



# Intimate Partner Violence Risk Assessment Tools: A Review



# **Intimate Partner Violence Risk Assessment Tools: A Review**

Melissa Northcott

Research and Statistics Division  
Department of Justice Canada

rr12-08e

*The views expressed herein are solely those of the author and do not necessarily reflect those of the Department of Justice Canada or the Government of Canada.*

J2-373/2012E-PDF

ISBN 978-1-100-21382-8

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## 1. Introduction

Intimate partner violence touches the lives of thousands of Canadians. The criminal justice system is faced with the task of protecting victims of intimate partner violence, while at the same time ensuring that the rights of the accused are not violated. This tension is evident at different stages in the criminal justice system process such as at bail, sentencing and parole. One approach that has been adopted to manage the above noted issues is assessing the risk that offenders pose for re-offending and how to best manage these offenders (Hoyle 2008; Roehl et al. 2005). Specialized risk assessment tools have been created for these purposes and are being used in many jurisdictions across Canada (Millar 2009).

The purpose of this report is to provide an understanding of intimate partner violence risk assessment tools and of the issues that assessors should consider when choosing an assessment instrument. This report begins with a discussion of the general use of risk assessment tools, their use in the criminal justice system in general and in cases of intimate partner violence specifically. The different approaches of risk assessment are then discussed, as are factors to consider when choosing a tool. The strengths and limitations of the various approaches and of risk assessment tools in general are also explored. This report was created to contribute to a better understanding of the range of risk assessment tools that are used by the various professionals working in the area of intimate partner violence.

## 2. Methodology

Information for this report was gathered from a literature search conducted between July 2011 and January 2012. Literature was collected from a number of sources. An internet search was conducted using the Google and Google Scholar search engines. Various academic databases, including PsycInfo, SocIndex and Scholars Portal, were also searched.<sup>1</sup> The search included articles published between 1992 and 2012. Information was also gathered from a number of government departments (e.g., Public Safety Canada; Correctional Service of Canada), as well as Canadian research and advocacy organizations (e.g., Centre for Research and Education on Violence against Women and Children).

## 3. Risk Assessment Tools

### Risk Assessment

Before discussing risk assessment tools, it is important to first understand what is meant by risk assessment. Risk assessment is a “decision-making process through which we determine the best course of action by estimating, identifying, qualifying, or quantifying risk” (Nicholls et al. 2006, 276). Although there is currently no agreed upon definition of risk (Kropp 2008), a common definition used in the risk literature defines it as “the probability that the examinee will engage in a certain kind of behaviour in the future” (Heilbrun et al. 2010, 2).

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<sup>1</sup> The following search terms were used: “Risk assessment”; “Intimate partner violence”; “Domestic violence”; “Spousal violence”; “Spousal assault”; “Domestic abuse”; “Intimate partner abuse”; “Wife assault”; and “Wife abuse”.

## Risk Assessment Tools

Within the risk assessment literature, there is debate surrounding the purpose of risk assessment, with some arguing that the goal is to predict recidivism and others arguing that the goal is violence prevention and risk management<sup>2</sup> (Douglas and Kropp 2002). Furthermore, some risk assessments focus on the offender, while others are focused on the victim and the risk that they will be re-victimized. Depending upon the purpose of the risk assessment, different specialized instruments exist to help assessors achieve their goals. Some risk assessment tools provide information “regarding the nature, form, and degree of the danger” of violence (Kropp 2004, 677), while others allow the assessor to make a probability statement regarding the likelihood of recidivism (Hilton et al. 2010), and some do both. This report discusses the general use of intimate partner violence risk assessment tools, but focuses more strongly on the use of risk assessment tools as they are used for the purposes of violence prediction.

## Risk Assessment Tools and the Criminal Justice System

The majority of risk assessment tools used in criminal justice settings “were originally developed by forensic mental health professionals to be used in forensic mental health settings” (Storey et al. 2011, 554). Risk assessment tools are now not only being used in a number of different settings, but their use in other settings is growing, including in other forensic areas (Singh et al. 2011).

Risk assessment tools used in criminal justice settings are generally based on a number of different psychological and psychosocial risk factors that are believed to be associated with recidivism (Roehl and Guertin 2000). These risk factors are established through a number of mechanisms, such as empirical research conducted with specific populations or based on theory and literature reviews (Hanson et al. 2008; Kropp 2008).

The majority of risk assessment tools used in criminal justice settings contain two types of risk factors: static and dynamic. Static risk factors are risk factors that are fixed and unchangeable, such as demographic factors (e.g., age, gender), childhood history and criminal history (Guo and Harstall 2008). Dynamic risk factors “fluctuate over time and reflect internal states or temporary circumstances of the individual, such as beliefs and cognitions, everyday associates, and feelings of hostility” (Guo and Harstall 2008, 7). Dynamic risk factors are factors that can change and these changes may be associated with changes in risk level (Hanson and Morton-Bourgon 2009). Dynamic risk factors are also known as “criminogenic needs”. Examples of common static and dynamic risk factors for general violent recidivism include a history of criminal involvement, substance abuse, young age of the offender, and low socioeconomic status (Hanson and Morton-Bourgon 2009; Hilton and Harris 2005).

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<sup>2</sup> Risk management refers to “the proper selection of strategies to reduce violence and mitigate risk” (Douglas and Kropp 2002, 619).



## 4. Intimate Partner Violence <sup>3</sup>

The definition of intimate partner violence is complex (Hart 2010). Intimate partner violence includes physical, emotional, sexual, verbal, social and financial abuse (Guo and Harstall 2008). It is not limited to those in a former or current legal marriage or cohabitation, but also includes those in a dating relationship.

Statistics Canada uses the term “spousal violence” to encompass incidents that reflect physical or sexual offences in the *Criminal Code of Canada* committed by current or former spouses<sup>4</sup> (Brennan 2011). Data from the 2009 General Social Survey on Victimization indicate that 6.2%, or approximately 1.2 million Canadians 15 years of age and older, reported experiencing spousal violence in the five years preceding the survey. Moreover, 17% of respondents stated that they had experienced financial or emotional abuse during their relationship. Although the number of males and females who experienced spousal violence was similar, women were three times more likely (34% vs. 10%) to experience serious spousal violence compared to males in the past 5 years, including being beaten, choked or sexually assaulted.

Statistics Canada recently began to use the term “intimate partner violence” in their family violence publications to include “violence committed by legally married, separated, divorced, common-law partners, dating partners (current and previous) and other intimate partners” (Sinha 2012, 27). Data from the Incident-based Uniform Crime Reporting Survey (UCR2) revealed that there were 102,500 victims of police-reported intimate partner violence in 2010. The rate of female victims of police-reported intimate partner violence was almost four times greater than that of males in 2010 (574 per 100,000 vs. 147 per 100,000).

The rate of intimate partner homicides (which includes homicides perpetrated by individuals in dating relationships, marital and common-law relationships) in Canada declined 32% between 1980 and 2010 (Hotton Mahony 2011). While there has been a decline in the overall rate of spousal homicide, women remain four times more likely to be victims of spousal homicide than men; this has consistently been the case for the past thirty years.

## 5. The Use of Risk Assessment Tools in Cases of Intimate Partner Violence

Specialized risk assessment tools have been developed for cases of intimate partner violence to assess the risk that the offender will re-offend or that the situation will become fatal (Roehl and Guertin 2000). The use of risk assessment tools in cases of intimate partner violence increased as a result of policy change and research. First, in Canada and the United States, pro-

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<sup>3</sup> There are several terms that are used interchangeably to describe intimate partner violence, including domestic violence, spousal violence, spousal assault, family violence, wife assault, wife abuse, and spouse abuse (Guo and Harstall 2008). According to Helmus and Bourgon, the term “intimate partner violence” is “becoming the preferred term because it is specific to intimate relationships yet broad enough to include intimate relations beyond cohabitation or legal marriage” (2001, 64). As such, intimate partner violence will be the term used throughout this report.

<sup>4</sup> Current or former spouses included “legally married, common-law, same-sex, separated and divorced spouses” (Brennan 2011, 8).

charging policies introduced in the early 1990s in cases of intimate partner violence led to a large increase in the number of cases entering the criminal justice system (Bennett Cattaneo and Goodman 2003; Nicholls et al. 2006). This increase created a need to develop a mechanism for ensuring that scarce resources were directed to those most at risk (Roehl and Guertin 2000, Connor-Smith et al. 2011). According to Roehl and Guertin, “[t]he other force emanate[d] from the mental health field, where legal requirements and professional concerns [...] encouraged clinicians to develop defensible estimates of a person’s potential for violence in a given situation. These forces spurred research, leading to a growing scientific base of information on risk predictors for violence” (2000, 172).

There are a number of goals of using risk assessments in cases of intimate partner violence. According to Hart (2010), the primary goal is to prevent future harm against an intimate partner, which is accomplished through risk management strategies. Risk management strategies include: monitoring, which involves monitoring changes in risk; treatment; supervision, which involves restricting the offender’s rights or freedoms in order to decrease the likelihood of further violent behaviour; and victim safety planning (Kropp 2008). The second goal is accountability, which increases the transparency and consistency of the decisions that are made in the criminal justice system (Hart 2010). Finally, the third goal is the protection of the accused’s rights.

A number of risk factors for intimate partner violence have been identified, and many appear in intimate partner violence risk assessment tools. Some examples of these common risk factors include:

- A history of violent behaviour toward family members;
- A history of abusive behaviour toward intimate partners;
- Escalation of violence;
- Previous criminality;
- General antisocial attitudes;
- Substance abuse problems;
- Mental health problems;
- Relationship problems;
- Attitudes that support violence towards women (Dutton and Kropp 2000; Hoyle 2008; Kropp 2004, 2008; Laing 2004).

Some risk assessment tools, such as the Danger Assessment (DA) and the Ontario Domestic Assault Risk Assessment (ODARA), also include victim-focused risk factors. Victim-focused risk factors that are present in these tools include:

- The victim’s concern about future violence by the accused;
- Victims who have a biological child with a different partner;
- Victims who have been assaulted by the accused while pregnant; and
- Barriers for the victim in accessing support (Campbell et al. 2009; Millar 2009).

## **5.1 Users of Intimate Partner Violence Risk Assessment Tools and Settings of Use**

### **5.1.1 Users of Intimate Partner Violence Risk Assessment Tools**

Intimate partner violence risk assessment tools are used by a number of different professionals. The professionals who conduct such assessments include psychologists, nurses, victim service workers and criminal justice system professionals, such as police and probation workers (Kropp 2008).

### **5.1.2 Settings of Use**

#### ***5.1.2.1 Offender Needs/Risks***

Intimate partner violence risk assessment tools are used in a number of capacities. First, they are used in offender management and at many stages within the criminal justice system. For example, they are used at the pre-trial stage by police and prosecutors to assess the accused's likelihood of re-offending and to make recommendations for detention and release. They are also used at the pre-sentencing and pre-release stage to assist a judge in granting a diversion or discharge. Also at the pre-sentencing stage, risk assessments can be used by the court in setting conditions for sentencing and supervision and to determine the appropriate treatment for offenders. At the correctional intake stage, risk assessments can be used to develop treatment plans and to determine the suitability for various conditions. Finally, at the pre-release stage, risk assessments can be used when making parole decisions, setting conditions for release and developing treatments plans (Heilbrun et al. 2010; Kropp 2004; Kropp and Hart 1997; Roehl and Guertin 2000).

#### ***5.1.2.2 Victim Needs/Risk***

Risk assessment tools can also be used in civil matters when determining child custody and access and to help set the conditions of civil or criminal restraining/protective orders (Kropp 2004; Roehl and Guertin 2000). Additionally, they are used by victim advocates, police, probation and parole officers in developing safety plans with victims, which includes providing the victim with information related to their safety that they can then apply to protect themselves (Braff and Sneddon 2007; Roehl and Guertin 2000; Laing 2004). Finally, in situations of intimate partner homicide, they are used in fatality reviews when assessing gaps in services and communication that led to the death of a victim (Kropp 2004).

## **6. Types of Intimate Partner Violence Risk Assessment Tools<sup>5</sup>**

**R**isk assessments in cases of intimate partner violence generally fall into one of three models or approaches: unstructured clinical judgment, structured clinical judgment and the actuarial approach. There are also other approaches to assessing risk of intimate partner violence, including victim ratings of risk and the use of risk scales that are designed for assessing the risk

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<sup>5</sup> Note that there are many risk assessment tools designed to predict intimate partner violence recidivism and violent recidivism more generally. In the interest of space, however, only a few examples are discussed in detail in Appendix A. For a comprehensive catalogue of risk assessment tools used in cases of intimate partner violence, readers are encouraged to consult Millar's (2009) report, *An inventory of spousal violence risk assessment tools used in Canada*: [http://canada.justice.gc.ca/eng/pi/rs/rep-rap/2009/rr09\\_7/rr09\\_7.pdf](http://canada.justice.gc.ca/eng/pi/rs/rep-rap/2009/rr09_7/rr09_7.pdf)

of general or violent offending (Hanson et al. 2007). All of the unstructured clinical judgment and actuarial tools have been shown to possess at least some reliability and validity (Kropp 2008).

### **6.1 Unstructured Clinical Decision Making**

The unstructured clinical decision making approach is the most commonly used method of risk assessment (Kropp 2008). In this approach, the professional collects information and renders a risk assessment based on his or her own subjective judgment (Helmus and Bourgon 2011). The professional does not follow any guidelines and the final decisions are justified based on his or her experience and expertise (Guo and Harstall 2008).

One strength of this approach is that it allows the professional to consider the offender's specific behaviours and circumstances in the development of specific violence prevention strategies (Kropp 2008). It also allows for flexibility (Guo and Harstall 2008). There are, however, a number of limitations to the unstructured clinical decision making approach. Some have argued that this approach lacks accountability, transparency, validity, replicability and relies too heavily on personal discretion (Helmus and Bourgon 2011; Kropp 2008; Nicholls et al. 2006). Others have noted that this approach suffers from low inter-rater reliability and is less accurate than structured risk assessments (Guo and Harstall 2008; Hanson and Morton-Bourgon 2009). Moreover, because this method is heavily dependent on the opinion of the assessor, there is a risk that the assessor may not take into account important information that should be addressed (Kropp 2008).

### **6.2 Structured Clinical Judgment**

The second type of clinical decision making approach is structured clinical judgment, which has also been referred to as structured professional judgment and the guided clinical approach (Helmus and Bourgon 2011; Kropp 2008). In the structured clinical judgment approach, assessors follow a set of guidelines that include specific risk factors that should be considered (both static and dynamic). These risk factors are determined based on theoretical and general empirical support (Helmus and Bourgon 2011). The guidelines "also typically include recommendations for information gathering, communicating opinions, and implementing violence prevention strategies" (Kropp 2008, 207). This approach does not incorporate the weighting or combining of risk factors, but rather depends on the evaluator for the final decision of risk (Helmus and Bourgon 2011; Kropp 2008). The primary goal of the structured clinical judgment approach is violence prevention, which proponents argue is attained by including risk factors that are dynamic and can be targeted (Kropp 2008). The information gathered through this approach can be used to guide treatment planning and risk management.

The structured clinical judgment approach has a number of strengths. Supporters have argued that it is more flexible than the actuarial approach (described below) and because the risk factors are chosen based on empirical evidence, the tools are more generalizable than tools that were developed based on one particular population, which is often the case with actuarial tools (Helmus and Bourgon 2011). In addition, it is more consistent and transparent than unstructured clinical judgments, but also maintains some of the flexibility and professional judgment of the unstructured approach (Braff and Sneddon 2007). It also ensures that a wide variety of

information that is specific to a case is considered and “allows for a logical, visible, and systematic link between risk factors and intervention” (Kropp 2008, 207).

There are also a number of limitations to the structured clinical judgment approach. First, because the final evaluation of risk is left to the assessor, the approach is more subjective than basing the decision of risk on a total score (as is the case in the actuarial approach) (Helmus and Bourgon 2011). Moreover, additional empirical research is needed to test the accuracy and reliability of this approach and some studies have found that the inter-rater reliability of the tools is modest (Guo and Harstall 2008; Nicholls et al. 2006). Finally, others have argued that some of the items included in the tools, such as suicidal behaviour, are not strong predictors of intimate partner violence (Hilton and Harris 2005).

There are many intimate partner violence risk assessment tools that have been developed in Canada and the United States based on the structured clinical judgment approach. Three of these tools, the SARA, the Domestic Violence Screening Inventory, and the Danger Assessment, are described in Appendix A.

### **6.3 Actuarial Approach**

The actuarial method is based on the use of predictive, or risk, factors from specific empirical research (Braff and Sneddon 2007; Hilton et al. 2010). These risk factors are assigned a numerical value and a total score is generated through an algorithm (Helmus and Bourgon 2011; Singh 2011). The total score is then used to estimate the probability that the individual will re-offend within a specific time period (Guo and Harstall 2008; Singh 2011). The assessor can also determine the individual’s level of risk relative to similar offenders (Kropp 2008). Training on the proper use of the specific actuarial tools is required (Braff and Sneddon 2007).

Within the actuarial method, there are various approaches used. One such approach is the pure actuarial prediction approach, as described above. Another approach is the clinically adjusted actuarial approach, which “starts with an established actuarial score and then considers factors external to the actuarial scheme (i.e., the evaluator is allowed to judge the extent to which the predicted recidivism rates are a fair evaluation of the offender’s risk)” (Hanson and Morton-Bourgon 2009, 3). There are currently no known intimate partner violence risk assessment tools based using the adjusted actuarial approach.

The actuarial approach has a number of strengths. The actuarial approach has been shown to have better predictive ability than the unstructured clinical approach and because actuarial tools use the same criteria, findings can be replicated easily (Hilton et al. 2010; Kropp 2008). Also, the actuarial approach can be used by assessors who do not have clinical training or qualifications, or who are not trained in the area of family violence (Braff and Sneddon 2007).

There are also a number of limitations and criticisms of the actuarial approach. First, Kropp (2008) argues that actuarial approaches do not provide much information about violence prevention strategies and limit the assessor to a fixed set of factors, thereby ignoring case specific factors that should also be considered. Similarly, the tools do not take into account variables that do not occur frequently (e.g., homicidal ideation), but that may be relevant to the case and have been found to be modestly correlated with violence (Kropp 2008; Nicholls et al.

2006). Moreover, assessors may not feel comfortable using the methods as they are limited to using only the actuarial tool when making a risk decision, rather than taking into account other sources of information (Kropp 2008).

The two most commonly used actuarial risk assessment tools for intimate partner violence in Canada, the Ontario Domestic Assault Risk Assessment (ODARA) and the Domestic Violence Risk Appraisal Guide (DVRAG), are described in Appendix A.

## **6.4 Other Approaches**

In addition to the above mentioned types of tools, there are other methods and tools that are used for the purposes of predicting intimate partner violence recidivism. These methods include consulting the victim on their prediction of the offender's likelihood of recidivism and the use of other risk assessment tools designed to predict general and violent offending.

### **6.4.1 Consulting the Victim**

One approach to assessing risk of intimate partner violence is asking the victim to determine the risk that the offender will re-offend. Research has demonstrated that female victims of intimate partner violence are able to predict their risk of re-victimization with moderate accuracy (Bennett Cattaneo et al. 2007; Hanson et al. 2007; Nicholls et al. 2006). It is recognized that it is important to consult with the victim in these cases, as they are able to provide information pertinent to dynamic factors, such as the offender's personality, mental health and violent behaviour (Connor-Smith et al. 2011; Kropp 2008). Indeed, the combination of structured risk assessments and victims' assessments leads to more accurate risk assessments than either approach on its own (Connor-Smith et al. 2011). Depending solely on victims' assessments, however, is not recommended, as victims may over- or underestimate the risk and may be hesitant to share information for fear for their safety, to protect the offender, or because they do not want to become involved in the criminal justice system (Connor-Smith et al. 2011; Kropp 2008; Nicholls et al. 2006).

### **6.4.2 Risk Assessment Tools for General and Violent Offending**

Another approach to assessing risk in cases of intimate partner violence is the use of risk assessment tools designed to assess general and violent recidivism. The Violence Risk Appraisal Guide (VRAG) and the Level of Service Inventory – Revised (LSI-R) are examples of these general risk assessment tools. Please see Appendix A for a brief description of these tools.

## **6.5 Factors to Consider When Choosing a Risk Assessment Tool**

As can be seen, there are a number of different options available for individuals tasked with conducting intimate partner violence risk assessments. Despite the quantity of intimate partner violence risk assessment tools that are available, there has not been enough empirical research conducted to conclude if one tool, or type of tool, is better than another (Nicholls et al. 2006). Indeed, there has been substantially less research conducted in this area compared to risk assessments for general and violent offending (Helmus and Bourgon 2011).

There are a number of factors that should be considered when determining which risk assessment tool to use. These factors include:

- Whether the goal of the risk assessment is to predict recidivism, to prevent violence, or both.
- Whether the focus is offender-focused or victim-focused. Some tools are designed to assess the offender specifically whether it is to determine the likelihood of re-offending or to develop risk management strategies, while others are focused on whether the victim will be re-victimized.
- Whether the purpose of the assessment is to determine the risk of intimate partner violence or intimate partner homicide (Braff and Sneddon 2007). If the purpose of the assessment is to determine the likelihood of intimate partner violence recidivism, the evaluator could choose such tools as the Spousal Assault Risk Assessment Guide (SARA) or the Domestic Violence Screening Inventory (DVSI). If the purpose is to determine the likelihood of intimate partner homicide, the evaluator could choose the Danger Assessment (DA) or the DV-MOSAIC.
- The time it takes to complete the risk assessment. Some tools consist of fewer items and thus are less time consuming to complete (Braff and Sneddon 2007). For example, assessments that require file reviews, interviews with offenders and other contacts, and reviewing psychological reports, are more time consuming than assessments that do not require these steps. Furthermore, some tools require the input or assessment by a psychologist. One must consider the availability of the psychologist to conduct the assessment and the time it may take him or her to conduct the assessment.
- The individual conducting the assessment (Guo and Harstall 2008). For example, the tool that is chosen may depend upon whether the assessor is a clinician, a law enforcement officer or a social worker.
- The skill and experience of the individual conducting the assessment (Braff and Sneddon 2007). While some research shows that extensive clinical experience is not necessary to complete some measures (e.g., Storey et al. 2011), one should consider the level of clinical experience needed to complete a specific tool when choosing an instrument.
- The setting in which the assessment will take place (e.g., courthouse, women's shelter) and the accessibility of the information necessary to complete the assessment (Guo and Harstall 2008).
- It is also important to consider what the research literature has found regarding the specific types of assessment tools. In general risk assessment, the unstructured clinical approach has been found to predict risk with less accuracy than structured approaches, often only above chance (Hanson et al. 2007; Hanson and Morton-Bourgon 2009). The actuarial and structured clinical judgment approaches are often compared against each other in the general risk assessment literature; however, as discussed below, research has not been able to determine which type of tool is the most accurate in predicting intimate partner violence specifically. The inability to determine which type of tool is most accurate in predicting intimate partner violence is likely a result of the lack of research that has been conducted in this area (Hanson et al. 2007). Given the lack of research in this area, it is important for assessors to consider the strengths and limitations of the specific types of tools, as well as the other considerations described above.

In addition to the above-mentioned factors, it is important to also consider the general strengths and limitations of intimate partner violence risk assessment tools.

## **6.6 Strengths and Limitations of Intimate Partner Violence Risk Assessment Tools**

There are a number of general strengths and limitations of intimate partner violence risk assessment tools. In terms of strengths, risk assessment tools can provide a common language that can be used among the many professionals involved in cases of intimate partner violence and can provide information to service providers (Braff and Sneddon 2007; Laing 2004). Additionally, intimate partner violence risk assessment tools help ensure that services are allocated to those who need them most and that these services are tailored to the needs and situation of the offender and victim (e.g., safety planning) (Braff and Sneddon 2007; Nicholls et al. 2006). Risk assessment tools also allow for a more accurate method of assessing danger compared to relying solely on professional judgment (Braff and Sneddon 2007). Finally, the documentation involved in conducting risk assessment allows for transparency and accountability on the part of the decision makers and the criminal justice system.

There are, however, several limitations of intimate partner violence risk assessment tools. First, there are “no professional standards for (a) the minimal qualifications of those conducting the assessments; (b) “best practices” for applying the assessments; (c) training of the assessors; and (d) evaluation and monitoring of the assessments” (Kropp 2008, 212). Therefore, some professionals who conduct assessments may be doing so without proper qualifications, training, or guidance on conducting accurate assessments.

Next, there is some debate amongst experts as to whether tools designed specifically to predict intimate partner violence recidivism are necessary. Many of the risk factors that have been identified as predicting intimate partner violence recidivism are the same as those that predict general or violent recidivism, including young age, unemployment and substance abuse (Hanson et al. 2007; Hanson and Wallace-Capretta 2000; Hilton and Harris 2005). Moreover, Hanson et al. (2007) found in their meta-analysis of intimate partner violence risk assessment tools, that scales designed specifically to assess intimate partner violence recidivism, general and violence risk assessment scales, and victims’ ratings of risk, were similar in terms of their predictive accuracy of intimate partner violence recidivism.

To date, little independent research has examined the reliability, validity and accuracy of intimate partner violence risk assessment tools (Braff and Sneddon 2007; Laing 2004; Roehl et al. 2005). The research that has been conducted has found that these tools have moderate predictive accuracy (Hanson et al. 2007; Kropp 2008). This lack of empirical research has also led to difficulty in determining if one type of tool is more accurate than another (e.g., Guo and Harstall 2008; Hanson et al. 2007). For these reasons, it has been recommended that evaluators consider other sources of information (e.g., the victim’s evaluation of risk) in addition to the use of specific tools (Guo and Harstall 2008).

Finally, risk assessment in general can only allow an evaluator to render a prediction of recidivism and this prediction may be incorrect, which can result in false positives or false negatives (Hoyle 2008; Roehl and Guertin 2000). A false positive that labels an accused as high



risk to re-offend when the individual is in fact not, may lead to undue harm to the accused and may heighten the fear experienced by the victim. A false negative that labels an accused as low risk may lead to difficulties for the criminal justice system if the offender does re-offend and may lead the victim to underestimate the risk of re-victimization, which may result in harm to the victim<sup>6</sup> (Roehl and Guertin 2000).

## 7. Conclusion

Intimate partner violence risk assessment tools serve many purposes in the criminal justice system. They are used in a number of different capacities and settings, including at sentencing, in treatment provision, and in victim safety planning. They are also used by a range of professionals, including law enforcement personnel, psychologists and victim service providers. The benefits of intimate partner violence risk assessment tools are many, but they also come with a number of limitations.

This review demonstrated that there are many options available to assessors tasked with the responsibility of estimating the risk that an offender will re-offend against an intimate partner. Due to limited research, however, it is not known which approach or tool is the most accurate in predicting intimate partner violence recidivism. As such, more research is needed in the area of intimate partner violence risk assessment to determine which tool is the most accurate in predicting intimate partner violence recidivism.

There are a number of factors that the assessor must consider when choosing a tool or an approach, including their own role, the population they are assessing, and the purpose of the assessment. It is also important for the assessor to keep in mind the various strengths and limitations of the specific risk assessment tools, and of risk assessment tools more generally. Keeping these elements in mind, it is possible for an assessor to choose the most appropriate tool to guide the assessment of the risk that an offender poses to an intimate partner.

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<sup>6</sup> Note that in some situations, the results of the risk assessment are shared with the victim. Whether the results are shared with the victim depends upon various factors, such as whether the victim is part of the treatment plan, as well as whether the offender has waived confidentiality (G. Bourgon, Personal Communication, May 2, 2012).

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## **Appendix A**



## Examples of Intimate Partner Violence Risk Assessment Tools

### Structured Clinical Judgment Tools

#### *The Spousal Assault Risk Assessment Guide (SARA)*

The Spousal Assault Risk Assessment Guide (SARA) was developed in Canada at the British Columbia Institute on Family Violence and is used in 15 countries around the world (Braff and Sneddon 2007; Helmus and Bourgon 2011). The SARA is designed to predict both intimate partner violence and lethality (Guo and Harstall 2008). The SARA consists of 20 items which focus on criminal history, psychosocial adjustment, spousal assault history and information on the alleged offence. Information for this tool is collected from a number of sources, including from the accused, the victim, standardized measures of psychological and emotional abuse, and other records such as police reports (Kropp 2008). The evaluator considers the items and determines whether the accused is at low, medium, or high risk of causing imminent harm to their intimate partner or to another individual (Helmus and Bourgon 2011). The SARA is also used for other purposes, including for determining treatment plans for offenders, intervention strategies and levels of supervision (Braff and Sneddon 2007). Because the SARA includes clinical measures, it is recommended that mental health professionals conduct the assessments; however, other professionals can use the tools if they have access to the accused's psychological or psychiatric reports (Kropp and Hart 1997).

The SARA has a number of strengths. First, it has been shown to have good validity and inter-rater reliability (Helmus and Bourgon 2011; Kropp 2008). Also, the validity of the SARA has been tested more than any other tool (Helmus and Bourgon 2011). These validation studies have been conducted by individuals that are independent from the developers and with different types of adult male offenders (e.g., offenders in prison and on community supervision orders). Furthermore, its ease of use renders it accessible by a number of different kinds of professionals and because the SARA was developed based on diverse empirical research, it can be used with different kinds of offenders. Finally, it “includes a variety of static and dynamic factors related to both general violence and intimate partner violence, which makes it flexible, sensitive to offender change, and useful for treatment planning” (Helmus and Bourgon 2011, 73).

There are, however, limitations to the SARA. First, it has been argued that some of the research on which the scale is based may be dated, and as such, some of the items may need revision (Helmus and Bourgon 2011). It has also been noted that it is not clear which of the items are meant to be used to predict recidivism and which are to be used for treatment planning. Also, because the SARA manual recommends that information be gathered from a number of sources, it may not be practical for use in the field, as there is often limited time and resources. Furthermore, there are no restrictions on what kinds of offenders the scale can be used with despite the fact validation studies have been limited in terms of the age and gender of the offenders on which the SARA is tested (i.e., the majority of the studies have been conducted with Caucasian male offenders, aged 30 to 40 years old). Also, it has been argued that the coding

criteria does not allow for differentiation between offenders based on their levels of risk. Finally, although the SARA is meant to be used as a prediction tool for re-assault and lethality, only the tool's capacity to predict re-assault has been validated (Guo and Harstall 2008).

The SARA was recently condensed into a shorter risk assessment tool, the Brief Spousal Assault Form for the Assessment of Risk (B-SAFER). The B-SAFER was developed in Canada and is used in some jurisdictions within Canada (Millar 2009). The B-SAFER is a 10-item risk management tool that includes items that focus on the accused's history of intimate partner violence, as well as difficulties with psychological and social adjustment. It was developed for use with professionals within the criminal justice system, including law enforcement (Kropp and Hart 2005). The tool's developers indicate that users of the tool should have expertise in conducting assessments and in the area of intimate partner violence toward women. The B-SAFER includes fewer items than the SARA, does not require as many resources and uses less technical jargon.

### *The Domestic Violence Screening Inventory (DVSI)*

The Domestic Violence Screening Inventory (DVSI) was developed in the United States by the Colorado Judicial Department and is used in the United States (Williams and Grant 2006; Wong and Hisashima 2008). The DVSI is a 12-item risk assessment tool that is designed to assess the likelihood of the occurrence of intimate partner violence (Guo and Harstall 2008; Hilton and Harris 2005; Kropp 2008; Wong and Hisashima 2008). It includes both static and dynamic factors, such as items pertaining to domestic violence, criminal history, current employment, relationship status, treatment history, and information on the current offence. The DVSI provides the evaluator with a risk score that is used to determine the offender's risk level relative to other offenders. It is used in a number of capacities in the criminal justice system, including at intake, at probation, and for case supervision. Its concurrent and predictive validity are satisfactory, but it has not been validated independently (Kropp 2008).

### *The Danger Assessment (DA)*

The Danger Assessment (DA) was developed by Jacquelyn Campbell in the United States and is used throughout the United States and Canada (Guo and Harstall 2008; Millar 2009). The DA is a structured clinical assessment tool that was originally designed for use by emergency room nurses to assess the likelihood of intimate partner homicide (Guo and Harstall 2008; Hanson et al. 2007). It is now also used to predict domestic violence recidivism, but not in low-risk or medium violence cases (Guo and Harstall 2008). It is used in a number of settings, including for the purposes of victim education and awareness, safety planning and determining the conditions of services. The DA is comprised of two parts. The first is a calendar on which the victim indicates the severity and frequency of instances of domestic violence that she experienced within the last 12 months. The second part is a 20-item checklist of risk factors that are related to intimate partner homicide (Millar 2009). Both sections are completed in collaboration with the victim (Hanson et al. 2007). Guo and Harstall (2008) state that the most appropriate users of the DA are victim advocates, social workers or clinicians in various settings, such as women's shelters and hospitals.

The strengths of the DA are that it has strong test-re-test reliability, good inter-rater reliability and construct validity, and correlates strongly with other measures of domestic violence



recidivism (Kropp 2008). In addition, it is a good tool to use with victims as it allows victims to better understand the risk that the relationship may pose to them and what risk management options are available (Guo and Harstall 2008). It may also serve as a useful instrument when information is difficult to obtain or when the offender cannot be interviewed. The accuracy of the DA, however, is not as strong as other tools and it does not provide the evaluator with a means of assessing the risk level posed by the accused (Hilton and Harris 2005).

## Actuarial Tools

### *The Ontario Domestic Assault Risk Assessment (ODARA)*

One of the most common actuarial tools used in cases of intimate partner violence is the Ontario Domestic Assault Risk Assessment (ODARA). The ODARA was developed by the Mental Health Centre in Penetanguishene, Ontario and the Ontario Provincial Police (Millar 2009). It is used in a number of provinces across Canada and is used in at least one state in the United States (Maine) (Kercher et al. 2010; Millar 2009). The ODARA is a 13-item actuarial tool that includes the domains of criminal history, number of children, substance abuse and the barriers that victims face in terms of accessing support (Guo and Harstall 2008; Hanson et al. 2007). The ODARA is used to predict future violence against a spouse, as well as the frequency and severity of the violence (Millar 2009). This tool is used by police officers, victim services, domestic violence case workers, and probation and correctional services in many provinces across Canada. Guo and Harstall (2008) state that the ODARA may be most appropriately used by criminal justice personnel as they are able to access the needed information and it is relatively shorter than other tools.

The ODARA has been shown to predict domestic violence recidivism at a comparable level of accuracy as the VRAG (discussed below), but in a more efficient and timely manner, and correlates with the Danger Assessment and the SARA (Hilton and Harris 2005; Kropp 2008). It is, however only used with male offenders and because there were no cases of homicide in the sample used in the tool's development, the tool may not be appropriate for use in predicting lethality (Kropp 2008; Hart 2010). Others have also argued that the content and scoring mechanisms are questionable and that it is overly rigid (Hart 2010). Furthermore, many of the items require gathering information from criminal justice databases, which may be more easily accessible for some professionals (e.g., law enforcement), but not for others (e.g., victim advocates) (Guo and Harstall 2008). Finally, because the ODARA was designed to predict recidivism and not for the purposes of risk management, those using this tool will likely need to seek assistance when making decisions involving overall case management.

### *The Domestic Violence Risk Appraisal Guide (DVRAG)*

The Domestic Violence Risk Appraisal Guide (DVRAG) was developed in Canada by Hilton et al. (2008) (Guo and Harstall 2008). It is a 14-item risk assessment tool designed to assess the risk of intimate partner violence recidivism among male offenders with a criminal record for intimate partner violence (Rice et al. 2010). It is based on the same items as the ODARA, with the addition of the offender's score on the Psychopathy Checklist – Revised (PCL-R). The offender's score is converted into a percentile score, which is then compared against similar offenders. It is recommended that the DVRAG only be used when the assessor has access to detailed clinical or correctional data of the offender. It is also recommended that the assessor

have access to the psychosocial history of the offender, has been trained to use the PCL-R or have access to the offender's PCL-R score, and that the assessor can conduct the DVRAG with reasonable inter-rater reliability. One limitation of the DVRAG is that its predictive accuracy has not yet been evaluated independently.

## Risk Assessment Tools for General and Violent Offending

### *The Violence Risk Appraisal Guide (VRAG)*

The Violence Risk Appraisal Guide (VRAG) was developed in Canada by Quinsey et al. (2006) (Guo and Harastall 2008). It is 12-item risk assessment tool that was designed for predicting violent recidivism and is used in a number of capacities including with patients in forensic and non-forensic settings, sex offenders, and offenders in prison (Hilton and Harris 2005). It is used by clinicians, courts, and parole officials (Guo and Harstall 2008). It includes items relating to demographics and childhood history, and includes a psychiatric assessment. It has been shown to accurately predict intimate partner violence recidivism (Hanson et al. 2007). One limitation of the VRAG is that it requires a great deal of time, access to offender history and ability to conduct clinical assessments (Hilton and Harris 2005).

### *Level of Service Inventory – Revised (LSI-R)*

The Level of Service Inventory – Revised (LSI-R) was developed in Canada by Andrews and Bonta (1995) and is used in various jurisdictions in Canada and elsewhere (Guo and Harstall 2008; Millar 2009). The LSI-R is a 54-item actuarial risk assessment tool that was designed for use with offenders over the age of 16 (Andrews and Bonta 2004). The LSI-R is used to predict parole outcome, as well as recidivism. It is used by probation and parole officers, as well as correctional officers working in jails and detention facilities. The LSI-R includes scales related to criminal history, alcohol/drug problems, education/employment and financial issues, among several other scales. It has been shown to accurately predict general and violent recidivism among male offenders of intimate partner violence (e.g., Hanson and Wallace-Capretta 2000). Research evaluating the ability of the LSI-R to predict intimate partner violence recidivism *specifically* has shown mixed results; some studies have found small predictive effects for intimate partner violence by the LSI-R (e.g., Hendricks et al. 2006), while other studies have found no association between LSI-R scores and intimate partner violence recidivism (e.g., Hilton et al. 2010). One limitation of the LSI-R is that the tool may contain more items than is necessary to determine risk of recidivism and that the use of the LSI-R is only necessary if the offender is the focus of service planning (Andrews et al. 2010).