

# Identifying and Addressing High Risk Cases in Batterer Intervention

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# Overview

- ▶ Why do we need to identify high risk cases?
- ▶ How well can we identify high and low risk cases?
  - ▶ Using forensic risk instruments
- ▶ Challenges and complexities in risk prediction
- ▶ Clinical risk management
  - ▶ Risk associated with specific clinical problems
  - ▶ Priorities for risk-responsive BIP practice
- ▶ Conclusions and future directions



ONE SIZE DOES NOT FIT ALL IPV OFFENDERS,  
BUT...

DOES ONE SIZE FIT ...

SOME?

MANY?

MOST?

# RVIP Program Outcomes:

- ▶ Most participants desist from physical assault over a 1-2 year follow up:
  - ▶ Average 35% repeat assault by partner report for program completers
    - ▶ (Babcock et al. 2004 meta-analysis)
  - ▶ Gondolf (1998) – 39% re-assault rate
    - ▶ 15 month follow-up combining data from partner, self, and legal records
- ▶ Long-term legal involvement:
  - ▶ Dutton et al. (1997): 25% partner assault charges over 11-year follow up
  - ▶ In our program, 30% had new protection orders or partner abuse charges over an 8 year follow-up; 41% if any violent offense included

# RVIP Outcomes

- ▶ A minority of participants continue to engage in frequent, severe, and/or injurious aggression
  - ▶ (Gondolf: 19% Re-injury rate)
- ▶ Poor program attendance, limited engagement and compliance, and recidivist violence tend to co-occur





CAN WE IDENTIFY THESE INDIVIDUALS AT THE OUTSET OF SERVICES?

IF SO, WHAT OTHER OPTIONS ARE THERE?

More case monitoring?

Greater victim support?

Higher intensity of services?

Longer duration?

Different focus?

# The RNR Approach to Correctional Services (Andrews & Bonta, 2010; Stewart et al., 2013; Radatz and Wright, 2016)

## ▶ Risk principle

- ▶ Criminal re-offending is predictable
- ▶ Level of intervention should match level of predicted risk

## ▶ Need principle

- ▶ Intervention should address criminogenic needs (dynamic factors)

# The RNR Approach to Correctional Services (Andrews & Bonta, 2010; Stewart et al., 2013)

## ▶ **Responsivity principle**

- ▶ Interventions should be responsive to population characteristics
  - ▶ motivation level
  - ▶ learning capacity and style
  - ▶ cultural context
  - ▶ preferences





# How Well Can we Detect High Risk IPV Offender Cases?

USING RISK PREDICTION INSTRUMENTS

# Example Risk Instruments

Instrument	Administration / Data Source(s)	Prediction Target	Intended Use
<b>DA</b> (Campbell et al., 2003)	Victim interview	Lethal Violence	Victim safety planning and empowerment
<b>DVSI</b> (Williams & Houghton, 2004)	Criminal justice case file	Criminal IPV recidivism	Court dispositions (esp. pretrial)
<b>K-SID</b> (Gelles, 1988)	Criminal justice case file	Criminal IPV recidivism	Criminal sentencing and monitoring decisions
<b>SARA</b> (Kropp & Hart, 2000)	Criminal case file plus offender interview (structured professional judgment)	IPV re-assault risk	Risk management guide to prevent future violence
<b>ODARA</b> (Hilton et al., 2004)	Criminal justice case file	Frequency and severity of future IPV	Police and criminal justice decision making

# Predictive Accuracy

- ▶ Receiver Operating Characteristic (ROC) Curve
  - ▶ Plots the false positive rate against the fall negative rate at different values of the risk instrument
  - ▶ The Area Under the Curve (AUC) is the probability that a randomly selected recidivist will have a higher value than a randomly selected non-recidivist
    - ▶ .50 = chance prediction
    - ▶ 1.0 = perfect prediction

# Accuracy of Risk Prediction (Messing & Thaller, 2013)

Instrument	Average AUC
ODARA	.666
SARA	.628
DA	.618
DVSI	.582
K-SID	.537

# Risk Instruments: Accuracy and Impact

- ▶ All instruments predict significantly better than chance
- ▶ Effect sizes are generally small
- ▶ Risk prediction may be influenced by intervention
  - ▶ Risk management may mediate recidivism prediction
  - ▶ Initial risk level may moderate effects of intervention



# Risk and Intervention Effects

(Belfrage et al., 2012)

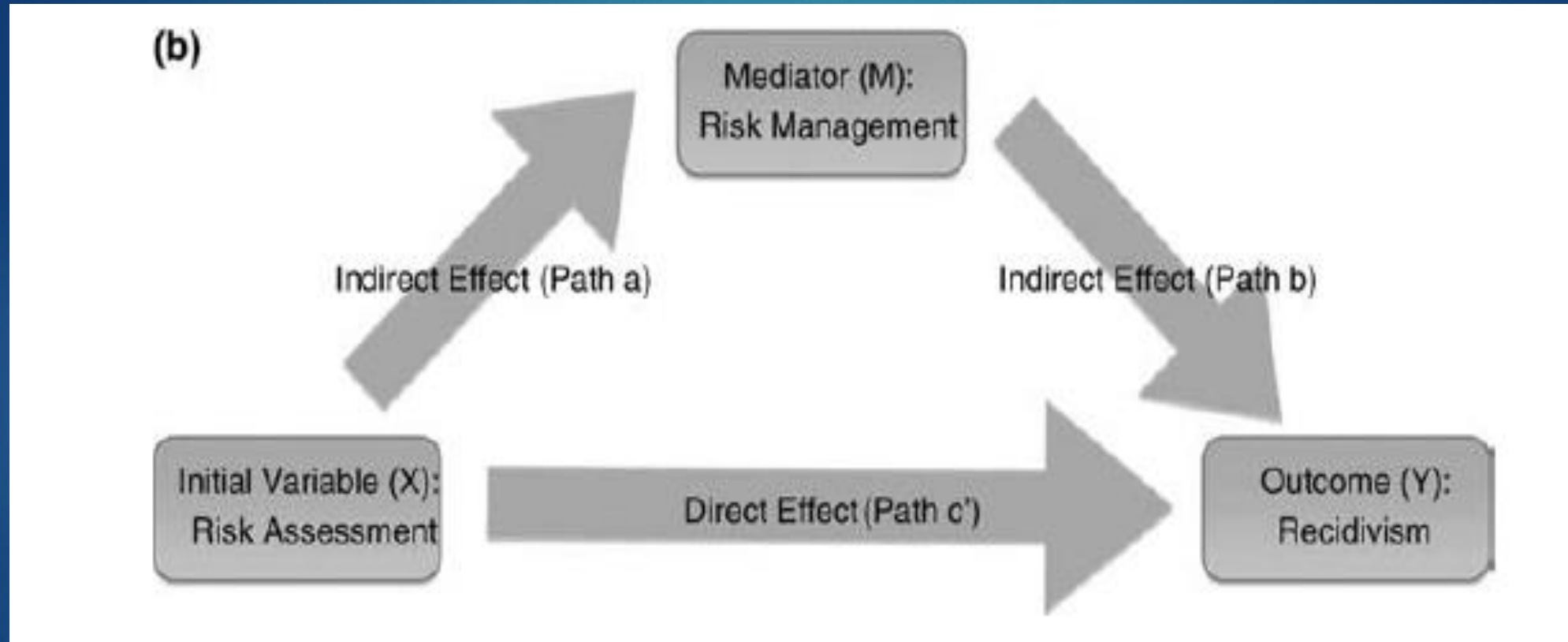
- ▶ Police completed SARA for 429 cases in a Swedish city and made recommendations for risk management:

## Management strategy

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1. Contact a prosecutor
  2. Search the crime registry
  3. Discuss security (i.e., safety plan) with victim
  4. Initiate a no contact order with victim
  5. Contact a victim support agency
  6. Establish a victim support person
  7. Initiate other protective actions
  8. Contact a victim shelter (safe house)
  9. Install a home alarm system
  10. Improve security at victim's home
  11. Conduct further risk assessment
  12. Contact police supervisor on duty
  13. Establish a police contact person for victim
  14. Protect identity of victim
-

# Risk Management Can Mediate Prediction (Belfrage et al., 2012)



Path a:  $r = .40$ ; Path b:  $r = -.32$ ; Overall X – Y effect:  $r = .18$ ,  $d = .43$

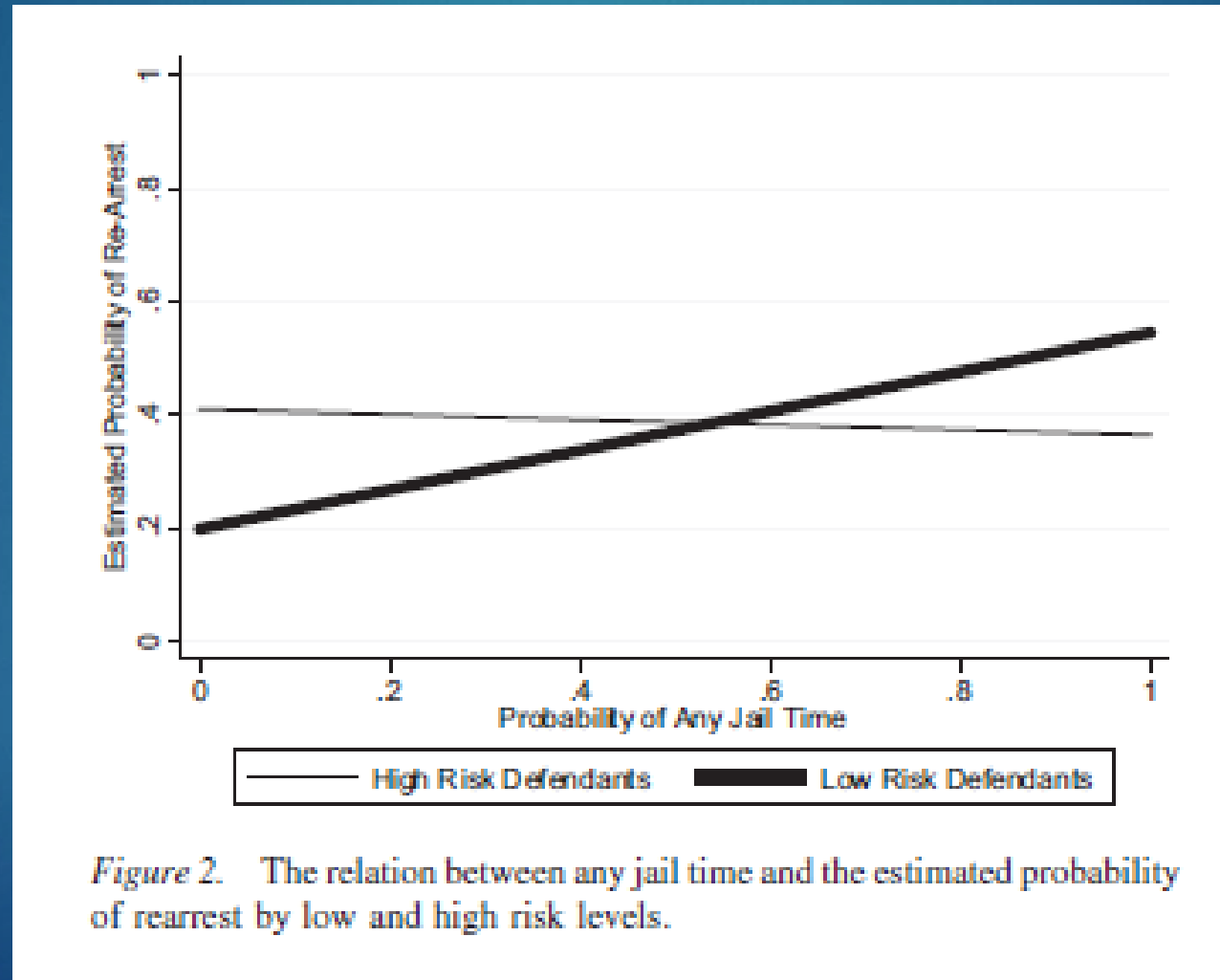
# Risk Level May Moderate Risk Management Effects (Belfrage et al., 2012)

Table 4

*Recidivism as a SARA Numerical Total Scores and Number of Management Strategies Recommended (Q1 Versus Q2–Q4)*

Numerical total scores	Number of management strategies recommended	Recidivism (%)
Low risk ( $\leq 10$ )	Low ( $\leq 2$ )	15/131 (12%)
	High ( $\geq 3$ )	29/139 (21%)
High risk ( $\geq 11$ )	Low ( $\leq 2$ )	14/38 (37%)
	High ( $\geq 3$ )	34/121 (28%)

# Risk Level May Moderate Criminal Sanction Effects (Williams & Stansfield, 2017)



# An Additional Challenges

1) Both risk models and professionals may avoid designating cases as “low risk” Designation of low risk may be rare, and influenced by professional judgment

- ▶ Colorado evaluation (Gover, Richards & Tomsich, 2015)
  - ▶ @3000 BIP cases: 10% were placed into low treatment intensity; 43% were placed in moderate intensity; 47% were placed high intensity
- ▶ Professional Judgment (e.g., Robinson & Howard, 2012)
  - ▶ British study of close to 3000 victims whose cases were rated by Independent Domestic Violence Advisors
  - ▶ 76% rated as high risk, 7% rated “not at high risk”; 16% missing or rated as unknown.
  - ▶ Advisors often upgraded cases with a low quantitative risk score to “high risk” based on their judgment of a specific factor



# Implications of Standard Risk Instruments for RVIP Practice

- ▶ Designed primarily for forensic practice
- ▶ Many prediction criteria are static
  - ▶ Rely heavily on past offending (general and IPV)
  - ▶ Contain relatively few targets for clinical intervention
- ▶ These instruments may help determine that more monitoring and intervention are needed for high risk case, but
- ▶ May provide limited information to guide clinical interventions

# Spousal Assault Risk Assessment Guide (SARA; Kropp et al., 1994)

- ▶ Designed to support professional judgment and enhance risk management. Includes...
- ▶ Psychosocial adjustment and mental health factors
  - ▶ Employment problems
  - ▶ Recent substance abuse/dependence
  - ▶ Recent psychotic or manic symptoms
  - ▶ Recent suicidal / homicidal ideation and intent
  - ▶ Personality disorder with anger/impulsivity
- ▶ Violence history variables linked to severity and risk
  - ▶ E.g., frequency, severity, sexual assault, weapons use, extreme denial

# Clinical Risk Factors and RVIP Response



# What Should We Prioritize in Risk-Responsive Batterer Interventions?

- ▶ Factors that..
  - ▶ 1) Can be readily and accurately assessed
  - ▶ 2) Have a high likelihood of impeding program impact
  - ▶ 3) Are potentially malleable
    - ▶ To change the risk factor
    - ▶ Or adapt intervention (responsive to factor)
  - ▶ 4) Have empirically-supported intervention options
    - ▶ Feasible (duration, intensity, cost, availability)
    - ▶ Demonstrated efficacy with IPV population

# Predicting Legal System Outcomes

(2 year follow-up; N = 290 -310)

RISK FACTOR	OUTCOME	ODDS RATIO	PHI
PTSD (PCL $\geq$ 44) (11% of sample)	Partner Abuse	2.5	.10 #
	General Violence	6.6	.20 **
	DV, GV, + orders	2.4	.13 *
AUDIT ( $\geq$ 8) (18% of sample)	Partner Abuse	2.6	.13 *
	General Violence	0.9	-.01 <i>ns</i>
	DV, GV, + orders	1.5	.06 <i>ns</i>
Not Employed Full-Time (41% of sample)	Partner Abuse	5.3	.21 **
	General Violence	4.1	.13 *
	DV, GV, + orders	3.1	.21 **
History of Head Injury (27% of sample)	Partner Abuse	2.5	.13 *
	General Violence	2.5	.09 <i>ns</i>
	DV, GV, + orders	2.2	.15 *

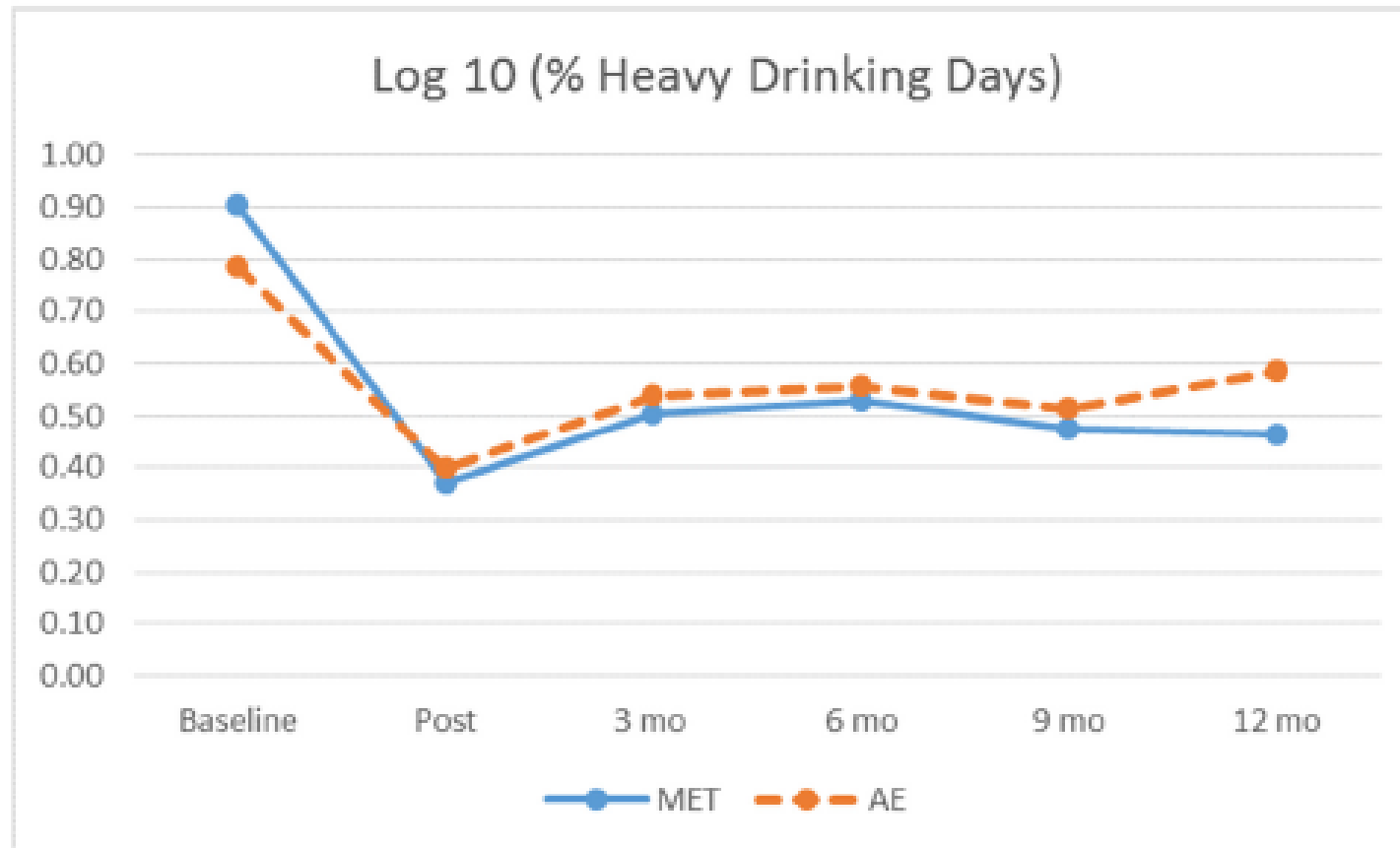
# p < .10; \* p < .05; \*\* p < .01



# Example Interventions: Alcohol

- ▶ Stuart et al., 2013
  - ▶ 90-minute session with assessment feedback and MI added to standard BIP
    - ▶ Increased alcohol abstinence through 6 mo. Follow-up
    - ▶ Reduced severe violence and injury through 3 month follow-up
    - ▶ No significant effect on overall violence
    - ▶ Effects not sustained at longer follow –ups
- ▶ Murphy et al., 2018
  - ▶ Compared 2 4-session alcohol interventions, Motivational Enhancement Therapy and Alcohol Education
    - ▶ Delivered prior to standard BIP at 3 sites in Maryland

# Example Interventions: Alcohol (Murphy et al. 2018)



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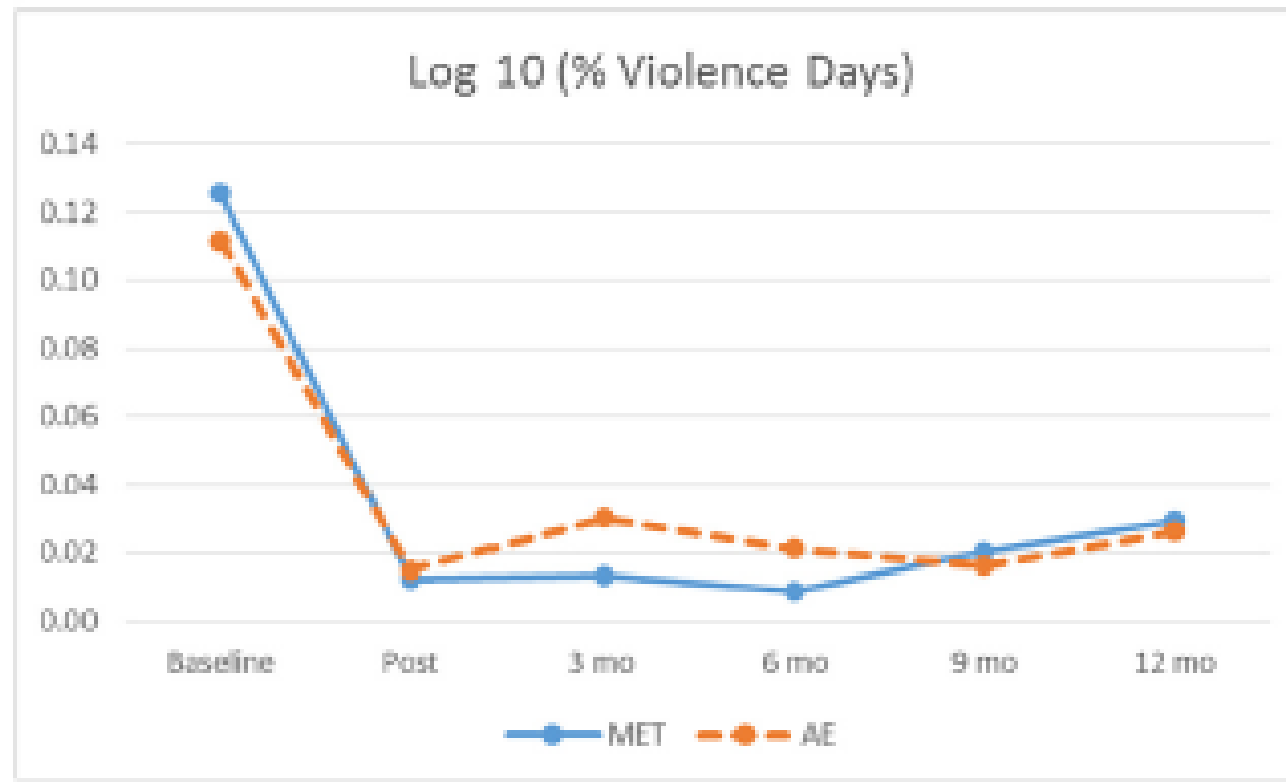
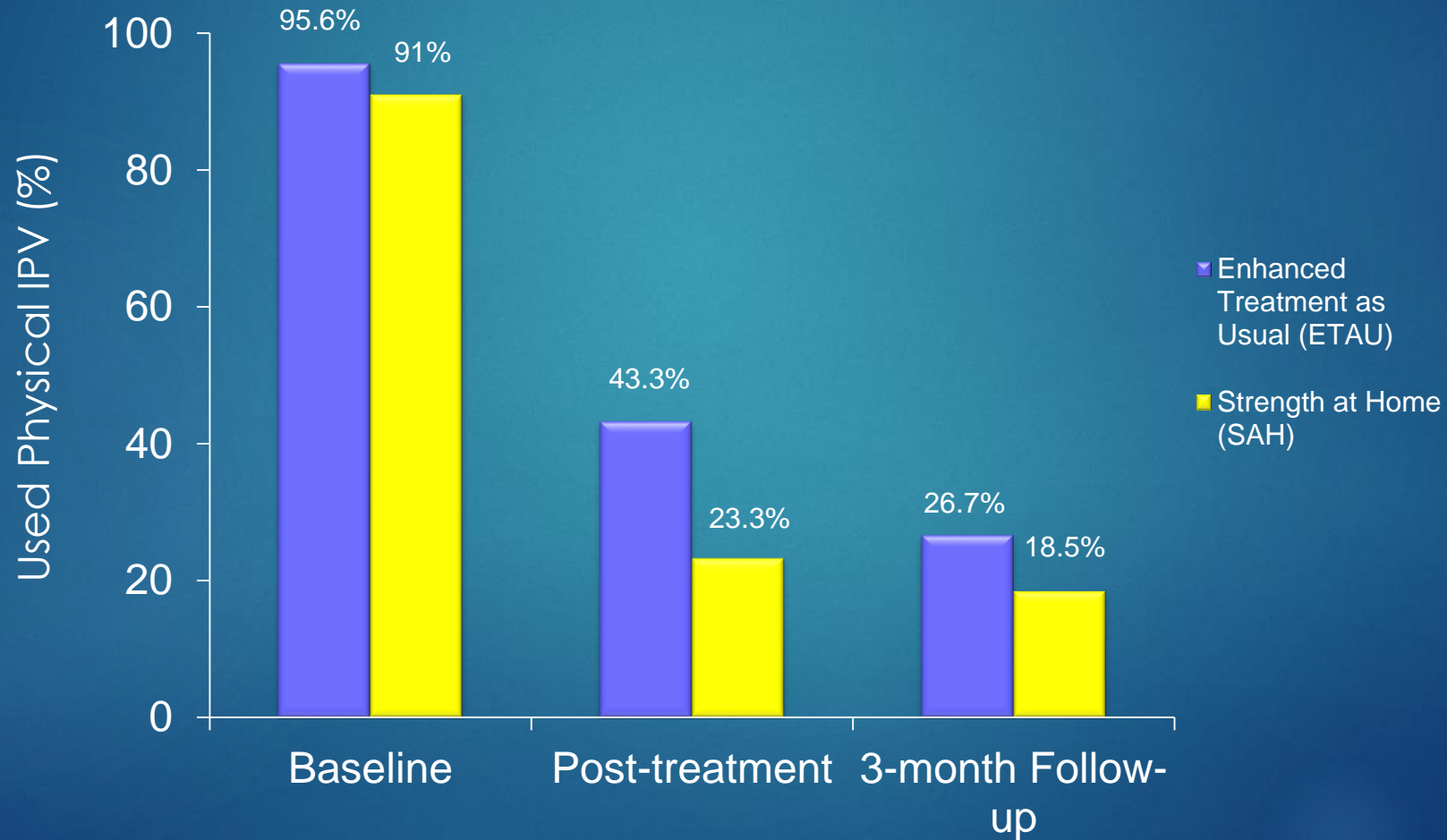


Fig. 2. (continued)

# Example Interventions: Trauma and PTSD

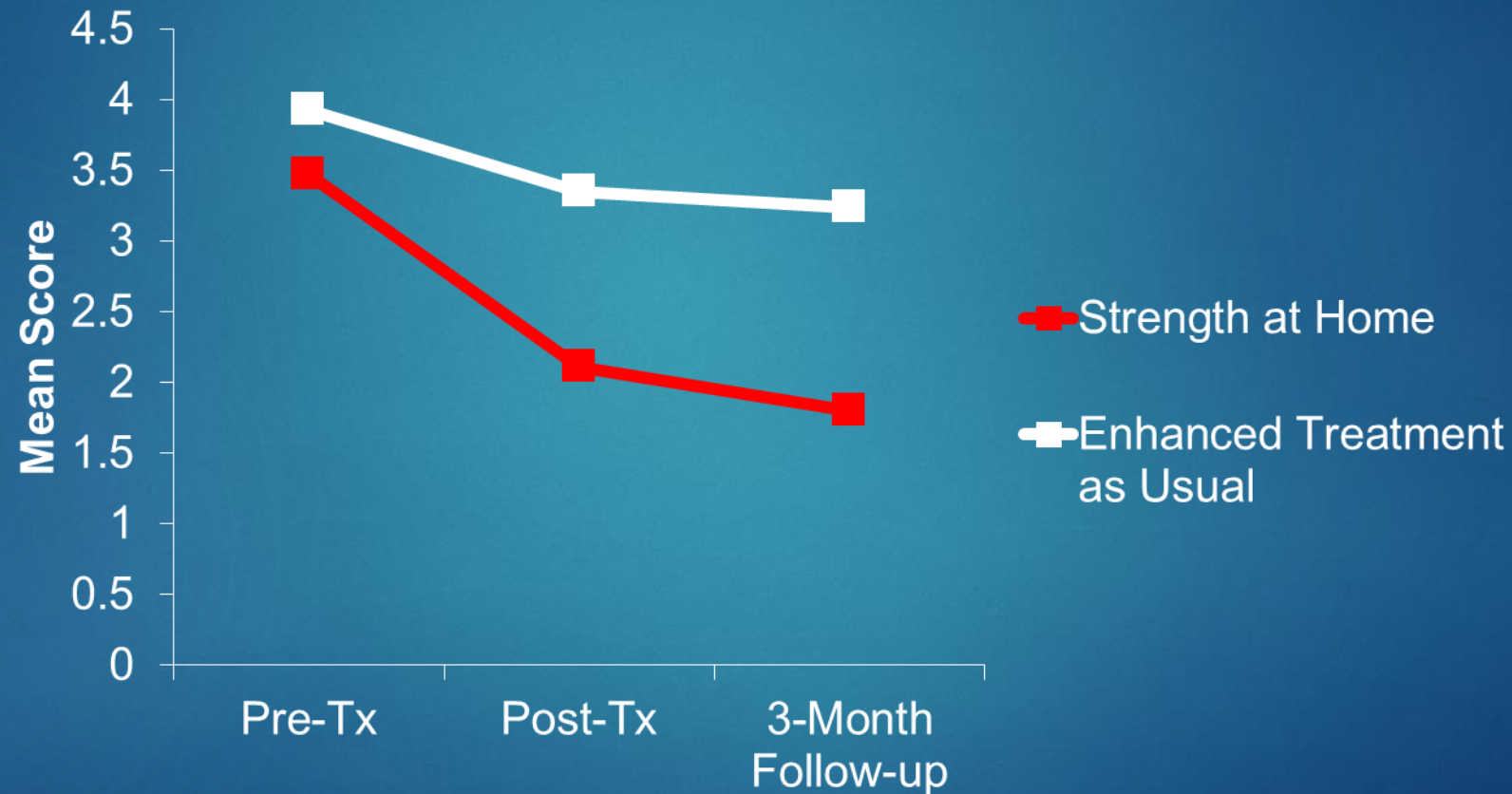
- ▶ Taft et al., 2016, veteran sample
  - ▶ Trauma-informed CBT (12 weeks) vs enhanced VA treatment as usual
  - ▶ Greater reductions in physical assault and controlling emotional abuse at 3 mo. Follow-up
  - ▶ PTSD symptoms predict physical assault recidivism in both conditions, suggesting that trauma-focused treatment may have additional benefit in reducing IPV

# Physical IPV Recidivism (Taft et. al. 2015)





# Restrictive Engulfment (Taft et al., 2015)



$B = -0.072$  (SE = .027)

# Conclusions

- ▶ IPV Risk Assessment tools significantly predict violence and recidivism
  - ▶ Prediction accuracy is modest; effect sizes are small
- ▶ Risk prediction relies heavily on criminal and IPV history
- ▶ Risk prediction is confounded by intervention(s)
  - ▶ Effective interventions mitigate risk and reduce prediction accuracy
- ▶ Some risk applications are highly conservative
  - ▶ Assign very few cases to the low risk category

# Conclusions

- ▶ Initial evidence supports risk management for IPV offenders in police and judicial intervention contexts
  - ▶ Identification of risk levels / factors
  - ▶ Provision of more intervention (esp. short-term risk management) to high risk cases
  - ▶ Evidence that greater risk management reduces recidivism
    - \*\*\* FOR HIGH-RISK CASES\*\*\*
  - ▶ These approaches have not generally been integrated with BIP practice
    - ▶ Colorado is an interesting exception

# Conclusions

- ▶ These approaches have not generally been integrated with BIP practice
  - ▶ The Colorado Model is a notable exception
- ▶ Studies targeting specific risk factors need large samples to show effects on violence or criminal recidivism
  - ▶ Given the relatively small effect sizes in prediction studies

# Conclusions

- ▶ Research on clinical risk management using targeted interventions for specific conditions is very limited
  - ▶ Some encouraging data for brief alcohol interventions, but maintenance of gains is a concern
  - ▶ Encouraging evidence for trauma-informed intervention with veterans
  - ▶ No known controlled studies of trauma-focused (PTSD) treatment in BIP populations
  - ▶ No known controlled studies of employment support / employment interventions for BIP populations





Questions and  
Discussion?

# Appendix: Colorado DVRNA Risk Factors

- ▶ Obsession with the victim
- ▶ Safety concerns
- ▶ Violence toward family members, including child abuse
- ▶ Attitudes that condone or support partner assault
- ▶ Prior completed or non-completed domestic violence offender treatment
- ▶ Involvement with people who have a pro-criminal influence
- ▶ Separated from victim within last six months
- ▶ Unemployed

# Colorado DVRNA Risk Factors

- ▶ Prior domestic violence related incidents\*
- ▶ Drug/alcohol abuse\*
- ▶ Mental health issues\*
- ▶ Use and/or threatened use of weapons in current or past offense, or access to firearms\*
- ▶ Suicidal/homicidal\*
- ▶ Criminal history (non-domestic violence related)\*
  
- ▶ \* Factor requires automatic placement in moderate or high risk category