic violence.



16. Robinson, A. L. (2013, November). A risk-led approach to domestic violence: The MARAC model in the UK. Paper presented at the international conference on violence in close social relationships and stalking - police officers dealing with high-risk cases, Rhineland-Palatinate, Germany. Abstract available at: https://www.researchgate.net/publication/265784693_A_RISK-LED_APPROACH_TO_DOMESTIC_VIOLENCE_THE_MARAC_MODEL_IN_THE_UK

This presentation discusses the use of Multi-Agency Risk Assessment Conferences (MARAC). This presentation also briefly describes the results from a previous outcomes study examining the impact MARACs had within a community. Results presented included an overall reduction of repeat victimization after involving a MARAC. More specifically, at six months, 6 out of 10 had not been victimized. At 12 months 4 out of 10 had not been re-victimized. Recommendations from the author include international recognition for the importance of setting up an effective multi-agency network of professionals to protect high-risk victims, as well as the need for cooperation as an essential part of overcoming implementation challenges

17. Roehl, J., O'Sullivan, C., Webster, D., & Campbell, J. (2005a, May). Intimate partner violence risk assessment validation study: Final report. (Document No. 209731). [PDF document]. U.S. Department of Justice. Retrieved from: <https://www.ncjrs.gov/pdffiles1/nij/grants/209731.pdf>

The major purpose of this multi-site field test, funded by the National Institute of Justice, was to assess the predictive accuracy of several methods of assessing risk of repeat assault or potential lethality in domestic violence cases. A sample of 1307 women who were enrolled at baseline (782 remained for follow-up interviews), were interviewed, provided questionnaires, and were randomly assigned to receive certain risk assessments as well as re-assault assessments (SARA, The Domestic Violence Inventory – Risk and Needs Assessment, K-SID, The Domestic Violence Screening Inventory, Danger Assessment, DV-MOSAIC). Results indicated that approximately one third of the participants were re-assaulted by the end of the four to 24 month period when they were re-interviewed. Some continued to be severely abused, with 11 percent having experienced a severe, potentially lethal act. Results also indicated that by most analytic strategies, the Danger Assessment had the strongest psychometric properties, including the

predictive statistics. Similarly, the DVSI and DV-MOSAIC also had significant associations with future re-assault. The K-SID was least strong under most of the analytic strategies; however, it did best at predicting re-arrest using the criminal justice data. Some of the differences in results among assessments could be due to the different purposes and settings where these instruments were developed to be used. This study is a landmark prospective field trial of three instruments and one threat assessment system and includes detailed information in the utility and validity of risk assessments.

18. Roehl, J., O'Sullivan, C., Webster, D., & Campbell, J. (2005b, May/December). Intimate partner violence risk assessment validation study: The RAVE study (Document No. 209732). [PDF document]. U.S. Department of Justice. Document no. 209732. Retrieved from: <https://www.ncjrs.gov/pdffiles1/nij/grants/209732.pdf>

The main purpose of this report was to assess the accuracy of several different approaches to predict risk of future harm or lethality in domestic violence cases. In addition to the four risk assessment methods (i.e., Danger Assessment, DV-MOSAIC, Domestic Violence Screening Instrument, and Kingston Screening Instrument for Domestic Violence), this study tested the predictive accuracy of the victim's own assessment of the likelihood that her partner or ex-partner would physically abuse her over the course of the next year. Data were collected from a sample of 782 women, and interviews were conducted with victims at two times. First, a baseline interview, which included a risk assessment, took place, followed by a follow-up interview 6 months to a year later. Arrest information on the offender for at least a year after the baseline interview was also collected and examined. Results compared the scores on the risk methods at the baseline interview to the following outcomes: physical assault during the follow-up period, severe assault, stalking and threats, and arrests. Overall, all four of the risk assessment methods tested were found to be significantly related to subsequent severity of abuse, but not very highly related. After controlling for the protective actions taken, all predicted any assault and severe assault significantly better than chance. The DA and the victim's self-rated level of risk had the highest correlations with subsequent abuse, although these correlations were low. Differences were found between measures and explored in detail in the report.



19. Rollings, K., Wakefield, S., & Fogg, P. (n.d.). Domestic-related homicide and domestic violence risk assessment tools [PDF power point slides]. Australian Government: Australian Institute of Criminology and Queensland Police Service. Retrieved from: http://www.aic.gov.au/media_library/conferences/2008-homicide/rollings_wakefield_fogg.pdf

This presentation listed the risk assessment used by different Australian police services as well as common risk factors found in domestic violence homicide cases. Additional slides listed reasons why to use risk assessment tools (i.e., allows for an assessment of the severity of any future of violence, encourages victims to become aware of their risk and be actively involved in developing safety plans, promotes a common language of risk across agencies, actuarial tools can be used by non-clinical staff like police officers), as well as described drawbacks of using DV risk assessment tools (i.e., potential false sense of security, human nature dictates no tool will predict human behavior without some margin of error). This presentation ends with a proposal for the project “Risk factors for domestic violence and domestic-related homicide” with Queensland Police, however no results are discussed.

20. Rothman, E. F., Butchart, A., & Cerda, M. (2003). Intervening with perpetrators of intimate partner violence: A global perspective. [PDF document]. World Health Organization: Violence and Injury Prevention Department. Retrieved from: <http://apps.who.int/iris/bitstream/10665/42647/1/9241590491.pdf>

This descriptive study explores the batterer intervention programs that exist internationally. This study was able to identify 74 programs (56 classified as “batterer intervention programs”) from 38 countries (43% located in “developing nations”). Through surveys and interviews (majority via telephone), results indicated that most commonly batterer intervention programs grew out of existing counseling or advocacy services. In addition, this study found that most often practitioners choose intervention models based factors including: knowledge of and access to particular curricula, reputation or name recognition of the model, theoretical orientation, and the model’s definition of intimate partner violence (IPV). Despite varied definitions of IPV or different perspectives on what causes it, practitioners reportedly introduce very similar topics of discussion during intervention sessions. Overall, the authors’ recommended that: (1) work be done toward the development of international best practice guidelines on batterer intervention; (2) provide

practitioners with simply written, translated syntheses of the empirical research on IPV causes and consequences; and that (3) model batterer intervention program based in the USA should be provided with the contact information of their international colleagues so collaboration can take place as a way to improve service for immigrant and refugee abusers.

21. Schott, M., & Holsinger, A. M. (2014, January 17). An analysis of the domestic violence lethality assessment in Johnson County, Kansas. [PDF document]. United Community Services of Johnson County. Retrieved from: <http://ucsjoco.org/Uploads/Domestic-Violence-Lethality-Assessment-Report.pdf>

The report is an initial examination into the descriptive and predictive validity of the Domestic Violence Lethality Assessment (DVLA). Based on 272 cases utilized for the current analysis, the DVLA was found to have predictive validity in its current construction. While the composite DVLA does have predictive validity, the item-by-item analyses revealed that some of the individual items are not related to outcome in their current form. The authors recommended potentially breaking down the DVLA into three “risk categories” (low, medium, high), which was supported by statistical analysis. Furthermore, The DVLA and the Domestic Violence Screening Instrument-Revised (DVSIR) appear to be statistically in agreement in regards to the extent in which risk is measured. Increases in DVLA score are associated with increases in the level of risk as assessed via the DVSIR. The authors recommended that continued validation work be completed on the DVLA in its current structure and composition. Additionally, using key informant interviews within a local community, the DVLA was found to be accepted and consistently used by law enforcement.

22. Sponsler-Garcia, C. (2015, September). Accounting for risk and danger practice checklists: Coordinating risk assessment in domestic violence cases. [PDF document]. The Battered Women’s Justice Project. Retrieved from: <http://www.bwjp.org/assets/documents/pdfs/accounting-for-risk-and-danger-checklists.pdf>

This document presents a number of practice checklists that can guide services in examining their current response to domestic violence and their collaboration with other services. Put together by the Battered Women Justice Project (BWJP), these checklists were developed to help jurisdictions ensure that services identify and address potential risks to victims. The practice checklists are



based on understanding a number of factors, including: (1) that victims share details of information with different service providers and information must be handled carefully and confidentially, (2) risk assessments should be an ongoing process, and (3) that the most effective risk assessment relies on a combination of information from assessment tools, practitioner expertise, history of perpetrators, and the victims' own perceptions of risk. The document presents practice checklists for the following areas: Advocacy Programs, emergency communications, reducing risk by maximizing victim safety and offender accountability, emergency communications, responding officers, investigating officers, jail/detention, conditions of release/bail, prosecutors, judges, probation, batterer's programs.

23. State of Connecticut Judicial Branch. (2006). The family violence risk assessment project and its domestic violence screening instrument (DVSI-R). [PDF document]. Sanctions. Retrieved from http://www.jud.ct.gov/CSSD/pub/SU_spring06.pdf

This document briefly reviews the Domestic Violence Screening Instrument-Revised (DVSI-R). As described by the author, previous research has found four variables to have significant effects predicting repeat violence: (a) the DVSI-R risk score, with a higher score associated with greater likelihood of recidivism; (b) type of violence, whereby intimate partner violence had greater recidivism compared to other forms of family violence; (c) number of victims, whereby having multiple victims in a case was associated with greater likelihood of recidivism; and (d) counselor imminent risk rating, whereby counselors were able to adjust their judgments of low and high risk cases using the summary risk ratings that required their professional judgment in addition to the numeric DVSI-R score. The author also briefly describes a future study that will examine re-arrest, violations of protective order, and violations of pre-trial court orders among more than 4,000 family violence offenders who were administered the DVSI-R risk assessment at arraignment.

24. Taylor, S. R. (2009). Pregnancy-associated intimate partner violence: An examination of multiple dimensions of intimate partner abuse victimization using three unique data sources. (Unpublished doctoral dissertation). University of Central Florida, Orlando, FL.

This dissertation examines the relationship between pregnancy and lethal or nonlethal intimate partner violence (IPV). Drawing from feminist theory, this study

analyzes secondary data from three large-scale surveys (National Violence Against Women Survey, The Chicago Women's Health Risk Study, and the National Violent Death Reporting System). Results reveal powerful correlations between IPV and pregnancy, both in pregnancy as a risk factor for physical violence, stalking, sexual violence, serious threats of violence, and in power and control levels. More specifically, power and control was found to be the only significant predictor of miscarriages, and the only significant predictor of having been physically abused when pregnant when all types of abuse are considered simultaneously. Specific recommendations for risk assessment, risk management, and safety planning include the need for attention to pregnancy-related IPV by policy makers and practitioners, both in medical and social contexts. The author highlights the importance for healthcare professionals to screen for IPV for pregnant women, as pregnancy may be a risk factor for abuse.

25. Wells, L., Lorenzetti, L., Carolo, H., Dinner, T., Jones, C., Minerson, T., & Esina, E. (2013, February). Engaging men and boys in domestic violence prevention: Opportunities and promising approaches. [PDF document]. Shift: The Project to End Domestic Violence, University of Calgary. Retrieved from: <http://blog.calgaryunitedway.org/socialvoice/wp-content/uploads/2013/03/Shift-Engaging-Men-and-Boys.pdf>

This report offers an analysis of the literature on engaging men and boys in domestic violence prevention and highlights promising primary, secondary and tertiary prevention practices. The report examines programs across the world that engages boys and men in prevention of violence against women and identified seven promising areas of engagement: (1) engaging fathers in domestic violence prevention, (2) men's health and domestic violence prevention, (3) the role of sports and recreation in domestic violence prevention, (4) the role of the workplace in domestic violence prevention, (5) the role of peer relationships in domestic violence prevention, (6) men as allies in preventing domestic violence, and (7) Aboriginal healing and domestic violence prevention. This reported underscores that their findings do not promote a prescriptive strategy to engage men and boys in domestic violence prevention and that discussion is needed on working with men and boys in violence prevention.

