RISK AND LETHALITY ASSESSMENT IN THE FIELD OF INTIMATE PARTNER VIOLENCE

A Synopsis of Research

In 1985, Jacquelyn Campbell created the Danger Assessment, one of the first risk assessment instruments for battered women. The following is a synopsis of her recent presentation: Assessment of Dangerousness in the Field of Intimate Partner Violence: What Practitioners Need to Know, along with data from her study Assessment of Dangerousness: Brief Overview of Risk Assessment in General and Evaluation of the Danger Assessment Instrument. *

OVERVIEW

Advocates, health systems practitioners, and criminal justice workers have as an integral part of their work helping battered women in their safety planning. Many meaningful risk assessment tools have been developed; no doubt, your agency has adopted one or has created its own system. Risk assessments for lethality and for re-offending are both essential to our intervention work: the first as the basis of safety planning with victims, the second for judicial and police decisions. The domestic violence field has only recently (within about the last eight to ten years) started examining how it does risk assessment with a significant degree of scientific rigor. The Danger Assessment tool (assessing risk of lethality) can be used during safety planning with women, helping to guide advocates to be more careful with women who have higher scores.

Our goal here is to offer advocates and others working directly with battered women a review of the recent trends in domestic violence homicide, especially femicide; provide practitioners with some considerations in conducting lethality assessments and interpreting the results; and take a close look at the Danger Assessment—one specific assessment tool whose reliability in predicting both lethality and re-offending has been carefully measured.

^{*} Jacquelyn Campbell, Ph.D., RN, is a preeminent leader in the field of domestic violence risk assessment research. Copies of her presentation and study are available online at www.praxisinternational.org. The Danger Assessment tool

LETHALITY TRENDS IN DOMESTIC VIOLENCE CASES

- > In the past twenty years, the *number* of intimate partner homicides has decreased—significantly so for men. In 1976, an almost equal number of women and men were killed by intimate partners, when one considers all races and ages together. Today, the ratio is three to one; for every domestic homicide of a man, approximately three women die at the hands of their intimate partners.¹
- > The decrease in the *number* of intimate partner homicides has been most pronounced for African American women and even more so for African American men.²
- > Femicide, or the homicide of women,³ is the leading cause of death in the U.S. for young African American women aged 15 to 45 and the seventh leading cause of premature death for women overall.⁴
- American women are killed by intimate partners (husbands, lovers, ex-husbands or ex-lovers) more often than by any other category of perpetrator. ^{5,6,7} In contrast, approximately 5.9% of men are killed by an intimate partner. ^{8,9,10,11,12}

FACTORS CONTRIBUTING TO DECREASE IN DOMESTIC HOMICIDES

The few studies that have examined this steep decline in domestic partner homicides suggest three contributing factors:

- 1) Better domestic violence resources and laws. The states with the steepest decline in intimate partner homicide of men have more resources available to domestic violence victims and better domestic violence laws. We think that in those states, battered women have ways of keeping themselves and their children safe besides killing their abusive partners. They are therefore less likely to feel there is no option open to them except homicide.¹³
- 2) <u>"Exposure Reduction."</u> An increase in women's earnings, lower marriage rates, and higher divorce rates contribute to make women less trapped in relationships with men.¹⁴
- 3) <u>Declining availability of guns.</u> It has been shown that a gun in the home increases the risk of intimate partner homicide *three times more* than the next most powerful risk factor, a history of domestic violence.¹⁵ With the decline in gun availability in the last twenty years, the number of

is appended to this synopsis. Dr. Campbell's other publications include What is Danger and Risk Assessment, and

intimate partner homicides has also decreased.¹⁶ Further on, we will more closely examine how gun access affects the lethality risk to a victim of domestic violence.

FACTS ABOUT HOMICIDE IN BATTERING RELATIONSHIPS

- > The majority (67 to 80%) of intimate partner homicides involve physical abuse of the woman by the man prior to the murder, no matter which partner is killed. 17, 18, 19
- Women killed by intimate partners, as compared to women killed by other people, are generally younger, more often married, more likely to be killed at home, far more likely to be killed in a murder followed by suicide incident, more likely to be killed with a gun, and it is less likely that either the victim or the perpetrator have a prior history of crime.^{20, 21}
- > Women are at the most danger of being killed by their intimate partners when in their 30s and 40s, when approximately 40% of all female murders are committed by intimate partners.²²
- ➤ When men are killed by their intimate partners, it is much more likely to be in self-defense than when femicide occurs. ^{23, 24, 25}
- > Separated and divorced women are most at risk, especially in the first two months after leaving their abusive partners. ²⁶ But this often-cited statistic can be misleading to battered women and advocates. No one has yet compared the long-term safety of battered women who *stay* with those who *leave*. Eventually, those who leave should be safer, so we must be careful when talking to women about the risk of leaving. The majority of battered women who leave their abusers are NOT killed; our communities must continue to increase the safety of women leaving violent relationships, rather than give some women the message that they can only be safe if they stay.

INTIMATE PARTNER HOMICIDE-SUICIDE

Femicide-suicides have very different patterns than other intimate partner femicides. 27

> 13% of intimate partner homicide-suicides examined were so-called "mercy killings" by elderly husbands where there was severe illness or disability in one or both of the partners.

research specific to What Presents Risk, Danger and Lethality in Domestic Violence Cases.

- > Of the remainder of the homicide-suicides, 71% were committed by men who either were or had been married to their victims—there is a much higher rate of marriage in this category of femicide than in intimate partner homicides without suicide.
- When compared to perpetrators of simple homicides, perpetrators of homicide-suicide had a greater incidence of mental illness and a lower incidence of prior domestic violence. This data has implications to the value in having mental health practitioners be trained in some aspect of lethality risk assessment.
- ➤ In 7% of the homicide-suicide cases, children were also killed by the perpetrator.
- > A woman who kills her intimate partner almost never subsequently kills herself (only .1% of all cases).

RISK FACTORS FOR INTIMATE PARTNER FEMICIDE

Dr. Campbell et al. recently conducted a multi-site national study of risk factors for femicide by intimate partners.* The design compared 493 women who were victims of femicide or attempted femicide to 427 battered and 418 not battered women from the same cities.

- > In this study, more than two-thirds (70%) of women who were killed by their intimate partners had been previously physically abused by them. In attempted femicide cases, 71% of the women were found to have been physically abused by their partners.
- > Women with more education and women who were employed were significantly less likely to be abused and also less likely to be killed.
- > Perpetrators of femicide were three times more likely to be unemployed than men who were abusive but who did not kill their partners (45% compared to 15%).
- > Close to half of the perpetrators of femicide had serious problems with alcohol, including binge drinking (more than 5 drinks per episode), and a similar percentage of the perpetrators (53%) were known drug users. Only one-third of the perpetrators of femicide were sober at the time of the murder.

^{*} The formal research report is available on the Praxis website www.praxisinternational.org.

- > Slightly more than half of the femicide victims had either been threatened with a weapon or there were guns in their homes. (The guns used were owned before the actual or attempted femicide, not usually bought just prior to the incident.)
- > A man who owns a gun is significantly more likely to be a batterer and a batterer who owns a gun is significantly more likely to try to kill or actually kill his partner. In fact, the man having access to a gun is the strongest risk factor for intimate partner homicide, increasing a battered woman's risk of being killed by more than five times.
- > A woman being separated during the past year from the abuser was the next most important risk factor and if her partner was highly controlling, this increased the risk of lethality even more.
- > Her partner being unemployed was the next strongest risk factor, increasing risk of lethality by almost four times.
- > Threatening her with a weapon prior to the lethal incident or threatening to kill her (a subtle distinction) increased the risk of femicide by more than three times.
- > Similarly, a perpetrator living in the home with a stepchild (her biological child but not his) also increased the risk of femicide by almost three times.
- A perpetrator having been arrested previously on domestic violence charges significantly decreased the risk of femicide for his partner. In this study, relatively few were actually arrested for domestic violence, although the police had been called frequently.
- Forced sex significantly increased a woman's risk of intimate partner homicide.
- The attempted femicide victims were more likely to be abused during pregnancy (49%) than the actual femicides (23%).
- > Over 75% of the perpetrators of femicide or attempted femicide were violently jealous of their victims, saying things like "If I can't have you, no one can."
- If a woman is intending to leave her abusive partner, telling him in-person increases her risk of being killed by five times.
- > It should be noted that hurting a pet on purpose, one of the items found on many other risk assessment instruments, is not included on the Danger Assessment because it was not found to be a risk factor for a lethal or near-lethal act of domestic violence.

OPPORTUNITIES FOR RISK ASSESSMENT

- > In 65% of the cases of femicide or attempted femicide studies, either the victim or the perpetrator had been seen by a criminal justice or health care professional before the event.
- > The majority (55%) of victims of actual or attempted femicides had called the police before they were killed.
- Only 4% of the victims of femicide or attempted femicide had been to a shelter, and 6% to drug or alcohol treatment.
- > 58% of the abusive perpetrators had been arrested before they killed their partners and 22% had been seen in the mental health care system.

PRINCIPLES OF CONDUCTING RISK ASSESSMENTS

While the last ten years have seen an increase in femicide studies, the number of women killed each year is (fortunately) not large enough to draw solid statistical conclusions about exactly the risk that any batterer poses. As a result, we still do not fully understand all factors that make a battered woman at risk of being killed and the lethality assessment tools available to practitioners are at varying stages of being evaluated for reliability. Nonetheless, risk assessment is fundamental to our intervention work. Advocates and practitioners should be aware of potential pitfalls. For example, as a probation officer, if your risk assessment results in a false positive—meaning, you significantly overestimate the risk—men may be deprived of their full liberty unnecessarily. Conversely, if an assessment results in a false negative—it significantly underestimates the risk—a woman may lose her life.

Practitioners should consider the following general principles when assessing a battered woman's lethality risk:

- > Make sure your assessment tool is designed to measure the likelihood of lethality (that the woman will be killed), not the risk of re-offense (that the batterer will re-assault her), if that is the purpose of your assessment.
- > The more sources of information used to conduct a risk assessment, the more accurate the prediction will be. Ideally, information can be gained from both victim and perpetrator in

- person, as well as a psychological evaluation of the perpetrator and a search for prior criminal justice offenses and orders of protection.
- > Perpetrators will generally minimize the violence they have used. It is a human characteristic; we all minimize our faults.
- > Victims will also often tend to minimize the violence they have experienced if they are still invested in the relationship. Practitioners should not consider this to be denial or willful misrepresentation; it is just the normal human need to minimize the level of victimization in order to "cope" with the dreadful reality that the man who is supposed to love her the most, abuses her.
- Well-validated scoring methods for domestic violence risk assessment do not yet exist. Scoring methods that rank levels of risk are best guesses (albeit educated ones) without independent verification. The Danger Assessment instrument is one of the tools that comes closest to having independent verification.
- > However, the use of an instrument improves the best "expert" judgment. It helps a practitioner remember to ask the important questions, and assists the victim with recall.
- > Above all else, the victim is the best source of information. Her input is invaluable because several of the important risk factors may be known only to her. Her prediction of risk significantly enhances the usefulness of any instrument. The importance of her perceptions should never be underestimated—if she is positive that he is enormously dangerous, this perception should be believed no matter what other risk factors are present or not present. However, the Campbell study demonstrated that approximately half of the women killed by their intimate partners underestimated the severity of risk they were facing. Therefore, use a combination of a solid instrument, the victim's assessment, and expert judgment. Ideally, the process of risk assessment is interactive with the victim—in some situations, the instrument can help educate a battered woman about the risk factors she faces, and help her watch for them.
- > Bottom line: If the victim says she is in extreme fear of harm, believe her and urge all others in the system to also believe her!

Mental health professionals involved in assessing risk of suicide and other forms of violence need specific domestic violence training; their basic training does not prepare them to adequately assess risk of lethality.

DANGER ASSESSMENT SCORING AND INTERPRETATION

The above research results have helped in the evaluation and redesign of a Danger Assessment tool (found at end of article)—a 20-item questionnaire that was developed originally in 1986, and more recently revised, to help women assess the risk of lethality in their abusive intimate partner relationships. It is intended to be used as an interactive process with abused women and advocates or other professionals and as the basis of safety planning. The use of a calendar during the Danger Assessment helps women accurately recall the abusive events, overcome their normal minimization that so often accompanies the recounting of violent events, and come to their own conclusions about the abuse. This process is more persuasive than trying to convince women by other women's experiences and is in keeping with a perception of battered women as strong survivors.

The Danger Assessment's one-page checklist has been used in many different domestic violence programs by shelter advocates, criminal justice practitioners, and health care professionals as well as in prior research.²⁹ Two small independent evaluations of the Danger Assessment showed that it is also useful in predicting repeat arrest in battering relationships.^{30, 31} Two additional large independent studies have also shown support for validity of the instrument.^{32, 33}

Scoring the Assessment

> The Danger Assessment is now a 20-item yes/no questionnaire of risk factors for femicide. The yes answers are added for a score. There is no "cutoff" score that means a certain degree of risk, but the more yeses, the more danger. The battered woman and the advocate can talk together about what the assessment score means in her particular situation. The Danger Assessment should be used as an interactive discussion process with battered women to improve "expert judgment."

- Even though the study is not conclusive on scores that should be used to calculate specific degrees of risk, there are some guidelines that can help. 84% of the women who were killed in this study had 8 or more yeses on the revised Danger Assessment. Therefore, a score of 8 might be used to determine whether or not women should get strong domestic violence safety advocacy. If the Danger Assessment is being used by the courts to determine which abuser should go to jail, a score of 12 might be used— there was a lethal or near-lethal outcome in 94% of the studied cases whose scores were 12 or higher.
- It is important to note that the woman's perception of risk, once she has completed the Danger Assessment, has been found to be more accurate than if the same instrument was completed by a practitioner using other sources of information, such as the perpetrator's court record.
- > Only 47% of the femicide victims and 53% of the attempted victims believed that he was capable of killing them. Therefore, it is extremely important to go over a full lethality assessment with women. Just asking her if she thinks he is going to or is capable of killing her, although important, is NOT enough.
- > A weighted scoring is now available for practitioners on the Danger Assessment website: www.dangerassessment.com (as of November 15, 2004).

A Calendar as a Tool

A calendar is the most important tool in the Danger Assessment. Documenting the frequency and severity of abuse on a 12-month calendar helps her gain perspective on what is happening in the relationship and better understand the pattern of abuse.

SAFETY PLANNING STRATEGIES FOR ADVOCATES AND BATTERED WOMEN Specific suggestions and strategies from this research include:

> Get the guns out of the house and away from batterers. Judges need to be educated so that they issue search warrants specifying each gun he has access to, and police need education as to the importance of the guns. Alternately, if she is still with him, he has not been convicted of a domestic violence crime, and she does not have a Protective Order, give her a gun storage safety

- pamphlet (available from health departments) to take home and talk to him about keeping the guns locked up to keep the kids safer.
- > If she plans to leave him, work hard to get her to agree NOT to tell him in person, especially if she has another partner. She can leave a note, or leave and call him from a safe place.
- > Try to get women in severe danger to shelters. Use the Danger Assessment to help persuade her of her risk.
- > If she left him to get him to go to batterers' treatment, suggest to her that she stay separated from him until he completes and then work with the system to monitor his completion.
- > Use stalking laws to get him arrested if possible, or use protective orders against stalking.
- > If she is minimizing her risk, mention her children. Most battered women are good mothers and very concerned about their children. Use language like "Let's talk about things you can do to help keep you *and the children* safe."
- > Help her engage her support systems.
- > Encourage her to start putting money aside, even if only a little bit.
- > Be alert for the depressed batterer. If it sounds like he is depressed and desperate and suicidal, she may be able to get him mandated for a suicide assessment and mental health hospitalization.

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DANGER ASSESSMENT

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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

- 1. Slapping, pushing; no injuries and/or lasting pain
- 2. Punching, kicking; bruises, cuts, and/or continuing pain
- 3. "Beating up"; severe contusions, burns, broken bones
- 4. Threat to use weapon; head injury, internal injury, permanent injury
- 5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes o	r No f	or each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever
is currently	physic	cally hurting you.)
	1.	Has the physical violence increased in severity or frequency over the past year?
	2.	Does he own a gun?
	3.	Have you left him after living together during the past year?
		3a. If you have never lived with him, check here:
	4.	Is he unemployed?
	5.	Has he ever used a weapon against you or threatened you with a lethal weapon?
		If yes, was the weapon a gun?
	6.	Does he threaten to kill you?
	7.	Has he avoided being arrested for domestic violence?
	8.	Do you have a child that is not his?
	9.	Has he ever forced you to have sex when you did not wish to do so?
	10.	Does he ever try to choke you?
	11.	Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust,
		cocaine, "crack", street drugs or mixtures.
	12.	Is he an alcoholic or problem drinker?
	13.	Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here:)
	14.	Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
	15.	Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here:)
	16.	Have you ever threatened or tried to commit suicide?
	17.	Has he ever threatened or tried to commit suicide?
	18.	Does he threaten to harm your children?
	19.	Do you believe he is capable of killing you?
	20.	Does he follow or spy on you, leave threatening notes or messages on answering machines,
		destroy your property, or call you when you don't want him to?
		Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

ENDNOTES

¹ Office of Justice Programs (1998). Ibid.

- ³ Russell, who first used the term femicide in scholarly writing, defines the term with an important addition, the killing of women "because they are female." In J. Radford & D.E.H. Russell (Eds), Femicide: The Politics of Woman Killing, Twayne Publishers, 1992.
- ⁴ Office of Justice Programs. Bureau of Justice statistics factbook: Violence by intimates analysis of data on crimes by current or former spouses, boyfriends, and girlfriends. Washington, D.C.: Department of Justice, March 1998. (NCJ no. 167237).
- ⁵ Mercy J.A., Saltzman L.E. "Fatal violence among spouses in the United States 1976-85." Am *J Public Health* 1989; 79:595-599.
- ⁶ Bailey J.E., Kellermann A.L., Somes G.W., Banton J.G., Rivara F.P., Rushforth NP. "Risk factors for violent death of women in the home." *Archives of Internal Medicine* 1997; 157(7): 777-782.
- ⁷ Bachman R., Saltzman L.E. Violence against women: Estimates from the redesigned survey. Washington, DC: Bureau of Justice Statistics, National Institute of Justice, 1995.
- 8 Greenfield L.A., Rand M.R., Craven D., Klaus P.A., Perkins C.A., Ringel C. et al. Violence by intimates: Analysis of data on crimes by current or former spouses, boyfriends and, girlfriends.
 Washington, DC: US Department of Justice, 1998.
- ⁹ Moracco K.E., Runyan C.W., Butts J. "Femicide in North Carolina." Homicide Studies 1998; 2: 422-446.
- Frye Victoria, Wilt S., Schomburg D. Female homicide in New York City, 1990-1997. New York City Department of Health (website:
 http://www.nyc.gov/html/doh/pdf/ip/female97.pdf)
- National Institute of Justice. A study of homicide in eight US cities: An NIJ intramural research project.
 Washington, DC: U.S. Department of Justice, 1997.
- ¹² Wilt S.A., Illman S.M., Brodyfield M. Female homicide victims in New York City. 1-22. 1995. New York, New York City Dept of Health.

² Ibid.

- ¹³ Browne A, Williams KR and Dutton DG. Homicide Between Intimate Partners: A 20 Year Review. In MD Smith and MA Zahn (Eds.), Homicide: A Sourcebook of Social Research (149-164). Thousand Oaks, CA: Sage, 1999.
- ¹⁴ Dugan L., Nagin D., Rosenfeld R. "Explaining the Decline in Intimate Partner Homicide: the Effects of Changing Domesticity, Women's Status, and Domestic Violence Resources." Homicide Studies 1999 3:187-214.
- ¹⁵ Bailey J, Kellermann A, Somes G, Banton J, Rivara F, and Rushforth N. Risk Factors for Violent Death of Women in the Home. Arch Intern Med. 1997; 157:777-782.
- ¹⁶ Office of Justice Programs. Ibid.
- ¹⁷ McFarlane Judith, Campbell J.C., Wilt S., Sachs C., Ulrich Y., Xu X. "Stalking and intimate partner femicide." *Homicide Studies* 1999; 3(4):300-316.
- ¹⁸ Pataki, G. Intimate partner homicides in New York state. Albany, NY: NY, 1997.
- ¹⁹ Campbell, J.C. Assessing dangerousness, Newbury Park: Sage, 1995.
- ²⁰ Moracco, et. al. Ibid.
- ²¹ E. Morton, C. W. Runyan, K. E. Moracco, and J. Butts. Partner homicide-suicide involving female homicide victims: a population-based study in North Carolina, 1988-1992. Violence Vict. 13 (2):91-106, 1998.
- ²² Office of Justice Programs. Ibid.
- ²³ Jurik, N.C. and Winn, R. "Gender and homicide: A comparison of men and women who kill," Violence and Victims 1990, 5:227-242.
- ²⁴ Campbell, J. C. "If I Can't Have You, No One Can": Power and Control in Homicide of Female Partners. In J. Radford and D. E. H. Russell (Eds), Femicide: The Politics of Woman Killing. Toronto: Maxwell Macmillan Canada, 1992.
- ²⁵ Crawford, M. and Gartner, R.. Woman Killing: Intimate Femicide in Ontario 1974-1990. The Women We Honour Action Committee: Ontario, 1992.
- ²⁶ Wilson, M. and Daly, M. "Spousal homicide risk and estrangement." Violence and Victims 1993, 8, 3-16.
- ²⁷ All statistics mentioned that reference homicide-suicide come from Morton et. al., Ibid.
- ²⁸ Campbell, J. C. Safety planning based on lethality assessment for partners of batterers in treatment. *Journal of Aggression, Maltreatment and Trauma* 5 (2), 2002.

- ²⁹ Campbell, J. C., Sharps, P. & Glass, N. E. Risk Assessment for intimate partner violence. In: Clinical Assessment of Dangerousness: Empirical Contributions, edited by G. F. Pinard and L. Pagani, New York: Cambridge University Press, 2000, p. 136-157.
- ³⁰ Bennett, L., Goodman, L., Dutton, M. A. Risk assessment among batterers arrested for domestic violence. *Violence Against Women* 2000; 6 (11):1190-1203.
- ³¹ Weisz, A., Tolman, R., Saunders, D.G. Assessing the risk of severe domestic violence: The importance of survivor's predictions. *Journal of Interpersonal Violence* 2000; 15 (1):75-90.
- ³² Heckert, & Gondolf, D. A. Heckert and E. W. Gondolf. Predicting levels of abuse and reassault among batterer program participants. Washington, DC: National Institute of Justice 2001. 11-08-1 A.D.
- ³³ Williams, K. (2001). Risk assessment for reassault: The Colorado experience. Paper presented at the American Society of Criminology, Atlanta, 2001.