BETWEEN RISK & SAFETY:

An Overview & Critical Analysis of Gender-Based Violence Risk Assessment & Management in Ontario

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BACKGROUND

The Ontario Association of Interval and Transition Houses (OAITH) is a provincial association representing over 80 emergency women's shelters, transitional housing organizations and community-based, gender-based violence organizations who work towards ending all forms of violence and oppression. We support our membership through advocacy, research, education and training.

The following report builds on OAITH's previous work on risk assessment within Violence Against Women (VAW) shelters: Breaking Through: Rethinking Assessment Practices In Ontario Shelters. This report has been informed by the current work of service providers working in VAW shelters in Ontario through a sector-wide survey on current risk assessment and safety planning tools and practices. OAITH thanks the Ministry of Children, Community and Social Services as well as all survey participants for their contributions to this report.

Through the recent Inquest into the Deaths of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam, a

number of recommendations emerged aimed at enhancing system collaboration, reducing barriers to service and ultimately preventing femicide. Within these recommendations, there were several recommendations addressing current risk assessment and risk management practices. In particular, recommendation #41 calls for the development of a common framework for risk assessment to allow for a common approach to risk assessment (The Office of the Chief Coroner for Ontario, 2022). The following report will explore a variety of existing risk assessment tools and explores a number of best practices and key considerations related to conducting collaborative risk assessments and risk management strategies that can be used across various risk assessment tools.

In November and December 2022, OAITH collected feedback from 30 gender-based violence (GBV) agencies across Ontario in relation to risk assessment, risk management and safety planning. The data provided helped to inform the following report. An environmental scan of available tools, models and frameworks related to

risk assessment and risk management within a Canadian GBV service lens was completed. This scan involved resources in use at regional/community, provincial, national and international levels. This report includes a high-level summary of the findings of this environmental scan, with an emphasis on tools that are most likely to be helpful, relevant and effective for agencies working with gender-based violence survivors and aggressors in Ontario.



INTRODUCTION

Agencies providing direct support to survivors of gender-based violence are likely to agree that assessing and managing risk are vital components of effective service; they are much less likely to agree on the most helpful tools to do so. Even the word "risk" may differ in scope for those using it: for some, it refers to potential harm of lethality, while for others it may indicate risk of physical harm or other types of violence and abuse, such as sexual violence, coercive control, emotional/ verbal abuse, financial abuse and spiritual abuse. Although the list of commonly used tools and frameworks is constantly shifting, the following environmental scan aims to capture those relevant to the work of gender-based violence agencies and the intersectoral partners they work with. Of all the available tools, frameworks and overall approaches to assessing and managing risk, experts across modalities agree on one element: using any tool is better than relying on unstructured professional judgement (UPJ) alone.

Survey responses demonstrated a range of tools and concerns about gaps in commonly used tools. Even tools with high

validity testing scores do not encompass the lived realities and complexities of the lives of survivors and our fears for their safety. As detailed in the following environmental scan, Dr. Jacquelyn C. Campbell's Danger Assessment (DA) remains the most popular and most helpful tool among survey respondents. Whereas respondents gave mixed reviews on the helpfulness of the Ontario Domestic Assault Risk Assessment (ODARA); Domestic Abuse Risk Assessment (DARA); Spousal Assault Risk Assessment (SARA); Brief Spousal Assault Form: Evaluation of Risk (B-SAFER); and Aid to Safety Assessment Planning (ASAP) tools, no respondents identified the DA as unhelpful. The most common gaps identified in the most commonly used tools include the lack of information on technology-facilitated violence; cultural considerations; recognition of the brevity of some client interactions; and data informed by survivors from a variety of backgrounds, ages, identities and communities. As one survey respondent noted, risk assessment, in particular, with a structured tool can be extremely challenging within the context of trauma-informed work with survivors

of gender-based violence: "The nature of formal risk assessments can be rigid and invasive, particularly when using them with new clients."

Risk assessment is a vital component of risk management, which includes survivor-safety planning as a key support offered by GBV agencies. Although the majority of survey respondents noted they include information on workplace safety (80.0% or 24/30) and digital/online safety (86.7% or 26/30) as components of safety planning, few risk assessments consider these. In further contrast, although the criteria identified as most important to respondents when choosing a risk assessment tool was inclusion of information on how to communicate risk to survivors (80.0% or 24/30), any direction on communicating risk level to clients is often absent from risk assessment tool training and resources.

LANGUAGE & TERMINOLOGY-

The chart below notes language that is recommended and used within this report as well as terminology that may not be helpful for those working with survivors of gender-based violence. Using accessible, trauma-informed language in GBV work can help us to move beyond binary conceptualizations of identities, roles and experiences that increase barriers to those seeking help across sectors.

PREFERRED TERM(S)	TERM(S) PREVIOUSLY USED	? RATIONALE
Survivor	Victim	"Survivor" is a strength-based term, whereas "victim" is used when violence is lethal, indicating loss of life
Experiencing abuse	Abused	"Experiencing abuse" recognizes that the survivor is more than just her experiences of abuse
Aggressor	Perpetrator/Offender/Abuser	"Perpetrator" and "offender" are criminal-justice-sector framings of violence; the binary term "abuser" does not acknowledge the complexity of experiences across the lifespan. Many who use violence have also experienced violence.
They/Them	Her/She	Inclusive of gender-diverse survivors, including trans women as well as gender-non-conforming, non-binary and Two Spirit people
Former partner	Ex partner	Recognizes the fluidity of relationships
Violence against older women	Elder abuse	Recognizes the agency of older women and the significance of the term "Elder" in Indigenous communities
Gender-based violence	Domestic violence	Ensures a broad scope; includes relationship types beyond former or current partner (family, neighbour, co-worker, etc.)
Gender-based violence agency	Shelter/Residential program	GBV services for survivors are often not understood within their full scope, which includes non-shelter-based services. "Residential" terminology may be associated with past colonial trauma, i.e., residential Schools.

The chart below provides an overview of the main categories of risk assessment tools currently in use, as determined through an environmental scan and results from surveys conducted with Ontario GBV agencies. Typically, risk assessment frameworks are separated into three categories: "Actuarial," "Structured Professional Judgement (SPJ)" and "Unstructured Professional Judgement (UPJ)." We have included a fourth category below—"Other"—to reflect that some survey respondents indicated that they use some type of amended tool that is not an official actuarial or SPJ tool to assist with professional judgement.

ACTUARIAL

Definition: Based on statistics and mathematical formulae to estimate probability of certain types of violence. Focuses on static risk factors (Campbell et al., 2016)

Examples: Danger Assessment, ODARA

Pro: Provides a clear risk rating that correlates with a numerical value

Con: Criticized for being too rigid and simplistic

STRUCTURED PROFESSIONAL JUDGEMENT (SPJ)

Definition: Frameworks and approaches that guide an exploration of causes and context of GBV.Focuses on dynamic risk factors (Campbell et al., 2016)

Examples: B-SAFER, Harms to Older Persons Evaluation (HOPE)

Pro: Focus on overall prevention, not just prediction. Can be used in combination with actuarial tools.

Con: Can be lengthy and not helpful for crisis-based/ limited-time interactions

UNSTRUCTURED PROFESSIONAL JUDGEMENT (UPJ)

Definition: Frameworks and approaches that guide an exploration of causes and context of GBV.Focuses on dynamic risk factors (Campbell et al., 2016)

Examples: Discussion amongst staff. Individual service provider discussing risk with client

Pro: Can be helpful in getting discussion about risk started.

Con: Agreed upon by experts as the least effective form of assessment due to inconsistency, lack of validity and chance of bias. Difficult to defend in court.

OTHER

Definition: Modified or amended actuarial tools or structured professional judgement frameworks

Examples: Danger Assessment, with highrisk factors from Domestic Violence Death Review Committee (DVDRC) reports included

Pro: Can reflect needs of community/agency

Con: Validity negatively impacted by modification

Actuarial and SPI tools and frameworks provide a scaffolding for a worker's professional judgement and help to ensure consistency, accuracy and lack of personal bias within the practice of assessing and ultimately managing risk. Although unstructured professional judgement approaches can assist in initial conversations and informal exploration of risk and ultimately assist the service provider in determining if a formal risk assessment should be completed, it is widely considered the least effective form of assessment due to lack of overall validity testing. Tools that do not require certification or training or have associated validity testing may seem, anecdotally, to work well. However, without testing and evaluation, this assumption may not be accurate. Tools and frameworks that fall into the UPI and "Other" categories are also likely to become problematic if a worker utilizing this method of assessment is asked to provide testimony regarding the assessment and related outcomes in court.



RISK ASSESSMENT TOOL/FRAMEWORK OVERVIEW ¹							
Tool Name	Tool Type	Validity Testing ²	Languages	Gaps	Strengths	NOTES RE: Current Use in Ontario Among Responding VAW Agencies	
Danger Assessment (DA)	Actuarial tool to assess lethality risk	Yes³	English, French, Spanish	• Created with US data	 It's a plain language tool that can be helpful in disrupting survivors' minimiza- tion of risk Available in French 	• 67% of respondents utilizing it (20/30)	
Danger Assessment Circle (DA-Circle)	Actuarial tool to assess lethality risk	Yes ⁴	English, French	Validity not as high as the main DA tool	 Specific to Indigenous survivors and includes a calendar tool, which may be more accessible for Indigenous survivors 	 Although not identified within survey results, several April 2023 training participants confirmed they are utilizing this tool 	
Danger Assessment- Revised: For Use in Abusive Female Same- Sex Relation- ships (DA-R)	Actuarial tool to assess lethality risk	Yes ⁵	English	• Validity not as high as the main DA tool	 Specifically designed for same-sex rela- tionships 	 Although not identified within survey results, several April 2023 training participants have confirmed they are utilizing this tool 	

RISK ASSESSMENT TOOL/FRAMEWORK OVERVIEW ¹							
Tool Name	Tool Type	Validity Testing ²	Languages	Gaps	Strengths	NOTES RE: Current Use in Ontario Among Responding VAW Agencies	
Danger Assessment for Immigrant Women (DA-I)	Actuarial tool to assess lethality risk	Yes ⁶	English, French	• Validity not as high as the main DA tool	 Specifically designed for immigrant survi- vors 	 Although not identified within survey results, several April 2023 training participants confirmed they are utilizing this tool 	
Danger Assessment-5 (DA-5)	Actuarial tool to assess lethality risk	Yes ⁷	English	• Not as complete as the full DA tool	Useful for time-limit- ed interactions	 No data was collected regarding the use of this tool 	
SARA	Structured Professional Judgement	Yes ⁸	English, French	 Lengthy to complete and typically mul- tiple agencies needed 	 Extensive; also in- cludes risk manage- ment planning 	• 7% of respondents utilizing it (2/30)	

RISK ASSESSMENT TOOL/FRAMEWORK OVERVIEW ¹							
Tool Name	Tool Type	Validity Testing ²	Languages	Gaps	Strengths	NOTES RE: Current Use in Ontario Among Responding VAW Agencies	
B-SAFER	Structured Professional Judgement	Yes ⁹	English, French, Castellaño, Danish, Finnish, German, Greek, Hebrew, Italian, Japanese, Korean, Dutch, Bokmål, Serbian, Swedish, Welsh ¹⁰	 Lengthy to complete. Overall focus on mental health and criminal justice system use 	 Includes information on communicat- ing outcomes and overall management of risk; preventative rather than just predictive 	• 33% of respondents utilizing it (10/30)	
Stalking Assessment and Management (SAM)	Structured Professional Judgement	Yes ¹¹	English, Swedish, Norwegian	 Focused, over- all, on criminal justice system use 	 Can be used with a wide range of relationship types 	No respondents currently utilizing	
ODARA	Actuarial tool to assess risk of recidivism	Yes ¹²	English, French	•Not effective when used to evaluate lethality	 Includes history of past violence be- yond IPV 	• 17% of respondents utilizing it (5/30)	

RISK ASSESSMENT TOOL/FRAMEWORK OVERVIEW ¹						
Tool Name	Tool Type	Validity Testing ²	Languages	Gaps	Strengths	NOTES RE: Current Use in Ontario Among Responding VAW Agencies
HOPE	Structured Professional Judgement	Ongoing ¹³	English	 Generalized to older adults versus a targeted gender-lens 	 Includes risk factors specific to older women, while not excluding relation- ships featuring intimate-partner violence 	No respondents currently utilizing it
Violence Threat Risk Assessment (VTRA) and Indigenous VTRA	Structured Professional Judgement	Unknown	English	 Human trafficking framing within a justice system lens 	 Provides skills for critical analysis of system dynamics 	• 3% of respondents utilizing it (1/30)
Domestic Violence Safety Assessment Tool (DVSAT)	Structured Professional Judgement	No validity testing identified	English	 No certifica- tion training or live training available 	• Includes both harm and lethality	• 3% of respondents utilizing it (1/30)
Aid to Safety Assessment Planning (ASAP)	Structured Professional Judgement	No validity testing identified	English	 Not designed for GBV workers 	 Provides overview and opportunity for discussion in relation to safety planning 	• 3% of respondents utilizing it (1/30)



The Danger Assessment¹⁴ (Jacquelyn Campbell, 1986)

- Developed by Dr. Jacquelyn Campbell at the Johns Hopkins University School of Nursing
- The tool has two parts: a checklist of 20 questions related to overall lethality risk from a particular aggressor and a calendar tool, which is completed with the survivor using coding to establish a pattern of frequency and severity.
- Revised in 2003 and 2019
- Created using US data (Campbell, Webster, Glass, 2008)
- Available in English, French and Spanish
- Consistently rated as one of the most helpful tools for communicating risk to survivors
- Calendar tool can help to engage prefrontal cortex
- Weighted scoring
- Tool has been adapted for immigrant women (DA-I), Indigenous women (DA-Circle), same-sex relationships (DA-R) and screening within healthcare settings (DA-5)¹⁵

Spousal Assault Risk Assessment (SARA)¹⁶ (Randy Kropp and Stephen Hart, 1994)

- First risk assessment tool developed and published within a structured professional judgement framework (Kropp & Hart, 2000)
- Version 2 revised in 1995, 1999 and 2008 and Version 3 launched in 2015
- Widely used internationally and available in a number of languages
- Includes guidance for risk formulation, risk scenario planning and risk management planning
- Six steps to the risk assessment
- "SARA-V2 has good to excellent interrater reliability, moderate to good predictive validity, and good to excellent concurrent validity when compared to other IPV risk assessment tools" (Ryan, 2010)

Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)

(Randall Kropp, Stephen Hart and Henrik Belfrage, 2004)

- Created by the BC Institute Against Family Violence
- The tool is based on the structured professional judgement model and includes a checklist of ten risk factors and an interview guide. Overall, it is a brief version of the SARA-V2 tool.
- Review of actual, attempted or threatened physical harm of current or former intimate partner
- "Patient" language
- Considers factors that might motivate violence, destabilize or disinhibit the aggressor (Northcott, 2012)
- Designed for male or female aggressors over 18 years old
- Revised multiple times
- Risk factors are coded as "present," "possibly present" or "absent" and also "currently" or "in the past"
- Leaves room for important, case-specific factors not considered within the assessment itself
- Manual also includes information on communicating outcomes and managing risk overall

Ontario Domestic Assault Risk Assessment (ODARA)

(Ontario Provincial Police and Ontario Ministry of Health and Long-Term Care, 2004)

- Actuarial tool created in response to the Arlene May and Gillian Hadley inquest recommendations and the Joint Committee on Domestic Violence to the Attorney General of Ontario in 1999 (Waypoint Centre, 2022).
- Created based on an Ontario sample of 589 offenders over five years (Hilton et al., 2004)
- Created for front-line police use and does not require an in-depth review of aggressor's psychological and criminal history
- Includes 13 yes/no questions related to the aggressor's history of violence
- Created to evaluate appropriateness for bail and overall risk of recidivism (not lethality and overall harm) and is commonly used by criminal justice partners in a court setting
- Although online training is available and has been proven to increase scoring accuracy, it is not required to use the ODARA
- Not an effective tool to evaluate lethality (Hilton et al., 2004)
- Doesn't necessarily provide results that are helpful for survivors
- Ability to complete is based on knowledge of the aggressor and can't be completed if more than five items are incomplete

Domestic Violence Risk Appraisal Guide (DVRAG) (Zoe Hilton et al., 2008)

- Actuarial risk assessment that includes all 13 ODARA items and also examines the offender's Psychopathy Checklist-Revised score (Hilton & Quinsey, 2017)
- Not intended for use by front-line workers to assist in immediate decision making (Ibid.)
- Moderate to good accuracy in predicting recidivism

Domestic Violence Safety Assessment Tool (DVSAT)

(New South Wales Government, 2015)

- Developed by New South Wales government for use with IPV survivors
- Professional judgement is combined with risk factor checklist items such as previous violence, relationship, background of aggressor, children and sexual assault
- Twenty-five questions
- Factors selected through a review of Australian and international cases to determine common factors in domestic-violence homicides (Domestic Violence Safety Assessment Tool Guide, 2015)
- Some agencies may be using the tool without receiving training; no apparent live training or certification training available
- Self-guided training is available through Manitoba Association of Women's Shelters
- "Threat" is threat to life, health or safety, which is distinct from "serious threat," which requires urgent action

Violence Threat Risk Assessment (VTRA)

(Kevin Cameron and the Center for Trauma Informed Practices, 2007)

- VTRA framework was developed in collaboration with the Royal Canadian Mounted Police in response to US school shootings, (Behavioural Sciences Unit)
- Certification training is offered by the Center for Trauma Informed Practices
- Three levels of VTRA framework training; currently utilizing 10th edition of protocol
- Indigenous VTRA and Traumatic Event Systems (TES) model
- Provides skills for critical analysis of systems and violence dynamics
- Builds on early United States Secret Service research around threat assessment
- Threat is assessed from a community rather than through a specific individual's lens
- Explores the distinction between threats made and the overall risk
- Human systems based analysis is intended for multidisciplinary team
- Works from foundation of violence being evolutionary— "No one just snaps"
- Increases understanding of personality types, target selection, site selection and motivations of violence

Guidelines for Stalking Assessment and Management Manual (SAM)

(Randall Kropp, Stephen Hart & David Lyon, 2008)

- Structured professional judgement
- First SPJ set of guidelines specifically designed for assessment and management of risk related to stalking
- Can be used in cases involving current/former partners, family members, co-workers, other acquaintances, public figures and strangers
- Validity moderate to fair in some studies, good to excellent in others (McEwan et al., 2018)
- Examines 30 risk factors across three domains, including the pattern and seriousness of the stalking, the background and psychology of the aggressor, and the ability of the victim to engage in self-protective behaviour
- Used largely by law enforcement in Canada, Sweden, England and Wales
- Available in English, Swedish and Norwegian

Aid to Safety Assessment Planning (ASAP)

(BC Institute Against Family Violence and BC Ministry of Public Safety and Solicitor General—Victim Services and Crime Prevention Division, 2006)

- Structured professional judgement
- Overview of best practices and challenging issues related to safety planning (Millar, 2009)
- Training provided by Kelly Watt and Protect International Risk and Safety Services
- The tool includes a number of factors from the B-SAFER and SARA risk assessment tools that can inform safety planning and risk management.

Harm of Older Persons Evaluation (HOPE)

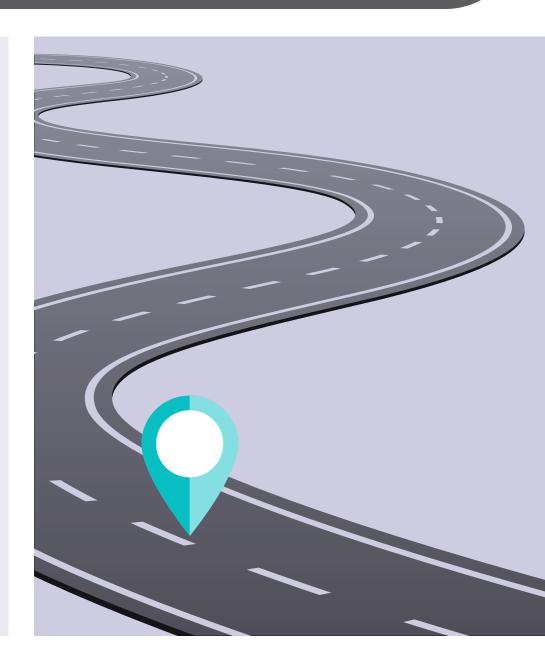
(Jennifer Storey, 2010)

- Structured professional judgement tool for the assessment of risk in cases of older-adult abuse
- Guides the assessor in identifying risk factors for abuse, then considering those factors in assessing overall risk and developing a management plan to reduce risk (Storey & Kropp, 2021)
- Uniquely focused on older adults, but does not exclude IPV
- Validity testing still ongoing; universities in Netherlands, California doing validity testing
- Developed from literature review on "older adult abuse"
- Pilot test conducted by police and social workers in collaboration with the National Initiative for the Care of the Elderly
- Updated in July 2019 (14 pages in length)
- Current training opportunities through Elder Abuse Prevention Ontario (EAPO)

Method for Objectively Selecting Areas of Inquiry Consistently (MOSAIC)

(Gavin De Becker, 1980s)

- Developed with assistance from Indiana University and Robert Martin (Los Angeles Police)
- Specialized training not needed
- Recognizes risk as situational and relates risk to recidivism and harm in general (De Becker & Associates, 2000)
- Computer assisted
- Tool has demonstrated good validity
- Various MOSAIC systems for different situations, including:
 - threats and fear in the workplace
 - threats by students
 - threats against judges and other public officials
 - domestic abuse situations



CRITERIA FOR EVALUATING A RISK ASSESSMENT TOOL OR FRAMEWORK



The following questions have been designed to assist agencies working with survivors and aggressors to effectively evaluate risk assessment tools and frameworks that may be beneficial in their work.

- What type of risk (harm, physical harm, and/or lethality) is within the scope of the tool/framework?
- Is the tool validated?
- Who validated the tool and when?
- Who was the tool developed for?
 - Tools developed for criminal justice system partners or those working with aggressors might not be accurate or helpful for those working with GBV survivors.
- Who developed the tool? Did survivors and/or communities with unique barriers to accessing help provide input?
- Who, if anyone, profits from the training associated with the tool?

- Have multiple versions of this tool been published?
 - Typically, multiple versions indicate that feedback and/or new data have been incorporated into the tool/ framework, and that there's a better likelihood that further validity testing has been done.
- What types of cases/data were reviewed to create the tool/framework? Did this include Canadian or Ontarian data? What identities were represented within these cases?
- What is the average length of time it takes to complete the assessment?
 - Tools that take longer to complete may not be feasible for all programs and client interactions

- How much information is needed to complete the tool/framework? Is this information accessible to the service provider or survivor?
- Is the tool accessible to clients? Is it culturally relevant and available in a variety of languages?
- What certification is required to use the tool?
- Will the tool's assessments hold up in court?
- What are the tool's evaluation methods?
- How frequently does the user need to re-evaluate?
- How might the user know if the tool is working for their agency/community/ clients?

CHALLENGES/BARRIERS

As highlighted through the environmental scan of existing risk assessment tools and frameworks, there is a wide range of risk-assessment tools available among GBV systems and sectors. These tools may also assess for different types of risk; for example, the ODARA examines an aggressor's risk of re-assaulting their partner while the Danger Assessment examines a survivor's risk for future lethality. Not all tools have been tested for reliability and validity. The lack of consistent tools or understanding of risk can make it challenging to effectively communicate risk to other services and systems or to "speak the same language" as it relates to survivor risk.

While a common understanding and way to communicate risk would be effective, service providers have also reinforced the importance of having variation and/ or flexibility within a tool. A one-size-fits-all approach cannot adequately assess risk for all survivors and must be able to allow for cultural and historical considerations and reflect current experiences of violence. For example, as we have seen increasing rates of various

"Not everyone in the community uses [a risk assessment tool] or the same one (OPP uses ODARA). *It would be nice if they were* familiar with it so we could all "speak the same language" to support our clients. Making sure we are having conversations with clients that provide context to their situation as sometimes they score low on the tool but they're at high risk." - Survey respondent

forms of technology-facilitated violence, it is important that risk assessment tools measure and address risks related to technology-facilitated violence such as

online monitoring of activity, location tracking and/or harassment. Additionally, a survivor living in a rural, remote or northern community might have unique risk factors related to their geographic location that must be considered within their overall assessment of risk and within the safety planning. Service providers also shared how a survivor's own cultural and historical experiences may play a role in the minimization of their own risk due to the normalization of violence within their lifetimes. Without contextualization of the survivor's experience of violence, it may be challenging to fully understand and adequately assess potential risk. This can unintentionally minimize risk and, in effect, create gaps or limitations in safety planning.

CHALLENGES/BARRIERS

Because the J. Campbell Danger Assessment was the tool most commonly identified as helpful and currently in use by survey respondents, it is worth considering its challenges and limitations. These include:

- Challenges in using the calendar portion of the tool across all programs and client interactions, especially crisis-, chat/text- and phone-based support formats. For example, although a client can be emailed the calendar tool to co-complete during a telephone support session, concerns with electronic monitoring and aggressor access to the completed calendar require additional safety planning. Polling results during recent training with Ontario genderbased violence agencies indicate that the majority are using only the checklist portion of the tool, rather than incorporation of the calendar component.
- Further development, consultation and validity testing related to the DA-Circle tool for use with Indigenous survivors is needed.

• A strong, trauma-informed background is needed to effectively administer the tool. For instance, the person administering an assessment must ensure that a survivor who indicates that they were sexually assaulted without physical force¹⁷ (requiring a "no" to the question related to sexual assault) does not experience minimization of these experiences. Similarly, the one administering an assessment must ensure that threats with non-lethal weapons are not minimized due to their statistical insignificance in the DA tool.

COMMON HIGH-RISK FACTORS ACROSS SOURCES

The chart below provides an overview of the main categories of risk assessment tools currently in use, as determined through an environmental scan and results from surveys conducted with Ontario GBV agencies. Typically, risk assessment frameworks are separated into three categories: "Actuarial," "Structured Professional Judgement (SPJ)" and "Unstructured Professional Judgement (UPJ)." We have included a fourth category below—"Other"—to reflect that some survey respondents indicated that they use some type of amended tool that is not an official actuarial or SPJ tool to assist with professional judgement.

DVDRC-ONTARIO

- History of domestic violence
- Actual or pending separation
- Aggressor depressed
- Obsessive behaviour displayed by aggressor
- Prior threats/attempts to commit suicide
- Victim had intuitive sense of fear
- Aggressor sexual jealousy
- Prior threats to kill victim
- Excessive alcohol/drug use
- Aggressor unemployed

B-SAFER

- Serious physical/sexual offense
- Serious violent threats, ideations or intent
- Escalation of physical/sexual violence or threats/ideation/intent
- Violations of civil or criminal court orders
- Attitudes and/or believes that excuse or encourage violent and abusive behaviour
- · Other serious criminality
- Relationship problems
- Employment and/or financial problems
- Substance abuse
- Mental disorder

DANGER ASSESSMENT

- Increase in severity or frequency of violence over the past year
- Owns a gun
- Left after living together during past year
- Unemployed
- Threats to kill
- Avoiding arrest
- Child not his
- Forced sex
- Strangulation/ choking
- Illegal drugs

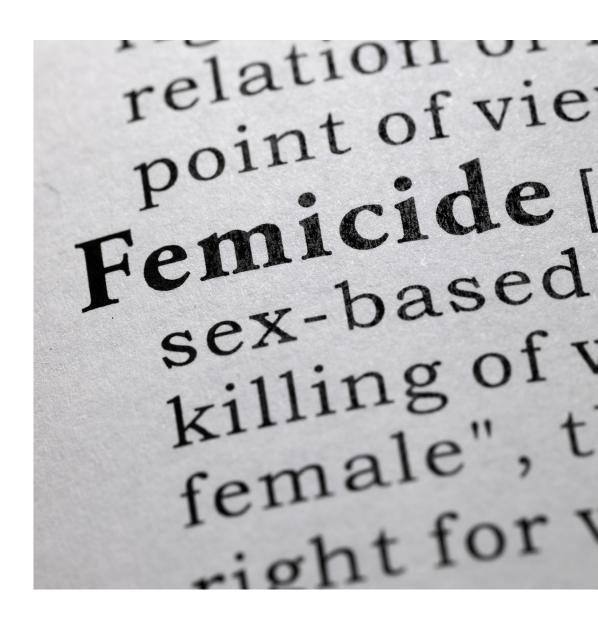
- Alcoholic/problem drinker
- Controls daily activities
- Violent, constant jealousy
- Assaulted while pregnant
- Suicide attempts/ threats
- Threats/harm to children
- Fear for life
- Harassment/stalking

COMMON HIGH-RISK FACTORS ACROSS SOURCES

The risk factors identified within the DA and B-Safer tools are used as a part of the tool to identify risk and inform risk management strategies. While the DVDRC high-risk factors are not used formally as a risk assessment tool, some survey respondents identified using these factors to assess and manage risk. Although the DVDRC is a model, the B-SAFER is an SPJ tool and the Danger Assessment is an actuarial tool, the common threads across all three illustrate common high-risk factors to be considered in gender-based violence cases.

Femicide & Domestic Homicide—Understanding and Supporting the Work of the Ontario DVDRC

Since 2002, Ontario's Domestic Violence Death Review Committee has been reviewing domestic homicides and providing recommendations to prevent similar tragedies. These domestic homicides include both intimate-partner homicides and family homicides. Although hundreds of recommendations have been thoughtfully put forward following reviews of domestic homicides by the committee, the vast majority continue to not be implemented. As the DVDRC has no enforcement authority, it is only with the advocacy, support and perseverance of those working towards long-term-violence and femicide prevention that we can see these recommendations realized.



The environmental scan on pages 10-15 represents a preliminary overview of the current risk-assessment tools that are being used by shelters and other service providers in Ontario. There are a number of key components to consider when using risk-assessment tools, including the type of risk, the risk factors examined, the communication of risk, access to training and review/ ongoing assessment of risk. The following section provides more in-depth information regarding the variations among existing tools and key considerations when using or selecting risk-assessment tools.

Training & Preparation

As highlighted within the environmental scan, there are a number of different risk assessment tools that are being used throughout the province that examine a variety of different factors or types of risk and that meet a variety of different needs. Additionally, existing risk-assessment tools continue to be updated to reflect current research and understandings of violence. For example, the danger assessment has been adapted to assess risk among Indigenous and immigrant survivors of violence to address unique cultural considerations and experiences of violence. Tools have also been created to respond to ongoing research on specific high-risk factors, including the Stalking Assessment & Management (SAM) tool, which was developed to assess risk associated with stalking. Experiences of violence are also constantly changing in response to environmental changes, as can be seen through the increasing rates of technology-facilitated violence in the context of expanding digital services and the COVID-19 pandemic (Dunn, 2020).

Although ongoing training is not a requirement to administer risk-assessment tools, due to the evolving nature of risk assessment and experiences of violence, those administering these tools would benefit from ongoing training on risk assessment tools and best practices. Ultimately, this would allow service providers to effectively ensure risk is accurately identified and addressed in safety-planning and risk management strategies.

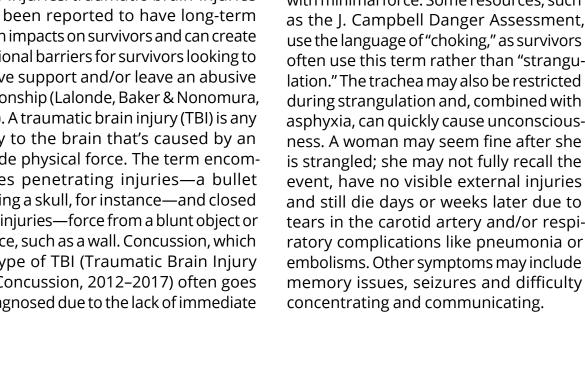


Components of Risk Assessment

Risk assessments may be designed to examine different types of risk, such as the risk of assault, harm or lethality, and may examine a number of different risk factors that are specific to the type of risk. A number of key risk factors have been identified through ongoing research to be predictors of significant or lethal risks of violence.

Head injuries/traumatic brain injuries have been reported to have long-term health impacts on survivors and can create additional barriers for survivors looking to receive support and/or leave an abusive relationship (Lalonde, Baker & Nonomura, 2019). A traumatic brain injury (TBI) is any injury to the brain that's caused by an outside physical force. The term encompasses penetrating injuries—a bullet piercing a skull, for instance—and closed head injuries—force from a blunt object or surface, such as a wall. Concussion, which is a type of TBI (Traumatic Brain Injury and Concussion, 2012–2017) often goes undiagnosed due to the lack of immediate

apparent symptoms and the fact that there is no single test that can confirm the diagnosis. Research has shown that longterm impacts of TBI can include increased cognitive decline and accelerated aging as well as potentially lethal outcomes. Injury to the brain can also result from strangulation or asphyxia—when oxygen is prevented from flowing to the brain by an outside force, even for brief periods with minimal force. Some resources, such as the J. Campbell Danger Assessment, use the language of "choking," as survivors often use this term rather than "strangulation." The trachea may also be restricted during strangulation and, combined with asphyxia, can quickly cause unconsciousness. A woman may seem fine after she is strangled; she may not fully recall the event, have no visible external injuries and still die days or weeks later due to tears in the carotid artery and/or respiratory complications like pneumonia or embolisms. Other symptoms may include memory issues, seizures and difficulty

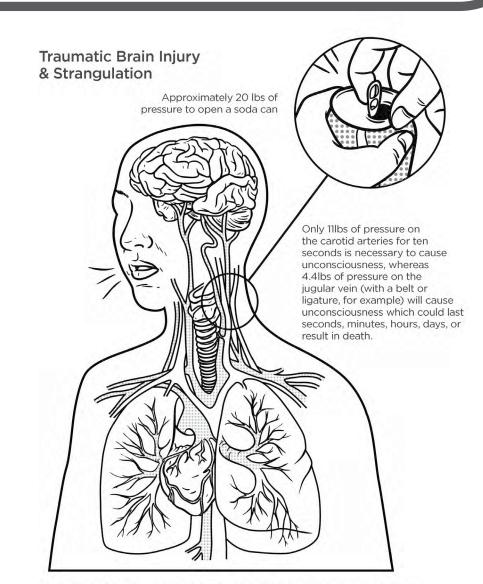




This image, taken from page 32 of <u>Her Brain Chose For Her</u>, shows that 20 pounds of pressure is needed to open a soda can, while only 11 pounds of pressure on the carotid arteries can cause unconsciousness, permanent harm and death.

Due to the significant risk associated with them, TBI and strangulation must be evaluated in risk assessments and they must inform safety planning and other risk management strategies. It is critical for anyone evaluating risk to receive training and have expertise in identifying signs of strangulation and traumatic brain injury and mitigating long-term impacts.

Signs of strangulation include voice changes, difficulty breathing, scratches, vomiting, memory loss and red spots in the eyes or on the neck. Long-term impacts of strangulation and TBI including memory difficulty, concentration issues, decreased learning capacity, headaches, communication problems, anxiety and irritability which, together, can often make risk assessment and management challenging. By preparing for all client support as though the survivor may be experiencing impacts of diagnosed or undiagnosed traumatic brain injury, services can more effectively and equitably provide support and address potential barriers. This preparation may include (but is not limited to) training related to specific types of harm (i.e., strangulation), moderating light levels, offering reminders for appointments, and spacing out risk assessment and risk management (including safety planning) over multiple interactions.



Signs may include voice changes, difficulty/painful swallowing, hyperventilation, difficulty breathing, chin abrasions, scratches, abrasions, scrapes, redness/bruising on neck, petechiae (tiny red spots indicating ruptured capillaries), ligature marks, neck swelling, memory loss, and vomiting.

Cultural Considerations

As many of the above-noted risk assessment tools have been developed within a Western colonial and carceral framework, there may be specific cultural considerations and variations that are not considered within many tools. This may have impacts on the overall efficacy and validity of risk assessment tools among Indigenous, Black, Racialized and 2SLGBTO+ survivors of violence. Clinicians are typically trained in a Western colonial system, and the majority of risk assessment tools have been developed within that context. In applying a colonial framework to Indigenous Peoples, professionals are ignorant to potential cultural differences in various facets of daily life that contribute to both resilience and risk, perpetuating Canada's colonial legacy. Use of these tools both reflects and perpetuates a system that is based on colonial values and excludes Indigenous voices from the narrative. It assumes that constructs of risk are the same cross-culturally, despite evidence to the contrary, contributing further to systemic discrimination. "Systemic discrimination exacerbates the problem of over-incarceration of marginalized groups, which further marginalizes individual members, making them more likely to engage in criminal activity, creating an endless cycle" (University of Saskatchewan, 2020).

The Danger Assessment has been adapted to address some of these gaps and includes versions tailored for newcomers (DA-I) and for Indigenous survivors (DA-Circle). While these versions have shown to be promising, further research and updates to other risk assessment tools, including those that assess the risk of recidivism or assault among aggressors, will be important in addressing potential unintended consequences of using existing risk assessment tools, such as systemic discrimination, and ensuring available tools accurately assess the level of danger among all survivors.



Incorporating Trauma-Informed Practices into Risk Assessments and Safety Planning

Once a risk assessment has been conducted and the risk to the survivor has been identified, the next key component of the risk assessment process is the communication of risk to the survivor through the risk assessment process. Few risk assessments, however, provide direction on advisable, trauma-informed language to be used in conducting risk assessments and communicating risk. The following best practices for trauma-informed risk communication were identified in survey responses and may be used to inform consistent trauma-informed risk assessment and management practices across various sectors and risk assessment tools.

Safety

- Validate the survivor's safety concerns
- Allow the survivor to direct safety planning or preferable risk management strategies
- Consider the survivor's emotional safety (allow the survivor to direct the pace, take frequent breaks)

Trustworthiness & transparency

- Build rapport and create a safe place for disclosure
- Clearly outline the purpose and process of risk assessment
- Seek informed consent regarding information sharing
- · Consider the physical setting in which the risk assessment is to be conducted

Risk **Communication**

Empowerment, voice and choice

- Offer client-centred dialogue and safety planning
- Prior to providing idea/strategies related to safety planning, allow the survivor to identify their choice and ask for their permission to share additional strategies
- Allow the survivor choice regarding participation in the risk assessment and be willing to address other prioritized needs if that is what the survivor prefers

Cultural, historical & gender issues

- Ensure that voices of Indigenous survivors, Elders, and communities are present in ongoing risk assessment, risk management and safety-planning practices and evaluation.
- Value non-clinical approaches, including cultural ceremony, story telling, song and dance
- Use multiple risk assessment tools or various versions of tools to ensure informed safety planning and risk management

Collaboration and mutuality

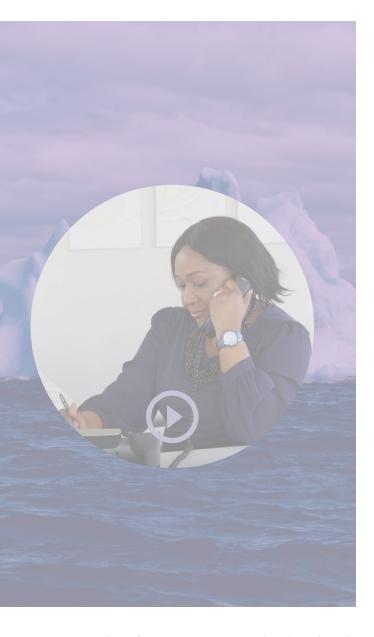
• Develop processes that document risk and allow for information sharing with relevant stakeholders to reduce the risk of re-traumatizing the survivor

Ongoing Risk Assessment

Ongoing risk assessment is integral to mitigating risk for survivors, as risk is not static and may change due to the cyclical nature of violence and the systems that become entrenched in survivors' lives. For example, the risk to a survivor may increase following actual or perceived separation from their partner or when there is a new partner in the survivor's life. Risk may also increase during pending child-access disputes or in the midst of significant life changes, such as the loss of employment (Domestic Violence Death Review Committee, 2018). The use of collaborative tables/ teams to assess, review and manage risk can facilitate ongoing information sharing among various systems/services. This information sharing can help inform ongoing risk assessment, allowing systems to respond to and address changes to risk and improve outcomes for survivors.

While risk assessment was most frequently reported to be conducted during initial contact (56.7% or 17/30), the fluid nature of risk necessitates ongoing follow-ups and reviews of current risks to survivors. Follow-ups and reviews of risk assessments can be built into other shelter and community-based programs through counselling programs, the transitional housing support program or various risk management tables or collaborative assessment teams. This will be explored further in the risk management section of this report.

Static and dynamic risk factors are key elements in determining why and when to complete or recomplete a risk assessment. Static risk factors do not change, despite any future events, whereas dynamic risk factors can quickly change and impact overall risk. Effective risk assessment and management considers both dynamic and static risk factors. Examples of dynamic risk factors include the level of supports a survivor or aggressor has in place, employment status, attitudes about GBV and use of substances. Static risk factors include trauma experienced in childhood, age of first experienced/ witnessed violence, and any existing violence that has been disclosed (for example, past experiences of strangulation). Although further experiences of harm may occur, the past experiences of strangulation are static risk factors, as their occurrence will never change.



Risk Assessment Formats

Risk assessment can be conducted in a number of ways. According to the survey data, risk assessment is most frequently conducted in person (100% or 30/30), through shelter crisis lines (96.7% or 29/30) and over the phone (90% or 27/30). As services have begun to shift towards the provision of virtual and online services, risk assessment was reported to be available through video (43.3% or 13), chat (43.3% or 13) and text (43.3% or 13) by almost half of all survey respondents. The availability of risk assessment and safety planning through a variety of formats can facilitate ongoing risk assessment and review of risk mitigation strategies and can also improve access for survivors who may not have otherwise been able to access support.

Some risk assessment tools—particularly structured professional judgement tools, which require significant information to complete—are designed to be completed over multiple interactions or during a review of case material in which the client is not required to answer questions. When corrections officers and other profes-

sionals working with aggressors complete risk assessments such as the ODARA and DVRAG, it is vital that outcomes are communicated to the aggressor and linked with a risk management plan, which positively impacts survivor outcomes and effectively reduces risk of harm and lethality.

OAITH's recently created Beneath the <u>Iceberg</u> video series helps to bridge these gaps by increasing the capacity of workers to provide effective trauma-informed risk assessment and management in multiple virtual formats (telephone and text-based/ chat support). Three videos and an associated video guide, available in both French and English, demonstrate best practices through a scenario involving a survivor who has unique needs: she is older, at risk of homelessness, unsure if what she is experiencing is abuse, and unaware of the current risk in relation to physical harm, lethality and her workplace overall. As the counsellor explores potential avenues for safety and factors influencing immediate and future risk, we gain insight into her thought process through video pop-ups.

Risk Assessment for Aggressors— Tools and Frameworks

Shelters and other GBV agencies have a role in advocating for in-depth aggressor assessments by those who are funded and mandated to do so, such as corrections services (probation and parole). There are a number of tools that specifically assess the risk of the offender, such as the ODARA. The Psychopathy Checklist-Revised (Hare, 2016) has been the foundation of some of the most extensive research and clinical literature in criminal justice psychology. This tool has helped simplify violent offender risk assessment, such as in the Violence Risk Appraisal Guide-Revised, which utilizes the ODARA and includes an additional score based on the Psychopathy Checklist-Revised (VRAG-R; Rice, Harris, & Lang, 2013). Sometimes called the DVRAG-4, using the PCL-R improves validity of the ODARA (Hilton, 2017) and produces a large predictive effect size that represents a significant improvement over the ODARA.

Documenting & Communicating Risk

While shelter advocates often work directly with survivors to assist in developing safety plans, they also have a role to play in communicating risk to other systems, such as policing and corrections, to manage and address the risk. While safety planning is an important piece in empowering survivors, validating safety concerns and identifying practical strategies to maintain safety, the risk to a survivor may still exist despite protective steps that the survivor is taking. It is therefore integral that risk be effectively communicated and risk management strategies implemented with the aggressor as well. Currently, however, risk assessments and risk management are often conducted in isolation by respective service providers and systems and do not always allow for a holistic understanding of the risk posed to not only the survivor but also to other family members, such as children and other loved ones as well as among aggressors. Additionally, the variation among existing risk assessment tools and frameworks contributes to the siloing of information among various services

and systems, creating barriers to information sharing, communication about risk and collaborative risk management.

Questions to consider related to the documentation of risk include:

- Will copies of completed risk assessment forms be kept in client files (physical or electronic)?
- Will the client's risk rating outcome be added to the client's file (physical or electronic)?
- What are the dynamic risk factors that could quickly change, prompting reassessment?
- How might communicating risk levels to community partners impact client outcomes?



Risk Management Strategies

The following chart highlights a number of key aggressor-management strategies that work to address and lower risk among those who cause harm. This chart can be used to inform collaborative approaches to risk management.



MONITORING

- Repeated structured assessments with aggressor
- Limited contact with survivor
- Drug testing
- Electronic surveillance
- Face-to-face visits
- Identification of red flags



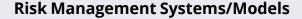
TREATMENT

- Referrals to help with life stabilization (legal help, housing, income support)
- Interventions focused on changing attitudes and behaviours towards violence (beyond education)
- Restorative and alternative justice programming
- Culturally-centred interventions
- Mental health supports
- Substance use treatment & harm reduction focused supports



SUPERVISION

- Restrictions via conditions
- No-contact orders
- · Limits on activities
- Limits on location
- Weapon restrictions
- Limits on associations



To facilitate collaborative risk assessment, risk management and safety planning there are a number of existing collaborative models and system tables that can be used to support information sharing and to inform collaborative responses to effectively manage risk among aggressors and survivors. The following section provides an overview of some of the existing models and system tables that are being used to facilitate holistic, collaborative risk assessment and risk management practices.

Community Mobilization/Crisis Response/Situation Tables

Sometimes referred to as the "Hub Model," these teams/tables are multiagency teams focused on developing immediate, coordinated responses in situations where risk is imminent (Public Safety Canada, 2022)

- Typically not domestic violence-centred
- Threshold of risk examined in relation to local community

Justice-Centred Risk Management Tables

Justice-centred risk management tables may include membership from agencies across sectors, but in many communities the mandate may be limited to include only justice partners and Victim Services

- Domestic Violence Court Advisory Table/ Committee
- Domestic Assault Review Team or Domestic Abuse Response Team (DART)
- High-risk teams

Community Based Risk Management Tables Interagency Case Assessment Teams (ICATs)

Interagency Case Assessment Teams (ICATs) were founded by the Ending Violence Association of BC to provide a framework for collaboration on suspected high-risk cases of domestic violence with the goal of increasing safety. Typically, the ICAT is led by police and/or victim services and supported by the work of other systems tables, including Community Coordinating Committees (EVA BC, 2017).

Multi-Agency Risk Assessment Committee (MARAC)

The MARAC model allows for a mutliagency review/conference to inform a coordinated action plan to manage and mitigate risk among high-risk cases (Safe-Lives, 2014). Sometimes the MARAC model uses the Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) checklist, which is composed of 12 questions. The checklist was developed in the UK and is used primarily by UK police. This model is growing in popularity in Ontario. It is important to note that the DASH checklist is not testing high in predictive validity (Turner, E et al., 2019).

Violence Against Women Coordinating Committees (VAWCCs)

Violence Against Women Coordinating Committees sometimes share information on high-risk cases and local trends during case reviews. They also share case-specific or de-identified-case information during meetings.

Elder Abuse Networks (EANs)

Elder Abuse Networks are coordinated by Elder Abuse Prevention Ontario. They provide an opportunity for a specific focus on abuse against older adults. Our research for the Aging Without Violence project shows that the majority use a gender lens, and some review cases in order to assist in effective system coordination.

Safety Planning

In addition to collaborative risk management strategies, shelters also play a key role in supporting survivors to create safety plans. There are a number of promising practices for safety planning that have been identified through VAW shelters in Ontario. The following section outlines identified strategies for how and when to conduct safety planning along-side survivors.

Risk is fluid. It changes based on a number of factors. As a result, it must be assessed on an ongoing basis to ensure changing and increasing risk can be addressed and mitigated. Ongoing safety planning may

also be required to respond to and mitigate changing circumstances and risk. Safety planning is often conducted at the point of first contact, whether briefly with crisis callers or in-depth at the time of intake into various shelter programs. While survivors are engaged in programming, there are also opportunities for ongoing follow-up to assess potential changes in risk and allow for revisions to safety planning to address risk. This is also an important step as part of a survivor's discharge plan as they leave shelter and transition back into the community.

There are also a number of strategies for how service providers can conduct safety planning with survivors. Existing risk assessment tools, such as the Danger Assessment, can be used to identify potential risk factors and inform various components of safety planning. For example, if risk for strangulation has been identified, safety planning can address this risk and include strategies for risk mitigation or management. Safety planning can also help to inform the survivor of risks related to strangulation such as traumatic brain injury and its impacts on memory and risk for lethality. Safety planning might include

providing survivors with connections to external services or other resources, such as health-care services, for immediate treatment. It may also allow for survivors to self-identify areas of risk or concern that may not have been addressed using a formal risk assessment tool and allow for planning to address or reduce these potential risks. For example, a survivor may disclose concerns regarding ongoing monitoring of their online activity or unauthorized access to online accounts, such as banking accounts. To address this risk, service providers may be able to support survivors by documenting this type of violence, changing account passwords and reviewing existing device settings to prevent future access.

Safety planning may also examine specific factors related to the aggressor to provide a more holistic understanding of risk and inform safety planning. Specifically, this may include the aggressor's past criminal history, existence of orders, current engagement with the criminal justice system and associated oversight or monitoring as well as any previous mental health challenges and possible substance use and/or dependence. Based on the

presence of these factors, the survivor's risk may increase or be mitigated. For example, an aggressor's past criminal charges for violence or ongoing substance use may signify a substantial risk for survivors. On the other hand, current protection orders or current incarceration may reduce the risk. Additionally, knowledge of upcoming court proceedings or custodial release may highlight critical points in which the risk for violence or lethality may increase and can inform specific safety planning around these events.

In addition to reviewing identified highrisk factors, service providers may also work to empower and educate survivors about their own risk and safety management. For example, service providers may identify potential high-risk factors that are not present or signs of potential escalation of violence and risk. In the event that those risk factors were to arise, survivors would be equipped to identify the escalation of violence and risk and could plan for the types of support they would require to address those risks in advance. This planning may also support survivors in

building their own capacity around safety. For example, a survivor could work with an IT department and receive tips/recommendations for how to change privacy settings in social media accounts or their child's gaming devices to enhance their online/digital safety.

The following section details some examples of factors and considerations that can be examined and taken into account throughout safety planning.

General Safety Planning with Survivors

- Developing a code word with trusted support(s)
- Exploring perception of risk and barriers to services
- Asking about and valuing current strategies to stay safe

Safety Planning for Older Women

- Consideration of caregiver roles, especially if abuser has power of attorney
- Exploring physical or cognitive limitations

- Health issues
- Large-print assessment forms, safety plans and resources

Safety Planning with Children & Youth

- Brief sessions
- "Fire drill" escape practicing
- Mailing physical packages if working virtually
- Identifying safe neighbours and adults outside of the home
- Skill building to identify unsafe feelings and situations

Safety Planning for clients with DisAbilities

- Ensuring extra assistive devices are available in emergency escape kits
- Offering resources in a range of formats including chat/text-based support

Safety Planning in the Workplace

- Informing employer or school of potential risk
- Working collaboratively with the workplace to assess and manage risk with the creation of workplace-specific safety plans. These plans may include:
 - Workplace-related accommodations (parking area, workplace location)
 - Arranging co-worker or security accompaniment to and from car or other form of transportation
 - Assistance with documentation of violence within the workplace (e.g., harassing phone calls)
 - Review of situations or instances when a survivor would want police called on their behalf
 - Review of existing work and safety policies, if available
 - Accommodating schedule changes (e.g., changes to start time or shift work)
- Review/planning for escape routes in the workplace and/or alternate travel routes to and from work

Safety Planning for Head Injuries and/or Strangulation

- Ensure immediate medical attention for strangulation that occurred in the last 48 hours—high risk of stroke and asphyxiation
- Provide information on how to protect the most sensitive areas (head, neck, eyes, mouth) in the event of an assault or strangulation (e.g., body placement, location)
- Planning safe route/access in the event that they may require medical services
- Review severity of strangulation and provide information on symptoms, physical impacts and outcomes
- Connection with / transportation to external services (e.g., medical services, victim services to access emergency alert button)

Safety Planning for Technology / Online Safety

- Review electronic and mobile phones
 - Disabling GPS locations
 - Remove any apps that were not installed / look unfamiliar
 - Changing phone numbers
 - Recommend screening calls, not answering blocked / unknown callers
 - Documenting unwanted/threatening contact
 - Using programs such as www. malwarebytes.com to search for spyware
- Review online accounts (social media, online banking)
 - Change passwords, create new accounts
 - Remove/block from online account and account access
 - Remove identifiable information from accounts
 - Adjust privacy settings to minimize information that can be publicly accessed

- Capacity Building and empowerment
 - Survivors can access support through shelter staff, online resources and internal IT team when possible to learn about online/digital risk mitigation
 - Can be extended to survivor's children

Animals & Safety Planning

- Exploring steps to increase safety of the pet and survivor if access/custody of the animal is shared
- An "animal quick escape kit" can be prepared that includes food, ownership and vaccination documentation, medication, etc.
- Review of resources / safety plans for animals, including support animals, companion pets and livestock.
 - Local Humane Society / veterinarian boarding
 - Fostering through family or friends

- SafePet Ontario and similar programs
- On-site pet accommodations
- Programs that subsidize the costs of animal care



NEXT STEPS

As highlighted throughout this report, there is a wide variety of risk assessment tools and practices are currently being used throughout VAW shelters in Ontario. While this document highlights a number of promising practices and key considerations for performing risk assessments, it is important to understand that there continue to be many barriers and challenges associated with existing risk assessment tools. As highlighted by survey participants, the lack of a common risk assessment tool or framework to understand and communicate risk can impact the effectiveness of risk assessment and, ultimately, risk management. This can have lethal consequences for those experiencing violence. In addition, VAW service providers also noted the need for variation and specific cultural and gender considerations within risk assessment tools to ensure that the true risk of violence and/ or lethality is examined within current tools and processes. The following section outlines potential next steps to further explore best practices of risk assessment and to address/mitigate the limitations of current risk assessment tools.

Ongoing research must inform the adaptation of existing tools to ensure lethal risk factors, such as TBIs and strangulation, and specific age, gender or cultural considerations are considered and examined. Additionally, ongoing training opportunities on existing and newly developed risk assessment tools among VAW shelters and other GBV agencies will be beneficial in ensuring that an evolving understanding of violence and lethal risk factors are considered within risk assessment and management. Ongoing training opportunities will be beneficial to support training for new staff and ensure previously trained staff have current up-to-date knowledge and understandings of violence and risk. Cross-sectoral training among all service providers, including criminal justice actors, GBV service providers, victim services, child welfare and health-care professionals can also facilitate improved communication and information sharing among various systems and services related to risk.

Ultimately, as services and systems move towards a greater understanding

of overall trauma-informed support in the context of gender-based violence, we must use tools and models that assess and manage risk within trauma-informed frameworks. Tools that were developed by and for sectors such as Criminal Justice are unlikely to advance the necessary shift across sectors towards a framing of risk assessment and management beyond binary, colonial and carceral understandings. The following recommendations provide guidance for next steps as we move toward a meaningful understanding and application of trauma-informed risk assessment and management in the response and prevention of genderbased violence and femicide in Ontario and beyond.

NEXT STEPS

Recommendations:

- Annual review and evaluation of the implementation of inquest recommendations to measure progress and/or impacts
- Ongoing training opportunities in both actuarial and structured professional judgement tools for Ontario GBV agencies
- Policy development across sectors that mandates the frequency, content, format and evaluation associated with internal assessment and management of risk
- Further exploration of the potential harm being caused by certain types of risk assessment and/or the designation of high-risk for survivors and aggressors, particularly in relation to Indigenous communities.
- Collaboratively develop risk assessment and risk management promising practice protocols among survivor and aggressor based service providers. These protocols can include promising practices related to trauma-informed communication of risk,

- the use of risk scores for their intended purpose, information sharing and collaborative risk management. A wide range of service providers should have access to training on these protocols to ensure consistency within risk assessment and to facilitate intersectoral collaboration.
- Development of a training manual specific to the use of the Danger Assessment tool within Ontario GBV agencies. Give specific consideration to the application of the tool within trauma-informed practice and the use of the calendar tool
- Further testing and development of Danger Assessment tools designed for specific communities, with input from those communities
- Collaboration between OAITH, Dr. Campbell and an Indigenous provincial organization with extensive expertise related to gender-based violence and Indigenous women focused on the evaluation of the Danger Assessment Circle tool for use with Indigenous survivors across Ontario

- Research and investment towards an evaluation tool, process or framework for lethality prevention based on Ontario DVDRC cases
- Implementation of recommendation #78 from the Inquest into the Deaths of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam to inform enhanced information sharing models/policies that allow for greater intersectoral case/risk management.

HELPFUL RESOURCES



The following section outlines a number of additional resources to assist with risk assessment, risk management and safety planning among survivors of gender-based violence.



mulberry

mulberry is an online platform that contains information regarding a wide range of gender-based violence services in Ontario. This online hub can be accessed by survivors, friends, family members, co-workers and service providers looking for organizations, programs and groups focused on gender-based violence.

Visit the mulberry site

Beneath the Iceberg Training Video Series

OAITH's new training video series, Beneath the Iceberg, provides concrete tools and considerations to assist gender-based violence workers to provide trauma-informed support, including exploration of risk and risk management strategies, through telephone crisis line and chat-based support. The video series includes three videos, each available with captions and content in both French and English. A video guide provides prompts for critical reflection and further tips to assist agencies and workers in increasing their capacity to provide effective, trauma-informed support via phone and text-based formats.



Access the Beneath the Iceberg Training Videos- English

Access the Beneath the Iceberg Training Videos- French

Access the Beneath the Iceberg Training Video Series Guide- English

Access the Beneath the Iceberg Training Video Series Guide- French

HELPFUL RESOURCES



Emerging Stronger: Promising Practices in Virtual Service Delivery

Three resources in this series are available focused on virtual service delivery. Resources and documents are designed to equip gender-based violence organizations to deliver and respond to survivor needs in a digital context and service delivery model:

Access Emerging Stronger: Promising Practices In Virtual Service Delivery here

Access Emerging Stronger: Virtual Service Delivery Resource Guide here

Access Emerging Stronger: Virtual Service Delivery Policy Templates here



Risk Management and Working with Older Women Experiencing Abuse

This self-paced course available through the OAITH training portal provides an overview of unique risk factors among older women and best practices for communicating risk to older women, and working from an intersectoral collaborative approach to address risk within older women.

<u>Course outline</u> <u>Access the OAITH training portal</u>



Risk Assessment & Safety Planning with Infants, Children and Youth

This self-paced course available through the OAITH training hub provides an overview of risk factors and safety planning among infants, children and youth with specific consideration for the child development factors as it relates to risk assessment and safety planning.

Course outline Access the OAITH training portal

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ENDNOTES

- ¹ This environmental scan does not include tools specifically designed to assess and manage risk of sexual violence, such as the Risk for Sexual Violence Protocol (RSVP) or the Sexual Violence Risk-20 (SVR-20 V2), a brief version of the RSVP.
- ² Validity testing refers to the testing of the consistent reliability of the tool.
- ³ Campbell, J. C., Webster, D. W., & Glass, N. (2008). The Danger Assessment: Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide. Journal of Interpersonal Violence, 24(4), 653–674. https://doi.org/10.1177/0886260508317180
- ⁴ 'Ongoing' indicates the tool author has indicated to OAITH validity testing is currently ongoing and/or the results have yet to be published
- Glass, N., Perrin, N., Hanson, G., Bloom, T., Gardner, E., & Campbell, J. C. (2008). Risk for reassault in abusive female same-sex relationships. American Journal of Public Health, 98(6), 1021–1027. https://doi.org/10.2105/ajph.2007.117770
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- ⁸ Kropp, P. R., & Hart, S. D. (2000). The spousal assault risk assessment (SARA) GUIDE: Reliability and validity in adult male offenders. Law and Human Behavior, 24(1), 101–118. https://doi.org/10.1023/a:1005430904495

- ⁹ Svalin, K., & Levander, S. (2019). The predictive validity of intimate partner violence risk assessments conducted by practitioners in different settings—a review of the literature. Journal of Police and Criminal Psychology, 35(2), 115–130. https://doi.org/10.1007/s11896-019-09343-4
- ¹⁰ List of available languages provided by Randy Kropp, 2023.
- Kropp, P. R., Hart, S. D., Lyon, D. R., & Storey, J. E. (2011). The development and validation of the guidelines for Stalking Assessment and Management. Behavioral Sciences & the Law, 29(2), 302–316. https://doi.org/10.1002/bsl.978
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- ¹⁴ Campbell, J. (2019). Danger Assessment. https://www.dangerassessment.org/uploads/DA_NewScoring_2019.pdf
- 15 Tools accessed via: $\underline{\text{https://www.dangerassessment.org/DATools.aspx}}$
- Kropp, R., Hart, S. (2015). SARA Version 3. https://concept.paloaltou.edu/resources/business-of-practice-blog/ ipv-sara-b-safer-2
- Dr. Campbell notes in live training sessions that certain scenarios not involving physical force could result in a "yes" to this item on the assessment. (For example, a survivor who indicates she is physically assaulted then, directly afterwards, non-physically pressured into sex.)