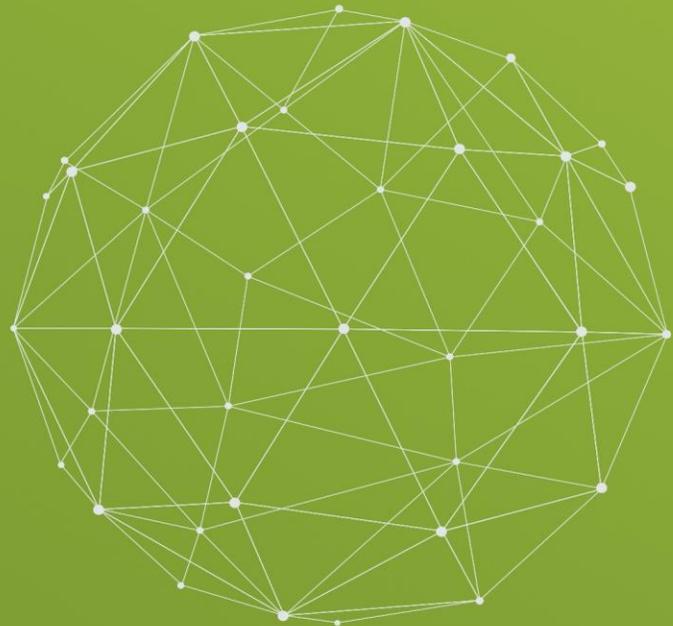


Framework and
Principles for
Assessment of Men's
Acute Violence in
Relation to
Covid 19



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Framework and Principles for Assessment of Men's Acute Violence in Relation to Covid 19

The world has changed rapidly within a short period of time as a result of the Covid 19 pandemic. We can anticipate that in times of uncertainty, that where pre-existing issues exist within relationships such as family violence, that risk is likely to increase in the short term. This is due to a number of factors such as: financial concerns and worries, quarantine back to a single place such as the family home, unemployment/underemployment, and general feelings of unwellness for those infected. These contextual issues can put severe pressure on relationships. This therefore is a time to support those at risk, in order to minimise harm to others.

We have gone back to first principles in this document:

- The foundations of assessing risk: Static, stable, acute and protective factor
- Looking for signs of safety as a way of bringing information together
- Considering robust conversations around risk and safety through this period

We invite you to use the tool and adapt accordingly to the populations you are working with. There will be other risk factors that exist across diverse populations including LGBTQ, where women are the main perpetrator of abuse, and in the area of male survivors of sexual and domestic violence. We invite those working with these populations to adapt these ideas accordingly. The factors outlined are developed from our own experience and therefore skewed to a male population who engage in abusive practices.

There are some caveats to this document:

- We put this together quickly to provide a resource for workers to support family/whanau through this unprecedented time. This 'pocket tool' is not designed to replicate existing risk assessment tools/instruments and should be used in conjunction with fuller assessment tools.
- This guide was put together to provide a framework for workers to analyse their caseload and consider who they think may have difficulty managing the acute risk factors throughout this time.
- We are also aware that situational risk factors as noted above (financial concerns and worries, quarantine back to a single place such as the family home, unemployment/underemployment, and general feelings of unwellness for those infected) are likely to put significant strain on family/whanau that don't have a history of abusive practice. We may therefore see a group of people who would not normally present to our organisations.
- We believe that everyone working on the frontline should seek supervision/consultation through this time. When faced with an imminent risk situation calling the Police should be the first point of contact.

- We have appreciated feedback from a range of people who took time to raise a number of issues about the original document. We have considered this feedback and be more explicit regarding the target group whom we deem at highest risk of abusive practice/family violence during this period. The purpose of this 'pocket tool' should be used as a guide to conversations that workers could have with people on their caseload already.

Static, Stable, Acute and Protective Risk Assessment

Not everyone who has used abusive practice/family harm is at risk of escalation during this period of time. In order to understand good risk assessment, we can think about four factors that intersect and change, depending on what is happening in somebody's life. The framework below has been developed in relation to men's risk of violence towards others. There will be unique factors that exist across diverse populations including LGBTQI and where women are the main perpetrator of abuse.

Static risk factors or what is commonly known as tombstone factors are unchangeable. These relate to historic aspects in someone's life such as early childhood trauma, witnessing family violence as a child, early onset of abusive behaviour within relationships, nature and severity of abusive behaviour, violence across multiple relationships, et cetera. We always say that these factors are the best predictor of future behaviour. They provide our starting point and who we should take a closer look at, given that the collective impact of these behaviours means that a person has a higher probability of being abusive in the future. It doesn't mean they will, it does mean they may have a higher propensity.

Stable risk factors are what I might describe as the big drivers for abusive behaviour. These include attitudes and beliefs about violence as a problem-solving method, attitudes towards women, peer relationships, emotional regulation skills, relationship to addictive substances, and adult attachment issues. Effective interventions attempt to undermine and disrupt these drivers of behaviour, thereby reducing the influence of these factors.

Acute risk factors move quickly. These can be seen as subgroups of stable risk factors and include issues such as jealousy, substance misuse, escalation in disagreements, while static and stable indicators help us to predict issues of severity and frequency of behaviour, anticipating acute issues is the key to reducing immediate risk of harm.

Protective factors act as a buffer to the static, stable and acute risk issues. These include attitudes of respect, problem-solving skills, emotional regulation, cognitive coping, distress management and lifestyle management.

Static risk factors

Factor	Present	Not sure	Not present
History of assault on family members (partner and children)			
History of violence through multiple relationships			
In the past, children were in the home when the violence occurred, or have been hurt or threatened in family violence situations.			
There have been incidents of animal abuse. Has (the man) ever harmed or threatened to harm a pet?			
There is a generational pattern of family violence.			
Violation of previous sentencing or order (e.g. Protection Order).			
Witnessed or victim of family violence as a child/adolescent.			
First experience of family violence was in utero.			

Comments/evidence:

Stable factors (factors that contribute to offending)

Factor	Present	Not sure	Not present
The man has a history of alcohol or drug problems / dependency.			
The man has a history of violent behaviour against non-family members.			
The man has strangled or attempted to strangle the victim in the past.			
The man has threatened to commit suicide or to kill the victim, children or other family members.			
Personality issues with anger, impulsivity, dependency, entitlement issues and behavioural instability.			
Extreme minimisation of denial of family violence history.			
Attitudes that support violence as a problem-solving method			
Peer group who support attitudes/beliefs and behaviours supportive of family violence			

Comments/evidence:

Acute factors (factors that can change quickly)

Factor	Present	Not sure	Not present
Recent psychotic or homicidal ideation/intent			
Has access to weapons, particularly firearms and has used or threatened to use them. They may have convictions involving weapons. Do they have any guns, knives or other weapons at home? Does he have access to guns, knives or other weapons?			
Has easy access to the victim, children or other family members.			
Is obsessed with, dependent on, or is stalking the victim.			
There has been a recent separation, issue of a Family Court order (Protection Order or Day to Day Care Order), or divorce and man behaving in a dangerous/reckless manner.			
The victim believes the man could injure or kill them.			
The man has threatened to commit suicide or to kill the victim, children or other family members.			
Uses/abuses alcohol and/or drugs to manage emotional regulation.			

Comments/evidence:

Protective factors (factors that buffer and reduce risk)

Factor	Present	Not sure	Not present
Active accountability relationships intact.			
Victim has safety strategies in place.			
The man has an openness to change.			
The man expresses remorse for violent behaviour.			
The man has a clear goal of non-violence.			
The man is engaged and meets obligations (regularly arrives for appointments).			
The man has other professional support from a person or group of people.			
The man is in stable employment.			

Comments/evidence:

Signs of Safety (Abusive Behaviours)

We have adapted the model of *Signs of Safety* developed by Turnell and Edwards (1999) to the Field of Family Violence Intervention. The work of Turnell and Edwards originally focused upon child protection social work, which holds many parallel facets for Family Violence Intervention, of dealing with risk and danger within families.

The Signs of Safety Model promotes *adaptable* principles that are compatible with assessment in family violence situations and where the focus is upon the safety (or not) of the person(s) causing harm:

- Understand the position of each family member – including the person presenting the risk of causing danger and harm
- Look for exceptions to the violence and abuse ... look for capacity and strengths, not just problems
- Discover the strengths and resources [for safety] within the family and, what the man who is presenting risk, can offer
- Focus upon goals – elicit hopes and direction
- Scale safety and progress – and involve the client(s) in this
- Assess willingness, confidence and capacity – establish willingness and ability to carry out plans

This model is not naïve regarding risk, yet it draws upon the fields of strengths-based practice observable in *brief therapy, narrative therapy, solution – focused interventions, and motivational interviewing*. The ethical obligation is to explore resources, capacity and strengths in assessment processes. This we view, will enhance cooperation and engagement – with the person presenting risk and other affected family members – victims. Note: strengths-based assessment done well, *does* identify and name risk and matters of danger and where necessary, promotes the *paramountcy principle of safety first*.

The Signs of Safety Tool has been adapted to *summarise* the identified Acute, Stable and Static risk factors – and to balance these risks against the Protective (mitigating) Factors elicited through the assessment (and also other assessment information, as available). *Judgement* is inherent in assessment and the drawing together of information seeks to balance the information regarding *danger and safety*. Detailed information needs to be gathered – interviewing the man presenting risk *as well as* those persons *at risk* in conjunction with this Risk Assessment is advised ... balancing client interviews, information gathering and the questions we present here, is suggested as the appropriate approach to formulate a ‘picture of risk’.

The Signs of Safety Tool utilises two simple scales (1 – 10):

(a) Safety scale: Weighing the risk level based upon the presenting information.

1 = Violence and abuse is certain to reoccur through to 10 = Sufficient Safety

(b) Context scale: the scale considers the particular risk presented / experienced relative to other cases experienced – least to most-worst scenario.

1 = Most Serious through to 10 = Least Serious

Fuller assessment tools and scorings from actuarial tools may add to this risk picture and practitioners are encouraged where possible, to incorporate these. Nevertheless, these 2 essential scales and the consideration they invite, we view as the core two areas of consideration to ‘balance’ risk and safety.

We have included in the Tool consideration of the *abuse pathways* of the man presenting the risk of harm - danger when considering the nature and ‘type’ of the family violence being presented: *patterned and regular – or situational? Dependent – passive -aggressive? Calculated and instrumental violence?* Please note this is useful information for determining treatment plans, yet should not be assumed to *grade* risk based upon the *pathway and type* e.g. a *situational* offence whilst not a constant abusive behaviour, may still have been dangerous ‘in the moment’ and risked lethality; similarly *passive-aggressive vs calculated* abuse presentations can *both* be dangerous and risk lethality. Information gathering about the abusive behaviours

and the 'context' of the violence and abuse, is still necessary to formulate a 'risk formulation'. The key here – do not just make or rely upon, *assumptions*. We suggest take a 'case-by-case' approach.

This 'pocket assessment tool' for Covid-19 (and as is consistent with the Signs of Safety Principles) should always (where viable) be referenced to the experience of those family members affected by the abusive behaviours (victim(s) – survivor(s)). Reliance upon the man presenting the risk behaviour will likely be (at least initially) compromised by levels of denial and minimisation. Taking seriously and including in this risk assessment a 'victim-informed view' ethically and with regards to safety, will enhance the balancing of 'danger and safety.'

Signs of Safety (About Abusive Practices)

Utilising the material above populate the Signs of Safety Sheet included here.

Danger												Safety
Summarise indications that show likelihood of violence			Evidence:				Evidence:				Summarise indicators that evidence safety	
Safety Scale:	1	2	3	4	5	6	7	8	9	10		
Given the indicators & client motivation, rate the risk of relapse. Why?				Evidence								
Context Scale:	1	2	3	4	5	6	7	8	9	10		
Rate level of risk for this client compared to least and worst client scenarios dealt with in practice. Why?				Evidence								
Map against family violence presentation				Patterned / Regular		Dependant Passive / Aggressive		Calculated & General Violence		Situational Violence		

Signs of Safety (Case Example)

Danger									xxxx		Safety	

<p>Summarise indications that show likelihood of violence</p>	<p>Evidence: Acute: <i>Past fear</i> by partner (Applicant) significant / high – not current; <i>History</i> of regular assaults on children <i>History of serious</i> assaults and incidences of choking, sexual coercion <i>History of AoD:</i> ‘P’ and alcohol daily – 15 box of ‘codies’ daily <i>Emotional</i> regulation – ‘loses it’ regularly and aggressive reactions; <i>Associates</i> – ‘mates’ into alcohol and drugs ... regularly prioritising over family <i>Jealousy</i> – not letting go of relationship. <i>Denial and minimisation</i> – disputes allegations.</p> <p>Stable: (6 months ago) <i>Blame & attribution:</i> of partner and of own upbringing <i>Regular emotional abuse</i> – controlling and jealous <i>Attitude:</i> Entitlement high / responsibility low <i>Influence</i> of upbringing – “this is normal” “not as bad as my Dad”; <i>Trauma</i> effect of own childhood exposure to violence <i>Associates:</i> crime, AoD, regular negative influence <i>Alcohol and Drugs:</i> early pattern of heavy use since 13 years of age <i>Crime:</i> multiple DIC and MAF charges</p> <p>Static: <i>Exposure</i> to FV from early age – trauma affect? <i>AoD</i> since 13 years – family ‘script’. <i>School:</i> Limited ... literacy poor</p>					<p>Evidence: (note – changes in last 6 months) Protective: <i>Ex-partner / . children’s Mum</i> reports less fear and more positive communication <i>6-months</i> (verified) ... no physical violence (confirmed by ex-partner and family) <i>Confirmed</i> has used safety strategies and safety plan – time out <i>Is owning,</i> naming and facing up to the abusive behaviours; <i>Support team</i> in place that are ‘on to it’ vis-à-vis risk and safety <i>AoD:</i> completed CARE NZ Programme, is sober and hair follicle tests prove negative use <i>Motivation</i> for change is high – engagement with services positive <i>No breaches</i> of PO or Care Order for 6 months – COVID -19 situation cooperated with <i>Children</i> still wary yet supervised contact reports indicate much improved parenting / interaction.</p> <p>Protective: (now) <i>Has faced</i> and named abusive behaviours <i>Positive</i> hair follicle tests – 6 months clean AoD <i>Circle of safety:</i> Maintaining positive family and ‘mate’ supports – open to accountability <i>Help seeking behaviours</i> engaged in Men’s support group through Salvation Army and finished the Non-Violence Programme <i>Accepts</i> now the separation and managing emotions (coping) – is in a much better place <i>Is working ‘with’</i> his ex-partner regarding the children <i>Communication as parents</i> (COVID-19 situation) is respectful.</p> <p>Protective: <i>Determined <u>not</u></i> to follow his ‘old family script’.</p>					<p>Summarise indicators that evidence safety</p>
<p>Safety Scale:</p>	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>	<p>7</p>	<p>8 xxxx</p>	<p>9</p>	<p>10</p>	

<p>Given the indicators & client motivation, rate the risk of relapse. Why?</p>				<p>Evidence: Historically serious and dangerous. A 'new story' is evidenced in the last 6 months and significant changes made. PO (permanent) remains in place. External reports including ex-partner and children, indicate signs of safety and positive progress. 'Danger' has not been present for 6 months – 'risk' of relapse can / will increase if stable factors ('feeders' of more specific acute risk) recur ... indications support A & D, jealousy and 'acceptance' of the separation are being maintained.</p> <p>Ex-partner is living with independence and it appears, more confidence. Children and engaging (mostly) positively with contact.</p>							
Context Scale:	1	2	3	4 xxxold story	5	6	7	8 XXXNew Story	9	10	
<p>Rate level of risk for this client compared to least and worst client scenarios dealt with in practice. Why?</p>				<p>Evidence: The issue of how serious matters <i>were</i> should not be ignored; alternatively there is an emerging new story and 'context' whereby safety is more apparent. There is work to maintain, yet indicators progress for safety continues.</p>							
<p>Map against family violence presentation</p>				<p>Patterned / Regular</p>		<p>Dependant Passive / Aggressive</p>		<p>Calculated & General Violence</p>		<p>Situational Violence</p>	

Signs of Safety (Case Example)

Danger	XXXX										Safety
Summarise indications that show likelihood of violence	<p>Evidence: Acute: <i>Fear</i> by partner (Applicant) significant / high <i>Regular</i> assaults on children; <i>Serious</i> assaults and incidences of choking; <i>Incidences</i> of sexual coercion; <i>Violence</i> occurs in front of children; <i>Drugs 'P'</i> and alcohol daily – 15 box of 'codies' daily; <i>Emotional</i> regulation –'loses it' regularly and aggressive reactions; <i>Associates</i> – 'mates' into alcohol and drugs ... regularly prioritising over family; <i>Denial and minimisation</i> – disputes allegations. <i>Jealousy</i> and not accepting relationship separation.</p> <p>Stable: <i>Blame & attribution:</i> of partner and own upbringing. <i>Regular emotional abuse</i> – controlling and jealous <i>Attitude:</i> Entitlement high / responsibility low <i>Influence</i> of upbringing –“this is normal” “not as bad as my Dad” <i>Trauma</i> effect of own childhood exposure to violence <i>Associates:</i> crime, AoD, regular negative influence <i>Alcohol and Drugs:</i> early pattern of heavy use since 13 years of age <i>Crime:</i> multiple DIC and MAF charges.</p> <p>Static: <i>Exposure</i> to FV from early age – trauma affect? <i>AoD</i> since 13 years – family 'script'. <i>School:</i> Limited ... literacy poor</p>					<p>Evidence: Protective: <i>Just</i> started mandated FV Programme. <i>Protection Order and Bail Conditions:</i> not broken 2 weeks <i>AoD:</i> willing to consider CARE NZ; <i>Imminent</i> risk not identified – only because not living with ex-partner and children.</p> <p>Protective: <i>Attachment</i> to children is important to him – a motivation <i>Expressed</i> shame about treatment of children – <i>retains blame of partner (remains an acute risk factor for escalation)</i></p> <p>Static: <i>Own Father</i> has made significant changes for safety.</p>					Summarise indicators that evidence safety
Safety Scale:	1	2	37XXXX	4	5	6		8	9	10	

<p>Given the indicators & client motivation, rate the risk of relapse. Why?</p>				<p>Evidence: Patterned behaviour – recent and ongoing. Only stopped / boundaries because of Protection Order and family have now supported ex-partner. Have not breached PSO (then) or PO (now) for two weeks. Issues of breach real, particularly if affected by drugs and particularly, alcohol. Motivation is currently low ... invested in blame. Safety team / supports in place / informed for ex-partner and children.</p>							
Context Scale:	1	2 xxxxxx	3	4	5	6	7	8	9	10	
<p>Rate level of risk for this client compared to least and worst client scenarios dealt with in practice. Why?</p>				<p>Evidence: Indicators are dangerous and potentially lethal; high risk for children of exposure and assault also.</p>							
<p>Map against family violence presentation</p>				<p>Patterned / Regular</p>		<p>Dependant Passive / Aggressive</p>		<p>Calculated & General Violence</p>		<p>Situational Violence</p>	

Covid 19 Risk Assessment Questionnaire

We are suggesting that each agency walks through its caseload and plans for the conversations that they need to have with those who are at risk of abusive practice/family harm. This should take account of what assessment information is held regarding static, stable and acute risk situations, as well as what protective factors that are now in place since starting or completing programs.

Sometimes case management is done without the man involved. We encourage a robust and open conversation with each client (either face-to-face or remotely via telephone or online) in order to co-design a safety strategy for the next 3 to 6 months. One of the challenges for men is the reluctance to engage in help seeking behaviour. When asked are things going to be okay, the answer is often 'yes', without really thinking through in depth the challenges that lie ahead.

Key questions	Are these risk factors Yes/No	Safety strategy discussed and put in place
How good are you at asking for help on a scale of 1 to 10, with one being pretty hopeless through to 10 being do it all the time?		
Thinking about the challenges ahead due to Covid 19, what do you see as the challenges for maintaining safety moving forward		
If for any reason your income is severely restricted, is this a risk factor for engaging and abusive practice/family harm?		
<p>If you are restricted to home is this a risk factor for engaging in abusive practice/family harm?</p> <p>Discuss how the man spends their time.</p>		

<p>Are you parenting apart? If so, how would you manage if you are not able to see your children?</p>		
<p>Who is in your support system to help you through the next 3-6 months as this might go on for a while? Check how people will access their support system: face-to-face, phone, text, face-time.</p>		

Other helpful resources:

www.menssafetyproject.com

This free website is available and will help to augment any intervention currently in place. It has a number of useful resources that men can work through as well as linking to the 100 days of safety tool. This provides a daily email that reminds men to be thoughtful and considerate and their interactions with others.

www.hma.co.nz

The Hall McMaster and Associates website also contains rich material that can be useful for workers to support their practice.

0800HEYBRO and 0800 SAFEHELP – are phone numbers men can call

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