Creating a common understanding of Risk

Increasing Safety for Women & Children
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High Risk Safety Project

- Target population was men at moderate risk to reoffend
  - 40 participated as intervention
  - 40 randomly chosen as comparison
- Men were engaged immediately following arrest for a DV-related assault

Scott, K.L., Heslop, L., Kelly, T. & Wiggins, K. (2013). Intervening to prevent repeat offending among moderate to high-risk domestic violence offenders. *International Journal of Offender Therapy and Comparative Criminology,* December, doi: 10.1177/0306624X13513709*.*

Intervention

- Individual meetings (as many as needed, usually a handful)
- First meeting designed as a thorough assessment of dynamic risk
- Subsequent meetings focused on strategies to manage that risk, such as:
  - De-escalation of violent thoughts or threats
  - Encouraged compliance with court orders
  - Reducing isolation, addressing hopelessness and desperation
  - Problem-solving around mental health and additions issues
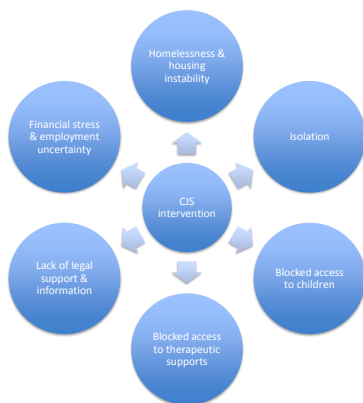 - Problem-solving around housing and other crises

Risk Assessment Information from Police File

- 100% had previous DV offenses on file
- Close to 60% of victims responded positively to the item "fear that the accused will continue the assaults, seriously injure or kill her or him or the children."
- Approximately 50% reported recent escalation in frequency or severity of violence
- One third to one half of the victims reported that the accused had threatened to commit suicide
- 50% of accused had mental health difficulties noted by police
- Approximately 75% had drug or alcohol problems

Charges One and Two Years Later

	Comparison (*n*=40)	Intervention (*n*=40)
Domestic violence, year one	65.9%	29.3%
Domestic violence, year two	41.5%	12.5%
Any Charge year one	85.0%	45.5%
Any Charge, year two	52.5%	25.5%

Despite our best efforts, risk may increase after criminal justice system intervention.

Homelessness & housing instability

Isolation

Financial stress & employment uncertainty

CJS intervention

Blocked access to children

Lack of legal support & information

Blocked access to therapeutic supports

Substance abuse treatment

66% of men were identified with as abusing substances

- Co-occurs 25 – 50% of IPV incidences
- Odds of IPV perpetration increase with each additional drink of alcohol
- Alcohol most frequently noted in police-involved incidents
- Correlated to injury severity for female victims

Mental health

60% of the men seen had either been diagnosed with a mental health problem or were suspected to be suffering from a mental illness.

- Most research focused on depression & suicidality
- Depression is a significant risk factor for lethal IPV and IPV recidivism
- Mental illness may be a more important risk factor for women IPV perpetrators than men
- Among IPV recidivists, those who have mental illness reoffend more quickly and more often.
- IPV may be more bi-directional for people with mental illness
- High incidence of co-occurring substance disorder (48 – 83%) adds an additional layer of risk
- **When controlling for treatment, mental illness is not significant predictor of IPV perpetration.**

Risk, Needs & Responsivity Model

- Risk Principle:
  - Higher intensity service for the higher risk offenders (quicker, more sessions, more often)
- Needs Principle:
  - Target criminogenic risk factors for intervention
- Responsivity Principle:
  - Delivered in a manner that best matches the offenders learning style

Ongoing Research

- Based on expansion across four different sites
- Interviews of police and community based partners in each site
- Questions
  - What was involved in doing this work?
  - What was most helpful about this intervention?
  - What are barriers to implementation?

Understanding Responsivity

- Clinicians' Persistence in Engaging Men
- Compassion and Understanding of Clients' Involvement in the Criminal Justice System
- Creating an Environment Conducive to Learning – Taking Action
  - Individual Actions
    - Stabilizing Clients as a Means of Creating Space for Learning
    - Maximizing Learning Outcomes Through Individualization
    - Utilization of Appropriate Therapeutic Modalities (e.g., CBT, MI)
  - Systems-Level Actions
    - Importance of Training Service Personnel (e.g., Clinicians, Police)
    - Seamless Transitions from Police to Clinicians to Allow for Work During a Crisis

Persistence

- "I mean, what it looks like is, so, you know, you go down and you see a guy, and he's in cells, and then, you know, you make the offer and he blew her off. Basically said, "Eh, I'm not, go away. "I mean, it's a really high risk kind of guy. No, not interested. She goes back down. He's back in there. You know, a week later, he's breached. He's back in there, and he rolls his eyes, and he goes, "Oh, fuck. Not you again." And, she goes, "That's what I was thinking. "You know, so, they chat for a few minutes, and he blows her off again, and then the next time, she goes back, and she sees him again, and now he's talking to her. And, she's able to work with him a little bit, and connect with him, and say to him, "You know, let's make this different. I don't want to come back and see you again. I don't, and, you know, you don't want to be here. So, what could we do? How can we help you?" And, she starts working with him. And, she works with him, and then, 2 days in that cell, he comes back out and he's released, and she works with him again in a couple of days, right, and then she gets and appointment and now, this time, she's got to pick him up from the shelter where he's living, and drive him to Changing Ways, and introduce him."

Compassion re System

- "I had more men who didn't know how to navigate the system and felt alienated and felt judged and angry, and didn't actually know who to reach out to, didn't really have experience with talking, and you know felt in some fashion like they were the victim. So, they didn't really have a good understanding of how to maybe secure services."

Creating and Environment: Individual

In answer to, most important thing done in program…
"I think connecting him with services is just really about stabilizing everything else, or providing some stability, I wouldn't say it fully stabilized, but wherever we can support him becoming stabilized in the other aspects of his life. And it's, so I really believe it's difficult to take on this long process of really challenging your thoughts when you're worried about eating or when you're worried about where you're going to stay or when you're worried about having a job. So if we can connect them to some of these other resources, and start helping to stabilize slowly with some of those other key areas in your life. As you're starting to feel more comfortable and more positive, some momentum's going, you're in a better place to start to really challenge your thoughts."

Creating Environment: System

- "And I think one of the barriers is probably making sure that the link between the police and the counsellor is quick and that you make that initial contact with them because I think you know it's clear to me that when the crisis is over, and that can be the next day even, there's a sense of closure to, like a lot of the men were not men who were accustomed to help-seeking and counselling."

Disruptive innovation

- Next step…