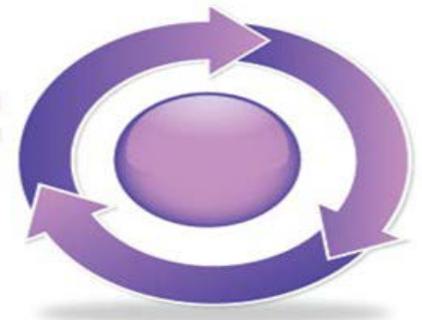


Risk assessment and management for families living with domestic violence – state of the art

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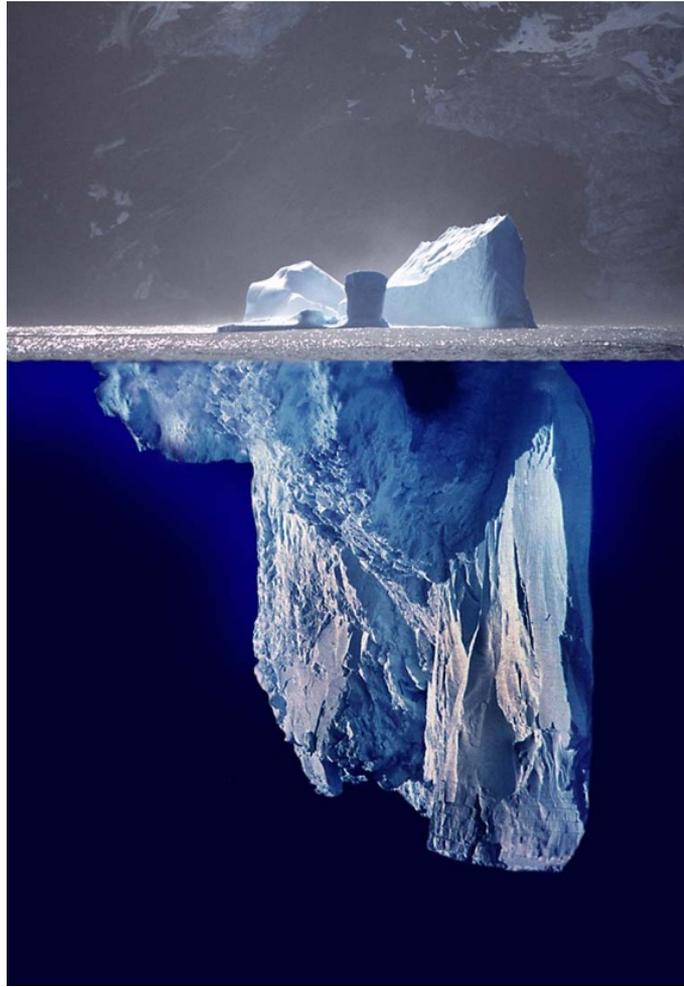


Why do we need risk assessment?

- Abuse of children and adults is hidden and evokes shame & denial – only most severe effects are immediately apparent
- Harm to children is long-term & primarily emotional/psychological – not easily discernible
- Risk assessment offers means of looking beneath the surface, predicting future harms and weighing them against family strengths



Risk assessment – also a means
of reducing demand on services



Prevalence of children's exposure to domestic violence

Systematic review of Nordic studies

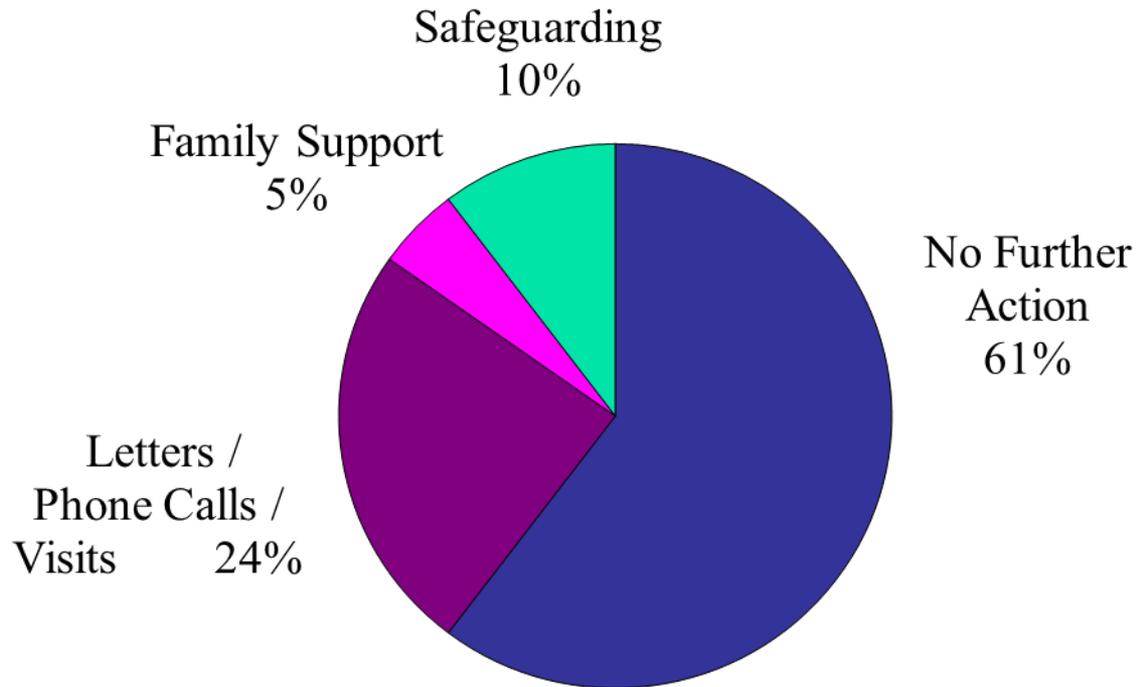
(Kloppen et al 2015):

7%- 12.5% children across 9 Nordic studies reported seeing, hearing or knowing about domestic violence in their family

UK prevalence study (Radford et al 2011)

	Under 11	11-17	18-24
At least one type in childhood	12%	18.4%	24.8%
Severe violence (kicking, choking, beating up)	3.5%	4.1%	6%

Service pathways of 184 incidents of domestic violence notified by police to children's social services in England (Stanley et al 2011)



An inefficient system?

- Over half the 'no further action' cases renotified or re-referred by other agencies in subsequent 21 months:

'we spend a lot of time trying to assess whether or not we should be involved . . . that is very resource intensive'

(Children's Social Services Manager, Stanley et al 2011).

A differential response

- Distinguishes levels of risk
- Matches different service levels to levels of risk
- Co-ordinates contributions of different professionals and organisations
- N America & UK – differential response models widely used & underpinned by standardised risk assessment tools
- Inherent risk of approach – families identified as ‘low risk’ receive little support.
- Increasing arguments for early intervention services for low risk families

Challenges for risk assessment with families living with domestic violence

1. Target of risk assessment varies between organisations and professional groups
2. Focus on incident rather than harm
3. Doing risk assessment 'to families' rather than 'with families'

1. Who is the target of assessment?

- Domestic violence has both adult (usually mother) and child victims
- Police target perpetrator and victim, but often fail to address child's needs:

'They [the police] listen to the adults more . . . they don't want to talk to you'

(Nicola, Young People's Focus Group 1, Richardson-Foster et al 2012)

'. . .when you communicate with the family you communicate with the adults...you don't communicate with the children...'

(Specialist Supervising Officer 1, Richardson-Foster et al 2012)

Social work often fails to engage father/perpetrator in assessment

'I personally don't ever get involved with the perpetrator. Not at the time that the domestic violence has gone on.' (Initial assessment SW, Stanley et al 2011)

See also Alaggia et al's (2015) Canadian study

- Inaccessibility of fathers to social workers
- Fathers' limited involvement with children
- Lack of relevant services for DV perpetrators
- Concerns about staff safety
- Social work traditionally focuses on mothers

Instead, focus on blaming mothers:

'I've had a phone call in the past where the woman I had written to was quite . . . frustrated... Because clearly she . . . had tried very hard to keep her child safe and felt that it was the husband or the ex-partner's behaviour, that he should be the one that we should be addressing.'

(Initial Assessment Worker 3, Stanley et al 2011).

And sets up separation as a goal

- Separation treated as goal of social work intervention
- Services withdrawn when couple separated
- However, separation itself is inherently risky and 'is not a vaccination against violence' (Jaffe): over half couples in Stanley et al's (2011) sample were already separated.

Family Doctors

- More confident about engaging with victims & perpetrators of domestic violence than with children (Larkins et al 2015)

'It would be a very good thing to speak to the children about it...I'm not sure I would do that actually.' GP18

'I must admit, if they're at school or a teenager or something like that, no, I don't. I've never, never made arrangements to do that, you mean to talk to them or examine them or what?' GP25

2. Incident focused assessments

- Much domestic violence hidden and takes form of coercive control (Stark 2007) – can erupt into public arena as incident
- Incidents attract public attention and represent a crime, so often form basis of risk assessment but may not reflect lived experience of child.
- Need to focus on long-term effects of domestic violence for children, harm is cumulative (Rossman 2000).

'Constantly on edge. Never free, never safe. It was like, there was no safe [place] ... being at home wasn't safe at all...you're constantly alert.

You don't sleep properly, you just sit there and wait for something to happen.'

(Mona, aged 17, McGee 2000)



'Just angry and then like you'll take it out on your mum and things, it's been building up and then it's just war at them.' (Tremayne, Stanley 2011)

'I felt that I had a neon sign that told everyone what was going on in my family ... you're bottling up your feelings and you kind of feel very alone.'

(Young person, Buckley et al 2006)

Children's Active Resistance (Mullender, Överlien, Katz)

- Children call for help
- Physically intervene and act as witness
- Act to protect siblings and mother
- Develop strategies for managing domestic violence in the home
- Provide comfort and support for victim
- Liaise with support organisations providing interpreting services etc.

Harm inflicted by domestic violence varies by developmental stage:

- Infants and pre-school: delayed development, sleep disturbance, temper tantrums and distress
- Schoolchildren: conduct disorders, problems in concentration and in peer relationships
- Adolescents: depression, delinquency, aggression to peers, abuse in their own intimate relationships



3. Doing risk assessment 'to' rather than 'with'

- Guilt and shame make it difficult to acknowledge domestic violence and impact on children:

'...I was watching my children suffer . . . and I felt guilty, then guilty inside and I'm thinking 'why am I letting them go through this?' But, at the time, I couldn't find a way out.' (Pearl, Stanley et al 2012)

- Parents will resist interventions that provoke shame, fear of losing children or fear of reprisals from violence partner
- Recognising effects of domestic violence on children can motivate disclosure and change for victims and perpetrators but needs to be achieved in way that avoids blame.

3 Approaches to Risk Assessment and Management

- Forensic/Actuarial – use of actuarial tool developed using evidence from cases with negative outcomes
- Dialogic – conversations with children and parents to capture their perceptions of risk and develop strategies for managing it.
- Interagency – different organisations collect, share and synthesise information

Forensic/Actuarial Approach



Critiques of actuarial/forensic approach

- Reductionist, tick-box – fails to utilise professional judgment and tacit knowledge
- Undermines relationship with families – blaming, dehumanising
- Practice focused on past rather than future
- Not very accurate (Munro) – produces large number of false positives

Numbers – a common language that convey meaning more precisely ?

Risk statement	Certainty score out of 100
'The risks are high'	40-100
'It's a bit risky'	10-60
'Significant risk of harm'	30-100
'The risks are even'	30-70
'I'm seriously concerned'	35-100
'A risk of danger'	20-100

The SafeLives Dash Risk Checklist

24 Questions:

1. Has the current incident resulted in injury?
2. Are you very frightened?
3. What are you afraid of?
4. Do you feel isolated from family/friends?
5. Is there conflict over child contact?
6. Are you pregnant?
7. Have you separated or tried to separate from abuser within the past year?
8. Has he ever mistreated an animal or family pet?
9. Has he had problems with drugs, alcohol or mental health in the last year?
10. Has he been in trouble with the police or has a criminal history?

Strengths of the DASH

- Widely adopted in England & Wales – facilitates risk discussions
- Checklist acts as a reminder in settings where emotions are high
- Standardises and improves practice at frontline
- Includes dynamic as well as fixed risk factors
- Form includes opportunities for open responses

Shortcomings of the DASH

- Collects little information on children
- Considerable variation in implementation (HM Inspectorate of Constabulary 2014) – differences in what gets asked, how it's completed, how it's weighted, thresholds for different risk categories
- Only 4 of the factors - criminal history, separation, alcohol problems, frightened - found to be associated with repeat incidents and only 2 significantly associated - criminal history, separation (McManus et al forthcoming)
- Reliant on victim's self-report but doesn't necessarily open up dialogue

Dialogic Approach



Safety Planning – builds picture of environmental risks and develops risk management strategies

- Identifying a safe place in case of further violence
- Awareness of safe personal contacts
- Procedures for contacting helpline/emergency services
- Security measures for the home, eg locks, panic buttons and alarms
- Keeping important documents in safe place
- Maintaining a cache of spare keys, money and emergency clothing. (Hester et al 2007)

Widely used by specialist domestic violence sector:

- Dialogue with victim most likely to elicit detailed information that can inform risk assessment
- Approach used with children and young people on some group programmes – uncertain as to appropriateness
- No robust evaluation of safety planning available

Signs of Safety (Turnell et al)

- Concrete language used to identify risks in behavioural, non-judgmental terms:
‘When X is drinking, Y can happen’
- Family learns to use language of ‘concerns’ and ‘safety’ to identify risks
- Parents’ views seen as valuable and included in risk statements and plans
- Emphasis on transparency, respectful practice and parental power to change – offers parent opportunity to position themselves as caring and competent

Dangers of Dialogic Approach

- When implemented with whole family doesn't always take account of power inequalities in family
- Whose voice is loudest and most persuasive?
- Fears of repercussions can silence children and victims
- Family conversations can expose children or victims to further abuse

Interagency risk assessment & management



Interagency Screening of Referrals

- Interagency meetings/panels
- Co-location of different professionals - eg practitioners with expertise in work with perpetrators in social work teams
- Integrated teams

- Allow maximum amount of information to inform assessment of risk
- Means by which agencies develop insight into each others' perspectives and approaches
- Such initiatives tend to be pulled back when services under pressure

MASH (Multi-Agency Safeguarding Hubs)

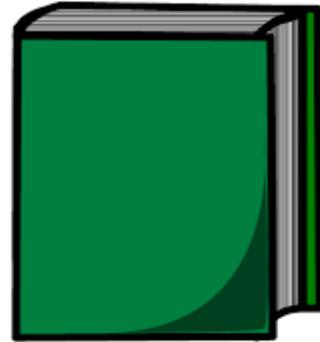
- Police & social services pool data in 'sealed intelligence hub'
- Model widely adopted in England and Wales
- No robust evidence for effectiveness as yet
- Home Office (2014) process evaluation found:
 - Improved risk assessment
 - Earlier intervention
 - Cases more tightly managed
 - Better understanding between professionals
 - Greater efficiencies in processes and resources

Questions to ask about MASH

- Does multiagency risk assessment at the front door make for a more effective service for children and families?
- How do children and families experience and contribute to MASH?
- Does MASH improve interagency collaboration and communication beyond the MASH itself?
- What MASH configurations and features make for effectiveness?
- What can we learn from MASH about the key elements of interagency collaboration?

The Greenbook Initiative

(Journal of Interpersonal Violence 2008, 23, 7)



- US Juvenile and Family Court Judges - Guidance on Domestic Violence and Child Maltreatment Cases (1999)
- Implemented 2000 to 2005 in 6 sites in 5 US states
- Led by the judiciary, focused on the child welfare system, specialist domestic violence services and courts.

Implementing the Greenbook

- Staff representation at multiple levels from full range of organisations at interagency forums and meetings
- Survivor representation on forums
- Joint screening and assessment protocols developed
- Multiagency teams, groups and responses – reviewed, filtered and routed cases
- Co-located and specialist staff located in range of agencies
- Training focused on understanding the dynamics of interagency work

Interagency training on Domestic Violence

- To promote 'Institutional Empathy' - 'understanding of the context shaping how another agency works' (Banks et al 2008)
ie. what drives and restricts the work of other organisations
- Build understanding of how information conveyed by one agency is received and used by another
- Transform the voice at the end of the phone into a known face



No risk assessment without strategies for risk management

The 'can of worms':

'...if you don't know what you're going to do about something if you find out about it, then you don't make any effort to find out about it, the last thing you want to do is get someone to disclose domestic violence and then have no idea what you're going to do about it.'

(GP22, Szilassy et al 2015)



Risk Management Approaches

At the frontline: police officers to provide children and young people with smartcard offering information re sources of help.

Post domestic violence: development of range of interventions aimed at promoting recovery of children and their mothers (see Haworth et al's IMPROVE review forthcoming 2016).

Service Gap – very little in the way of services for children still living with domestic violence – increase availability and quality of supervised access schemes for separated families?

In Conclusion

- Forensic/actuarial approaches have improved practice at frontline and interagency collaboration
- Need to focus on those risk factors that have predictive power:
 - 'Nothing predicts behaviour like behaviour!'
- Checklists need to be designed to open up rather than close down conversations
- Engaging children and families in respectful, non-blaming discussions about impact of dv is likely to increase information available
- Need to recognise power dynamics which inform domestic violence – seeing family members separately
- Interagency communication needs to be built on institutional empathy and avoid 'crowding out' communication with children and families.

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