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Abstract

Purpose: There is a body of evidence that suggests a range of psychosocial characteristics demarcate certain adults to be at an elevated risk for victimisation. To this end, the aim of the current study was to examine consistency between one police force, and a corresponding victim support service based in England, in their assessment of level of risk faced by victims of violent crime.

Methodology: This study explored matched data on 869 adult victims of violent crime gathered from these two key services in Preston, namely Lancashire Constabulary and Victim Support, from which a sub-group of comparable 'domestic violence' cases (n=211) were selected for further examination.

Findings: Data analyses revealed methodological inconsistencies in the assessment of victimisation resulting in discrepancies for recorded levels of risk in domestic violence cases across these two agencies.

Practical implications: These findings provide a compelling argument for developing a more uniformed approach to victim assessment and indicate a significant training need.

Value: This paper highlights areas of good practice and forwards several recommendations for improved practice that emphasises the integration of empirical research conducted by psychologists to boost the validity and reliability of risk assessment approaches and tools used.

Keywords: Victims; risk assessment; domestic violence; police, Victim Support, MARACs.

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Background

Victims of violent crime experience a myriad of detrimental effects that can be both acute and chronic. Certain types of violent crime, such as domestic assault, are also strongly associated with increased risk of revictimisation (Turnanovic & Pratt, 2014), the effects of which can be wider reaching than any immediate physical injury and can extend to psychological trauma presenting in low self-esteem, depression, self-harm, substance misuse, eating and sleeping disorders (Coker et al. 2002; Krug, Dahlberg, Mercy, Zwi & Lozano, 2002). It is important therefore that any methods, tools or approaches used to assess victimisation are underpinned by empirical research that establishes the factors that place people at risk, thus enabling service providers to better safeguard the 'at risk' individuals who are brought to their attention. This process is also integral to the development of strategic, evidence-based, crime prevention, and reduction plans, which must also optimise and channel the often restricted funding available efficiently, with the ultimate aim of helping individuals who might be at an elevated risk of revictimisation.

Prevalence of revictimisation for violent crime

Examination of the Crime Survey England and Wales (CSEW) data during 2012-13 shows that at 26 percent, over one-quarter of all cases of violent crime were individuals experiencing revictimisation (Office for National Statistics, 2014). Indeed, over the last 15 national crime statistics surveys from 1981 to 2012/2013, the rates of revictimisation for all violent crime range as high as 23 percent (in 2008-09) to 38 percent (in 1995). It is noteworthy that the proportion of 'domestic violence' revictimisation cases, the most common form of repeat victimisation, has never fallen under one-third, peaked as high as 58 percent (in 1997) and averaged 45.53 percent over this period. Furthermore, under the

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offence group of 'all violence', the proportion of revictimised individuals averaged at one-

fifth of the sample for 'wounding' (20.47%) and one-quarter for 'injury' (24.47%). These

figures illustrate the detrimental consequences of violence that many victims have endured,

whilst other studies paint a starker picture still, with adult violence revictimisation cases

outweighing lone cases two-fold (see Lowe et al, under review). More pertinent to this paper

however is an overview of the attempts made by different emergency and victim support

agencies in the UK to assess victims' level of risk as this directly links in with any attempts to

reduce the experience of victimisation.

The evolution of victim risk assessment within the UK criminal justice system

Motivated by the innovative work of forensic psychologists and academics in North

America, the assessment and management of risk for reoffending has progressed significantly

over the last 25 years. This work has advanced the methods in which risk of harmful

behaviour is assessed by different criminal justice professionals across numerous offending

populations. Currently, there are approximately 120 different structured instruments available

to assess risk of different types of violence within a range of forensic and mental health

settings in various countries (for an extensive review, see Singh & Fazel, 2010). The need to

evaluate the efficacy of these tools is underpinned by research that demonstrates varying

degrees of predictive accuracy and validity (Singh, Grann, & Fazel, 2011), and thus, a

longstanding debate on the superiority of second-generation, actuarial measures of risk

assessment over first-generation, clinically-based methods (Andrews & Bonta, 2010)

continues in light of contradictory evidence (Monahan & Skeem, 2014; Skeem & Monahan,

2011).

The innovative ripples of these seemingly robust and practical methods of risk

assessment have seeped into frontline police work in the UK. Hoyle (2008) details how the

Domestic Violence, Crime and Victims Act (2004), and its provision of new measures and

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powers for police caused an attitudinal shift resulting in officers demonstrating more

willingness to engage with, and respond to domestic violence incidents. Significantly,

common assault (i.e., a minor act of violence that does not cause an injury) was now an

offence that could lead to arrest. Unsurprisingly, domestic violence-related arrests greatly

increased in response to these changes, and consequently, the police were increasingly

involved in the assessment of risk for domestic violence on the frontline - this meant a move

for responding officers simply intervening at the scene of a potentially high risk altercation,

towards evaluating the likelihood for future danger under unknown conditions (Hoyle, 2008).

These changes are manifested in the development of Association of Chief Police Officers

(ACPO) risk assessment (2008) guidelines, that recommend the use of risk assessment tools

(in which risk factors for both perpetrators (n=10) and victims (n=5) are highlighted), to

support officers in the identification of high-risk domestic violence victims.

A more recent UK police-based development, born out of the SPECSS+ tool [1], is

the DASH [2] (2009). This is a triadic-structured risk assessment list for use by police

officers in response to incidents of domestic violence at the following stages: (1) initial

assessment at scene of incident; (2) interventions by dedicated officer, and (3) risk

management planning (Richards, Letchford, & Stratton, 2008). Hoyle (2008) notes that risk

assessment instruments in the UK focus on victims' information and perceptions, thus

placing emphasis on them to account for the offender's behaviour and overlooking all other

risks. Conversely, North American tools use information collected from several sources,

weighted towards reports about the perpetrator from both professional sources and the

offender themselves.

A similar approach underlies local level multi-agency risk assessment conferences

(MARACs) in England and Wales; these sessions allow a number of relevant professional

agencies (e.g. police and independent victim support agencies) to manage 'high risk'

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domestic violence victims using a tool developed by Coordinated Action Against Domestic

Abuse (CAADA, 2012), the DASH-MARAC Risk Identification Checklist (Robbins,

McLaughlin, Banks, Bellamy & Thackray, 2014). The principle underlying the use of these

tools is that they "provide a structured way for responding officers to gather detailed and

relevant information from victims. This information, particularly when shared with other

agencies, can help provide better service to victims because their specific needs are

identified" (Robinson, 2004, p .8). However, despite approximately 250 MARACs in

operation, recent reports suggest the evidence for their efficacy in reducing repeat

victimisation might be untenable (see Steel, Blakeborough & Nicholas, 2011), thus providing

a rationale for conducting the present study which aims to comparatively evaluate the levels

of victimisation risk as ascertained by emergency and victim support services.

Aim of the current study: This investigation involved examining how victims' level of

risk was assessed across two pivotal services (namely, *Lancashire Constabulary* and *Victim

Support*) located in Preston City, based in North West England, with aim of gauging potential

reliability and validity issues in the methods used. There is clear value in conducting a

comparative analysis of victimisation risk levels, as this has ramifications for the selection of

'high risk' cases forwarded for review at MARACs.

The 2011 census reports Preston City's population as 140, 202, with an approximately

equal gender-split. The average age was 37 years with a low median age of 35 possibly

reflecting the student population in this expanding university town; Preston's university

student population at above 32, 000 is the eighth largest in the UK in terms of student

numbers (HESA Statistics, Higher Education numbers 2008/2009). Preston is an ethnically

diverse city, and aside from the indigenous White British (79.8%) population, the largest

minority ethnic groups recorded were those from a South Asian heritage (7%). Lancashire

Constabulary is the police force responsible for Preston; at the time of this study, the force

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had six geographical divisions and two specialist divisions. Since April 2014, Lancashire

Constabulary has been restructured into three Basic Command Units (BCUs) and Preston

City is now part of 'South BCU'. The police force puts victims of crime in contact with

Victim Support [3], who, as an independent charity organisation can provide free confidential

support, practical help and information to support crime victims and, according to their

website, provides this service to more than 8,000 victims in Lancashire annually. All aspects

of the study complied with institutional and British Psychological Society (BPS) ethical

guidelines, and strict protocols were followed to ensure that it was not possible to identify

individuals from the information provided in the datasets used for analysis.

Method

Sampling and Measures

Initially, a comprehensive dataset was created by extracting information on victims of

all adult violent crime recorded during a six-month period (April 2013-September 2013) held

by (i) Lancashire Constabulary (n=1227), and (ii) Victim Support (n=1219) both based in

Preston in Lancashire for the postcode PR1 and PR2. Using crime reference numbers, a total

of 869 cases were then anonymously matched across the two archives, providing

demographic data relating to the victims' age, gender, and ethnicity. Information pertaining

to how the victims were classified by both agencies, in relation to (a) crime-classification

plus their (b) level of risk, was also entered into the final dataset for statistical analysis using

SPSS v.21.

Results

Descriptive statistics: Varying types of crime victimisation were reported by the

diverse group of adults in this sample. An examination of the demographic data revealed that

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victims' ages were widely dispersed (range=16 to 90 years; mean=32.51 years, SD=12.62,

mode=21.00) with no discernible gender differences (males=456; females=413). A

breakdown of victims' ethnicity showed that while a majority were White European (n=664;

76.4%), nearly a fifth of this sample were of South Asian origin (n=153; 17.6%). A similar

number of victims in this sample were Black (n=17; 2.0%) or of a Mixed background (n=16;

1.8%) although some information on ethnicity was not provided as several cases were

recorded as 'unknown' (n=19; 2.2%). The types of crime victimisation recorded for this

population were classified differently by both agencies. To allow for consistent analysis

across these two agencies, the crime-type categories were recoded and reduced into four

categories as shown in Table 1.

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Insert Table 1 here

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Given the diversity of offences recorded and an unascertainable range of methods

most likely used across the two agencies to assess risk in relation to type of crime, it was

decided, in order to extrapolate comparable data, to focus only on cases that could be

classified as 'domestic violence'; the rationale for this is based on the use of DASH-based

tools by both Lancashire Constabulary and Victim Support to evaluate such cases - focusing

on a specific offence-classification and related level of risk as ascertained by using a similar

assessment tool would allow for more meaningful results. Thus, the remaining analyses

focused solely on a matched sub-group of domestic violence cases (n=211) as recorded by

both Lancashire Constabulary and Victim Support.

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A demographic breakdown of just these domestic violence cases revealed a majority

of these victims were females (n=189; 89.6%) whose ages were widely dispersed (range=16-

68 years; mean=31.93; 11.47; mode= 21.00; median=30.00). Unlike the ethnic composition

of victims for all recorded crime, there was very little diversity in ethnic background in this

sub-group of domestic violence cases; a majority of victims were of White European descent

(n=190, 90.0%), followed by a small proportion of victims recorded from a South Asian

(n=17, 8.1%), Mixed (n=3, 1.4%), and Black (n=1, 0.5%) origin. Next, these matched

domestic violence cases and their associated 'levels of risk' as recorded by Lancashire

Constabulary and Victim Support were examined separately to allow for comparative

analysis, as summarised in Table 2.

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Insert Table 2 here

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Inferential statistics: These data were analysed using Chi-square tests as this enabled

an examination of any significant differences between the expected frequencies and the

observed frequencies in one or more of the recorded categories of 'unknown', 'low',

'medium', or 'high' for these domestic violence cases. Indeed, 'level of risk' recorded across

the two databases held by Lancashire Constabulary and Victim Support was significant ($X2$

$(3) = 142.63$, $p < .001$). Therefore, there is statistical evidence to suggest that either of these

two service providers and their recording of victim's level of risk are not independent of each

other and thus, there is an association between level of risk and type of service. More

specifically, Lancashire Constabulary were likely to classify victims' level of risk as

'medium', and a slight tendency to assign 'unknown', more than expected. Whereas Victim

Support were less likely to classify victims' level of risk as 'unknown' or 'medium', and

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much more likely to classify victims' level of risk as 'low' or 'high'. To this end, the

evidence suggests that Lancashire Constabulary typically classify domestic violence victims'

level of risk as 'medium', whilst Victim Support are more likely to record these victims'

level of risk as either 'low' or 'high'.

The effects of victim demographics of age, gender and ethnicity on risk levels for

domestic violence were also explored further, for Lancashire Constabulary and Victim

Support separately. For Lancashire Constabulary, the relationship between assigned risk

levels with age (Spearman's rho = -.01, p = .939), and gender (X2 (3) = 5.65, p = .130) were

non-significant. With respect to ethnicity, a Kruskall-Wallis H test also identified a non-

significant difference in risk level between ethnic groups (X2 [3] = 3.93, p = .349): However,

it was clear that South Asian victims were ranked at a lower risk (mean rank = 81.71) than

other ethnicities; Black (mean rank = 122.50), Mixed (mean rank = 112.00); White (mean

rank = 107.99).

For Victim Support risk levels, whilst age was unrelated to risk level (Spearman's rho

= .13, p = .057), a marginally significant 2 (gender) x 4 (risk level) Chi-square was

documented (X2 (3) = 7.73, p = .051). An inspection of the expected and observed

frequencies for each cell (see Table 2) showed that more males were classed as 'unknown'

than expected, whereas more females' ratings across the classification levels were as

expected. With respect to ethnicity, a Kruskall-Wallis H test identified a non-significant

difference in risk level between ethnic groups (X2 [3] = 2.37, p = .499).

Discussion

Despite the efforts of emergency and support services to safeguard those at elevated

risk of victimisation, this study revealed discrepancies in the ascribed levels of risk across

these two key agencies. For example, Lancashire Constabulary were more likely to code

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victims' level of risk as 'medium', compared with Victim Support, who were more likely to

classify victims as 'low' or 'high' risk. It is also noteworthy that the police classified just

under one-quarter of this domestic violence sample (23.7%) as having an 'unknown' level of

risk, in comparison to Victim Support, who only coded a small number of these victims under

that classification (6.6%). Also, Victim Support classified twice as many cases as 'high risk'

(43.6%) than did Lancashire Constabulary (22.3%), which has serious and worrying

implications for the police's selection of domestic violence cases to be forwarded for review

at MARACs, especially, as Steel et al. (2011) note, most cases reviewed at these interagency

forums are referred by the police.

Further analysis was restricted due to limited data but it would be interesting to

examine whether these discrepancies were situationally-related to when the assessment

information was collected from the victim; that is, if assessments were usually made by

responding officers during potentially volatile situations at the scene of an offence, or in a

more counselling-based setting typically made by Victim Support, at any period after the

offence has taken place. Alternatively, this variance could reflect the different levels of

training received by emergency versus victim support services, or even a manifestation of a

workplace ethos and role expectations. For instance, unlike police officers (whose roles cover

law, order and protection and are consequently more diverse), Victim Support workers more

typically engage with vulnerable victims on a one-to-one basis, and are expected to respond

in a sensitive and receptive manner to disclosures of abuse, and thus, they may be more

attentive or confident in assigning a higher risk classification to domestic violence victims.

Only one significant difference in classifications of risk was evident across the two

services in relation to victim demographics. Notably, Lancashire Constabulary more typically

classified male victims' risk level as 'unknown' than any other risk level in comparison to

their classification of female victims. As Bowen (2011) notes, raised awareness of male

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domestic violence victimisation in the empirical literature is not yet matched in the

development of appropriate victimisation practitioner guidelines. It was also clear from

examining the descriptive statistics that South Asian victims of domestic violence were

classified to be at a lower risk compared to all other ethnic groups by the police. Although

purely speculative, it would be useful to examine whether the police's reported use of the

ACPO-DASH (which has ten additional 'honour'-based violence (HBV) items) and Victim

Support's stated use of the CAADA-DASH (which does not have any HBV items), has any

bearing on this outcome, but as no information on this is recorded in the databases, this

avenue could not be explored further.

It is important to highlight that whilst the use of a published instrument such as the

DASH demonstrates an attempt to improve consistency across agencies, there are a number

of problems that emerge from this such tools. For example it has not been possible to locate

any independent evaluations of the DASH. The one exception is a Master's project study

conducted by Edwards (2011) however, this is not publically accessible. Thus, any

confidence held in the reliability of this assessment tool cannot be rooted in its empirical-

strength because this instrument's validity and efficacy has not been systematically tested or

published to date. It is probably prudent to take heed of Stanley and Humphreys' (2014, p.

81) words that "[P]roblems can occur if tools confer an illusion of science and objectivity that

is deceptive". Further, there are a number of different versions of the DASH available for use

[4], despite no assurances that practitioners who use this tool are choosing the correct version

or have sufficient training or indeed, any confidence in completing the assessment reliably. In

a critical review of the UK police's use of victim assessment models, Hoyle (2008, p. 330)

argued that caution should be applied because "…risk assessment models for domestic

violence are not as scientifically rigorous as those using them might presume".

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From an academic perspective, there are several explanations in the psychological

literature to explain why these differences might occur as a result of judgment heuristics,

social bias and the influence of fundamental attribution errors (Bowen 2011; Elbogen, 2002;

Smith & Alpert, 2007; Stroshine, Alpert, & Dunham, 2008). This empirical evidence ought to

guide the design of risk assessment instruments and the method in which they are

administered, because it is evident that the inconsistent levels of risk across these two

services, to some degree, reflect a difference in the administration of victim assessment. This

suggests a significant training-need to improve assessment reliability and cross-agency

consistency. Practitioner training is a repeatedly recognised element of improving the

efficacy of victim assessment (Ruff, 2012). Indeed, Humphreys et al (2005) ascertained, as a

result of their research with Metropolitan Police and West Yorkshire Police, that just under

half of the officers in their sample were not sufficiently trained to use risk assessments in line

with ACPO guidelines. It is also apparent that more efforts could be made to bridge the gap

between the significant advancements in academic theory regarding what works best in the

practice of risk assessment so that it better aligns with the delivery of frontline service

provision for victims. It is perhaps not surprising however that practitioners might struggle to

maintain the same pace as academic productivity, given the sheer volume and complexity of

research published on risk assessment during the last two decades.

Several areas of good practice were established in this study. For example, it was notable

that Lancashire Constabulary and Victim Support demonstrated a willingness to collaborate

with independent researchers to investigate issues related to victim assessment in an attempt

to improve applied practice. Due to the heterogeneity of victim-demographics from one

postcode, community or even region to the next, it is profitable to identify trends for violence

victimisation according to specific populations according to locality. Thus, a local academic

research team (from the University of Central Lancashire, Preston Campus) working in

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alliance with local police and victim support services promotes a positive message about

multiagency collaborations, and a desire for independent evaluations for improved practice

by all parties. There is scope for similar local collaborations nationwide. Additionally,

attempts made by Lancashire Constabulary and Victim Support to use a 'common tool' (e.g.

DASH-based instruments) to identify high risk cases of domestic violence for MARACs

demonstrates attempts to improve consistency across agencies.

Nonetheless, when efforts are made to use such 'common tools', it is unclear at which

point in time the assessment is made by different agencies, which version of the instrument is

used, and the level of training across the different agencies. To some extent, this might

explain the differences found between Lancashire Constabulary and Victim Support and their

levels of risk recorded for victims. These results make clear that there is an aspiration, and

ample room, to improve the reliability and validity of the measures used. However, it is

somewhat paradoxical that in an attempt to improve consistency across agencies for victim

risk assessment, practice guidelines encourage the use of potentially unreliable, non-validated

measures for both Lancashire Constabulary and Victim Support. To this end, these findings

support any efforts to independently evaluate the DASH (all versions) for both reliability and

validity for use with the specific populations and offences they are designed for (for example,

'honour'-based violence, or stalking, etc.). It would be desirable for any evaluations to be

conducted by independent researchers who have a solid understanding of the methodological

principles underlying risk assessment in practice settings, working collaboratively with police

and victim support service workers. The development and administration of the B-SAFER

(Brief Spousal Assault Form for the Evaluation of Risk: Kropp, Hart, & Belfrage, 2005)

serves as a worthy example of good practice; is a well-validated instrument designed to assist

practitioners in case management. This tool does not employ statistical methods on which to

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base evaluations of risk, but instead provides guidelines for gathering relevant information

and making structured and informed decisions.

Conclusions

A plethora of research emphasises that risk assessments must always be conducted with

great caution. Fundamentally, that practitioners must be fully attuned to the principles

underlying any tool chosen in order to have confidence in its validity and reliability. Rogers

(2000), whose critique of approaches to risk assessment was published over a decade ago,

highlights important issues that are much a concern today as when the paper was first

published. He states that his … "commentary on risk assessment is not intended as a

wholesale indictment. Rather, its purpose is to temper the unbridled enthusiasm by

articulating the perils and pitfalls regarding any uncritical acceptance of risk assessment" (p.

595). To this end, the main crux of this study's findings is that practitioners should not be

tempted to use risk assessment tools simply because they are readily available, and more

attention must be given to bridging the vast gap between theory and practice, to better align

the ever growing empirical evidence with the complexities of work with vulnerable victims

on the frontline.

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[1] An acronym an earlier risk assessment model used by the police built on the following six high
risk factors: Separation; Pregnancy/new birth, Escalation, Cultural issues/sensitivity, Stalking, Sexual
assault.
[2] DASH is an acronym used for 'Domestic Abuse, Stalking and 'Honour'-based Violence'.
[3] The 'Victims Code of Practice' (2006) obliges the police to report all recorded crime to Victim
Support, via a broad policy of automatic referral of victims'. This process has been adopted by ACPO,
supported by the National Office of Victim Support and the Data Protection Registrar.
[4] For example, DASH (Richards, 2009). S-DASH (Sheridan, Roberts, & Richards, 2009), V-DASH
(Richards, 2010), CAADA-DASH RIC (CAADA, 2012), ACPO-DASH (version 2014).

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Table 1: Five new recoded crime categories using matched cases (n=869) from Lancashire

Constabulary and Victim Support.

	Lancashire Constabulary *Frequency and (%)*	**Victim Support** *Frequency and (%)*
Threat and Physical Assault: Minor	262 (30.1%)	298 (34.3 %)
Threat and Physical Assault: Major	405 (46.5%)	181(20.8%)
Harassment and Hate Crimes	149 (17.1%)	179 (20.6%)
Robbery	52 (6.0%)	44 (5.1%).

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Table 2: Level of risk recorded by Lancashire Constabulary and Victim Support for a

matched sub-group of domestic violence cases (n=211): overall and in relation to gender.

Level of risk	Lancashire Constabulary Frequency and (%)			Victim Support Frequency and (%)		
	Male	Female	Total*	Male	Female	Total*
Unknown	9 (40.9%)	41 (21.7%)	**50 (23.7%)**	3 (13.6%)	11 (5.8%)	**14 (6.6%)**
Low	4 (18.2%)	26 (13.8%)	**30 (14.2%)**	7 (31.8%)	93 (49.2%)	**100 (47.4%)**
Medium	7 (31.8%)	77 (40.7%)	**84 (39.8%)**	2 (9.1%)	3 (1.6%)	**5 (2.4%)**
High	2 (9.1%)	45 (23.8%)	**47 (22.3%)**	10 (45.5%)	82 (43.3%)	**92 (43.6%)**

* *Total refer to percentages for the sample overall*