Training Manual of the

Risk Assessment Tools for Spouse Battering

and Child Abuse in Hong Kong Chinese Families

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Table of Contents

Executive summary

This manual outlines the concepts and methods used in conducting risk assessment tools developed by the consultant team of the University of Hong Kong. It is written as a guideline for practitioners conducting risk assessments for cases involving spouse battering and child abuse.

The three risk assessment tools are designed to function as a triage. It is to help assessor assessing its probability of the occurrence of violence when risk factors continue to function and so decide the most appropriate way to handle it. The tools are primarily designed for social workers, counselors and psychologists who have direct contact with the perpetrators and/or victims of domestic violence. To enhance the effectiveness of multi-disciplinary collaboration for risk assessment of and intervention in domestic violence, the assessor is recommended to include all available information in the form of a report to inform other agencies involved of the results of the assessment.

撮要

  香港大學顧問團隊發展了三套家庭暴力的危機評估工具，而這個手冊主要概述這套危機評估工具的概念及使用方法，旨在讓前線工作者為有關配偶虐待及虐兒個案評估危機時作出指引。

  這三套危機評估工具主要作為分流功能，幫助評估員評估家庭暴力在一些危機因素持續影響下會出現的可能性，從而決定最適切的應對方法。這套評估工具主要是為那些與家庭施虐者及／或受虐者直接接觸的社工、輔導員及心理學家而設。為了提高家庭暴力個案的評估及介入成效，跨專業的合作便尤其顯得重要，因此建議使用這套評估工具的評估員完成評估後，向參與跟進個案的各專業單位提供有關評估結果的報告。

CHAPTER 1 – INTRODUCTION

1.1 This manual outlines the concepts and methods used in conducting risk assessment developed by the consultant team of the University of Hong Kong. The manual is written as a guideline for practitioners conducting risk assessments for cases involving spouse battering and child abuse.

Operational definition of spouse battering and child abuse

1.2 In this study, spousal battering is defined by physical assault, sexual coercion or injury, as measured by the revised Conflict Tactics Scales (CTS2). The Revised Conflict Tactics Scales (CTS2) is a 39-item self-report scale which contains five subscales (negotiation; psychological aggression; physical assault; physical injury; and sexual coercion) with each subscale has minor and severe levels. The CTS2 has shown to have satisfactory psychometric properties.[1][2][3][4]

1.3 Child physical maltreatment is defined by severe or very severe levels of physical assault, as measured by the Parent-Child Conflict Tactics Scale (CTSPC). The scale, with satisfactory psychometric properties[5], is based on conflict theory, covering physical assaults as well as other tactics (e.g. neglect) to deal with conflicts, regardless of whether the child is injured or not. The CTSPC has 7 subscales: non-violent discipline, psychological aggression, minor assault (or corporal punishment), severe assault (physical maltreatment), very severe assault (severe physical maltreatment), neglect and weekly discipline.

Definition of risk and risk assessment

1.4 Risk is conceptualized as a hazard that is closely related to probability.[6] Risk is a

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[1] Strauss, Murray A. , et al. (1996), "The revised conflict tactic scale (CTS2): development and preliminary psychometric data", in *Journal of Family Studies*, 17(3): 283 – 316.

[2] Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*(3), 283-316.

[3] Straus, M. A. (2004). Cross cultural reliability and validity of the revised conflict tactics scales. Paper presented at the XVI World Meeting of ISRA, 2004, Santorini, Greece September 18-22, 2004.

[4] Chan, K. L. (2000). *Study of the impact of family violence on battered women and children* . Hong Kong: Christian Family Service Centre and Department of Social Work & Social Administration, the University of Hong Kong (Resource Paper Series No. 38).

[5] Straus, Murray A., Hamby, Sherry L., Finkelhor, David., Moore, David W. & Runyan, Desmond. (1998). Identification of Child Maltreatment with The Parent-Child Conflict Tactics Scales (CTSPC): Development and Psychometric data for a National sample of American parents. Child Abuse and Neglect 22: 249-270.

[6] Bernstein, P. L. (1996). Against the gods: The remarkable story of risk. New York: Wiley.

complex concept. The occurrence of risk can be forecasted only with uncertainty. Users of any risk assessment tools should not overlook the multi-dimensionality of risk.

1.5 Risk assessment is the process of identifying and studying hazards to reduce the probability of their occurrence.[7] It is also a process of evaluating individuals to (1) characterize the chances that they will commit violence in the future, and (2) develop interventions to manage or reduce that risk.[8] Monahan (1981; 1995)[9] pointed out four "musts" in the assessment of violence risk: the clinician must (1) determine what information to gather regarding risk; (2) gather the information; (3) use this information to estimate risk; and (4) if the clinician is not the ultimate decision maker, communicate the information and estimation to those who are responsible for making clinical decisions.

Clinical and actuarial approaches

1.6 There are two major approaches to conducting risk assessment: clinical judgment and actuarial risk assessment. The clinical judgment approach is based on a clinician or professional's rational opinions in making unstructured judgments.[10] This approach provided no constraints on how evaluators make a judgment based on the information available to them and on their past experience. Such judgments can be very subjective and impressionistic.[11]

1.7 The actuarial approach tends to predict violence or re-offending by using statistical information, such as demographic, criminal history, and psychological variables. Multivariate statistics are then used to identify those variables that best predict risk of violence or re-offending. Once these variables have been identified, offenders can be assigned a risk score by either summing their scores on the individual variables, or using a system whereby some variables are weighted. This type of approach is generally referred to as actuarial risk assessment. Although the clinical approach has

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[7] Boer, D. P., Hart, S. D., Kropp, P. R., & Webster, C. D. (1997). *Manual for the Sexual Violence Risk - 20*. British Columbia: The British Columbia Institute Against Family Violence.

[8] Monahan, J., & Steadman, H. J. (1996). Violent storms and violent people: How meteorology can inform risk communication in mental health law. *American Psychologist, 51*(9), 931-938.

[9] Monahan, J. (1981/1995). Predicting violent behavior: An assessment of clinical techniques. Beverlt Hills, CA: Sage.

[10] Burgess, E. W. (1928). Factors determining success or failure on parole. In A. A. Bruce, A. J. Harno, E. W. Burgess & J. Landesco (Eds.) *The workings of the indeterminate sentence law and the parole system in Illinois*. Springfield, IL: Illinois State Board of Parole.

[11] Grove, W. M., & Meehl, P. E. (1996). Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures. *Psychology, Public Policy, and Law, 2*(2), 293-323.

the advantage of being flexible, especially with respect to violence prevention, there is little doubt that the actuarial approach is more accurate and superior with respect to decision-making and assessing risk for violence.[12]

1.8 The statistical nature of actuarial approach allows assessment to draw reference from generalized characteristics. It relies on a particular source of information, for instance, victim's report. However, it may not be able to address individual differences that are likely for human subjects, and characteristics that have not been included in its statistical model. In other words, there is definitely a role for clinical approach to not only consider the results of actuarial risk assessment but also other information that is observed and identified for a thorough risk assessment.

1.9 The quality of information collected is essential for making judgment, it is thus necessary to employ multiple information sources and multiple methods to collect information. Information may be collected from victim, perpetrator, children and other family members. Methods to collect information may include interviews, behavioural observations, review of case records (medical, legal and social investigation), all relevant documents (e.g. criminal records, medical records, transferal records, referral/discharge summary, psychological tests, and risk assessment tools).

1.10 Cross validation and triangulation should be conducted to verify the accuracy and consistency of information from multiple sources. Further investigation should be carried out to ascertain thorough understanding of the case when inconsistency observed from the various sources consulted. In any cases, the victim's experiences and feelings should be taken into account when making judgment. The assessor could also seek a second opinion from other professionals, for instance, supervisor and multidisciplinary case conference.

1.11 As the characteristics of perpetrators and victims of domestic violence change over time, it is necessary to administer risk assessment on a regular basis to monitor any increases of risk level.

Usage of the tools

1.12 The tool is designed to function as a triage. It is not a tool to distinguish between

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[12] Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (1998). *Violent offenders: Appraising and managing risk*. Washington D C: American Psychological association.

cases of violence and non-violence which could be assessed using the Revised Conflict Tactics Scales. Rather, it is designed to help assessor assessing its probability of the occurrence of violence when risk factors continue to function and so decide the most appropriate way to handle it.

Target users of the tools

1.13 The risk assessment tools are primarily designed for social workers, counselors and psychologists who have direct contact with the perpetrators and/or victims of domestic violence.

CHAPTER 2 - DEVELOPMENT OF THE RISK ASSESSMENT TOOLS
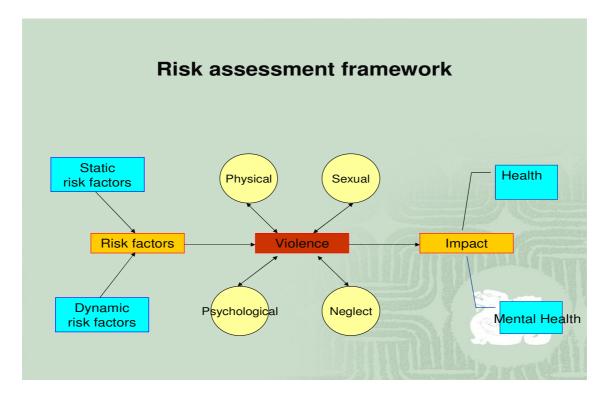
Functions and constraints of risk assessment tools

2.1 Drawing reference from large-scale survey findings conducted by the consultants of the University of Hong Kong, three risk assessment tools are developed to provide a systematic framework for the assessors to collect the most relevant information that has been found to be highly associated with spouse battering and child abuse. In practice, the tools have been developed to perform the following functions:

    a)   To facilitate early identification of domestic violence; and

    b)   To assist assessor in collecting fundamental information required to formulate further clinical assessment

2.2 Although the tools were constructed with a representative sample of the local population and although efforts have been made to optimize their effectiveness in identifying risk factors for domestic violence, they must always be used in conjunction with information obtained from additional sources, including interviews, case histories, police records, direct observations and other forms of clinical judgment. Use of the risk assessment tools has several limitations:

    a)   Factors included in the tool reflect only the most statistically significant ones as demonstrated by the norm of respondents. Some factors with less significance may be valid for some particular cases.

    b)   Accuracy of data collected depends heavily on the recollection of the respondents.

    c)   While the tool is designed for self-report, there is always a possibility that the perpetrator may minimize, rationalize or deny acts of aggression against a spouse when responding to the questions asked in the tool.

    d)   The scores generated by the tool show only the optimum balance between sensitivity and specificity being calculated with statistical means.

    e)   The scores are based on the assessment of risk factors. Direct assessment on the types, severity and frequency of violence used should be conducted.

    f)   The tools should be treated as preliminary risk indicators; the assessor's practice wisdom will be needed for final judgment. Second opinion from supervisor and senior practitioners should be sought.

Conceptual framework

2.3 The risk assessment tools are designed to measure the probability of occurrence of spouse battering and child abuse by detecting the presence of various risk factors that have been found to significantly correlate with the occurrence of domestic violence.

2.4 Although the assessment is valid for the time of the interview, it does not measure changes in factors over time. Thus it is very important that the client be reassessed on a regular basis to monitor changes he or she may demonstrate.

2.5 It is hard to distinguish between risk factors and consequences. For example, depressive symptom can be either a cause of relationship distress or the consequence of a tense relationship. But whether the nature of the factors, they significantly correlate with the occurrence of violence.

Assessment framework

2.6 The framework of risk assessment is represented by the diagram below. It comprises three main components: identification of risk factors, determination of the types of violence used, and evaluation of the impact on the victim.

Identification of risk factors

2.7 The functions of present tools are to identify the risk factors for the child abuse and spouse battering. "Risk factors" or "risk markers" refers to characteristics associated with an increased likelihood that a problem behavior will occur[13]. In other words, they are those characteristics, variables or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected from the general population, will become violent with his or her partner.[14] Because risk factors are co-related with the presence of violence, they can serve as predictors of the problem.

2.8 There are two main types of risk factors: static risk factors and dynamic risk factors. Static risk factors are those that primarily concern the predisposition of a client towards domestic violence. Examples include a criminal history and being the victim of childhood maltreatment. Static risk factors can form the baseline of risk.

2.9 Dynamic risk factors are those that change according to the day-to-day experience of the client. They usually represent the attitudes, psychological status and stress levels of the individual. Examples include relationship distress, depression and unemployment. Because dynamic risk factors can be managed and altered, they are usually regarded as the targets for treatment.

2.10 The presence of some acute factors may indicate that the situation could shortly be out of control and needs immediate attention. These factors may be treated as warning signs for domestic violence. Examples include a negative and depressive mood, intoxication and perpetrator access to the victim.

Factors included in the final model

2.11 To address the various characteristics demonstrated by the perpetrators and victims of spouse battering and child abuse, three different sets of factors are analyzed for the perpetrator of spouse battering, the victim of spouse battering, and the perpetrator of child abuse. Some factors are common to all three groups, while others are specific to each group.

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[13] Kantor, G. K., & Jasinski, J. L. (1998). Dynamics and risk factors in partner violence. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* . USA: Sage.
[14] Mrazek, P. J., & Haggerty, R. J. (1994). Reducing risks for mental disorders: Frontiers for preventive intervention. Washington, DC: National Academy Press.

2.12 The variables listed in Table 1 are risk factors that have been included in the analysis of reduced model. All these risk factors are significantly correlated to spouse battering and child abuse. Factors selected in the reduced model, that is, the model used to design the risk assessment tools, have been demonstrated in the check box of Table 1. Definitions of the risk factors are presented in Appendix 2.

Table 1:

	Spouse battering		Child abuse
	Perpetrator (Chinese Family Violence Risk Assessment Tool – Form A)	Victim (Chinese Family Violence Risk Assessment Tool – Form B)	Perpetrator (Chinese Family Violence Risk Assessment Tool – Form C)
Chronic ill			
Disability			
Wife pregnancy/adoption/postnatal (within 1 year)	✓		
Unemployment[15]	✓		✓
Income			
Receiving CSSA[16]			✓
Indebtedness	✓		
Extended Family Influence			✓
In-law Conflict	✓		
Relationship Distress			
Domination	✓		
Jealousy	✓	✓	✓
Negative Attribution	✓	✓	
Shifting Responsibility	✓		
Anger Management	✓	✓	✓
Substance Abuse			
Violence Approval			✓
Depressive Symptoms			
Social Desirability			
Stressful Conditions			
Face	✓		
Self-esteem			
Social Support			
Suicidal Ideation			
Criminal History	✓	✓	✓
Sexual Abuse History		✓	
Child Neglect			
Child witnessed parental violence	✓	✓	
Partner's disturbance	✓	✓	
Afraid of partner			
Feeling unsafe		✓	

[15] Result showed that unemployment is negatively correlated with the odds of spouse battering when compared to the non-unemployed group which contained economic active and inactive（such as housekeepers and retired persons）subgroups. Generally speaking, it implies that holding other factors constant the unemployed group has a lower probability of having the presence of spouse battering/ child physical maltreatment than the non-unemployed group. Such findings contradict those of other researches and studies, in which unemployment has already been recognized as a universal risk factor of child abuse and spouse battering. In particular, it is a good predictor of severe level of man's violence against his female partner. Such contradictory findings may be due to the fact that the present regression analysis has not controlled for the gender factor and the data refer largely to minor level of physical violence. Besides, there may be correlation among the independent variable adopted in the analysis.

[16] CSSA = Comprehensive Social Security Assistance

CHAPTER 3 - ADMINISTRATION OF THE TOOLS

Precautions in using risk assessment tools

3.1 Questions asked in the Risk Assessment Tools address only factors that are highly significant to spouse battering or child abuse. Factors that are either difficult to ask in a survey (e.g., symptoms of mental illness) or shared only by minority of people (e.g., language problems of the ethnic minorities) were not considered. These non-investigated factors may be correlates of spouse battering or child abuse. They should also be looked at when assessing for dangerousness.

3.2 The tools have included the most significant factors but not their correlates and precursors. Some risk factors (as listed in Table 1) may be closely correlated to factors included in the tools. For example, unemployment may predispose a family to future problems with indebtedness, a factor included in the tools. Therefore, in the process of clinical judgment, the correlating factors should also be considered in risk assessment.

3.3 While the tools reflect the norm of the society, individual differences observed in clients and families should be considered. Each case should be evaluated independently.

3.4 The relative importance of the factors is reflected in the equation used to deduce the assessment scores of the tools. But the presence of some factors (e.g., suicidal ideation and use of weapon) implies immediate danger that needs to be dealt with immediately.

3.5 The information supplied by the client may not reflect the whole picture of the problem, especially when the perpetrator makes the report. In many cases, perpetrators will minimize, rationalize and deny using violence in the family. They may provide biased information to cover up their abusive behavior. Information should be obtained from different sources (e.g., reports from victims, perpetrators and other family members; police and medical record etc.) and compared for an objective assessment.

3.6 Sometimes, each party will claim to be the victim of the other, though they are usually being affected quite differently. In case of mutual combat, the assessor should identify the primary aggressor by looking at the types and frequency of violence used,

the severity of harm inflicted on the other partner, fear induced, and power and control issues. In general, the primary aggressor is the one who induces acute fear and causes injury to the partner to gain power and control.

3.7 In cases of sexual abuse, physical injury may not be noticed and sometimes the victim may resort to violence for self protection. The assessor should give careful consideration to the acute fear and psychological damage caused by the perpetrator.

3.8 Similarly, in cases where perpetrators threaten to use weapons to harm a partner and/or family, assessors should carefully assess the fear induced in the victims, even though they do not yet observe actual bodily harm.

People qualified to conduct risk assessment

3.9 Social workers, psychologists or counselors who wish to use the tools should ensure that the agency they work for has access to the information and resources needed to conduct a risk assessment of potential clients.

3.10 To qualify to use the tools as part of the assessment procedure, the assessor should receive training in the tools' usage. The training should enhance the assessor's knowledge regarding the strengths and limitations of the tools and the standard procedures that need to be followed in conducting a risk assessment.

3.11 In addition to training in use of the tool, an assessor with no prior experience of handling domestic violence should also receive training in understanding the dynamics of domestic violence, gender based violence and ways to elicit maximal information for objective judgment.

Assessment procedure

When is assessment necessary?

3.12 Risk assessment should be conducted whenever the assessor can get in touch with a client. It is not necessary to wait for the appearance of physical signs like bruises and physical injuries, or the evolving of suicidal ideation before one is eligible for assessment. Only after the risk assessment can the assessor judges the potential risk the client bears.

3.13 Conduct of risk assessment should not be confined to the initial stages of domestic violence for early intervention. Instead, it should be done on a regular basis to monitor any changes in risk and to allow the assessor to readjust intervention to meet the client's needs.

Screening criteria - Who is to be assessed?

3.14 If the risk assessment tools are used, the eligible targets are the perpetrator of spouse battering, the victim of spouse battering, and the perpetrator of child abuse.

    a) Form A for Perpetrator of spouse battering – people who reported or being complained of using violence against partner, usually the primary aggressor in cases of mutual combat.

    b) Form B for Victim of spouse battering – people who reported being abused by a partner, showing fear towards partner or being stalked by partner, usually the primary victim in cases of mutual combat.

    c) Form C for Perpetrator of child abuse – people who reported or being complained of using violence against a child, or neglect the needs for healthy development of a child.

3.15 Some spouse battering cases may involve mutual combat making it difficult for the assessor to distinguish between perpetrator and victim. In case of mutual combat, the assessor should identify the primary aggressor by looking at the types and frequency of violence used, the severity of harm inflicted on the other partner, fear induced, power and control issues. In general, the primary aggressor is the one who induces acute fear and causes injury to the partner to gain power and control. If the assessor still finds it difficult to differentiate, the client may be asked to complete two sets of the risk assessment tools, one for the perpetrator of spouse battering and one for the victim.

3.16 Non-perpetrator or non-victim may be assessed if assessor finds it necessary. Clients may display behaviors related to risk factors, for instance, unemployment and in-law conflict. They might be experiencing spouse battering or child abuse but not yet reported to or identified by assessor. Administering risk assessment tools for these targets will help early identify spouse battering and child abuse.

Preparation for the risk assessment

3.17 <u>Relationship building</u>: To enhance a client's readiness to reveal his or her experience of domestic violence, the assessor should start by building a trustful relationship with the client. Once the client has confidence in the protection of the assessor, the client may find it easier to talk about his or her personal life and feel more ready to seek ways to end the use of violence or to leave the abusive partner.

3.18 <u>Safety measure</u>:   To ensure the safety and comfort of the client, the assessor should schedule separate assessment sessions for the assessment of both victim and perpetrator. The victim of domestic violence tends to provide more reliable information regarding incidents of abuse, assessing the apparent victim before the suspected perpetrator may help the assessor to understand the development of violence.

3.19 <u>Consent for participation</u>: Before conducting the assessment, the assessor should first obtain either verbal consent or written consent, depending on the requirement of the involved agency. In addition, full instruction regarding the aim of the assessment and the procedure in filling out the risk assessment tools should be clearly explained to the client.

3.20 <u>Psychological stress/discomfort to participants</u>: In our extensive experience of administering tools for subjects from families with violence, we have found that they generally appreciate telling their experience to professionals who have been trained to receive them. They are rest assured that the interview is primarily to collect statistical information. The assessors are trained to handle participants who are at risk.

3.21 <u>Withdraw from the assessment</u>:   In case that some participants may find the interviewing experience stressful, they will be given the opportunity to have a rest before continuing with the interview. If they choose to withdraw from the assessment, they may do so with no questions asked and there will be no adverse effect to the services they receive.

Data collection

3.22 For the Form A, there are 63 items organized under 13 categories representing 13 risk factors. For the Form B, there are 42 items organized under 8 categories representing 8 risk factors. For the Form C, there are 37 items organized under 7

categories representing 7 risk factors.

3.23 The Forms are self-administered by the respondents. They may be assisted by social workers, psychologists or counselors, if necessary. The respondents are asked to indicate whether they agree or disagree that the statement describes themselves, using the following response categories: (1) Strongly Disagree = 1, Disagree = 2, Agree = 3, and Strongly Agree = 4; (2) Never = 1, Seldom = 2, Sometimes = 3, and Often = 4; (3) Yes = 1, No = 0.

3.24 <u>Multiple sources</u>: The assessor cannot rely solely on one party's side of a story to properly conduct a risk assessment. Multiple sources of information, including responses from the victim, the perpetrator, children, relatives, neighbors and other individuals who have had close encounter with the family may all serve to fill in the bits and pieces of the story.

3.25 Sometimes, information collected from the victim and perpetrator is contradictory. For a thorough risk assessment, triangulation[17] should always be used to validate the varying information obtained. This is a technique that confirms a finding by showing that individual measures of it agree with the conclusion, or at least do not contradict it.

3.26 <u>Triangulation</u> can be performed in several ways: by using multiple data sources (for instance, a review of documents like case records, criminal and medical records, referral reports and assessment reports of other parties involved), and by seeking the opinions of independent assessors (for instance, a second opinion from a supervisor and/or teammates, or the opinions of other professionals).

3.27 Apart from collecting information with the risk assessment tools, it is also essential that the assessor observes for hints that may signal the presence of risk. Obvious demographics that may be useful include financial hardship experienced by the family, the recent arrival of family member to Hong Kong and age difference between a couple (10 years or more).

3.28 While the safety of the victims is always the prime concern, and it is always better to do more to prevent violence than to underestimate its risk, information that is predictive of higher risk should be taken more serious.

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[17] Miles, M. B.. & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook (2nd ed.).* Thousand Oaks, CA: Sage.

Scoring

3.29 In order to use the instrument for the calculation of score, all information should be collected and properly scored. No missing data is allowed.

3.30 The assessor should input the data collected by the risk assessment tools. An estimated risk indication is then computed to provide a reference for subsequent assessment procedures. In general, risk increases with the number of items coded present in the tool. However, there is no simple linear function, and some critical items are sufficient on their own to denote the presence of immediate risk.

3.31 The indication of risk formulated by the tool can serve only as a preliminary assessment. Reports and documents from other sources should also be considered for a complete risk assessment.

3.32 Model Equation:

In general, the model equation is:

$$A = \beta_0 + \beta_1 * X_1 + \beta_2 * X_2 + \beta_3 * X_3 + \beta_4 * X_4 + \beta_5 * X_5 + \beta_6 * X_6 + \beta_7 * X_7 + \beta_8 * X_8 + \beta_9 * X_9 + \beta_{10} * X_{10} + \beta_{11} * X_{11} + \beta_{12} * X_{12} + \beta_{13} * X_{13} + \ldots$$

$$P(risk) = \exp(A) / (1 + \exp(A))$$

where A is a non-zero constant, β_i and X_j are the beta coefficients and independent variables respectively, for i=0,1,2,… and j=1,2,3,…., with $0 <= P(risk) <= 1$.

3.33 <u>Calculation of score:</u>

(1) For perpetrators of spouse battering, the required model equation is:

$$A = -8.540 + 0.637X_1 + 0.665X_2 + 0.540X_3 + 0.585X_4 + 0.587X_5 + 0.529X_6 + 0.501X_7 + 0.260X_8 - 0.572X_9 + 0.556X_{10} + 0.905X_{11} + 1.058X_{12} + 0.731X_{13}$$

Items	Score
X_1 = Pregnancy or adoption or postnatal (within 1 year) = q1	If ①, ② or ③ was chosen, enter 1; If ④ was chosen, enter 0
X_2 = Unemployment = q2	If (a), (b), (c), (d), (e) or (f) was chosen, enter 1; If (g) or (h) was chosen, enter 0
X_3 = Indebtedness = q3	1 or 0
X_4 = In-law conflict = q4	[(q4a+q4b) / 30] *4
X_5 = Domination = q5	(q5a + q5b + … + q5i) / 9
X_6 = Jealousy = q6	(q6a + q6b + … + q6h) / 8
X_7 = Negative attribution = q7	(q7a + q7b + q7c + q7d) / 4
X_8 = Responsibility shifted = q8	1 - 4
X_9 = Anger management = q9 [q9b, q9c, q9d are reverse items, i.e. reverse the scores before summation: ① → ④; ② → ③; ③ → ②; ④ → ①]	(q9a + q9b [r] + q9c [r] + q9d [r] + q9e) / 5
X_{10} = Face-oriented = q10	(q10a + q10b + … + q10j) / 10
X_{11} = Crime history = q11	any one of [q11a] to [q11h] =1, then 1; otherwise, 0.
X_{12} = whether witnessed parental violence = q12	any one of [q12a] to [q12l] =1, then 1, otherwise, 0.
X_{13} = whether annoyed by partner = q13	1 - 4

$$P (risk_{(A)}) = \exp (A) / (1 + \exp (A))$$

The cut-off probability is 7%.

(2) For victims of spouse battering, the required model equation is:

$$V = -5.996 + 0.718X_1 + 0.716X_2 - 0.632X_3 + 0.750X_4 + 1.041X_5 + 1.123X_6 + 0.654X_7 + 0.502X_8$$

Items	Score
X_1 = Jealousy = q1	(q1a + q1b + … + q1h) / 8
X_2 = Negative attribution = q2	(q2a + q2b + q2c + q2d) / 4
X_3 = Anger management = q3 [q3b, q3c, q3d are reverse items, i.e. reverse the scores before summation: ① → ④; ② → ③; ③ → ②; ④ → ①]	(q3a + q3b [r] + q3c [r] + q3d [r] + q3e) / 5
X_4 = Crime history = q4	any one of [q11a] to [q11h] =1, then 1; otherwise, 0.
X_5 = Sexual Abuse History = q5	any one of [q5a] to [q5c] =1, then 1; otherwise, 0.
X_6 = whether witnessed parental violence = q6	any one of [q6a] to [q6h] =1, then 1; otherwise, 0
X_7 = whether annoyed by partner = q7	1 - 4
X_8 = whether feeling unsafe = q8	1 - 4

$$P (risk_{(v)}) = exp (V) / (1 + exp (V))$$

The cut-off probability is 5.5%.

(3) For perpetrators of child abuse, the required model equation is:

$$C = -8.150 + 0.953X_1 + 1.306X_2 + 0.653X_3 + 1.110X_4 - 0.858X_5 + 0.971X_6 + 1.458X_7$$

Items	Score
X_1 = Unemployment = q1	If (a), (b), (c), (d), (e) or (f) was chosen, enter 1; If (g) or (h) was chosen, enter 0
X_2 = whether receiving CSSA = q2	1 or 0
X_3 = extended family influence = q3	(q3a + q3b + q3c + q3d) / 4
X_4 = Jealousy = q4	(q4a + q4b + … + q4h) / 8
X_5 = Anger management = q5 [q5b, q5c, q5d are reverse items, i.e. reverse the scores before summation: ① → ④; ② → ③; ③ → ②; ④ → ①]	(q5a + q5b [r] + q5c [r] + q5d [r] + q5e) / 5
X_6 = Violence approval = q6	(q6a + q6b + … + q6j) / 10
X_7 = Crime history = q7	any one of [q7a] to [q7h] =1), then 1; otherwise, 0.

P (risk $_{(c)}$) = exp (C) / (1 + exp (C))

The cut-off probability is 5.5%.

Interpretation of results

3.34 The results computed by the tools show the probability of domestic violence to occur. When the calculated probability is larger than the cut-off probability, it indicates that violence is likely to be occurred again. While the tool design has been balanced for specificity (non-occurrence correctly predicted) and sensitivity (occurrence correctly predicted), some cases might be falsely considered violent, while some violent cases are overlooked.

3.35 The assessor should seek input from other sources of information before concluding the assessment. The tools should be treated as preliminary risk indicators; the assessor's practice wisdom will be needed for final judgment. Second opinion from supervisor and senior practitioners should be sought. Although families demonstrating high risk (scores higher than the cut-off score) should be given priority, families with low scores (scores lower than the cut-off score) should be followed up to monitor any change in risk.

3.36 The scoring is based on the assessment of risk factors. Direct assessment on the types, severity and frequency of violence used should be conducted. In some cases, violence may be temporary terminated in the cycle of violence. If the score of risk assessment is still high, safety measures and intervention should be continued. Risk assessment should be regularly conducted to track the changes in risk factors. Scores lower than the cut-off score should be considered only as a tentative ending of violence, since they do not imply a solid prediction of non-violence. Unless both the violence ends and the score of risk assessment stays lower than the cut-off score for a long period of time (at least one year in most of studies), no one can be sure that the victim is free from the threat of violence.

3.37 The measurement of risk is based on the client's association with the known risk factors of domestic violence. Therefore, findings revealed by the tools should be taken as a reference, since they describe how likely the client is to be associated with the occurrence of violence.

3.38 While the tool is designed for self-report, there is always a possibility that the perpetrator may minimize, rationalize or deny acts of aggression against a spouse when responding to the questions asked in the tool. Therefore, when interpreting the results of the tools, the assessor should always refer to various sources of information and conduct triangulation to verify the findings.

3.39 When trying to determine the severity of risk for spouse battering, the assessor should make judgments by taking both the score of the tool and other factors, like the repeated nature of incidents, a recent escalation of violence, the victim's fear and the abuser's threats, into consideration.

Techniques for conducting risk assessment

3.40 Assessor can use several techniques to facilitate the building of positive interactions with a client to better elicit as much information about as possible.

3.41 Remain neutral: Always maintain a balance between professional objectivity and personal concern. Try to avoid personal bias when conducting the risk assessment.

3.42 Be consistent: Try to ask no more and no less than all the stated questions in a similar manner and voice tone. Be consistent with explanations given to respondents when they are in doubt. Remember to record correctly every answer to each question.

3.43 Use emotions as an assessment tool: Respondents are likely to express a wide range of emotions during assessment. Acknowledge the emotions and support the clients. Use their emotive reactions as an opportunity to express support and gain more accurate information.

3.44 Respond to resistance: It is possible for the respondents to deny the existence of abuse. The best approach is to ask questions in a straightforward manner and remain factual when administering the assessment. Resistance often indicates that the respondent is uncomfortable about the assessment and that the question may be touching on difficult but important ground. Try to skip the question and refer back to it later when the assessment is nearly at an end, when the respondent may have warmed up and may be willing to disclose more information.

3.45 Be thorough and patient: Be sincere and considerate when administering the risk assessment of a spouse and in cases of child abuse because violence is a sensitive topic and information can be difficult to talk about. It is a natural tendency for the respondent to hesitate and skim over specific types of abuse. Assessor should be supportive.

3.46 Alleviate stress and anxiety: Respondents may feel anxious, stressed out or even

defensive during the assessment. The assessor can try to alleviate some of these feelings by helping the respondent understand that other families may have similar situations and that he or she is not being single out. This may help the respondent become more at ease in disclosing information.

3.47 The techniques employed should always be targeted to ensure the safety of the victims and children, and to prevent the progression of violence.

Communicating results

3.48 To enhance the effectiveness of multi-disciplinary collaboration for risk assessment of and intervention in domestic violence, the assessor should include all available information in the form of a report to inform other agencies involved of the results of the assessment.

Risk management

3.49 "Risk management" refers to the duty to protect identifiable or non-identifiable victims. To ensure the safety and protection of victims of high-risk cases, the source of risk, that is, the perpetrator, should be removed or avoided or reduced contact with, for crisis-intervention purposes.

Appendix 1: Risk assessment tools
［華人家庭暴力危機評估量表 — 量表一］
Risk Assessment Tools for Spouse Battering and Child Abuse
in Hong Kong Chinese Families
Form A

評估日期：（　/　/　）　　　檔案編號：＿＿＿＿＿　　　評核員姓名：＿＿＿＿＿

性別：　①　男　　②　女　　　年齡：　　＿＿＿＿＿

q1. 你 / 你的配偶目前是懷孕的嗎，或者正進行申請領養程序?
①是懷孕，懷孕的週數＿＿＿　　②你/你的配偶在最近 12 個月內，生了孩子
③是，正進行領養　　④否

q2. 請問你現在有沒有工作或做緊生意？

有，係：　　　　　沒有，係：
(a) □　僱員　　　(d) □　料理家務者
(b) □　自僱　　　(e) □　學生
(c) □　僱主　　　(f) □　退休人士
　　　　　　　　(g) □　（非（a），(b) 或（c））沒有事做，而正在找尋工作
　　　　　　　　(h) □　（非（a），(b) 或（c））沒有事做，但現在沒有找尋工作

q3. 你現時是否受到債務的困擾？　　　　　　　　　　①　是　　⓪　否

q4.在過去十二個月內，你曾與以下人仕發生衝突（任何口角或打架）的次數?
注意：填寫次數時只須憑印象，選擇最接近的類別即可。

		過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生	從來沒有發生過
		1 次	2 次	3-5 次	6- 10 次	11-20 次	20 次以上		
q4a	奶奶/外母	①	②	③	④	⑤	⑥	⓪	⓪
q4b	老爺/外父	①	②	③	④	⑤	⑥	⓪	⓪

q5. 請問你是否同意下列句子？

		非常 不同意	不同 意	同意	非常 同意
q5a	有時我會提醒配偶應該聽從我的。	①	②	③	④
q5b	我和我的配偶意見分歧時，通常我都有話事權。	①	②	③	④
q5c	我的配偶需要緊記我才是作主的。	①	②	③	④
q5d	我的配偶性格惡劣。	①	②	③	④
q5e	別人大多不喜歡我的配偶。	①	②	③	④
q5f	我的配偶缺乏足夠的智慧去作出重要的決定。	①	②	③	④
q5g	我有權知道配偶所做的一切。	①	②	③	④
q5h	我要每時每刻知道我的配偶身在何處。	①	②	③	④
q5i	我有權介入我的配偶所做的任何事。	①	②	③	④

q6. 請問你是否同意下列句子？

		非常 不同意	不同 意	同 意	非常 同意
q6a	若我的配偶只向別人傾吐內心秘密，我會覺得很不滿。	①	②	③	④
q6b	若我的配偶非常留心或關心某些人時，我會感到不高興。	①	②	③	④
q6c	若其他人特別注意或關心我的配偶時，我會感到不高興。	①	②	③	④
q6d	若我的配偶積極幫助另一位與我同性別的人士，我會感到嫉妒。	①	②	③	④
q6e	若我的配偶與其他人打情罵俏，我會發怒。	①	②	③	④
q6f	若其他人擁抱我的配偶太久，我會很不高興。	①	②	③	④
q6g	若我的配偶擁抱某些人太久，我會很不高興。	①	②	③	④
q6h	若我的配偶太忙沒時間陪我，我會有被遺棄的感覺。	①	②	③	④

q7. 請問你是否同意下列句子？

		非常 不同意	不同 意	同意	非常 同意
q7a	當我發嬲時，通常都是我的配偶犯錯。	①	②	③	④
q7b	我的配偶會做些煩擾我的事。	①	②	③	④
q7c	我的配偶喜歡刺激我。	①	②	③	④
q7d	當我的配偶對我獻殷勤時，我會想他/她究竟有甚麼企圖。	①	②	③	④

q8. 請問你是否同意下列句子？

	非常 不同意	不同 意	同意	非常 同意
配偶之間出現暴力，雙方都有責任。	①	②	③	④

q9. 請問你是否同意下列句子？

		非常 不同意	不同 意	同意	非常 同意
q9a	當我心煩時，我可以讓自己平靜下來。	①	②	③	④
q9b	當我和家人爭辯時,我會無法控制自己的情緒。	①	②	③	④
q9c	當我開始向家人發脾氣時,我會感到心跳加速。	①	②	③	④
q9d	當我向家人發脾氣時,想到甚麼便說甚麼,從不顧及後果。	①	②	③	④
q9e	當我感到開始向家人發脾氣時,我會叫自己冷靜下來。	①	②	③	④

q10. 請問你是否同意下列句子？

		非常 不同意	不同 意	同意	非常 同意
q10a	自己的長處應該儘量表達出來讓人知道。	①	②	③	④
q10b	在社交場合,別人注意我甚至羨慕我,能令我覺得愉快。	①	②	③	④
q10c	我喜歡氣派的住房、辦公室、車子等。	①	②	③	④
q10d	自己的成功還要讓別人知道才更有意思。	①	②	③	④
q10e	我喜歡在社交場合中成為眾人注意、羨慕的焦點。	①	②	③	④
q10f	成為社會名流對我來講是一種值得追求的成就。	①	②	③	④
q10g	我希望成為大家擁護的人物。	①	②	③	④
q10h	我希望出人頭地，光宗耀祖。	①	②	③	④
q10i	我羨慕在社會上有名望、權勢、或地位的人。	①	②	③	④
q10j	我通常願意去爭取成為團體的領導人物或上層人物。	①	②	③	④

q11. 你曾否作出過下列行為？

		是	否
q11a	你曾否涉及虐待孩子的個案中；	①	⓪
q11b	你配偶曾否涉及虐待孩子的個案中；	①	⓪
q11c	你曾否涉及虐待配偶的個案中；	①	⓪
q11d	你配偶曾否涉及虐待配偶的個案中；	①	⓪
q11e	你曾否涉及官非？(被告或留案底)；	①	⓪
q11f	你配偶曾否涉及官非？(被告或留案底)；	①	⓪
q11g	我曾偷別人或家人的錢；	①	⓪
q11h	我曾經打人或嚇人說要打他/她·	①	⓪

q12. 你曾否見過你的父親對母親 / 母親對父親作過下列行為？ 曾見過 否

q12a	搵野掟對方，而可能會整傷對方；	①	◎
q12b	曾扭對方嘅手臂或扯對方嘅頭髮；	①	◎
q12c	曾推撞或推開對方；	①	◎
q12d	曾抓住對方；	①	◎
q12e	曾掌摑對方；	①	◎
q12f	曾用刀或利器指向對方；	①	◎
q12g	曾用拳頭或搵野打對方，可能會整傷對方；	①	◎
q12h	曾勒住對方嘅頭；	①	◎
q12i	曾把對方大力撞向牆壁；	①	◎
q12j	曾經毆打對方；	①	◎
q12k	曾故意燒傷或燙傷對方；	①	◎
q12l	曾經踢對方．	①	◎

q13. 配偶纏擾或滋擾	從來沒有	很少	偶爾	常常
在過去十二個月中，你曾否受到配偶嘅纏擾或滋擾？	①	②	③	④

Risk Assessment Tools for Spouse Battering and Child Abuse
in Hong Kong Chinese Families
Form B

評估日期：(/ /) 　　檔案編號：＿＿＿＿＿ 　　評核員姓名：＿＿＿＿＿

性別： ① 男 　② 女 　　年齡： ＿＿＿＿＿

q1. 請問你是否同意下列句子？	非常不同意	不同意	同意	非常同意
q1a 若我的配偶只向別人傾吐內心秘密，我會覺得很不滿。	①	②	③	④
q1b 若我的配偶非常留心或關心某些人時，我會感到不高興。	①	②	③	④
q1c 若其他人特別注意或關心我的配偶時，我會感到不高興。	①	②	③	④
q1d 若我的配偶積極幫助另一位與我同性別的人士，我會感到嫉妒。	①	②	③	④
q1e 若我的配偶與其他人打情罵俏，我會發怒。	①	②	③	④
q1f 若其他人擁抱我的配偶太久，我會很不高興。	①	②	③	④
q1g 若我的配偶擁抱某些人太久，我會很不高興。	①	②	③	④
q1h 若我的配偶太忙沒時間陪我，我會有被遺棄的感覺。	①	②	③	④

q2. 請問你是否同意下列句子？	非常不同意	不同意	同意	非常同意
q2a 當我發嬲時，通常都是我的配偶犯錯。	①	②	③	④
q2b 我的配偶會做些煩擾我的事。	①	②	③	④
q2c 我的配偶喜歡刺激我。	①	②	③	④
q2d 當我的配偶對我獻殷勤時，我會想他/她究竟有甚麼企圖。	①	②	③	④

q3. 請問你是否同意下列句子？

		非常 不同意	不同 意	同意	非常 同意
q3a	當我心煩時，我可以讓自己平靜下來。	①	②	③	④
q3b	當我和家人爭辯時，我會無法控制自己的情緒。	①	②	③	④
q3c	當我開始向家人發脾氣時，我會感到心跳加速。	①	②	③	④
q3d	當我向家人發脾氣時，想到甚麼便說甚麼，從不顧及後果。	①	②	③	④
q3e	當我感到開始向家人發脾氣時，我會叫自己冷靜下來。	①	②	③	④

q4. 你曾否作出過下列行為？

		是	否
q4a	你曾否涉及虐待孩子的個案中；	①	⓪
q4b	你配偶曾否涉及虐待孩子的個案中；	①	⓪
q4c	你曾否涉及虐待配偶的個案中；	①	⓪
q4d	你配偶曾否涉及虐待配偶的個案中；	①	⓪
q4e	你曾否涉及官非？(被告或留案底)；	①	⓪
q4f	你配偶曾否涉及官非？(被告或留案底)；	①	⓪
q4g	我曾偷別人或家人的錢；	①	⓪
q4h	我曾經打人或嚇人說要打他/她‧	①	⓪

q5. 你曾否發生過下列行為？

		曾發 生過	從來沒有 發生過
q5a	有人曾迫我望或摸他/她的私處(性器官)，或他/她強行望或摸我的私處(性器官)。	①	⓪
q5b	有人曾迫我發生性行為(性交、肛交或口交)。	①	⓪
q5c	有人曾對我做過除以上兩項，其他現在我認為是性侵犯的行為。	①	⓪

q6. 你曾否見過你的父親對母親 / 母親對父親作過下列行為？

		曾見過	否
q6a	揾野揼對方，而可能會整傷對方；	①	⓪
q6b	曾扭對方嘅手臂或扯對方嘅頭髮；	①	⓪
q6c	曾推撞或推開對方；	①	⓪
q6d	曾抓住對方；	①	⓪
q6e	曾掌摑對方；	①	⓪
q6f	曾用刀或利器指向對方；	①	⓪
q6g	曾用拳頭或揾野打對方，可能會整傷對方；	①	⓪
q6h	曾勒住對方嘅頭；	①	⓪
q6i	曾把對方大力撞向牆壁；	①	⓪
q6j	曾經毆打對方；	①	⓪
q6k	曾故意燒傷或燙傷對方；	①	⓪
q6l	曾經踢對方·	①	⓪

q7. 配偶纏擾或滋擾

	從來沒有	很少	偶爾	常常
在過去十二個月中，你曾否受到配偶嘅纏擾或滋擾？	①	②	③	④

q8.

	從來沒有	很少	偶爾	常常
配偶令你感到人身不安全嗎？	①	②	③	④

[華人家庭暴力危機評估量表 — 量表三]

Risk Assessment Tools for Spouse Battering and Child Abuse
in Hong Kong Chinese Families
Form C

評估日期：（　/　/　）　　　檔案編號：＿＿＿＿＿　　評核員姓名：＿＿＿＿＿

性別：　① 男　　② 女　　　年齡：　＿＿＿＿＿

q1. 請問你現在有沒有工作或做緊生意？

有，係：　　　　　沒有，係：
(a) ☐ 僱員　　　(d) ☐ 料理家務者
(b) ☐ 自僱　　　(e) ☐ 學生
(c) ☐ 僱主　　　(f) ☐ 退休人士
　　　　　　　　(g) ☐ （非（a），(b) 或（c））沒有事做，而正在找尋工作
　　　　　　　　(h) ☐ （非（a），(b) 或（c））沒有事做，但現在沒有找尋工作

q2. 你或同住家人有沒有領取綜合社會保障援助金？　　① 有　　⓪ 沒有

q3. 請問你是否同意下列句子？	非常 不同意	不同 意	同意	非常 同意
q3a　有一位家族成員(例如姻親或親戚)嘗試強制我的家庭接納他/她的意見。	①	②	③	④
q3b　有一位家族成員干擾我的家庭生活。	①	②	③	④
q3c　有一位家族成員批評我照顧孩子的方式。	①	②	③	④
q3d　家族的成員經常講及我的家事。	①	②	③	④

q4. 請問你是否同意下列句子？	非常 不同意	不同 意	同意	非常 同意
q4a　若我的配偶只向別人傾吐內心秘密，我會覺得很不滿。	①	②	③	④
q4b　若我的配偶非常留心或關心某些人時，我會感到不高興。	①	②	③	④
q4c　若其他人特別注意或關心我的配偶時，我會感到不高興。	①	②	③	④
q4d　若我的配偶積極幫助另一位與我同性別的人士，我會感到嫉妒。	①	②	③	④
q4e　若我的配偶與其他人打情罵俏，我會發怒。	①	②	③	④
q4f　若其他人擁抱我的配偶太久，我會很不高興。	①	②	③	④
q4g　若我的配偶擁抱某些人太久，我會很不高興。	①	②	③	④
q4h　若我的配偶太忙沒時間陪我，我會有被遺棄的感覺。	①	②	③	④

q5. 請問你是否同意下列句子？

		非常 不同意	不同 意	同意	非常 同意
q5a	當我心煩時，我可以讓自己平靜下來。	①	②	③	④
q5b	當我和家人爭辯時，我會無法控制自己的情緒。	①	②	③	④
q5c	當我開始向家人發脾氣時，我會感到心跳加速。	①	②	③	④
q5d	當我向家人發脾氣時，想到甚麼便說甚麼，從 不顧及後果。	①	②	③	④
q5e	當我感到開始向家人發脾氣時，我會叫自己冷 靜下來。	①	②	③	④

q6. 請問你是否同意下列句子？

		非常 不同意	不同 意	同意	非常 同意
q6a	我認為若要管教孩子，有時體罰是需要的。	①	②	③	④
q6b	我認為妻子掌摑丈夫是可以接受的。	①	②	③	④
q6c	我認為丈夫掌摑妻子是可以接受的。	①	②	③	④
q6d	我認為當孩子駁咀或惹了麻煩時，父母掌摑他 ／她是可接受的。	①	②	③	④
q6e	男孩子打架是很正常的。	①	②	③	④
q6f	女孩子打架是很正常的。	①	②	③	④
q6g	我認為當男孩子被人打時，他應該還手。	①	②	③	④
q6h	我認為當女孩子被人打時，她應該還手。	①	②	③	④
q6i	一個女性被強姦，她可能亦有責任。	①	②	③	④
q6j	妻子不應拒絕丈夫做愛的要求。	①	②	③	④

q7. 你曾否作出過下列行為？

		是	否
q7a	你曾否涉及虐待孩子的個案中；	①	⓪
q7b	你配偶曾否涉及虐待孩子的個案中；	①	⓪
q7c	你曾否涉及虐待配偶的個案中；	①	⓪
q7d	你配偶曾否涉及虐待配偶的個案中；	①	⓪
q7e	你曾否涉及官非？(被告或留案底)；	①	⓪
q7f	你配偶曾否涉及官非？(被告或留案底)；	①	⓪
q7g	我曾偷別人或家人的錢；	①	⓪
q7h	我曾經打人或嚇人說要打他/她‧	①	⓪

Appendix 2: Definitions of Risk Factors

Factor	Definition
Child neglect	Neglect includes leaving child alone in the house, leaving child in hunger, showing limited care when child in sickness, or being unable to take care of child due to drunkenness.
Child witnessed parental violence	The extent to which the respondent had witnessed violence demonstrated by either or both parents in childhood. The nature of violence includes psychological aggression, physical assault, or even injury to either or both parents
Sexual abuse history	Previous experience of sexual assault reported by the respondent. The experiences may include being forced to look at or touched other's sex organ, sex organ being touched or looked at by other in unwilling situation, being forced to have sexual intercourse, or being forced to give in to acts that are now considered to be sexual assaults.
Criminal history	The extent to which the respondent has committed at least one of the following criminal & antisocial acts: involved in child abuse and/or spousal battering dispute, violating civil or criminal laws, criminal record, on probation order or restraining order, violation of protection order, history of reporting police, record of arrest or charge, violence outside the family (use violence or threat against others), violence inside family (nuclear or extended) e.g. in law conflict/violence, elderly abuse etc.
Self-esteem	The extent of worth the respondent sees in himself/herself. This can be expressed by aspects including the number of good qualities the respondent thinks he/she possesses, the things that he/she feels proud of, the level of self satisfaction that he/she has, and whether respondent considers his/her own worth as on the equal basis with others.
Violence approval	The extent of which respondent accepts using physical force as a proper way to respond to situations including being hit by others, gaining control over partners in family dispute, disciplining children and punishing children who talk back or being in trouble.
Anger management	The extent to which respondent being able to recognize the signs of anger, self-talk and self-soothing to control anger.

Appendix 2 Cont'd

Factor	Definition
Stressful conditions	The extent of stress and hassles experienced by the respondent. The sources of stress may originate from external stressors, interpersonal problems, and matters concerning self fulfillment.
Face	The extent of the respondent's acquisitive face orientation based on the intention to pursue recognition from others on his/her strengths and success, and to seek people's attention or even admiration to achieve the status of being a celebrity of respectable person.
Social desirability	The degree to which a respondent will tend to avoid admitting undesirable behavior, such as partner assault and other forms of crime. The scale is intended to measure things that are slightly undesirable but true of everyone. The higher the social desirability score the less likely the respondent is to disclose undesirable information on the self-report survey. A high score indicates that the respondent is more likely to deny socially undesirable behavior.
Jealousy	Extreme concern about the possible sexual and social exclusiveness of partner
Negative attribution	The extent of which the respondent blames partner when things go wrong. The respondent holds partner responsible for the irritation and annoyance demonstrated in dispute, and suspects partner may has intention other than showing love and care when being treated nicely.
Shifting responsibility	The extent of which the respondent believes victim shares part of the responsibility for the violence.
Domination	The extent of control possessed by the respondent over partner in the hierarchical relationship.
Relationship distress	The areas of dissatisfaction with the relationship the respondent has, which can be characterized by high conflict and few positive interactions.
Social support	The extent of which the respondent feels being isolated in life and having no one to offer help when he/she is in need.
Extended family influence	The extent of which the respondent being aware of the influence of extended family member(s) on everyday life.
In-law conflict	The respondent's experience of in-law conflict including argument or fighting and the number of incidents.

Appendix 2 Cont'd

Factor	Definition
Suicidal ideation	The extent of which the respondent has thought of committing suicide.
Substance abuse	Excessive use of alcohol or other mine-altering drugs
Depressive symptoms	The extent of disturbances in mood and dysphoric cognitions a respondent is suffering. This can be measured by the positive and negative feelings respondent has about life.