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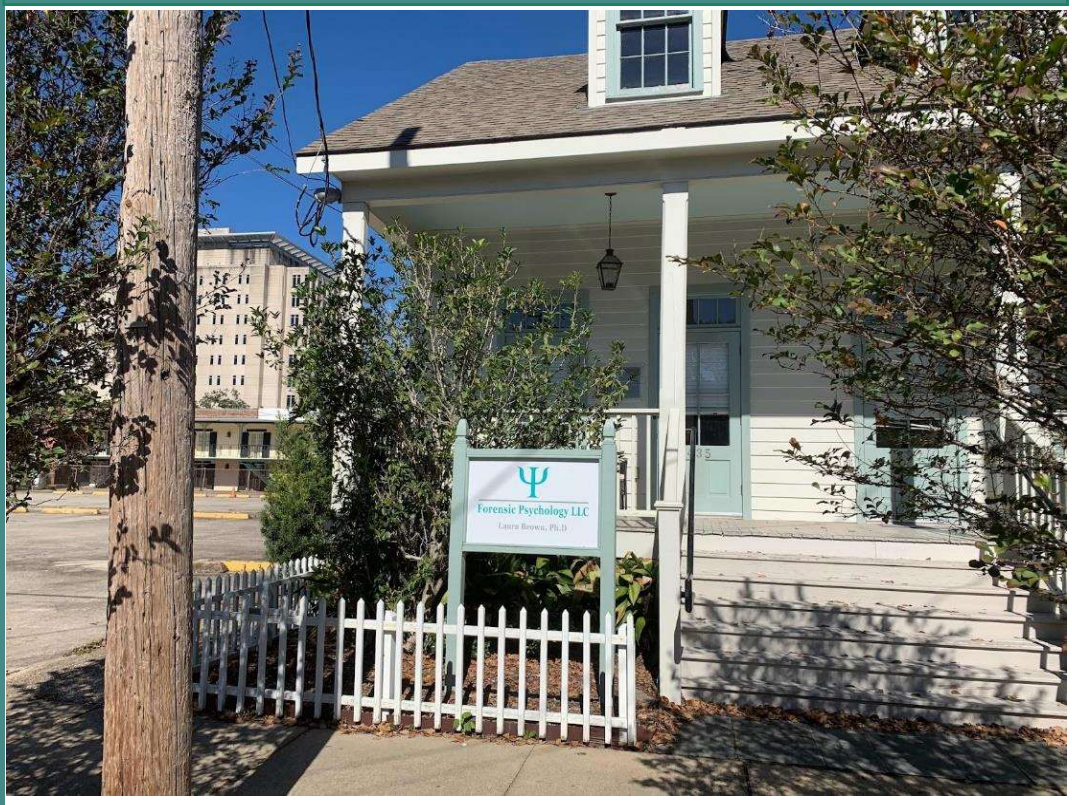
Forensic Psychology LLC

Domestic Violence Risk Assessment



Risk Factors

prior domestic violence

prior violence

custodial sentences

conditional release failure

threat to harm/kill others

confinement of victim

victim fears for life

substance abuse

pregnant victim

barriers to victim support

psychopathy

Risk

Assessing risk involves estimating the likelihood of an event that has not and may not ever occur based on information currently available. This information typically comes from empirical studies of individual characteristics that predict future violence or re-arrests in the case of violence risk assessment. Actuarial risk scales are algorithms that combine empirically derived risk factors to achieve maximal predictive accuracy based on data from one or more well-designed follow-up studies. They yield continuous scores that are linked to probability estimates. Thus, we can make statements such as "x% of individuals with a score of x are expected to be charged with a new violent offense after 5 years of follow-up." This is consistent with how other disciplines assess risk (*e.g.,* insurance calculations, weather predictions).

Actuarial instruments have a clear empirical basis, objective scoring procedures, and straightforward interpretation. Other types of instruments may be based on the same set of risk factors and some, such as structured professional judgment

Information Sources

RAP sheet

arrest reports

investigation reports

complaints

witness statements

protective orders

emergency room records

mental health records

medical records

drug screen results

Evaluators need access to the most reliable data to produce accurate assessments. Official documents and original source records are typically where the most reliable data will be found.

scales, may be as accurate as actuarial scales. Actuarial scales, however, represent the optimal combination of data to maximize predictive accuracy.

Historical factors tend to be the best predictors of long term risk. Though there are other risk factors, they rarely enhance predictive accuracy when added to the most powerful historical factors. Historical risk factors can be ascertained from records and measured objectively. Actuarial measures are also less vulnerable to unconscious (or conscious) bias by the examiner.

Domestic Violence Risk

Domestic offenders tend to have higher recidivism rates relative to other violent and nonviolent offenders. Domestic and nondomestic offenders share many of the same risk factors. Most incidents of domestic violence are perpetrated by a subset of offenders who perpetrate violence in and outside of the home and who have a high rate of reoffending.

The Domestic Violence Risk Appraisal Guide (DVRAG) is an actuarial tool used for estimating risk for male domestic violence offenders. The DVRAG is a clinical tool based on the Ontario Domestic Assault Risk Assessment (ODARA) which is a tool used by police officers to assess risk at the scene of a domestic violence incident. The DVRAG includes the ODARA items plus an additional clinical assessment. In empirical studies it has been shown to predict the frequency and severity (i.e., lethality) of future domestic violence. Rating the DVRAG requires access to official documents and original sources of information including incident reports, complaints, protective orders, criminal records, and any other data that might be related to domestic incidents. It can be challenging for clinicians to secure copies of these documents in order to do an assessment. This is one reason why some clinicians do not use actuarial measures.

The DVRAG includes an item assessing the victim's perception of danger. Self-reported information is generally disfavored; however, research has shown that victims are able to contribute to the prediction of future domestic violence. The Danger Assessment (DA) is a scale designed to measure a domestic violence victim's fear of future violence from her partner. It can be administered by non-clinicians. Adding the DA to the DVRAG enhances the prediction of future domestic violence as well as the prediction of lethality.

Managing Risk

Risk management is a way of mitigating an offender's risk by addressing relevant risk factors. This sometimes entails mental health treatment or counseling. It is important to know that there is little empirical evidence to suggest mental health treatment reduces a person's risk of crime or violence to an appreciable

Managing Risk

protective orders

childcare

financial resources

mental health treatment

substance abuse treatment

field visits

electronic surveillance

vocational programs

house arrest

public awareness

safety planning

Research shows that clinical judgment or intuition is about as accurate as chance.

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degree. Risk management strategies other than mental health treatment are usually needed to mitigate risk. These include supervision, monitoring, removing access to weapons, removing access to victims, limiting contact with antisocial influences, substance abuse treatment, social services, and vocational training.

Risk management strategies work best when used in accordance with the offender's risk level. Low risk defendants are unlikely to reoffend and require no management. In fact, implementing restrictive interventions or management procedures with lower risk defendants may increase risk (Bonta & Andrews, 2007). for example, incarceration of a first time misdemeanor offender for an extended period may cause him/her to lose a job, family support, housing, and faith in the criminal justice system while also exposing them to antisocial peers. It is also a waste of resources that are typically limited such as jail beds and security personnel. Risk management strategies are frequently very costly to the offender *e.g.,* electronic ankle monitors and ignition interlock devices, and this may affect their access to important protective factors such as stable housing, education and vocational training, reliable transportation, *etc.* In general, more rules lead to more violations and increased use of limited resources to address these violations. Behavior that does not place others in danger may not require intervention.

Many higher risk offenders can be safely managed with enhanced supervision that targets relevant risk factors such as electronic monitoring, periodic check-ins, home visits, random drug screens, etc. Incapacitation is reserved for the highest risk individuals and includes incarceration and hospitalization. These individuals are not considered safe in the community. Failure to assess relevant risk factors and attention to traits other than validated risk factors can lead to these individuals being released to the community and not appropriately monitored.

Mental Health Professionals

Domestic violence risk assessments are typically done by mental health professionals, usually a psychologist or psychiatrist. It is important that the risk assessment utilize an objective, scientifically supported methodology that has been shown empirically to predict domestic violence reoffending. Some professionals opt to rely on their "clinical judgment" in determining an individual's risk. There have been numerous studies of expert judgment and decisions that repeatedly show mental health experts are about as accurate as chance when making clinical decisions (Dawes, Faust, & Meehl, 1989). The use of tests, structured guides, decision aides, and actuarial instruments improves this substantially. Mental health professionals rarely ever get feedback on their decisions because the "high risk" patient is confined with no opportunity to reoffend, and they may never learn of supposed "low risk" patients that reoffend in minor ways or are not discovered to have reoffended. Sometimes they do learn of reoffenders, and this contributes to a very conservative bias toward detainment. Even though mental health experts do not get better over time (they stay at about chance level or get less accurate), they do tend to become more confident with increasing levels of experience (Faust & Ziskin, 1988; Wedding & Faust, 1989).