



WOMEN'S REFUGE

Nāhana Tūraru (the risk belonging to her): making risk information count for victims' safety

The fallibility of family violence risk 'assessment'

Family violence risk assessment is seen by many as a required step for systems or services responding to family violence. Exactly what risks are being assessed, or what the act of assessment even achieves, is rarely questioned. It is generally assumed that the objective is to determine the likelihood that someone will be physically hurt or killed, and that by collecting the answers to a standard set of questions that signal severe injury or lethality, an appropriate response to the violence will naturally follow. This logic is flawed. The evidence base on risk assessment shows that relying on these assessments to determine what meets a threshold of violence and thus merits an intensive safety response, can cause more harm. In particular, the use of generic family violence risk assessment tools perpetuates the following problems.

Problem 1: Risk assessment tools are based on narrow and outdated ideas about 'risk'

Tools that seek only to establish lethality and severity (i.e. the risk of the abuser killing or causing severe physical harm to their victim and/or children) perpetuate the assumption that the main, only, or most common injury or loss of life is from directly-inflicted physical assault. In contrast, ample research in recent decades shows that the threat to physical health, the risks of suicide, and the life-altering social, economic, and mental health impacts of violence (especially violence that is ineffectually responded to) are also life-limiting and are far more common consequences of family violence than homicide. Short of suicide, victims can end up feeling like they have lost their lives. Women in these situations face the loss of a viable life, because of the impacts to their health, social supports, economic wellbeing, stability, care of children, life prospects, and so on.

Problem 2: Risk assessment tools cannot reliably predict risk of being killed or severely injured

Research shows that existing intimate partner violence risk assessment tools are extremely fallible. Number-based risk rating tools often lead to both false negatives and false positives, as the context, significance, and impacts of abuse tactics are too complex to be numerically rated. A review of such tools over two decades and across five countries including Aotearoa found that risk tools failed to predict violence in up to 33 percent of cases.¹

These types of tools are generally based on overseas research that identifies abuse tactics and perpetrator characteristics (i.e. 'risk indicators') that commonly precede intimate partner homicides. Knowledge about which indicators predict which types of harm is constantly evolving. Comparable research has not yet been undertaken in Aotearoa, and current research about lethality in non-IPV types of family violence, or in diverse communities (across diverse genders and sexualities, racial and ethnic groups including Māori and other indigenous peoples, rural communities, etc) is minimal.

¹ 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>

Problem 3: Risk assessment tools commonly overlook victims' needs and victims' knowledge

Accepted practice of asking standardised 'evidence-based' questions that inform a clinical decision about what response is warranted often ignores or sidelines the risks and needs that victims identify themselves. Victims may then find system responses unhelpful at best, or harmful at worst. They will be less likely to ask for help or engage with services, and more likely to be perceived as 'difficult' or 'undeserving' of support, resulting in cumulative harm caused by both the perpetrator and system responses.

Accepted practice in responding to family violence risk must be widened in scope to look at the range of ways that family violence can impact on a victim's life and put her at risk of 'severe harm' – with a broadened understanding of what that harm looks like and of indicators for 'high risk' that warrant a multi-agency response, or an intensive multi-agency response.

The process of change for NCIWR's approach to risk

Since 2020, the National Collective of Independent Women's Refuges (NCIWR) has twice reviewed and updated our standard risk tool used by affiliated Refuges. We wanted to re-think the purpose of our risk tool and ensure it most effectively achieves its purpose and supports the Kaupapa of Women's Refuge. We are sharing what we learned during this process in hopes that it may help others to re-think why and how they gather risk information from family violence victims, and how they use that information so they can better support safety and wellbeing for victims of family violence.

Our reviews included analysing a sample of 500 completed Refuge risk forms, analysing internal case reports from family violence related client deaths in the last three years, scanning research and organisational practice updates internationally, and gathering insight and feedback from experienced Refuge kaimahi.

Past versions of NCIWR's risk assessment tool quantified risk based on the number of 'yes' responses to different tactics of violence and/or the 'yes' responses corresponding to specific red flags, which then determined a risk rating of 'some risk', 'high risk', or 'extreme risk'. We found this approach maintained a narrow focus on severity and lethality by 'rating' the level of risk, overlooking future harm that the perpetrator's violence caused to other areas of women's (and their children's) lives. We also identified that our previous approach to risk:

- Failed to capture the 'right now' risk, by not specifying the recency, escalation, or patterns of abuse tactics, and could not be easily (and usefully) updated over time;
- Did not enable recording risks identified by the client as needing the most urgent support to address;
- Imposed a clinical feeling onto conversations between kaimahi and their clients. Kaimahi using the risk assessment tool felt pressured to put a more clinical hat on and apply clinical rationales to rating and explaining risk levels, disrupting the flow of how kaimahi kōrerō with their clients and making it a more distressing ordeal for clients;
- Did not utilise practitioner knowledge to effectively link perpetrators' abuse tactics with the wide range of risks women were experiencing as a result of violence; and
- Led to the collection of a lot of information that was almost never shared with clients or people or agencies supporting them, which enormously limited its potential to increase their safety.

In our analysis of case files of Refuge clients who had died in the last three years (killed by the perpetrator or by suicide), we found that our rating of risk in the initial risk assessment did not reliably predict future harm. Across the cases reviewed, the risk indicators most relevant to the death event were seldom present, known, or disclosed at that time, but typically emerged and were recorded over the period of engagement.

Assessment of the client death case files, in addition to the sample of completed client risk assessments, also emphasised the need for risk tools to be adaptable and updateable, routinely and in the wake of sudden changes to a victim's safety landscape (e.g. a perpetrator's release or the granting of a protection order).

All of these considerations gave rise to our newest Women's Refuge risk tool (no longer called a 'risk assessment tool') launched in 2024, called '**Nāhana Tūraru**', meaning 'the risk belonging to her.'

Women's Refuge risk tool 'Nāhana Tūraru' (the risk belonging to her)

Serving clients' interests requires risk recording to be done in a way that gives power and effect to their stories of violence and that uphold the mana of the storyteller, and crucially identifies what **they** see as the biggest or most immediate threat so it can be acted on. Women's stories offer a clearer and more compelling picture of risk than what can be conveyed through a 'risk assessment.' Focusing more on their stories, and of the significance of the perpetrator's abuse in their lives, enables kaimahi to *ask about a wider range of risks*.

These then inform and guide a wider range of safety responses, looking at how risks of physical harm sit alongside other complex, overlapping, and insidious risks to every part of clients' lives. The '**Nāhana Tūraru**' tool looks at 'risk' as occurring across a spectrum of harm, rather than on a continuum of physical severity.

We found that the 'safest' way to approach risk was with the understanding that risk information belongs to the client, and for the process of hearing and recording their experiences of violence to be seen as *part* of the safety process, not the *precursor* to it.

The expectation is for practitioners to use '**Nāhana Tūraru**' to record risk information that is gleaned from the natural flow of conversation, so the client can tell her story the way she wants to. This enables clients' kōrero about their experiences to be told in a trauma-informed and violence-responsive way (until their natural end at a time of feeling safe) so sharing them is more likely to have a beneficial rather than harmful impact.

Acting on the most urgent risks and needs identified by a victim also helps to build her trust in our service, so that we can most effectively support and advocate for her and her children's safety and wellbeing. This includes responding to specific and common risks associated with family violence, such as traumatic brain injury, inability to access healthcare, suicide, and reputation damage (for example by sharing information about a victim's mental health, parenting, substance use, or illicit activity, which could have far-reaching implications for their safety, wellbeing, and access to help).

The new tool:

- Avoids rating, scaling, or thresholding the violence or risk that women experience,
- Enables the recording of clients' insight into their own risk, as experts in their own experiences of violence,
- Only asks questions that are useful and serve the purpose of supporting the client's safety,
- Enables Refuge to identify and respond to risks to a client's physical safety as a priority, and also to the range of risks – often more hidden - that affect a client's quality of life as an additional priority,

- Provides a snapshot of victims' experiences of violence that captures patterns of violence, and utilises practitioner skills to make explicit links between the perpetrator's abuse tactics, the risks and needs these create in victims' lives, and advocacy to address those risks and needs,
- Enables risk information to be reviewed or updated quickly and routinely via a shortened 'risk update' form,
- Is intended to be shared transparently and continuously with clients to make sure they are in control of their own stories and how these are captured and communicated,
- Can be shared with others to improve the way other professionals, organisations and systems see, make sense of, and respond to family violence risks that clients face, while keeping the focus on the perpetrator's behaviour.

Who we share clients' risk information with depends on a client's risks and needs and may include, for example, lawyers, police, Kainga Ora, Oranga Tamariki, employers, or landlords. For example, we identified instances in which the introduction of risk information into Family Court hearings led to safer outcomes for victims and their tamariki, such as children being returned to the care of their mothers (the primary victims), restrictions like supervised access on perpetrators' access to the victim and their children, and protection order applications granted after initially being declined.

What good risk information can tell us

Good family violence risk information can be instrumental in shaping our understanding of both risk and safety, firstly by bringing to light the realities for women subjected to family violence. This information can give a robust basis to dispel popular myths about family violence. The range of abuse tactics that perpetrators use to wield power over victims demonstrates 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'. It underlines the range of abuse tactics perpetrators are choosing to use against the victim, and the consequences of these on victims' (and their children's) lives.

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, and their support and advocacy needs.^{2 3}

Risk data from Women's Refuge clients gathered with Nāhana Tūrarū 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 a problem that requires a robust response from a wide range of sectors including health, justice, child protection, education, employment, financial, housing, and community. Agencies in these and other sectors not only need robust internal policies and procedures, but also need to work together to coordinate their response and avoid overlapping, conflicting, or potentially damaging responses.

² 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.

³ 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.

Conclusion

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,⁴ and make decisions for themselves.

When viewed as a spectrum of different forms of harm (including both of loss of life and loss of the *viability* of someone's life), the question of what risk information should qualify abuse as 'high risk' enough to warrant intervention or support becomes far more complicated.

Our challenge to other agencies and practitioners is to ensure that:

- Your processes to gather risk information are safe, violence-responsive, and trauma-informed for victims,
- Your risk tools gather information about a broader range of risks caused by family violence that can have a serious impact on the victims' lives, especially including the risks they themselves identify as being most serious and urgent, and that
- Risk information recorded using your risk tools inform specific responses to address specific risks for victims, if possible by directly addressing perpetrator's ability to cause further harm.

⁴ 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

Naahana Tuuraru The risk to her

Interview Details

Date of discussion with client: *



DD / MM / YYYY format

Date of next planned risk review: *



DD / MM / YYYY format

Tamaiti/tamariki name(s):*

Perpetrator name:*

Perpetrator relationship:*

These questions are about the ways the perpetrator (named above) has harmed the client, to get a picture of how and why the abuse puts her at risk.

Information about violence and risk may come up in any conversation with her, although she might use different ways of describing it. No matter what words she uses, tick all of the abuse tactics that she mentions in any conversation. For all multi-select tick boxes, a tick indicates "Yes" and leaving blank indicates "No." Tick 'Not Applicable' only if the question cannot apply to the client (for example, if it asks about pregnancy, and the client has never been pregnant).

Collecting this information in one place helps to show the risks of her being harmed by abuse in the future, as well as the risks she might be facing now because of the abuse that has happened already.

Physical Violence

Have they ever used any kind of physical violence against her?*

If yes, please specify types of physical abuse experienced:

☐ Hit/punched her in the head

☐ Pushed/shoved her

☐ Other violence (please detail below)

Have they ever strangled, choked, or suffocated her?*

If they have hurt her physically, did that ever lead to her:

☐ Passing out or losing consciousness

☐ Experiencing new difficulties with concentration ('brain fog'), memory, or managing feelings in the days afterwards

☐ Experiencing physical symptoms like head or neck pain, fatigue, unsteadiness, or problems seeing or hearing in the days afterwards

☐ Having to see your GP about that injury

☐ Needing to go to hospital

☐ Not applicable because there was no physical violence

☐ Not asked/answered

☐ None of these

Details of health consequences:

Have they used violence against her that was life-threatening?*

Have they ever kept her somewhere against her will?*

Have they raped her (forced her to have sex when she didn't want to)?*

Have they forced you to participate in other sexual acts you didn't want?*

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Threats and Intimidation

Does she believe they could kill her?*

At the moment, is she afraid that they might seriously hurt her?*

Have they threatened to kill her?*

Have they threatened to hurt or kill themselves to make her do what they want?*

Have they threatened to physically hurt her, or to get someone else to?*

Have they threatened to harm somebody else that she cares about?*

Have they harmed or threatened to harm animals?*

Have they used any of these types of intimidating behaviour?*

- ☐ Thrown or smashed her belongings
- ☐ Destroyed her phone
- ☐ Damaged the property [e.g. walls, windows]
- ☐ Drove dangerously with her in the car
- ☐ Not asked/answered
- ☐ None of these

Have they threatened to tell people about any of the following things, to make her do what they want?*

(This includes through rumours, as well as threats to share personal things about her that are real)

- ☐ Her mental health
- ☐ Her parenting
- ☐ Her income/benefits
- ☐ Her use of alcohol or drugs
- ☐ Her sexual experiences/sexual history [including posting intimate images online]
- ☐ Her involvement of illicit or illegal activity
- ☐ Not asked/answered
- ☐ None of these

Is anyone else making her feel unsafe or afraid?*

(e.g perpetrator's family)

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Coercive Control

Have they controlled all or most of what she does each day?*	<input type="text"/>
Have they often gotten jealous and accused her of doing something wrong?*	<input type="text"/>
Have they tried to stop her spending time with whanau/family and friends, or made her relationships with them difficult?*	<input type="text"/>
Have they often become angry or blamed her if she didn't follow rigid household routines that they set?*	<input type="text"/>
Have they put her down, called her hurtful names, or tried to make her feel bad about herself?*	<input type="text"/>
(This may be while alone or in front of others)	
Have they stopped her from having her own money?*	<input type="text"/>
Have they excluded her from decisions about shared or household money?*	<input type="text"/>
Have they ever stopped her from accessing the following types of help, or made it harder for her to access these?	<input type="checkbox"/> Medical services (e.g. hospital, GP, sexual health) <input type="checkbox"/> Mental health services, counselling, or a support organisation <input type="checkbox"/> Alcohol/drug/other addiction support <input type="checkbox"/> Disability support <input type="checkbox"/> Not asked/answered <input type="checkbox"/> None of these
Have they forced her to drink alcohol or take drugs, or made her take more than you wanted to?*	<input type="text"/>
Have they forced her to stop medication, share medication, or take more medication than what she is prescribed?*	<input type="text"/>
Have they ever encouraged her to hurt herself or to end her life?*	<input type="text"/>
Have they ever stopped her from practicing or made fun of her cultural, spiritual, or religious beliefs?*	<input type="text"/>
Did she ever feel she had to say yes to sex out of fear?*	<input type="text"/>
Have they forced her to:*	<input type="checkbox"/> Have sex with other people for money or for alcohol/drugs? <input type="checkbox"/> Not use condoms or contraception when she wanted to? <input type="checkbox"/> Become pregnant, continue a pregnancy, or end a pregnancy? <input type="checkbox"/> Not asked/answered <input type="checkbox"/> None of these

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Stalking

During the relationship, did they follow her or repeatedly turn up when she didn't want them to?*

Have they used technology such as phones, computers, or the internet to:*

- ☐ Track where she is or monitor what she's doing in ways she didn't want?
- ☐ Look at private chats or messages to others when she didn't want them to?
- ☐ Contact her much more than what she would like? (e.g. calling, texting)
- ☐ Pose as someone else to make contact?
- ☐ Not asked/answered
- ☐ None of these

If separated, did this stalking or checking up on what she's doing continue after separation?*

Have they asked someone else or paid someone else to follow her or track her whereabouts?*

Escalation of Abuse

Has this physical violence gotten worse or more frequent in the last month?*

Has this threatening behaviour gotten worse or more frequent in the last month?*

Has this stalking or checking up on what she's doing gotten worse or more frequent in the last month?*

Has the perpetrator's behaviour toward her gotten worse after she's taken steps to stop it/be safer from the abuse?*(e.g. separation, court orders)

Sexual/gender Identity [If takatāpui/LGBTQIA+]

Have they put her down/belittled you because of her sexual/gender identity?*

Have they threatened to 'out' her to other people?*

Have they stopped you from expressing your sexual or gender identity in a way that is meaningful to you? *

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Pregnancy/Children [if a parent/pregnant]

Have they physically harmed children?*	<input type="text"/>
Have they harmed her while she was pregnant?*	<input type="text"/>
Did their harmful behaviour toward her start/get worse while she was pregnant?*	<input type="text"/>
Have they taken her children, or threatened to?*	<input type="text"/>
Have they threatened to kill or hurt her children?*	<input type="text"/>
Have they harmed her in front of children?*	<input type="text"/>
Have they used her children to try see her or have contact with her?*	<input type="text"/>
Have they put her down, belittled her, or verbally abused her in front of children?*	<input type="text"/>
Have they used her children to find out details about her life?*	<input type="text"/>
Have they ever made her child/children feel scared?*	<input type="text"/>

Perpetrator Factors

Do they have access to firearms?*	<input type="text"/>
(Give details on summary page)	
Do they have access to other weapons?*	<input type="text"/>
Do they have any history or issues with:*	<div><input type="checkbox"/> Mental health concerns? <input type="checkbox"/> Suicide attempts? <input type="checkbox"/> Traumatic brain injury? <input type="checkbox"/> Harmful alcohol/drug use? <input type="checkbox"/> Not asked/answered <input type="checkbox"/> None of these <input type="checkbox"/> Not applicable</div>
Do they have any affiliations or membership to any gang?*	<input type="text"/>
Have they ever breached protection order/police safety order/bail conditions?*	<input type="text"/>
(Give details on summary page)	
Were they prosecuted for these breaches?*	<input type="text"/>
Do they have any criminal history, or a history of violence toward others?*	<input type="text"/>

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Summary

Summary of the perpetrator's violence against her and how it has changed in the last month*
(Include her stories or examples – physical, sexual, psychological, coercive control/stalking, using children, damaging access to support etc.)

What critical risk flags for severe violence or homicide were raised?*(Examples of red flags: Attempts to kill her, Jealous and possessive behaviour, Stalking, Strangulation, Escalation (Abuse getting worse, happening more often, or involving more people, especially in response to her taking steps toward safety/separation), Coercive control, such as monitoring everything she does, Holding her hostage or breaking into her home, Threatening to kill her or her children, Any of the perpetrator factors listed, Her fear that the perpetrator may kill her)

Aside from the risks to her physical safety, what other risks can you see from what she has told you about the perpetrator's violence?*(E.g to her housing or financial situation, her emotional capacity, her social support, her children, etc)

What questions haven't been discussed with her yet? When/how will those be discussed with her?*

Has a copy of this risk summary been given to the client, so she can share it with her lawyer or other agencies?*

Cancel

Save

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Review of Naahana Tuuraru (Review the risk to her)

Interview Details

Date of discussion with client: *



DD / MM / YYYY format

Date of next planned risk review:*



DD / MM / YYYY format

Tamaiti/tamariki name(s):*

Perpetrator name:*

Perpetrator relationship:*

Review Details

In the last month, has the perpetrator used physical violence against her?*

In the last month, has the perpetrator stalked her?*

In the last month, has the perpetrator intimidated or threatened her?*

In the last month, has the perpetrator used phones or other technology to stalk or monitor her?*

In the last month, has the perpetrator taken steps to limit her access to support?*

In the last month, has the perpetrator's violence escalated in response to her getting help/trying to be safer from abuse?*

Details of the perpetrator's recent violence, including how it has changed or escalated in the last month:

Details of any 'trigger events' or recent changes in the client's life (e.g. police or justice intervention) that may change the risks from the perpetrator:

Based on how the perpetrator has harmed her, what is your main concern for her safety right now?

Aside from the risks to her physical safety, what other risks can you see? (E.g to her housing or financial situation, her wellbeing, her social support, her children, etc)

Has a copy of this risk summary been given to the client, so she can share it with her lawyer or other agencies?*

Cancel

Save