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Lethality Assessment in Domestic Violence Cases

Jill Messing and Jacquelyn Campbell

This issue of **DVR** continues the focus on the Danger Assessment (DA), an intimate partner violence (IPV) risk assessment tool created by Dr. Jacquelyn Campbell to assess the risk of femicide (the killing of women) in abusive intimate relationships. The DA is unique because it is the only IPV risk assessment intended to predict homicide and the only instrument that asks questions of only the victim-survivor of violence.

In the previous issue of **DVR**, we explored the use of lethality assessment in criminal and civil cases (*see, e.g.*, Nancy K.D. Lemon, Using the Danger Assessment as a Domestic Violence Expert Witness, 21 **DVR** 87) focusing on the prosecution of domestic violence cases and the **Pettingill** decision from the Kentucky Court of Appeals. In this issue, we delve deeper into the issue of lethality assessment by continuing our discussion of the use of risk assessment to support asylum claims based on domestic violence (Cook-Heffron, p. 91 herein) and in work with perpetrators in batterers' intervention programs (LaViolette, p. 94 herein). This issue also attends to the specific risk factor of intimate partner *sexual* violence, and examines how women's stories of their abuse connect issues of sexual assault

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Intimate Partner Sexual Violence Poses Risk Factor for Homicide

Meredith Bagwell-Gray

One in 10 U.S. women experience intimate partner sexual assault (Black et al., 2011). Among women who experience intimate partner violence (IPV), up to 68% experience intimate partner sexual violence (McFarlane et al., 2005). Women who are sexually assaulted by an intimate partner have higher scores on homicide risk assessments—even when controlling for physical and non-physical abuse (Campbell & Soeken, 1999).

In cases of femicide, victims were 1.87 times more likely to have been forced into sexual activity compared to women who were abused but not killed by their intimate partners (Campbell et al., 2003). Two homicide indicators—threats to kill and strangulation—are associated with intimate partner sexual violence (Messing, Thaller & Bagwell, 2014). Furthermore, women who experience forced sex are more likely to state that their abusive partners display jealousy (Messing, Thaller & Bagwell, 2014), an important triggering event related to homicide (Campbell et al., 2003).

In this article I elucidate findings from my dissertation research, a qualitative descriptive study of women's sexual violence in intimate relationships that was conducted in conjunction with my dissertation research for my Ph.D. in Social Work. Specifically, examine how women's experiences of intimate partner sexual violence are concomitant with near lethal violence.

Understanding Intimate Partner Sexual Violence

There are four primary forms of intimate partner sexual violence (IPSV): intimate partner sexual assault, intimate partner sexual coercion, intimate partner sexual abuse, and other forced sexual activity (see Figure 1, p. 101). These types of IPSV can be classified based on the level of force (non-physical to physical force) and invasiveness (non-penetrative to penetrative acts).

Intimate partner sexual assault is both penetrative and physically forced; it is defined as unwanted anal, oral, or vaginal intercourse obtained by physical force or threats of such force (Bagwell-Gray, Messing, & Baldwin-White, 2015). Sexual assault may also occur when the victim is unable to consent due to the influence of drugs or alcohol or if asleep. Sexual assault committed by an intimate partner results in post-assault symptomology—such as PTSD (Temple et al., 2007), depression (Weaver et al., 2007), and suicidal ideation (Weaver et al., 2007; McFarlane et al., 2005)—at levels

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equal to or greater than other types of IPV and sexual assault committed by other offender types (*e.g.*, strangers or acquaintances).

Intimate partner sexual coercion is unwanted sexual activity obtained by non-physically coercive tactics, for example, relentless begging, withholding of resources, or continual arguments (Bagwell-Gray, Messing, & Baldwin-White, 2015). Abusive partners may also use guilt and obligation to convince a partner to acquiesce to unwanted sexual intercourse (Basile, 2008; Logan, Cole, & Shannon, 2007). In one example of sexual coercion, a woman described being locked out of her home after not having sex with her partner (Rountree & Mulraney, 2010).

Unlike intimate partner sexual assault and coercion, *intimate partner sexual abuse,* the third type of IPSV, is not characterized by unwanted sexual penetration (Bagwell-Gray, Messing, & Baldwin-White, 2015). Instead, abusers use coercive tactics to dominate and control the sexual domain of the relationship. For example, they may control reproductive decision making; refuse to wear condoms; or use humiliation, degradation, and insults to demean a woman's sexuality (Black et al., 2011; Campbell & Soeken, 1999; Miller et al., 2010; Moore, Frohworth & Miller, 2010). For example, a violent partner may call his victim names, such as "whore," or criticize her during sex. Logan, Cole, and Shannon (2007) describe a wide range of sexually demeaning acts, including "being forced to bark like a dog while on her hands and knees during sex," (p. 84). Having sex outside of the primary relationship may also be abusive if it is used to establish control or to shame, punish, or embarrass.

The fourth type of IPSV is far less common: *Forced sexual activity* is physically-forced non-invasive sexual activities; for example, forcibly kissing, grabbing, or fondling in a sexual way (Bagwell-Gray, Messing, Baldwin-White, 2015).

Together, these types of sexual violence can be used as a unique weapon of power and control in intimate relationships with a clear link to homicide. In Campbell and colleagues' (2003) study on risk factors for femicide, four common variables were associated with intimate partner homicide in bivariate analysis: forced sex, stalking, strangulation, and abuse during pregnancy. These four variables seemed to be similar indicators of escalating frequency and severity of violence. However, when these four variables were combined in a full prediction model, complete with all the risk factors for homicide, forced sex was the only variable in the group to retain its impact. This means that forced sex was significant *above and beyond* these other characteristics of escalating frequency and severity of violence (Campbell et al., 2003). This finding demonstrates that the relationship between IPSV and femicide is more than an indicator of increasing severity and frequency of violence: forced sex is a uniquely dangerous form of IPV.

Methods

This article describes the experiences of eight women who experienced threats of homicide, near or attempted homicide, fear of homicide, or strangulation in the context of a sexually violent or abusive intimate relationship. The sample is drawn from a study on women's sexual health and sexual safety, representing 29% of the original sample (n=28). Women were recruited to participate in this study through a community-based domestic violence social service agency and also from the community. To be eligible for participation, women had to be at least 18 years of age, able to speak English, and willing and able to provide verbal consent. Indicating yes to any one type of intimate partner violence (including ever being afraid of an intimate partner) qualified women to participate.

Prior to participation, potential participants were fully informed of the

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purpose of the study, ensured confidentiality, and made aware that their participation was voluntary. Women seeking services were assured that refusing to participate would not impact their participation in services at the agency. A small but meaningful incentive ($20) was given to participants in order to compensate them for their time without being coercive. Interviews were conducted at a safe and convenient place according to each participant's preference. Interviews, which on average lasted approximately an hour, were audiotaped and transcribed verbatim for qualitative analysis; that is, a search for patterns and themes within and across women's experiences.

To clarify how IPSV relates to femicide risk, and to illustrate the different types of IPSV, I present short vignettes of four representative cases of women's experience with IPSV and their perceived risk for femicide. For the purposes of this analysis, perceived risk of femicide is treated as risk because women's risk perceptions are often accurate (Weisz, Tolman & Sanders, 2000; Cattaneo, Bell, Goodman & Dutton, 2007), although not as accurate as the Danger Assessment (Campbell, Webster & Glass, 2009). Pseudonyms are used to protect participants' confidentiality.

Results

The eight women who were included in this analysis believed that their partners were capable of killing them. In two cases, partners used a weapon to abuse them; in one case, the weapon was a gun. Three women described being strangled by their partners: in one case, the strangulation preceded a sexual assault; for another it occurred after having consensual sex and while she was pregnant. Three women described in detail specific threats to kill. All eight women said that their intimate partners had sexually assaulted or sexually coerced them; four of these women described both sexual assault and sexual coercion. Furthermore, all eight women experienced intimate partner sexual abuse.

Dawn: "He Would Have Killed Me"

Dawn was in a relationship with her abusive boyfriend for three years. During this time, she experienced sexual abuse and sexual assault. For Dawn, sexual abuse occurred in the form of extreme control that escalated after she had a miscarriage. Given this control, she had a very narrow window of time to go to doctor's appointments: "The second I heard his truck pull out of the driveway, I'd get up and I'd get ready and then I'd go. . . . I'd have to be home before he got home for dinner." Thus, attending to her sexual health needs took a great deal of strength and courage. Dawn could not talk about sex with her boyfriend, who refused to wear condoms; she ultimately sought a tubal ligation in secret. Dawn describes that sexual assault in their relationship was a regular occurrence, "being physically forced numerous times—for oral sex and for any other form, was a constant for several years for me." Dawn was able to get out of the relationship primarily with the help of a supportive co-worker. For two years, this friend asked her about her relationship and listened without judgment. In Dawn's memory, there are close connections between this supportive friend, her experiences of sexual assault, and her risk for homicide:

> *And then—one day I got really, really sick. . . . I'd gone to work because I just didn't want to be at home—they sent me home. And when I got home he wanted to have sex—I told him no and he forced me, and so I lay in bed crying. Finally, he started to doze off a little bit. But as soon as he got up—and drove away, I called [my friend] and he came out to help me. We got all my stuff moved out. I was outta there in like an hour. . . . If [my friend] wasn't there I think that my ex probably would have killed me. I really do. I really believe that.*

Claudia: "There Was Just No Option"

Claudia experienced a combination of sexual abuse, sexual coercion, and sexual assault by intimate partners. At 28 years of age, she had already experienced 10 years of intimate partner victimization and been in two near-lethal relationships. In her first violent relationship, her children's father was sexually abusive by exerting complete reproductive control:

> *My boys are 10 months and 18 days apart. So I went to my six-week appointment and I was pregnant again. Like—I went in there, like, "I need birth control. You don't understand." And the doctor's like, "There's no need." And yeah—you don't really get a huge say so. They don't want kids: you get on the pill. They want children: you don't get on the pill.*

Claudia also experienced sexual coercion in this relationship: "I was so young that I didn't really have my voice. Like if we had sex, we had sex; and, if we didn't, we didn't. It just was." This relationship ended when her abuser "put me in a coma for six weeks while I was pregnant."

Claudia described a different type of sexual abuse in her second violent relationship: her ex-husband called her derogatory names; for example, "ho," "whore," and "trick"—when she attempted to talk about sex with him. He also used a combination of sexual assault and sexual coercion to force unwanted sex with her—"You're gonna have sex with me now, whether you like it or not," she imitated, portraying this dynamic in the relationship, where "there was just no option." She describes how he would deprive her of sleep until, due to her exhaustion, she would give in to his unrelenting arguments for sex. This type of coercive control is reminiscent of torture tactics used against prisoners of war to break down their will (Stark, 2009). Claudia describes her risk for femicide in this relationship, explaining how her ex-husband regularly threatened her with a gun. She expounds, "He had me commit a crime probably like six months into our marriage [telling me] that if I didn't commit it, I wouldn't be here. I firmly believe this 'til this day: He would've killed me."

Vicky: "I Might Not Wake up Tomorrow"

In Vicky's relationship, sexual jealousy played a significant role in the sexual violence she experienced. In one episode of violence, her abuser accused her of looking at another man, cut her face with a knife, strangled her, and sexually assaulted her while she was unconscious: "All I know is I woke up the next morning and I was pretty severely beaten and I couldn't sit down because it hurt so bad in my vaginal area." Vicky did not

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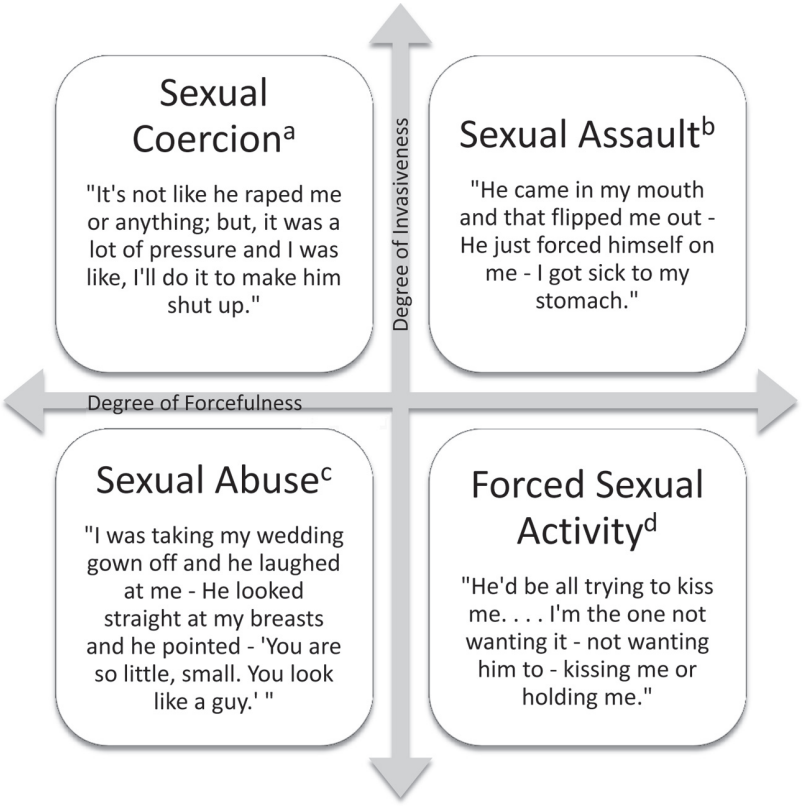
seek medical attention for this assault "because then doctors would have called the police and that's a problem." She describes that it took a long time, and a lot of courage, to get out of the relationship, largely because of her fear of his threats to kill her. She recounts her escape, and her fear of homicide, like this:

> *I stood there at the bus stop. I was freezing. I was like [gasps]—I mean, because it's the kinda cold that just cuts to your bone—and I was praying. I mean every time lights would come down, I was like, "Please don't let it be him. Please don't let it be him." Because, oh my god if he catches me, he's gonna kill me. 'Cause he would always threaten me.*
>
> *He's like, "You know what, I could kill you right now and throw you over there in the wooded area—no one's ever gonna know. No one's ever gonna find you. You don't have anybody here." Which was true. I didn't. "And who's gonna report you missing? Who's gonna know that you're gone?"*
>
> *And he'd mess with me. He'd always tell me that. And I was, I was getting scared. . . . He's serious. He's not joking. He's gonna end up doing this to me and no one's gonna really know. He's right. So I was terrified and there was a lot of times that I laid there awake at night and pretend I was sleeping because I was just like—I might not wake up tomorrow, or wake up in the trunk of the car, and I might not even see it coming, you know? He literally had me terrified. He really did.*

Figure 1: Taxonomy of Intimate Partner Violence with Examples



Definitions (from Bagwell-Gray, Messing, and Baldwin-White, 2015, p. 323):
a. **Sexual Coercion** - The use of non-physical, controlling, degrading, and manipulative tactics to obtain, or attempt to obtain, unwanted oral, vaginal, or anal intercourse, including forced penetration and sex with objects.
b. **Sexual Assault** - The use of physical violence or the threat of physical violence to obtain, or attempt to obtain, unwanted oral, vaginal, or anal intercourse, including forced penetration and sex with objects. It also includes unwanted penetration when a victim is unable to consent or is "unaware", i.e., asleep or under the influence of drugs and alcohol.
c. **Sexual Abuse** - The use of psychological abuse tactics to keep an intimate partner in a submissive position of power in the sexual domain. Strategies include sexual degradation, non-contact unwanted sexual experience (e.g., being forced to watch pornography), and reproductive and sexual control.
d. **Forced Sexual Activity** - Physically forced sexual touch that does not involve sexual penetration, e.g., being kissed, fondled, or grabbed.

Carrie: "That's Why You See People Getting Murdered"

Carrie experienced both sexual coercion and sexual abuse in her relationship. For example, she was not allowed to ask her husband about his multiple sex partners or request condom use without getting hit. However, in Carrie's case, the sexual coercion was subtler than in other women's narratives—"you feel like you have to go have sex with him and it's gonna make up" for the previous episodes of violence. Her partner continually misled her to think that having sex would fix their relationship, restore their connection, and end the violence. Unlike the other women described in the cases above, Carrie spent more time focusing on how much their sexual connection and sexual pleasure kept her returning to a lethal relationship:

> *I still went back to him just for sex. And then he trapped me there, you know. With the sex . . . I felt like my spirit was connected to him and that's probably why it [the sex] was so good. Like euphoria. Like just come out of your body. And it's just like the greatest thing ever. It's like doing drugs. You know, your brain, it has that one part of it—that like spits out that chemical and it's—satisfying.*

Despite enjoying sex in the relationship, the violence Carrie faced was real and lethal. The first episode of extreme violence occurred when Carrie found evidence that her husband was cheating on her and confronted him about it; his response was to strangle her with a bath towel. At the time, she was pregnant with their child. The violence escalated to the level that he almost killed her once. In the course of the interview, she casually referred to "the time he killed me." When I interrupted to question her about her meaning, she briefly clarified: "They had to resuscitate me and stuff."

At the time of her interview, Carrie was clearly aware of her risk for femi-

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cide and how closely it was related to their sexual relationship: "I kept on thinking—we can have sex and our relationship will be repaired. And I think—women really, really need to think about that because they can get killed by thinking like that." Carrie nearly did. At the time of her interview, Carrie had been in emergency shelter for less than 24 hours. She had just escaped from the hotel room where her husband had kept her captive for two months; when she had said he "trapped" her there, she meant it literally. In sorting through her conflict between valuing her own life and safety versus valuing the relationship, Carrie reflected, "But it's amazing what sex—that sex hold—what it could do to you . . . It is really powerful. When it has to do with love it is. That's why you see people getting murdered."

Discussion and Conclusion

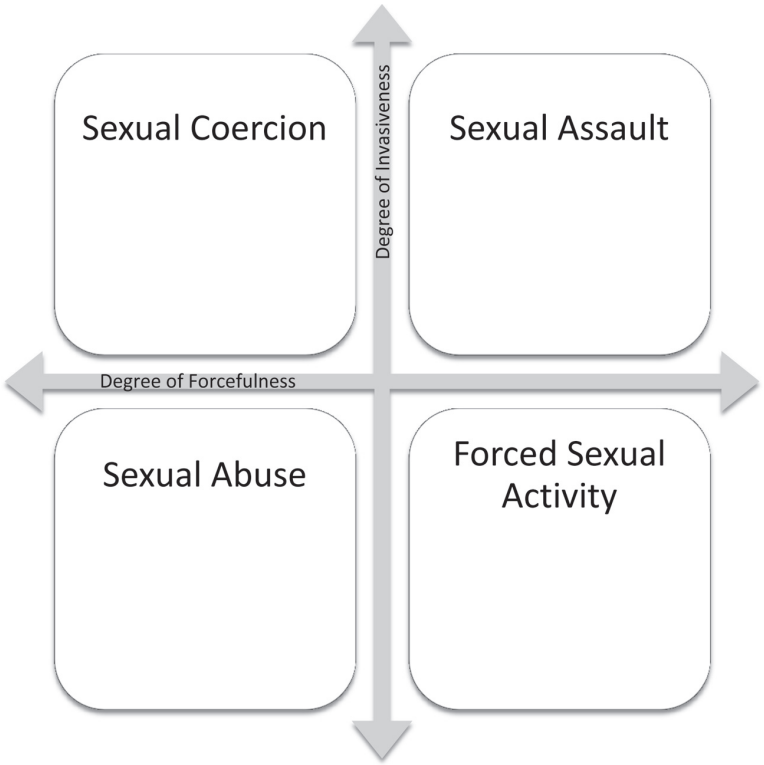
Given the relationship between intimate partner sexual violence and femicide, assessing for IPSV can provide insight into a client's risk for homicide. The Danger Assessment (Campbell et al, 2003) assesses IPSV with a single item: "Has he ever forced you to have sex when you did not wish to do so?" This is a straightforward assessment for sexual assault in language to which women may more easily respond (Campbell & Soeken, 1999). However, because it is uncomfortable for many women to discuss sexual violence in an intimate relationship, screening for IPSV may be more difficult than it seems. While many women in this study indicated that it was easy to talk about sex, they also reported talking to "nobody" about their partner's sexual violence. One woman that I interviewed described minimizing and denying the abuse: "Maybe there were times that I have [been forced or coerced to have sex]—but, because I actually did care about this person—we rearrange things in our head so we can deal with it" (Linda).

Practitioners have an opportunity to collaborate with clients to define and talk about IPSV in ways that resonate with their experiences and may help women find words to articulate their reality. To begin a conversation about IPSV, practitioners could ask: How do you decide whether or not to have sex? Were there any times that your partner initiated sex when you were not in the mood? What happened? With your partner, have you ever done something sexually that you did not want to do? Can you tell me about that? These and similar questions can function as conversation starters that allow a survivor to think and talk about sex in a safe environment. This may encourage disclosure of IPSV and, ultimately, give a more comprehensive picture of homicide risk. When a survivor discloses IPSV, using statements such as "that is sexual violence," and "it is not okay that that happened to you," can help educate her about IPSV and legitimize her experiences.

The tool provided in Figure 2 may further help a survivor visualize her experiences of IPSV. A practitioner can use the example in Figure 1 as a prompting tool to describe the different types of IPSV. Then the practitioner can collaboratively engage the survivor in filling in the different quadrants of the blank version (Figure 2) with her own experiences of IPSV. This activity can help both the survivor and practitioner see the patterns of sexually violent acts in her relationship, which can serve as the foundation for discussing IPSV. This activity may increase disclosure of sexual assault and provide an opportunity to educate women about the connection between intimate partner sexual assault and homicide.

Beyond assessment, practitioners can also play a pivotal role in treatment by validating clients' complex emotions surrounding IPSV. For example, like Carrie, survivors may have conflicting feelings about having consensual and pleasurable sex (either in the past or present) with someone who is both her lover and her sexual assailant. This can be confounded by her feelings of love for her partner, who has violated her trust in the most intimate ways. As a result, feelings of shame and guilt are enhanced with the experience of ISPV (Messing,

Figure 2: Template to Diagram Experiences of Intimate Partner Sexual Violence with Clients



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Thaller & Bagwell, 2014). In the present study, Claudia described this as "guilt on top of guilt":

> *We'll carry around a whole lot of guilt, because—you've been violated. But then, you feel wrong for feeling violated, because it was somebody that you loved and cared about. . . . You go through the stages of grief, like rape; but, even more than rape, you feel bad for feeling like it's rape. . . . You have guilt on top of guilt—you shouldn't feel like that because it was your boyfriend or your husband.*

Given the guilt and shame associated with IPSV, it is important to be mindful of the difficulty of disclosure of sexual assault in intimate relationships, particularly in the presence of authoritative professionals, such as police officers, judges, and lawyers. Better understanding, assessment, and treatment of IPSV could enhance the delivery of necessary prevention services for victims. For example, understanding the complexities of guilt in naming sexual assault committed by an intimate partner could inform the way law enforcement and legal professionals engage women in conversations about this sensitive topic. Furthermore, knowing the comprehensive types of IPSV may help professionals understand the context of women's experiences of sexual assault in intimate relationships; for example, the many forms of IPSV that commonly accompany sexual assault are controlling and insidious. Talking about other forms of IPSV first may lead to disclosure of sexual assault. With other risk factors, IPSV can be used as an indicator of a woman's risk for intimate partner homicide.

Sexual violence may be a risk factor for homicide because it is a unique type of violence. There are many ways that abusers establish power and control in their intimate relationships; sexual assault is a means of control and also an invasive and intimate attack on a woman's body (Calhill, 2001; McPhail, 2015). In prior research, women expressed that sex was a sacred act that should not be polluted with violence or abuse (Rountree & Mulraney, 2010). In the present study, survivors who felt they were at risk for homicide confirmed that sex was a special form of bonding in intimate relationships ("I just like the intimate part of [sex]," —Carrie) and that sexual violence was particularly harmful ("you've been violated . . . it was someone you loved," —Claudia). Given the brutality of sexual violence, particularly when contrasted with a victim's belief that consensual sex is an expression of deep emotional connection, men who rape an intimate partner may be more inclined to kill her as the abuse escalates. Thus, accurately understanding and assessing a survivor's experiences of sexual violence should be a priority in identifying risk and preventing homicide.

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