

# WHY THE INTEGRATION OF SEX AND GENDER ASPECTS WILL IMPROVE DOMESTIC VIOLENCE RISK ASSESSMENT

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## Abstract

*A wide range of standardised risk assessment tools for high impact domestic violence has been developed, but their usage varies across European countries and between different frontline responders. While general risk assessment aspects are covered by most, the coverage of specific sex and gender aspects is still lacking. This article discusses, based on the results of the IMPRO-DOVA project<sup>1</sup>, why sex and gender aspects need to be integrated in risk assessment tools and presents recommendations about initial approaches.*

**Keywords:** *risk assessment, gender, sex, domestic violence, intimate partner violence*

## The usage of risk assessment tools in the sphere of domestic violence

In cases of domestic violence, frontline responders (e.g., police, medical profession, social work, NGOs) are often confronted with the challenge to assess the risk and likelihood of further incidents and to respond to the determined risks adequately and effectively

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as victims need to be prevented from extreme violent or fatal (re-) offences. This is also required by the Istanbul Convention (Council of Europe, 2011; Chapter VI, Article 51). To do so, many standardised risk assessment tools have been designed (Bürger, 2014) and are used by different frontline responders. Among the best known tools are the Danger Assessment (Campbell et al., 2009), the Domestic Violence Screening Inventory (Williams & Houghton, 2004), the Domestic Violence Risk Appraisal Guide (DVRAG; Hilton et al., 2008), the DV-MOSAIC (Becker, 2010), the Dynamisches Risiko-Analyse-System (DyRiAS-Intimpartner; Hoffmann & Glaz-Ocik, 2012), the Spousal Assault Risk Assessment (SARA; Kropp et al., 1995) and the Ontario Domestic Assault Risk Assessment (ODARA; Hilton et al., 2010). These tools build on empirically derived risk factors of domestic violence victims' re-victimisation. They provide systematic checklists of items or indicators related to these risk factors. The risk is calculated by adding up the number of these items.

## Sex and gender aspects in domestic violence

In general, the "sex" of a person is associated with biological facts such as e.g. chromosomes, sexual hormones, immune system or metabolism, while "gender" refers to the social norms and expectations of behaviour and appearance of individuals in social contexts. For instance, men and women are expected to behave according to socially differentiated gender roles and norms, which concern for instance bodily movements and postures, physical appearance, speech, clothes, hobbies and lifestyles (e.g. Diamond, 2002; Eckert, 1990; Oliffe & Greaves, 2012). Even though males and females are anatomically, and physically different, biological factors interact with gender factors: e.g., hormone levels can be influenced by stress with an increase in stress related symptoms particularly in women (DeSoto et al., 2007; Kindler-Röhrborn & Pfeleiderer, 2012).

When talking about risk assessment tools in cases of domestic violence, sex and gender aspects should be discussed as well, since women are the group for whom risk assessment is most frequently used.

The rate of domestic violence differs significantly between sexes with females clearly outnumbering males (UNODC, 2019a; UNODC, 2019b). 22 % of women in the European Union have experienced physical or sexual violence in an intimate relationship since the age of 15 (FRA, 2014) and about 43% of women have experienced psychological violence in an intimate partnership (FRA, 2014). Moreover, almost 50 % of all homicides against women take place in the domestic sphere (Weil et al., 2018). As high impact domestic violence can lead to psychosocial and mental health problems, women have also a higher risk for mental health problems due to domestic violence (Waal et al., 2017). Female victims of domestic violence are more likely to stay in abusive relationships than men or do not

report domestic violence to the police, since women often feel ashamed by victimisation and want to protect the family reputation or honour (Howarth & Robinson, 2016).

But one should keep in mind that males can also be victims of domestic violence (Drijber et al., 2013; Dutton & White, 2013; Hines & Douglas, 2009). The number of male victims of domestic violence is underrated; in line with this, gaps in service provision exist in cases when men are victims (Barber, 2008; Drijber et al., 2013). There is a lack of representative data regarding the prevalence of domestic violence against men. Risk assessment procedures need to be tailored to the needs of male victims as well.

The question we wanted to address in this paper is to what extent sex and gender aspects, which are inextricably linked to the topic domestic violence, are already addressed in risk assessment procedures that are currently in use.

## The IMPRODOVA Project and its methodology

The IMPRODOVA project<sup>2</sup> is a multidisciplinary research project with partners from eight European Countries that was funded by the European Union and started in May 2018 with a duration of 36 months. In this project, researchers work together with practitioners from different fields aiming to mitigate domestic violence.

Standards are promoted (e.g. Istanbul Convention; Council of Europe, 2011) on how to address domestic violence whilst only little research is done on how good these standards are integrated in frontline responders' everyday practice including risk assessment procedures. IMPRODOVA therefore used a three-tiered approach addressing this gap: As a first step, existent national and international guidelines, risk assessment tools, training formats and further information were gathered in the different IMPRODOVA countries by robust desk research as an orientation to identify the present regulatory frameworks that shape the response to domestic violence. Secondly, 296 standardised interviews with frontline responders from the police, the medical profession and social services were conducted in the eight IMPRODOVA countries Germany, Austria, Hungary, France, Finland, Scotland, Slovenia and Portugal, examining the extent to which standards are converted into practice regarding different aspects including risk assessment tools and integrated sex/gender aspects. It was decided that two locations per respective country should be examined in addition to a good practice location and interview themes were agreed. This enabled us to identify the average compliance of frontline responders' practices with international norms and allowed an efficient comparison of the implementation of international norms. As a final step, we will develop new, implementable solutions

<sup>2</sup> [www.improdova.eu](http://www.improdova.eu)

for practitioners and policy makers meeting the needs on the ground. See Vogt (2020; in press) for further information about IMPRODOVA.

## Results

Our IMPRODOVA research results regarding the risk assessment tools indicated that even though risk assessment tools are partly used in most of our partner countries by various frontline responders, the tools and their usage vary between countries and frontline responders. In many cases, risk is also assessed by non-standardised procedures and often based on “gut feeling”.

Based on the data we managed to collect in IMPRODOVA project, the coverage of sex/gender aspects varies in different risk assessments protocols and tools used by the police in countries participating in the project.

Risk assessment tools and processes used by medical professionals in IMPRODOVA countries vary broadly and we are not aware of any risk assessment tool in use that covers sex/gender aspects satisfactorily. Physicians focus on the injuries and if they assess the risks of future victimisation, they do not tend to use formal tools of risk assessment. However, they use standardised tools to document injuries and the cause of these. In some countries, domestic violence is specifically regarded as intimate partner violence with a focus on female victims and male perpetrators. Yet, gender is not integrated in risk assessment tools even in these countries.

In almost all IMPRODOVA partner countries, sex/gender aspects are not explicitly covered by risk assessment conducted by NGOs either. The only exception is Austria, where the Danger Assessment (Campbell et al., 2009) is used by the Vienna Intervention Centre against violence in families (IST). This instrument covers gender aspects by having both sexes for victims in their checklist. Nevertheless, the questions exclusively adopt the masculine form of the perpetrator.

Based on the information we got in the interviews conducted about how risk is assessed in general, it is important that, whether a standardised risk assessment tool is used or whether the risk assessment is based on “gut feeling”, two important issues were mentioned:

Firstly, frontline responders can base risk assessment on information provided by the victim, derived directly from the situation, or searched for later utilising various databases and information systems of frontline responders, but they have to actively look for them. Therefore, frontline responders who assess risks of domestic violence need to keep in

mind that they are not necessarily fully aware of some important information that may be hidden and are not visible at first sight.

Secondly, the search and the interpretation of information might be biased by frontline responders' culturally and professionally bounded reference frames, different moral considerations and other human factors because the information must always be interpreted in a wider context. Thus, the same indicators can be interpreted in a different way when assessed from different professional perspectives. It is thus important to be aware that one's own professional perspective and background may influence the interpretation of the information at hand.

Transferring the above-mentioned processes to sex and gender aspects in risk assessment routines, the perception and understanding of "sex" and "gender" in general, and their meaning in the context of domestic violence in particular, of frontline responders, is more than important.

The following aspects, extracted from the interviews conducted with frontline responders expanded by fieldwork observational data collected in the partner agencies, underpin this statement.

Since high impact domestic violence seems to be mostly associated with the female sex, there is an increased likelihood that, if frontline responders are gender-biased, they will overlook men as victims of domestic violence in intimate relationships. In fact, studies suggest that women are as violent as men are. In some conditions, women could be the aggressors even more frequently than their violent or nonviolent male partners (Archer, 2000; Kelly & Johnson, 2008). There is an increased likelihood that in the case of male victims the signs of domestic violence are left unnoticed. One reason is that male victims seem to report incidents less often than female victims do. There is a strong social stigma associated with being simultaneously a male and a victim of domestic violence. In addition, it is less likely that it is reported by friends and family, because their perceptions are also gender-biased (Special Eurobarometer, 2016). This may be even more pronounced in countries in which gender norms and roles are more traditional. Consequently, in Eastern European countries, such as Estonia, Latvia, Lithuania, Poland, Czech Republic, Hungary, Slovakia, Romania, Bulgaria etc. with a low Gender Equality Index score (EIGE, 2017), the perception of a man being the victim of domestic violence is more likely inconceivable.

Gender is also an important human factor when focussing on offenders. While it is often assumed that women charged with domestic violence have a history of victimisation by their partner and much of their violence is understood as retaliatory and/or defensive (Downs, Rindels & Atkinson, 2007) or professionals believe that women are not capable of being the original perpetrator (Fitzroy, 2001), the same is not true for male offenders

that are mostly seen primary as the perpetrators because they are perceived as more aggressive due to gender roles (e.g. Eagly & Steffen, 1986).

Every social interaction is influenced by gendered perceptions (Ridgeway & Smith-Lovin, 1999). Gendered perceptions have to be present in the response to high impact domestic violence too (Anderson & Umberson, 2001). Therefore, most frontline responders are aware, that it makes a difference whether the victim is male or female and whether the frontline responder is male or female.

The perception and assumptions about one's own and the other sex and gender are important for specific aspects regarding risk assessment as well. For example, the perception of a female police officer can be influenced by her sex (being female), her gender (e.g., how she sees her own role as a woman) and her own mind-set and expectations (e.g. woman can be very aggressive, too). This may have an impact on how she speaks with other women and with men (e.g. strong voice, holding eye contact). This can also influence how she assesses the risk, the aspects recognised as significant (e.g. who started the incident), and how she perceives the victim (what cues are most important to her e.g. outward appearance). Moreover, it also affects how she is perceived by the victim (male or female) and other frontline partners. For instance, a female police officer could be seen as less threatening by a female victim who may then more willingly share information.

Further examples can be found for instance, communication with a female victim might be biased when a frontline responder believes that women are the "weaker sex" and need to be protected. In this scenario, gendered perception runs the risk of re-victimizing the victim through the interrogation style using derogative words and not considering the victim as an autonomous individual for example. This might be responsible for victims not sharing all information that are relevant for the risk assessment because they do not feel as being taken seriously. Alternatively, a frontline responder may not take male victims' complaints seriously and may downplay the incident, because in this frontline responder's worldview, it is almost impossible to conceive that men can also become victims of domestic violence, which might end in an escalation of violence because the frontline responders do not intervene to end the violence against the man. Another scenario is that a frontline responder may not ask a male victim if he is financially dependent of his wife because in this socio-cultural context it is assumed that men are breadwinners and earn more money than women. Therefore, they might not be aware that the male victim is financially dependent on his wife and this is not reflected in the risk assessment of the victim.

Obviously, gender may be an additional factor in high impact domestic violence, however, based on our results, it is not integrated sufficiently in existing risk assessment tools and procedures. Thus, current tools and "gut feeling" assessments are less effective as

they could be due to a lack of awareness of potentially biased gendered judgements and the resultant misunderstandings. The awareness of sex and gender differences, particularly gendered perceptions and biases, in high impact domestic violence is of major importance to frontline responders. Therefore, sex and gender aspects should be integrated in all risk assessment instruments, formal or informal (“gut feeling”), that frontline responders use in their daily work. Even if a frontline responder is using an informal tool based on his or her own or organisation’s experience, they should be trained about gender aspects to become fully aware of the effects gendered perceptions and biases may have on their professional judgements. Frontline responders should acknowledge that the requirements of legislation and professional ethics on gender equality are not a question of personal opinion.

## How to improve risk assessment by better regarding sex and gender

The awareness of possible gender biases should be integrated in all risk assessment. Hence, we recommend based on the IMPRODOVA research results that the knowledge about the following scenarios that comprise sex and gender aspects should be included in risk assessment tools, procedures and trainings:

- 1) One reason why victims do not present all information about incidents of domestic abuse such as previous incidents and threats of violence may be related to being financially dependent on their abusive partners. To avoid this, risk assessments should assess victim’s financial situation and current work situation independent on the sex of the victim. The male perpetrators are often asked about his/her current work situation because unemployment is commonly regarded as a risk factor for violence and female victims are more often asked if they are financially dependent due to gender beliefs. Any financial dependency could preclude them from reporting to the police. In such conditions, social services should be able to offer economic support for the needy victim so that she or he can quickly depart from the dependent relationship.
- 2) A factor that could influence how information is processed by frontline responders is the previous “sexual” history of the victim. This could include things such as frequent change of sexual partners, the way a victim is dressed or other aspects of his or her appearance. Thus, the sex of the victim and gender-related assumptions about how they are dressed etc., and expectations can influence how frontline responders perceive “facts” and process information. How they process the available information partly depends on the sex and gender of the frontline responder and this interacts with the sex and gender of the victim as pointed out in the research conducted. This has been already summarised in the Istanbul Convention (Council of Europe, 2011; Chapter VI, Article 54). The Convention stipulates that these gender aspects should

not be considered as alleviating factors releasing the perpetrator from the responsibility for his or her acts. The past sexual history of the victim should not influence the risk assessment of the frontline responders. Thus, questions about a victim's sexual history should not be part in risk assessment tools. It is crucial that any information about previous sexual behavior etc. do not indicate that the victim is to blame or responsible for what was done to him or her. But even if these questions are not part of the risk assessment tool, the frontline responder assessing the risk may unconsciously be influenced by implicit information and only if you are aware of that potential gender bias you will be able to take this into account when assessing risk.

- 3) Frontline responders should be aware that victims have gendered perceptions and conceptions that may lead biased interpretations too. This might influence the information that are released by the victim. In patriarchal households, it could be customary that victims are threatened by their partner or relatives if they deviate from gender-specific codes of conduct. In such conditions, victims may think that psychological violence is normal or common, and that it is not worth to be mentioned although it is formally regarded as an indicator in risk assessment. A good deal of harm caused by domestic violence is not physical, nor is it visible. The perception of non-physical harm is often gender-biased. To solve these problems, it is important to inform victims about their rights and what is regarded as violent crime in course of a risk assessment, including also non-physical acts, so as victims will share all the important information to frontline responders. Otherwise the range of non-physically or psychologically violent abusive behaviours that is experienced disproportionately by women at the hands of men is not detected adequately (Myhill, 2015; Stark, 2007). Another possible scenario that underlines how important this aspect is could be a man being financially dependent on his partner and psychologically abused by her or him: this man might relate the experienced violence on himself and sees himself as unmanly instead of recognizing and naming violence as violence and reporting it to the police. For the police, this situation is difficult to detect and to take into consideration regarding risk assessment.
- 4) It is likely that victims have their own assumptions about frontline responders' gender-based attitudes. These assumptions could make victims feel too ashamed to disclose all relevant information. Professionals have to reassure victims to share all information without a fear of being judged or moralised.

## Discussion

To our knowledge little is known, and little research is done about to what extent and how sex/gender of the victim, the perpetrator and the frontline responder interact and influence risk assessment. The research that is available about risk assessment procedures does not include sex and gender aspects and is often outdated or focussing on female

victims (e.g. Dutton & Kropp, 2000; Hoyle, 2008). Our field research in the IMPRODOVA project presenting first EU-wide results indicating that risk assessment tools are too seldomly used and that frontline responders are rarely aware that sex and gender aspects influence the risk assessment. This undermines the effectiveness of existing risk assessment tools and procedures, since the non-inclusion of gender aspects will increase the likelihood that sex and gender related biases, gendered perceptions and interpretations, affect professional judgement and decision making negatively. Most frontline responder groups therefore do not meet the beforementioned standards of the Istanbul convention (Council of Europe, 2011).

In our opinion the most important aspect might be related to the human factors. Even if sex/gender aspects are included, frontline responders need to take them into account when assessing risks. Frontline responders must therefore be trained to reflect their own behaviour and judgement, because sex and gender aspects may not only affect the questions being asked but also how the questions are being asked and how the answers will be interpreted by those asking.

The appeal goes above all to the researchers as we recommend that more effort is put to research about sex/gender aspects in risk assessment and that, in a second step, the awareness of sex/gender factors will be included in current risk assessment tools, procedures and training by practitioners.

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