



WomanACT
WOMAN ABUSE COUNCIL OF TORONTO

A COMMUNITY ANALYSIS OF INTIMATE PARTNER VIOLENCE RISK ASSESSMENT TOOLS



ABOUT WOMANACT

WomanACT envisions a world where all women are safe and have access to equal opportunities. We work collaboratively to eradicate violence against women through community mobilization, research, policy, and education.

The organization has been operating as a community-based coalition since 1991 and became a registered charity in 2010. Today, WomanACT has 30 members who represent key community providers and institutions working to provide a community response to violence against women.

Working closely with the violence against women sector, governments, industry leaders, communities and survivors, we strive to promote knowledge sharing, build capacity and generate public discussion in order to advance women's safety and gender equity.

CONTEXT: THE MARAC PROJECT

WomanACT, in collaboration with project partners, aims to adapt, pilot, and evaluate the multi-agency risk assessment conference (MARAC) model in two Ontario communities. The MARAC project builds on existing research and evidence about multi-agency approaches to responding to high-risk intimate partner violence (IPV). Project partners identified that the varied risk assessment tools, and their varied application, can cause breakdowns when working across agencies and sectors. This document serves as guidance for partners who are engaged in the MARAC project, or other communities seeking to establish a high-risk IPV mechanism.

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MARAC stands for Multi-Agency Risk
Assessment Conference




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INTRODUCTION TO RISK ASSESSMENT TOOLS

Intimate partner violence (IPV) risk assessment tools have become more popular over the past few decades. One of the main purposes of these tools is to support risk management and safety planning to prevent future incidents and the escalation of violence (Graham et al., 2021, p.19). IPV risk assessment tools can focus on the perpetrator—managing and reducing offenders' likelihood of reassault or homicide—or on the survivor's safety planning and needs (Jeffrey et al., 2018, p.13-14). In theory, IPV risk assessment tools are meant for frontline practitioners, such as police officers, health professionals, or shelter workers. The goal is to predict the likelihood that a perpetrator will re-offend and/or the likelihood that a survivor will experience further violence (and possibly more severe forms of violence like homicide).

The use of IPV risk assessment tools for risk management and safety planning is a practised skill. IPV is complex and has intersecting factors that influence the likelihood of further violence. These risk factors are intersectional, meaning that a person's intersecting social identities influence their likelihood of experiencing IPV, as well as their access to support for safety planning and risk management. Most risk assessment tools lack an intersectional lens and fail to incorporate intersecting risk factors (Lamb et al., 2022, p.197). This can lead to incomplete or ineffective safety and risk management plans.

Risk assessment tools may not be applicable for use by every practitioner—some are designed for specific professionals. For example, the Ontario Domestic Abuse Risk Assessment (ODARA) tool was developed for and tested by frontline police, with an emphasis on the risk management of perpetrators (Hilton et al., 2021, p.160). Community agencies in Canada's anti-violence sector have developed their own risk assessment tools. For example, The Redwood shelter in Toronto has developed and applied its own tools that focus on safety planning and risk management for survivors of violence and their children (The Redwood, 2014). Sectors or agencies tend to favor assessments that align with their mandates and primary population.

It is ideal to select an IPV risk assessment tool that can strike a balance between competing priorities. It should be responsive to community needs, be amenable to inter-sectoral or multi-agency use, and accurately predict IPV risk in order to facilitate risk management and safety planning. This document analyses specific risk assessment tools selected by pilot communities under the Multi-Agency Risk Assessment Conference (MARAC) project. MARAC is a model of multi-agency response to high-risk domestic violence in the UK that brings together relevant community agencies to share information about high-risk cases, identify the needs of the survivor, and develop individualized safety plans (SafeLives, 2014). We identify key benefits of the various tools to support communities in selecting the ones that meet their needs.

First, there is a general overview of key selection criteria for selecting a risk assessment tool based on academic literature. This is followed by a community-based analysis according to selection criteria agreed upon by MARAC project partners.

CRITERIA FOR SELECTING RISK ASSESSMENT TOOLS

There are several criteria identified by academic literature to be considered when selecting a risk assessment tool for supporting survivors of violence. These include the:

- preferred approach to risk assessment,
- assessment's predictive validity and reliability,
- assessment's ability to differentiate between levels of risk,
- inclusion of victim vulnerability factors, and
- intersectional lens offered by the assessment.

Criteria: Risk Assessment Approach

IPV risk assessment approaches generally fall into three categories:

1. **Unstructured clinical judgement** bases risk assessment on practitioners' experience and intuition without the use of formal guidelines (Campbell et al., 2016, p. 3). This approach allows practitioners to tailor risk assessment questions and management plans to each individual case based on experience (Jeffrey et al., 2018, p.12). However, unstructured clinical judgment assessments have been criticized as being too subjective. Personal or professional preferences or biases may overshadow important empirically studied risk factors (ibid).
2. **Actuarial** tools take a more mathematical approach to assessing risk. These tools contain empirically studied and tested risk factors which are combined and interpreted, using statistical analyses, to predict an offender's risk of reoffending (Jeffrey et al., 2018, p.12). In the academic literature, actuarial tools are shown to be the most accurate and reliable tools to protect against practitioners' biases. They offer the most objective guidelines for scoring and weighting risk factors (van der Put et al., 2019, p.112). However, actuarial tools include static risk factors, such as the perpetrator's criminal history, rather than dynamic risk factors, like the victim's evolving living circumstances. They rarely include victim self-assessments (van der Put et al., 2019, p.112). Actuarial risk predictions often do not thoroughly inform survivor safety planning and needs assessment, leaving gaps in safety plans (ibid). Examples of actuarial tools are ODARA and the Domestic Violence Risk Appraisal Guide (DVRAG).
3. **Structured clinical judgment** attempts to bridge unstructured and actuarial approaches to risk assessment. These tools use guidelines developed according to theoretical and clinical knowledge about IPV risk factors, leaving room for the practitioner's discretion in determining the level of risk (Jeffrey et al., 2018, p.12). The advantage of structured clinical judgement assessments is that they allow for individual case risk factors and survivors' self-risk assessment (ibid). However, professional judgment assessments carry the risk of subjectivity and bias. This is why it is recommended that practitioners receive training before using structured clinical judgment. They should also have access to multiple sources of information (ibid). Examples of structured clinical risk assessment tools include the Domestic Abuse, Stalking and Honour-Based Violence (DASH) tool and the Danger Assessment.

It is important to recognize which approach a risk assessment tool aligns with. Each approach varies slightly in the intended outcome measured and the information required for the assessment. It also protects against potential biases that may be introduced through using the tool, such as practitioner bias about perpetrator or victim characteristics or racial biases embedded in source information, such as the overrepresentation of criminal history records (AbiNader et al., 2022).

Criteria: Predictive Validity and Reliability

According to some researchers of IPV risk assessment, predictive validity is “the most important measurement of efficacy of a risk assessment instrument” (Messing & Thaller, 2013, p.1539).

Predictive validity refers to the accurate prediction of future events (ibid). The overarching purpose of risk assessment is to predict and prevent IPV reassault or femicide (Graham et al., 2021, p.19). The most common risk assessment tools—ODARA, B-SAFER, DASH, Danger Assessment—have undergone empirical studies to calculate predictive validity (Messing & Thaller, 2013; Graham et al., 2021; Turner et al., 2019). However, information about predictive validity for community-developed tools is not found in academic literature.

Reliability refers to the “consistency of risk assessment scores when repeatedly and independently applied” (Graham et al., 2021, p.19). Reliability can be measured as internal to the tool, that is, how well the tool measures IPV reassault or femicide. It can also be measured across users, that is, how consistent the tool is when multiple practitioners use it independently (Graham et al., 2021, p.19). The latter type of reliability is known as inter-rater reliability; it is another criterion researchers analyze and report on in empirical studies (ibid).

Criteria: Differentiating Between Levels of Risk

It is helpful to use assessment tools that differentiate between high-, medium-, and low-risk cases. Risk management strategies can then cater to individual cases and allocate limited resources strategically (Kebbel, 2019, p.831). In other words, a high-risk case requires immediate intervention and follow-up to prevent lethality or death.

Ideally, the tool should also be able to capture and assess situations that can impact the level of risk (Kebbel, 2019, p.832). Life changes experienced by the perpetrator, such as changes to employment security or increased financial stress, are empirically evidenced situational factors that can increase the risk of violence. Pregnancy of the victim is another known factor (Capaldi et al., 2012, p.244; Spencer & Stitch, 2020, p.536). Situational risk factors should be considered in a practitioner’s determination of risk level for a case.

Criteria: Take Into Account the Victim’s Self-Assessment of Risk

Research demonstrates that victims’ self-perceptions and assessments of risk tend to focus on dynamic risk factors that may not be captured in actuarial sources such as criminal history and police records (Connor-Smith et al., 2011, p.2540). These dynamic risk factors include controlling behaviour, emotional abuse, forced sex, economic abuse, and escalating violence. Thus, some researchers recommend that self-assessments should be conducted alongside structured risk assessments to gather more information that a practitioner can use for safety planning (Connor-Smith et al., 2011).

Not all risk assessment tools include a self-assessment portion (Lamb et al., 2022, p.202). If the intention of the process is to support victim safety planning and to gain a fuller idea of all risk factors, it may be worthwhile for the practitioner or agency to incorporate an element of victim

self-assessment into the process (Lamb et al., 2022).

Criteria: Intersectionality

The impact of intersecting vulnerabilities and oppressions on access to services and supports is increasingly acknowledged in IPV research and practice (Cardenas, 2020; Jeffrey et al., 2018). Some validated risk assessment tools may incorporate risk factors specific to marginalized social groups or social identities based on research, for example, the Danger Assessment's adaptation for immigrant women. However, risk assessment tools do not, by and large, include the intersectional experiences and barriers of IPV survivors in the assessment and management process. One of the challenges in developing truly intersectional and validated risk assessment tools is that they are often validated by a sample comprised of a single social group. There is little or no analysis of the impact of intersecting factors like race, ethnicity, sexuality, disability, and citizenship status within a social group (Cardenas, 2020). Scholars and practitioners continue to advocate for intersectional approaches to the risk assessment process to push services and support toward greater inclusivity and accessibility for all IPV survivors (Brooks et al., 2021).

Criteria: Practical Considerations

There are many practical day-to-day considerations for selecting a risk assessment tool, such as the length of the instrument (Graham et al., 2021), the setting, and the intended outcome (AbiNader et al., 2022). Other factors include the assessor's skills, the tool's cost and training, and access to information appropriate to the tool (Messing & Thaller, 2013).

METHODOLOGY OF COMMUNITY ANALYSIS

The following pages of this report are dedicated to the community discussion and perception of the following risk assessment tools. The four risk assessment tools were selected for use by the MARAC pilot communities because they have already been independently and empirically developed and validated by researchers in the field of IPV risk assessment. This means that they incorporate known IPV risk factors and have a level of reliability and validity, as verified by independent research studies. A brief introductory paragraph provides more information about each tool.

- 1 ODARA
- 2 DANGER ASSESSMENT
- 3 B-SAFER
- 4 DASH

The selection of the Risk Assessment tool and approach for each MARAC pilot community was based on the existing analysis of risk assessment tools in literature paired with community-identified criteria for the practical use and application of the risk assessment tool. Community partners expressed that the identified practical criteria impact the day-to-day use of any risk assessment tool selected in their region. It was also important to be grounded in the intended purpose of selecting a risk assessment tool for the MARAC pilot project to help identify and prioritize high-risk cases in need of immediate collaborative intervention (SafeLives, 2014).

In the table below, the first column covers **practical community criteria** identified by project partners. It assesses the feasibility of a particular tool being used based on the capacity of each specific community engaged. It is important to note that feasibility will vary from community to community based on many factors, including the organizational capacity of partners, resources, and services available. WomanACT suggests that practical community concerns should be identified with key community stakeholders through collaborative, coordinated discussion and consensus at the start of any collaboration table addressing IPV.

The second column focuses on **whether the risk assessment tool includes key IPV risk factors**. The criteria here assess if the risk indicators in the tool are accurate (based on academic literature) and support the building of a comprehensive picture to support appropriate risk assessment, prioritization of high-risk IPV cases and safety planning. Some criteria overlap with criteria discussed in academic literature, while others reflect important considerations for the community. Further information on community perceptions can be viewed in the [MARAC Community Perceptions](#) report.

Each risk assessment is graded dichotomously (yes/no). If the risk assessment meets the criteria set out in the table, it receives a checkmark, and each checkmark is equivalent to one point. The grading for each tool was discussed with the communities to support each pilot site in selecting a risk assessment tool to be used within their MARAC pilot.

Criteria for analysis of risk assessment tools:

Practical Community Criteria*	Relevance of Tool Risk Factors
<ul style="list-style-type: none"> • Is it easy to use? • Is the training required to use the tool practical for frontline professionals? E.g. reasonable staff time commitment, no extra funding needed, self-paced learning, online training hub, etc). • Can the tool be accessed for free? • Is the tool accessible and available in different formats? • Is there space or component for professional judgement? • Is it available in different languages? • Is it widely used in Ontario and/or by project partners? • Could it be used by survivors? • Is the language used inclusive? 	<ul style="list-style-type: none"> • Does it include factors on victim vulnerability? (Black, Indigenous, and Racialized identities, immigration status, age, geographic and/or social isolation, language barriers, physical or mental barriers) • Does it differentiate high-risk cases? • Does it take into consideration an escalation of violence? • Does it include questions on same-sex relationships? • Does it include questions on coercion? • Does it provide a risk score or level for lethality (domestic homicide)? • Does it ask questions about the perpetrators? • Is it survivor centered?

*as identified by MARAC project partners

ANALYSIS OF RISK ASSESSMENT TOOLS

Ontario Domestic Assault Risk Assessment (ODARA)

ODARA was developed by the Waypoint Centre for Mental Health Care in collaboration with the Ontario Provincial Police (Millar et al., 2013). Originally intended for use by police services, the tool is now also used by victim services, probation and correctional services, health care, and domestic violence professionals across Canada (ibid). ODARA is an actuarial tool with 13 items that have been empirically validated (Hilton et al., 2004). All 13 items are interpreted against the “index assault,” which is defined as the most recent domestic violence or intimate partner violence incident, known to the police, that involved physical contact or a threat of violence (Hilton 2021, p.147). Completion of ODARA assessment requires police records of the perpetrator’s criminal history. Victim interviews are recommended but not necessary (Hilton, 2021, p.150; Kebbel, 2019, p.835).

Results from independent empirical studies have found that ODARA has strong predictive validity for determining the likelihood of perpetrator reassault (Graham et al., 2021, p.33). On average, ODARA has the highest predictive validity compared to other conventional risk assessment tools, namely SARA, Danger Assessment, DVSI, and K-SID (Messing & Thaller, 2013, p.1542). Inter-rater reliability is found to be good on specific questionnaire items (Hilton et al., 2021, p.166) and on the overall risk scores (Hilton et al., 2004, p.274). Despite the statistical strengths of ODARA for predicting IPV, it is important to remember that actuarial tools like ODARA are criticized for relying on static risk factors (van der Put et al., 2019, p.113), which measure risk at a specific moment in time, or the “index assault” in ODARA’s case. This can leave out important information about how abuse changes over time. For example, ODARA manual clearly instructs that only events occurring before or during the “index assault” should be included in the risk assessment. Information pertaining to incidents after the index assault is never used. Non-physical forms of abuse, such as emotional or financial abuse, are also left out (Hilton, 2021, p.150).

Considerations: Based on the low total score against MARAC project partners’ selection criteria, the ODARA tool is not suited for MARAC project’s current needs.

Assessment Criteria

Ontario Domestic Assault Risk Assessment (ODARA)

Is it easy to use?	
Is the training required to use the tool practical for frontline professionals?	
Can it be accessed for free?	¹
Is the tool accessible and available in different formats?	
Is there space or a component for professional judgement?	
Is it available in different languages?	
Is it widely used in Ontario and/or by project partners?	
Could it be used by survivors?	
Is the language used inclusive?	
Does it include factors on victim vulnerability? E.g. Black, Indigenous, or Racialized identity, immigration status, age, geographic and/or social isolation, language barriers, physical or mental barriers	²
Does it differentiate high-risk cases?	
Does it take into consideration an escalation of violence?	
Does it include questions on same-sex relationships?	
Does it include questions on coercion?	
Does it provide a risk score or level for lethality?	
Does it ask questions about the perpetrator(s)?	
Is it survivor centred?	³

TOTAL SCORE 7

1. Although training for the tool is available [online](#) for free, the tool and scoring manual must be purchased through the American Psychological Association.
2. This tool includes some items about victim vulnerability, such as geographical isolation and children; however the manual explicitly states that intersectional issues like immigration status or racialized identity should not be counted as a barrier to victim support (Hilton, 2021, p.164).
3. Although barriers to victim support and victim self-assessment are items in ODARA, in general the tool does not lend itself to empowering survivors to identify their safety needs or risk management strategies.

Danger Assessment

The Danger Assessment tool, developed by Dr. Jacquelyn Campbell, is one of the few risk assessment tools that measures lethality, that is the risk of future lethal violence or intimate partner homicide (IPH) (Diaz & Temares, 2023, p.2). It was originally designed for use by healthcare professionals to assist victims with self-assessment, and to prompt professionals to make referrals (Diaz & Temares, 2023, p.7). The primary aims of the Danger Assessment tool centre around supporting victims with safety planning and awareness of risk (Messing & Thaller 2015, p.1809). The current iteration consists of 20 items that measure the frequency and severity of IPV incidents using victim self-ratings, as well as the presence of evidence-based risk factors (Diaz & Temares 2023, p.3). This tool is one of the few that have been adapted for different populations, including women in same-sex relationships and immigrant women (Diaz & Temares, 2023, p.6). It has been translated into different languages, including Spanish, French, and Portuguese (Danger Assessment, 2023).

This is a structured professional judgment tool. The original tool and its adaptations demonstrate modest predictive validity for IPV revictimization, but strong predictive validity for IPH (Lamb et al., 2022, p.179; Messing & Thaller, 2013, p.1542). It also demonstrates good internal reliability and inter-rater reliability (Cambell et al., 2009). It is meant to be a more victim-centred tool, aiming to educate victims about different risk factors to consider in risk management strategies (Northcott, 2012, p.22).

Considerations: This tool scores high in terms of MARAC project partners' selection criteria for risk assessment. The Danger Assessment tool has different adaptations which require training to ensure effective application to specific victims and circumstances. This may pose practical challenges in the context of MARAC, such as the amount of time required to train multiple practitioners on when to use which versions of the tool.

Assessment Criteria

Danger Assessment

Is it easy to use?	✓
Is the training required to use the tool practical for frontline professionals?	✗ ¹
Can it be accessed for free?	✓
Is the tool accessible and available in different formats?	✓
Is there space or a component for professional judgement?	✓
Is it available in different languages?	✓
Is it widely used in Ontario and/or by project partners?	✓
Could it be used by survivors?	✓
Is the language used inclusive?	✗
Does it include factors on victim vulnerability? E.g. Black, Indigenous, or Racialized identity, immigration status, age, geographic and/or social isolation, language barriers, physical or mental barriers	✗
Does it differentiate high-risk cases?	✓
Does it take into consideration an escalation of violence?	✓
Does it include questions on same-sex relationships?	✗ ²
Does it include questions on coercion?	✓
Does it provide a risk score or level for lethality?	✓
Does it ask questions about the perpetrator(s)?	✓
Is it survivor centred?	✓

TOTAL SCORE 13

1. Although the tool and its various adaptations are available for free [online](#), live training sessions are for purchase. Group discounts are available depending on the size of the organization.
2. Presently, the Danger Assessment has only been adapted to female same-sex relationships.

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

Brief Spousal Assault Form for the Assessment of Risk (B-SAFER) is a condensed version of Spousal Assault Risk Assessment (SARA) (Northcott, 2012, p.22). Both tools were developed by Dr. P. Randall Kropp and his colleagues at the British Columbia Institute Against Family Violence (Kropp & Hart, 2004). B-SAFER is a structured professional judgement tool that was designed for criminal justice professionals to assess risk in intimate partner violence cases, and to reduce IPV reassault. The tool is meant to assist police with risk management (Kropp & Hart, 2004, p.1).

The risk factors included in B-SAFER are generally helpful for predicting IPV reassault (Svalin et al. 2018, p.72). However, the predictive accuracy of all risk factors totalled together (known as the “global risk assessment”) is considered weak and not very accurate in predicting IPV revictimization (Svalin et al., 2018, p.77). Currently, there are no studies which report on B-SAFER’s inter-rater reliability (Graham et al., 2021, p.24).

B-SAFER is a validated tool when in-depth training is provided to the practitioners using it. The need for training is high for the accurate and effective use of B-SAFER (Svalin et al.2018, pp. 78-79). Training associated with B-SAFER can be resource- and time-intensive.

Considerations: Based on the low total score against MARAC project partners’ selection criteria, the B-SAFER tool does not meet the MARAC project’s current needs.

Assessment Criteria

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

Is it easy to use?	✓
Is the training required to use the tool practical for frontline professionals?	✗
Can it be accessed for free?	✗ ¹
Is the tool accessible and available in different formats?	✗
Is there space or a component for professional judgement?	✓
Is it available in different languages?	✗
Is it widely used in Ontario and/or by project partners?	✓
Could it be used by survivors?	✗
Is the language used inclusive?	✓
Does it include factors on victim vulnerability? E.g. Black, Indigenous, or Racialized identity, immigration status, age, geographic and/or social isolation, language barriers, physical or mental barriers	✗ ²
Does it differentiate high-risk cases?	✓
Does it take into consideration an escalation of violence?	✓
Does it include questions on same-sex relationships?	✗
Does it include questions on coercion?	✗
Does it provide a risk score or level for lethality?	✓
Does it ask questions about the perpetrator(s)?	✓
Is it survivor centred?	✓

TOTAL SCORE 9

1. Both the training and scoring manual are paid and available online.
2. In 2010, B-SAFER was revised to incorporate victim vulnerability factors, however these do not account for intersecting vulnerabilities. Instead, the factors focus on barriers that prevent victims from engaging in risk management or safety planning, such as inconsistent attitudes or extreme fear of the abuser (Storey & Strand, 2017).

Domestic Abuse, Stalking, and Honour-Based Violence (DASH)

DASH is a structured professional judgement risk assessment tool initially designed for police use. It is now the tool of choice for the UK's multi-agency risk assessment model (MARAC), based on consistent use by practitioners across regions in the UK (Richards, 2023).

There is very little research about the accuracy of the DASH risk assessment thresholds or categorizations of low-, medium-, and high-risk. Few studies have looked at the tool's impact on preventing IPV (Turner et al., 2019, pp.1015-1016). Almond et al. (2017) found that four of the risk factors in the DASH accurately predict IPV recidivism: abuser's criminal history, separation, abuser's problems with drugs or alcohol, and victim's fear (p.61). Robinson et al. (2016) found that DASH is not consistently used by frontline police officers, and that police tend to focus on physical violence rather than coercive forms of abuse (p.ii). Turner et al. (2019) hypothesized that a possible reason for the low level of predictiveness is that frontline professionals using the tool may give more weight to "less" predictive factors (p.1023). More recently, Turner et al. (2022) have proposed that machine-learning systems triaging police data about criminal history and domestic abuse history of abusers and victims can improve the predictive ability of DASH and further supplement professional judgement (p.154). This implies that training about IPV risk factors and having clear guidelines for scoring risk is paramount for improving the predictive validity of DASH (Turner et al., 2019, p.1023).

Considerations: DASH scores the same as the Danger Assessment tool according to MARAC project partner's criteria. However, it is the only professional judgment tool that has been used consistently in the context of multi-agency risk assessment. It focuses on high-risk intimate partner violence and takes into consideration an escalation of violence and factors of coercion, while also making room for survivors' needs.

Assessment Criteria

Domestic Abuse, Stalking and Honour-Based Violence (DASH)

Is it easy to use?	✓
Is the training required to use the tool practical for frontline professionals?	✓ ¹
Can it be accessed for free?	✓
Is the tool accessible and available in different formats?	✓
Is there space or a component for professional judgement?	✓
Is it available in different languages?	✗
Is it widely used in Ontario and/or by project partners?	✗
Could it be used by survivors?	✓
Is the language used inclusive?	✓
Does it include factors on victim vulnerability? E.g. Black, Indigenous, or Racialized identity, immigration status, age, geographic and/or social isolation, language barriers, physical or mental barriers	✗
Does it differentiate high-risk cases?	✓
Does it take into consideration an escalation of violence?	✓
Does it include questions on same-sex relationships?	✗
Does it include questions on coercion?	✓
Does it provide a risk score or level for lethality?	✓
Does it ask questions about the perpetrator(s)?	✓
Is it survivor centred?	✓

TOTAL SCORE 13

1. DASH checklist is free to download [online](#).

APPENDIX: COMMUNITY-BASED RISK ASSESSMENT TOOLS

Community agencies recognize the many structural barriers to accessing services and support for survivors (Messing et al., 2022). This section provides an overview of **select** community-based risk assessments used in Canada. There are additional tools created by regions and communities for their own specific use. It is important to note that these were co-created by frontline practitioners and survivors and include extensive literature reviews to incorporate current empirical evidence about IPV risk factors.

Redwood Comprehensive Safety Assessment Tool (Redwood Toolkit)

The Redwood toolkit was developed by a local Toronto shelter (The Redwood, n.d.), for use by their frontline workers. The creators engaged with anti-violence frontline professionals and conducted an extensive literature review (The Redwood, 2014, p.6). The “Safety Assessment and Risk Management Package” (2014) lays out the toolkit’s theoretical framework and its approach to assessing IPV risk and engaging in survivor-centered safety planning. Notably, this framework deviates from conventional terms of safety planning and orients toward a “safety assessment and risk management” approach (The Redwood, 2014, p.6). According to The Redwood (2014), this approach seeks to empower the client-survivor to take control of their life. They identify their specific needs and individual strategies to reduce their exposure to abuse, without losing sight that the perpetrator is responsible for any danger or harm.

For more information about the Redwood Toolkit: <https://www.theredwood.com/what-we-do/learning-and-resources/#1499028279289-a2e9da95-b7cfe680-c9ad>

Risk Identification and Safety Assessment Tool—Barbra Schlifer Commemorative Clinic

The Toronto-based clinic designed the Risk Identification and Safety Assessment (RISA) tool for its National Risk Assessment project. The RISA Tool was developed for frontline service providers working with survivors of gender-based violence or those at risk of violence. It is intended to assist service providers in screening and identifying potential risk for future violence where GBV has been identified, while assisting with personalized safety plans and case management. This tool aims to incorporate a trauma-informed and intersectional approach

to risk assessment. RISA was introduced in September 2023 and is being piloted in communities across Canada.

For more information: <https://www.schliferclinic.com/guiding-systemic-responses/>

Chiefs of Ontario—Risk Assessment and Danger Assessment Tools (RADAT)

Led by the Chiefs of Ontario Women’s Initiatives sector, the RADAT project launched in 2022 to address the need for First Nations-specific tools for women, two-Spirit, and gender-diverse people experiencing intimate partner violence. The goal was to assess risk and danger and to support safety planning. Throughout 2023, the RADAT working group has provided virtual training to First Nations service providers on existing risk assessment tools and frameworks (specifically ODARA, Danger Assessment, and Redwood Toolkit). Consultations and co-development of First Nation-specific risk assessment tools are ongoing.

For more information about the RADAT project: <https://chiefs-of-ontario.org/priorities/womens-initiatives/>

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