Tri-County Batterer Intervention Provider Network Meeting Minutes January 8th, 2013

Attendance: Regina Rosann (ARMS), Jacquie Pancoast (Central City Concern-ChangePoint), Joan Scott (SoValTi/Allies in Change), Andrew Altman (Multnomah County Parole and Probation), Tayler Stokes (Bridges To Safety), Mark Amorso (MEPs Counseling), Olga Parker (Modus Vivendi), Emmy Ritter (Raphael House), Jennifer Hopkinson (Clackamas Women's Services), Curtis St. Denis (Allies in Change), Chris Huffine (Allies in Change), Debbie Tomasovic (A Better Way Counseling), Guruseva Mason, Wendy Viola (Portland State University), Brooke Duple (Allies in Change), Charley Zimmerman (Allies in Change)

Minutes by Wendy Viola, edited by Chris Huffine

Topic: Risk Assessment

Also refer to the attached PowerPoint presentation by Chris Huffine. The meeting featured a presentation by Chris along with some additional comments and questions from the group which are included below.

Many providers are resistant to doing risk assessments. The biggest concern seems to be turning up false negatives, or identifying perpetrators as low-risk, and then having them commit a new crime, particularly domestic homicide. However, risk assessment may be used to identify perpetrators who need increased monitoring and supervision. The entire population is at risk for re-offense; the greater risk comes from *not* doing risk assessment.

An additional source of resistance to risk assessment is being unaware of what it is that we're screening for risk of. Most risk assessment tools predict criminal recidivism most broadly. We know that there are demographic variables that are related to recidivism in general. Static risk factors are more highly correlated with re-offense than dynamic and acute risk factors. Risk assessment tools that have been developed to address more specific behaviors tend to be more accurate at predicting that behavior than tools that attempt to predict risk for criminal recidivism more broadly. There's a strong skew towards including physical violence and criminal abuse in risk assessment tools, whereas most IPV perpetrators utilize verbal and psychological abuse instead. Risk assessment tools that include more nuanced outcomes may be more effective.

It's also unclear where risk may be located: in the individual, in the interaction of the individual and the contexts in which they're located. Typically, risk assessment focuses on the qualities of the perpetrators, aspects of the community (including supervision, quality of supervision, etc.) often are not considered in the risk score. Co-existing mental health issues may also be layered onto risk assessment, but even a diagnosis of a mental health issue may not be specific enough to improve risk assessment significantly.

Because there is so much missing from most risk assessment tools, it seems unrealistic to use any one tool alone to make a judgment of a perpetrators' total risk. Sometimes, items that tend to co-occur appear, statistically, to be highly correlated, which can be a flaw of actuarial risk

assessment tools, which are based on statistical prediction. For all of these reasons, the tools should be considered just a start.

If you have to go with just one risk assessment tool, which is not recommended, the ODARA is the most highly recommended tool. Risk assessment tools, particularly the ODARA, were originally intended to be completed by law enforcement on the scene. The downfall is that there is a lot that the ODARA is missing. The increase in score in the ODARA corresponds to an increase in the rate of recidivism.

The Danger Assessment (developed by Jacqueline Campbell) was developed by comparing differences between different categories of abused women: a group that had not had a serious attempt made on their lives, versus a group of women who had had a serious attempt made at their lives. Most women in the control group (those who had not had an attempt made on their lives) scored 0-6 on the Danger Assessment, while most women who had a serious attempt made at their lives had a score of 4/5 – 11.

The SARA (Spousal Abuse Risk Assessment Guide) is not meant to be a total score tool. Rather, there are 20 specific items that are empirically related to risk, and the more of the items are true for a given individual, the higher their risk.

When the standards committee was drafting the standards, Chris and others were advocating for the inclusion of risk assessment. Curt reviewed factors associated with IPV perpetration and recidivism, and ran the list by Kris Henning, a professor at PSU. Now, Oregon BIPs are required to inquire about this list of factors for each participant, and need to report any positives to probation. The list of factors are included in the standards, however, they've been reorganized in a way that doesn't necessarily make a lot of sense.

Another important aspect of risk assessment is the victim's self-assessment of their level of risk of being re-assaulted by their partner. If clients' partners are concerned about their safety, that should be taken seriously, but partners who are not particularly concerned may be even more vulnerable. Partners who are ambivalent or uncertain about their risk tend to not be as vigilant about their safety, which puts them at an increased risk. There was one provider in the area that routinely got in touch with participants' partners and asked them about their perception of their own risk.

Intoxication is its own risk factor. Specifically, drunkenness is a risk factor, not just a history of alcohol abuse.

Just because something is excluded from risk assessment tools, because the base rates are so low as to make it inefficient to include it on the tool, does not mean that it is not a risk factor—it just means that the risk factor is relatively uncommon . These risk factors are considered "ideographic." As an example, Chris told a story about a client who had duct taped their partner to a chair, twice, which raised serious concerns about him, despite this specific behavior's absence from risk assessment tools. Because the partner was out of state, the risk was considered less imminent. The client was referred for a psych evaluation, and when the client did not show

up, the evaluator contacted the P.O., who went looking for the client. The partner had ended up sneaking back into the state, and the perpetrator tried to coordinate an assisted double suicide, but ended up killing only his partner instead. This illustrates how even when everyone is doing everything correctly and is aware of risk, further violence, even lethal violence, may still occur.

Risk factors related to low levels of personal education, vocational or financial achievement, correspond to the stake that perpetrators have in being a part of society, and their investment in their community. As they have a greater investment in their community—"more to lose"—their risk of recidivating lowers. As they have less to lose they are more likely to recidivate.

Subjective stress appears to be more predictive of recidivism than objective stress. The number of stress factors that clients experience is less predictive of recidivism than how well they manage those stress factors and how stressful they perceive them to be.

The Risk-Needs-Responsivity Model comes from the general field of criminality in Canada (general criminal risk). This is what the EPICS (Effective Practices in Community Supervision) stuff is also focused on. The first four of the big 8 factors associated with risk in the RNR model are more associated with recidivism than the latter four. Child welfare workers are also likely to agree with the list of risk factors for relapse, including utilization of available resources and having realistic expectations. According to the RNR model, risk should guide the nature of interventions, such that shifts in risk factors should change the nature of the interventions.

In Clark County, most of the men who end up in BIPs are on bench probation, which means that they don't have active POs. Even when providers identify higher risk individuals, that information doesn't have anywhere to go, unless providers go to court to notify the judges directly.

Are there risk factors that participants tend to report in group, and if so, what do providers do when they notice that those risk factors have changed recently? Specific events can lead to higher perpetration of abuse (e.g., men who are abusive may be most abusive when they're cheated on). One provider (Allies in Change) uses a check-in board, with a column for "life changes." Group members tend to ask each other about any checks in the "life change" column (as do facilitators) to keep them aware of their propensity for abuse at the time, given these life changes that they experience. It's easier for clients to be abusive when they feel powerless, overwhelmed, etc. The "life change" check-in helps clients remain aware of anything that's making them feel that way, so they're more aware of their own risk. Facilitators can say right then that "this worries me because this corresponds to higher risk." Some providers have follow-up questions regarding emotional reactions, coping, etc. to address changes in factors that correspond to risk, and answers to those questions speak more to risk. There are things that groups may do to change participants' perceptions of the risk factors to minimize the amount of risk that they experience. Many providers are very good at notifying POs when clients' risk factors change. Other groups have other forms of weekly check-ins, regarding substance use, relationships, relapse potential, who they're living with, employment, etc. but facilitators often don't look at these personal notes that each participant makes until after group, and sometimes address them in group during the following week.

Some providers are trying to figure out what to do with participants as they approach the 32 – 34 week mark, at which point they'll need an evaluation, and how to include risk level into these evaluations. Risk assessments may not correspond to how much longer participants should attend groups. What exactly these risk scores mean will need to be clarified for people who will be reading these evaluations. Some providers can speak to how well participants understand the material, but that may be the extent of what they can report with confidence. Risk levels may be more relevant for supervision (i.e. probation and parole), but less relevant for intervention providers. Providers can't speak to how participants are utilizing information that they learn in group, only what they appear to be understanding in group. Progression through the program is not a risk factor; it is not predictive either way. Progression through the group is also very difficult to define and quantify. Even increased accountability may not correspond to any less abuse. Accountability alone is not a great predictor of perpetration.

Is there a way to change what participants are accountable for? Programs may target peripheral behaviors that are associated with abuse, and increase clients' accountability around those things (e.g., taking a time-out first thing in the morning and for curbing alcohol use).

Regarding men who have remarried during their program participation, it is important to think about the more subtle controls that they may be putting into place at the beginning of the relationship and how conflict is currently being handled, as it's more likely that the violence will begin later on, after the honey-moon period.

Issues of class and race in risk assessment: race and class are influential in determining whether perpetrators are arrested. Providers often lament how very impoverished their participants are. In Portland, especially in Multnomah County, groups are composed disproportionately of men of color. Groups are also overwhelmingly working class. Many wealthier men use more non-physical tactics, which aren't illegal and do not result in arrest. In poorer communities, housing units tend to be closer together, so incidents are more likely to be heard. In middle and upper class neighborhoods, there's more pressure on neighbors to *not* call the police. Male privilege is more applicable to wealthier perpetrators, who also don't need to use physical violence to exert their privilege. People who are oppressed may act out in more visible ways than groups that are not dealing with the same oppression.

There are cultural and regional patterns in the types of abuse that are perpetrated. There's a concern that risk assessment may over-target working class men and men of color. This may be a function of both risk assessment, as well as factors at the point of contact with the police. Risk assessment tools are developed using data from perpetrators who come in contact with the police, so these issues are closely related. The system is biased, and risk assessment tools reflect this bias.

There is substantial variety among men who perpetrate homicides. There's a concern that middle and upper class men are *not* being profiled when they should be. Risk assessment is not about the false positives so much as missing the false negatives.

The African American community tends to use more violence in parenting, to try to ensure that their children behave in a way that blends into White society, and these traces of violence in parenting also tend to translate into violence in intimate relationships. However, some providers have also noticed increased physical violence among working class participants from other ethnic and racial backgrounds.

It's important that, as providers, we're continually thinking about risk and changes in risk levels, and continuing to try to find ways to adjust treatment accordingly. Where are the risk factors, where are men vulnerable to acting out aggressively, how do we address these areas? Groups need to have room to talk about the needs, vulnerabilities, and risk factors of individual clients.