

# DOMESTIC VIOLENCE RISK ASSESSMENT AND CASE DOCUMENTATION

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**Abstract** Risk assessment is a cornerstone of domestic violence prevention and intervention. From the front-line responders' perspective, risk assessment constitutes a process that starts from identifying the factors increasing the likelihood of violence and then continues to plan safety measures to manage the sources of risks and prevent the recurrence of violence. To address some of the shortcomings related to the risk assessment of domestic violence, the IMPRODOVA project developed a Risk Assessment Integration Module, RAIMO. The overall purpose of RAIMO is to bridge the gaps between different risk assessment tools and professional perspectives and thereby to generate a shared understanding of risk assessment in multi-professional and cooperative contexts. While RAIMO can be utilised in learning, teaching and as a databank, in this chapter, we focus on the key aspects and findings in risk assessment research. The chapter also aims to equip front-line responders with applicable information to revise or remodel the existing risk assessment procedures, networks, and tools.

**Keywords:**  
domestic  
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## Introduction

Risk assessment is a cornerstone of domestic violence (DV) prevention and intervention (Kropp, 2004). From the front-line responder's (FLR) perspective, risk assessment constitutes a process that starts from the identification of the factors increasing the likelihood of violence and then continues to safety measures to manage the sources of risks and thereby prevent the recurrence of violence. Risk factors can be grouped in several ways. Some factors relate to the perpetrator's psychological characteristics that increase the propensity to recidivism (Svalin & Levander, 2019), while others relate to social and economic circumstances that may trigger or escalate violence. Furthermore, certain social and psychological features may increase the victim's vulnerability to violence (Ward & Beech, 2014). Skeem and Monahan (2011) distinguish four components in the risk assessment procedure: identifying, measuring and combining risk factors, and producing a final risk assessment. However, calculating the level of risk in the form of an overall risk score is not enough since the ultimate aim of the risk assessment process is to improve the safety and well-being of the victim by specifically tailored services that DV front-line responders manage cooperatively (Douglas & Kropp, 2002). The mitigation of risks can include judicial decisions, various social services and therapeutic support focusing on the behaviour and well-being of the perpetrator. Risk assessment should be a dynamic process. After risks have been identified and managed and the safety and well-being of the victim improved, multi-agency cooperation should continue monitoring the case as situations evolve. If the victim's safety and well-being deteriorate, safety measures should be immediately revised.

Risk assessment approaches are often divided into three major types. The least structured of the three approaches is clinical judgement, in which the professional explores factors that entail risks in a particular DV case by consulting his/her professional experience and body of knowledge (Skeem & Monahan, 2011). Thus, clinical judgment is not equivalent to a simple layman's heuristics likely leading to biased perceptions (Kahneman et al., 1982), but requires strong and diverse professional experience and a deep understanding of DV risks. An actuarial approach is a structured and formal procedure to assess the risks of DV. The assessment of risks is formal because the professional explores a particular DV case with the help of an explicit checklist or guidelines covering items that are regarded in advance as the most salient risk factors. Furthermore, such a checklist is generally

standardised based on research results and validated by an extensive pilot and testing. Following the specific guidelines, the professional ticks the observed risks, tallies them up and calculates an overall risk score for the case (Hart, 1998). Finally, structured professional judgment aims to combine the best of clinical and actuarial approaches and balances between the structured identification of risks and professional judgement (Nicholls et al., 2013). Several structured and formal risk assessment tools have been developed for professionals whose task is to prevent domestic violence, such as DA (Danger Assessment), VRAG, PATRIARCH and DASH/MARAC. These formal checklists not only help front-line practitioners identify serious DV, but also advance cooperation and shared understanding between different agencies and volunteer organisations. Moreover, the structured instruments enable the agents to reach justifiable decisions.

Currently, risk assessment in the context of DV is also required by legislation and policy, meaning that FLRs are in principle responsible for conducting risk assessment. The Istanbul Convention is the first international treaty that establishes a comprehensive set of legally binding obligations in order to ensure a holistic response to all forms of violence against women, including domestic violence. The Istanbul Convention combines detailed provisions concerning preventing violence, protecting and supporting victims and prosecuting perpetrators, obligating the signed countries to develop a set of comprehensive policies (Council of Europe, 2014). Article 51 of the Convention obliges parties to take the necessary legislative or other measures to ensure that an assessment of the lethality risk, the seriousness of the situation and the risk of repeated violence is carried out by all relevant authorities in order to manage the risk and if necessary to provide coordinated safety and support. Despite the clarity of the wording of the convention, many countries have not yet implemented systematic risk assessment tools and procedures for FLRs. In addition, there are gaps in FLRs' competencies, so basic and further training in assessing and managing the risks of domestic violence is needed (Niklander et al., 2019).

## **Domestic violence risk assessment integration module 'RAIMO'**

To address some of the shortcomings in the risk assessment of DV, the IMPRODOVA project developed a Risk Assessment Integration Module 'RAIMO'. The overall purpose of RAIMO is to bridge the gaps between different risk assessment tools and professional perspectives and thereby to enhance the shared understanding of risk assessment in multi-professional and cooperative contexts. Previous research has shown that different FLRs operate within their organisational frames, but effective collaboration requires more flexibility, overcoming profession-specific perspectives and increased awareness of the common purpose (Notko et al., 2021).

The development of RAIMO was based on extensive empirical data gathered from the different frontline responders working in the police, social work or health care in eight partner countries of the IMPRODOVA consortium. This field research collected the perceptions and experiences of almost 300 interviewees on risk assessment tools and procedures. We also explored the challenges, good practices and FLRs' needs for development of DV risk assessment. In addition, the development of RAIMO reviewed and utilised the body of research knowledge on the risk assessment of domestic violence.

The IMPRODOVA study showed large variations in the use of the systematic risk assessment procedures of DV on national, regional and local levels. First, the legislation and governance of the documentation, exchange and sharing of information about the parties of DV differ from country to country. Second, the structures, networks, and procedures for risk assessment vary on national and local levels. In some regions and locations, the processes were supported by clearly organised cooperative structures and official agreements. However, risk assessment systems were more dependent on the skills and commitment of individual professionals without formal organisational support, which left the processes vulnerable (Hera & Szego, 2020). Therefore, we positioned RAIMO not as a competing tool intended to replace the current or forthcoming national or local risk assessment tools and procedures. Rather, we aimed at producing a set of resources compiling information about the focal risk factors from professional perspectives, the methods and procedures for identifying and documenting risks and steps to be followed in the process of risk assessment. The end product is a set of ideas,

materials and concepts that can be used for improving local risk assessment tools and procedures and planning professional training. Two premises were underlined in the development of RAIMO. Firstly, the end product should meet the practical needs of the frontline responders, and secondly, it should include the victims' perspective. Hence, we aimed to develop a risk assessment integration module that offers frontline responders both the principles and practices of the various stages of the risk assessment process, complemented with a case scenario to emphasise the victim's perspective.

The IMPRODOVA study showed that FLRs were not particularly well trained in carrying out the risk assessment process or using the risk assessment instruments. Many FLRs did not have adequate competencies to detect and intervene in certain forms of DV such as coercive control and honour-based violence. When developing risk assessment procedures, the practitioners should be consulted and more actively engaged, otherwise the tools will not be well adapted to the conditions and requirements of the work. The lack of clear policy level regulation and local supervision together with disorganised and unsystematic risk assessment processes did not support the uniformed police officers in their work. Furthermore, failures, distortions or misunderstandings in information sharing between different FLRs were identified as possibly compromising the victims' security in certain situations. Finally, the lack of adequate documentation of assessed cases into a well-organised information system meant that valuable information could be scattered all over and the merging of information together was difficult (Hera & Szego, 2020).

In order to respond to these shortcomings, RAIMO provides a rich resource base for developing risk assessment tools and procedures and for planning training. The content of RAIMO is organised in a conventional risk assessment process. Every stage or step of the process is described carefully and also demonstrated by the case scenario. RAIMO's purpose is to bring about a sense of shared purpose, responsibility, and common language for risk assessment among FLRs and thereby enhance multi-professional collaboration for the victim's benefit.

Several IMPRODOVA partner countries reported that the current risk assessment tools and procedures did not sufficiently address the specific situation of certain vulnerable individuals such as children, immigrant women and the elderly (Hera & Szego, 2020). To bridge this gap, we added a section on victim vulnerability factors in RAIMO. It is crucial to understand how vulnerability may shape the victim's

capability to act, their trust in the authorities, how they follow security strategies, leave the abuser or continue to be exploited by the abuser. Thus, RAIMO recommends paying careful attention to the victims' vulnerabilities in risk assessment and management.

As is common in R&D research, the content and usability of RAIMO were first designed based on research and the body of research knowledge, and then assessed in an evaluation study. The evaluators who offered their criticism and suggested improvements were experienced frontline responders, managers, educators and academic researchers from the sectors of police, health care, social work, NGOs, judiciary and other statutory agencies (Szego & Hera, 2021).

RAIMO was revised as per the findings and suggestions of the evaluation. RAIMO was converted from PPT format into WordPress to improve usability and visual clarity. Since RAIMO is a training tool for professionals from different sectors in eight EU countries, some very detailed or specific information had to be omitted. Therefore, we encourage the partner countries of IMPRODOVA to complement RAIMO with nationally relevant details in order to better support the work of their countries frontline responders and practitioners.

### **Domestic violence risk assessment process**

Figure 1 shows the conventional steps of the risk assessment process that are also followed in RAIMO. We will now walk through the content of each step systematically. In the end, we will offer some ideas and suggestions for trainers, managers and frontline responders for improving and strengthening each step.

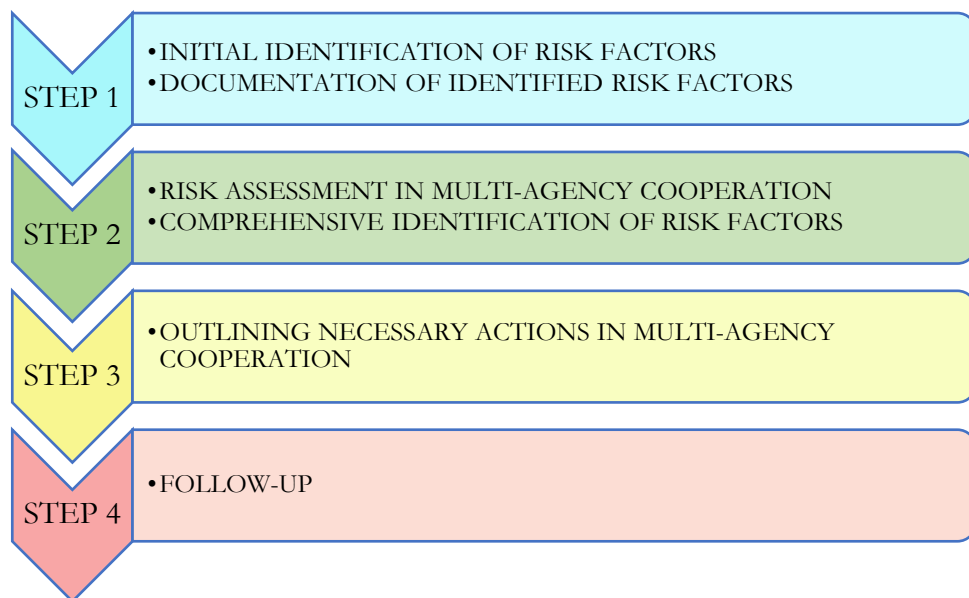


Figure 1: Steps of Risk Assessment Process in RAIMO

### Step 1. Risk identification

The first step of DV risk assessment aims **to identify the presence of risk factors**. It is quite unrealistic to assume that the likelihood and timing of violence can be predicted exactly. The purpose of risk assessment is to prevent serious violence by protecting the victim and intervening in acts of violence. In addition, it is an exercise in evaluating how serious the consequences would be if violence continues, reoccurs or escalates. Some risk factors may escape the radar because they are not the concern of any particular profession. However, in order to have a comprehensive understanding of the sources of risks, the identification and documentation of all significant risk factors that may undermine the security of the victim are crucial, otherwise some important sources of risks may not be managed properly.

#### *Whose business is it?*

FLRs are the key players in the risk assessment process. By FLR we refer to police officers, social workers, doctors, nurses, paramedics, NGO workers and educators who concretely work in the frontline with the victims, suspects and other parties to domestic violence. The identification of risk factors as early as during the first

contact with the victim and suspect is important. Later on, however, it is crucial to elaborate on and complement the information obtained during the first encounter with additional data from further interviews of the parties to DV and various registers maintained by FLRs. Some FLRs may have access to people's homes and so may observe in person the living conditions, relationships, resources and health problems of the individuals directly or indirectly involved in DV. In some sense, FLRs are also gatekeepers who have the discretion and responsibility to decide which problems are worthy of more attention and which individuals deserve more help and assistance.

Often FLRs may identify risk factors that do not necessarily relate to their own tasks and job description. Nevertheless, in order to produce a complete and realistic concept of the situation, it is essential for all frontline professionals to first be able to recognise indicators of DV, then record and also share information about risk factors that falls under their partner agencies' jurisdictions. For example, police officers may focus on criminal procedure and are keen on identifying criminal evidence. In parallel, the paramedics may assume that documenting information about criminalised acts such as trespass is the task of the police. If risk assessment is not supported by standardised tools such as a checklist of various risks and is based solely on the professionals' own judgment, there remains a chance that risk factors will not be systematically observed and recorded, unless the professional is trained and well experienced in conducting risk assessments. Moreover, domestic violence risk assessment seeks information about different types of domestic violence such as psychological violence and coercive control that are not necessarily criminalised. Thus, domestic violence risk assessment challenges the concept of domestic violence constructed only as a criminal justice problem.

### ***Risk factors***

Research has pointed out several factors that may indicate a strong likelihood of violence escalating or recurring in the future. Every frontline responder – police officer, social worker, nurse, doctor, educator or NGO worker – should be able to identify such factors. Table 1 lists the most common risk factors in the first column and then explains their importance in the second. The likelihood of violence may increase when a particular set of risk factors such as certain perpetrator characteristics and situational features occur together. For instance, a perpetrator's controlling characteristics in conjunction with access to a weapon and previous



threats with a weapon should always be taken very seriously (Dawson & Piscitelli, 2021).

**Table 1: Risk factors and their explanation**

Risk factor	Explanation
Previous physical violence	Previous physical violence is the best predictor of future violence. A history of abusive dynamics predicts intimate partner violence and homicide (Matias et al., 2020).
Violence occurs more frequently or violence is more intensive (harmful, injurious)	Escalation over time is characteristic of some violent relationships, particularly where the offender is persistent and engages in serious behaviours. Note that not all violent incidents are reported to frontline responders, so it is possible that assessments made by victims better account for all acts of violence including both non-physical behaviours and coercive control (Boxall & Lawler, 2021).
Coercive control	Coercive control is a pattern of behaviour that intimidates and frightens the victim. Stalking and controlling behaviours are risk factors related to abusive couple dynamics together with various threats and abuse during pregnancy (Matias et al., 2020).
Extreme jealousy Obsessive thinking	Extreme jealousy and obsessive thinking are risk factors for domestic violence. Severe jealousy can be a crucial risk factor. Severe cases of jealousy may also meet the diagnostic criteria for delusional disorder. Jealousy in intimate relationships should therefore be assessed as part of psychiatric evaluation (Koskelainen & Stenberg, 2020).
Victim has left for another partner	Victim leaving an abusive partner for another partner poses a significant risk factor for femicide (Campbell et al., 2003)*.
Perpetrator's stepchild in the home	Having a child living in the home who is not the abusive partner's biological child more than doubles the risk of femicide (Campbell et al., 2003)*.
Strangulation	Strangulation in the context of domestic violence is a 'red flag' risk factor for future serious harm and death (Douglas & Fitzgerald, 2014). Prior non-fatal strangulation increases the risk of attempted homicide more than six times and a completed homicide by more than seven times (Glass et al., 2008). Intimate partner violence is often committed in the victim's or couple's household using sharp objects or strangulation (Matias et al., 2020, 10).
Victim is trying to divorce/ separate or has divorced/ separated	The risk of intimate partner femicide increases nine-fold by the combination of a highly controlling abuser and the couple's separation after living together (Campbell et al., 2003)*.

Mental health issues of the perpetrator	There is a significant relationship between anger problems, anxiety, depression, suicidal behaviour, personality disorders, alcoholism or problem gambling and perpetration of domestic violence (Sesar et al., 2018).
Substance abuse issues of perpetrator/victim	Both the abuser’s access to a firearm and their use of illicit drugs are strongly associated with intimate partner femicide. Neither alcohol abuse nor drug use by the victim was independently associated with her risk of being killed (Campbell et al., 2003)*. However, the substance abuse issues of a victim may prevent them from seeking or receiving help as they may not be considered 'ideal victims' (Christie 1986). The likelihood of intimate partner violence increases when there is a history of an abusive relationship. Especially if the perpetrator has access to weapons and has previously threatened to harm or kill the victim with or without a weapon are strong risk factors for male intimate partner violence or homicide perpetration (Matias et al., 2020).
Perpetrator's access to a firearm	
Social isolation	Social isolation has been linked to the risk of being abused (Farris & Fenaughty, 2002). Social isolation may also be a consequence of an abuser's controlling behaviour.
Negative life changes of the perpetrator and economic stress	For example, unemployment or bankruptcy. Economic stress may increase the risk of domestic violence but domestic violence may also cause financial problems for victims and entrap them in poverty and an abusive relationship (Center for Research on Violence Against Women, 2009).
Other forms of domestic abuse	Including, for example, economic, sexual, psychological, chemical and online violence, negligence, forced marriage, FGM and human trafficking.
Victim is pregnant or has a baby	Abuse during pregnancy is a significant risk factor for future femicide (Campbell et al., 2003)*.
Violence towards pets	There is a correlation between cruelty to animals and family and domestic violence. Abuse or threats of abuse against pets may be used by perpetrators to control and intimidate family members.
Threatening to kill	In intimate partnerships, threats to kill are often genuine.

\* = when comparing victims of femicide (n = 220) and randomly identified abused women (n = 343).

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characteristics and situational features occur together. For instance, a perpetrator’s controlling characteristics in conjunction with access to a weapon and previous threats with a weapon should always be taken very seriously (Dawson & Piscitelli, 2021).

**Table 2: Profession-specific risk factors**

POLICE	SOCIAL WORK/EDUCATION	HEALTH CARE
The perpetrator has access to firearms.	The victim is not allowed to meet a social worker alone.	The victim has symptoms of strangulation.
The perpetrator has used/threatened to use a weapon in the most recent event.	Signs of substance or non-substance addictive behaviour including co-addiction (by partners or family members).	The victim is not allowed to see the nurse/doctor alone or the victim seems fearful.
The perpetrator has a previous criminal record, especially of violent crimes.	Signs of conflict behaviour that may lead to potential escalation of conflict.	There are prior (partly healed) injuries on the victim caused by trauma.
The perpetrator has previously violated a restraining order.	The perpetrator is experiencing high levels of stress.	Victim's or/and perpetrator's depression or symptoms of PTSD in the victim.
More than three house-calls to the same address within one year.		Victim's or perpetrator's suicide attempts.

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**Table 3: Victim's vulnerability factors and their explanation**

<b>VULNERABILITY FACTOR</b>	<b>EXPLANATION (WHY THIS CAUSES VULNERABILITY AND HOW ABUSE MAY OCCUR)</b>
Elderly person	<p>A victim may be dependent on a violent family member or the victim may be the only responsible caregiver for a violent family member. Thus, leaving a violent family member may not be an option for the victim. The victim may already be socially isolated. Leaving may require moving to a new address and concealing the contact information.</p> <p>A perpetrator may have experienced caregiver burnout.</p> <p>An elderly person may experience overwhelming shame about the situation especially if the perpetrator is an adult child.</p> <p>Abuse can occur in many forms such as physical, sexual, emotional or financial abuse, negligence, isolation and abandonment. There may also be signs of dignity deprivation (e.g. untidy appearance, soiled clothes) or choices concerning daily life, signs of insufficient care (e.g. pressure sores) or over- or under-medicating (WHO, 2014).</p>
Minor	<p>Minors are nearly always dependent on the perpetrators.</p> <p>Growing up in a hostile environment normalises the experiences of violence and thus the victims may not perceive their experiences as violence.</p> <p>Minors may think that their experiences will not be believed by outsiders.</p> <p>The patterns of coercive control such as restriction, isolation and a deprivation of personal freedom may be difficult to discriminate from parental upbringing and protective measures.</p> <p>Note: In some immigrant or otherwise socially or religiously strongly controlled families, differences between cultural values, lifestyles and views may cause conflict between the minors and their parents. Undiplomatic handling by the authorities or rash measures may increase the risk of the parents sending the child to their native country to a boarding school or having them raised by relatives. This may increase the risk of FGM, child marriage and breaks in education, social relations and integration.</p>
Disabled person	<p>Disabled persons may be functionally dependent on the perpetrator in everyday life, needing assistance in moving, eating, communicating and medicating.</p> <p>A violent family member or caregiver may experience caregiver burnout.</p> <p>Victims may have difficulties in making themselves heard, understood or believed.</p> <p>A perpetrator may explain injuries as accidents caused by dyskinesia.</p>

Dependent on perpetrator	There are several forms of dependency such as financial and emotional dependency. Also, structural reasons such as hierarchical gender relations or rural disparity contribute to dependencies; for instance, when compared to urban women, rural women experience higher rates of DV yet live farther away from available resources (Peek-Asa et al., 2011).
Refugee background	The rates of mental health disorders such as anxiety disorders, PTSD and depression are higher among refugee populations in comparison to the general population. This increased vulnerability is linked to experiences prior to migration, such as war exposure and trauma (Hameed et al., 2018). In addition, language barriers or negative experiences of the police and distrust towards authorities may prevent the victims from seeking help.
Homeless person	Homelessness can also be a consequence of domestic violence and often increases the vulnerability and dependency of the victim. Social marginalisation may prevent the victims from seeking help.
Belongs to an ethnic minority	Language barriers, negative or discriminative experiences of the police, fear of not being believed, experiences of racism, social marginalisation or the power of parallel societies may prevent the victims from seeking help.
Belongs to sexual or gender minority	A victim may fear of being 'outed' to family members, friends and co-workers if they report domestic violence to the police. A victim may fear discrimination or disrespectful treatment by the police.
Strong fear	Fear of an abusive partner may weaken women's ability to improve their life situations (Sabri et al., 2014). An atmosphere of fear is likely to increase maladaptive thinking patterns, inhibiting problem-solving and increasing denial and avoidance (Calvete et al., 2007).
Mental health issues	Apart from being a consequence of domestic violence such as post-traumatic stress disorder (PTSD), mental health issues can also be a risk factor for IPV revictimisation (Kuijpers et al., 2012).
Family or community justifies violence based on honour/culture/religion	If the family or community of the victim approves of and justifies violence, the victim may be extremely scared, isolated, coerced and controlled. The victim may feel powerless to seek help. For many victims, it may be unthinkable to abandon their entire community to live without violence, and even if they did so, leaving the family or community may escalate the violence.

### *Case documentation*

Since risk assessment and the management of the sources of risks are dynamic processes, they need to be adjusted when the risk situation changes. Revisions in the management of risks is not possible, however, without clear case documentation of domestic violence and its risk factors. Careful case documentation that is systematically recorded and filed in an information system ensures that FLRs can easily search for and find information documented in the past and revise it if the changing situation requires it. Standardised risk assessment tools and checklists support the documentation efforts because they offer the criteria for what information needs to be recorded and when and how. Obviously, all FLRs must follow general and field-specific legislation, regulations and guidelines that set the terms for the collection, storage, processing, sharing and deletion of personal and private information.

It is vital for risk assessment, case documentation, and information sharing between authorities to avoid endangering victims' safety at any point. Thus, there should be plain and unequivocal protocols and security restrictions for documenting the assessed risk factors and the measures taken to improve the victim's safety. For example, documented risk assessment data should not be included in pre-trial investigation records that are part of the judicial process, thus giving the defendant access to the material. The perpetrator should not have access to the victim's risk assessment documentation, which should be kept separate from a possible criminal procedure. Data protection, confidentiality and the victim's consent to share information are key issues when intervening in domestic violence and abuse (Albuquerque et al., 2013).

Systematic case documentation supports FLRs work, fulfils legal requirements and ensures the continuity of risk management and service delivery. However, documenting the case is not as simple as it may sound. There is no consensus in literature or among the professionals about what risk factors are significant, what should be done about these risk factors and by whom. Risk assessment tools are not commensurable so the development of a shared understanding and common risk-related language among frontline responders are required (Backhouse & Toivonen 2018; McCulloch et al., 2016).

## Step 2. Risk assessment

Risk assessment is the phase, during which the professionals consider the level of risk using relevant information regarding risk factors and the victim's own assessment of the situation. Risk assessment is not a mechanical calculation of a risk score, but the professional has to use his/her professional judgement to reach a conclusion about the seriousness of the situation. A comprehensive and reliable risk assessment process requires all pertinent information to be collected, available and documented properly.

The risk assessment needs to address both the adult victim and their children. In addition, the risk assessment should be done *with the victims*, not to them. Ideally, with the consent of the victim, information is shared, for example with the police, prosecutor, social work, health care sector and relevant NGOs.

### ***Risk assessment tools<sup>1</sup>***

There are several risk assessment tools designed to detect and assess the risks of domestic violence. The DASH questionnaire and MARAC (multiagency risk assessment conference), for example, focus on intimate partner violence. Danger Assessment (DA) consists of a calendar to assess the severity and frequency of battering during the past year and a 20-item scoring instrument. DA focuses on intimate partner violence, but there is also a revised version of the questionnaire that can be used to predict re-assault in abusive female same-sex relationships (Danger Assessment website, n.d.). The violence risk appraisal guide (VRAG) is a 12-item actuarial instrument that assesses the risk of further violence among men who have recently committed criminal violence. It is an empirically validated actuarial method for the assessment of the risks of violence by persons with a psychological diagnosis or clinical status. The recommended material for scoring the VRAG both in research and individual assessment comes from a person's comprehensive psychosocial history addressing, for example, his/her childhood conduct, anti-social and criminal behaviour, psychological problems and details of offences (Criminal Justice, n.d.). PATRIARCH is a victim-focused checklist and risk assessment tool that applies professional judgment to honour-based violence and forced marriage risks. The

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<sup>1</sup> For a list of countries that use different approaches and methods to assess the risks of domestic violence, see Hera & Szego (2020).

ultimate aim of PATRIARCH is safety planning. It comprised 15 items covering the perpetrator's behaviour, attitudes and life's circumstances and the victim's vulnerabilities (Sundsvall Forensic Psychiatric Hospital, 2005).

There are certain limitations to the risk assessment tools. For example, MARAC is not fully and directly applicable to the case of children (SafeLives, 2019). The use of VRAG requires clinical expertise since compiling answers to assess someone's psychosocial history is a clinical task (Criminal Justice, 2021). The proper application of the risk assessment tool based on structured professional judgement (e.g. MARAC and PATRIARCH) requires experienced and qualified practitioners who have undergone specific and specialised training (EIGE, 2019; Belfrage, 2005). Some risk assessment tools are considered time-consuming and require access to and analysis of a large amount of information (e.g. see Respect, 2010). The actuarial risk assessment tools have performed somewhat better than structured clinical judgment in predicting violence (Put et al., 2019). However, the limitation on using only an actuarial tool is that decisions on the level of risk may not take into account other sources of information and, as the tools focus on static risk factors, they do not capture how risk can change over time as a result of perpetrator management or victim safety interventions (EIGE, 2019). Put et al. (2019) therefore suggest that actuarial tools should be further developed and strengthened by distinguishing between risks and needs assessment, integrating risk assessment into case management and extending actuarial tools with a broad array of dynamic risk factors.

### *High-risk moments*

FLRs should always be aware of so-called high-risk moments and potential triggers for increasing risk. During the situations and events that may increase risks, agencies should be alerted to upgrade their safety planning and provide the victim with extra support. Some common high-risk moments are listed in Table 4.



**Table 4: High-risk moments****HIGH-RISK MOMENTS**

- The perpetrator is given a (court) decision of
  - a restraining order
  - a divorce/obligation to share assets
  - a negative residence permit
  - a negative child custody decision/child contact arrangements
- The perpetrator realises that the situation was reported to police
- The perpetrator is released from custody or a prison sentence
- The perpetrator is being charged
- Trial is scheduled/has occurred
- Lead-up to a trial
- Sentence reading is scheduled/has occurred
- Expiry of a court order
- The perpetrator discovers the new address of the victim
- The victim declares the intention of leaving/separation
- The victim attempts to leave for separation
- The victim starts a new relationship

***Towards a systematic risk assessment process***

From the perspective of a systematic risk assessment process, the chain is only as strong as its weakest link, so we would also highlight here the process and procedures of how the cases are entered or find their way into the risk assessment process. During the fieldwork of the IMPRODOVA research and innovation project, we learned that different types of methods are used and various types of cooperative networks have been established among FLRs for risk assessment at the local level. Furthermore, even though the personnel in charge of the risk assessment of DV may be highly skilled, their organisations did not support the function with formal structures and arrangements. Moreover, these well-motivated individuals were often trying to manually identify the high-risk cases from the masses of crime reports. This type of work may be effective but as a process it is flawed and time-consuming.

In order to be effective, a risk assessment process should start during the very first encounter with the victim. Depending on the situation, an initial assessment could be carried out by the first police officer, social worker, paramedic or teacher, whoever is in contact with the victim. FLRs should have the necessary skills, knowledge, tools and organisational support to identify and document risk factors at the earliest stage. In addition, an adequate understanding of domestic violence risk factors would help FLRs to assess the victim's acute need for support and safety.

Consistent practice in case documentation and easy access to the documented information can facilitate a systematic risk assessment process.

### ***Need for a tailored risk assessment tool?***

To strengthen the risk assessment process from below, we recommend that FLRs be offered a tailored risk assessment tool. By 'tailored', we mean that the tool is adapted to local risk assessment procedures, networks and digital solutions. A tailored tool should support the structures and procedures that have already been locally established and not completely replace what is already functioning well. The use of the tool should not substantially increase the workload of FLRs, but rather the professionals should be able to experience its benefits in practice. Nevertheless, FLRs should have a sufficient understanding of the purpose and importance of risk assessment so that the 'preliminary risk assessment' would become a natural and significant part of their daily work. This requires training to build a thorough understanding of why some situations and events increase the risk of high-impact domestic violence. Moreover, locally adapted risk assessment tools should recognise and overcome possible cultural and managerial barriers impeding the cooperation between FLRs agencies, and thus resonate, for instance, with the languages and concepts used by different FLRs (Grant & Rowe, 2011).

### **Step 3. Outlining necessary actions**

Identifying the sources of risks and calculating the likelihood of grave/serious violence are good starting points, but in order to effectively promote the victim's safety, the sources of risks need to be managed carefully (Myhill & Hohl, 2019; Cattaneo, Goodman, 2007). Multiagency cooperation is the most effective way to respond to domestic violence at both an operational and strategic level. Each agency approaches domestic violence from their professional perspective (Notko et al., 2021) and they have access to different types of information. By combining these professional perspectives and information, a more complete and detailed picture of DV and its risk factors can be constructed. Outlining necessary actions and measures is a crucial phase where the professionals in close cooperation with each other and the victim develop a plan of measures to strengthen the victim's safety.

### ***Protective measures***

Several aspects need to be considered to avoid any situation in which the professionals' actions aimed at improving the safety of the victim actually make things worse. Firstly, the action planning should be coordinated. Scattered and uncoordinated measures may be ineffective as they may not support each other. Secondly, the actions should be timed right so as not to compromise the safety of the victim. Some moments may trigger and escalate violence (see Table 4). Thirdly, the victim and the professionals should be aware that some actions and decisions may actually increase the risk of high-impact domestic violence. This is especially the case when the perpetrator has been controlling the victim and the professionals' actions reduces the perpetrator's power over the victim. Fourthly, effective management of risks cannot be achieved with a 'one-size-fits-all' response as the context and severity of violence, degree of coercive control and the life circumstances of the victim and the perpetrator vary (Battered Women's Justice Project, n.d.). Finally, according to some studies, the risk of recidivism is heightened within the first year after the police report, hence risk management interventions need to be implemented quickly during this critical period (Pettersson, 2020).

Below is a list of protective measures that can be taken to strengthen the safety of the victims and their children.

**Table 5: Examples of protective measures**

<b>POLICE</b>
<ul style="list-style-type: none"> <li>- Inform the victim about <b>shelters</b> and guide the victim to a shelter if needed.</li> <li>- Initiate <b>child protection procedures</b> if not yet done.</li> <li>- File a <b>crime offence report</b> if not yet done</li> <li>- With the victim's consent, contact the <b>victim support services</b>.</li> <li>- <b>Document information produced by risk assessment and keep it confidential.</b></li> <li>- Inform the victim about a <b>restraining order or issue a temporary restraining order</b>.</li> <li>- Inform the victim of possible moments when the police will <b>contact</b> the perpetrator.</li> <li>- Create a <b>safety plan</b> for the victim - co-produced with the victim.</li> <li>- In case of physical injuries, <b>guide the victim to health care services</b> to have them treated and documented.</li> <li>- <b>Guide the victim to Social Services</b> based on their needs for support.</li> <li>- Make sure all <b>relevant NGOs are invited</b> to participate in the risk assessment process.</li> <li>- Assist the victim in <b>protecting their personal data</b>.</li> </ul>

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- Take into account the risks of digitally assisted stalking and cyberstalking and help the victim in **protecting their digital devices**.
  - Depending on the legislation, the police can also consider **secret means of gathering intelligence** to prevent crimes or avoid danger.
  - Consider the benefits of a **portable alarm system** for the victim.
  - Assist the perpetrator in joining a **perpetrator programme**, if this duty does not belong to another agency.

#### SOCIAL WORK

- If there is an immediate or even likely risk to the safety of the client or any children, consider **contacting the police**.
- Initiate **child protection procedures** if not yet done.
- Inform the victim about **shelters** and guide the victim to a shelter if needed.
- Help the victim to solve **financial problems**.
- Secure **safe housing** for the victim.
- Assist the victim in **protecting their personal data**.
- Assist the victim in getting immediate **crisis help and psychosocial support**.

#### HEALTH CARE

- Always examine the patient **without their family members or spouse being present**.
  - Assist the victim in receiving immediate **crisis help and psychosocial support**.
  - If there is an immediate risk to the safety of the patient or any children, consider **contacting the police**.
  - Initiate **child protection procedures** if not yet done.
  - Ask for the victim's consent before admitting any **visitors** .
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### Step 4. Follow-up

Despite effective intervention, an abuser may continue being violent and oppressive towards the victim. There are many reasons why a victim of domestic violence may not be able to leave the abuser, (mutual) dependency and fear or financial issues to name but a few. Usually, it takes several attempts by the victim to leave an abuser before being able to establish a new life and stay away for good.

Sometimes separation or even an attempt or voiced wish to separate may escalate the violence. In some cases, the victim may try to control the violence by staying in the relationship. In other cases, the victim may leave the abuser, but the abuser may start stalking and harassing the victim. Child contact arrangements may be used as a means to carry on subjecting the victims to violence. FLRs must monitor the situation and keep a trustful and safe relationship with the victim. If the victim's situation changes substantially, the risk assessment must be revised and the professionals must construct new appropriate safety measures. Ideally, risk

assessment is a dynamic process, because risk factors constitute a dynamic and evolving totality (Ward & Beech, 2014). If the threat of violence continues, the process of risk assessment must be reiterated from time to time. Effective prevention of DV and breaking the cycle of violence may require several interventions.

## Tables of guidelines and suggestions

### POSSIBLE CHALLENGES IN THE RISK ASSESSMENT PROCESS

- The consequences of incompetence due to lack of training.
  - Insufficient identification of risk factors.
  - Justification of non-intervention with 'lame' risk factors such as the victim's substance abuse, repeated violence and the victim's unwillingness to cooperate, language and cultural barriers.
  - Formalised risk assessment tools may narrow the perception of frontline responders or may result in mechanical 'ticking of boxes', leading to exact yet incomplete and erroneous judgement of risks. Standardised and formal risk assessment tools should not exclude the art of professional judgement, but rather support it (Hera, Szego, 2020).
  - The consequences of unsystematic assessment without a structured risk assessment questionnaire or checklist may produce an incomplete picture of the situation; the professional may not perceive all risk factors systematically and comprehensively, and various cognitive biases may distort the perception of risk factors.
  - Multiple and unconnected information systems with disparate records:
    - Fragmented information in multiple registers.
    - Documentation of information is laborious.
    - Searching and merging information is challenging.
    - Information exchange and cooperation between FLRs is inflexible.
  - When a victim discloses risk information, but an FLR does not record it, the victim is left under the misconception that their account has been registered and need not be retold again later. Therefore, the documentation of risk factors should be systematic and based on structured questionnaires.
  - Different FLR agencies do not necessarily communicate and share risk-related information with each other; the victim may already be a client of some service provider, but that party is not invited into the risk assessment process because the agencies that carry out risk assessment may have no experience of cooperation with the other service providers. Involving the actors with which the victims have a relationship of trust may support the victim's confidence in cooperating with other professionals and agencies.
  - The responsibilities and roles of other agencies are unclear for the cooperative professionals.
  - The risk assessment work is profiled only for a few motivated individuals in the organisation, so the identification of high-risk cases is not systematic but rather coincidental.
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### **SUGGESTIONS FOR STRENGTHENING THE RISK ASSESSMENT PROCESS**

- Make sure that the risk assessment tool takes adequate account of the risk posed by psychological violence and coercive control and the history of abuse, and recognises additional risks faced by those with protected characteristics (e.g. minority ethnic women, sexual and gender minorities, disabled persons, elderly or those with additional support needs).
- Make sure that the professionals who work in the chain of the risk assessment process have adequate resources/funding for their work.
- Make sure that there is a set of common values (gender-based understanding of domestic abuse; victim centeredness; embedding of inter-sectional approach; informed by lived experience).
- Offer FLRs in-service training about risk assessment and the use of its tools.
- Provide FLRs with a clear pathway or modus operandi – all the actors should know who they need to contact and what is expected of each person.

### **GUIDELINES FOR FRONTLINE RESPONDERS**

- Ask your supervisor for a risk assessment tool and appropriate training.
- Use an adequate and validated risk assessment tool.
- Ask systemically about all pertinent risk factors.
- Document all identified risk factors.
- Document your own assessment as well as the victim's assessment of the risk situation.
- Remember confidentiality and data security.
- Request the victim's consent for multi-agency information sharing.

### **GUIDELINES FOR MANAGERS**

- Provide your staff with ongoing in-service training and organisational support for risk identification, risk assessment and risk management.
- Provide your staff with modern and effective risk assessment tools and working tools, including information systems for documentation.
- Make sure that the documentation of risk factors is user-friendly, integrated into other relevant processes and information systems, and enables the searching and sharing of documented risk factors.
- Risk identification should start during the first encounter with the victim.
- In order to motivate the FLRs to initial risk assessment, they should understand the purpose of the risk assessment process and why the identification and documentation of certain risk factors is important. This may require FLRs to understand their role as gatekeepers in the chain of multi-professional collaboration.
  - For example, uniformed police officers and detectives focus on seeking evidence for crime investigation. However, an understanding of multi-agency cooperation and the police's responsibilities in preventing domestic violence would motivate them to identify and document risk factors that do not necessarily constitute a crime or relate to criminal investigation.
  - For example, paramedics may believe that the victim will talk to the police about the domestic violence incident just as they have talked to the paramedics. However, often victims do not want or are frightened to confide in the police. If the paramedics do not document what their patients disclose in addition to injuries and the mechanism of injuries, the victims' reported information on, for

example, the repetitiveness of the violence and coercive control may remain in the dark. Thus, paramedics can be gatekeepers in the risk assessment.

- Motivate and your staff and ensure that they follow established procedures and best practices.
- Update guidelines from time to time and encourage staff to follow new good practices.
- Acknowledge good practices so that they become part of the organisational memory.
- Assess the effectiveness and impact of risk assessment procedures and make changes if needed.
- Support your staff in understanding their own roles and responsibilities, but also the roles and responsibilities of partner agencies. Mutual understanding and a common purpose would help parties avoid an ambiguous situation where no particular agency seems responsible for the risk assessment process. In a worst-case scenario, the victim is left alone or their safety is compromised.
- Cooperation with other agencies should also occur at a managerial level. Formal agreements with other agencies for effective and mutual cooperation are often required.

### RECOMMENDED FURTHER READING

- EIGE: A guide to risk assessment and risk management of intimate partner violence against women for police <https://eige.europa.eu/gender-based-violence/risk-assessment-risk-management>
- European Manual of Risk Assessment <https://e-maria.eu/wp-content/uploads/2011/10/Manual-latest-version-light-colours.pdf>
- Digital Stalking: A guide to technology risks for victims [https://www.womensaid.org.uk/wp-content/uploads/2015/11/Digital\\_Stalking\\_Guide\\_V2\\_Nov\\_2012.pdf](https://www.womensaid.org.uk/wp-content/uploads/2015/11/Digital_Stalking_Guide_V2_Nov_2012.pdf)

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