

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/273038092>

Intimate Partner Violence Risk Assessment: A Primer for Social Workers

Article in *British Journal of Social Work* · January 2014

DOI: 10.1093/bjsw/bcu012

CITATIONS

66

READS

7,122

2 authors:



Jill Theresa Messing

Arizona State University

115 PUBLICATIONS 2,965 CITATIONS

[SEE PROFILE](#)



Jonel Thaller

Ball State University

22 PUBLICATIONS 627 CITATIONS

[SEE PROFILE](#)

Intimate Partner Violence Risk Assessment: A Primer for Social Workers

Jill Theresa Messing^{1,*} and Jonel Thaller²

¹Arizona State University, School of Social Work, 411 N Central Ave., Suite 800, Phoenix, AZ 85004, USA

²Arizona State University, School of Social Work, Phoenix, AZ, USA

*Correspondence to Jill Theresa Messing, MSW, Ph.D., Arizona State University, School of Social Work, 411 N Central Ave., Suite 800, Phoenix, AZ 85004, USA.
E-mail: Jill.Messing@asu.edu

Abstract

Social workers are likely to encounter intimate partner violence (IPV) survivors and/or perpetrators within their practice due to the prevalence of this social issue and the negative health and mental health consequences resulting from it. IPV risk assessments can be utilised by social workers in multiple service settings. A recent meta-analysis provided information on the IPV risk assessment instruments with the greatest predictive accuracy, but social workers need to know the most appropriate IPV risk assessment tools for use in their particular practice settings. Therefore, this paper provides social workers with summary information on the four risk assessment instruments that have the highest predictive accuracy—the Danger Assessment, the Spousal Assault Risk Assessment, the Ontario Domestic Assault Risk Assessment, and the Domestic Violence Screening Inventory. For social workers unable to use validated risk assessments, a summary of the risk factors is provided with a focus on opportunities for change within violent relationships. Finally, recommendations for which IPV risk assessment to use in various social work practice settings are outlined. The use of IPV risk assessment should be situated within an evidence-based practice framework, taking into account the best evidence of risk for future harm, clinical expertise and client self-determination.

Keywords: Domestic violence, evidence-based practice, intimate partner violence, risk, risk assessment, risk factors

Accepted: January 2014

Introduction

Intimate partner violence (IPV) is a form of violence against women, or a type of gender-based violence, that includes physical, sexual or psychological violence by a current or former intimate partner (United Nations, 1993). Globally, it is estimated that, in 2010, 30 per cent of women ages fifteen and over had experienced IPV in their lifetimes (Devries *et al.*, 2013). Regional estimates of lifetime IPV prevalence range widely, from a low of 16.3 per cent (East Asia) to a high of 65.6 per cent (Central Sub-Saharan Africa). It is estimated that the lifetime prevalence of IPV in Western Europe and North America is approximately 20 per cent (Devries *et al.*, 2013). Screening for IPV by social workers, when compared to other professionals, tends to produce high disclosure rates (Trabold, 2007). As such, social workers should be prepared to respond to disclosure of IPV (Thackeray *et al.*, 2007), though many social work students and practitioners have reported a lack of knowledge in this area (Bent-Goodley, 2007; Danis and Lockhart, 2003).

Social workers are likely to encounter individuals experiencing IPV in part due to its negative health and mental health consequences. Women who have experienced IPV are more likely to suffer from high rates of anxiety, depression, suicide, substance misuse, post-traumatic stress disorder, psychosomatic complaints and decreased self-esteem (Bacchus *et al.*, 2003; Coker *et al.*, 2002; Golding, 1999; Humphreys and Thiara, 2003). Survivors also suffer from physical injury due to violence, gynaecological problems associated with forced sex, gastrointestinal and cardiac symptoms (Campbell, 2002), and complications from traumatic brain injury (Kwako *et al.*, 2011). The largest risk of homicide for women globally is murder by an intimate partner (Stöckl *et al.*, 2013). A conservative global estimate is that 38.55 per cent of women killed are murdered by an intimate partner (Stöckl *et al.*, 2013), and IPV is the single largest risk factor for intimate partner femicide (Campbell *et al.*, 2003, 2007; Moracco *et al.*, 1998; Pataki, 1997; Sharps *et al.*, 2003).

Given the prevalence and negative sequelae of IPV, it is likely that social workers will encounter survivors across a number of practice settings. IPV risk assessment instruments provide social work practitioners with information on the likelihood that abusers will re-assault, severely re-assault or kill their intimate partner. The field of IPV risk assessment is fast-growing, and instruments have been created and validated (i.e. tested for accuracy) within a variety of settings. While risk assessments have been suggested as a means to prevent homicide globally (Stöckl *et al.*, 2013) and are used throughout the world, the majority of validation studies have been conducted in North America. It has been suggested that social workers who come into contact with IPV survivors utilise risk assessment instruments in safety planning, advocacy and counselling (e.g., Campbell, 2002, 2004; Kress, 2008) as well as to assist clients in making safety and self-care decisions (e.g. Campbell *et al.*, 2009; Hilton *et al.*, 2001). Social workers who come into contact with

perpetrators can use risk assessment instruments to determine who is appropriate for batterers' treatment (e.g. Jones and Gondolf, 2001; Maiuro and Eberle, 2008; Morgan and Gilchrist, 2010) and social workers in criminal justice settings can utilise these instruments to inform police, prosecutorial and judicial responses to IPV (e.g. Bennett *et al.*, 2000; Hilton *et al.*, 2004; Roehl and Guertin, 2000). Finally, IPV risk assessment instruments can be used to facilitate communication between social workers and professionals in other intervention systems as they provide a consistent language regarding risk factors and the measurement of risk (Kropp, 2004; Shepherd *et al.*, 2002).

A recent meta-analysis provided information on the average predictive validity of IPV risk assessment instruments (Messing and Thaller, 2013). The aim of this paper is to provide social workers with descriptions of the four risk assessment instruments that have the highest predictive accuracy and to offer recommendations for the use of these risk assessments and the risk factors contained within them in social work practice. In order to achieve this purpose, we first present social work practitioners with a description of each of the IPV risk assessment instruments with the greatest predictive accuracy, including their intended use, validation and the development of complimentary or adapted versions of the instruments. Second, we present the static (unchangeable) and dynamic (changeable) risk factors included within these instruments. An understanding of risk factors is important for social workers practising with marginalised populations and in locales where risk assessment instruments have not been validated. In addition, the identification and treatment of dynamic risk factors is an important part of risk-informed social work practice. Finally, we outline the intended and potential uses of IPV risk assessment instruments so that social workers may consider ways to incorporate the best available evidence for risk assessment into practice.

IPV risk assessment and evidence-based social work practice

Given the abundance of information in the IPV literature regarding risk factors and risk assessment, the use of validated IPV risk assessment instruments can be situated within the context of evidence-based social work practice intervention, which includes the three-part combination of (i) best available research evidence, (ii) clinical expertise and (iii) client self-determination (Gambrell, 2006; Sackett *et al.*, 2000). Validated risk assessment instruments have been shown to be more predictive of future behaviour than clinical prediction across a large variety of settings (Ægisdóttir *et al.*, 2006; Grove *et al.*, 2000); therefore, these instruments provide the best available evidence of future risk for re-assault or homicide. Some instruments also include a professional judgement component, and all risk assessment instruments should be used in conjunction with clinical expertise to develop

recommendations for safety planning or intervention with IPV offenders. The evidence-based practice framework suggests that clinical expertise and client self-determination are most salient for decision making when the best available research has not addressed a specific client population. Social workers practising with marginalised populations, therefore, should be cautious and account for differences in culture, ethnicity, ability and other factors when applying risk assessment to their clients.

Survivors of IPV informally assess their risk when making decisions about their relationship and seeking services, and most studies find that a woman is more likely to be right than wrong in her assessment of risk (Bell *et al.*, 2008; Campbell *et al.*, 2009; Cattaneo *et al.*, 2007; Cattaneo and Goodman, 2003; Connor-Smith *et al.*, 2010). However, research has also found that survivors are more likely to underestimate than overestimate their risk (Campbell, 2004; Heckert and Gondolf, 2000), possibly as a coping strategy (Dutton, 1996; Dutton and Dionne, 1991) or due to the effects of cumulative trauma on awareness and/or memory (Browne, 1987; Campbell, 1995). Some IPV risk assessment instruments have also demonstrated a higher predictive validity than survivor prediction (Campbell *et al.*, 2009; Messing and Thaller, 2013; Wilson *et al.*, 2008). Researchers have suggested that risk assessment instruments can be used to complement survivors' predictions (Campbell, 2004; Connor-Smith *et al.*, 2010; Heckert and Gondolf, 2004; Weisz *et al.*, 2000), and client self-determination and empowerment should be seen as the cornerstone of interventions intended to empower survivors towards decisions of self-care.

IPV risk assessment instruments

The need to determine and treat the most serious cases of IPV has brought about a proliferation of statistical assessments and standardised decision-making tools. This paper provides summaries of the development, accuracy, intended users, necessary information and appropriate practice settings for the four stand-alone IPV risk assessment instruments with the highest average predictive validity—or the greatest accuracy in predicting re-assault, severe re-assault or homicide according to a recent meta-analysis (Messing and Thaller, 2013): the Danger Assessment (DA), the Spousal Assault Risk Assessment (SARA), the Ontario Domestic Assault Risk Assessment (ODARA), and the Domestic Violence Screening Inventory (DVSI). Table 1 provides a summary of the information presented below.

The Danger Assessment

The Danger Assessment (DA) is the only IPV risk assessment instrument specifically designed to predict lethality (Campbell, 1986; Campbell *et al.*,

Table 1 IPV risk assessment instruments

Original instrument	Risk assessed	Intended user	Current components	Locations validated	Unique goal	Information needed	Adaptations
DA	Lethality; re-assault	Health and social service professionals	20 items + calendar	Canada USA	Safety planning	Must have access to the survivor	DA-R DA-I Lethality screen
SARA	Re-offence	Clinicians; professionals with advanced training	20 items + professional judgement	Canada Spain Sweden USA	Facilitation of safety planning and court rulings	Must have access to survivor, perpetrator and criminal justice case files	B-SAFER
ODARA	Re-offence	Front line police officers	13 items	Austria Canada	Ease of use for front line officers; criminal justice decision making	Offender case file information needed	DVRAG
DVSI	Re-offence	Criminal justice personnel	12 items	Canada USA	Criminal justice decision making	Offender case file information needed	DVSI-R

2003; available online at www.dangerassessment.org). As such, its predictive power is greatest when predicting homicide, severe assault or attempted femicide (Campbell *et al.*, 2009, 2005, 2003), though several reports have also supported its utility in predicting general IPV recidivism (Campbell *et al.*, 2009, 2005; Goodman *et al.*, 2000; Heckert and Gondolf, 2004; Hilton *et al.*, 2008; Weisz *et al.*, 2000). Originally created in the USA for use by emergency room health professionals and intended to empower women towards decisions of self-care, the DA has since been used and validated in a variety of service settings in the USA and Canada. In addition, the DA has been used in China, Finland, Germany, Ireland, Mexico, New Zealand, Norway, the Philippines, Singapore, Sweden, Spain, Portugal, Taiwan, the UK and Australia (J. Campbell, personal communication, 19 September 2013). The DA is unique in that it is intended as a collaborative effort between the survivor and survey administrator, who may educate the survivor about her risk and potential risk factors and assist in the development of a safety plan. The survey administrator—typically a victim advocate or health care professional—assists the woman in completing the twenty-item survey within the time frame of approximately forty minutes, using a twelve-month calendar to aid recollection of the severity and frequency of violent incidents within the past year. Possible outcomes of the survey include four categories on a continuous scale—(0–7) variable danger, (8–13) increased danger, (14–17) severe danger and (18 or more) extreme danger.

Like most other IPV risk assessment instruments, the DA was developed to predict IPV risk for females in heterosexual relationships. Offshoots of the existing DA are targeted to vulnerable populations. The DA has been revised for use with women in same-sex relationships (Glass *et al.*, 2008) and for use with immigrant women (Messing *et al.*, 2013). The Lethality Screen is a shortened (eleven-item) version of the DA intended for use by police officers to assist them in determining who is at high risk for homicide so that they may be placed in immediate contact with collaborating social service agencies. This protocol is currently being evaluated through a grant from the United States National Institute of Justice (Messing *et al.*, 2011).

Spousal Assault Risk Assessment

The Spousal Assault Risk Assessment (SARA) was developed in Canada and has been tested for predictive validity in Canada, Spain, Sweden and the USA. The SARA has also been used in Australia, England, Wales, Scotland, Norway, Germany, the Netherlands, Hong Kong and Singapore (R. Kropp, personal communication, 26 September 2013). It is intended for use within the criminal justice system (Kropp *et al.*, 1995), although case managers and clinicians in social service settings have also used this instrument to facilitate safety planning and prevention (Kropp and Gibas, 2010; Kropp, 2008, 2004). When properly applied, a skilled evaluator (i.e. a

clinician with graduate-level credentials and specific training in scoring the SARA) reviews the results of a twenty-item questionnaire and uses structured professional judgement to assign a *summary risk rating* (low, moderate or high) to an offender's risk of recidivism. Although studies have found that the SARA's predictive power is greatest when structured professional judgement is applied (Kropp and Hart, 2000), other validation studies have found high predictive ability for re-assault when using a more accessible scoring system developed by the creators of the instrument (Andrés-Pueyo *et al.*, 2008; Grann and Wedin, 2002; Heckert and Gondolf, 2004; Hilton *et al.*, 2004; Kropp and Gibas, 2010; Williams and Houghton, 2004; Wong and Hisashima, 2008).

To complete the SARA, it may be necessary to conduct interviews with both the offender and the survivor, and to gain access to criminal and clinical files; this process may be time-consuming (Kropp *et al.*, 1995). The Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER), also called the SARA: Screening Version (SARA: SV), is an abbreviated version (ten items) of the SARA that can be used by front line police officers without requiring clinical judgement (Kropp and Hart, 2004). This simplified instrument also includes a risk management strategies section to aid in safety planning. The B-SAFER has been used in Australia, Canada, the USA, Scotland, Norway, Sweden, Spain, Italy, Lithuania, the Czech Republic, Slovakia, Hong Kong, the Netherlands, Italy and Singapore (R. Kropp, personal communication, 26 September 2013), but predictive validity has not been examined.

Ontario Domestic Assault Risk Assessment

The Ontario Domestic Assault Risk Assessment (ODARA) was created to be used by front line police officers in Ontario, Canada. It has been evaluated for predictive validity in Canada and Austria, and is additionally used by police departments in New Zealand, the USA and the UK (Z. Hilton, personal communication, 19 September 2013). The ODARA is intended to predict the likelihood of IPV recidivism (Hilton *et al.*, 2010, 2008, 2004; Hilton and Harris, 2009; Rettenberger and Eher, 2013) and, in some locations, answers to its thirteen dichotomous questions can be retrieved through criminal databases or case files (Hilton *et al.*, 2004). The ODARA is unique from other instruments in that higher scores indicate an increased risk of the frequency and severity of IPV recidivism. Based on the instrument's score, offenders can be placed in one of seven categories of risk (0, 1, 2, 3, 4, 5–6, and 7 or more), and those who score within the highest category are considered to be at increased risk of perpetrating extreme violence. Thus, although the ODARA is intended to indicate an offender's tendency towards IPV recidivism, higher scores may be useful in predicting homicide (Hilton *et al.*, 2004).

The Domestic Violence Risk Appraisal Guide (DVRAG) (Hilton *et al.*, 2008) was created as a complement to the ODARA and intended for use

with serious IPV offenders at risk for perpetrating severe violence. Mental health professionals and probation officers use in-depth clinical information to combine the ODARA with the Hare Psychopathy Checklist (PCL-R) in order to create a DVRAG score.

Domestic Violence Screening Instrument

The Domestic Violence Screening Instrument (DVSI) was developed in the USA by the Colorado Domestic Violence Risk Reduction Project to assist criminal justice decision makers (prosecutors, judges, probation officers) in determining the best pre-trial option for domestic violence arrestees (Williams and Houghton, 2004). It is intended to predict re-offence, as well as non-compliance with court and probation orders, though it may be better at predicting severe re-assault or severe threatening behaviours than any re-assault (Campbell *et al.*, 2005; Hilton *et al.*, 2008; Hisashima, 2008; Williams and Houghton, 2004). The DVSI can be completed and scored through examination of an offender's criminal record, making it relatively easy to administer for social workers interacting within the criminal justice system. The instrument, which includes twelve questions, results in a score up to 30, where higher scores indicate a higher likelihood of recidivism, and offenders may be placed in three to five risk categories. The DVSI has been examined for predictive validity in the USA and Canada.

The DVSI-Revised (DVSI-R) is intended to assist graduate-level clinicians to make quick pre-arraignment recommendations based on predicted likelihood of re-arrest; the DVSI-R includes a component of structured professional judgement (Williams and Grant, 2006).

Static and dynamic risk factors

In addition to risk prediction, IPV risk assessment instruments can be used to educate practitioners and survivors about factors associated with partner re-assault, severe re-assault and homicide. The risk factors included within the four aforementioned instruments are supported by scholarly literature and/or validation studies. In total, more than forty risk factors are included within these instruments, with considerable overlap between instruments. Given the limited data on the use of IPV risk assessment with marginalised women, social work practitioners may choose to consider individual risk factors rather than utilise a risk assessment instrument that has not been validated with their client population.

The difference between static (unchangeable) and dynamic (changeable) risk factors should be of interest to social workers, or other professionals with a stake in survivor safety and/or offender rehabilitation. Static risk factors, such as an individual's lifetime criminal history or history of

childhood abuse, are unalterable. Though they aid in the prediction of future violence, they do little to inform violence reduction strategies beyond criminal penalisation. However, dynamic risk factors, or those considered changeable over time, provide opportunities for intervention. Some examples of these factors are attitudes minimising or condoning IPV, recent employment problems, extreme sexual jealousy, substance abuse, access to firearms and suicidal ideation (see Table 2). The DA and the SARA have a greater share of dynamic risk factors than the ODARA and DVSI, which rely primarily on past criminal records to complete assessment.

Once identified, dynamic risk factors can be reframed by social workers as opportunities for change, or targets for intervention. For example, many batterers' intervention programmes attempt to address offenders' maladjusted attitudes and behaviours in regard to minimising or condoning IPV. In this case, re-education and/or cognitive therapy is a social work intervention that may result in change in violent behaviour. Additionally, identifying recent unemployment as a dynamic risk factor can lead to the conclusion that advanced job training and job placement may improve an offender's interpersonal skills and well-being and decrease risk of violence in an intimate relationship. However, risk reduction strategies cannot be effective without also taking into account situational factors—such as gender, culture, change readiness, maturity, literacy level and social support—that may enhance or hinder the ability of an offender to rehabilitate (Andrews *et al.*, 2006, 1990). When using risk assessment to inform change in a violent relationship, it is important that social workers frequently reassess risk, opportunities for change and situational factors—a practice that is not generally incorporated in the administration of IPV risk assessment instruments.

Application to social work practice

While warning signs are often present before a repeat or fatal IPV incident, they often go unrecognised or unarticulated. IPV risk assessment instruments can serve a role in safety and treatment planning if used to identify and effectively communicate risk to survivors and the professionals who work with them (Kropp, 2008). In addition to the prediction of future violence, social workers are advised to use standardised risk assessment instruments as means to facilitate communication between systems. Indeed, without the ability to transfer information gathered during risk assessment (to the victim or other practitioners), the accuracy of the risk assessment is essentially meaningless (Heilbrun *et al.*, 2000). Thus, when considering which instrument to apply in a particular practice setting, potential users must consider the practice environment, the ability of the assessment to communicate risk between professionals within that environment, the intended outcome of the risk assessment and the skills of the assessor, and access to information from the victim, the offender and case files.

Table 2 Risk factors in IPV risk assessment instruments

	DA	SARA	DVSI	ODARA
Recent employment problems	✓	✓	✓	
Drug abuse, dependence	✓	✓		✓
Recent escalation in IPV	✓+	✓		
Partner's fear of re-assault/homicide	✓+			✓
Suicide attempt, threats of suicide	✓+	✓		
Condoning and/or minimising IPV		✓		
Limiting partner's access to phone, transportation				✓
Controlling most of partner's daily activities	✓			
Extreme and/or violent jealousy towards partner	✓+			
Stalking, threats, destroying partner's property	✓+			
Owns a gun, or can get one easily	✓			
Alcohol abuse, dependence	✓+			
Psychotic or manic symptoms		✓		
Personality disorder (anger, impulsivity)		✓		
Threats to kill partner	✓+	✓		✓
Use of a weapon to threaten partner	✓+	✓		
Prior IPV incident		✓		✓
Recent separation from partner (up to 1 year)	✓		✓	
Prior non-IPV assault		✓		✓
Prior conviction/sentence for non-IPV assault			✓	✓
Avoided arrest for IPV	✓+			
Prior violation of conditional release		✓		✓
Violation of restraining order		✓	✓	
Offender has stepchild in the home	✓+			✓
Children under 18 in the home				✓
Unlawful confinement of partner				✓
Previous IPV-related restraining order			✓	
Use of weapon in any previous crime			✓	
Under supervision at time of IPV incident			✓	
Prior unsuccessful IPV treatment			✓	
Threats to harm children	✓+			
Past attempt at strangulation	✓+			
Past sexual assault of partner	✓+	✓		
Past assault to partner while pregnant	✓+			✓
Offender victim of or witness to family violence		✓		

+ indicates risk factors also included on the Danger Assessment for Immigrant Women.

Probably the most important distinctions are those that can be made regarding the clients served and the system within which the social worker is employed. Social workers who are working with offenders within the criminal justice system would likely use the ODARA, the SARA or the DVSI. The ODARA was developed for use by police officers and answers to the survey items can be obtained from criminal files or during a police interview, making the risk assessment relatively easy to administer in this context. For social workers with greater access to offenders after arrest, the ODARA can be combined with the Hare Psychopathy Checklist in order to discriminate among high-risk offenders. However, the ODARA's primary focus on static risk factors will not provide much guidance with the identification of

opportunities for change and, as such, may not be considered a useful starting place for social work intervention with the offender. The B-SAFER and the Lethality Screen have been also been developed to be used in collaboration with first responders, though neither has yet been evaluated.

The DVSI is perhaps most appropriate for social workers working within the court system to assist with determinations about pre-trial release, and may be useful for communicating risk to judges, prosecutors and probation officers, particularly in cases where there is concern about more severe re-assault. However, like the ODARA, the DVSI contains few dynamic risk factors and, as such, may not be useful in identifying opportunities for change. For social workers with advanced training and an interest in applying professional judgement to the risk assessment process, the DVSI-R or the SARA may be the most appropriate assessment instrument. Like the ODARA and the DVSI, the SARA was developed for use within the criminal justice setting. However, because it relies on interviews with the offender and victim, and the examination of case files, the SARA has broader applicability for social workers who straddle criminal justice and victim services settings. The SARA is intended as a tool to prevent future violence and, therefore, has a greater proportion of dynamic risk factors than the ODARA or the DVSI. As such, it has a greater applicability for social work professionals focused on intervention, such as social workers facilitating batterers' intervention groups. The SARA can also be applied in victim services settings, though examination of case files and interviews with offenders may be more difficult in this context.

The DA is appropriate for social workers employed as professionals in victim advocacy settings, or social workers who may come into contact with survivors in their professional capacity (e.g. mental health providers, child welfare workers). The DA is the only risk assessment instrument intended to predict lethality and, as such, is appropriate for identifying victims at high risk of homicide for the purpose of intervention. For example, it may be helpful for social workers who determine which cases are appropriate for intervention by high-risk teams. The DA is also the only risk assessment instrument that relies solely on victim self-report, as the goal of the DA is to facilitate a conversation about risk and safety between an IPV survivor and a professional. The proportion of dynamic risk factors on the DA is similar to the proportion on the SARA and, similarly, can be considered a tool for informing interventions towards safety.

Conclusion

Risk must be communicated clearly and succinctly, and should be supported with evidence and articulated in the context of limitations (Kropp, 2008). However, it is important to note that risk assessment instruments provide probabilities—not certainties—and social workers should interpret their

findings with caution. False positives and false negatives may, respectively, cause unwarranted alarm or lull a survivor into a false sense of security, with consequences that could be deadly. As previously mentioned, survivors of IPV also make informal assessments of their risk, which may differ from risk assessment scores when protective factors or unmeasured dynamic risk factors (e.g. stress) are present (Dutton, 1996). Practitioners should not allow the risk assessment process to strip survivors, perpetrators and intimate relationships of their individuality (Websdale, 2000), and they should always take survivor assessments into account, particularly when survivors perceive their risk to be high.

It is also important to consider that instruments created in a particular locale may not be representative of IPV offenders/victims in other locations or countries, and this may account for increased rates of error upon generalisation, especially among diverse populations. While global gender-based violence includes many forms of violence against women, IPV risk assessment instruments are limited to addressing risk in violent intimate relationships. The use of culturally competent IPV risk assessment instruments and procedures lags behind risk assessment literature in general (Kropp, 2004, 2008; Websdale, 2000), and there is a need for validated IPV risk assessment instruments created for special populations, in addition to the DA-R (Glass *et al.*, 2008) and the DA-I (Messing *et al.*, 2013). While risk assessment instruments have been used globally, validation studies have been conducted in a much more limited (though international) range of locations, and there is a need for further validation research.

Finally, social workers should be aware that a risk assessment conducted at any particular time might not be valid at a later date because characteristics of the abuser, survivor and relationship change over time. Social workers in contact with survivors should regularly re-evaluate risk, especially when certain characteristics of the abusive partner, survivor or relationship have changed. It is important that risk assessment not be the culmination of a client interaction (Dutton and Kropp, 2000), but the beginning of a process of risk communication and intervention leading to survivor safety and offender accountability. Given our professional training, social work practitioners and researchers have an opportunity improve upon the overall risk assessment process by assessing for protective factors and client strengths as well as static and dynamic risk factors.

The field of IPV risk assessment is still developing, yet several validated IPV risk assessment instruments have been shown to predict risk with relative accuracy; consistent with an evidence-based practice approach, it is recommended that social workers use these tools to complement their own clinical expertise and the judgement of their clients. Social workers are in the unique position of identifying survivors' risk from within a variety of practice settings, and the identification of IPV and assessment of risk are crucial. Without intervention, IPV can escalate in frequency and severity—in extreme cases, violence and injury perpetrated by a partner lead to homicide.

Social workers can use the score from a risk assessment instrument as a means to communicate their concerns about re-assault, severe re-assault and homicide to survivors of IPV as well as to other actors within similar or complementary intervention systems. For example, an advocate who is concerned about a client's risk for re-assault or homicide may be able to communicate this risk to a prosecutor, judge or probation officer more clearly using the language and evidence of risk assessment. Similarly, the ability to communicate risk to a survivor, and to identify specific risk factors in her relationship, may assist women with safety planning and other decisions of self-care. In cases where it is not possible to use a risk assessment instrument, or for locations or populations where risk assessment instruments have not been validated, social workers should be aware of static and dynamic risk factors in order to identify specific risk factors and, where possible, intervene within the scope of their practice.

References

- Ægisdóttir, S., White, M. J., Spengler, P. M., Maugherman, A. S., Anderson, L. A., Cook, R. S., Nichols, C. N., Lampropoulos, G. K., Walker, B. S., Cohen, G. and Rush, J. D. (2006) 'The meta-analysis of clinical judgment project: Fifty-six years of accumulated research on clinical versus statistical prediction', *The Counseling Psych*, **34**, pp. 383–90.
- Andrés-Pueyo, A., López, S. and Álvarez, E. (2008) 'Assessment of the risk of intimate partner violence and the SARA', *Papeles del Psicólogo*, **29**(1), pp. 107–22.
- Andrews, D. A., Bonta, J. and Hoge, R. D. (1990) 'Classification for effective rehabilitation: Rediscovering psychology', *Criminal Justice and Behavior*, **17**, pp. 19–52.
- Andrews, D. A., Bonta, J. and Wormith, J. S. (2006) 'The recent past and near future of risk and/or need assessment', *Crime and Delinquency*, **52**(1), pp. 7–27.
- Bacchus, L., Mezey, G. and Bewley, S. (2003) 'Experiences of seeking help from health professionals in a sample of women who experienced domestic violence', *Health and Social Care in the Community*, **11**, pp. 10–18.
- Bell, M. E., Cattaneo, L. B., Goodman, L. A. and Dutton, M. A. (2008) 'Assessing the risk of future psychological abuse: Predicting the accuracy of battered women's predictions', *Journal of Family Violence*, **23**(2), pp. 69–80.
- Bennett, L. E., Goodman, L. A. and Dutton, M. A. (2000) 'Risk assessment among batterers arrested for domestic assault: The salience of psychological abuse', *Violence against Women*, **6**(11), pp. 1190–203.
- Bent-Goodley, T. B. (2007) 'Teaching social work students to resolve ethical dilemmas in domestic violence', *Journal of Teaching in Social Work*, **27**(1–2), pp. 7–88.
- Browne, A. (1987) *Battered Women Who Kill*, New York, Free Press.
- Campbell, J. C. (1986) 'Assessment of risk for homicide for battered women', *Advances in Nursing Science*, **8**, pp. 36–51.
- Campbell, J. C. (1995) 'Prediction of homicide of and by battered women', in J. C. Campbell (ed.), *Assessing Dangerousness*, Thousand Oaks, CA, Sage, pp. 96–113.
- Campbell, J. C. (2002) 'Safety planning based on lethality assessment for partners of batterers in intervention programs', *Journal of Aggression, Maltreatment, and Trauma*, **5**(2), pp. 129–43.

- Campbell, J. C. (2004) 'Helping women understand their risk in situation of intimate partner violence', *Journal of Interpersonal Violence*, **19**, pp. 1464–77.
- Campbell, J. C., Glass, N., Sharps, P. W., Laughon, K. and Bloom, T. (2007) 'Intimate partner homicide: Review and implications for research and policy', *Trauma, Violence & Abuse*, **8**, pp. 246–69.
- Campbell, J. C., O'Sullivan, C., Roehl, J. and Webster, D. W. (2005) 'Intimate partner violence risk assessment validation study: The RAVE study', final report to the National Institute of Justice (NCJ 209731–209732).
- Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C. R., Campbell, D. W., Curry, M. A., Gary, F. A., Glass, N. E., McFarlane, J., Sachs, C. J., Sharps, P. W., Ulrich, Y., Wilt, S., Manganello, J., Xu, X., Schollenberger, J., Frye, V. and Laughon, C. (2003) 'Risk factors for femicide in abusive relationships: Results from a multisite case control study', *American Journal of Public Health*, **93**, pp. 1089–97.
- Campbell, J. C., Webster, D. W. and Glass, N. (2009) 'The Danger Assessment: Validation of a lethality risk assessment instrument for intimate partner femicide', *Journal of Interpersonal Violence*, **24**(4), pp. 653–74.
- Cattaneo, L. B. and Goodman, L. A. (2003) 'Victim-reported risk factors for continued abusive behavior: Assessing the dangerousness of arrested batterers', *Journal of Community Psychology*, **31**(4), pp. 349–69.
- Cattaneo, L. B., Bell, M. E., Goodman, L. A. and Dutton, M. A. (2007) 'Intimate partner violence victims' accuracy in assessing their risk of re-abuse', *Journal of Family Violence*, **22**, pp. 429–40.
- Coker, A. L., Davis, K. E., Arias, I. A., Desai, S., Sanderson, M., Brandt, H. M. and Smith, P. H. (2002) 'Physical and mental health effects of intimate partner violence for men and women', *American Journal of Preventive Medicine*, **23**, pp. 260–8.
- Connor-Smith, J. K., Henning, K., Moore, S. and Holdford, R. (2010) 'Risk assessments by female victims of intimate partner violence: Predictors of risk perceptions and comparison to an actuarial measure', *Journal of Interpersonal Violence*, **26**(12), pp. 2517–550.
- Danis, F. S. and Lockhart, L. (2003) 'Domestic violence and social work education: What do we know, what do we need to know?', *Journal of Social Work Education*, **39**(2), pp. 215–24.
- Devries, K. M., Mak, J. Y. T., Garcia-Moreno, C., Petzold, M., Child, J. C., Falder, G., Lim, S., Bacchus, L. J., Engell, R. E., Rosenfeld, L., Pallitto, C., Vos, T., Abrahams, N. and Watts, C. H. (2013) 'The global prevalence of intimate partner violence against women', *Science*, **340**, pp. 1527–8.
- Dutton, D. G. and Kropp, P. R. (2000) 'A review of domestic violence risk instruments', *Trauma, Violence & Abuse*, **1**, pp. 171–81.
- Dutton, M. A. (1996) 'Battered women's strategic response to violence: The role of context', in J. Edleson and Z. Eiskovitz (eds), *Future Interventions with Battered Women and Their Families*, Thousand Oaks, CA, Sage, pp. 105–24.
- Dutton, M. A. and Dionne, D. (1991) 'Counselling and shelter for battered women', in M. Steinman (ed.), *Woman Battering: Policy Responses*, Cincinnati, OH, Anderson, pp. 113–30.
- Gambrill, E. (2006) 'Evidence-based practice and policy: Choices ahead', *Research on Social Work Practice*, **16**(3), pp. 338–57.
- Glass, N., Perrin, N., Hanson, G., Bloom, T., Gardner, E. and Campbell, J. C. (2008) 'Risk for reassault in abusive female same-sex relationships', *American Journal of Public Health*, **98**(6), pp. 1021–7.

- Golding, J. M. (1999) 'Intimate partner violence as a risk factor for mental disorders: A meta-analysis', *Journal of Family Violence*, **14**, pp. 99–132.
- Goodman, L. A., Dutton, M. A. and Bennett, L. (2000) 'Predicting repeat abuse among arrested batterers: Use of the danger assessment scale in the criminal justice system', *Journal of Interpersonal Violence*, **15**(1), pp. 63–74.
- Grann, M. and Wedin, I. (2002) 'Risk factors for recidivism among spousal assault and spousal homicide offenders', *Psychology, Crime, and Law*, **8**, pp. 5–23.
- Grove, W. M., Zald, D. H., Lebow, B. S., Snitz, B. E. and Nelson, C. (2000) 'Clinical versus mechanical prediction: A meta-analysis', *Psychological Assessment*, **12**, pp. 19–30.
- Heckert, D. A. and Gondolf, E. W. (2000) 'Assessing assault self-reports by batterer program participants and their partners', *Journal of Family Violence*, **15**(2), pp. 181–97.
- Heckert, D. A. and Gondolf, E. W. (2004) 'Battered women's perceptions of risk versus risk factors and instruments in predicting repeat reassault', *Journal of Interpersonal Violence*, **19**, pp. 778–800.
- Heilbrun, K., O'Neill, M. L., Strohman, L. K., Bowman, Q. and Philipson, J. (2000) 'Expert approaches to communicating violence risk', *Law and Human Behavior*, **24**, pp. 137–48.
- Hilton, N. Z. and Harris, G. T. (2009) 'How non-recidivism affects predictive accuracy: Evidence from a cross-validation of the Ontario Domestic Assault Risk Assessment (ODARA)', *Journal of Interpersonal Violence*, **24**, pp. 326–37.
- Hilton, N. Z., Grant, T. H. and Rice, M. E. (2001) 'Predicting violence by serious wife assaulters', *Journal of Interpersonal Violence*, **16**(5), pp. 408–23.
- Hilton, N. Z., Grant, T. H., Rice, M. E., Houghton, R. E. and Eke, A. W. (2008) 'An in depth actuarial assessment for wife assault recidivism: The Domestic Violence Risk Appraisal Guide', *Law and Human Behavior*, **32**, pp. 150–63.
- Hilton, N. Z., Harris, G. T., Popham, S. and Lang, C. (2010) 'Risk assessment among incarcerated male domestic violence offenders', *Criminal Justice and Behavior*, **37**(8), pp. 815–32.
- Hilton, N. Z., Harris, G. T., Rice, M. E., Lang, C., Cormier, C. A. and Lines, K. J. (2004) 'A brief actuarial assessment for the prediction of wife assault recidivism: The Ontario Domestic Assault Risk Assessment', *Psychological Assessment*, **16**, pp. 267–75.
- Hisashima, J. (2008) *Validation Study of the Domestic Violence Screening Instrument (DVSI)*, Honolulu, Hawaii State Department of Health.
- Humphreys, C. and Thiara, R. (2003) 'Mental health and domestic violence: "I call it symptoms of abuse"', *British Journal of Social Work*, **33**, pp. 209–26.
- Jones, A. S. and Gondolf, E. W. (2001) 'Time-varying risk factors for reassault among batterer program participants', *Journal of Family Violence*, **16**(4), pp. 345–59.
- Kress, V. M. (2008) 'Counseling clients involved with violent intimate partners: The mental health counselor's role in promoting client safety', *Journal of Mental Health Counseling*, **30**(3), pp. 200–10.
- Kropp, P. R. (2004) 'Some questions regarding spousal assault risk assessment', *Violence Against Women*, **10**(6), pp. 676–97.
- Kropp, P. R. (2008) 'Intimate partner violence risk assessment and management', *Violence and Victims*, **23**(2), pp. 202–20.
- Kropp, P. R. and Gibas, A. (2010) 'The Spousal Assault Risk Assessment guide (SARA)', in R. K. Otto and K. S. Douglas (eds), *Handbook of Violence Risk Assessment*, New York, NY, Routledge/Taylor and Francis, pp. 227–50.
- Kropp, P. R. and Hart, S. D. (2000) 'The Spousal Assault Risk Assessment (SARA) Guide: Reliability and validity in adult male offenders', *Law and Human Behavior*, **24**, pp. 101–18.

- Kropp, P. R. and Hart, S. (2004). B-SAFER (Brief Spousal Assault Form for the Evaluation of Risk): A tool for criminal justice professionals. Ottawa, Canada: Department of Justice (Government of Canada). Available online at http://canada.justice.gc.ca/eng/rp-pr/fl-lf/famil/rr05_fv1-rr05_vf1/rr05_fv1.pdf (last accessed date February 7, 2014).
- Kropp, P. R., Hart, S. D., Webster, C. D. and Eaves, D. (1995) *Manual for the Spousal Assault Risk Assessment Guide*, 2nd edn, Vancouver, BC, Institute on Family Violence.
- Kwako, L. E., Glass, N., Campbell, J., Melvin, K. C., Barr, T. and Gill, J. M. (2011) 'Traumatic brain injury in intimate partner violence: A critical review of outcomes and mechanisms', *Trauma, Violence, & Abuse*, **12**(3), pp. 115–126.
- Maiuro, R. D. and Eberle, J. A. (2008) 'State standards for domestic violence perpetrator treatment: Current status, trends, and recommendations', *Violence & Victims*, **23**(2), pp. 133–55.
- Messing, J. T. and Thaller, J. (2013) 'The average predictive validity of intimate partner violence risk assessment instruments', *Journal of Interpersonal Violence*, **28**(7), pp. 1537–58.
- Messing, J. T., Amanor-Boadu, Y., Cavanaugh, C. E., Glass, N. and Campbell, J. C. (2013) 'Culturally competent intimate partner violence risk assessment: Adapting the Danger Assessment for immigrant women', *Social Work Research*, **37**(3), pp. 263–75.
- Messing, J. T., Cimino, A., Campbell, J. C., Brown, S., Patchell, B. and Wilson, J. S. (2011) 'Collaborating with police: Recruitment in the Oklahoma Lethality Assessment (OK-LA) Study', *Violence Against Women*, **17**(2), pp. 163–76.
- Moracco, K. E., Runyan, C. W. and Butts, J. (1998) 'Femicide in North Carolina', *Homicide Studies*, **2**, pp. 422–46.
- Morgan, W. and Gilchrist, E. (2010) 'Risk assessment with intimate partner sex offenders', *Journal of Sexual Aggression*, **16**(3), pp. 361–72.
- Pataki, G. (1997) *Intimate Partner Homicides in New York State*, Albany, NY, State of NY.
- Rettenberger, M. and Eher, R. (2013) 'Actuarial risk assessment in sexually motivated intimate partner violence', *Law and Human Behavior*, **37**(2), pp. 75–86.
- Roehl, J. and Guertin, K. (2000) 'Intimate partner violence: The current use of risk assessments in sentencing orders', *The Justice System Journal*, **21**, pp. 171–98.
- Sackett, D. L., Straus, S. E., Richardson, W. S., Rosenberg, W. and Haynes, R. B. (2000) *Evidence-Based Medicine: How to Practice and Teach EBM*, 2nd edn, New York, NY, Churchill-Livingstone.
- Sharps, P., Campbell, J. C., Campbell, D., Gary, F. and Webster, D. (2003) 'Risky mix: Drinking, drug use and homicide', *NIJ Journal*, **250**, pp. 9–13.
- Shepherd, M. F., Falk, D. R. and Elliott, B. A. (2002) 'Enhancing coordinate community responses to reduce recidivism in cases of domestic violence', *Journal of Interpersonal Violence*, **17**(5), pp. 551–69.
- Stöckl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Walls, C. and Garcia-Moreno, C. (2013) 'The global prevalence of intimate partner homicide: A systematic review', *The Lancet*, **382**, pp. 859–865.
- Thackeray, J., Stelzner, S., Downs, S. M. and Miller, C. (2007) 'Screening for intimate partner violence: The impact of screener and screening environment on victim comfort', *Journal of Interpersonal Violence*, **22**(6), pp. 659–70.
- Trabold, N. (2007) 'Screening for intimate partner violence within a healthcare setting: A systematic review of the literature', *Social Work in Health Care*, **45**(1), pp. 1–18.
- United Nations (1993) 'Declaration of the elimination of violence against women', 20 December, available online at www.un.org/documents/ga/res/48/a48r104.htm.

- Websdale, N. (2000) *Lethality Assessment Tools: A Critical Analysis*, Harrisburg, PA, National Resource Center on Domestic Violence, available online at www.vawnet.org.
- Weisz, A. N., Tolman, R. M. and Saunders, D. G. (2000) 'Assessing the risk of severe domestic violence', *Journal of Interpersonal Violence*, **15**, pp. 75–90.
- Williams, K. R. and Grant, S. R. (2006) 'Empirically examining the risk of intimate partner violence: The revised Domestic Violence Screening Instrument (DVSI-R)', *Public Health Reports*, **131**, pp. 400–8.
- Williams, K. R. and Houghton, A. B. (2004) 'Assessing the risk of domestic violence reoffending: A validation study', *Law and Human Behavior*, **28**, pp. 437–55.
- Wilson, D. B., Batye, K. and Riveras, R. (2008) *Testing and Evaluation of the Use of Polygraphs to Combat Violence against Women*, Washington, DC, US Department of Justice.
- Wong, T. and Hisashima, J. (2008) *Domestic Violence Exploratory Study on the DVSI and SARA*, Honolulu, Hawaii State Department of Health.