

# Re-thinking 'risk': using risk assessment data in family violence and safety work

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## Background to the assessment of family violence risk

Most agencies working with family violence, including police, Oranga Tamariki, health agencies, and specialist family violence services like Women's Refuges, ask victims certain questions to gauge how likely the perpetrator is to use violence again, and how serious that violence is likely to be. Because severe physical violence and family violence homicides are usually preceded by similar clusters of abuse tactics or perpetrator characteristics, these clusters are regarded as indicators of future serious harm.

Organisations use risk assessment tools or instruments to standardise the questions asked of victims and 'rate' the level of risk, in order to target the most intensive safety responses to those who are most at risk of severe harm. Risk and lethality assessment tools are typically designed for use in mainstream settings<sup>1</sup> (e.g. police or multi-agency) and may not be fit for purpose within specialist settings.

Empirical testing of the validity of family violence risk assessment instruments shows they are extremely fallible. The state of knowledge about which indicators predict which types of harm is constantly evolving, and none can reliably differentiate between the risk of harm and the risk of mortality.<sup>2</sup> A review of the utility and efficacy of risk and lethality assessment tools over two decades and across five countries (including Aotearoa) found that risk assessments give 'false negatives' (i.e. fail to predict violence) in up to 33 percent of cases.<sup>3</sup>

1 Brown, M. (2011). Family Violence Risk Assessment Review of International Research. Police National Headquarters. Wellington: New Zealand.

2 Campbell, M. (2010). Threat Assessment and Risk Management in Domestic Violence Cases: An Overview of Ontario Justice and Community Collaboration for 2010 and Future Directions. Center for Research & Education on Violence against Women and Children, Canada.

3 Roehl, J., Sullivan, C. O., Webster, D., & Campbell, J. (2005). Intimate partner violence risk assessment validation study final report. <https://www.ojp.gov/pdffiles1/nij/grants/209732.pdf>

Number-based rating systems can lead to both false negatives and false positives, as the context, significance, and impacts of particular abuse tactics are too complex to be numerically rated.<sup>4</sup> In addition, the 'continuum of severity' approach limits the opportunity for specialist workforces such as Refuge staff to apply their advanced skills in family violence risk and safety by restricting how and which risks are considered.

Until recently, Women's Refuges affiliated with the National Collective of Independent Women's Refuges (NCIWR) and other specialist providers relied on a risk assessment instrument that quantified risk based principally on the number of 'yes' responses to questions about different tactics of violence. A count of the 'yes' responses in combination with practitioner perspective determined whether a woman was considered at 'some risk', 'high risk', or 'extreme risk'.

However, the efficacy of this approach is limited for three reasons:

1. A tactic-counting approach collapses each tactic to an essentially equivalent value. Although practitioners could in theory override the risk rating that the final count corresponded to, there was minimal scope to utilise specialist knowledge to document the significance of tactics rather than the number of them. For example, a woman without children would be unlikely to experience as many different tactics, so would likely receive a lower risk rating - irrespective of how significantly the violence threatened her safety or impacted her life.
2. It inquired about a range of tactics a victim had ever experienced, but these questions were not bound to time or person - thus limiting our understanding of how a woman's life is being threatened in the present by the actions of one specific perpetrator.
3. It focused almost exclusively on what past experiences of violence and coercion could tell us about the likelihood of re-assault and/or homicide. As with most other family violence risk instruments, this encouraged a narrow perspective of 'risk' as the risk of death or injury only.<sup>5</sup> It did not equivalently predict future harm in any of the other areas of women's (and their children's) lives that are commonly and seriously impacted by perpetrators' use of violence.

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4 Messing, J., Campbell, J., Sullivan Wilson, J., Brown, S., & Patchell, B. (2015). The Lethality Screen: The Predictive Validity of an Intimate Partner Violence Risk Assessment for Use by First Responders *Journal of Interpersonal Violence*, 1-22. DOI: 10.1177/0886260515585540

5 Roehl, J., O'Sullivan, C., Webster, D., & Campbell, J., 2005, Intimate Partner Violence Risk Assessment Validation Study: The RAVE Study Practitioner Summary and Recommendations: Validation of Tools for Assessing Risk From Violence Intimate Partners, NCJ 209732, US Department of Justice, National Institute of Justice

# Refuges' new approach to risk assessment

Assessing a wider range of risks enables a wider range of safety responses. Refuge's new approach moves away from a single-risk focus, and instead looks at how risks of physical harm sit alongside other complex, overlapping, and insidious risks to every part of clients' lives. In short, it looks at 'risk' as occurring across a spectrum of harm, rather than on a continuum of physical severity.

Classifying the extent of 'risk' is now based on practitioners' analyses of the different risk categories and of any escalation of abuse across these categories, rather than simply the number of tactics disclosed. Accordingly, the rating of risk is now assigned based on a perpetrator's total pattern of violence, changes to that pattern over time, and the reach and severity of their violence in the client's life (and her children's lives) in the present.

The new risk assessment was introduced in affiliated Refuges at the end of 2022, and has now been conducted with over 500 Refuge clients. Findings from risk assessments completed with new clients underline the intensity, severity, and (most notably) the variety of risks faced by our clients, as set out below. The dataset comprising these 'first 500' risk assessments offer novel insight into the range of risks (and corresponding safety needs) that accompany women when they access Women's Refuge.

This report sets out the types of harm captured by the new risk assessment, grouped by the type of risk that the harm corresponds to.

## Risk to victims' physical safety

Most victims were physically and/or sexually assaulted by their perpetrators (84%). Physical violence indicators showed high rates of abuse that is extremely severe, brutal, or poses potentially debilitating consequences,<sup>6</sup> such as:

- Strangulation/suffocation (42%),
- Life-threatening violence (44%),
- Rape (36%),
- Physical assault while pregnant (40% of those who had children),
- Stalking (62%)
- Holding them hostage (50%), and
- Threats to kill (48%).

Many faced immediate health consequences – 18 percent lost consciousness, 18 cent sustained injuries severe enough that they needed hospital treatment, and 17 percent needed to see their GP because of the violence.

In addition, about half (52%) of victims also had to deal with their violent partners threatening somebody else they cared about, and about half (56%) had to deal with their partners threatening to hurt or kill themselves to make them comply. Victims also reported high rates of other aggressive or intimidating tactics, including:

- Threatening to harm or kill pets (27%),
- Smashing things (68%),
- Destroying their belongings (54%),
- Asking others to follow or stalk them (23%),
- Sexually assaulting them in other ways (19%), and
- Driving dangerously with them in the car (39%).

Given that past violence typically predicts future violence, these percentages illustrate the extreme risks to physical safety that clients are facing when they reach out for help.

<sup>6</sup> National Center on Domestic Violence, Trauma & Mental Health, Current Evidence: Intimate Partner Violence, Trauma-Related Mental Health Conditions & Chronic Illness, National Center on Domestic Violence, Trauma & Mental Health, [www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/FactSheet\\_IPVTraumaMHChronicIllness\\_2014\\_Final.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/FactSheet_IPVTraumaMHChronicIllness_2014_Final.pdf), 2014.

## Risk to social and emotional wellbeing

Aside from the mental and emotional effects of the physical assaults, almost all (95.6%) said their abusers constantly put them down, called them names, or made them feel bad about themselves. One third (33%) were encouraged by the perpetrator to hurt themselves or kill themselves, and over a quarter (27%) were stopped from practising their religious or cultural traditions or had these ridiculed. At the same time, most were isolated from their main sources of support due to perpetrators' abuse tactics, such as:

- Stopping them from seeing or having relationships with whānau and friends (74%),
- Using jealous accusations to make them feel like they are doing something wrong (84%),
- Setting rigid household routines and using anger and blame to enforce them (52%), and
- Using phones and other digital technology to keep them on a digital leash through constant unwanted contact (43%), tracking and monitoring their whereabouts and activities (31%), and going through their private messages (35%).

Many women's risk assessments showed other forms of coercive control that were potentially damaging to their social and economic stability,<sup>7</sup> including forcing them to use drugs or alcohol (15%), stopping them from having their own money (45%), and forcing them to take out debt or get money in ways they were uncomfortable with (39%).

These everyday examples of coercive control restrict both how victims can engage in important relationships and how they can engage with health or social services.<sup>8</sup> Their reputation and credibility can also be sabotaged by abuse tactics (including online), such as sharing or threatening to share private, stigmatising, or false information about:

- Mental health issues (38%),
- Previous sexual experiences (13%),
- Their parenting (35%),
- Their use of alcohol or drugs (22%), and
- Their access to income or benefits (19%).

<sup>7</sup> Davies, L. et al. (2015). Patterns of cumulative abuse among female survivors of intimate partner violence: Links to women's health and socioeconomic status. *Violence Against Women*, 21(1), 30-48.

<sup>8</sup> Herbert, R. and D. Mackenzie (2014) *The Way Forward: an integrated system for intimate partner violence and child abuse and neglect in New Zealand*, Wellington: The Impact Collective, [http://www.theimpactcollective.co.nz/thewayforward\\_10714.pdf](http://www.theimpactcollective.co.nz/thewayforward_10714.pdf)

## Risks to victims' health

Family violence (especially intimate partner violence) has been defined by the World Health Organisation as a health problem of "pandemic proportions."<sup>9</sup> In addition to homicide mortality, intimate partner violence (especially over a long time-span) is strongly associated with suicide.<sup>10</sup>

It was also identified as the biggest contributor to disease burden in women under 45,<sup>11</sup> and has a dose-response effect<sup>12</sup> – the more severe or prolonged the violence is, the greater the impacts on physical and mental health.

Some tactics of violence have specific implications for women's health. Aside from the obvious health risks associated with strangulation, repeated assaults, violence against pregnant women, and sustained fear, certain abuse tactics risk women's sexual and reproductive health, including:

- Rape (26%),
- Using fear to get victims to acquiesce to sex (42%),
- Forcing the woman to become pregnant or continue/end a pregnancy (10%), and
- Stopping the woman from using condoms or contraception when they want to (11%).

Women's experiences of emotional abuse and coercive control combined with being told to kill themselves (33%) and being forced to use substances (15%) also poses risks to their mental health. Finally, over half (55%) said their perpetrators prevented them from accessing health, counselling, or addiction services.

Given the majority of women's experiences of family violence are either not disclosed to health providers or are not recorded,<sup>13</sup> and less than one percent of referrals to Women's Refuge come from the health sector, there is a clear gap in the management of risks relating specifically to victims' health.

9 Krug, E. et al. (eds.), World Report on Violence and Health, Geneva, World Health Organization, 2002.

10 Devries, K.M. et al., 'Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies', PLoS Med, vol. 10, no. 5, e1001439, DOI: 10.1371/journal.pmed.1001439, 2013.

11 <https://www.vichealth.vic.gov.au/~media/ResourceCentre/PublicationsandResources/PVAW/IPV%20BOD%20web%20version.ashx>

12 Mellar, B. (2022). Associations between women's exposure to intimate partner violence and physical health outcomes. Masters thesis, University of Auckland. <https://researchspace.auckland.ac.nz/bitstream/handle/2292/60370/Mellar-2022-thesis.pdf?sequence=1>

13 <https://pubmed.ncbi.nlm.nih.gov/15806184/> Miller, D., Thow, N., Hall, J., Martin, I. (2015). Documentation of family violence in New Zealand general practice. New Zealand Journal of Medicine, 1, 118.

## Risks to victims' children and their parenting relationships

Children are amongst those most at risk of both victimisation and the debilitating consequences of it.<sup>14</sup> The risk assessment data demonstrates how frequently children and parenting relationships are targeted by perpetrators.<sup>15</sup> Of victims who are mothers:

- 42 percent were assaulted by their violent partners while pregnant,
- 28 percent were either first harmed or suffered more severe harm from their partners while pregnant,
- Almost a quarter (23%) disclosed violence towards their children as well as themselves,
- Almost half (49%) had experienced their abusive partner taking or threatening to take their children away,
- 19 percent disclosed that their violent partners had threatened to hurt or kill their children, and
- Almost all were harmed in front of their children, including physical abuse (74%) and verbal abuse or emotional abuse (84%).

Most of their children (77%) were made to feel afraid by the perpetrator. Children were also used by perpetrators to justify and maintain access to victims, such as by using children to find out details about their mothers' lives (29%) and using children to compel women to maintain contact with them (44%). These tactics represent a continued tie to the perpetrator and consequent ongoing risk to both victims and their children.<sup>16,17</sup>

## Risks to the viability of safety options

Looking at how abuse changes over time, rather than just the number or severity of tactics, paints a picture of safety needs at the time victims access help from agencies like Refuge. At the time of seeking help, half believed their perpetrators could kill them and 61 percent believed their perpetrators would seriously hurt them. Over half (56%) had already experienced more severe violence from their perpetrators when they tried to seek safety from them.

<sup>14</sup> Felitti, V.J. and Anda, R.F., 'The relationship of adverse childhood experiences to adult health, well-being, social function, and health care', in Lanius, R., Vermetten, E. and Pain, C. (eds.), *The Effects of Early Life Trauma on Health and Disease: The Hidden Epidemic*, New York, Cambridge University Press, 2010.

<sup>15</sup> Humphreys, C. and Thiara, R., 'Supporting the relationship between mothers and children in the aftermath of domestic violence', in Stanley, N. and Humphreys, C. (eds.), *Domestic Violence and Protecting Children: New Thinking and Approaches*, London, Jessica Kingsley, 2015.

<sup>16</sup> Nurius, P.S., R.J. Macy, I. Nwabuzor and V.L. Holt (2011) Intimate partner survivors' help-seeking and protection efforts: a person-oriented analysis *Journal of Interpersonal Violence*, 26(3), pp.539-66, doi:10.1177/0886260510363422

<sup>17</sup> Lamers-Winkelmann, F., Willemsen, A.M. and Vissera, M. (2012). Adverse childhood experiences of referred children exposed to intimate partner violence: Consequences for their wellbeing, *Child Abuse & Neglect*, 36(2), 166-79.

As risk assessments are typically carried out within two weeks of women's engagement, the data show that women are typically accessing Refuge at the time that they are at the most acute risk (a trend reflected in death review findings).<sup>18</sup> For instance:

- Nearly fifty percent said the physical violence escalated in the past month,
- Nearly 40 percent said the stalking behaviour escalated in the past month, and
- 62 percent said the abuser's threatening or intimidating behaviour (such as destroying belongings, damaging the property, spreading rumours, or driving dangerously with them in the car) escalated in the past month.

These indicators underline how accessing services can feel like a life-or-death decision, and why women may feel that leaving is riskier than staying.<sup>19</sup> In addition, the risk assessment data shows that many perpetrators are not stopped from continuing their violence, even when victims seek help.

- More than half are aware that they are not the perpetrator's first victim – 61 percent said their perpetrators have histories of violence towards others,
- 42 percent of victims reported that their abusers had breached their protection orders or bail conditions,
- Of those whose protection orders were breached, 39 percent said perpetrators were not charged for those breaches, and
- More than half (56%) said the perpetrator's violence had previously gotten worse when they took steps towards separation or safety from them.

These factors are likely to negatively influence women's perceptions of whether it is possible to be safe from a perpetrator,<sup>20</sup> and whether perpetrators will be held accountable for using violence in the future. The threats to their reputations and credibility above (like leveraging information about victims' mental health or substance use) may also discourage victims from accessing the right safety pathways or support services when they need them.

<sup>18</sup> Family Violence Death Review Committee. (2014). Fourth Annual Report: January 2013 to December 2013, Wellington: Family Violence Death Review Committee, <http://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC-4th-report-June-2014.pdf>

<sup>19</sup> Morgan, M. and L. Coombes (2013) Empowerment and advocacy for domestic violence victims. *Social and Personality Psychology Compass*, 7(8), 526-36

<sup>20</sup> Office of Women's Policy, Department of Planning and Community Development, A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010-2020, 2010.



# The power of risk data

Making sense of the data on family violence risk can be instrumental in shaping our understanding of both risk and safety in several ways. Firstly, the data underlines the realities for women subjected to family violence and gives a robust basis to dispel popular myths about family violence and its victims. The rates of abuse tactics that perpetrators use to wield power over victims demonstrate the fallacies of beliefs like 'men's violence is about anger or poor impulse-control', and 'family violence is mostly physical', and 'victims can just leave.'

Secondly, the snapshot it generates of severe violence is testament to the roadblocks to safety and help that women encounter when trying to keep safe. 'Risk' is about more than physical harm and homicide, it is about every aspect of women's and children's lives and how resourced and viable these can be. For example, it may be difficult for a woman to envision a life free of violence when she is already dealing with shock, trauma, financial disadvantage, social isolation, humiliation, or property damage. It may also be difficult to see leaving as safe if she has already been raped, strangled, or held hostage, or when someone is threatening her life or the life of her children. It may be even more difficult to disclose that violence if everything she does is monitored, or if her perpetrator has gotten to friends or families or helping agencies first and convinced them that she is crazy, is doing something wrong or illegal, is on drugs, or is a bad parent.

When used in combination, these tactics have a cumulative impact on victims' personal, social, and material resources, and restrict their opportunities to create a viable life for themselves outside of the relationship with the perpetrator. Understanding their experiences of violence and its impacts over time is therefore pivotal to understanding their journeys of safety and help-seeking.<sup>21</sup>

Thirdly, the data offers a wide lens snapshot of the many ways that family violence puts victims at risk and broadens the scope for intervention to encompass more of those risks.<sup>22</sup> Family violence gives rise to a wider range of risks than simply injury or death; it can risk victims' lives, health, dignity, connectedness, and participation in all parts of life. It can risk how other people perceive them, and the life prospects they and their children have. It can risk their access to health or other services, and the means they have (like housing and income) to live, parent,<sup>23</sup> and make decisions for themselves. Each of these can be targeted and addressed effectively through multi-level, multi-sectorial family violence responses.<sup>24</sup>

Lastly, the risk assessment data showcases the range of vital roles that every person and every organisation needs to play in recognising this expanded range of risks and responding in ways that make victims safer. Family violence is not just a social problem. It is also:

21 Steinmann, K. and Jones, S., Ohio Intimate Partner Violence Collaborative: Final Evaluation Report of the Safe and Together Training Program, Columbus, National Center for Adoption Law and Policy, 2014.

22 Stark, E. (2012). Re-presenting Battered Women: Coercive Control and the Defense of Liberty, paper prepared for Violence Against Women: Complex Realities and New Issues in a Changing World Conference: 29 May to 1 June 2011, Montreal, Québec, Canada, Québec, Les Presses de l'Université du Québec.

23 Radford, L., and Hester, M., 'More than a mirage? Safe contact for children and young people who have been exposed to domestic violence', in Stanley, N. and Humphreys, C. (eds.), *Domestic Violence and Protecting Children: New Thinking and Approaches*, London, Jessica Kingsley, 2015.

24 Frere, M., 'A whole-of-government approach to family violence reform', presentation at the Families Commission and the New Zealand Family Violence Clearing House Family Violence Symposium, 28 May 2012.

- 1. A health problem.** Family violence puts women's present and future health at risk, and the health sector needs to have a health-specific response, not just a referral to social services.
- 2. A community problem.** If women are generally accessing services like Women's Refuge at the time that their partners' violence becomes frightening or life-threatening, it is likely that their partners have been abusing them or controlling them for a sustained period before that. As women tend to manage risks themselves for as long as possible and then draw upon their friends, families, and communities for support before reaching out to helping services, it is imperative that communities are equipped to recognise, understand, and respond to family violence.
- 3. A justice problem.** Given the rates of extremely violent, threatening, and repetitive abuse tactics, almost all women accessing Refuge are victims of one or more criminal offences. How Police and the criminal or family court respond to all types of family violence shapes victims' perceptions of whether living free from the perpetrator is a safe and viable option, or not.
- 4. A child protection problem.** Most of the time, children are harmed alongside their mothers, and feel afraid of the perpetrator. They are also then used by perpetrators as weapons of coercion to perpetuate the abuse towards their mothers. Decisions about their care and the perpetrators' access to them (and therefore to the primary victim) therefore determine what opportunities perpetrators will have to continue using violence.
- 5. An education and employment problem.** Many of the abuse tactics explored in the risk assessment have implications for workplaces and for women's participation in education and employment. Educational and career prospects reduce women's vulnerability to family violence and can help to mitigate its detrimental effects on their life stability. As many women who are harmed by partners have to take time off work to manage the impacts of violence, both education providers and workplaces need sound family violence policies to protect women's vocational prospects and promote gender equity.
- 6. An economic problem.** Given the prevalence of tactics that restrict women's access to financial or material stability, organisations like Work and Income, Inland Revenue, banks, Housing and Urban Development, housing companies, and debt and lending agencies all need robust responses to family violence.

# Conclusion

Women harmed by partners or other family members are not just at risk of physical harm and family violence homicide. The new risk assessment approach used by the NCIWR encourages a perspective of risk beyond simply a threat to immediate physical safety. It includes the range of (often invisible) risks to the viability of women's lives and futures and their children's lives and futures.

This includes, for instance, risks to their physical and psychological wellbeing; risks to their reproductive autonomy; risks to their participation (both in person and digitally) in everyday life, activities, and relationships; risks to their dignity and freedom to make decisions for themselves; risks to their access to services and support; risks to their reputations and credibility; and risks to the stability of their housing, financial and social resources, credit history, education, and employment opportunities.

Specialist services are seldom the first port of call for women whose partners are harming them and controlling them. Most do the vast majority of safety-building work themselves, and those who do seek help from others typically go to friends and families first<sup>25</sup> and only seek specialist support when the harm and danger to themselves or their loved ones supercedes the safety strategies they can put in place alone. Many of the specific abuse tactics captured in this risk assessment correspond to specific risks (for example, stopping someone from seeing friends or family corresponds with greater isolation from key support people) and are best combated by the efforts of the people the woman has close and trusting relationships with.

The breadth of tactics and impacts underlines the importance of equipping communities to be safe first responders to family violence. While the role of the specialist sector plays an integral role in the management of family violence, women's access to informal sources of support through their communities precedes and extends beyond their uptake of formal services, and those who do not feel they need to access specialist services still benefit from their friends, family, neighbours, and colleagues helping to cushion the impacts of perpetrators' abuse tactics.

However, given the severity and scale of risk discovered through this dataset, it is equally apparent that specialist family violence support alone is insufficient to ameliorate the spectrum of risks to women experiencing violence. Compared to population-based reports of tactic severity, the Women's Refuge risk assessment sample shows that victims reaching out for support from Refuges are at exceptionally high risk of physical harm and potential homicide, and that this risk usually reaches its peak in the month before they engage with Refuge.

<sup>25</sup> Ministry of Justice. 2023. New Zealand Crime and Victims Survey. Topical report: Controlling behaviours and help-seeking for family violence. Key findings. March 2023. Results drawn from Cycle 4 (2020/21) of the New Zealand Crime and Victims Survey. Wellington: Ministry of Justice.

The prevalence of severe assaults and recidivism reported within this sample also demonstrates the need for risk mitigation to be a collective endeavour: Refuges can provide specialist advocacy, but the onus on perpetrator accountability must rest with state agencies, and much of the scope for mitigation of family violence impacts on life stability similarly rests with policies and pathways instituted by state agencies (e.g. welfare and housing entitlement, Family Court pathways, and police responses). To avoid fragmented or single-issue responses that attend to immediate risks to physical safety only,<sup>26</sup> the responsibility for safety must be shared amongst all components of helping, social, and economic systems.

In conclusion, perpetrators' tactics may traverse any or all of the systems and institutions women interact with. Combating family violence likewise requires a coherent safety response within all of these systems, including families, communities, police and other government organisations, specialist family violence services and other non-governmental agencies, the corporate sector, and the courts.

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<sup>26</sup> Wilson, D., Smith, R., Tolmie, J., & de Haan, I. (2015). Becoming Better Helpers: Re-thinking language to move beyond simplistic responses to women experiencing intimate partner violence. *Policy Quarterly*, 11(1), 25-31.