A Pilot Investigation of the Utility of Case Formulation and Scenario Planning in Structured Professional Judgment Using the Spousal Assault Risk Assessment Guide – Version 3 (SARA-V3)

by

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Abstract

Although case formulation and scenario planning are elements included in many structured professional judgment (SPJ) decision support aids, the utility of these steps in the development of risk management plans have been understudied. This pilot study examined whether the inclusion of case formulation and scenarios in risk assessment reports prepared according to the Spousal Assault Risk Assessment Guide – Version 3 (SARA-V3) helped evaluators provide risk management recommendations and Conclusory Opinions that were in greater agreement with gold standard ratings. Mental health professionals, law enforcement officers, and victim service workers (*N* = 106) involved in the assessment and management of intimate partner violence cases were randomly assigned one of ten intimate partner violence case summaries and to one of two conditions: (1) a risk assessment report including a description of the present and relevant risk factors, and (2) a risk assessment report including a description of the present and relevant risk factors, a case formulation, and scenarios of future violence. Evaluators were asked to make risk management decisions about the case they reviewed and indicate how confident they felt about their risk management judgments. Results showed minimal differences between evaluators in the two study conditions. Directions for future research on case formulation, scenario planning, and risk management are discussed, with an emphasis on the need for more qualitative research on the process of violence risk assessment and management.

Keywords: violence risk assessment; forensic case formulation; scenario planning; risk management; structured professional judgment; SARA-V3

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Chapter 1. Introduction

Evidence-based approaches to violence risk assessment are critical, given the importance of managing threats to public safety in correctional, forensic, and mental health settings. Further, violence risk assessment has important implications regarding an individual's right to liberty based on the risk management strategies that are recommended and enforced. To this end, evidence-based assessment of violence risk can be defined as the:

> [P]rocess of gathering information about people in a way that is consistent with and guided by the best available scientific and professional knowledge to (a) understand their potential for engaging in violence against others in the future and (b) determine what should be done to prevent this violence from occurring. (Hart & Logan, 2011, p. 85).

The evidence-based approaches to violence risk assessment can be divided into two broad categories: discretionary and nondiscretionary (Hart & Logan, 2011). In the discretionary approach, the evaluator is able to demonstrate professional judgment in the decision-making process with respect to the type of information that is gathered and considered, the weighting of this information, and its integration in order to provide judgments of overall risk. Conversely, the non-discretionary approach relies on empirically driven algorithms that explicitly outline what information should be considered and how it should be weighted and combined to estimate the risk of violence. Evidence-based approaches to violence risk assessment within the broad categories of discretionary and non-discretionary procedures will be discussed in turn.

As a non-discretionary approach, actuarial risk assessment instruments rely on a fixed algorithm that is developed *a priori* and requires consideration of predominantly static risk factors to derive an overall score (Hart & Logan, 2011). This overall score is compared to risk categories based on each actuarial tool's development sample, which then provides a probability estimate of recidivism. The actuarial approach is primarily concerned with the prediction of future violence in a specific population and in a specified period of time, thereby lacking a structured process for the formulation of violence risk or the development of individualized risk management plans.

As a discretionary approach, structured professional judgment (SPJ) decision support aids are developed based on an extensive review of the literature and

consultations with subject matter experts in a process that includes the incorporation of feedback from consumers (Douglas et al., 2013; Kropp & Hart, 2015). The SPJ approach provides evaluators with empirical and professional guidelines to use when assessing risk factors (Hart & Logan, 2011). Using the SPJ framework, evaluators are able to exercise their own professional judgment to combine or weigh risk factors and provide summary judgements. The SPJ approach is particularly well-suited for risk management planning, as it provides explicit guidelines for developing individualized risk management plans.

A number of SPJ decision support aids, also referred to in the literature as guidelines, instruments, procedures, or tools, are available for the assessment and management of different types of violence. In this thesis, I will focus on the assessment and management of intimate partner violence (IPV) using the Spousal Assault Risk Assessment Guide, Version 3 (SARA-V3; Kropp & Hart, 2015). However, as all SPJ decision support aids generally follow the same standard procedures, the main focus of this thesis is on the SPJ *process* of violence risk assessment and management as opposed to the specific type of violence that any particular SPJ decision support aid is designed to assess and manage.

Spousal Assault Risk Assessment Guide (SARA)

The Spousal Assault Risk Assessment Guide (SARA) was initially published in 1994 as the first decision support aid based on the SPJ approach (Kropp et al., 1994). This was followed by a revised edition published in 1995 (SARA-V2; Kropp et al., 1995). Minor changes were made to the SARA in 1998 and 2008, although these are still considered Version 2. The SARA-V2 (Kropp et al., 2008) includes 20 risk factors that are organized into two parts. The first part includes risk factors associated with general criminality and psychosocial adjustment and the second part includes risk factors associated with spousal assault history and the index offence. The presence of all SARA-V2 risk factors is coded on a 3-point ordinal scale (*Present, Possible or partially present, Absent*). Critical items, defined as factors sufficient on their own to indicate that the individual poses an imminent risk of harm, are then coded on a 2-point ordinal scale (*Absent or Present*). The SARA-V2 also includes summary judgements in two areas, Imminent Risk of Harm to Spouse and Imminent Risk of Harm to Another Person(s), both of which are coded on a 3-point ordinal scale (*Low, Moderate, High*).

Spousal Assault Risk Assessment Guide – Version 3 (SARA-V3)

The third version of the SARA was published in 2015. The core content from the previous version was retained, although some risk factors were reorganized and renamed in the SARA-V3. Risk factors related to victims were also added to the guidelines to allow for more comprehensive assessment and management of risk. The SARA-V3 contains the latest developments in the SPJ approach, including guidance for case formulation, scenario planning, and risk management, which were first introduced with the release of the Risk for Sexual Violence Protocol (RSVP; Hart et al., 2003).

The SARA-V3 defines IPV as "the actual, attempted, or threatened physical harm of a current or former intimate partner" (Kropp & Hart, 2015, p. 1) and is appropriate for use with male and female individuals aged 18 and older. It can be administered by a range of qualified evaluators, including professionals working in mental health, criminal justice, and victim support settings. Minimal evaluator qualifications include training and skills in individual assessment and a knowledge base in IPV, although formal training or the equivalent in self-study is recommended. Twenty-four individual factors organized in three domains are included in the SARA-V3: Nature of IPV Factors (N domain, 8 risk factors), Perpetrator Risk Factors (P domain, 10 risk factors), and Victim Vulnerability Factors (V domain, 6 risk factors). The factors are presented in Table 1.1.

Table 1.1 SARA-V3 Factors

Nature of IPV: History Includes:	Perpetrator Risk Factors: Problems With:	Victim Vulnerability Factors: Problems With:
N1. Intimidation	P1. Intimate relationships	V1. Barriers to security
N2. Threats	P2. Non-intimate relationships	V2. Barriers to independence
N3. Physical harm	P3. Employment/finances	V3. Interpersonal resources
N4. Sexual harm	P4. Trauma/victimization	V4. Community resources
N5. Severe IPV	P5. General antisocial conduct	V5. Attitudes or behaviour
N6. Chronic IPV	P6. Major mental disorder	V6. Mental health
N7. Escalating IPV	P7. Personality disorder	
N8. IPV-related supervision violations	P8. Substance use	
	P9. Violent/suicidal ideation	
	P10. Distorted thinking about IPV	

Note. IPV = intimate partner violence.

The administration of the SARA-V3 consists of six steps that are presented in the manual (Kropp & Hart, 2015). In Step 1, information pertaining to the case is gathered and documented. Next in Step 2, the presence of 24 individual risk factors from the three domains (N, P, and V) are coded on a 3-point ordinal scale *(Present, Possible or partially present, Not present)* based on the evaluator's judgment. Any additional case-specific risk factors that are identified by the evaluator can also be documented in this step. Ratings are made based on recent (within the last 12 months prior to the evaluation) and past timeframes (longer than the last 12 months). Three risk factors pertaining to major mental disorder and personality disorder for the perpetrator and mental health problems for the victim require an additional 2-point rating (*Definite, Provisional*). A *definite* rating indicates that the evaluator is either qualified to provide a mental health diagnosis or has received reliable information to provide such a diagnosis. A *provisional* rating indicates that the rating is based on the evaluator's own observations. If no information is available on a risk factor, it can be omitted. In Step 3, the relevance of each risk factor is rated on a 3-point ordinal scale (*Relevant, Possibly or partially relevant, Not relevant*). The relevance rating helps evaluators identify whether the risk factor has any implications for risk management planning based on a case formulation of violence risk. In Step 4, evaluators identify the most likely scenarios of future violence. In Step 5, evaluators recommend risk management strategies to address the following areas: Monitoring, Treatment, Supervision, Victim Safety Planning, and Other. In Step 6, evaluators provide Conclusory Opinions in four areas: Case Prioritization, Serious Physical Harm, Imminent Violence, and Other Risks Indicated on a 3-point ordinal scale (*Low*, *Moderate*, *High*), and a case review date is provided.

The available research on the psychometric properties of the SARA-V3 has produced positive findings, albeit with some limitations. Ryan (2016) and Hilton et al. (2021) both demonstrated acceptable interrater reliability (IRR) for ratings of risk factors made using the SARA-V3. Further, Ryan (2016) and Schafers (2019) showed empirical support for the convergent validity of the SARA-V3 with other IPV risk instruments. Limitations of these findings arise based on this research largely neglecting to investigate the SARA-V3 administration steps as outlined in the manual (Kropp & Gibas, 2020). Instead, the presence and relevance ratings of risk factors are often recoded into numerical scores which are then summed to produce a total score. Other shortcomings of this research include failing to investigate the complete set of risk factors or excluding

Conclusory Opinions from analyses. These methodological issues are relevant to investigations of other SPJ decision support aids as well (Hart et al., 2016). It should be noted that investigations of the SPJ process to violence risk assessment can be intensive, both in terms of the necessary resources and time commitment, hence the misapplication of these instruments in research endeavours. Consequently, there is great need for research on SPJ procedures that is more aligned with administration guidelines of the selected decision support aid and that particularly attends to the case formulation, scenario planning, and risk management steps. Each of these elements will be discussed in greater detail below.

Case Formulation

The importance of case formulation or case conceptualization is recognized through its identification as a core competency for mental health practitioners by numerous professional bodies (e.g., American Psychological Association Task Force on the Assessment of Competence in Professional Psychology, 2006; British Psychological Society, 2017). Case formulation can be defined as “a hypothesis about the causes, precipitants, and maintaining influences of a person’s psychological, interpersonal, and behavioral problems” (Eells, 2007, p. 4). Case formulations can help evaluators organize the gathered information, guide treatment planning, assist in measuring change over time, and provide an enhanced understanding of the client (Eells, 2007). Within the context of violence risk assessment, case formulation plays an integral role in helping evaluators to understand the potential causes of violent behavior for a particular individual and the selection of appropriate risk management strategies to reduce the likelihood of offending (Hart & Logan, 2011). Consequences of poor forensic case formulation can be serious, including recidivism, harm to others, and financial costs associated with incarceration and extensive treatment (Sturmey & McMurran, 2011). Hart and Logan (2011) discuss four different approaches that can be undertaken in forensic case formulation, including Offense Paralleling Behaviour (OPB) (e.g., Daffern et al., 2007), the Good Lives Model (GLM) (e.g., Ward, 2002), Risk-Need-Responsivity (RNR) (e.g., Bonta & Andrews, 2017), and the SPJ approach, which the present thesis is based on.

SPJ Approach to Formulation

The SPJ approach to formulation comprises a two-step process that begins by looking at past violence before attention is shifted to the future through forecasted scenarios of future violence (Hart & Logan, 2011). The first step focuses on a case formulation that attempts to understand past violence using a decision theory or Action Theory framework. Decision theory views violence as a choice made with the intention of achieving one or more goals (Hart & Logan, 2011; Hart et al., 2016). The underlying rationale of decision theory is that the majority of individuals engage in a thought process that includes choosing victims to perpetrate violence against, the timing of the violence, and the kinds of violence that will be committed. According to this framework, the decision to engage in violence is rational to the extent that it involves thinking, but it is not necessary for this thought process to be logically correct. The decision theory framework further assumes that individuals consider the possibility of engaging in violence, including the costs and benefits, and accept engaging in violence as a feasible option.

Using decision theory in SPJ, the role of present and relevant risk factors as mechanisms that motivate, disinhibit, and destabilize are explored as evaluators attempt to understand why an individual engaged in violence in the past (Hart & Logan, 2011; Kropp & Hart, 2015). First, motivators increase the likelihood of violence being considered as a possible response in a particular situation. Motivators may also enhance perceptions of the apparent benefits or positive consequences of violence. Examples of motivators include self-defence and protection efforts; seeking justice, honour, or retribution; seeking tangible assets; seeking control, change, or compliance; enhancing status, esteem, or dominance; release or expression of emotion; seeking arousal, activity, or excitement; and seeking proximity, affiliation, or conformity. Next, disinhibitors lower perceptions of negative consequences associated with engaging in violence. Examples of disinhibitors include negative attitudes; negative self-concept; alienation; nihilism; and a lack of insight, guilt, anxiety, and empathy. Lastly, destabilizers impair an individual's ability to accurately and appropriately attend to their decision-making process. Examples of destabilizers include disturbed attention and concentration; disturbed sensation and perception; impaired memory; impaired reasoning; obsessive, perseverative thinking; and impulsive thinking.

The second step of the SPJ approach to formulation is future-oriented and focuses on forecasted scenarios of future violence that are used to inform risk management plans. Scenario planning can be defined as the: “process of positing several informed, plausible and imagined alternative future environments in which decisions about the future may be played out, for the purpose of changing current thinking, improving decision making, enhancing human and organization learning and improving performance” (Chermack & Lynham, 2002, p. 376). There is an established history of employing scenario planning as a management strategy in situations of unbounded uncertainty across various professional fields (Ringland, 1998; Schwartz, 1990). The underpinnings of scenario planning postulate that the understanding of possible futures is necessary for developing plans to bring about preferred outcomes and avoid other possible outcomes (Hart et al., 2016). Thus, the purpose of scenario planning in violence risk assessment is not to predict what will happen, but to provide narrative descriptions of plausible scenarios of future violence so that appropriate risk management plans can be implemented.

The development of scenarios in violence risk assessment requires consideration of the nature (e.g., what kind of violence is the person likely to commit?), severity (e.g., what would be the psychological or physical harm to victims?), imminence (e.g., how soon might the person engage in violence?), frequency/duration (e.g., how often might the violence occur?), and likelihood (e.g., how common is this type of violence?) of violence that an individual might engage in (Douglas et al., 2013). Four different types of scenarios should be considered when conducting violence risk assessments: *repeat*, *twist*, *escalation*, and *improvement* (Protect International Risk and Safety Services Inc., 2019a). A repeat scenario is one in which the person engages in the same type of violence as in the past. A twist scenario of violence indicates changes in the motivation, victimology, or behaviour. An escalation (“worst case”) scenario is one in which the person engages in violence that is lethal or life-threatening. Finally, an improvement (“best case”) scenario refers to desistance. Identified scenarios should be evaluated based on the extent to which each scenario is plausible (e.g., the scenario is consistent with available information about the individual), useful (e.g., the scenario helps guide risk management planning), and consensual (e.g., similar scenarios are developed by different evaluators).

Risk Management

Risk management can be understood as the development of an individualized intervention plan to reduce an individual's risk of future violence (Guy et al., 2015). In SPJ decision support aids, risk management strategies are recommended on the basis of the presence and relevance of risk factors, in conjunction with a case formulation that attempts to explain past violence and potential scenarios of violence in the future. SPJ decision support aids consider risk management with respect to four main categories: Monitoring, Treatment, Supervision, and Victim Safety Planning (Douglas et al., 2013; Kropp & Hart, 2015).

First, Monitoring involves surveillance over time and is minimally intrusive. Examples of Monitoring strategies include contact with the client and other relevant individuals (e.g., potential victims, probation officers, family members), drug testing, and field visits. The type and frequency of Monitoring strategies should be specified (e.g., weekly, face-to-face), as well as any warning signs signaling an increase in risk. Second, the goal of Treatment is to provide habilitative or rehabilitative services aimed at improving deficits in the individual's psychosocial adjustment or functioning. Treatment might include hospitalization or referral to treatment services (e.g., anger management, parenting skills, social skills). Third, Supervision is intended to control or restrict an individual's liberties and make it more difficult for the individual to engage in further violence. Evaluators must decide whether institutionalization or community supervision is more appropriate in each case. A range of restrictions may be considered, including restrictions on activity, movement, travel, association, and communication. Fourth, Victim Safety Planning focuses on minimizing any negative psychological and physical effects on the well-being of victims in cases where potential future victims are identifiable. Victim Safety Planning can be broken down based on dynamic and static security. Strategies based on dynamic security focus on the social environment and the people, including the victim and others, who are able to respond to changing conditions (e.g., establishing a victim support person, mental health counselling for victims to relieve anxiety or depression). Strategies based on static security focus on changes that can be made in the physical environment to improve the potential victim's safety (e.g., install a home alarm system, relocation of workplace). Any other considerations pertaining to additional strategies that may be of use in managing risk can also be

addressed by evaluators. Lastly, to help facilitate appropriate risk management actions, evaluators provide Conclusory Opinions in the areas of Case Prioritization, Risk for Serious Physical Harm, Imminent Violence, and Other Risks.

Evaluations of the SPJ Approach to Formulation and Risk Management

Despite the existence of an extensive research base on SPJ, much of this work has focused on the psychometric properties of ratings made using SPJ decision support aids (e.g., IRR, concurrent validity, predictive validity) with limited attention paid to applied issues in the areas of implementation and clinical practice in relation to the advanced steps of the SPJ approach. Further, although there have been several previous attempts at evaluating the reliability and validity of SPJ formulations (e.g., Darjee et al., 2016; Ryan, 2020; Sea & Hart, 2020; Sutherland et al., 2012; Wilson, 2013), the impact of the utility of case formulation and scenarios have largely been unexamined. Of the existing research on formulation and risk management in SPJ, studies with slightly different methods using different SPJ decision support aids have been conducted. Focusing on the published studies in this area, Sutherland et al. (2012) provided some empirical support for the reliability of scenario planning and risk management plans. Next, Darjee et al. (2016) showed that scenarios may be helpful with respect to forecasting recidivism. Most recently, Sea and Hart (2020) found good IRR for scenarios, with higher ratings observed for repeat scenarios compared to escalation scenarios.

Present Study

Aspects of both case formulation and scenario planning have been included in most SPJ decision support aids since 2003, however, empirical investigations of the utility of these elements in risk assessment and management have been limited (Douglas & Shaffer, 2020; Hart et al., 2016). The present study aimed to evaluate the utility of case formulation and scenario planning by assessing the extent to which the inclusion of these advanced steps in SPJ decision support aids improved evaluators' accuracy in the identification of risk management strategies and Conclusory Opinions compared to *gold standard* ratings. A secondary goal of the present study was to explore

the relationship between increasing levels of case analysis through the inclusion of case formulation and scenarios and evaluator confidence in the risk management strategies and Conclusory Opinions that were subsequently provided by evaluators. Given the wide range of individuals involved in IPV risk assessment (Kropp, 2008), a sample of mental health professionals, law enforcement officers, and victim service workers were used in the present study to examine the following research questions.

Research Questions

Research Question 1: How does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence risk management recommendations made by evaluators?

1(a) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence the number of risk management strategies that are recommended by evaluators?

1(b) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports help evaluators make risk management recommendations that are in greater agreement with gold standard ratings?

Research Question 2: How does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence the Conclusory Opinions made by evaluators?

2(a) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence the Conclusory Opinions made by evaluators?

2(b) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports help evaluators provide Conclusory Opinions that are in greater agreement with gold standard ratings?

Research Question 3: How does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence confidence ratings in the risk management strategies and Conclusory Opinions that are made by evaluators?

Chapter 2. Method

Overview

Fluent English-speaking mental health professionals, law enforcement officers, and victim service workers in a role that involved the assessment and management of IPV cases were recruited to review file information for one of ten cases of male perpetrated IPV against a female victim. Potential evaluators were directed to the Qualtrics web platform and screened for eligibility based on the abovementioned criteria. Eligible evaluators completed several demographic and risk assessment experience questions and were randomly assigned to one of two conditions that included: (1) a case summary and a narrative description of the present and relevant risk factors (Narrative), or (2) a case summary, a narrative description of the present and relevant risk factors, a case formulation, and scenarios of future violence (Complete). Evaluators were asked to identify risk management strategies under the categories of Monitoring, Treatment, Supervision, and Victim Safety Planning, and provide Conclusory Opinions under the categories of Case Prioritization, Serious Physical Harm, Imminent Violence, and Other Risks Indicated for the case that was assigned to them. Evaluators were also asked to indicate their level of confidence in the risk management strategies and Conclusory Opinions that they had endorsed. All case information used to prepare the SARA-V3 risk assessment reports were based on existing IPV cases used in previous research, which had been approved by the Office of Research Ethics at Simon Fraser University. These cases were completely sanitized of identifying information. Ethical approval was granted from the Simon Fraser University Office of Research Ethics before the commencement of data collection for the present study.

Participants and Procedure

The evaluators were 106 mental health professionals, law enforcement officers, and victim service workers. To pilot the study, initial evaluator recruitment focused on law enforcement officers and victim service workers in Canada. Recruitment e-mails were originally sent to the publicly available e-mail addresses of national law enforcement and victim service organizations that were involved in the assessment and management of IPV cases. An advertisement for the study was also posted on Dr.

Stephen D. Hart's LinkedIn page and study details were shared on Twitter. Due to recruitment challenges, the study's eligibility criteria were revised to include mental health professionals and recruitment efforts were expanded internationally. Recruitment e-mails were sent to the publicly available e-mail addresses of over 1000 national and international law enforcement agencies (e.g., Hamilton Police Service, Toronto Police Service, Vancouver Police – Domestic Violence and Criminal Harassment Unit), victim service organizations (e.g., Ending Violence Association of BC, Manchester Women's Aid, Women's Shelters Canada), and other identifiable organizations and professionals involved in the assessment and management of IPV in various capacities (e.g., Association of Threat Assessment Professionals, Australian Women Against Violence Alliance, California Partnership to End Sexual and Domestic Violence) .

Of the recruitment sites, three had formalized procedures for the dissemination of research participation requests. These included the International Association of Forensic Mental Health Services (IAFMHS), the American Psychology-Law Society (AP-LS), and the Canadian Psychological Association (CPA). IAFMHS is a non-profit association comprised of various mental health professionals. The association's goals include enhancing the standards of forensic mental health services in the international community and promoting an international dialogue about forensic mental health (IAFMHS, 2021). The present study was subjected to an internal review by the IAFMHS research request panel before being approved to be disseminated to the membership. AP-LS serves as Division 41 of the American Psychological Association. Its aims include advancing psychological contributions to the understanding of law and legal institutions via basic and applied research (AP-LS, 2021). The present study was approved for dissemination to the AP-LS membership upon review of documentation demonstrating ethical approval of the study. Both of these organizations sent an initial dissemination e-mail and a follow-up reminder e-mail to their members approximately one month later. Lastly, the Canadian Psychological Association (CPA; 2021) has a members only research recruitment portal (Recruit Research Participants Portal; R2P2). The present study was approved for dissemination to the CPA membership via the R2P2 following an internal review by the CPA.

The recruitment e-mail informed evaluators that the study focused on assessing the role of different styles of communication in IPV risk assessments and provided basic study details (e.g., eligibility for participation, approximate time commitment, and

compensation) (see Appendix A for the general recruitment e-mail). Evaluators were encouraged to share the study details with their colleagues if they liked to do so. Contact information to reach me, the faculty supervisor, and the Simon Fraser Office of Research Ethics via e-mail were also provided. Interested evaluators were asked to click on a link that would direct them to the survey via the Qualtrics web platform. Data were collected from 19 January to 11 June 2021.

Eligibility requirements for the study were that evaluators had to be (a) a mental health professional, law enforcement officer, or victim services worker involved in the assessment and management of IPV cases, and (b) fluent in English. Evaluators' previous training in the SARA-V3 or SPJ decision support aids were not used as an eligibility criteria for participation in this study as I was interested in evaluating whether the inclusion of case formulation and scenarios would enhance the risk management recommendations and Conclusory Opinions made by evaluators regardless of their past training. Eligible evaluators were presented with the consent form. After consenting to participate in the study, evaluators were randomly assigned to 1 of 20 study conditions using the Qualtrics Randomizer feature with the option to "evenly present elements" selected. This ensured that each condition would be presented once before any condition was randomly presented a second time and so on. This was done to help ensure relatively equal cell numbers in the assignment of study conditions. However, it remained possible that an evaluator could be randomly assigned to a condition and decide to not complete the study, in which case the assigned condition would not be reassigned until future evaluators were randomly assigned to all other remaining conditions in the randomly generated sequence.

The response rate for this sample is unknown due to the various methods used to disseminate recruitment information, as well as potential overlap across recruitment sites. Since the first inclusion criteria of the study was expanded to include mental health professionals shortly after data collection began, it is possible that some individuals who did not meet the initial inclusion criteria were eligible following the change. Due to the anonymous nature of data collection, it was not possible to reach out to these participants. Overall, 359 individuals visited the Qualtrics link and at minimum, responded to the first eligibility question. Of these 359 individuals, 31 did not meet the inclusion criteria of being a mental health professional, law enforcement officer, or victim services worker, 4 did not meet the second inclusion criteria of being fluent in English, 3

did not respond to the second inclusion criteria question, 49 did not consent to participate in the study, and 166 individuals abandoned the survey at various points for unknown reasons, leaving a final sample of *N* = 106.

A priori power analyses were conducted using Stata, Version 14 with power set at 80% and an alpha level of 0.05 for a two-way analysis of variance (ANOVA). These analyses indicated that at least 140 participants would be required to detect a medium effect size of 0.25 (Cohen, 2003) for Condition and at least 260 participants would be required to detect a Case x Condition interaction. With a final sample size of 106, the intended sample size was not reached and the analyses for this study were conducted on an underpowered sample.

The sample was predominantly female (*n* = 85; 81.0%) and ranged in age from 24 to 74 (*M* = 43.93; *SD* = 11.60). Most evaluators held a Bachelor's degree (*n* = 35; 33.0%), followed by a Master's degree (*n* = 33; 31.1%), doctorate degree (*n* = 19; 17.9%), high school diploma (*n* = 9; 8.5%), and other (*n* = 10, 9.4%). Victim support services was the most common profession (*n* = 55; 51.9%), followed by psychology (*n* = 20; 18.9%), law enforcement (*n* = 10; 9.4%), social work (*n* = 11; 10.4%), psychiatry (*n* = 2; 1.9%), and other (*n* = 8; 7.5%). Regarding years of experience in their current profession, 35.8% (*n* = 38) of evaluators had over 15 years of experience, 29.2% (*n* = 31) had between 5 to 10 years of experience, 23.6% (*n* = 25) had less than 5 years of experience, and 11.3% (*n* = 12) had between 11 to 15 years of experience. Regarding years of IPV assessment and management experience, 33.0% (*n* = 35) of the sample had less than 5 years of experience, 27.4% (*n* = 29) had over 15 years of experience, 22.6 % (*n* = 24) had between 5 to 10 years of experience, and 17.0% (*n* = 18) had between 11 to 15 years of experience. There was great variability in the number of IPV risk assessments completed by evaluators each year with an interquartile range (IQR) of 48.0 (*Mdn* = 10.0). The majority of evaluators engaged in the assessment and management of IPV in the United States (*n* = 43; 40.6%) or Canada (*n* = 42; 39.6%).

Evaluators were asked if they had received training on the use of several IPV risk assessment instruments and were able to select all options that applied. The greatest number of evaluators reported having received training on the Danger Assessment (DA; *n* = 36; 34.0%), followed by the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER; *n* = 26; 24.5%), the Ontario Domestic Assault Risk Assessment Guide (ODARA;

n = 22; 20.8%), the SARA-V3 (*n* = 19; 17.9%), the Domestic Violence Risk Appraisal Guide (DVRAG; *n* = 10; 9.4%), the Domestic Violence Screening Inventory (DVSI; *n* = 10; 9.4%), and other (*n* = 27; 25.5%). Evaluators were also asked which IPV risk assessment instruments they commonly used in their daily practice and were again able to select all options that applied. The most commonly used IPV risk instrument was the DA (*n* = 29; 27.4%), followed by the B-SAFER (*n* = 15; 14.2%), the SARA-V3 (*n* = 14, 13.2%), the ODARA (*n* = 13; 12.3%), the DVRAG (*n* = 8; 7.5%), the DVSI (*n* = 7; 6.6%), and other (*n* = 30; 28.3%).

Table 2.1 presents the breakdown of the sample by experimental condition (Narrative versus Complete). Of note, no significant differences were found between the experimental groups for age, gender, education level, profession, years of experience in current profession, years of IPV assessment and management experience, number of IPV assessments conducted per year, training on IPV risk instruments, use of IPV risk instruments, or country in which the assessment or management of IPV occurs.

Table 2.1 Demographics and IPV Risk Assessment Experience of Evaluators by Experimental Condition

	Condition	
	Narrative ***n* = 54**	**Complete** ***n* = 52**
Age*	*M* = 43.72 *SD* = 12.25	*M* = 44.16 *SD* = 10.98
Gender**	Male: *n* = 7 (13.2%) Female: *n* = 44 (83.0%) Non-binary: *n* = 1 (1.9%) Transgender: *n* = 0 (0.0%) Prefer to self-describe: *n* = 1 (1.9%) Prefer not to say: *n* = 0 (0.0%)	Male: *n* = 10 (19.2%) Female: *n* = 41 (78.8%) Non-binary: *n* = 1 (1.9%) Transgender: *n* = 0 (0.0%) Prefer to self-describe: *n* = 0 (0.0%) Prefer not to say: *n* = 0 (0.0%)
Education Level	High School Diploma: *n* = 4 (7.4%) Bachelor's degree: *n* = 18 (33.3%) Master's degree: *n* = 18 (33.3%) Doctorate degree: *n* = 8 (14.8%) Other: *n* = 6 (11.1%)	High School Diploma: *n* = 5 (9.6%) Bachelor's degree: *n* = 17 (32.7%) Master's degree: *n* = 15 (28.8%) Doctorate degree: *n* = 11 (21.2%) Other: *n* = 4 (7.7%)
Profession	Law enforcement: *n* = 5 (9.3%) Victim support services: *n* = 25 (46.3%) Psychology: *n* = 11 (20.4%) Psychiatry: *n* = 1 (1.9%) Social Work: *n* = 7 (13.0%) Other: *n* = 5 (9.3%)	Law enforcement: *n* = 5 (9.6%) Victim support services: *n* = 30 (57.7%) Psychology: *n* = 9 (17.3%) Psychiatry: *n* = 1 (1.9%) Social Work: *n* = 4 (7.7%) Other: *n* = 3 (5.8)

	Condition	
	Narrative ***n* = 54**	**Complete** ***n* = 52**
Years of Experience in Current Profession	Less than 5 years: *n* = 11 (20.4%) 5 to 10 years: *n* = 14 (25.9%) 11 to 15 years: *n* = 7 (13.0%) Over 15 years: *n* = 22 (40.7%)	Less than 5 years: *n* = 14 (26.9%) 5 to 10 years: *n* = 17 (32.7%) 11 to 15 years: *n* = 5 (9.6%) Over 15 years: *n* = 16 (30.8%)
Years of IPV Assessment and Management Experience	Less than 5 years: *n* = 19 (35.2%) 5 to 10 years: *n* = 11 (20.4%) 11 to 15 years: *n* = 10 (18.5%) Over 15 years: *n* = 14 (25.9%)	Less than 5 years: *n* = 16 (30.8%) 5 to 10 years: *n* = 13 (25%) 11 to 15 years: *n* = 8 (15.4%) Over 15 years: *n* = 15 (28.8%)
Approximate Number of IPV Risk Assessments Per Year	*Mdn* = 10.0 IQR = 53.0	*Mdn* = 10.0 IQR = 49.0
IPV Risk Instrument Training	B-SAFER[a]: *n* = 14 (25.9%) DA[b]: *n* = 20 (37.0%) DVRAG[c]: *n* = 4 (7.4%) DVSI[d]: *n* = 4 (7.4%) ODARA[e]: *n* = 12 (22.2%) SARA-V3[f]: *n* = 8 (14.8%) Other: *n* = 14 (25.9%)	B-SAFER[a]: *n* = 12 (23.1%) DA[b]: *n* = 16 (30.8%) DVRAG[c]: *n* = 6 (11.5%) DVSI[d]: n = 6 (11.5%) ODARA[e]: *n* = 10 (19.2%) SARA-V3[f]: *n* = 11 (21.2%) Other: *n* = 13 (25.0%)
IPV Risk Instruments Used Daily	B-SAFER[a]: *n* = 8 (14.8%) DA[b]: *n* = 13 (24.1%) DVRAG[c]: *n* = 3 (5.6%) DVSI[d]: *n* = 4 (7.4%) ODARA[e]: *n* = 7 (13.0%) SARA-V3[f]: *n* = 7 (13.0%) Other: *n* = 17 (31.5%)	B-SAFER[a]: *n* = 7 (13.5%) DA[b]: *n* = 16 (30.8%) DVRAG[c]: *n* = 5 (9.6%) DVSI[d]: *n* = 3 (5.8%) ODARA[e]: *n* = 6 (11.5%) SARA-V3[f]: *n* = 7 (13.5%) Other: *n* = 13 (25.0%)
Country	Australia: *n* = 7 (13%) Canada: *n* = 24 (44.4%) United Kingdom: *n* = 3 (5.6%) United States: *n* = 18 (33.3%) Other: *n* = 2 (3.7%)	Australia: *n* = 4 (7.7%) Canada: *n* = 18 (34.6%) United Kingdom: *n* = 2 (3.8%) United States: *n* = 25 (48.1%) Other: *n* = 3 (5.8%)

Note: IPV = intimate partner violence; [a] B-SAFER = Brief Spousal Assault Form for the Evaluation of Risk (Kropp, Hart, & Belfrage, 2010), [b] DA = Danger Assessment (Campbell et al., 2009), [c] DVRAG = Domestic Violence Risk Appraisal Guide (Hilton et al., 2008), [d] DVSI = Domestic Violence Screening Inventory, (Williams & Houghton, 2004), [e] ODARA = Ontario Domestic Assault Risk Assessment Guide (Hilton et al., 2004), [f] SARA-V3 = Spousal Assault Risk Assessment Guide – Version 3 (Kropp & Hart, 2015).

*Demographic information regarding age was not available for one evaluator in the Complete condition.

**Demographic information regarding gender was not available for one evaluator in the Narrative condition.

After being presented with a case summary, evaluators were asked if they had received enough information to make risk management decisions about the case that had been assigned to them. The majority of evaluators reported having received enough information to make risk management decisions (79.2%, *n* = 84), whereas 17.0% (*n* = 18) selected no and 3.8% (*n* = 4) selected other. See Appendix B for a breakdown of

these ratings by Case and Condition. There were no statistically significant differences between the experimental groups when asked if they had received enough information to make risk management decisions.

Materials

Case Summaries

A total of 26 sanitized male-perpetrated intimate partner homicide and IPV case summaries were available based on previous research (Watt et al., 2013). These cases were derived from two sources. Half were case summaries of intimate partner femicide constructed using a range of documents, including coroner's reports, police reports, and newspaper articles of intimate partner femicides from one calendar year in the province of British Columbia. The remaining case summaries were from a sample of consecutive referrals from one calendar year to a specialized unit of a metropolitan police department that investigates IPV complaints.

The available cases were reviewed by Drs. Hart and K. A. Watt to select 10 cases that reflected diversity in the type and number of P risk factors that were present in each case and the range of risk levels based on the Summary Risk Ratings from gold standard SARA-V2 worksheets. These gold standard ratings were based on consensus ratings made by Dr. Watt and a doctoral-level coder using the scenario planning worksheets developed for the SARA-V2 (Kropp, Hart, Webster, & Eaves, 2010). This version of the worksheet was made available following the release of the SARA-V2 manual and included the following Conclusory Opinions: Summary Risk Rating, Serious Physical Harm, Immediate Action Required, and Other Risks Indicated. The Summary Risk Rating used in the SARA-V2 worksheet is equivalent to the Case Prioritization rating used in the SARA-V3. Drs. Hart and Watt selected 10 cases: 3 with a low Summary Risk Rating, 4 with a moderate Summary Risk Rating, and 3 with a high Summary Risk Rating. During the development of the gold standard SARA-V3 risk assessment reports described below, two of the initially selected case summaries were replaced (see below for details).

The case summary for each of the 10 cases included the following information in chronological order, depending on the nature and amount of available and relevant

information: the perpetrator's history before entering the relationship with the potential victim (including information about his family of origin, childhood experiences, education, employment, substance use, violence and criminality, and previous intimate relationships); the victim's history before entering the relationship with the potential perpetrator; and the nature and course of the intimate relationship between the victim and perpetrator (including involvement of any law enforcement, health, social service, or other community agencies). Outcome information was not provided in any of the cases. Additionally, I remained blind to the Summary Risk Rating/Case Prioritization and outcome of all 10 cases.

I made minor revisions to the case summaries to enhance clarity. A statement was added to each case summary informing evaluators of who to consider the primary (potential) perpetrator and the primary (potential) victim in each case. A statement identifying the present date to be either 2019 or 2020 was also added and all other dates used in the case summaries were revised to align with this date. Case summaries ranged from 821 to 2,578 words.

Cases were as follows: Case 1: Joe and Kelly, low Case Prioritization; Case 2: Rob and Tammy, low Case Prioritization; Case 3: Immanuel and Daisy, low Case Prioritization; Case 4: Abdul and Sabrina, moderate Case Prioritization; Case 5: Luke and Barbara, moderate Case Prioritization; Case 6: Kyle and Rachael, moderate Case Prioritization; Case 7: Henry and Claire, moderate Case Prioritization; Case 8: John and Iris, high Case Prioritization; Case 9: Jeff and Tracy, high Case Prioritization; and Case 10: Alan and Rena, high Case Prioritization. See Appendix C for an example of a case summary.

Gold Standard SARA-V3 Risk Assessment Reports

The development of gold standard SARA-V3 risk assessment reports for each case was achieved through consultations with experts in the SPJ approach to violence risk assessment regarding the presence of risk factors, the relevance of risk factors, the motivating, disinhibiting, and destabilizing mechanisms linked to the present and relevant risk factors, the identified risk scenarios, the recommended risk management strategies, and the Conclusory Opinions. All of the experts were experienced evaluators in the use of the SARA-V3 and provide training and supervision to others in the use of

the SARA-V3 and other SPJ decision support aids. Two of the experts (Drs. Hart and P. Randall Kropp) were co-authors of the SARA-V3 manual.

SARA-V3 Worksheets were used in conjunction with the SARA-V3 manual to complete the administration steps. For this study, ratings were made exclusively based on the information provided in the case summaries and no additional information was gathered as is typically recommended in the first step of the SARA-V3 guidelines (Kropp & Hart, 2015). In the first stage of developing the gold standard SARA-V3 risk assessment reports, I independently identified the present and relevant N, P, and V risk factors, formulated the case based on the motivating, disinhibiting, and destabilizing mechanisms outlined in the SPJ approach to case formulation, and developed scenarios for each of the 10 cases (Steps 2, 3, and 4 in the SARA-V3 guidelines).

Next, I met with Dr. Watt to review my ratings for the presence and relevance of the N, P, and V SARA-V3 risk factors, formulation mechanisms, and possible scenarios. The gold standard consensus ratings for SARA-V2 risk factors discussed above were used for reference. With the assistance of Dr. Watt, corresponding risk factors on the SARA-V2 and SARA-V3 were identified using information provided in the respective manuals (see Appendix D). For some SARA-V3 risk factors, there was no appropriate comparison in the SARA-V2 (e.g., the SARA-V2 did not include Victim Vulnerability Factors). In other cases, SARA-V2 risk factors provided a partial fit due to changes in item definition or timeframe as indicated in the SARA-V3. After establishing corresponding risk factors for versions 2 and 3 of the SARA, the gold standard SARA-V2 ratings were used by Dr. Watt and I to compare my coding of the SARA-V3 risk factors. As the SARA-V2 did not differentiate between past and recent ratings, the appropriateness of past versus recent ratings on the SARA-V3 was discussed and consensus ratings were made as needed. Consensus ratings were also made for the present and relevant N, P, and V risk factors, the motivating, disinhibiting, and destabilizing mechanisms, and the most likely and plausible scenarios for each case.

For the next stage, I developed a list of risk management strategies in the areas of Monitoring, Treatment, Supervision, and Victim Safety Planning based on a review of strategies mentioned in the SARA-V3 and B-SAFER manuals and Belfrage et al. (2012) (see Appendix E for the complete list of risk management strategies). Risk management strategies were combined where possible to simplify presentation (e.g., improve

residential security and improve workplace security were combined into one category: improve residential and/or workplace security). Based on its relevance to one of the cases, Dr. Kropp recommended the addition of “sexual offender treatment” to the list of risk management strategies under Treatment.

Using the list of risk management strategies, I developed risk management plans and provided ratings for the Conclusory Opinions for each of the 10 cases using the SARA-V3 worksheets (Steps 5 and 6 in the SARA-V3 guidelines). I then prepared risk assessment reports based on the SARA-V3 guidelines outlining the findings (i.e., presence and relevance of the N, P, and V factors) and opinions (i.e., case formulation, risk scenarios, management plans, and Conclusory Opinions) for each of the 10 cases. The SARA-V3 worksheets and risk assessment reports for all 10 cases were sent to Dr. Kropp for review. Minor revisions were made to the SARA-V3 worksheets and risk assessment reports based on Dr. Kropp’s recommendations. Dr. Kropp raised concerns about the inclusion of one case (Dennis and Lauren) as it did not adequately meet the definition of IPV as per the SARA-V3 manual. Following consultation with Dr. Hart, this case was removed. To maintain the balance of risk factors and risk level levels used in the study, Drs. Hart and Watt selected two new cases from the available case summaries. The case of Dennis and Lauren and a second existing case summary (Barclay and Gwen) was replaced with two new case summaries (Immanuel and Daisy, and John and Iris, respectively). The procedure discussed above was repeated for ratings made for the two new cases. Next, the risk assessment reports for all 10 cases were finalized. SARA-V3 worksheets and risk assessment reports for all 10 cases were sent to Dr. Hart for a final review to ensure that the prepared materials were consistent with gold standard ratings. No changes were recommended.

There were two versions for each of the 10 case summaries, for a total of 20 risk assessment reports prepared according to the SARA-V3 guidelines. The first version for each case consisted of the case summary and a narrative description of the present and relevant N, P, and V factors (Narrative). The second version for each case consisted of the case summary, a narrative description of the present and relevant N, P, and V factors, a case formulation based on the SPJ approach, and possible scenarios (Complete). The two versions represented the two conditions of the study (Narrative; Complete). Full versions of the SARA-V3 risk assessment reports, including both the findings (i.e., narrative description of present and relevant risk factors) and opinions (i.e.,

case formulation and scenarios) ranged from 577 to 1607 words. See Appendix F for a sample risk assessment report for the Complete condition.

Survey

The online survey in Qualtrics was identical for each evaluator, regardless of their assigned condition. The expected completion time ranged from approximately 30 to 60 minutes (see Appendix G for the complete online survey).

Inclusion Criteria. The first page of the online survey asked potential evaluators to indicate whether they worked as a mental health professional, law enforcement officer, or victim services worker in a role that involved the assessment and management of IPV cases and whether they were fluent in English. Potential evaluators that answered yes to both of these questions were presented with an informed consent form (described below). Potential evaluators that answered no to either of these questions were informed that they did not meet the inclusion criteria for this study and were thanked for their interest.

Informed Consent. Potential evaluators were presented with an informed consent form that included a brief description of the study and informed evaluators of the potential risks and benefits of completing the survey. Evaluators were informed that strict confidentiality of their identity and information could not be completely guaranteed due to the collection of responses over the Internet. Next, evaluators were provided with contact information in case they had questions or concerns about the study. The consent form indicated that evaluators would be given a promotional code at the end of the survey to gain complimentary access to a 1-hour webinar on the use of the SARA-V3 through a case illustration presented by Dr. Kropp. Evaluators were asked to click on a button acknowledging that they had read and understood the information presented in the consent form and that they had an opportunity to e-mail the researchers for clarification if they had any questions. Evaluators were asked to click on “I agree” to consent to participating in the study. Those who did not want to participate in the study were asked to close the survey window and were thanked for considering taking part.

Demographic Information. The next page of the survey asked evaluators to respond to a series of general demographic questions (age, gender, education level,

profession, years of experience in current profession, years of IPV assessment and management experience, number of IPV risk assessments completed each year, and country where IPV assessments are conducted). Evaluators were also provided with a list of instruments used to assess IPV and were asked to indicate if they had received training on any of the instruments and whether they used any of these instruments in their current role. The following IPV risk assessment instruments were included on this list, with the option to select all that apply, in addition to naming any instruments that were not included: B-SAFER, DA, DVRAG, DVSI, ODARA, and SARA-V3.

General Study Information. Evaluators were then randomly assigned to a study condition using the Qualtrics Randomizer feature discussed above and were asked to review file information about one incident of male perpetrated IPV against a female partner. It was recommended that evaluators keep a saved copy of the case information to assist them with the completion of the survey. Participants were informed that they would not be able to return to this page in the survey once they proceeded with the study. To ensure that evaluators had saved a copy of the case information, evaluators were required to select an option confirming that they had done this before proceeding with the survey.

Risk Management. Evaluators were first asked to indicate whether they felt that they had received enough information to make risk management decisions regarding the case they had read (*Yes, No, Other*). Evaluators were then asked to recommend up to 15 risk management strategies for the case that they had reviewed in an open-ended format. Evaluators were instructed to describe ideal risk management strategies and ignore laws specific to their location and jurisdiction.

Next, evaluators were provided with a list of risk management strategies under the categories of Monitoring (9 items), Treatment (13 items), Supervision (14 items), and Victim Safety Planning (6 items), and were asked to make a dichotomous decision as to whether they would or would not recommend any of the listed strategies (*Yes*, *No*). The presentation of possible risk management strategies in a forced-choice format deviates from the SARA-V3 guidelines and was used for research purposes. Evaluators were then asked to rate how confident they felt about the risk management strategies that they identified using a 10 point visual analogue scale (*Not at all confident - Very confident)*. Evaluators were also given the option to write any additional thoughts that

they had about their level of confidence in the risk management strategies that they had recommended.

Conclusory Opinions. Following the SARA-V3 guidelines, evaluators were asked to provide Conclusory Opinions in the following areas on 3-point ordinal scales: Case Prioritization, Serious Physical Harm, Imminent Violence (*Low, Moderate, High*) and Other Risks Indicated (*Yes, Possibly, No*). Evaluators were then asked to provide a global estimate of confidence in their Conclusory Opinions using a 10 point visual analogue scale (*Not at all confident - Very confident*). They were also given the option to write any additional thoughts they had about their level of confidence in their Conclusory Opinions. The final question asked evaluators to indicate what information, if any, was missing from the case summary that may have helped them make decisions about the case that was assigned to them.

Debriefing Form. Evaluators were reminded that their responses were confidential. They were then informed that the purpose of the study was examining the impact of different levels of communication in violence risk assessment using an SPJ decision support aid and were provided with references for additional readings on this topic that may be of interest to them. Evaluators were once again provided with my contact information as well as the faculty supervisor and the Simon Fraser Office of Research Ethics in case they had questions or concerns about the study. Lastly, contact information for several national and international crisis and IPV violence hotlines were provided to participants.

Complimentary Webinar Access. The final section of the survey directed evaluators to visit the CONCEPT Continuing & Professional Studies at Palo Alto University website (https://concept.paloaltou.edu) and search for the following webinar by Dr. Kropp: Violence Risk/Threat Assessment Case Illustrations - Law Enforcement. Evaluators were provided with a promotional code to register for this 1-hour webinar at no cost. The last screen informed evaluators that their responses had been recorded and thanked them for their participation.

Data Analysis

Data analysis for this thesis was limited to the quantitative components of the present study. All analyses were conducted using IBM SPSS Statistics, Version 24. Data were analyzed using ANOVAs and Type III Sums of Squares were used. Effect sizes are reported using η_p^2, with values of 0.01, 0.06, and 0.14 corresponding to small, medium, and large effects according to Cohen (1988). The sample used in this study had unequal cell sizes (see Table 2.2 for the number of evaluators in each cell).

Table 2.2 Number of Evaluators for Each Case and Condition

Case	Narrative *n*	Complete *n*	Total *n*
1. Joe and Kelly	5	4	9
2. Rob and Tammy	5	3	8
3. Immanuel and Daisy	4	5	9
4. Abdul and Sabrina	9	5	14
5. Luke and Barbara	6	4	10
6. Kyle and Rachael	4	7	11
7. Henry and Claire	5	7	12
8. John and Iris	7	3	10
9. Jeff and Tracy	3	7	10
10. Alan and Rena	6	7	13
Total Number in Each Condition	54	52	106

Composite variables for the four risk management categories (Monitoring, Treatment, Supervision, and Victim Safety Planning) were created for the raw responses and for agreement with gold standard ratings using all risk management strategies in a given category. For the raw responses that endorsed risk management strategies (i.e., the "*Yes*" option was selected by evaluators), the four risk management composite variables were standardized by dividing the variable by the number of items in each risk management category. The standardized composite variables of raw responses for each

risk management category therefore reflect the average proportion of risk management strategies that were endorsed by evaluators for each risk management category. To create the agreement composite variables, evaluator agreement with gold standard ratings was first calculated by computing a difference score between Evaluator and Gold Standard ratings for each item (i.e., Evaluator rating – Gold Standard rating = Difference score) and the number of '0' difference scores was calculated. Next, an agreement composite variable was created for each of the four risk management categories using the difference scores of each item in a selected risk management category. The newly created composite variables for agreement were then standardized by dividing each variable by the number of items in each risk management category. The standardized composite variables for agreement with gold standard ratings for each risk management category therefore reflect the average proportion of agreement between evaluator ratings and gold standard ratings.

Analyses of the Conclusory Opinions were limited to the ratings for Case Prioritization, Serious Physical Harm, and Imminent Violence. Other Risks Indicated was not analyzed because it required making judgments that were not relevant to the assessment of IPV using the SARA-V3. Attempts to analyze the raw Conclusory Opinions using log-linear analyses were unsuccessful due to violations of the assumption of collinearity. Instead, raw responses for Case Prioritization, Serious Physical Harm, and Imminent Violence ratings were dichotomized into low/moderate and high ratings. Next, a composite variable for risk was created by summing the three dichotomous raw variables for Case Prioritization, Serious Physical Harm, and Imminent Violence. Lastly, agreement variables were separately created for each of the Conclusory Opinions by computing a difference score between Evaluator and Gold Standard ratings for Case Prioritization, Serious Physical Harm, and Imminent Violence (i.e., Evaluator rating – Gold Standard rating = Difference score) and the number of '0' difference scores were calculated.

Prior to analyzing the data, the normality of distribution for all variables was tested by a Shapiro Wilk test and violations of normality were identified for all variables. Outliers for the standardized raw and agreement risk management variables, dichotomized raw Conclusory Opinions, agreement Conclusory Opinions, and confidence variables were also identified, as were violations of homogeneity of variance. Exploratory analyses were conducted to address issues related to violations of normality

and outliers but as there were minimal differences in the pattern of findings, the original variables were used in the primary analysis.

In the two-way ANOVAs reported below, a fixed effects design was used, as Case and Condition were entered as fixed factors. ‘Condition’ and the ‘Case x Condition interaction’ were the factors of interest in the analyses conducted as significant effects for either of these would suggest that the degree of risk assessment report information (Narrative versus Complete) that was provided to evaluators influenced risk management decisions. As 10 different cases were used in the study, a main effect for Case would not be unexpected.

First, analyses of the risk management strategies that were recommended by evaluators were conducted. In the first series of analyses, the standardized raw composite variables for each risk management category were separately entered as dependent variables in two-way ANOVAs to examine whether the number of recommended risk management strategies in each risk management category differed by Condition. In the second series of analyses, the standardized agreement composite variables for each risk management category were separately entered as dependent variables in two-way ANOVAs to examine whether the level of agreement between evaluator ratings and gold standard ratings for each risk management category differed by Condition.

Second, analyses of the Conclusory Opinions that were selected by evaluators were conducted. In the first series of analyses, the dichotomized raw Conclusory Opinions were separately entered as dependent variables in two-way ANOVAs to examine whether the selection of Conclusory Opinions differed by Condition. In the second series of analyses, the composite variable for risk was entered as the dependent variable in a two-way ANOVA to examine whether the selection of Conclusory Opinions differed by Condition. In the third series of analyses, the agreement Conclusory Opinions were separately entered as dependent variables in two-way ANOVAs to examine whether the level of agreement between evaluator ratings and gold standard ratings for each of the Conclusory Opinions differed by Condition.

Finally, analyses of confidence ratings in the risk management strategies and Conclusory Opinions that were selected were conducted. In the first analysis, confidence

in the selected risk management strategies was entered as the dependent variable in a two-way ANOVA to examine whether confidence ratings differed by Condition. In the second analysis, confidence in the selected Conclusory Opinions was entered as the dependent variable in a two-way ANOVA to examine whether confidence ratings differed by Condition.

Missing Data

Of responses to the risk management strategies, there were 12 missing observations (0.27% of total 4,452 expected). Of responses to the Conclusory Opinions (Case Prioritization, Serious Physical Harm, Imminent Violence), there were 3 missing observations (0.94% of total 318 expected). Of responses to the confidence ratings, there were 3 missing observations (1.42% of total 212 expected). Evaluators with missing observations were included in all analyses.

Chapter 3. Results

Research Question 1: How does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence risk management recommendations made by evaluators?

1(a) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence the number of risk management strategies that are recommended by evaluators?

Tables 1 to 4 in Appendix H present the means and standard deviations for the standardized number of risk management strategies that were recommended by evaluators in each risk management category broken down by Case and Condition. Looking at the four tables, three trends are apparent. First, evaluators selected a greater proportion of Victim Safety Planning strategies compared to Monitoring, Treatment, or Supervision strategies, regardless of Condition. Second, looking at Monitoring, Treatment, and Supervision, there were marked differences across cases in the mean number of risk management strategies that were recommended by evaluators regardless of Condition. For example, for Monitoring in the Narrative Condition, Case 5 had a mean of 0.59 (*SD* = 0.09), compared to Case 9 which had a mean of 0.96 (*SD* = 0.06). Third, there were no simple differences in the proportion of risk management strategies that were recommended by Condition. For some cases and for some strategies, the Complete Condition led to a greater proportion of risk management strategies being recommended and for other cases, the Complete Condition led to a lower proportion of risk management strategies being recommended.

To examine whether the extent of risk assessment report information (Narrative versus Complete) influenced the number of risk management strategies that were recommended by evaluators for each of the four risk management categories, a series of two-way ANOVAs were conducted (see Table 3.1). The standardized raw composite variables for each of the risk management categories were separately entered as the dependent variable and Case and Condition were the fixed factors used in these analyses. First, for Monitoring, there was a large and statistically significant main effect for Case. The main effect for Condition had a very small effect and was not statistically

significant. The Case x Condition interaction had a large effect but did not reach conventional levels of statistical significance. Second, for Treatment, there was a large and statistically significant main effect for Case. The main effect for Condition had a very small effect and was not statistically significant. The Case x Condition interaction had a large effect but did not reach conventional levels of statistical significance. Third, for Supervision, there was a large and statistically significant main effect for Case. The main effect for Condition had a very small effect and was not statistically significant. The Case x Condition interaction had a moderate effect but was not statistically significant. Lastly, for Victim Safety Planning, there was a large effect for Case that did not reach conventional levels of statistical significance. The main effect for Condition was small and did not reach conventional levels of statistical significance. The Case x Condition interaction had a large effect but was not statistically significant.

Table 3.1 Analysis of Variance Results for the Number of Recommended Risk Management Strategies

Risk Management Category	SS	*df*	MS	*F*	*p*	η_p^2
Monitoring						
Case	1.03	9	0.11	3.72	.001	.280
Condition	< 0.01	1	< 0.01	0.04	.851	< .001
Case x Condition	0.47	9	0.05	1.69	.103	.151
Error	2.64	86	0.03			
Treatment						
Case	1.03	9	0.12	4.39	< .001	.315
Condition	< 0.01	1	< 0.01	0.04	.847	< .001
Case x Condition	0.43	9	0.05	1.81	.078	.159
Error	2.25	86	0.03			
Supervision						
Case	2.59	9	0.29	6.96	< .001	.421
Condition	< 0.01	1	< 0.01	0.01	.906	< .001
Case x Condition	0.32	9	0.04	0.85	.570	.082
Error	3.56	86	0.04			
Victim Safety Planning						
Case	0.27	9	0.03	1.84	.073	.161
Condition	0.05	1	0.05	2.88	.093	.032
Case x Condition	0.24	9	0.03	1.61	.126	.144
Error	1.42	86	0.02			

Note. SS = sum of squares and MS = mean square.

Summary

The pattern of findings for Research Question 1(a) indicate that there was a statistically significant difference between the two experimental conditions in the number of Monitoring, Treatment, and Supervision strategies that were recommended by evaluators depending on which case was assigned to them. For Victim Safety Planning, the main effect for Case was large and approaching statistical significance, suggesting that the lack of an effect may be due to low power in the present study. Condition did not appear to have a meaningful effect on the number of risk management strategies that were recommended by evaluators for any of the risk management categories. For Monitoring and Treatment, the Case x Condition interactions had large effect sizes and approached conventional levels of statistical significance, and there was a large but nonsignificant interaction effect for Victim Safety Planning, suggesting that the lack of statistically significant interaction effects may be due to low power.

1(b) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports help evaluators make risk management recommendations that are in greater agreement with gold standard ratings?

Tables 5 to 8 in Appendix H present the means and standard deviations for the proportion of agreement between evaluator ratings and gold standard ratings for recommended strategies in each risk management category broken down by Case and Condition. Looking at the four tables, two trends are apparent. First, there were marked differences in the proportion of evaluator agreement with gold standard ratings for all four risk management categories regardless of Condition. For example, for Treatment in the Narrative Condition, Case 8 had a mean of 0.44 (*SD* = 0.18), compared to Case 2 which had a mean of 0.69 (*SD* = 0.09). Second, there were no simple differences in the proportion of evaluator ratings in agreement with gold standard ratings by Condition. For Monitoring, there was greater agreement in the Narrative Condition compared to the Complete Condition with the exception of Cases 7 and 10 for which there was greater agreement with gold standard ratings in the Complete Condition. For Treatment, there was greater agreement in the Complete Condition compared to the Narrative Condition for 6 of the cases. For Supervision and Victim Safety Planning, there was greater

agreement in the Complete Conditions compared to the Narrative Conditions for 4 of the cases.

To examine whether the extent of risk assessment report information (Narrative versus Complete) influenced the level of agreement between evaluator ratings and gold standard ratings for the recommendation of risk management strategies, a series of two-way ANOVAs were conducted (see Table 3.2). The standardized agreement composite variables for each of the risk management categories were separately entered as the dependent variable and Case and Condition were the fixed factors used in these analyses. First, for Monitoring, there was a moderate effect that was not statistically significant for Case. The main effect for Condition was small and not statistically significant. The Case x Condition interaction had a small to moderate effect and was not statistically significant. Second, for Treatment, there was a moderate to large effect that was not statistically significant for Case. The main effect for Condition was small and not statistically significant. The Case x Condition interaction had a moderate effect that was not statistically significant. Third, for Supervision, there was a moderate to large effect for Case that was not statistically significant. The main effect for Condition was small and not statistically significant. The Case x Condition interaction had a moderate to large effect that was not statistically significant. Lastly, for Victim Safety Planning, there was a moderate effect that was not statistically significant for Case. The main effect for Condition was very small and not statistically significant. The Case x Condition interaction was small and not statistically significant.

Table 3.2 Analysis of Variance Results for Agreement with Gold Standard Ratings for Recommended Risk Management Strategies

Risk Management Category	SS	*df*	MS	*F*	*p*	η_p^2
Monitoring						
Case	0.18	9	0.02	0.71	.699	.069
Condition	0.03	1	0.03	1.22	.273	.014
Case x Condition	0.14	9	0.02	0.57	.820	.056
Error	2.40	86	0.03			
Treatment						
Case	0.24	9	0.03	1.43	.186	.130
Condition	0.02	1	0.02	1.22	.273	.014
Case x Condition	0.19	9	0.02	1.09	.378	.102
Error	1.63	86	0.02			

Risk Management Category	SS	*df*	MS	*F*	*p*	η_p^2
Supervision						
Case	0.33	9	0.04	1.33	.232	.122
Condition	0.05	1	0.05	1.79	.185	.020
Case x Condition	0.36	9	0.04	1.47	.170	.134
Error	2.36	86	0.03			
Victim Safety Planning						
Case	0.24	9	0.03	1.00	.446	.095
Condition	< 0.01	1	< 0.01	0.06	.812	.001
Case x Condition	0.09	9	0.01	0.38	.941	.038
Error	2.26	86	0.03			

Note. SS = sum of squares and MS = mean square.

Summary

The pattern of findings for Research Question 1(b) indicate that the extent of risk assessment report information did not influence the level of agreement between evaluator ratings and gold standard ratings for the recommendation of risk management strategies. The moderate to large effect sizes for Case in each of the risk management categories suggest that statistically significant effects for Case may not have been observed due to the small sample size. This would be a reasonable consideration given that 10 different cases were used in this study and variability in risk management recommendations across the cases would be expected. The small effect sizes for Condition in each of the risk management categories suggest the absence of an effect for the degree of risk assessment report information that was provided to evaluators. The effect sizes for the Case x Condition interactions ranged from small to large for the different risk management categories, suggesting that a larger sample may have resulted in significant interaction effects for at least some of the risk management categories.

Research Question 2: How does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence the Conclusory Opinions made by evaluators?

2(a) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence the Conclusory Opinions made by evaluators?

Tables 9 to 11 in Appendix H present the means and standard deviations for the dichotomized raw Conclusory Opinions broken down by Case and Condition. Looking at the three tables, two trends are apparent. First, there were marked differences across cases in the means for the Conclusory Opinions. For example, for Case Prioritization in the Narrative Condition, Case 6 had a mean of 1.00 (*SD* = 0.00), compared to Case 1 which had a mean of 0.20 (*SD* = 0.45). Second, there was much variation in the means across the conditions with no easily interpretable differences for any of the Conclusory Opinions.

To examine whether the extent of risk assessment report information influenced the Conclusory Opinions made by evaluators, a series of two-way ANOVAs were conducted (see Table 3.3). The dichotomized raw variables for each of the Conclusory Opinions were separately entered as the dependent variable and Case and Condition were the fixed factors used in these analyses. First, for Case Prioritization, there was a large and statistically significant effect for Case. The main effect for Condition was very small and not statistically significant. The Case x Condition interaction had a small effect and was not statistically significant. Second, for Serious Physical Harm, there was a large and statistically significant effect for Case. The main effect for Condition was small and not statistically significant. The Case x Condition interaction was small to moderate and was not statistically significant. Third, for Imminent Violence, there was a large and statistically significant effect for Case. The main effect for Condition was very small and not statistically significant. The Case x Condition interaction was moderate and not statistically significant.

To examine whether the extent of risk assessment report information influenced the composite variable for risk, a two-way ANOVA was conducted (see Table 3.3). The composite variable for risk was entered as the dependent variable and Case and

Condition were the fixed factors used in these analyses. The pattern of findings remained very similar to the primary analysis for each of the three Conclusory Opinions. The main effect for Case was large and statistically significant. The main effect for Condition was very small and not statistically significant. The Case x Condition interaction was small and not statistically significant.

Table 3.3 Analysis of Variance Results for the Selection of Conclusory Opinions

Conclusory Opinions	SS	*df*	MS	*F*	*p*	η_p^2
Case Prioritization						
Case	5.83	9	0.65	3.69	.001	.281
Condition	0.01	1	0.01	0.05	.824	.001
Case x Condition	0.40	9	0.05	0.26	.985	.026
Error	14.93	85	0.18			
Serious Physical Harm						
Case	7.32	9	0.81	5.32	< .001	.360
Condition	0.24	1	0.24	1.56	.215	.018
Case x Condition	0.70	9	0.08	0.51	.867	.051
Error	13.00	85	0.15			
Imminent Violence						
Case	5.36	9	0.60	2.79	.007	.228
Condition	0.01	1	0.01	0.02	.884	< .001
Case x Condition	1.41	9	0.16	0.73	.677	.072
Error	18.14	85	0.21			
Risk Composite						
Case	49.17	9	5.46	5.88	< .001	.384
Condition	0.27	1	0.27	0.29	.595	.003
Case x Condition	3.11	9	0.35	0.37	.945	.038
Error	78.97	85	0.93			

Note. SS = sum of squares and MS = mean square.

Summary

The pattern of findings for Research Question 2(a) indicate that the extent of risk assessment report information presented to evaluators did not influence the Conclusory Opinions that were selected and there were no interaction effects. However, evaluators did select different ratings for the Conclusory Opinions based on the case that was assigned to them, which is to be expected as 10 different case summaries were used in this study.

2(b) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports help evaluators provide Conclusory Opinions that are in greater agreement with gold standard ratings?

Tables 12 to 14 in Appendix H present the means and standard deviations for the proportion of agreement between evaluator ratings and gold standard ratings for the Conclusory Opinions broken down by Case and Condition. Looking at the three tables, two trends are apparent. First, there were marked differences in the proportion of evaluator agreement with gold standard ratings for all three Conclusory Opinions regardless of Condition. For example, for Serious Physical Harm in the Narrative Condition, Case 3 had a mean of 0.00 (*SD* = 0.00), compared to Case 2 which had a mean of 1.00 (*SD* = 0.00). Second, there were no simple differences in the proportion of evaluator ratings in agreement with gold standard ratings by Condition. For Case Prioritization, there are no clear trends apparent across the tables. For Serious Physical Harm, a somewhat clearer pattern was apparent. For Cases 3 to 7, there was greater agreement with gold standard ratings in the Complete Condition. The remaining cases (i.e., Cases 1, 2, 8, 9, and 10) had lower agreement with gold standard ratings in the Complete Condition compared to the Narrative Condition. For Imminent Violence, Cases 3 to 9, with the exception of Case 5 which had equal means across both conditions, had greater agreement with gold standard ratings in the Complete Condition. The remaining cases (i.e., Cases 1, 2, and 10) had lower agreement with gold standard ratings in the Complete Condition.

To examine whether the extent of risk assessment report information influenced the level of agreement between evaluator ratings and gold standard ratings for the Conclusory Opinions, a series of two-way ANOVAs were conducted (see Table 3.4). The agreement variables for each of the Conclusory Opinions were separately entered as the dependent variable and Case and Condition were the fixed factors used in these analyses. First, for Case Prioritization, there was a moderate to large effect for Case that was not statistically significant. The main effect for Condition was very small and not statistically significant. The Case x Condition interaction was moderate and not statistically significant. Second, for Serious Physical Harm, there was a small to moderate effect for Case that was not statistically significant. The main effect for Condition was very small and not statistically significant. The Case x Condition interaction had a large effect but did not reach conventional levels of statistical

significance. Third, for Imminent Violence, there was a moderate to large effect for Case that was not statistically significant. The main effect for Condition was very small and not statistically significant. The Case x Condition interaction was moderate and was not statistically significant.

Table 3.4 Analysis of Variance Results for Agreement with Gold Standard Ratings for Conclusory Opinions

Conclusory Opinions	SS	*df*	MS	*F*	*p*	η_p^2
Case Prioritization						
Case	2.59	9	0.29	1.21	.303	.112
Condition	0.07	1	.071	0.30	.587	.003
Case x Condition	2.16	9	0.24	1.01	.439	.096
Error	20.50	86	0.24			
Serious Physical Harm						
Case	1.19	9	0.13	0.54	.840	.054
Condition	0.13	1	0.13	.533	.467	.006
Case x Condition	4.02	9	0.45	1.84	.073	.161
Error	20.94	86	0.24			
Imminent Violence						
Case	2.49	9	0.28	1.13	.350	.106
Condition	0.15	1	0.15	0.60	.440	.007
Case x Condition	2.42	9	0.27	1.10	.371	.103
Error	21.00	86	0.24			

Note. SS = sum of squares and MS = mean square.

Summary

The pattern of findings for Research Question 2(b) indicate that the extent of risk assessment report information did not influence the level of agreement between evaluator ratings and gold standard ratings for any of the Conclusory Opinions. This suggests that the manipulation of the degree of risk assessment report information provided to evaluators may not have been successful in this study. However, for Serious Physical Harm, the interaction effect was large and approaching conventional levels of statistical significance, suggesting that an interaction effect may have been detected with greater power. The effect sizes for Case for each of the Conclusory Opinions, which ranged from small to large, suggest that it is possible that statistically significant effects may not have been observed due to the small sample size. As previously discussed, a

main effect for Case would be reasonable on the basis of 10 different cases being used in this study.

Research Question 3: How does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence confidence ratings in the risk management strategies and Conclusory Opinions that are made by evaluators?

Overall, confidence ratings in the risk management strategies that were recommended by evaluators ranged from 2 to 9 with a mean of 6.80 (*SD* = 1.70) in the Narrative Condition and from 1 to 9 with a mean of 6.51 (*SD* = 1.70) in the Complete Condition. Table 15 in Appendix H presents the means and standard deviations for the confidence ratings in the risk management strategies evaluators had recommended broken down by Case and Condition. Looking at Table 15, two trends are apparent. First, there were marked differences in confidence ratings across cases. For example, in the Narrative Condition, Case 5 had a mean confidence rating of 5.67 (*SD* = 1.75), compared to Case 2 which had a mean confidence rating of 8.60 (*SD* = 0.55). Second, there were no simple differences in confidence ratings across the conditions, though evaluator confidence was higher in the Narrative Condition for 6 of the 10 cases.

Overall, confidence ratings in the Conclusory Opinions that were selected by evaluators ranged from 2 to 10 with a mean of 6.91 (*SD* = 1.62) in the Narrative Condition and from 3 to 10 with a mean of 7.10 (*SD* = 1.57) in the Complete Condition. Table 16 in Appendix H presents the means and standard deviations for the confidence ratings in the Conclusory Opinions evaluators had selected broken down by Case and Condition. Looking at Table 16, two trends are apparent. First, there were marked differences in confidence ratings across cases. For example, in the Narrative Condition, Case 5 had a mean confidence rating of 5.67 (*SD* = 2.16), compared to Case 4 which had a mean confidence rating of 7.78 (*SD* = 1.56). Second, with some exceptions, confidence ratings were higher in the Narrative Condition for cases with lower Case Prioritization ratings and higher in the Complete Condition for cases with higher Case Prioritization ratings.

To examine whether the extent of risk assessment report information influenced the confidence ratings provided by evaluators, two-way ANOVAs were conducted (see Table 3.5). The variables for confidence in the recommended risk management strategies and confidence in the selected Conclusory Opinions were separately entered as the dependent variable and Case and Condition were the fixed factors used in these analyses. First, for confidence in the risk management strategies that were recommended, there was a moderate effect for Case that was not statistically significant. The main effect for Condition was small and was not statistically significant. The Case x Condition interaction had a large effect but was not statistically significant. Second, for confidence in the Conclusory Opinions that were selected, there was a small effect for Case that was not statistically significant. The main effect for Condition was very small and not statistically significant. The Case x Condition interaction was moderate to large but was not statistically significant.

Table 3.5 Analysis of Variance Results for Confidence Ratings

Confidence Ratings	SS	*df*	MS	*F*	*p*	η_p^2
Confidence in Risk Management Strategies						
Case	20.82	9	2.31	0.86	.563	.084
Condition	3.97	1	3.97	1.48	.228	.017
Case x Condition	40.26	9	4.47	1.67	.110	.150
Error	228.37	85	2.69			
Confidence in Conclusory Opinions						
Case	6.92	9	0.77	0.30	.973	.031
Condition	0.47	1	0.47	0.19	.668	.002
Case x Condition	33.11	9	3.68	1.44	.184	.134
Error	214.49	84	2.55			

Note. SS = sum of squares and MS = mean square.

Summary

The pattern of findings for Research Question 3 suggest that neither the different cases nor the degree of risk assessment report information influenced evaluator confidence ratings in the risk management strategies or Conclusory Opinions that were selected. However, the moderate to large effect sizes for the Case x Condition interactions that were not statistically significant for confidence in risk management strategies and confidence in Conclusory Opinions indicate that increased power may have resulted in statistically significant interaction effects. This would suggest that the

extent of risk assessment report information may have influenced evaluator confidence ratings for at least some of the cases.

Exploratory Analyses

Exploratory analyses were conducted to examine whether any changes would be observed in the pattern of findings reported in the primary analysis. First, I examined whether the low cell sizes in some of the conditions influenced the overall lack of significant findings in this study. To do this, I identified 3 cases that were potentially problematic with cell sizes of *n* less than 4 (Cases 2, 8, and 9) and excluded these from further analyses. I then re-ran the ANOVA analyses above for Research Questions 1, 2, and 3. Second, I investigated whether using the square root log transformed variables for the standardized raw and standardized agreement risk management variables, and for the confidence variables, would make a difference in the analyses for Research Questions 1 and 3. Third, I identified and removed 9 outliers that appeared more than once for the standardized raw and standardized agreement risk management variables. I then repeated the ANOVA analyses above for Research Question 1. Fourth, I identified and removed 4 outliers that appeared more than once for the dichotomized raw and agreement Conclusory Opinions. I then repeated the ANOVA analyses above for Research Question 2. Finally, I identified and removed 1 outlier that appeared more than once for the confidence variables. I then repeated the ANOVA analyses above for Research Question 3.

Research Question 1: How does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence risk management recommendations made by evaluators?

1(a) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence the number of risk management strategies that are recommended by evaluators?

Excluding Cases 2, 8, and 9 resulted in no changes in the pattern of findings for Monitoring, Treatment, and Supervision. For Victim Safety Planning, there was now a large and statistically significant main effect for Case, $F(6, 64) = 2.55$, $p = .028$, $\eta 2p = .193$. The main effect for Condition was moderate and statistically significant, $F(1, 64) = 4.27$, $p = .043$, $\eta 2p = .063$. With respect to Condition, evaluators in the Narrative

Condition selected a greater proportion of Victim Safety Planning strategies (*M* = 0.92, *SD* = 0.12), compared to evaluators in the Complete Condition (*M* = 0.87, *SD* = 0.15). Lastly, the Case x Condition interaction was large and statistically significant, *F*(6, 64) = 2.35, *p* = .041, η2p = 0.180.

Using the square root log transformed variables resulted in no changes in the pattern of findings for any of the four standardized raw risk management variables.

Excluding the repeated outliers for the standardized raw and standardized agreement risk management categories resulted in no changes in the pattern of findings for Treatment or Supervision. For Monitoring, there was now a large and statistically significant effect for the Case x Condition interaction, *F*(9, 77) = 2.00, *p* = .050, η2p = .190. The main effect for Case remained large and significant, and the main effect for Condition remained very small and was not statistically significant. For Victim Safety Planning, there was now a large and statistically significant main effect for Case, *F*(9, 77) = 2.40, *p* = .019, η2p = .219. The main effect for Condition remained small and was still approaching conventional levels of statistical significance, *F*(1, 77) = 3.30, *p* = .073, η2p = .041. The Case x Condition interaction remained large and was now statistically significant, *F*(9, 77) = 2.15, *p* = .035, η2p = .201.

1(b) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports help evaluators make risk management recommendations that are in greater agreement with gold standard ratings?

Excluding Cases 2, 8, and 9 resulted in no changes in the pattern of findings for the level of agreement between evaluator ratings and gold standard ratings for any of the four standardized agreement risk management variables.

Using the square root log transformed variables resulted in no changes in the pattern of findings for any of the four standardized agreement risk management variables.

Excluding the repeated outliers for the standardized raw and standardized agreement risk management categories resulted in no changes in the pattern of findings for Monitoring, Treatment, or Victim Safety Planning. For Supervision, the main effect for Case was large and now approaching conventional levels of statistical significance, *F*(9,

77) = 1.92, p = .061, η2p = .183. The main effect for Condition was small to moderate and was also approaching conventional levels of statistical significance, F(1, 77) = 3.72, p = .057, η2p = .046. The Case x Condition interaction was large and approaching conventional levels of statistical significance as well, F(9, 77) = 1.94, p = .059, η2p = .184.

Research Question 2: How does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence the Conclusory Opinions made by evaluators?

2(a) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence the Conclusory Opinions made by evaluators?

Excluding Cases 2, 8, and 9 or excluding the repeated outliers resulted in no changes in the pattern of findings for any of the ratings evaluators made for the Conclusory Opinions. Further, the pattern of findings remained the same for the risk composite variable.

2(b) Does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports help evaluators provide Conclusory Opinions that are in greater agreement with gold standard ratings?

Excluding Cases 2, 8, and 9 resulted in no changes in the pattern of findings for the level of agreement between evaluator ratings and gold standard ratings for any of the Conclusory Opinions.

Excluding the repeated outliers for the dichotomized raw and agreement Conclusory Opinions resulted in a minor change for Case Prioritization. The main effect for Case was now large and approaching conventional levels of statistical significance, F(9, 82) = 1.81, p = .078, η2p = .166.

Research Question 3: How does the inclusion of case formulation and scenarios in SARA-V3 risk assessment reports influence confidence ratings in the risk management strategies and Conclusory Opinions that are made by evaluators?

Excluding Cases 2, 8, and 9 resulted in a minor change in the pattern of findings for confidence ratings in the risk management strategies that were recommended. The Case x Condition interaction remained large and was now approaching conventional levels of statistical significance, $F(6, 63) = 2.01$, $p = .077$, $\eta 2p = .161$. There were no changes for the main effects of Case or Condition for confidence in the risk management strategies that were recommended. The pattern of findings remained unchanged for evaluator confidence in the Conclusory Opinions that were selected.

Using the square root log transformed variables or excluding the repeated outlier resulted in no changes in the pattern of findings for confidence ratings in the risk management strategies or Conclusory Opinions that were selected by evaluators.

Summary

Overall, the exploratory analyses showed a similar pattern of findings as the primary analysis for most of the variables. For Research Question 1(a), several changes were observed. First, for Victim Safety Planning, the exclusion of Cases 2, 8, and 9 resulted in significant effects for Case, Condition, and the Case x Condition interaction when looking at whether the extent of risk assessment report information influenced the number of risk management strategies that were recommended by evaluators. These changes in the findings were likely not related to evaluator's perceptions of not having received enough information to make case management decisions about the excluded cases. As can be seen in Appendix B, 87.5%, 80%, and 100% of evaluators from the sample had reported receiving enough information about Cases 2, 8, and 9, respectively. Further, the change in the pattern of findings could not be attributed to the removal of outliers, as there was no evidence of outliers for Cases 2, 8, and 9 for the standardized raw Victim Safety Planning variable. Therefore, the most likely explanation is that the skewed data for Cases 2, 8, and 9 had influenced the previous findings. However, using the square root log transformed variables for the standardized raw risk management variables failed to make a difference in the analyses for Victim Safety Planning, or any of the other risk management categories, when using all 10 cases.

Second, for Monitoring, the Case x Condition interaction was statistically significant with the removal of repeated outliers for the standardized raw and standardized agreement risk management categories. Third, for Victim Safety Planning, the main effects for Case and the Case x Condition interaction were both statistically significant with the removal of the repeated outliers. These changes in the pattern of findings for Monitoring and Victim Safety Planning suggest that the repeated outliers were influencing the pattern of results in the primary analysis and obscuring potentially statistically significant findings.

For Research Question 1(b), the only change in the pattern of findings was that the removal of the repeated outliers for the standardized raw and standardized agreement risk management categories resulted in the Case, Condition, and Case x Condition effects for Supervision to all approach conventional levels of statistical significance. This suggests the repeated outliers may have been obscuring potentially statistically significant effects.

For Research Question 2(a), there were no changes in the pattern of findings when excluding Cases 2, 8, and 9 or the repeated outliers.

For Research Question 2(b), there were no changes in the pattern of findings when excluding Cases 2, 8, and 9. A minor change was observed for Case Prioritization when the repeated outliers for the dichotomized raw and agreement Conclusory Opinions were removed, as the main effect for Case was now large and approaching conventional levels of statistical significance. This suggests that the repeated outliers may have been obscuring the significant effect for Case when looking at the level of agreement between evaluator ratings and gold standard ratings for Case Prioritization. Given the large effect for Case, a larger sample could have helped clarify this finding.

For Research Question 3, the only observation of interest was that excluding Cases 2, 8, and 9 resulted in the Case x Condition interaction for confidence in the recommended risk management strategies to remain large and approach conventional levels of statistical significance. As previously discussed, this finding suggests that the lack of significant findings for the Case x Condition interaction for confidence in the risk management strategies that were recommended may have been due to the sample of this study being underpowered to detect a significant effect.

Chapter 4. Discussion

This was the first investigation examining the utility of case formulation and scenario planning on the development of risk management plans and the selection of Conclusory Opinions by evaluators. Although limited differences were observed between evaluators who received the Narrative versus Complete SARA-V3 risk assessment reports, the lessons learned from this thesis can help advance the research agenda on risk management planning. As such, potential implications for theory, practice, and policy will be highlighted. This will be followed by a discussion of the strengths and limitations of the present research, as well as directions for future research.

Implications for Theory, Practice, and Policy

Given the importance of using evidence-based methods to assess the risk of violence and the management of this risk, a priority in research on the SPJ approach has been to better understand how the case formulation and scenario planning steps contribute to the development of risk management plans and the selection of Conclusory Opinions (Hart et al., 2016). Based on relatively few significant effects observed in this pilot study, recommendations for changes at the practice and policy levels would be premature at this stage. Nonetheless, this thesis provides an important reminder that greater attention is needed on how risk management plans are developed and how this process can be enhanced. This is critical as the available literature has shown that there are gaps in adherence when using risk assessment instruments, as well as an inconsistent application of risk assessment findings in the development of risk management plans (Viljoen et al., 2018). As the theoretical understanding of risk management development grows and is tested empirically, best practice guidelines and training frameworks can emerge that can help ensure that evaluators are approaching risk management efforts in line with the best available evidence. It will be equally important to attend to implementation issues and identify methods for enhancing risk management practices in field settings to improve risk management outcomes, as challenges in the successful implementation of risk assessment instruments can negatively impact risk management outcomes and should not be ignored (Viljoen & Vincent, 2020).

Implications for Future Research

As the first study of this kind, it is critical for the strengths of this study to be acknowledged and for the limitations to be addressed in future research. Doing so will help advance the application of evidence-based methods in violence risk assessment and management.

Strengths

Strengths of this pilot study include the use of comprehensive case information from 10 real cases of IPV constructed using multiple sources of information. These case summaries included diverse risk factors and risk levels with the goal of enhancing the generalizability of any statistically significant findings that may be identified. Next, unlike prior research where Victim Vulnerability factors were often excluded, information on victim vulnerabilities was largely available and coded, allowing for this variable to be assessed in this study. Another strength of the present study was independently assessing evaluator confidence in the risk management strategies and Conclusory Opinions that were selected to allow for any potential differences in confidence levels about these different judgments to be assessed as opposed to using a single global assessment of confidence.

Recruitment Challenges

Recruitment difficulties in the current study highlight some of the issues present in researching the processes involved in violence risk assessment using SPJ decision support aids, potentially due to the time commitment that is required of busy professionals. Consequently, the desired sample size for this study was not reached and some of the cell sizes were small. Data quality may also be impacted by the extensive recruitment efforts and the revision to the inclusion criteria to extend study participation to mental health professionals and expand recruitment efforts internationally. Since evaluators with a wide range of backgrounds in terms of professional roles and training levels are engaged in the assessment and management of IPV (Kropp, 2008), attempts were made to recruit a heterogenous group of evaluators. However, the overrepresentation of victim service workers in the present sample may have skewed the pattern of findings. Further, selection biases may be present with potential

differences between evaluators who chose to participate in this study versus those who did not, as well as differences between the evaluators that were not assessed using the demographic and risk assessment information that were collected.

Future research should continue to consider ways to incentivize participation in these types of studies and recruit larger and more diverse samples with respect to demographic characteristics and professional experiences. For reference, only a small proportion of the overall sample used in this study had received past SARA-V3 training (17.9%) or reported using the SARA-V3 in their current role (13.2%), though their explicit understanding or familiarity with the SPJ process was not assessed. Based on this limitation, it remains unknown whether evaluators would have interpreted the case formulation and scenario planning information differently if they had received prior training on the application of these steps in violence risk assessment. As formulation is considered an advanced skill, it will be important to recruit evaluators with the appropriate background and training for these types of studies in the future.

One option for enhancing recruitment efforts would be to compensate evaluators with higher-value training offers that are more comprehensive and include continuing education credits. The development of collaborative relationships with private organizations and law enforcement agencies is another recruitment method to consider for future research. A partnership with a private organization that provides violence risk assessment training would make it possible to invite workshop attendees to engage in studies of this type. This might allow for the opportunity to more easily conduct pre- and post-tests and evaluate whether there are changes in the development of risk management plans after evaluators receive standardized training or refresher courses on case formulation, scenario planning, and/or the structuring and implementation of risk management plans. Another possibility would be working with a specialized police unit that assesses and manages IPV cases to compare outcomes in cases where risk management plans are developed using case formulations and scenarios versus outcomes for cases where risk management plans are developed in the absence of these elements. Conducting research in settings where comprehensive violence risk assessment using case formulation and scenarios is embedded within the work setting would also make it possible to have experienced evaluators complete risk management plans for multiple cases, which would allow for more nuanced comparisons and can help

researchers identify whether evaluators find case formulation and scenarios more helpful in certain types of cases.

Study Design Issues

Several issues with the study design are important to discuss. As is the case with the majority of existing research on SPJ decision support aids, this study did not evaluate the administration steps of the SARA-V3 as outlined in the manual. The reliance on file review contradicts SARA-V3 guidelines to conduct in person interviews with perpetrators and victims whenever possible (Kropp & Hart, 2015), and is also inconsistent with best practice guidelines denoting the importance of direct evaluations (APA, 2013). However, for this study, evaluators were provided with the present and relevant risk factors, a case formulation, and scenarios (depending on the study condition), thereby removing potential variability being introduced based on the ability of evaluators to independently produce this information competently. This issue demonstrates the ongoing tensions between following the SPJ procedures as indicated in the decision support aids and operational limitations when conducting research. It is hoped that with increased collaborative partnerships, more studies will be able to examine SPJ procedures in real time using real cases with study designs that align more closely with the intended administration procedures.

Next, based on a limited number of significant differences on risk management recommendations between evaluators who received the Narrative versus Complete risk assessment reports in this study, it remains unclear whether the case formulation and scenario planning information that was provided to evaluators enhanced risk management recommendations beyond what was already provided in the case summaries and the description of present and relevant risk factors. Notably, regardless of their assigned condition, the majority of evaluators (79.2%) reported they had received enough information to make risk management decisions. Consequently, if I were to revise the design used in this study, it would be helpful to examine differences between risk management recommendations made by evaluators who were randomly assigned to 1 of 4 study conditions: 1) a case summary; 2) a narrative description of present and relevant risk factors; 3) a narrative description of present and relevant risk factors and a case formulation; and 4) a narrative description of present and relevant risk factors, a case formulation, and scenarios. Instead of providing a full case summary for

conditions 2 to 4, a brief introduction to the case could be provided followed by the relevant risk assessment report information. This study design could help answer the question of whether the case summaries on their own were enough for evaluators to make risk management recommendations or whether different degrees of risk assessment report information in the absence of case summaries enhanced judgments about risk management. Further, separating case formulation and scenario planning instead of including both in the same condition as I had done in this study may be advantageous for research purposes. This would be reasonable given that case formulation of past violence and scenarios of possible future violence can be seen as two distinct processes in the SPJ approach to formulation.

Increased interest in forensic case formulation and scenario planning presents a plethora of research opportunities. Currently, gaps exist in the understanding of how present and relevant risk factors are causally related to the risk of future violence, making it challenging to design intervention plans that can help effectively manage risk with high certainty. As case formulations are an attempt at hypothesizing how the present and relevant risk factors may explain an individual's past behaviour and are related to the risk of future violence, it will be important to not only examine the reliability of case formulations developed by different evaluators, but also whether formulation-informed risk management plans are more effective in the management of risk compared to other approaches. Similarly, it will be necessary to examine the reliability of scenarios developed by different evaluators for the same cases and the predictive validity of developed scenarios. When looking at the predictive validity of scenarios, quasi-prospective studies can be used to address the paradox of measuring future violence that evaluators are aiming to target with the interventions identified in risk management plans (Douglas & Shaffer, 2020; Gatner et al., 2021). It will also be important to consider how the quality of scenarios can be evaluated and ensure that the key components of risk scenarios are addressed (e.g., nature, severity, imminence, frequency/duration, and likelihood; Kropp & Hart, 2015).

The next limitation concerns the mixed methods design of this study. While qualitative data were collected by asking evaluators to describe ideal risk management strategies for each case prior to responding to the forced-choice questions, a full analysis of this data was not undertaken for the completion of this thesis due to time and resource constraints, as well as a lack of expertise in the analysis of qualitative data.

Nonetheless, based on preliminary observations, the qualitative information may be limited in its utility due to the brevity and lack of clarity in some of the responses. If mixed methods studies of this nature are conducted again, it would be strategic to ask evaluators whether they would consent to being contacted in the future to participate in follow-up interviews about the process of risk management planning that they engaged in as they completed the study.

Methodological Issues

The forced-choice nature of risk management plans used in this study required evaluators to make dichotomous decisions about whether they would or would not recommend a risk management strategy. This highly structured methodology may have had implications for which risk management strategies were selected because it failed to account for the complexity of judgments that need to be made in real-world settings. Although evaluators were asked to consider ideal risk management strategies and to not be concerned with laws specific to their jurisdiction, an important consideration in the development of risk management plans in real-world settings is the availability, accessibility, appropriateness, affordability, and acceptability of recommended strategies (Hart et al., 2016), none of which were captured in this study. Specific details about interventions, such as the intensity or frequency of recommended risk management strategies, should also be considered. Additionally, despite the list of risk management options being developed in consultation with experts, it remains possible that this list is incomplete or inadequate. For example, while referral to culturally appropriate services was included as a risk management option for perpetrators, this was not included as an option for victims. It is clear that further work is needed on the conceptualization and operationalization of risk management strategies with abundant challenges present as different professionals in different jurisdictions have access to various risk management strategies and may understand them differently. Thus, it may be that it is too early for the quantification of risk management strategies in the absence of an optimal understanding of the processes involved in risk management planning.

Future studies could advance this line of inquiry with greater use of qualitative research aimed at answering more nuanced questions about risk management development before engaging in further quantitative analyses. This can be done using “talk aloud” research in real-world settings where individual evaluators are asked to

communicate their thought process as they engage in risk assessment and management, followed up by in-depth interviews (Hart & Boer, 2020). It will be critical to better understand how a range of evaluators, including subject matter experts and other appropriately trained professionals, integrate different sources of information, organize their thinking about risk management plans and Conclusory Opinions, and select certain risk management strategies or Conclusory Opinions over others. It will also be of interest to examine the extent to which the RNR model of Bonta and Andrews (2017) is applied in the development of risk management plans, as the available research shows a moderate match of interventions with the risk principle and a minimal match with the needs principle (Viljoen et al., 2018). This research may also be able to provide insights on how categorical judgments of risk are made for Conclusory Opinions, because despite a preference for categorical communication of risk amongst professionals, there remains disagreement over what is being conveyed by different risk categories (e.g., Evans & Salekin, 2014; 2016). These qualitative investigations can be extended to multidisciplinary teams working together towards the goal of developing risk management plans to examine how group dynamics influence the process of risk assessment and management. This type of research can also enhance our understanding of the extent to which individual or team-based evaluators are able to appropriately revise their risk management plans and judgments in response to changes in risk factors and risk levels when presented with new sources of information.

Prior to devoting resources to qualitative research that examines the process of risk management in closer detail, it may be helpful to conduct further research on adherence and examine the extent to which professionals using SPJ decision support aids actually follow all of the administration steps as outlined the manuals, including case formulation and scenario planning, when conducting risk assessments in daily clinical practice and their perceptions of the utility and relevance of these steps in risk management planning. For example, the SARA-V3 has a 2-page rating sheet that includes all 24 risk factors and Conclusory Opinions, as well as a more comprehensive worksheet that refers to each of the administration steps with space devoted to the case formulation and scenario planning steps (Kropp & Hart, 2015). Past research has shown that evaluators perceive risk formulation and scenario planning as being useful steps in the SPJ risk assessment process (de Vogel et a., 2014). There is also empirical support that using structured case planning forms with risk instruments help evaluators develop

better case plans compared to using risk instruments alone (Viljoen et al., 2019). More focused research on adherence issues and perceptions regarding utility of the SPJ approach will be helpful in clarifying which evaluators are using comprehensive worksheets when conducting risk assessments, for which types of cases, and their motivations for doing so. These questions can be investigated using consumer satisfaction research of various stakeholders using focus groups (Hart & Boer, 2020). Potential lines of inquiry include asking evaluators the following questions: How often are cases formulated? Which frameworks are most commonly used to formulate cases? How often are scenarios developed when conducting risk assessments? How do case formulation and scenarios help inform risk management plans? This type of research can also help identify whether there are differences across professionals regarding the formulation approaches that are most commonly used. On a different note, it can also be important to examine how other stakeholders (e.g., legal professionals or evaluees) understand risk management plans that are informed by case formulations and scenarios and whether they find these to be more useful than risk management plans that are developed in the absence of these elements.

Study Materials

There are several concerns regarding the materials that were used in this study. Although the selection of IPV cases focused on different risk factors and levels of risk, the clinical complexity of cases was not considered as has been done in previous studies (e.g., Sutherland et al., 2012). Further, although attempts were made to use cases with a range of Case Prioritization ratings, all of the available cases were of higher risk as a function of these cases being either of intimate partner femicides or referrals to a specialized police unit. As such, to include a more representative sample of cases, it would be ideal to obtain case information for use in research that were derived from diverse sources, including higher education settings, victim service organizations, and general practitioners, in addition to cases of intimate partner femicide and police referrals. Additionally, the present study was conducted using the SARA-V3 due to the availability of IPV cases, but as most other SPJ decision support aids follow similar procedures and include guidance for case formulation and scenarios, it will be important to examine the utility of case formulation and scenarios for different outcomes using the various SPJ decision support aids that are available. On a separate note, there was a

range in the word length of the 10 case summaries that I used, as well as the full versions of the SARA-V3 risk assessment reports. Given the limited significant findings, this did not appear to have an impact on this study, but it may be an important factor to control for in future investigations. At the same time, ranges in the length of case summaries and risk assessment reports can be observed in real-world settings as a function of the unique aspects of each case.

Next, cases used in this study were formulated using the SPJ approach to case formulation by identifying the motivating, disinhibiting, and destabilizing mechanisms and developing scenarios of future violence. Although these materials were developed in consultation with experts, the quality of the formulations or scenarios were not assessed using a structured tool. For formulations, the Case Formulation Quality Checklist-Revised (CFQC-R; McMurran & Bruford, 2016) could have been used to assess formulation quality but there is no tool available for assessing the quality of scenarios. It should also be noted that other approaches to formulation are possible and SPJ decision support aids do not restrict evaluators to using the SPJ approach to formulation. It will therefore be important for future research to examine the utility of formulations for risk management plans using different theoretical orientations. Future research should also compare the effectiveness of risk management plans developed with and without case formulations and scenarios. More broadly, comparisons of the effectiveness of risk management plans developed using different risk assessment instruments should also be conducted.

Data Analysis Issues

Analyses for this study were conducted on an underpowered sample with unequal cell sizes across the cases. In a few instances, large but statistically nonsignificant results were observed suggesting that potentially statistically significant findings were obscured due to a lack of power. Additionally, violations of the assumptions of normality and homogeneity, as well as the presence of outliers in the data, presented challenges in the analysis. However, a similar pattern of findings was observed in the exploratory analyses that were conducted as part of various attempts to address the issues present in the data. As discussed above, a larger sample could have helped alleviate some of these concerns. Nonetheless, it is likely the case that the use of an unvalidated measure of risk management strategies combined with the forced-choice

methodology was an overly simplified attempt of looking at complex judgments about how risk is managed. Further, by primarily focusing on agreement with gold standard ratings, this study did not examine whether evaluators were under- or over-rating when providing risk management recommendations. Consideration of the direction and magnitude of risk management recommendations compared to gold standard ratings can provide helpful information on how evaluators think about risk management decisions. While more challenging to conduct, content analysis of qualitative research discussed earlier may be helpful in elucidating patterns in the process of how risk management decisions are made. It is possible that I will need to move toward less structured and more novel approaches of analyzing risk management decisions that will be better aligned with how risk management recommendations are made in real-world settings.

Conclusion

This pilot study was the first examination of the utility of the case formulation and scenario planning steps in the SPJ approach to formulation. The completion of this study helped identify multiple directions that can be pursued in future research to better understand risk management planning. As a starting point, follow-up investigations of a qualitative nature can help identify the thought process of evaluators as they engage in risk management planning. Continued research on how risk management plans are developed and whether case formulations and scenarios aid this process has tremendous implications for the field of violence risk assessment and management, as it can enhance our understanding of precisely how evaluators conduct risk assessments in real-world settings and make decisions about risk.

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Appendix A. General Recruitment E-mail

Subject: Request for Participation in a Research Project

Hello,

Researchers at Simon Fraser University are interested in assessing the role of different styles of communication in intimate partner violence risk assessments. Please see below for details on this study and feel free to share this email with your colleagues if you would like to do so.

Eligibility: Mental health professionals, law enforcement officers, and victim service workers involved in the assessment and management of intimate partner violence who are fluent in English.

What will you be asked to do? Participants will be asked to complete an anonymous, online survey that will take approximately 30 to 60 minutes. You will be asked to review file information about a real case of male perpetrated intimate partner violence against a female partner that has all identifying information removed. You will then be asked to make a number of decisions about the case that you have read. The survey includes questions about your demographic background and professional experiences.

Compensation: All participants receive complimentary access to a 1-hr webinar on intimate partner violence risk assessment and management presented by Dr. P. Randall Kropp and offered online through CONCEPT at Palo Alto University, a leading CE provider for mental health and other human service professionals - a USD $100 value!

Potential Risks: As this study is researching violence risk assessment and communication, there will be discussion of offending behaviour which may make you feel uncomfortable. You will not be asked any questions about your own personal experiences. Your responses are anonymous and confidential, so nobody will be able to connect your responses with your identity. You can refuse to participate, skip any questions you do not wish to answer, or stop participating at any time without penalty.

If you have any questions about the research now or later, please contact Mehrnaz Peikarnegar by email. Alternatively, you may contact the Faculty supervisor, Dr. Stephen D. Hart.

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, please contact Dr. Jeffrey Toward, Director, Office of Research Ethics.

If you would like to participate, please click the link below or copy the link into your web browser and you will be directed to the study:

https://sfufas.ca1.qualtrics.com/jfe/form/SV_1TfHMMpKrnnU2qh

Please note that a study flyer is attached to this e-mail and the study details are also available via Twitter: https://twitter.com/IPV_research

Thank you for your time and consideration.

Kind Regards,

Mehrnaz Peikarnegar

Appendix B. Proportion of Evaluators Reporting Whether Enough Information was Received to Make Risk Management Decisions by Case and Condition

Case	Narrative *n* (%)			Complete *n* (%)			Overall *n* (%)		
	Yes	No	Other	Yes	No	Other	Yes	No	Other
1. Joe and Kelly	5 (100.0)			4 (100.0)			9 (100.0)		
2. Rob and Tammy	5 (100.0)			2 (66.7)		1 (33.3)	7 (87.5)		1 (12.5)
3. Immanuel and Daisy	3 (75.0)	1 (25.0)		4 (80.0)	1 (20.0)		7 (77.8)	2 (22.2)	
4. Abdul and Sabrina	5 (55.6)	3 (33.3)	1 (11.1)	4 (80.0)	1 (20.0)		9 (64.3)	4 (28.6)	1 (7.1)
5. Luke and Barbara	4 (66.7)	2 (33.3)		3 (75.0)	1 (25.0)		7 (70.0)	3 (30.0)	
6. Kyle and Rachael	3 (75.0)	1 (25.0)		7 (100.0)			10 (90.9)	1 (9.1)	
7. Henry and Claire	3 (60.0)	2 (40.0)		3 (42.9)	4 (57.1)		6 (50.0)	6 (50.0)	
8. John and Iris	6 (85.7)		1 (14.3)	2 (66.7)	1 (33.3)		8 (80.0)	1 (10.0)	1 (10.0)
9. Jeff and Tracy	3 (100.0)			7 (100.0)			10 (100.0)		
10. Alan and Rena	5 (83.3)		1 (16.7)	6 (85.7)	1 (14.3)		11 (84.6)	1 (7.7)	1 (7.7)

Appendix C. Sample Case

Jeff and Tracy

Overview

You have just conducted an interview with Jeff about his relationship with Tracy due to concerns about his risk of intimate partner violence. The purpose of your interview is to conduct an intimate partner violence risk assessment of Jeff. You have access to information from various community services and agencies (e.g., criminal justice, health care, victim services) and have conducted several collateral interviews. Please focus on Jeff as the primary (potential) perpetrator and Tracy as the primary (potential) victim. **Today's date is February 1, 2020.**

Jeff is a 54-year-old Indigenous man and Tracy is a 66-year-old Indigenous woman. They have been dating intermittently for the past three years. They both live on an Indian Reserve in St. Thomas. Although they have occasionally co-habited in the past, they have always maintained separate residences. Tracy has eight adult children and Jeff has four adult children from previous relationships.

Jeff

Jeff was sexually abused by his uncle when he was growing up and reported having a great deal of anger about this experience.

Jeff is currently unemployed but has worked doing carpentry and laying bricks. However, he reported that he does not like working and has not had a job for a long time. Friends reported that when Jeff has been employed in the past, he drinks alcohol instead of going to work.

Jeff was married to his first wife for ten years and their relationship ended about twenty-four years ago. According to his first wife, Jeff chased her around the house threatening to kill her on one occasion during their marriage. She hid in a cornfield at the time and did not report the incident to the police because she did not think that he would follow through on the threat. According to his second wife, Jeff used to assault her until she was black and blue and "in other ways." Jeff separated from his second wife about

fourteen years ago and they had four children together. Jeff stated the he divorced his second wife because she “ran around.” According to the St. Thomas transition house manager, Jeff has been emotionally, sexually, and physically abusive towards a succession of women over the past two decades. On one occasion Jeff appeared at the transition house posing as a lawyer representing one of the victims and attempted to get her out of the facility. On another occasion a woman reported that Jeff was responsible for beating her and breaking her ribs. However, the victim did not wish to pursue charges. Police reported that another woman died of a broken neck in Jeff’s home ten years ago but they have no other information about this incident.

Jeff’s first wife described him as a chronic alcoholic with a history of binge drinking. Friends report that he always wants to fight when he drinks and has a history of becoming violent when he is drunk. They stated that he is the nicest fellow when he is sober, but that he goes “weird” and “crazy” when he drinks and often talks about wanting to kill someone.

Criminal History

Date (yyyy/mm/dd)	Charge	Conviction	Disposition
1994	- Assault causing bodily harm	- Assault causing bodily harm	- 6 months custody
Unknown	- Impaired Driving	- Unknown	- Suspended sentence

Jeff served six months jail time for assault causing bodily harm in 1994. He and a friend physically assaulted a man at a party so badly that he had eventually died. Jeff is also suspected of killing the uncle who sexually abused him in the past and there are rumours that he beat him to death with a chain. Jeff also assaulted a male friend with a knife in 2018, but no charges were laid. Jeff is known to boast about killing two other men in the past. However, Tracy and Jeff’s friends describe Jeff as a compulsive liar who is always “bullshitting” and “exaggerating”. According to one of Jeff’s previous

partners, he served some time in jail for theft. Friends report that Jeff drives vehicles all of the time, even though he currently has a suspended licence due to an impaired driving charge.

Tracy

Tracy is currently unemployed and has poor literacy skills.

Tracy was first married at the age of seventeen. She had four children with her husband. Tracy describes her first husband as an alcoholic and stated that their relationship ended with his death. Tracy had two children with her second husband. Similar to her first husband, he was also an alcoholic and eventually died. All together, Tracy has eight children between the ages of twenty-five and forty-seven.

Tracy denies any use of alcohol and drugs and reports that she is currently taking Flurazepam for insomnia.

Relationship

Tracy and Jeff first met thirty years ago when Tracy picked Jeff up on the side of the road and took him to the hospital because of knife wounds he sustained. They began dating three years ago and although they have occasionally cohabitated, they maintain separate residences. Friends describe their relationship as “rocky” and constantly “on and off” and report that they break up an average of once a month. Tracy reports that their first major separation was two years ago and their second major separation was one year ago. On both occasions they separated for more than six months and the separations were primarily due to Jeff’s drinking and lying. During their second separation Tracy had a relationship with John, a married man on the reserve. Tracy and John saw each other for nine months and their relationship ended because Tracy liked John’s wife. Tracy was also scared that her relationship with John might cause her to have problems with Jeff. Tracy and Jeff got back together one month ago.

Tracy describes Jeff as extremely possessive and controlling and reports that she has told him that he does not own her and she is not his wife. For instance, Jeff gets “pissed off” if Tracy goes for lunch with friends and does not invite him. On one occasion, Jeff left a message on Tracy’s answering machine stating, “You are not home again. You better not be with another man. You are my wife and you belong with me.” On several

occasions, after Tracy has kicked Jeff out, Jeff will sit on her trailer hitch at night for hours at a time. Tracy has found cigarette butts in the morning as evidence he was there. Jeff also broke the gate of her fence when she was trying to leave and Jeff would not take no for an answer. Following separations, Jeff often drives back and forth on the highway watching her place all the time.

Tracy reported that Jeff started physically abusing her within the first six months of their relationship. The first incident occurred after they broke up when Tracy returned to the house to retrieve some of her possessions. Jeff was drinking with friends and when Tracy arrived he held a knife to her. He threatened to kill her but let her go unharmed. Tracy told the police about the incident but did not want to pursue charges or to provide a formal statement. Around this time, Jeff told a friend that he got very jealous when he saw Tracy with other men and that he could kill her. The second incident occurred after an argument when Jeff banged on Tracy's door and threatened to burn her and her children out. Tracy reported this incident to the police but told them that Jeff acted "silly" when he drank and that she did not take his threats seriously. Police gave Jeff a verbal warning and recommended the couple attend counselling. In addition to reporting these two incidents to the police, Tracy has also asked the police Aboriginal liaison officer what she could do about Jeff on a number of occasions.

As recommended by police, the couple attended Aboriginal couples counselling for five months last year. The counsellor reported that she advised Tracy and Jeff to terminate their relationship and for Tracy to get a restraining order or peace bond because she was concerned there was a risk of serious violence. She reported that Jeff threatened Tracy during a counselling session and that Tracy expressed fear that Jeff might kill her. The counsellor described Jeff as a wounded and emotionally distraught man who had deep-seeded anger that was quick to surface and explosive. The counsellor reported that Tracy appeared to be putting a great deal of effort into counselling but that Jeff appeared to be going through the motions. She believes that the couple was stuck, enjoyed arguing, and could not let go or move on.

Family and friends are aware of many additional threats that Jeff has made towards Tracy, her family members, and her previous intimate partner which have not been reported to the police. For instance, two years ago, Jeff went to Tracy's trailer while her friends were visiting and threatened to kill Tracy and her family. One year ago, Jeff told

his friend, “If I can’t have Tracy, no one can.” Following their separation one year ago, Jeff told friends that he suspected Tracy was having an affair and put the word out in the community that he would kill anyone that tried to date Tracy. One month ago, Jeff found Tracy talking with John in her trailer and accused her of having a sexual relationship with him. Later that day, Jeff told Tracy and her daughter that if he ever found out that anyone was cheating on him, he would blow their heads off. He talked about having a loaded gun and knowing how to use it. Shortly after this, Jeff drove to Montana with a friend to buy a .22 caliber rifle and told his friend that he was going to “blow away” Tracy and the person who she was having an affair with. Jeff informed his friend that he believed that Tracy was having a sexual relationship with John. Three days ago, Jeff told friends that “the graveyard is full of people who have been shot by their lovers” and that “people who have affairs deserve to die”.

Tracy has told friends and family in the past that she is scared that Jeff will kill her someday. She has asked friends and family to stay at her place over night on several occasions and installed deadbolts in her door one year ago because of her fear. One month ago, Tracy informed seven family members that she feared Jeff would kill her. One week ago, Tracy asked one of her daughters to come and stay with her because she had a fight with Jeff and was frightened. However, family members report that Tracy’s level of fear fluctuates and she often states that she does not actually think that Jeff is going to kill her. Family members report that they have tried to convince Tracy that Jeff is dangerous on several occasions but that Tracy often does not want to believe that Jeff could cause her harm.

Appendix D. A Comparison of SARA-V2 and SARA-V3 Risk Factors

SARA-V3 Factors	Corresponding SARA-V2 Factors
Nature of IPV	
N1. Intimidation	No Comparison
N2. Threats	Good fit: 13. Past use of weapons 19. Use of weapons and/or credible threats of death
N3. Physical harm	Good fit: 11. Past physical assault
N4. Sexual harm	Good fit: 12. Past sexual assault/sexual jealousy
N5. Severe IPV	Partial fit – related to definition: 18. Severe and/or sexual assault
N6. Chronic IPV	No comparison
N7. Escalating IPV	Partial fit – related to timeframe: 14. Recent escalation in frequency or severity of assault
N8. IPV-related supervision violations	Partial fit – related to definition: 15. Past violations of "no contact" orders 20. Violation of "no contact" order
Perpetrator Risk Factors	
P1. Intimate relationships	Partial fit – related to timeframe: 4. Recent relationship problems
P2. Non-intimate relationships	No Comparison
P3. Employment/finances	Good fit: 5. Recent employment problems
P4. Trauma/victimization	Partial fit – related to definition: 6. Victim of and/or witness to family violence as a child or adolescent

SARA-V3 Factors	Corresponding SARA-V2 Factors
Nature of IPV	
P5. General antisocial conduct	Partial fit – related to definition: 1. Past assault of family members 2. Past assault of strangers or acquaintances 3. Past violation of conditional release or community supervision
P6. Major mental disorder	Partial fit – related to definition: 9. Recent psychotic and/or manic symptoms
P7. Personality disorder	Partial fit – related to definition: 10. Personality disorder with angry, impulsivity, or behavioural instability
P8. Substance use	Good fit: 7. Recent substance abuse/dependence
P9. Violent/suicidal ideation	Partial fit – related to definition: 8. Recent suicidal or homicidal ideation/intent
P10. Distorted thinking about IPV	Partial fit – related to definition: 16. Extreme minimization or denial of spousal assault history 17. Attitudes that support or condone spousal assault
Victim Vulnerability Factors	
V1. Barriers to security	No Comparison
V2. Barriers to independence	No Comparison
V3. Interpersonal resources	No Comparison
V4. Community resources	No Comparison
V5. Attitudes or behaviour	No Comparison
V6. Mental health	No Comparison

Note. SARA-V2 = Spousal Assault Risk Assessment Guide, Version 2; SARA-V3 = Spousal Assault Risk Assessment Guide, Version 3.

Appendix E. Risk Management Strategies

MONITORING	TREATMENT	SUPERVISION	VICTIM SAFETY PLANNING
• Frequent contact with perpetrator/suspect by probation and/or social service professionals • Monitor mental health • Monitor for symptoms of homicidality • Drug test • Attendance and participation in programs • Inspection of mail or telecommunications • Electronic surveillance • Monitor peer associations • Monitor performance and attendance at work	• Hospitalization • Certification • Mental health assessment • Mental health treatment • Crisis intervention • Educational/vocational advising • Parenting skills program • Substance abuse treatment program • Spousal assault treatment program • Social skills training program • Anger management program • Refer to culturally appropriate services • Sexual offender risk assessment	• Remand in custody • Restraining order • Report as directed • Reside as directed • No weapons • No alcohol/drugs • No contact order with victim • No contact order with people known to victim • Don't contact children under age 16 • Supervised visits with children • House arrest • Travel ban • No association with known negative peers • Issue a warrant	• Contact support/advocacy services • Establish a police contact person for victim • Mental health counselling • Improve residential and/or workplace security • Relocation of victim's residence and/or workplace • Safety planning for secondary victims/dependents

Appendix F. Sample Report for the Complete Condition

Short Report for Jeff and Tracy

A violence risk assessment of Jeff has been completed due to concerns about his risk of intimate partner violence. This violence risk assessment is based on an interview with Jeff, several collateral interviews, and information from various community services and agencies (e.g., criminal justice, health care, victim services).

In preparing this report, a comprehensive violence risk assessment was conducted according to the professional guidelines set out in version 3 of the Spousal Assault Risk Assessment Guide (SARA-V3). The findings and opinions are summarized below.

Method

For the purpose of this report, intimate partner violence is defined as the actual, attempted, or threatened physical harm of a current or former intimate partner.

Findings

Based on the information provided, the following Nature of Intimate Partner Violence Factors were found to be present:

- Jeff has a chronic history of intimate partner violence over the past twenty years that has included intimidation, death threats, severe physical harm, and sexual harm across different romantic relationships. Jeff's intimate partner violence has also included supervision violations, as he continued to threaten Tracy after receiving a verbal warning from police. Jeff's pattern of intimate partner violence in his relationship with Tracy has been escalating recently, as he informed Tracy and her daughter that he would blow off the head of anyone that was cheating on him. Jeff also told them that he had a loaded gun and knew how to use it. Jeff then acquired a rifle and informed his friend that he would kill Tracy and the person he believed Tracy was having an affair with.

Based on the information provided, the following Perpetrator Risk Factors were found to be present:

- Jeff has serious problems with intimate relationships. He has a long history of failed intimate relationships. Jeff's relationship with Tracy has been described as "rocky" by friends and the two of them break up an average of once a month due to Jeff's substance use and his lying.

- Jeff may have some problems with non-intimate relationships. There is a lack of information across time and different relationships, but Jeff appears to lack prosocial non-intimate connections. For example, Jeff and a friend previously assaulted a man who later died from his injuries. More recently, Jeff and a friend travelled together to purchase a gun. Jeff has also been telling this friend that he plans to kill Tracy.

- Jeff has serious problems related to employment. He has been unemployed for a long time and does not enjoy working. Friends reported that when he was employed in the past, Jeff would drink alcohol instead of going to work.

- Jeff has serious problems related to historical trauma and victimization. He was sexually abused as a child by his uncle and reported feeling a lot of anger about this. Jeff is suspected of killing his sexual abuser but has not received any formal charges.

- Jeff has serious problems related to general antisocial conduct. He has a history of perpetrating physical violence against others, including physically assaulting a man who eventually died from his injuries. Jeff is also suspected of killing the uncle who sexually abused him as a child. Further, Jeff assaulted a male friend in 2005 and has boasted about killing two other men in the past.

- Jeff has serious problems related to personality disorder. He has a general antisocial and violent presentation with antisocial/borderline traits. Jeff has poor emotion regulation and a coping style characterized by anger. He also appears to be preoccupied with Tracy and who she spends her time with.

- Jeff has serious problems with substance use. He has been violent towards Tracy when he has been drinking alcohol and his drinking has been a primary reason for his separations from Tracy. Friends have also reported that Jeff wants to fight when he drinks alcohol. Further, Jeff received a suspended sentence for

impaired driving and his driver's license was suspended, but he continues to drive.

- Jeff has serious problems with violent ideation. According to friends, he often talks about wanting to kill someone when he drinks alcohol. Jeff has also made many threats against Tracy, as well as her family members and her former intimate partner. Recently, Jeff purchased a gun and has been making statements about killing Tracy. Jeff has also been convicted of assault causing bodily harm and is suspected of killing the uncle who sexually abused him, but there was no conviction.

- Jeff has serious problems related to attitudes that condone intimate partner violence. With respect to his current relationship, Jeff is extremely possessive and controlling of Tracy. He is also sexually jealous and does not want Tracy to interact with other men. Jeff has physically harmed Tracy and has threatened to kill Tracy, Tracy's former intimate partner, and Tracy's family members on a number of occasions.

Based on the information provided, the following Victim Vulnerability Factors were found to be present:

- Tracy has serious problems with respect to barriers to security. She lives alone on a reserve and Jeff is very familiar with her residence. She has installed deadbolts in her door due to her fears of Jeff. Jeff has a history of sitting on Tracy's trailer hitch at night for hours at a time after being kicked out by Tracy.

- Tracy has serious problems with respect to barriers to independence. She is currently unemployed and has poor literacy skills.

- Tracy has some problems with respect to interpersonal resources. She has had friends and her family stay at her place overnight on several occasions due to her fears of Jeff. On the other hand, a person in the community may have accompanied Jeff when he purchased a gun. Also, Jeff put the word out in the community that he would kill anyone that tried to date Tracy following a period of separation one year ago.

- Tracy has some problems with respect to the availability, accessibility, appropriateness, and responsiveness of community resources. She contacted police on at least two occasions following incidents involving Jeff. Following the first incident in which Jeff threatened to kill Tracy and held a knife to her, Tracy did not want to pursue charges and police did not proceed with any actions. After the second incident when Jeff threatened to burn Tracy and her children, police gave Jeff a verbal warning. The police responses in these examples may indicate a problem with responsiveness on the part of law enforcement. Additionally, it is possible that Tracy's residence on a reserve is indicative of limited resources being available to her. On the other hand, Tracy has reached out to the police Aboriginal liaison officer for help regarding Jeff. Tracy and Jeff also attended Aboriginal couples counselling for five months last year.

- Tracy has serious problems with respect to attitudes or behaviours that may interfere with her ability to take self-protective action. Although she has communicated with police regarding at least two of the threats made by Jeff, she did not press charges, did not provide a formal statement, and minimized the violence. There is also no indication that Tracy sought to obtain a restraining order or peace bond at the advice of her couples counsellor. Although Tracy has expressed fear that Jeff will kill her someday, Tracy's family report that her fear level fluctuates, and she does not want to believe that Jeff could harm her.

Opinions

Jeff has an extensive history of engaging in violent behaviour and intimate partner violence in particular. His childhood includes a history of sexual abuse and Jeff continues to experience a great deal of anger about this. As an adult, Jeff has been involved in a number of antisocial and violent incidents. In his relationship with Tracy, the risk factors that may have motivated Jeff's decision to engage in violence include problems in his intimate and non-intimate relationships, general antisocial conduct, problematic personality traits (antisocial/borderline traits), violent attitudes, trauma history, and distorted thinking about intimate partner violence These risk factors may have culminated in Jeff's decision to commit violence due to a desire to control Tracy's behaviour and seek proximity to her. Jeff's intimate partner violence may also have been motivated by his need to express emotion and assert his dominance, as he continues to

deal with anger stemming from his history of childhood sexual abuse and has difficulties regulating his anger. It is also possible that Jeff wants to seek retribution against Tracy based on the belief that she has been unfaithful. Jeff may have been disinhibited by his general anti-social conduct, violent ideation, problematic personality traits, support from like-minded associates, employment problems, and distorted thinking about intimate partner violence. These risk factors may have resulted in a lack of guilt, insight, and empathy about engaging in intimate partner violence. Jeff's decision to engage in intimate partner violence may have been destabilized by his substance use, personality disorder, violent ideation, and distorted thinking about intimate partner violence. These risk factors may have led to obsessive-perseverative thoughts focused on Tracy, impulsive thoughts, and impaired reasoning about the consequences of his actions. Collectively, these factors may have interfered with Jeff's problem-solving abilities when dealing with conflict in his relationship with Tracy.

If Jeff commits violence in the future, the following scenarios are most likely. The first scenario is that Jeff continues to perpetrate similar types of intimate partner violence as he has done so in the past, including continued threats, intimidation, physical violence, and sexual violence directed at Tracy. The consequences of this scenario could range from moderate to severe psychological and physical harm. It is expected that this scenario could happen at any time, including in the coming days to weeks. Warning signs for this scenario include continued threats directed at Tracy and continued substance use by Jeff. The likelihood of this scenario is high, given that Jeff has clearly demonstrated that he is willing and able to engage in such behaviour.

The second scenario is that Jeff escalates to using his newly purchased gun in an attempt to kill Tracy. The consequences of this scenario are serious and could include life-threatening violence. It is expected that this scenario could happen at any time, including in the coming days to weeks. Increased substance use, increased surveillance of Tracy, homicidal planning, and a sense of nihilism could indicate an increase in the risk for this scenario. Other warning signs include Tracy ending her relationship with Jeff and entering a new romantic relationship. The likelihood of this scenario appears to be high, as Jeff has been threatening to kill Tracy for several years, he recently purchased a gun, and has been telling friends of his plan to kill Tracy.

The third scenario is that Jeff attempts to physically harm Tracy's former intimate partner (John) or Tracy's family members. Also, if Tracy ends her relationship with Jeff and begins a new romantic relationship, it is possible that Jeff will attempt to harm Tracy's new intimate partner. The consequences of this scenario are serious and could include moderate to severe physical harm, and moderate to severe psychological harm. The likelihood of this scenario appears to be moderate to high. Previous victims of Jeff's intimate partner violence have been his female partners, but Jeff has threatened Tracy's family in the past and has expressed sexual jealousy concerning Tracy's interactions with John. Possible warning signs for this scenario include increased threats directed at people known to Tracy, as well as Jeff assigning blame to these individuals for the end of his relationship with Tracy.

Limitations

Violence risk is dynamic and violence risk assessments are limited by their information base. The availability of new information or changes in circumstances may warrant a review of this case.

Attachment A

The SARA-V3 is a set of structured professional guidelines for assessing risk for intimate partner violence. Evaluators use the guidelines to identify the presence and relevance of 24 risk factors for intimate partner violence in three domains: Nature of Intimate Partner Violence (N domain factors), Perpetrator Risk Factors (P domain factors), and Victim Vulnerability Factors (V domain factors). Ratings are based on interview and case history materials. The factors in the SARA-V3 are listed on the following page.

Based on our findings, we rated 8 Nature of IPV Factors (N1, N2, N3, N4, N5, N6, N7, N8), 8 Perpetrator Risk Factors (P1, P3, P4, P5, P7, P8, P9, P10) and 3 Victim Vulnerability Factors (V1, V2, V5) as present. We rated 1 Perpetrator Risk Factor (P2) factor and 3 Victim Vulnerability Factors (V3, V4, V6) as possibly or partially present. These risk factors were present either before the past year or during the past year. We rated the remaining risk factors as not present.

Attachment B

Risk Factors in the SARA-V3

Nature of IPV: History Includes:	Perpetrator Risk Factors: Problems With:	Victim Vulnerability Factors: Problems With:
N1. Intimidation	P1. Intimate relationships	V1. Barriers to security
N2. Threats	P2. Non-intimate relationships	V2. Barriers to independence
N3. Physical harm	P3. Employment/finances	V3. Interpersonal resources
N4. Sexual harm	P4. Trauma/victimization	V4. Community resources
N5. Severe IPV	P5. General antisocial conduct	V5. Attitudes or behaviour
N6. Chronic IPV	P6. Major mental disorder	V6. Mental health
N7. Escalating IPV	P7. Personality disorder	
N8. IPV-related supervision violations	P8. Substance use	
	P9. Violent/suicidal ideation	
	P10. Distorted thinking about IPV	

Note. IPV = intimate partner violence.

Appendix G. Survey

Welcome to the Intimate Partner Violence Risk Assessment and Communication Research Project

Please provide the following demographic information to ensure that you meet the inclusion criteria for this study.

Are you a mental health professional, law enforcement officer, or victim services worker involved in the assessment and management of intimate partner violence cases?

☐ Yes

☐ No

How well do you speak English?

☐ I am fluent in English.

☐ I am not fluent in English.

Thank you for answering those questions. Based on your responses, you are eligible to participate in this study. Please review the consent form presented below.

Consent Form: 30000010

Intimate Partner Violence Risk Assessment and Communication

Research Project

You are being invited to participate in a research study assessing the role of different styles of communication in assessments of intimate partner violence.

Who is conducting this study?

Principal Investigator: Mehrnaz Peikarnegar, Department of Psychology
Faculty Supervisor: Dr. Stephen D. Hart, Professor, Department of Psychology

Co-investigators: Dr. P. Randall Kropp, Psychologist at the Forensic Psychiatric Services Commission in Vancouver, B.C and Dr. Kelly Watt, Director and Threat Assessment Specialist, Protect International Risk and Safety Services

Who is funding this study?

This study is funded by the Travel & Minor Research Award given to Mehrnaz Peikarnegar by Simon Fraser University.

Who is eligible to participate?

Mental health professionals, law enforcement officers, and victim service workers involved in the assessment and management of intimate partner violence cases who are fluent in English.

Your participation is voluntary.

You have the right to refuse to participate in this study. If you decide to participate, you may still choose to withdraw from the study at any time without any negative consequences.

What will I be asked to do?

Participants will be asked to complete an anonymous, online survey that will take approximately 30 to 60 minutes. If you decide to take part in this research study, you will be randomly assigned to a condition and asked to review file information about a real case of male perpetrated intimate partner violence against a female partner that has all identifying information removed. You will then be asked to make a number of decisions about the case that you have read. The survey includes questions about your demographic background and professional experiences. This information allows us to better understand our sample.

Are there any potential risks or discomforts? As this study is researching violence risk assessment and communication, there will be discussion of offending behaviour which may make you feel uncomfortable. Specifically, you will read a narrative case description of male perpetrated intimate partner violence against a female partner. The

survey will then ask you to make a number of decisions about the case that you have read. You will not be asked any questions about your own personal experiences.

If you participate but afterwards you feel any discomfort or would like to talk to someone about something you have read, please talk to someone you trust or contact a crisis hotline in your local area (at the end of the survey, some suggested numbers will be provided).

What are the benefits in taking this survey?

By participating in this study, you are helping us conduct valuable research to improve how individuals working in law enforcement and victim services might assess and communicate information about risk management when conducting intimate partner violence risk assessments.

Will you receive anything for taking part in this research study?

You will be given a promo code providing complimentary access to a 1-hour webinar on the use of the Spousal Assault Risk Assessment Guide, Version 3 (SARA-V3) through a case illustration ($100 USD value). The SARA-V3 is a set of structured professional judgement guidelines for the assessment and management of risk for intimate partner violence. The webinar is presented by Dr. P. Randall Kropp and is available through a highly respected provider of online continuing education. Dr. Kropp is a clinical and forensic psychologist specializing in the assessment and management of violent offenders. Dr. Kropp is co-author to several works on risk assessment, including the SARA-V3, the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER), the Sexual Violence Risk – 20, Version 2 (SVR-20, V2), the Risk for Sexual Violence Protocol (RSVP), the Guidelines for Stalking Assessment and Management (SAM), and the Assessment of Risk for Honour Based Violence (PATRIARCH).

How will your identity be protected?

You will be asked to respond to questions in an online survey on Qualtrics. Please note that the use of Qualtrics means that the data will be subject to the US Patriot Act as Qualtrics is a US-owned company. Information entered in the survey collected by Qualtrics for this study will be stored in Canada. This anonymous data will be stored in a password-protected electronic format and kept long-term/indefinitely. Access to this data

will be limited to the principal investigator, the faculty supervisor, and the co-investigators. Care will be taken to protect your information, but strict confidentiality of your identity and the information you provide cannot be completely guaranteed due to the collection of responses over the Internet.

All information will be combined into groups in any scholarly papers or presentations from this research, so no individual responses will be identified.

How will this data be used in the future?

In line with current best practices in research, electronic data is to be preserved for future use in open access initiatives. Open access initiatives allow researchers from different universities to share their data upon completion of studies, in an effort to be transparent (e.g., allow others to verify accuracy of analyses from research projects) and to stimulate further use and exploration of existing datasets. When this research is complete, anonymous data from this study may be uploaded to an online repository. This will not include any information that could identify participants.

What if I decide to withdraw my consent to participate?

You may refuse to take part, or you can quit your participation in this research at any time during the survey by closing the link. However, in order to receive complimentary access to the 1-hour webinar on the use of the SARA-V3, you will need to proceed to the end of the survey. Once you have submitted the survey, it will not be possible for us to identify your responses, so your data cannot be deleted from our research project.

How will the results of the study be used?

It should be noted that this project will fulfill partial requirements for Mehrnaz Peikarnegar's Master's Thesis. Further, the results of this study may be published in academic journal articles and/or be presented at academic conferences.

Who can you contact if you have questions about the study? If you have any questions about this research study, you may contact Mehrnaz Peikarnegar or Dr. Stephen Hart.

Who can you contact if you have complaints or concerns about the study?

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, you may contact Dr. Jeffrey Toward, Director, Office of Research Ethics.

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason and without any negative consequences.

By participating in this study, I agree to the following:

☐ That I have read and understood the information above, and that I had an opportunity to email the researchers for clarification if I had any questions.

By clicking the "I agree" button below, you are consenting to participate in this study. If you do not want to participate in this study, please close the window. We thank you for reading the description and considering taking part.

☐ I agree

Demographic information

Please begin by answering the following demographic questions:

What is your age? ____

What is your gender?

☐ Male

☐ Female

☐ Non-binary

☐ Transgender

☐ Prefer to self-describe

☐ Prefer not to say

What is your level of education?

☐ High school diploma

☐ Bachelor's degree

☐ Master's degree

☐ Doctorate degree

☐ Other (please specify)

What is your profession?

☐ Law enforcement

☐ Probation/Parole

☐ Psychiatry

☐ Psychology

☐ Social Work

☐ Victim support services

☐ Other (please specify)

Years of experience in your current profession?

☐ Less than 5 years

☐ 5 to 10 years

☐ 11 to 15 years

☐ Over 15 years

Years of intimate partner violence (IPV) assessment and management experience?

☐ Less than 5 years

☐ 5 to 10 years

☐ 11 to 15 years

☐ Over 15 years

Have you received training on any of the following risk assessment tools used to assess IPV?

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

☐ Danger Assessment (DA)

☐ Domestic Violence Risk Appraisal Guide (DVRAG)

☐ Domestic Violence Screening Inventory (DVSI)

☐ Ontario Domestic Assault Risk Assessment (ODARA)

☐ Spousal Assault Risk Assessment Guide – Version 3 (SARA – V3)

☐ Other (please name the tool(s))

_____

Please enter the approximate number of IPV risk assessments that you complete each year: _____

Please indicate if you normally use any of the following IPV risk assessment tools in your current role:

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

☐ Danger Assessment (DA)

☐ Domestic Violence Risk Appraisal Guide (DVRAG)

☐ Domestic Violence Screening Inventory (DVSI)

☐ Ontario Domestic Assault Risk Assessment (ODARA)

☐Spousal Assault Risk Assessment Guide – Version 3 (SARA – V3)

☐ Other (please name the tool(s))

_____

Where do you engage in the assessment and management of IPV?

☐ Australia

☐ Canada

☐ United Kingdom

☐ United States of America

☐ Other (please specify) _____

Thank you for responding to these questions. In the next section, you will be asked to review file information about an incident of male perpetrated IPV against a female partner.

Case Information

You are being asked to review file information about an incident of male perpetrated intimate partner violence (IPV) against a female partner. Please click here to download the case information as a PDF file attachment. We recommend that you have either a saved or printed copy of the case information to assist with your decisions. Please note that you will not be able to return to this page once you proceed with the survey.

☐ Please confirm that you have saved a copy of the case by selecting this option before proceeding with the survey.

Risk Management

After reading the case information, do you feel that you have received enough information to make risk management decisions for this case?

☐ Yes

☐ No

☐ Other (please elaborate)

_____

Risk Management Strategies

Please list the risk management strategies you would recommend for managing violence risk in this case. For the purposes of this study, please do not be concerned with the specific laws that pertain to your jurisdiction - describe what your ideal case management strategies would be. In other words, what specific actions would you recommend for this case to help prevent future IPV or mitigate risk for future IPV?

Strategy 1 _____

Strategy 2 _____

Strategy 3 _____

Strategy 4 _____

Strategy 5 _____

Strategy 6 _____

Strategy 7 _____

Strategy 8 _____

Strategy 9 _____

Strategy 10 _____

Strategy 11 _____

Strategy 12 _____

Strategy 13 _____

Strategy 14 _____

Strategy 15 _____

Risk Management Strategies - Monitoring

Please indicate whether you would recommend any of the following monitoring strategies in this case. Keep the following questions in mind when responding:

- What is the best way to monitor warning signs that the risks posed by the perpetrator may be increasing?
- What events, occurrences, or circumstances should trigger a reassessment of risk?

	Yes	No
Frequent contact with perpetrator/suspect by probation and/or social service professionals	☐	☐
Monitor mental health	☐	☐
Monitor for symptoms of homicidality	☐	☐
Drug test	☐	☐
Attendance and participation in programs	☐	☐
Inspection of mail or telecommunications	☐	☐
Electronic surveillance	☐	☐
Monitor peer associations	☐	☐
Monitor performance and attendance at work	☐	☐

Risk Management Strategies - Treatment

Please indicate whether you would recommend any of the following treatment strategies in this case. Keep the following questions in mind when responding:

- What treatment or rehabilitation strategies could be implemented to manage the risks posed by the perpetrator?
- Which deficits in psychosocial adjustment are high priorities for intervention?

	Yes	No
Hospitalization	☐	☐
Certification	☐	☐
Mental health assessment	☐	☐
Mental health	☐	☐
Crisis intervention	☐	☐
Educational/vocational advising	☐	☐
Parenting skills program	☐	☐
Substance abuse treatment program	☐	☐
Spousal assault treatment program	☐	☐
Social skills training program	☐	☐
Anger management program	☐	☐
Refer to culturally appropriate services	☐	☐
Sexual offender risk assessment	☐	☐

Risk Management Strategies – Supervision

Please indicate whether you would recommend any of the following supervision strategies in this case. Keep the following questions in mind when responding:

- What supervision or surveillance strategies could be implemented to manage the risks posed by the perpetrator?
- What restrictions on activity, movement, association, or communication are indicated?

	Yes	No
Remand in custody	☐	☐
Restraining order	☐	☐
Report as directed	☐	☐
Reside as directed	☐	☐
No weapons	☐	☐
No alcohol/drugs	☐	☐
No contact order with victim	☐	☐
No contact order with people known to victim	☐	☐
Don't contact children under age 16	☐	☐
Supervised visits with children	☐	☐
House arrest	☐	☐
Travel ban	☐	☐
No association with known negative peers	☐	☐
Issue a warrant	☐	☐

Risk Management Strategies - Victim Safety Planning

Please indicate whether you would recommend any of the following victim safety planning strategies in this case. Keep the following questions in mind when responding:

- What could be done to enhance the security of potential victims?
- How might the physical security or self-protective skills of potential victims be improved?
- What could be done to better coordinate community or institutional supports?

	Yes	No

Contact support/advocacy services	☐	☐
Establish a police contact person for victim	☐	☐
Mental health counselling	☐	☐
Improve residential and/or workplace security	☐	☐
Relocation of victim's residence and/or workplace	☐	☐
Safety planning for secondary victims/dependents	☐	☐

Confidence in Risk Management Strategies

Please indicate your level of confidence in the risk management strategies that you selected on a scale ranging from 1 (not at all confident) to 10 (very confident).

Not At All Confident — Very Confident

1 2 3 4 5 6 7 8 9 10

Please write any additional thoughts you may have about your level of confidence in the risk management strategies that you selected.

_____

_____

_____

_____

_____

Conclusory Opinions

Please indicate your overall judgments regarding this case based on the case information that you reviewed.

Case Prioritization

What level of effort or intervention may be required to prevent further violence?

☐ High

☐ Moderate

☐ Low

Serious Physical Harm

What is the risk the IPV may involve serious or life-threatening physical harm?

☐ High

☐ Moderate

☐ Low

Imminent Violence

What is the risk the IPV may occur in the near future, for example, in the coming hours to days or days to weeks?

☐ High

☐ Moderate

☐ Low

Other Risks Indicated

Is there evidence that the person poses other risks, such as sexual violence, suicide, or self-harm?

Should the person be evaluated for other risks?

☐ Yes (please indicate the type of risk(s))

_____

☐ Possibly (please indicate the type of risk(s))

_____

☐ No

Confidence in Conclusory Opinions

Please indicate your level of confidence in the conclusory opinions you provided on a scale ranging from 1 (not at all confident) to 10 (very confident).

Not at all confident
1 2 3 4 5 6 7 8 9 10 Very confident

Please write any additional thoughts you may have about your level of confidence in the conclusory opinions that you provided.

_____

_____

_____

_____

_____

What information, if any, was missing from the case information that may have helped you make decisions about this case?

_____

Debriefing Form: 30000010

Intimate Partner Violence Risk Assessment and Communication Research Project

Thank you for taking the time to participate in this study. Your responses to this study are confidential (i.e., we will not share them with anyone else in a way that could be linked back to you).

The purpose of this study is to examine the impact of different levels of communication in violence risk assessments using a structured professional judgment (SPJ) instrument. The SPJ approach includes a number of guidelines for evaluators to use when assessing risk factors. These steps include gathering information about the case, identifying the presence and relevance of risk factors, developing a case formulation, considering possible scenarios of future violence, providing risk management strategies, and providing summary risk ratings. The Spousal Assault Risk Assessment Guide – Version 3 (SARA-V3) is a set of SPJ guidelines for the assessment and management of intimate partner violence risk.

In this research study, all participants were presented with a real case of male perpetrated intimate partner violence against a female partner that had all identifying information removed. All participants then read a narrative summary of the risk factors present in their assigned case as identified using the SARA-V3. Some participants were also provided with a case formulation and possible scenarios of future violence, which are steps used in the SARA-V3. All participants were asked to indicate ideal risk management strategies that they would recommend for the case that they read about. Everybody was also asked to indicate risk estimates about the case that they had reviewed. Finally, we asked participants to indicate their level of confidence in the risk management strategies and risk estimates that they provided.

Given the ongoing nature of this research study, we kindly ask that you do not discuss the experiment with anyone who has not yet participated in the study. By participating in this study, you are helping us conduct valuable research to improve how individuals working in law enforcement and victim services might use different kinds of information when conducting intimate partner violence risk assessments. This has implications for the promotion of evidence-based risk assessment, and ultimately, to benefit public safety. If you would like to read more about research on violence risk assessment and the SPJ approach, below are some articles you may find of interest:

Hart, S. D., Douglas, K. S., & Guy, L. S. (2017). The structured professional judgement approach to violence risk assessment: Origins, nature, and advances. In D. P. Boer, A. R. Beech, T. Ward, L. A. Craig, M. Rettenberger, L. E. Marshall, & W. L. Marshall (Eds.), *The Wiley handbook on the theories, assessment, and treatment of sexual offending* (pp. 643-666). Wiley-Blackwell.

Hart, S. D., & Logan, C. (2011). Formulation of violence risk using evidence-based assessments: The structured professional judgment approach. In P. Sturmey & M. McMurran (Eds.), *Forensic case formulation* (pp. 83-106). Wiley-Blackwell.

Who should I contact if I have any questions, concerns, or if I am feeling upset?

If you have questions about this study, please contact Mehrnaz Peikarnegar. You may also contact Dr. Stephen Hart.

If you have ethical concerns about this study, you may contact Dr. Jeffrey Toward, Director, Office of Research Ethics. If reading about intimate partner violence has left you feeling upset, we encourage you to reach out to somebody. Most cities have crisis lines you can call, or they can help put you in touch with a counsellor if you think you would like to pursue counselling. At the end of this form, we provide national hotlines that you can contact.

Thank you again for your participation.

Finally, thank you again for completing the survey. Your participation in this research is greatly appreciated.

You may want to print this page for your records.

Potential Crisis and Domestic Violence Hotlines:

Asian/Pacific Island Domestic Violence Resource Project (domestic violence hotline): 202-xxx-xxxx

Crisis Services Canada: 1-833-xxx-xxxx

National Domestic Violence Hotline: 1-800-xxx-xxxx

United Kingdom – SupportLine: 01708 xxxxxx

Complimentary Webinar Access

To receive access to the complimentary webinar, please visit the CONCEPT Continuing & Professional Studies at Palo Alto University website at https://concept.paloaltou.edu and search for the following webinar by Dr. P. Randall Kropp (Psychologist, BC Forensic Psychiatric Service Commission, Threat Assessment Specialist, Protect International, Inc., and Adjunct Professor, Simon Fraser University): Violence Risk/Threat Assessment Case Illustrations: Law Enforcement. Next, click to register for this webinar at no cost using the following promo code: XXXXXXXX

Please see below for further details on this webinar:

Violence Risk/Threat Assessment Case Illustrations: Law Enforcement

Presented by Dr. P. Randall Kropp

Case Illustrations are one of the most powerful ways to demonstrate the use of a tool for assessing and managing violence risk and how it can be implemented in practice. This webinar focuses on the use of the Spousal Assault Risk Assessment Guide Version 3 (SARA-V3) and the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) to assess and manage risk for intimate partner violence in law enforcement settings. The case illustrations will highlight both promising practices and challenging issues related to implementation of structured professional judgment guidelines in this sector (e.g., considering diversity issues, communicating about risk for lethal violence).

We thank you for your time spent taking this survey.
Your response has been recorded.

Appendix H. Means and Standard Deviations for Study Variables

Table 1: Means and Standard Deviations for Standardized Raw Monitoring Strategies by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	0.64 (0.16)	0.64 (0.06)
2	0.62 (0.13)	0.59 (0.39)
3	0.64 (0.14)	0.69 (0.24)
4	0.59 (0.15)	0.73 (0.06)
5	0.59 (0.09)	0.58 (0.25)
6	0.89 (0.13)	0.87 (0.16)
7	0.60 (0.13)	0.57 (0.23)
8	0.71 (0.19)	1.00 (0.00)
9	0.96 (0.06)	0.63 (0.23)
10	0.72 (0.20)	0.73 (0.16)

Table 2: Means and Standard Deviations for Standardized Raw Treatment Strategies by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	0.38 (0.11)	0.52 (0.10)
2	0.71 (0.15)	0.67 (0.19)
3	0.79 (0.13)	0.68 (0.31)
4	0.61 (0.13)	0.66 (0.13)
5	0.54 (0.17)	0.58 (0.20)
6	0.83 (0.22)	0.81 (0.10)
7	0.80 (0.12)	0.71 (0.16)
8	0.59 (0.21)	0.92 (0.08)
9	0.72 (0.18)	0.63 (0.14)
10	0.82 (0.11)	0.67 (0.18)

Table 3: Means and Standard Deviations for Standardized Raw Supervision Strategies by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	0.51 (0.08)	0.55 (0.07)
2	0.51 (0.18)	0.64 (0.36)
3	0.64 (0.24)	0.44 (0.23)
4	0.46 (0.25)	0.53 (0.16)
5	0.32 (0.13)	0.34 (0.28)
6	0.88 (0.12)	0.85 (0.16)
7	0.54 (0.27)	0.40 (0.26)
8	0.70 (0.23)	0.90 (0.08)
9	0.79 (0.07)	0.76 (0.17)
10	0.77 (0.12)	0.67 (0.24)

Table 4: Means and Standard Deviations for Standardized Raw Victim Safety Planning Strategies by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	0.87 (0.14)	0.83 (0.14)
2	0.90 (0.15)	0.83 (0.29)
3	1.00 (0.00)	0.73 (0.15)
4	0.96 (0.07)	0.93 (0.09)
5	0.83 (0.15)	0.88 (0.16)
6	0.92 (0.17)	1.00 (0.00)
7	0.90 (0.15)	0.74 (0.16)
8	0.93 (0.09)	1.00 (0.00)
9	0.94 (0.10)	0.90 (0.16)
10	0.97 (0.07)	0.93 (0.13)

Table 5: Means and Standard Deviations for Agreement Monitoring Strategies by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	0.64 (0.25)	0.61 (0.14)
2	0.67 (0.28)	0.56 (0.19)
3	0.78 (0.20)	0.69 (0.14)
4	0.69 (0.17)	0.67 (0.08)
5	0.61 (0.12)	0.58 (0.14)
6	0.64 (0.11)	0.56 (0.11)
7	0.64 (0.27)	0.70 (0.15)
8	0.67 (0.14)	0.56 (0.19)
9	0.63 (0.06)	0.56 (0.13)
10	0.57 (0.13)	0.70 (0.17)

Table 6: Means and Standard Deviations for Agreement Treatment Strategies by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	0.58 (0.14)	0.63 (0.07)
2	0.69 (0.09)	0.64 (0.09)
3	0.54 (0.13)	0.54 (0.09)
4	0.57 (0.14)	0.65 (0.22)
5	0.46 (0.08)	0.52 (0.17)
6	0.62 (0.17)	0.54 (0.06)
7	0.62 (0.12)	0.65 (0.10)
8	0.44 (0.18)	0.67 (0.09)
9	0.56 (0.25)	0.46 (0.14)
10	0.54 (0.19)	0.64 (0.12)

Table 7: Means and Standard Deviations for Agreement Supervision Strategies by Condition

Case Number	Narrative M (SD)	Complete M (SD)
1	0.57 (0.21)	0.61 (0.09)
2	0.79 (0.11)	0.45 (0.25)
3	0.55 (0.17)	0.41 (0.19)
4	0.60 (0.17)	0.57 (0.23)
5	0.57 (0.06)	0.61 (0.18)
6	0.50 (0.20)	0.57 (0.19)
7	0.70 (0.09)	0.69 (0.10)
8	0.53 (0.14)	0.50 (0.26)
9	0.71 (0.07)	0.54 (0.17)
10	0.51 (0.20)	0.63 (0.13)

Table 8: Means and Standard Deviations for Agreement Victim Safety Planning Strategies by Condition

Case Number	Narrative Mean (*SD*)	Complete Mean (*SD*)
1	0.63 (0.14)	0.58 (0.17)
2	0.67 (0.12)	0.56 (0.10)
3	0.50 (0.14)	0.47 (0.07)
4	0.52 (0.18)	0.60 (0.28)
5	0.53 (0.13)	0.58 (0.10)
6	0.50 (0.24)	0.57 (0.16)
7	0.53 (0.07)	0.52 (0.18)
8	0.64 (0.15)	0.67 (0.17)
9	0.67 (0.17)	0.62 (0.13)
10	0.58 (0.20)	0.52 (0.18)

Table 9: Means and Standard Deviations for Dichotomized Raw Case Prioritization Ratings

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	0.20 (0.45)	0.25 (0.50)
2	0.80 (0.45)	0.67 (0.58)
3	0.50 (0.58)	0.40 (0.55)
4	0.89 (0.33)	0.60 (0.55)
5	0.33 (0.52)	0.50 (0.58)
6	1.00 (0.00)	1.00 (0.00)
7	0.60 (0.55)	0.67 (0.52)
8	1.00 (0.00)	1.00 (0.00)
9	1.00 (0.00)	1.00 (0.00)
10	0.67 (0.52)	0.71 (0.49)

Table 10: Means and Standard Deviations for Dichotomized Raw Serious Physical Harm Ratings

Case Number	Narrative Mean (*SD*)	Complete Mean (*SD*)
1	0.20 (0.45)	0.00 (0.00)
2	1.00 (0.00)	0.67 (0.58)
3	0.50 (0.58)	0.20 (0.45)
4	0.67 (0.50)	0.60 (0.55)
5	0.50 (0.55)	0.50 (0.58)
6	1.00 (0.00)	1.00 (0.00)
7	0.60 (0.55)	0.67 (0.52)
8	1.00 (0.00)	0.67 (0.58)
9	1.00 (0.00)	1.00 (0.00)
10	0.83 (0.41)	1.00 (0.00)

Table 11: Means and Standard Deviations for Dichotomized Raw Imminent Violence Ratings by Condition

Case Number	Narrative Mean (*SD*)	Complete Mean (*SD*)
1	0.20 (0.45)	0.25 (0.50)
2	0.60 (0.55)	0.67 (0.58)
3	0.75 (0.50)	0.40 (0.55)
4	0.67 (0.50)	1.00 (0.00
5	0.17 (0.41)	0.50 (0.58)
6	1.00 (0.00)	0.86 (0.38)
7	0.20 (0.45)	0.50 (0.55)
8	0.71 (0.49)	0.67 (0.58)
9	1.00 (0.00)	0.71 (0.49)
10	0.83 (0.41)	0.71 (0.49)

Table 12: Means and Standard Deviations for Agreement Case Prioritization Ratings by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	0.20 (0.45)	0.25 (0.50)
2	0.80 (0.45)	0.00 (0.00)
3	0.00 (0.00)	0.20 (0.45)
4	0.33 (0.50)	0.60 (0.55)
5	0.67 (0.52)	0.50 (0.58)
6	0.25 (0.50)	0.29 (0.49)
7	0.20 (0.45)	0.43 (0.53)
8	0.57 (0.53)	0.67 (0.58)
9	0.67 (0.58)	0.57 (0.53)
10	0.50 (0.55)	0.14 (0.38)

Table 13: Means and Standard Deviations for Agreement Serious Physical Harm Ratings by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	0.60 (0.55)	0.25 (0.50)
2	1.00 (0.00)	0.33 (0.58)
3	0.00 (0.00)	0.60 (0.55)
4	0.22 (0.44)	1.00 (0.00)
5	0.50 (0.55)	0.75 (0.50)
6	0.50 (0.58)	0.57 (0.53)
7	0.40 (0.55)	0.71 (0.49)
8	0.43 (0.53)	0.33 (0.58)
9	0.67 (0.58)	0.57 (0.53)
10	0.50 (0.55)	0.43 (0.53)

Table 14: Means and Standard Deviations for Agreement Imminent Violence Ratings by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	0.80 (0.45)	0.25 (0.50)
2	0.80 (0.45)	0.67 (0.58)
3	0.25 (0.50)	0.40 (0.55)
4	0.33 (0.50)	0.80 (0.45)
5	0.50 (0.55)	0.50 (0.58)
6	0.50 (0.58)	0.57 (0.53)
7	0.20 (0.45)	0.43 (0.53)
8	0.71 (0.49)	1.00 (0.00)
9	0.33 (0.58)	0.86 (0.38)
10	0.83 (0.41)	0.57 (0.53)

Table 15: Means and Standard Deviations for Confidence in Risk Management Decisions by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	7.20 (1.48)	6.75 (2.63)
2	8.60 (0.55)	6.00 (1.73)
3	7.00 (0.82)	4.80 (2.49)
4	7.56 (0.88)	6.00 (2.00)
5	5.67 (1.75)	7.00 (0.82)
6	5.75 (1.71)	7.00 (1.15)
7	6.40 (0.89)	7.00 (1.67)
8	6.14 (2.61)	5.67 (3.06)
9	7.67 (1.53)	7.14 (0.90)
10	6.17 (1.94)	6.71 (0.76)

Table 16: Means and Standard Deviations for Confidence in Conclusory Opinions by Condition

Case Number	Narrative *M (SD)*	Complete *M (SD)*
1	7.40 (0.55)	6.50 (2.38)
2	7.60 (1.14)	6.00 (2.00)
3	7.00 (0.82)	6.20 (1.30)
4	7.78 (1.56)	6.60 (2.51)
5	5.67 (2.16)	7.50 (1.29)
6	6.33 (2.31)	7.86 (1.35)
7	6.60 (1.14)	7.33 (1.63)
8	6.29 (2.14)	8.00 (2.00)
9	7.67 (0.58)	7.43 (1.13)
10	6.67 (1.75)	7.00 (0.58)