Expert Domestic Violence Risk Assessments in the Family Courts

This review covers:

- **what an expert domestic violence risk assessment should cover;**
- **how assessment should be conducted;**
- **the knowledge, skills and training required by experts;**
- **recommendations on how improve consistency of expert assessments**

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EXPERT DOMESTIC VIOLENCE RISK ASSESSMENTS IN THE FAMILY COURTS

Recommendations

1. Domestic violence risk assessments should follow best practice in the field of violence risk assessment; which means they should include information from the victim, draw on multiple sources of information about the subject's background to establish the presence of risk indicators that have a demonstrated relationship to violent behaviour, and should use a principled method for arriving at risk ratings based on these factors. Risk ratings need to be contextualised and fitted alongside assessments of victim impact and risk of harm to children.

2. Domestic violence risk assessments should not restrict their focus to predicting the likelihood of discrete incidents of physical violence or abuse. Assessments need to take into account the full range of behaviours which fit within current definitions of domestic abuse, (e.g. physical, psychological, emotional abuse) to identify whether these form a pattern of abuse and domination.

3. Assessors should be aware of the impact on children of exposure to domestic violence in all its forms, and the potential for future harm.

4. Assessments should help those managing the case to identify strategies for risk management. These should be realistic, take into account local resources, and matched to the level of risk identified.

5. Those commissioning domestic violence risk assessments should seek out practitioners who have applied knowledge of risk assessment methodology, and the capacity to apply findings from the research literature to the specifics of the case, as well as experience of direct work with domestic violence perpetrators and victims, preferably in treatment settings (it cannot be automatically assumed that mental health professionals, or those with experience in other areas of child protection work, have the experience and expertise to assess the dynamics of domestic violence).

6. Given the high level of risk in some domestic violence cases, it is recommended that assessors should be able to demonstrate that they have access to guaranteed, high-quality supervision/consultation time, focused on case planning, constructive challenge, detailed proofreading of reports and professional development.

7. These proposals give rise to questions about quality assurance for professionals looking to appoint an expert to carry out a domestic violence risk assessment. We propose a set of core competencies for assessors, coupled with a system of peer review. We also include proposals for a modular training programme to address the need for increased capacity in the field.

8. Respondents to this review were in general positive about the idea of developing a register of assessors who meet defined criteria, to provide a resource for those seeking to commission an assessment.

Context

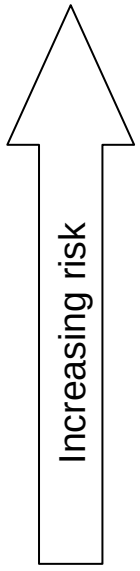
In the past two decades, there has been a growing response to the problem of domestic violence within the criminal justice system, the family courts, child protection services and community agencies. Within the family courts there is now widespread recognition that cases where domestic violence comes to light need to be handled differently from those where there is no history of violence[1]. However, given the large number of cases which come before the family courts where there are allegations of domestic violence (estimates vary greatly, between 38% and 70%, with informal Cafcass estimates going as high as 90% - HMICA 2005), a key challenge for the system is to avoid a 'one-size fits all' response (Ver Steegh 2007, Humphreys 2006, 2007; Jaffe 2005). Domestic violence is not a homogenous phenomenon (Humphreys, 2006) and there is a danger that without effective assessment, important differences among families may be ignored. If families experiencing domestic violence can be meaningfully differentiated from one another, it becomes possible to allocate risk management, support or treatment interventions to meet the specific needs of family members (Ver Steegh 2007). However, crucial to this is a sufficiently robust and nuanced assessment of risk. If risk is underestimated, family members may be left without adequate protection, or referred to services that are inappropriate and dangerous. On the other hand, if risk is overestimated, family members may suffer unwarranted restrictions or intrusion into their lives, or be denied access to services which may be useful to them.

Jaffe (2005) recommends a "multi-method, multi-informant approach to risk assessment, featuring increasingly intense inquiry as higher levels of conflict and abuse are uncovered". Under section 7 of the Children and Adoption Act 2006 Cafcass officers are required to carry out a risk assessment and provide it to the court if given cause to suspect that the child concerned is at risk of harm. However, in some cases, front line practitioners will not have the specific skills, training and expertise in working with domestic violence needed to advise the court on the viability of contact that is safe and positive for the child, and will recommend that the court seek an expert assessment. This may be because there are uncertainties about the extent, severity and nature of the domestic violence; because levels of hostility, conflict and fear need to be more fully understood and addressed; or because there is a complex pattern of intersecting risk concerns (e.g. history of violence, substance misuse, non-violent criminal activity, and mental health concerns). In addition, the need for expert assessment may depend on the confidence and experience of the practitioner doing the initial assessment (continuing concerns have been expressed about the extent to which the expertise to assess the validity, seriousness and relevance of domestic violence concerns is routinely available within front line services, e.g Collier, 2008; Trinder, 2009). Also in some cases, even though the practitioner's assessment is sound, the applicant, or other professionals involved in the case may be unwilling to accept it. Thus in those cases where the risk level is difficult to determine, but the potential impact is high, expert evidence performs an essential function in aiding the court to assess and manage risk and to find safe and positive parenting arrangements for children.

In other, less complex cases, front line practitioners should be able to quantify the risk and advise the court on the best risk management options. This may be where the level of violence or abuse alleged is relatively low, both parents' versions of events are similar, there are indications of responsibility and motivation to change on the part of the perpetrator, and there are no complicating factors such as mental health or substance misuse.

[1] (note: whilst this review is mainly focused on the private law context, the recommendations are relevant to assessments in both public and private law cases, particularly regarding risk assessment methodology.)

The table below, based on the work of Jaffe (2005) sets out schematically the relationship between levels of risk and different parenting arrangements. It is also possible to reduce or manage risk, and thus bring different parenting arrangements within the range of possibility, by using a range of interventions, including: criminal penalties and court orders, monitoring by child protection services; alcohol and drug treatment; mental health treatment; victim support, advocacy and treatment; therapy; mediation; treatment for traumatized children; parenting programmes and domestic violence perpetrator programs. Again, it is not possible allocate any of these risk management, support or treatment interventions appropriately without a sufficiently robust and nuanced assessment of risk.

Level of risk	**Parenting Arrangement**	**Description**	**Indicators & Contra-Indicators**
	No contact	No access , sometimes with an option of indirect contact	No meaningful relationship possible with high risk parent
	Supervised access	Safe contact with high risk parent	Child has something to gain from safe access to high risk parent
	Supervised exchange	Transfer children with supervision	Each parent contributes positively but parents need a buffer for transition
	Parallel parenting	Minimal contact between parents under detailed and highly structured plan	Each parent contributes positively but parents have an acrimonious relationship
	Co-parenting	Parents cooperate closely	Requires mutual trust and communication

What is involved in an expert assessment of Domestic Violence risks for the family courts?
Contributors to this review identified the following areas of expertise that an expert assessment should offer in complex domestic violence cases.

- A sound methodological underpinning to the assessment process (this is required to be made explicit under the revised Practice Direction)
- Knowledge of relevant research and capacity to apply this to the specifics of the case before the courts
- The confidence and expertise to distinguish levels of risk and to match these to appropriate risk management strategies.
- The ability to provide the court with a focused and coherent report which justifies how conclusions about risk have been reached,
- The ability to defend and explain clearly these conclusions in oral evidence if required.

Best practice in domestic violence risk assessment (see Bell, 2006, Calder, 2004, Jaffe 2005) indicates that:

*An assessment should be based upon establishing the presence of risk factors that have empirical support in the literature***.**

The overwhelming consensus in the field is that violence risk assessment should be based on an analysis of empirically-derived risk indicators derived from multiple sources of information about the subject's background. Risk assessments based solely upon unstructured clinical judgements have been widely discredited - even experienced clinicians fail to predict future violence in cases where violence would have been readily predicted from empirically-established risk indicators (Carroll 2007, Skeem 2009). One of the main reasons for this is the tendency to overrate impressions gained from the person in interview and underrate information about the person's past history and behaviour. Current guidance therefore indicates that the assessor should anchor their estimate of the long-term likelihood of violent behaviour in a detailed consideration of static risk factors – those which are based in the individual's past history and background demographics, and use dynamic factors (such as current drug abuse, stress levels and information about the person's current attitudes and beliefs gained from interview) to make moderate adjustments to the static risk assessment, to aid treatment planning and to monitor for signs of change in risk.

Assessments should not restrict their focus to discrete incidents of physical violence or abuse.

Whilst findings of fact or convictions for violence are crucial, especially where there are competing accounts, a central part of the task of a domestic violence assessment is to explore the context in which such incidents have taken place. Many of those who contributed to this review emphasised the harm to children caused by living with persistent emotional abuse. This means assessments need to produce as full an account as possible of incidents across the full range of behaviours which fit within current definitions of domestic abuse, and to identify whether there are patterns of behaviour as opposed to isolated incidents. Incidents of abuse that may, in isolation, seem less severe, will give rise to greater concerns if they fit within a larger pattern of abuse and domination (Calder 2004, Jaffe 2005). An informed assessment of the impact of such patterns of behaviour on the non-abusing parent is central to understanding the risks to children.

Assessments should provide an analysis of the extent to which the child has been exposed to domestic violence in all its forms, *and the potential for future harm*. This will include consideration of factors such as impairment of parenting capacity, the child's need to recover from traumatic experiences or the abuser protracting proceedings as a means of maintaining control over or further persecuting the victim.

Assessments of risk should be applied to the context of the family undergoing the assessment.

It is not enough to produce a decontextualised assessment of probability of future harm. Any such assessment needs to be applied to the specific family and systemic context if it is to contribute to an informed judgement of the risk of harm to the child and an assessment of what protective measures should be taken. Expert assessment will also relate findings from the research literature about risk and impacts of domestic violence to the specifics of the case.

Assessments should make informed recommendations about all the risk management options available

Family law solicitors and child protection professionals contributing to the review emphasised the value of well-informed and assertive recommendations about risk management. These professionals emphasised that such recommendations should be realistic, take into account local resources, and matched to the level of risk identified. Domestic violence perpetrator programmes are one of a range of possible ways of reducing risk that the court can recommend. Any detailed assessment of treatment suitability is beyond the

scope of Legal Services Commission funding in private law cases, however the assessor should at least convey to the court and other professionals their opinion on the utility of pursuing treatment as an option, to avoid delay in the court process, raising false hope in parents, and waste of public funds in pursuing treatment options which have little hope of success.

Possible assessment frameworks and their use

The accurate prediction of violence is still at an early stage of development, particularly in the context of the family (Hilton et al 2010). However a number of approaches and models have now been developed (see tables 1 and 2 in appendix).

It should be noted that most violence prediction instruments have been developed from studying mentally and personality disordered offenders, a population that may not be representative of abusive men (let alone women) who come before the family courts. Even those which focus on domestic violence offenders specifically have been developed within the criminal justice system, and may have limited application to the complexity of the family court context. Websdale (2000) has cautioned that the aura of scientific legitimacy offered by structured risk assessment tools obscures their known limitations in predicting future behaviour. Many commentators in the field therefore advocate caution in the application of formulaic risk assessment instruments, and highlight their many methodological deficiencies, suggesting they have only limited utility and should only be used as a set of guidelines to focus thinking (Otto and Douglas 2010, Heilbrun et al 2002, Deacon and Gocke 1999).

Therefore, domestic violence risk assessment, especially in the context of contested legal proceedings remains a particularly demanding task (Bow and Boxer 2003). Experts in the field seem to concur that the application of standardised instruments, psychometric scales or questionnaires offers no substitute for the painstaking task of examining an individual's background, past behaviour, mental and social functioning and personal circumstances and setting the results against up-to-date findings from the empirical literature.

After considering the various options outlined in tables 1 and 2, we recommend the empirically-guided clinical assessment method for use in family court assessments. We are agnostic about which specific risk assessment tool or framework is used as long as it is based in an analysis of empirically-derived risk indicators and a principled method for arriving at risk ratings based on these factors. Actuarial assessment tools may form an important part of the assessment, but the risk ratings derived from these need to be contextualised and fitted alongside assessments of victim impact and risk of harm to children.

What should the process be for producing conclusions about risk, from the various information collected during the assessment?

There are two plausible approaches to this problem – Actuarial risk assessment methods, and empirically-guided clinical assessment.

Actuarial risk assessment instruments (e.g. DVRAG, ODARA) are based upon risk factors that have been derived from statistical analysis to predict the likelihood of future violence, and are scored and weighted according to a predetermined set of arithmetical rules. There is good evidence of the superiority of actuarial approaches to assessing for violent recidivism over other approaches in predicting criminal recidivism (see, for example, Grove et al 2000, Quinsey et al 2006, Hilton et al 2010). Nevertheless, however robust and tempting, actuarial instruments do have limitations when it

comes to family court work, and are usually more useful in a criminal justice context than in child protection work. Limitations of actuarial approaches include:

- they are 'sample dependent': all actuarial instruments have been normed on specific (usually North American) population samples, drawn from the criminal justice system and may exclude risk factors that apply to other populations (e.g. abusive men who come before the family courts)
- the risk factor weighting derived from the original sample may also differ in other populations
- they do not predict imminence or severity of violence, points at which risk may escalate or non-violent behaviours capable of causing harm.
- they are 'index-offence' focused
- they cannot differentiate between the levels of risk posed to different potential victims, for instance parent and child
- they are entirely offender focused and disregard victim, relationship and contextual risk factors
- they ignore idiosyncratic risk factors, largely reject the predictive power of dynamic (criminogenic) variables, and prohibit 'clinical override' (thereby contributing little to risk management and treatment considerations)
- they ignore the risk significance of time (and place)
- they ignore the risk implications of effective treatment
- the models themselves are slow to change.

(For weaknesses of actuarial tools see - Heilbrun et al 2002, Otto and Douglas 2010, Monahan 1981, Hart 1998)

Empirically-guided clinical assessments provide direction as to what information should be sought and examined for potential risk significance, and the assessor arrives at a formulation of risk after considering a standardised range of empirically validated risk factors. Risk ratings based on this kind of empirically guided clinical assessment perform better than unstructured clinical judgments and some studies indicate that they may perform as well or better than some actuarial predictions (e.g. Kropp et al 1999, Hanson 1998).

Whatever the method for producing conclusions about the risk posed by the alleged perpetrator, it is not enough to produce a decontextualised assessment of probability of future harm. Any such assessment needs to be applied to the specific family and systemic context if it is to contribute to an informed judgement of the risk of harm to the child and an assessment of what protective measures should be taken.

What interviews are needed to be routinely undertaken in cases where the FCA has not been able to assess and/or quantify risk with confidence?

Experts in the field agree that domestic violence risk assessments should draw upon multiple sources of information and that they should be 'victim-informed'. In conducting an assessment where domestic violence has been alleged, collecting all of the information is a complex and time-consuming process. In order to establish the presence or absence of historical risk factors, it is necessary to take a detailed history from the alleged abuser (and from any other sources of information available, such as medical records, criminal records) from birth to the present time (this is to ascertain how their own experiences in childhood may have impacted upon their capacity to manage intimacy and consider their children's needs etc); this should include an examination not

only of their relationships with their parents (or other primary carers) but with their peers and contemporaries at school and address factors such as conduct problems, school and employment adjustment, substance abuse history, relationship history, criminal history and history of general aggression.

Criminal convictions or findings of fact may have established that certain incidents took place, or that a relationship was characterised by abuse. However, a primary task of a domestic violence risk assessment will be a detailed exploration of the nature and dynamics of the abuse across the whole relationship. Every assessment should therefore include individual interviews with both parents separately. It is also helpful to use structured inventories of abusive behaviour which ask about the frequency and severity of physical, sexual, verbal, and psychological abuse experienced by each partner, as well as injuries suffered**.**

Collateral information is also critical to any assessment. Therefore, the assessor should include a review of official records (police, child protection, medical, etc.) and information from other informants wherever possible. Assessors should hold in mind other sources of risk to the child within the family e.g. neglect, substance misuse, direct harm from either parent, and the fact that even if the risk of domestic violence reduces, this does not automatically mean that other risks have reduced.

The purpose of interviews with the resident parent will vary according to the type of assessment being done. In private law cases, the parties are usually separated and the victim of the alleged abuse is taking steps (including the court proceedings) to protect herself and her child(ren) from the effects of the violence. In practice this will often mean that the victim of the alleged abuse will be opposing an application made for residence, contact, or variation of an existing contact arrangement. The primary focus of an assessment in these cases will be upon the risk posed by the alleged perpetrator. Interviews with the resident parent are usually focused on gaining a fuller picture of the pattern of abuse in the relationship. There will inevitably be some assessment of the resident parent - but assessment of the impact of the violence or abuse upon the victim is usually restricted to a consideration of whether enabling contact with the perpetrator would affect her ability to parent effectively, which will feed into decisions about whether contact is in the best interests of the child(ren).

(Public law cases are often more complex, in that part of the reason for the proceedings having started may be that the mother is unwilling or unable to separate from the violent father, leading to the local authority requesting not just an assessment of the risk posed by the perpetrator, but also an assessment of the other parent's 'ability to protect' the children from the violent parent. In these cases then, the focus of the risk assessment may be on both the mother and father. Interviews are likely to explore static and dynamic factors related to increased vulnerability to domestic violence, and the assessment of the impact of the violence and abuse upon the victim may also feed into an assessment of the extent to which this is damaging the victim's parenting capacity and ability to prioritise the children's safety. In cases where the couple are living together, or proposing to care for the child jointly, interviews are also likely to address current relationship factors and conflict resolution strategies.

How the experience of the child should be considered.

The effect on any individual child of living with domestic violence depends on a range of factors, including the frequency and severity of the violence and the extent of the child's exposure to it, as

well as other risk and resilience factors, including whether the child has experienced other forms of maltreatment. Cunningham and Baker (2004) point out that much research on the effects of domestic violence on children relies on a binary distinction between those who were or were not exposed to violence at any time in their lives, which can lead to a underestimation of the effects on those who experienced chronic and severe violence and overestimation of the effects on those whose exposure was less frequent and severe. Any thorough assessment will therefore consider these factors, and avoid assumptions about the effects on any individual child.

A number of contributors to this review emphasised this point, and emphasised that the experience of the child should be at the centre of all assessments. The usual situation in private law cases is that experts carrying out a risk assessment with the parents take into account the children's wishes and needs via liaison with the Cafcass officer or children's guardian, who will speak with the children and review collateral sources of information (e.g., from teachers, doctors, counsellors).

Whilst it is possible to do a risk assessment of an adult without information about the children this limits what recommendations can be made, especially around contact (for instance detailed consideration of the safety of supervised contact may be superfluous if an older child is clearly opposed to any form of contact). If the assessor has not had information about the impact of the abuse on the child, and their wishes, reports should clearly state that limitation and provide a rationale for not obtaining a view (e.g. the child is an infant, has had limited exposure to abuse, or that it would be unnecessarily disruptive to the child, especially if the risk posed by the perpetrator is at such a level that it would, if confirmed, be likely to preclude contact). Reports may also provide provisional conclusions subject to a child assessment.

Determining children's wishes in domestic violence situations is a complex task, which needs to take into account the developmental stage of the child, the extent of exposure to the abuse and the potential that an abusive parent may deliberately set out to damage the child's image of the other parent. Therefore when taking children's views into account assessors need to be aware of the research literature and guidance to the courts on this topic, including the report commissioned by the courts on contact and domestic violence (Sturge and Glaser, 2000).

Given high workloads and the limited amount of time that front line practitioners are currently able to devote to cases, there is a real danger that the children's wishes and needs may not be fully assessed when making decisions about their welfare. The changes necessary to ensure that this takes place are beyond the scope of this review, but the system as a whole will need to recognise and address this problem as we move forward.

Recommendations the assessor can make to the court in private and public law cases

In private law cases recommendations may address the risks in different levels of contact, risks in changes in levels of contact, exit strategies for supervised / supported contact, future of contact progression and prognosis and what needs to happen for reduction in risk.

In public law cases recommendations are likely to address risks in levels of care (e.g. if parents together, separated, etc), appropriate treatment, timescales and prognosis.

Assessors should have a working knowledge of all these options and be able to consider the viability and safety implications of such arrangements in their recommendations.

A number of those consulted (Cafcass Safeguarding, family law solicitors and children's guardian) expressed the opinion that a domestic violence risk assessment should make a clear prognosis about treatment viability. It should be noted that under current funding guidelines, assessments funded by the Legal Services Commission cannot offer detailed discussion of treatment viability. However, as discussed in the first section of this report, behaviour change programmes are only one part of a wide range of risk management measures which might need to be set in place once the level of risk has been identified. The main purpose of risk assessment is to help those managing the case to identify strategies for risk management which match the level of risk identified and either contain or reduce this risk. In this context, reports should include a brief statement about whether a treatment programme can be realistically expected to effect change and the client's willingness to attend. This is especially the case if there is a danger that proceedings could be unnecessarily protracted, or unsustainable contact activities started on the basis that the person expresses a willingness to attend a treatment programme. Such a prognosis can also be useful to help the court whether expensive resources such as supervised contact are a viable way forward in the case. Under current funding guidelines, treatment suitability assessment would be undertaken by the treatment provider.

What information from the report should be shared with a domestic violence perpetrator programme or other treatment provider if the court wishes to consider this.

Those consulted recommended that, where a domestic violence perpetrator programme is being used as part of a risk management process, any provider should be supplied with a copy of the risk assessment report, or at a minimum those sections which outline the main child protection concerns, the full history of abusive behaviour in current and past relationships, any ongoing risk concerns and the dynamic factors which form the treatment targets of the programme. It is very difficult for programme staff to work safely and effectively without an awareness of the concerns that gave rise to the referral - if the report is not made available, there is a danger that the person will present himself to the programme with a greatly minimised version of events, thereby hampering the programme's ability to work with him and making it almost impossible for them to make any realistic assessment of change in risk.

With other forms of treatment, the assessor should take the above principles into account and recommend in the report what information should be shared with providers and the reasons for this.

In accordance with the principle that risk assessment is a continuous process, any parenting arrangement after domestic violence would identify specific goals for the perpetrator of violence to achieve before progressing further with the plan. Assessors can contribute to this by specifying clear behavioural goals and indicators of what changes should be looked for in a treatment programme before risk can be considered to have reduced to an acceptable level. For example, successful completion of a domestic violence treatment programme, as indicated by the absence of violence, report from the programme staff, and independent assessment by the assessor who did the initial risk assessment, could be a way for a parent to demonstrate, rather than simply assert, that the risk of violence has reduced.

What are the appropriate supervision arrangements for assessors?

Following the spirit of the latest Laming recommendations for child protection cases, and current practice amongst the main specialist domestic assessment providers, there should be guaranteed, high-quality supervision or consultation time for assessors focused on case planning, constructive

challenge, detailed proofreading of reports and professional development. Current practice in the organisations offering specialist assessments which contributed to this review is to offer a minimum of one supervision meeting per case, as well as proofreading of the final report.

What training, knowledge and experience are required to undertake an assessment as defined above?

In the context of family court proceedings, children's safety and welfare needs have not always been best served by a failure of legal practitioners to recognise domestic violence as a specialised area to which models and theories from other disciplines do not readily apply (Bancroft and Silverman 2002). Reliable risk assessment (and effective intervention) requires specialist knowledge of the field and a thorough understanding of the power dynamics in families affected by domestic violence, typically ignored by medical and psychology training (Bancroft and Silverman 2002; see also Pope and Feldman-Summers 1992). Ver Steegh (2007) also warns of the danger of resting increasing responsibility on front line practitioners to "make sophisticated and nuanced judgments about levels of risk and the appropriateness of specific interventions and determinations without providing the resources to ensure that these professionals are adequately qualified and trained".

Perpetrators of domestic violence often deny or minimize the abuse, externalise blame for their behaviour. Abusers may do well in psychological testing, often better than their victims, be adept at convincing others that they have 'learned their lesson' or 'put their past behind them' and may present as mild mannered and appear reasonable despite severe risk, (or conversely be noisy and intimidating with professionals despite presenting only moderate risk to their partner or child). In contrast, victims may appear angry with services, emotionally dysregulated and difficult to work with.

Respondents to this review emphasised the importance of specialist domestic violence expertise, (one legal practitioner described this as 'utterly invaluable' in providing the confidence and expertise to distinguish levels of risk and to match these to appropriate risk management strategies). When coupled with a sound assessment methodology, experience of direct work with domestic violence perpetrators and victims in both assessment and treatment settings provides:

- a capacity to assess the significance and impact of individual incidents of abuse alongside the context of the pattern of abuse across the whole relationship,
- skills in clarifying accounts of violence and abuse in the face of the high levels of denial and externalisation of blame which are common in abusers,
- and a capacity to assess the risk significance of dynamic variables, such as denial, victim empathy, remorse and the range of attitudes or cognitive distortions which may underpin abusive behaviour.

Whist training in other forensic settings may provide a similar skill-set, it cannot be automatically assumed that mental health professionals (even those with experience in other areas of child protection work) have this expertise. This is acknowledged within the psychiatric literature, thus Carroll (2007) states that "the key lessons of research on violence risk assessment have not been systematically incorporated into the daily practice of most mental health professionals. Risk assessment technologies are generally used in a highly variable way, if at all." (see also Webster et al 2002; Higgins et al, 2005).

We therefore propose that assessors undertaking expert domestic violence risk assessments for the family courts (in private law cases) should reach or exceed the minimum standard in each of the following areas:

Qualifications

1. Assessors must have a graduate qualification in a relevant discipline (e.g. psychology or social work).
2. Assessors must have successfully completed post-graduate training (to diploma standard or above) or in-house training to an equivalent standard in an area relevant to their expert role.

Knowledge

3. Assessors must be familiar with the dominant themes in the domestic violence literature (prevalence, implications of gender and social class, typologies, parental alienation etc); in particular, assessors must have an understanding of the nature and dynamics of domestic violence and its effects on women and children and demonstrate this in their assessments.
4. Assessors must have a basic understanding of the legal and procedural framework of public and private law family court work (key statutes, standards of proof, findings of fact etc), and of the criminal justice system.
5. Assessors must be familiar with the basic principles of risk assessment and with the limitations of existing risk assessment instruments and technology.
6. Assessors must be familiar with the leading domestic violence risk assessment approaches (e.g. DVRAG, SARA, DVRAF)
7. Assessors must have an understanding of child development insofar as it relates to the assessment process, and a working knowledge of child protection procedures.
8. Assessors must be familiar with the advantages and limitations of treatment approaches available for working with those who perpetrate domestic violence, including psychotherapeutic and psycho-educational interventions.
9. Assessors must be familiar with the range of services provided by contact centres, and aware of the risks to children and their resident carer associated with both direct and indirect child contact.
10. The assessor should be able to evidence their expertise in working with domestic violence offenders, preferably in both assessment and treatment settings.

Proposals for how the competency of assessors can be measured.

There is at present no independent or accredited training programme in domestic violence risk assessment. Some respondents expressed a wish that such a training should be developed under the aegis of a university department. We agree that this would provide structure and academic rigour to such a programme, but would also recommend that any training programme also include an assessment of competence by practitioners in the field.

One proposal is that experts would submit a risk assessment report to a panel of professionals with demonstrated track record of performing this kind of assessment, who would review the report to see that it demonstrates key competences, such as:

1. A clear central focus on domestic violence and on the interests of the child – as opposed to a primary focus on other (possibly related issues) such as mental health, substance misuse, the rights or interests of the adult parties etc

2. A clear and applied understanding of the dynamics of DV and the relation of the violence in this case to gender, culture, background and other power relations which may be operational.
3. An ability to weigh up other issues such as mental health, personality, substance misuse, to explain how and to what degree these might compound the risk of DV and to delineate unrelated issues
4. To show an understanding of how and to what level denial and minimisation function in all parties presentation of this case including consideration of how this impacts on the child and how it impacts on the risk
5. An ability to consider 2-way violence, to consider if there is a primary perpetrator and to balance the risks posed by each party and the harm caused by each.
6. A knowledge of key DV risk factors – including, where appropriate, those specific to separated parents
7. An applied knowledge of the difference between dynamic and static risk factors
8. Application of risk factors to the specific actual or potential situations of the case
9. A knowledge and application of key resilience and vulnerability factors of the victim of DV
10. Appropriate use and interpretation of any assessment tools referred to
11. Appropriate interpretation of research referred to
12. An applied knowledge of the specific impacts of DV on the child in the light of their exposure, vulnerability and resilience. To assess the potential for harm to the child in this case and of the risk of future harm.
13. A clear assessment of the beneficial aspects of the child's relationship with one or both parents (as relevant to the case)
14. Consideration of the child's needs and wishes
15. An assessments of the supports and risks facilitated by the family's environment (situational factors) – including extended family and peer groups – and an ability to incorporate such issues into recommended solutions where this might be helpful
16. Consideration of the range of risk management, and vulnerability reduction and harm reduction strategies that might be helpful in this case
17. An ability to assess the potential efficacy of such interventions in this particular case and make recommendations accordingly

Two or three people could mark up each report (as with academic assessment) and these could be chosen so that at least one reflects the writer's own discipline. This would prevent a psychiatric, psychological or treatment-focused model prevailing and allow experts to be identified from a range of fields.

Extending national coverage of assessors

Whilst coverage is patchy at present, the large catchment areas of organisations currently doing this work indicates that there would only need to be a limited number of approved resources in each area. (Expert DV risk assessments usually require a maximum of four interview sessions, it is therefore practicable for clients or assessors to travel some distance to carry out the interviews . A proposal for a modular training programme is laid out in Table 3 in the appendix.

Respect would like to develop a register of assessors who meet defined criteria so that this can be a resource for professionals looking to appoint an assessor. The aim is not to exclude others from doing these assessments, but to ensure that there is bank of assessors who Respect can feel confident in recommending.

Respondents were in general positive about the idea of a list of approved assessors, however some felt that it was too early to determine whether Respect is the organisation best placed to set and manage any quality assurance standards. In practice, the courts have the final say on who they seek to advise them on any issue, and feedback from respondents indicates that family law practitioners in any given area operate an informal quality assurance process, by only selecting experts whose evidence has proved helpful. Nevertheless, at this stage it seems appropriate that, as an organisation which provides a national helpline which offers advice to professionals who are working with perpetrators of domestic violence, Respect should at least ensure that any assessors it does recommend have appropriate experience and have undergone a quality assurance process.

Appendix

Table 1. Different approaches to the assessment of risk[2]

Unaided clinical assessment	This unstructured approach is based solely or largely upon clinical impressions or constructs or other factors that the practitioner assumes have risk significance (without empirical evidence). Although still surprisingly common, such intuitive approaches have been widely discredited - even experienced clinicians fail to predict future violence in cases where such behaviour would have been readily predicted from a small number of straightforward evidence-based risk indicators such as previous acts of violence. See Harris et al 2002, Grubin 1999, Conroy and Murrie 2007, Mahendra 2008, Aegisdottir et al 2006, Grove et al 2000, Odeh et al 2006, Moore 1996.
Structured clinical assessment	This structured approach is based upon heuristic assumptions about risk factors that are based upon the clinician's own theories or working hypotheses (that may or may not be supported by empirical research).
Empirically-guided clinical assessment	This structured approach (e.g. SARA, DV-RAF) provides direction as to what information should be sought and examined for potential risk significance, and the assessor arrives at a formulation of risk after considering a standardised range of empirically validated risk factors.
Actuarial assessment	Actuarial risk assessment instruments (e.g. DVRAG, ODARA) are based upon risk factors that have been derived from statistical analysis to predict the likelihood of future violence, and are scored and weighted according to a predetermined set of arithmetical rules. There is compelling evidence of the superiority of actuarial approaches to assessing for violent recidivism over other approaches. See, for example, Grove et al 2000, Quinsey et al 2006, Hilton et al 2010. Nevertheless, however robust and tempting, actuarial instruments do have limitations when it comes to family court work, and are usually more useful in a criminal justice context than in child protection work.
Clinically-adjusted actuarial assessment	An approach in which the results of one or more actuarial instruments applied are adjusted by the clinician because of idiosyncratic factors that are not included in the assessment tool but are deemed to have particular risk significance. Although very common, the legitimacy of this approach is dismissed by actuarialists who argue that any adjustment of the actuarial score undermines its predictive utility. See, for example, Hilton et al 2010, Quinsey et al 2006, Hart et al 2003.

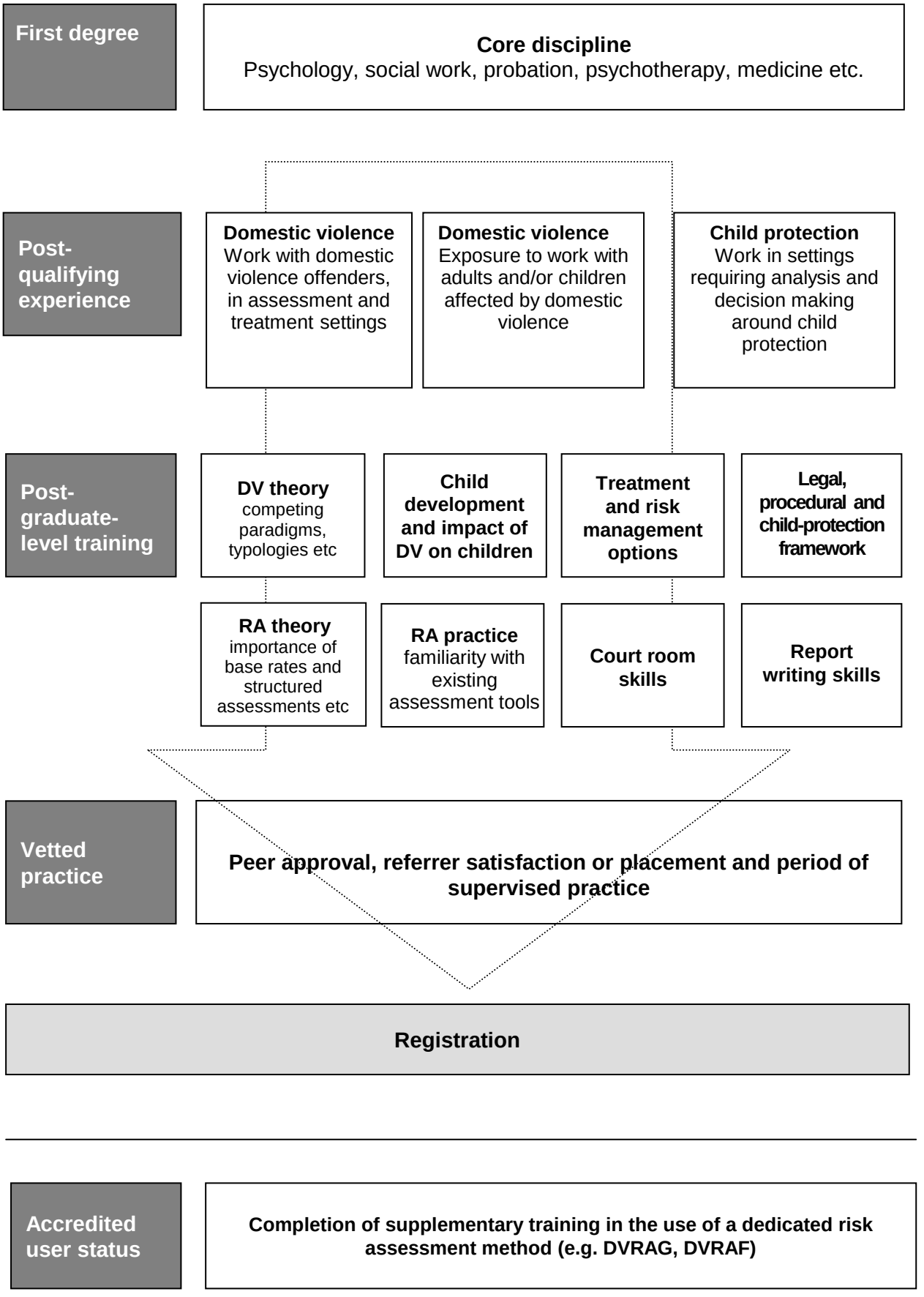
[2] See, for example, Hanson (1998), Beech et al (2009), Conroy and Murrie (2007), Western and Weinberger (2004).

Table 2. Models in common use for domestic violence risk assessment

	Model or instrument	comment
1	**DVRAG** *Domestic Violence Risk Appraisal Guide* Developed by Zoe Hilton and colleagues following the success of VRAG and ODARA (see below) Hilton et al 2010, 2008 www.mhcp-research.com/dvpage.htm	Probably the gold standard for the actuarial assessment of domestic violence recidivism risk. Developed from the ODARA (see below) and combining the PCL-R; reliably ranks dv perpetrators' recidivism risks (but is likely to be at its most reliable among those men who are known to the criminal justice system); rejects the significance of dynamic variables, and treatment effect; requires highly trained practitioner.
2	**VRAG** *Violence Risk Appraisal Guide* Developed after extensive research with mentally disordered offenders in Canada Quinsey et al 2006	An impressive actuarial violence prediction tool and widely used by forensic psychologists; developed principally for use with mentally and personality disordered offenders; not designed specifically for use in dv cases but nevertheless performs well in predicting DV assaults coming to the attention of police; does not predict imminence or severity; does not address psychological abuse; no reference to victim or relationship; no reference to children; rejects the significance of dynamic variables, and treatment; requires highly trained practitioner.
3	**ODARA** *Ontario Domestic Assault Risk Assessment* Developed from an analysis of an extensive database of domestic violence offenders in Canada Hilton et al 2010, 2004, 2005	Brief, easy-to-use actuarial domestic violence risk assessment tool with impressive predictive power; designed for use with victims by police and victim services to help assess risk of criminal re-assault and severity of injury; draws upon the victim's own account (or viable alternative); does not address psychological abuse; no reference to children; does not consider dynamic factors;.
4	**PCL-R** *Psychopathy Checklist Revised - 2nd Ed* The gold standard for assessing psychopathy Hare 2003	Useful for screening for and gauging psychopathic traits, and for assessing risk of recidivism in severe dv assaulters (though of relatively little value for mid-range scorers, and not a prediction tool *per se*); for use with male or female perpetrators; no reference to victim or relationship; no reference to children; requires highly skilled and trained practitioner.
5	**SARA** *Spousal Assault Risk Assessment* Developed in Canada. Licensed by Randal Kropp Kropp et al 2000	Designed principally for use with convicted offenders to screen for those at risk of recidivism in criminal justice settings; easy to score but was not designed to be used as a scale and requires specialist knowledge in the field to arrive at a defensible judgment; inter-rater reliability problems have been reported; does not consider the relationship of the parties; does not address psychological abuse; no reference to children; requires trained practitioner; outperformed by DVRAG and ODARA.
6	**HCR - 20** *Assessing Risk for Violence* Developed by the British Columbia Forensic Psychiatric Services in Canada Webster et al 1997	Widely used by forensic mental health workers; easy-to-use guide, similar to SARA in format, covering 20 historic, clinical and risk-management factors; developed for use with mentally and personality disordered offenders, and not tested on other populations, thus of limited use with dv offenders (though it is commonly used for this purpose); no reference to victim or relationship; does not address psychological abuse; no reference to children; requires trained practitioner.
7	**DA** *Danger Assessment (revised)* Developed by Prof. Campbell in the US. Campbell et al 2008, 1995 *www.dangerassessment.org*	Brief, easy-to-use assessment tool; designed to enhance judgment when working with female victims to assess the risk of lethality in severe DV cases; relies heavily on the victim's account; does not address non-lethal violent recidivism or psychological abuse; no reference to children; does not consider dynamic factors; no particular training required to administer; outperformed by VRAG and ODARA.

8	**DVI** *Domestic Violence Inventory* (UK version) Developed by Dr Lindeman in the US *www.bdsltd.com/bds_dvi.htm*	Easy-to-use actuarial psychometric test for assisting risk assessment practice with convicted or suspected dv offenders; results are computer-generated; relies entirely upon the individual's self-reporting; for use with men or women; no reference to victim or relationship; no reference to children; easy for the respondent to give inauthentic answers but the test does include a consistency/reliability scale; as yet, only limited validity studies.
9	**PAS** *Propensity for Abusiveness Scale* Developed by Donald Dutton at the University of British Columbia Dutton 1995	Easy-to-use 20-item self-report questionnaire for assessing a man's propensity for abusiveness; no reference to victim or relationship; no reference to children; the scales items are less subject to socially desirable responding than in some other inventories but it is still easy for respondents to give inauthentic answers.
10	**SPECSS** *(Separation, Pregnancy, Escalation, Culture, Stalking and Sexual Assault)* Developed by the Metropolitan Police Richards 2003	Designed to enhance prevention work by frontline police officers; 3-stage approach involving initial police response, assessment of risk, and intervention to manage the risks; based upon assessing six key risk factors (plus 6 further prompts).
11	**CAADA-DASH** *Risk Identification Checklist* Developed by Richards (2009) in partnership with CAADA; now adopted by MARACs see www.caada.org.uk www.dashriskchecklist.co.uk CAADA 2009, Richards et al, 2009	Easy-to-use 24-point Risk Assessment Checklist designed to help frontline police officers to gather detailed and relevant information from victims, which can be shared with other agencies, to identify victims of domestic violence who are likely to need intensive support, and to inform multi-agency risk management strategies.
12	**Domestic Violence Risk Assessment Model** Developed by Bernardo's Domestic Violence Outreach Service in Northern Ireland Bell and McGoren 2003	Adapted from the Canadian model for use in the child protection arena (as opposed to court work); for use with male perpetrators; comprehensive approach addressing nine assessment areas; requires collection and analysis of a large amount of information; requires skilled child protection practitioner.
13	**DV-RAF** *Domestic Violence Risk Assessment Framework* Developed by Calvin Bell and colleagues over the last 15 years Licensed by Calvin Bell: *calvin@ahimsa.org.uk*	Structured risk assessment protocol intended principally for use in disputed contact/residence and child protection proceedings; not yet tested for validity/reliability but based upon empirically-derived risk factors; time-consuming and requires access to and analysis of a large amount of information; requires skilled and very experienced practitioner.

Table 3. Proposed pathway to expert domestic violence risk assessor registration (private law)



List of people consulted in the preparation of this review

Note: Calvin Bell of Ahimsa Safer Families provided extensive input on the sections of this report dealing with risk assessment technology.

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