The Risk of Risk Assessment in Intimate Partner Violence: What’s Wrong with Actuarial Tools?

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Abstract
The brave new world of intimate partner or domestic violence includes increasing use of risk assessment tools by police, justice and health and welfare agencies. The current view is that the tools which rely on actuarial methods are superior to intuitive or ‘gut-feel’ assessments. They arguably provide a more consistent and accountable approach to decisions that need to be made. However, using actuarial methods can also provide a false sense of security as the dynamic which leads to intimate partner violence is less than adequately understood, and problems persist in identifying risk factors with direct causal links to escalation of future violence. The attraction of categorising risks and arriving at a blunt score to determine an agency’s response to a particular intimate violence case is obvious. This paper argues that we should proceed with extreme caution as there are risks associated with this type of risk assessment.

Key Words
Violence, risk, assessment, actuarial

Sociology has turned its gaze to the concept of risk in the past 15 years, with influential analyses by Ulrich Beck (Beck 1998), Anthony Giddens (Giddens 1990) and Scott Lash (Lash 1993). Central to discussion of risk is the process of reflexive modernisation which acknowledges that risks are built in or produced by society’s transition to a late-modern or postmodern form (Beck et al. 1994). This leads to the self-critical or self-reflexive society, manifesting a perpetual pattern of risk assessment, decision making and negotiation. At a macro level, we see the world in terms of global, opaque dangers of potentially lethal risk and our reaction is to question human action and seek accountability and responsibility from our leaders, their agencies and, previously sacrosanct, private enterprise. At the state level, the response has included classification of risks, creation of laws and penalties, the strengthening of police power and public education programs to transfer some of the risk onto the individual. A state must also gauge the risk of inaction across a number of risk environments. Included in the macro level response to risk is the
construction of a series of expert systems to monitor the activities of individuals and organisations; and a tendency to commodify risk analysis, with government’s reliance on forecasting, calculations of probabilities, and a plethora of actuarial and scientific models to guide their decision-making. At the personal level, dramatic change in the structure of private lives also presents risks. As traditional certainties such as marriage, family and life-long work become unstable, this also destabilises intimate relationships which lead to high levels of anxiety and insecurity, creating the environment for conflict and, sometimes, violence. While the ‘big picture’ of my research is to marry the sociological concepts of risk with the field of intimate partner violence, in this paper my focus will be on the tools being developed to predict future violence towards a partner to demonstrate state use of expert systems to manage risk in the social environment.

*Intimate partner violence or domestic or family abuse* arises when one partner in a relationship seeks to physically or psychologically dominate or control the other. This domination can manifest itself in a spectrum of abusive behaviours ranging from non-physical types of abuse (such as repeated demeaning or derogatory remarks, restriction of access to finances, family or friends and destruction of property) to physical or sexual assault with a high likelihood of causing injury or death. We know that violence tends to escalate over the term of the relationship (Walby and Myhill 2000) and that between six and twenty incidents will occur before the police are called (Millbank 2000).

Domestic violence risk assessment tools gauge the likelihood of reoffending by looking at specific risk factors and calculating a score that approximates the degree of risk. A range of complex tools are used by the justice and health systems in an extended assessment process to establish therapeutic plans for offenders and strategic plans for victims; their rationale being to provide structure and information for decisions that need to be made. Many rely on a series of self-assessments by the offender on a variety of dimensions – such as conflict styles (Fals-Stewart et al. 2003; Straus 1992; Tyagi 2003), physical violence (Webster 2004) or psychological maltreatment (Dutton et al. 2001; Webster 2004).
Tasmania has recently enacted new family violence legislation, the implementation of which involves a whole-of-government approach with the main thrust being the criminalisation of family violence. Part of the comprehensive package of safety initiatives for victims in Tasmania is a risk assessment instrument; in the form of a 34 point checklist which is completed by officers attending the incident to assess dangerousness of the offender and calculate risk to the victim. Depending on the rating of the offender (low, medium or high risk) the outcome ranges from arrest through to detention and refusal of bail. The tool also includes the use of an admiralty scale (to rank the reliability and accuracy of the source of the information) and a capacity for professional over-ride by a senior officer. Its introduction was accompanied by controversy amongst the Law Society and magistrates who questioned the background and validity of the tool. They were particularly concerned that the detention of suspected family violence offenders because of risk of further violence to their partner was a violation of the human rights of the accused (The Mercury Editorial 23 May 2005). Whilst the Tasmanian legislation and associated programs are to be applauded for their radical approach to eradicating intimate partner violence, and the related risk assessment tool is based on actuarial and best practice models from around the world, at one level some alarm is justified.

**The development of risk assessment tools**

Police, mental health professionals, welfare workers, criminal justice workers and so on, have always conducted assessments of dangerousness in the course of investigations, diagnosis and decision-making, but in general these appraisals were based on ‘gut feeling’ and not formally documented. The main models of clinical or intuitive assessment were derived from predicting violence in the mentally ill (McSherry 2004). What research exists suggests that mental health professionals tended to over-predict violence and that it was rare for psychiatrists to correctly predict with more than 33% accuracy (Rosenfeld and Lewis 2005; Webster 2004) mainly because they assumed that violence is one dimensional and dichotomous…. a Yes/No scenario.
Because of the poor predictive value of clinical assessments, actuarial assessments based on multivariate statistical models, using linear regression and discriminant function analysis have been undergoing development since the 1970s (Allen and Dawson 2004). Early tools concentrated on psychological or sociological factors using static predictors such as age, criminal history, and family of origin data, which were found to be useful in establishing the long-term risk of violent recidivism. Clinical information (dynamic factors) from theories of stress and aggression began to be incorporated to reflect the multidimensional character of domestic violence. Critics felt that adding dimensions such as ‘seriousness’ would allow harm to be assessed across a range of variables and enable social and cultural factors to be modelled as well as the abuser’s ‘internal climate’ because the process of arriving at a structured assessment requires a composite of empirical knowledge and professional expertise.

The next phase saw the development of tools which measured risk factors along two main dimensions. Criminogenic factors included substance abuse, psychopathy, pro-offending attitudes and beliefs while the Non-criminogenic dimension measured self esteem, anger control, impulsiveness, anxiety, unemployment, social support and environmental factors. It was recognised that these dimensions did not act in isolation of each other, and any factor alone would not predict abusiveness. Imminent risk of violence could be mediated and predicted by acute psychiatric and behavioural symptoms whereas long term risk was associated best with historical variables. It was recognised that while clinical factors traditionally failed to predict violence, clinical evidence was useful in looking at the various dynamics that precede a violent episode, with personality characteristics interacting with environmental factors, which could moderate or exacerbate a situation (Norko and Baranoski 2005). The synthesis of these findings led to the development of a number of actuarial tools. They are in use at present in correctional and therapeutic settings, generally involving a complex process of interlinked tests requiring administration by trained clinicians and truncated versions of these detailed tests are in use in police departments around the world.
What’s wrong with all of these?

The main problem with the rapid proliferation of actuarial tools is that the majority have had no attempts to assess validity or their psychometric evaluation is yet to be published. When statistical analyses are available they show that the systems are far from perfect in terms of sensitivity (true positives) and specificity (true negatives) (Campbell 2001). The most common error with all tools is judgment as falsely positive, with greater possibility of error associated with predictions over the longer term. It cannot be sufficiently stressed that it is extremely difficult to gauge the main predictor variables. Various analyses found all correlations to be less than 10% (Dolan and Doyle 2000). The only demographic factors that have emerged consistently were being younger, not fully employed and in relationship for shorter length of time. A study by Gondolf (2002) listed four commonly identified risk markers: excessive alcohol use, severe psychological problems, several prior arrests and being abused or neglected that had poor predictive power even when combined. They incorrectly identified many men either as false positive or false negative. A tool specifically designed for Australian indigenous males generated a false positive in 55% of cases (Allen and Dawson 2004). Another weakness is their inability to measure change that may have occurred since an earlier assessment (Archer 1994). I would also argue that there are significant pitfalls in police departments taking segments of a detailed assessment instrument and incorporating them into a shortened version, implemented by imperfectly trained officers, because of a misplaced belief that they are scientifically verified.

The worst case scenario is that a poorly designed risk assessment tool can result in ‘guilt by statistical association’ (Dolan and Doyle 2000; Monahan 1997; Rosenfeld and Lewis 2005). It can construct a ‘standard offender’ and fail to recognise the dangerousness of those whose risk factors do not form a known pattern (Dawson 2005). The literature on risk assessment advises caution regarding the use of risk assessment instruments that use the offender as their source, as many clinical tools do (Dutton et al. 2001). These tests can be sensitive to response distortion i.e. faking good or faking bad. There are methodological issues with self reporting, such as reactions of shame or defensiveness, which can lead to underreporting (Kantor and Jasinski 1997).
Another danger is that we are less than confident as to the reliability of measurements, the interaction between risk factors and which factors represent causal and predictive elements. Strauchler et al in a study of 21 scales, found that only two scales, Campbell’s Danger Assessment Scale (Campbell 2001) and the Spousal Assault Risk Assessment (Kropp and Hart 2000) were specifically constructed to predict further domestic violence. The others were designed to assess whether intimate partner violence had occurred in the past or was currently occurring (Strauchler et al. 2004). In terms of reliability, the Strauchler study found that only 12 of the scales they tested were internally consistent; one was temporally stable and one was both internally consistent and stable. Seven of the scales tested (33.3%) showed no evidence of validity. Of the fourteen scales that showed evidence of validity, eleven used concurrent predictive validity and only one used future predictive validity.

While actuarial tools consistently matched or surpassed clinical assessments (Rosenfeld and Lewis 2005) they were seen to have little utility in planning interventions and victim safety. A good tool should include control of the victim by their partner’s threats, humiliation and denigration as well as evidence of any physical violence (Campbell et al. 2003; Saunders 1995) and also historical, social, psychological and contextual variables.

Ideally, risk assessment should have multiple sources and methods of data collection because the quality of the information is critical. Laing (2004) suggests that simple checklists should not be used as the sole basis for safety planning, while they are valuable used in conjunction with other information but should not be a substitute for listening to women and learning about the complexities of their domestic lives. A strong positive component of Tasmanian instrument is the admiralty scale for rating the quality of the information, which leaves the way open for additional evidence gathering.

**Conclusions**

We cannot deny that risk has become commodified, initially spawning then destabilising the insurance industry. All manner of organisations seek to understand and manage their
risk environments, defining risk in terms of probability – that a particular adverse event will occur during a stated period or result from a particular challenge (Saunders 1995). The practical assessment of risk of violent recidivism involves a full review of a range of complex phenomena. I have proposed that while the record of accomplishment in predicting violence was not good with intuitive or ‘gut-feel’ prediction, it is also not very high with actuarial models, and best practice assessments should use elements of both, albeit with caution (Dolan and Doyle 2000; Monahan 1997). In principle, any violent incident can be identified as resulting from a variety of situational factors, individual psychological factors and couple relationship factors, with multiple causal links emanating from each of these areas. A full explanation would also take into account social conditions, social policy, political events and shifts in social history that were taking place (as Beck and Giddens have discussed) such as the destabilising effect of social change on intimate relationships, leading to increased personal insecurities and anxieties. We need a full picture of the offender against the background of their social milieu and the stresses and strains that characterise it. In practice though, such an exhaustive assessment could never be compiled.

A feasible assessment of risk will highlight a number of dominant and proximal elements. Many of these are likely to reflect the results (of violence) and it is likely that some will play an important causal role. However, there is danger in thinking in too linear a fashion in this area. Like many other social situations, the links between factors include feedback loops, eddies and aftershocks. Research to date shows there is no evidence of direct causal links associated with ANY risk markers/factors. The only factors that emerge consistently are the demographic factors of being younger, not fully employed, in the relationship for a shorter length of time and the offender’s past behaviour.

The literature advises that the environment surrounding intimate partner abuse is complex, multiple, contradictory and clearly not reducible to numeric assessments alone. There is danger that the ‘scientific’ tools turn complex situations into a blunt score. And, given the complex interrelationship between any couple, it is doubtful whether a simple ‘shopping list’ approach can have a lot of value (Strauchler et al. 2004). The tools still
make a substantial amount of miscalculations. We cannot forget that the purpose of the tools is to prevent violence not merely predict it. I suggest the best that can be done is evaluate comparative risk and safeguard against identified dangers. While a document that outlines the factors influencing each intimate violence incident and records the steps involved in making any decisions regarding the case is warranted, actuarial methods can lull us into a false sense of security, superimposing scientific blinkers (we will measure what can be measured) onto a fragmentary and volatile syndrome. The dynamics which lead to intimate partner violence are not well enough understood for these tools to be used as anything more than an aide-de-memoire to decision making. There are no shortcuts, and the actuarial methodology imparts a sense of certainty of prediction that is not justified at the present time. As Anthony Giddens has said, it is the ‘equation of knowledge with certitude’ which builds a trap for postmodern society (Giddens 1990: 39).

References


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