## The Use of Lethality Assessment in Domestic Violence Cases

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arious forms of IPV risk assessment predict different outcomes (re-assault, re-arrest, homicide), are intended to be used within different systems (criminal justice, social service), and require different information to complete (victim interview, offender interview, criminal justice case files).<sup>1</sup> Common IPV risk assessments intended to predict re-assault or rearrest are the Spousal Assault Risk Assessment (SARA), the Ontario Domestic Assault Risk Assessment (ODARA), the Domestic Violence Screening Instrument (DVSI), and revisions of each of these (DVSI-R, B-SAFER, DV-RAG).<sup>2</sup>

A lethality assessment is a type of intimate partner violence (IPV) risk assessment that is intended to predict intimate partner homicide (or femicide, the killing of women). The Danger Assessment (DA) is unique in that it is the only IPV risk assessment that is intended to predict lethality and gathers data from only the victim-survivor of violence. This special issue focuses on the use of lethality assessment, and specifically the Danger Assessment, in criminal and civil courts. As is demonstrated in this special issue, the reach of the DA is broad and includes informing services for survivors of intimate partner violence, criminal justice and social service interventions for perpetrators, expert witness opinions, as well as judicial and prosecutorial decisions. Practitioners can become certified to use the Danger Assessment by attending a live or web-based training. For more information, visit www.dangerassessment.org.

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<sup>&</sup>lt;sup>1</sup> Messing, J.T. & Thaller, J. (2015). Intimate partner violence risk assessment: A primer for social workers. British Journal of Social Work, 45(6), 1804-1820.

<sup>&</sup>lt;sup>2</sup> Messing, J.T. & Thaller, J. (2013). The average predictive validity of intimate partner violence risk assessments. Journal of Interpersonal Violence, 28(7), 1537-1558.

Assessing risk, and making practice decisions based on those assessments, should be done within an evidence based practice framework where a risk assessment tool is treated as the best evidence of future risk of re-assault or homicide, and is considered within the context of survivor self-determination and practitioner expertise.<sup>3</sup> Within this framework, IPV interventions should incorporate risk into their design and application to better tailor interventions for survivors. Education and survivors' autonomy are essential components of risk-informed interventions.<sup>4</sup> As risk assessment becomes more common, it is important to recognize that domestic violence is not the same as other crimes and to listen to survivors' assessment of risk and safety in their relationships. When survivors' decision-making is respected, information from risk assessments has the ability to provide women with access to information and resources across the spectrum of possible decisions that they may make about their intimate relationships.

Nineteen of the questions on the DA are consistent with risk factors identified through research as predictive of intimate partner re-assault, severe re-assault, and homicide. The suicidality question (No. 20) on the Danger Assessment is there even though it does not increase the risk of femicide or near femicide for IPV victims. However, domestic violence is a major risk factor for suicide of women<sup>5</sup> and therefore is another route to lethality for female IPV victims. Thus, this question has been retained on the DA even though it is not used in the weighted scoring so that when women respond affirmatively to this question, advocates or other practitioners can further assess for suicidality by asking standard suicidality questions and obtaining appropriate resources for women based on their responses.

Originally, the DA was comprised of 15 dichotomous questions created based on a review of the literature and interviews with domestic violence survivors and advocates.<sup>6</sup> In 2003, based on evidence from a study funded by the National Institute of Justice (in collaboration with the National Institute on Drug Abuse, the National Institute of Mental Health, and the Centers for Disease Control and Prevention), 5 additional items were added.<sup>7</sup> The risk factors most predictive of femicide or attempted femicide on the DA are:

<sup>&</sup>lt;sup>3</sup> Ibid. 1

<sup>&</sup>lt;sup>4</sup> Messing, J.T. & Campbell, J.C. (in press). Informing collaborative interventions: Intimate partner violence risk assessment for front line police officers. Policing: A Journal of Policy & Practice. <sup>5</sup> Kaslow, N., et al. (2000). Risk factors for suicide attempts among African American Women, *Depression and Anxiety*, *12*, 13-20.

<sup>&</sup>lt;sup>6</sup> Campbell, J. C. (1986). Nursing assessment for risk of homicide with battered women. *Advances in Nursing Science*, 8(4), 36-51.

<sup>&</sup>lt;sup>7</sup> Campbell, J. C., Webster, D., Koziol-McLain, J., Block CR, Campbell, D., Curry, MA, Gary, F, Sachs, C. Sharps, PW, Wilt, S., Manganello, J., Xu, (2003). Risk factors for femicide in abusive relationships: Results from a multi-site case control study. *American Journal of Public Health* 9, 1089-97.

- Gun ownership;<sup>8</sup>
- Threats to kill or threats with a weapon;<sup>9</sup>
- Recent separation;<sup>10</sup>
- Controlling behaviors;<sup>11</sup>
- Having a child that is not the abusers;<sup>12</sup>
- Forced sex;<sup>13</sup> and
- Strangulation.<sup>14</sup>

While the DA currently asks about attempted strangulation ("Has your partner ever tried to choke you?"), more recent research indicates that completed and multiple strangulation have a stronger relationship with near lethal violence, other risk factors for homicide, and injury due to abuse. We continue to develop the DA and adapt it for various purposes, particularly as the importance of risk for future severe violence and homicide is increasingly recognized as an important factor within the criminal and civil justice system.

Within court settings, it should be permissible to use the DA to determine which offenders to prosecute; in making decisions about bail, sentencing, and probation; and in determinations in family law cases.<sup>15</sup> Dr. Campbell has also used the DA as an expert witness in cases where a survivor of IPV has killed her abusive partner. In these cases, Dr. Campbell has offered the DA and attendant research to establish that a woman's fear of her partner is reasonable or that she was right to think that her partner may kill her. In a recent case, however, Dr. Campbell was not allowed to testify about the results of the

<sup>&</sup>lt;sup>8</sup> Campbell, J. C. (1995). Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers. Sage Publications, Inc.; Campbell, J. C., Webster, D., Koziol-McLain, J., Block CR, Campbell, D., Curry, MA, Gary, F, Sachs, C. Sharps, PW, Wilt, S., Manganello, J., Xu, (2003). Risk factors for femicide in abusive relationships: Results from a multi-site case control study. *American Journal of Public Health* 9, 1089-97; Campbell, J. C., Glass, N., Sharps, P. W., Laughon, K., & Bloom, T. (2007). Intimate partner homicide review and implications of research and policy. *Trauma, Violence, & Abuse*, 8(3), 246-269; Fox, J. A., & Zawitz, M. W. (2000). *Homicide trends in the United States: 1998 update*. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

 <sup>&</sup>lt;sup>10</sup> Dawson, M., & Gartner, R. (1998). Differences in the Characteristics of Intimate Femicides The Role of Relationship State and Relationship Status. *Homicide studies*, 2(4), 378-399; Websdale N. Understanding domestic homicide. Upne; 1999; Wilson, M., & Daly, M. (1993). Spousal homicide risk and estrangement. *Violence and Victims*, 8(1), 3-16; Wilson, M., Johnson, H., & Daly, M. (1995). Lethal and nonlethal violence against wives. *Canadian* 1, 100 (1997).

J. Criminology, 37, 331.

 <sup>&</sup>lt;sup>11</sup> Ibid. 7
<sup>12</sup> Ibid. 7

<sup>12 11 1 7</sup> 

<sup>&</sup>lt;sup>13</sup> Ibid. 7

<sup>&</sup>lt;sup>14</sup> Glass, N., Laughon, K., Campbell, J., Block, C. R., Hanson, G., Sharps, P. W., & Taliaferro, E. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine*, *35*(3), 329-335.

<sup>&</sup>lt;sup>15</sup> Hitt, A. & McLain, L. (nd). Stop the killing: Potential courtroom use of a questionnaire that predicts the likelihood that a victim of intimate partner violence will be murdered by her partner. Wisconsin Journal of Law, Gender & Society, 24(2), 277-312.

DA, the weighted scoring with levels of danger (variable danger, increased danger, severe danger, and extreme danger), or particular risk factors in court. Dr. Campbell had assessed the risk to the domestic violence survivor in this case as extreme: The abuser had threatened her many times with a weapon, owned a gun and had it in a holster at his side at the time of his death, and she was trying to escape the relationship at the time of the homicide (separation). Dr. Campbell was able to testify that, in her opinion, the survivor of domestic violence who killed her abuser was in reasonable fear for her life. While she based this opinion on the DA and her knowledge of risk factors in this case, she was unable to address risk in the courtroom. In other cases, Dr. Campbell has been able to testify more specifically to issues of risk and risk assessment.

Dr. Messing has used the DA as an expert witness when testifying in custody and divorce cases. In a recent case, the perpetrator has strangled the survivor of violence multiple times, threatened to kill her, owned multiple firearms, and was highly controlling. Additional risk factors included that he abused her during pregnancy and had avoided arrest for domestic violence by taking her phone to keep her from calling the police and talking his way out of arrest when the police arrived. The survivor of domestic violence had fled to another state with a minor child after her partner threatened to kill her. The court indicated in the temporary orders hearing that the mother should return the child to the state immediately. Dr. Messing used the DA to provide evidence that the mother was in reasonable fear for her life upon fleeing, leading the custody evaluator in the case to conclude that her actions were reasonable given the homicide risk posed by the perpetrator. While the survivor had returned to the state with the minor child and was not allowed to leave again, the history of domestic violence was taken into account by the custody evaluator and it was recommended that the court issue sole decision making power to the survivor of violence in the custody case.

IPV and domestic homicide harm children and may lead to child fatality, yet there are currently no risk assessment instruments that predict the risk to children in domestic violence situations.<sup>16</sup> One question on the DA - "Does he threaten to harm your children?" - is predictive of child homicide, but the instrument overall does not appear to differentiate between cases where women are killed and those where women and children are killed.<sup>17</sup> Given the harm to children due to witnessing domestic violence, Dr. Messing uses the weighted scoring of the DA and a discussion of risk and risk factors to provide information to judges when they are ruling on decision-making and parenting time after a divorce. Co-parenting in the context of domestic violence provides a venue for the abuser to continue his abuse, in particular through exertion of power and

<sup>&</sup>lt;sup>16</sup> Jaffe, P.G., Campbell, M., Hamilton, L.H.A. & Juodis, M. (2012). Children in danger of domestic homicide. Child Abuse & Neglect, 36, 71-74.

<sup>&</sup>lt;sup>17</sup> Olszowy, L., Jaffe, P.G., Campbell, M. & Hamilton, L.H.A. (2013). Effectiveness of risk assessment tools in differentiating child homicides from other domestic homicide cases. *Journal of Child Custody*, 10, 185-206.

control in the co-parenting relationship, and is a negative influence on the lives of children. Scholars have suggested that the best solution in these cases is to offer sole custody to the victimized parent and develop a safe and predictable schedule (possibly supervised) for visitation.<sup>18</sup>

The Danger Assessment has been adapted for various purposes. The Danger Assessment for Immigrant women (DA-I) is a culturally relevant version of the Danger Assessment that accounts for specific vulnerabilities and strengths of immigrant women.<sup>19</sup> We continue development of culturally relevant adaptations of the DA under a grant from the National Institutes of Health, focusing on creating versions of the DA for immigrant, refugee, and Native American survivors of IPV.

The Danger Assessment for Law Enforcement (DA-LE), an 11-item version of the DA, incorporates multiple strangulation because multiple incidents of strangulation appear to increase risk for near fatal violence over attempted strangulation. The DA-LE was developed in collaboration with the Jeanne Geiger Crisis Center for use with Domestic Violence High Risk Teams (DVHRT), a risk-informed collaborative intervention that brings together criminal justice and social service practitioners to enhance survivor safety and increase offender accountability<sup>20</sup>. Another brief version of the DA, the Lethality Screen, is being used to identify high-risk women at the scene of police-involved intimate partner violence incidents in order to provide them with access to telephone advocacy services. This intervention, called the Lethality Assessment Program (LAP) and developed by the Maryland Network to End Domestic Violence, increased women's help-seeking and decreased violent victimization.<sup>21</sup> Through this same study, we found that the Lethality Screen, a shortened version of the DA, has high sensitivity for screening women into the brief risk-informed intervention.<sup>22</sup>

Although developed to inform survivor services, the DA can be used to inform decision making in the courtroom. Dr. Campbell's DA is based on a solid research foundation and includes the best evidence available to predict future homicide in the context of IPV. In Dr. Campbell's research, there is

<sup>&</sup>lt;sup>18</sup> Jaffe, P.G., Johnston, J.R., Crooks, C.V., Bala, N. (2008). Custody disputes involving allegations of domestic violence: Toward a differentiated approach to parenting plans. Family Court Review, 46(3), 500-522.

<sup>&</sup>lt;sup>19</sup> Messing, J.T., Amanor-Boadu, Y., Cavanaugh, C.E., Glass, N., & Campbell, J.C. (2013). Culturally competent intimate partner violence risk assessment: Adapting the Danger Assessment for immigrant women. Social Work Research, 37(3), 263-275.

<sup>&</sup>lt;sup>20</sup> Messing, J.T. & Campbell, J.C. (in press). Informing collaborative interventions: Intimate partner violence risk assessment for front line police officers. Policing: A Journal of Policy & Practice.

<sup>&</sup>lt;sup>21</sup> Messing, J.T., Campbell, J., Webster, D.W., Brown, S., Patchell, B., & Wilson, J.S. (2015). The Oklahoma Lethality Assessment Study: A quasi-experimental evaluation of the Lethality Assessment Program. Social Service Review, 89(3), 499-530.

<sup>&</sup>lt;sup>22</sup> Messing, J.T., Campbell, J., Wilson, J.S., Brown, S., & Patchell, B. (2015, online first).The lethality screen: The predictive validity of an intimate partner violence risk assessment for use by first responders. Journal of Interpersonal Violence.

a 90% chance that a randomly selected victim of homicide would have a higher score on the DA than a randomly selected victim of intimate partner assault.<sup>23</sup> Additionally, the specificity of the DA is 98% at the extreme danger level; that is, there were only 2% false positives (overestimate of risk). For additional information on working with survivors of abuse in the court system, see: http://www.bwjp.org/.

<sup>&</sup>lt;sup>23</sup> Campbell, J. C., Webster, D. W., & Glass, N. (2009). The danger assessment validation of a lethality risk assessment instrument for intimate partner femicide. Journal of Interpersonal Violence, 24(4), 653-674.



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