ANNOTATED DVRNA

(Domestic Violence Risk and Needs Assessment)

Prepared by Domestic Violence Unit
Division of Criminal Justice
Colorado Department of Public Safety

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INTRODUCTION

The Domestic Violence Risk and Needs Assessment Instrument (DVRNA) is designed to identify risk factors that should be considered when working with domestic violence offenders in treatment. The DVRNA utilizes a structured decision-making process that improves the accuracy of decision-making based on risk assessment. This instrument presents a framework within which to assess the risk of future violence for domestic violence offenders in treatment. The DVRNA takes numerous risk factors that have been identified through empirical research as increasing the risk of violence or escalating its seriousness and consolidates these factors into a single measure, thus providing a method of determining the likelihood (probability) of ongoing or repeat violence.

The DVRNA was developed in conjunction with the revised *Standards for Treatment With Court Ordered Domestic Violence Offenders* Section 5.0 to address the different levels of treatment and how to classify an offender. Specifically, there is a need to be able to classify offenders according to risk because the research on offenders in general demonstrates that when risk corresponds to intensity of treatment, there is a greater possibility to reduce recidivism.

This instrument is comprised of 14 different empirically based domains of risk. Empirical evidence is used as a basis for the concept of differentiated treatment as well as to support each of the risk factors in the DVRNA. The basis of empirical evidence and previously validated instruments gives the DVRNA face validity. One of the tenets of the DVRNA is to guide initial treatment planning including the design of offender competencies that must be demonstrated by the offender and justification for changes to treatment plan, such as required additional treatment or reducing intensity of treatment.

The DVRNA has face validity. There is considerable consensus that risk assessment approaches must be rooted in the literature. The research has demonstrated that the most effective clinical assessment occurs with a validated risk assessment instrument in conjunction with clinical judgment. The DVOMB hopes to obtain funding in the future to perform a validation study on this risk assessment instrument.

Domestic violence risk assessment documents from other authors and "best practices" were evaluated. The primary risk assessment instruments utilized to create the DVRNA include the Spousal Assault Risk Assessment Guide, 2nd ed. (SARA), the Ontario Domestic Assault Risk Assessment, rev. ed. (ODARA), Level of Supervision Inventory, rev. (LSI VII), Domestic Violence Screening Instrument (DVSI), and the Danger Assessment Scale (Jacquelyn C. Campbell).

The most tested clinical assessment for assessing the risk of domestic violence is the SARA. The 20 factors included are characterized by criminal history, psychosocial adjustment, spousal assault history, and the index offense. Some items are related to the empirical research literature of the predictors of domestic violence or recidivism, whereas others were sectored on the basis of clinical experience. The ODARA is a 13-item actuarial risk assessment constructed specifically for wife assault. The items were derived from information available to, and usually recorded by police officers responding to domestic violence calls involving male perpetrators and female partners. The Level of Supervision Inventory (LSI) developed by Andrews and Bonta is a 54-item risk/need classification instrument. This instrument is composed of ten subscales that contain both "static" (e.g. criminal history) and "dynamic" (e.g. alcohol/drug problems, family/marital) risk factors.

The DVSI, developed by the Colorado Department of Probation Services consists of 12 social and behavioral factors found to be statistically related to recidivism by domestic violence perpetrators while on probation. These questions are designed to elicit information that is pertinent to determining an offenders' supervision level, including: (1) criminal history; (2) past domestic violence, alcohol, or substance abuse treatment; (3) past domestic violence restraining /protection orders, including violations; (3) previous non-compliance with community supervision, and (4) various other static and dynamic factors.

The Danger Assessment Scale developed by Jacquelyn Campbell for nurses, advocates, and counselors assesses the likelihood for spousal homicide. The first part of the tool assesses severity and frequency of battering by presenting the woman with a calendar of the past year. The second part includes yes-no questions that weigh lethality factors.

Risk factors were measured along two main dimensions. Criminogenic factors included substance abuse, psychopathy, pro offending attitudes and beliefs while the non-criminogenic dimension measured self-esteem, anger control, impulsiveness, anxiety, unemployment, social support and environmental factors. It was recognized that these dimensions did not act in isolation of each other, and any factor alone would not predict abusiveness.

The DVRNA cannot predict the behavior of any given individual. The single best predictor of future violent behavior continues to be past violence and we cannot, in any absolute sense, predict lethality or serious injury. The best we can do is to evaluate comparative risk and attempt to safeguard against identified dangers.

Guidelines for Use of the DVRNA

The following documentation is designed to be a resource for utilizing the DVRNA. Further explanations and definitions of the risk factors are provided here. These definitions are derived from the research that identified the risk factor. For several risk factors, there are numerous studies or articles identified. On occasion, the relevant portion of the study has been summarized for the purposes of this document.

The DVRNA includes 14 domains of risk that are identified as Domains A through N. When scoring the DVRNA, one should count a maximum of one point for each domain regardless of the number of items checked under each domain. Although there are sub-risk factors delineated under each domain, the maximum score for the entire instrument cannot exceed 14.

Domain A. Prior Domestic Violence Related Incidents (This domain applies only to adult criminal history):

1. Prior domestic violence conviction (ODARA, 2005) <u>Critical Risk Factor that indicates initial treatment placement in Level C.</u>
2. Violation of an order of protection (B-SAFER, 2005; Kropp & Hart, 2008; DVSI, 1998)
3. Past or present civil domestic violence related protection orders against offender.
4. Prior arrests for domestic violence (Ventura & Davis, 2004)
5. Prior domestic violence incidents not reported to criminal justice system (Cattaneo & Goodman, 2003).

The findings of the DVSI indicate that incidents involving multiple victims are highly associated with DVSI-R risk scores and recidivistic violence. Of the 12 items listed in the DVSI screening instrument, several items address domestic violence related incidents. These include prior arrests for assault, harassment, or menacing; and history of, and/or violations of domestic violence restraining order(s). The *Validation Study of the Domestic Violence Screening Instrument (2008)* reported that offenders arrested for violating a Temporary Restraining Order or Protective Order received the highest average DVSI score (11.56). Also, offenders arrested for "violating a temporary restraining order or protective order" accounted for the largest percentage of "high risk classifications" (64.9%).

The Ontario Domestic Assault Risk Assessment (ODARA) notes that a prior domestic incident whereby the offender assaulted his current or previous cohabiting partner and which is recorded in a police report or criminal record.

Domain B. Drug or Alcohol Abuse <u>(Any of the following are Significant Risk Factors that indicate initial treatment placement in Level B at a minimum):</u>

1. Substance abuse/dependence [as defined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)]* within the past 12 months (B-SAFER, 2005; Cattaneo & Goodman, 2003; Kropp & Hart, 2008; ODARA, 2005; Weisz, et al., 2000); or "drunkenness"/intoxication (Gondolf, 2002)
2. History of substance abuse treatment within the past 12 months (Andrews & Bonta, 2005; Kropp & Hart, 2008; Saunders & Hamill, 2003; Klein, 2008) or two or more prior drug or alcohol treatment episodes during lifetime (DVSI, 1998)
3. Offender uses illicit drugs or illegal use of drugs (Campbell, 1995)

The involvement of alcohol or drugs is a significant predictor of subsequent arrest. This finding highlights the recognized interrelationship between alcohol/drug use and battering and the need for offenders to receive treatment for both problems (Hirschel et al., 2007)

Information was obtained from a multi-site evaluation to identify risk markers and batterer types that might help predict re-assault and repeat re-assault. The research team preformed a number of analyses in an attempt to identify risk markers. One finding indicated the strong risk marker for drunkenness and women's perception of safety and future assault. The substantial risk marker of drunkenness did not necessarily imply a causal link - that heavy alcohol use causes violence. Drunkenness may be a manifestation of an underlying need for power. Drunkenness coupled with previous violence may, furthermore, identify unruly men with chaotic and violent lifestyles or subcultures (Gondolf, 2002).

Recent substance abuse/dependence is identified as an item on the SARA Checklist, which identifies factors to consider when assessing the risk for future violence in domestic violence offenders. Recent substance misuse is associated with risk for violent recidivism among wife assaulters (Kropp & Hart, 2008). Additionally, the DVSI identifies "prior drug or alcohol treatment or counseling" as a factor in managing and predicting risk of future harm or lethality in domestic violence cases and the ODARA identifies substance abuse as a risk factor.

According to the results of a data collection project, performed by the Domestic Violence Offender Management Board staff utilizing over 5,000 responses, twenty-seven percent of offenders in domestic violence treatment also received drug and alcohol counseling, the most frequently identified adjunctive service (Henry, 2006).

Jacquelyn Campbell's research on femicide clearly indicates that perpetrator drug abuse significantly increased the risk of intimate partner femicide, but only before the effects of previous threats and abuse were added. Drug abuse, therefore, was associated with patterns of intimate partner abuse that increase femicide risks (Campbell et al, 2003).

In a study of 11,870 white men logistic models were used to estimate the odds of mild and severe husband-to-wife physical aggression. Being younger, having lower income, and having an alcohol problem significantly increased odds of either mild or severe physical aggression. Also, a drug problem uniquely increased the risk of severe physical aggression. Marital discord and depression further increased odds of aggression (Pan et al, 1994).

The prevalence of the overlap between substance abuse and relationship violence is generally high, and that this is most evident in high-risk samples (i.e. those that are positive on either relationship violence or substance abuse.). Research over the past 20 years has confirmed that substance use and abuse is a significant correlate of domestic physical violence. Longitudinal investigations carried out in this area have yielded strong support for the causal role of husbands' heavy use of alcohol in the perpetration of male-to-female partner violence during the early years of marriage (Wekerle & Wall, 2002).

Domain C. Mental Health Issue <u>(Any of the following are Significant Risk Factors that indicate initial treatment placement in Level B at a minimum)</u>:

1. Existing Axis I or II diagnosis (excluding V codes)
2. Personality disorder with anger, impulsivity, or behavioral instability (Kropp & Hart, 2008; B-SAFER, 2005)
3. Severe psychopathology (Gondolf, 2007; Huss & Langhinrichsen-Rohling, 2006))
4. Recent psychotic and/or manic symptoms (Kropp & Hart, 2008)
5. Psychological/psychiatric condition currently unmanaged
6. Noncompliance with prescribed medications and mental health treatment
7. Exhibiting symptoms that indicate the need for a mental health evaluation

Barbara Hart created a list of several indicators demonstrated by batterers who have killed or tried to kill their intimate partners. One such item listed is "depression." When a batterer has been acutely depressed and perceives little hope for overcoming the depression, he/she may be a candidate for homicide and suicide. Research demonstrates that many men who are hospitalized for depression have homicidal fantasies directed at family members (Hart, 1990).

Personality Disorder with Anger, Impulsivity, or Behavioral Instability is identified as an item in the SARA Checklist. Personality disorders characterized by anger, impulsivity, and behavioral instability (e.g., psychopathic/antisocial, borderline, narcissistic, or histrionic personality disorder) are associated with increased risk for criminal behavior, including violence and violent recidivism. In addition, "Recent Psychotic and/or Manic Symptom" is identified as an item on the SARA Checklist.

Edward Gondolf and colleagues investigated the psychological characteristics of the repeat re-assaulters in their multi-site evaluation by further interpreting the men's MCMI-III profiles. Approximately half of the repeat re-assaulters did show some evidence of psychopathic tendencies in the broadest sense of psychopathy. A relatively small portion (11%, about 1 in 10)

of repeat re-assaulters exhibited primary psychopathic disorder – the classic coldhearted psychopathy of greatest concern. Nearly two thirds (60%) had sub-clinical or low levels of personality dysfunction (Gondolf, 2002).

Domain D. Suicidal/Homicidal: Serious homicidal or suicidal ideation/intent within the past year (Kropp & Hart, 2008)

1. Serious homicidal or suicidal ideation/intent within the past year (Kropp & Hart, 2008) Critical Risk Factor that indicates initial treatment in Level C
2. Ideation within the past 12 months (Kropp & Hart, 2008; B-SAFER, 2005).
3. Credible threats of death within the past 12 months (Kropp & Hart, 2008; Campbell, 2008)
4. Victim reports offender has made threats of harm/killing her (female victims in heterosexual relationships [1] (Campbell, 2008)

Homicidal or suicidal ideation within the past 12 months is a valid indicator that the perpetrator may continue to be violent towards his partner. Men who murder their intimate partners often report experiencing suicidal ideation or intent prior to committing their offense; in fact, it is not unusual for these men to attempt or even complete suicide after the murder. Moreover, empirical research suggests that there is a link between dangerousness to self and dangerousness to others (Kropp & Hart, 2008; Campbell, 2008).

"The more the batterer has developed a fantasy about who, how, when, and/or where to kill, the more dangerous he may be. The batterer who has previously acted out part of a homicide or suicide fantasy may be invested in killing as a viable 'solution' to his problems. As in suicide assessment, the more detailed the plan and the more available the method, the greater the risk" (Hart, 1995).

Domain E. Use and/or Threatened Use of Weapons in Current or Past Offense or Access to Firearms:

1. Gun in the home in violation of a civil or criminal court order (Vigdor & Mercy, 2006) Critical Risk Factor that indicates initial treatment in Level C.
2. Use and/or threatened use of weapons in current or past offense (Kropp & Hart, 2008; Azrael & Hemenway, 2000, Hart, 1990)
3. Access to firearms (Langley, 2008; Paulozzi et al. 2001; Mitchell & Carbon, 2002; Campbell, 2003; Saltzman, et al.,1992; Klein, 2008). "Access" to firearms is defined as personal ownership of a firearm or living in a household with a firearm.

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[1] Jacquelyn Campbell's work in this document refers to her work on femicide and only female victims in heterosexual relationships.

A 2000 study by Harvard School of Public Health researchers analyzed gun use at home and concluded: "hostile gun displays against family members may be more common than gun used in self-defense, and that hostile gun displays are often acts of domestic violence against women." This study presents results from a national random digit dial telephone survey of 1,906 U.S adults conducted in the spring of 1996. Respondents were asked about hostile gun displays and use of guns and other weapons in self-defense at home in the past five years. The objective of the survey was to assess the relative frequency and characteristics of weapons-related events at home (Azrael & Hemenway, 2000).

A study by the Centers for Disease Control and Prevention regarding homicide among intimate partners found that female intimate partners were more likely to be murdered with a firearm than by all other means combined. Women who were previously threatened or assaulted with a firearm or other weapons were 20 times more likely to be murdered by their abuser than other abused women. The study concluded that the figures demonstrate the importance of reducing access to firearms in households affected by intimate partner violence (Paulozzi, et al., 2001).

Risk factors identified among a majority of experts include access to/ownership of guns, use of weapons in prior abusive incidents, and threats with weapon(s) (Campbell, 1995).

Abusers' previous threats with a weapon and threats to kill were associated with substantially higher risks for femicide. Campbell's research indicates that abusers who possess guns tend to inflict the most severe abuse. Additionally, gun owning abusers' have a much greater likelihood of using a gun in the worst incident of abuse, in some cases, the actual femicide. (Campbell et al., June 2003).

In an analysis of the danger assessment risk factors, 15 of the 17 items distinguished intimate partner homicide victims from abused women. The factor with the strongest risk (highest odds ration) was use (or threatened use) of a weapon. Those women were 20 times more likely to be killed as other abused women (Campbell et al., 2004).

The SARA utilizes the indicator, "use of weapons and/or credible threats of death in the most recent incident" as an indicator of abuse. "Credible" means the threats were perceived as credible by the victim (e.g., "I'll get you") (Kropp & Hart, 2000).

Considerable research suggests that the likelihood of death in an expressive assault is related to the availability of a weapon. (Saltzman, et al., 1992) have reported that overall firearm-associated family and intimate assaults were 12 times more likely to be fatal than non-firearm associated family and intimate assaults.

Domain F. Criminal History – Nondomestic Violence (Both Reported and Unreported to the Criminal Justice System) (This domain applies only to adult criminal history):

1. Offender was on community supervision at the time of the offense (DVSI, 1998) Critical Risk Factor that indicates initial treatment in Level C)
2. Offender has a prior arrest for assault, harassment, or menacing (DVSI, 1998; Buzawa, et al., 2000; Ventura & Davis, 2004) If there have been two or more arrests, it is a Significant Ruisk factor that indicates initial treatment in Level B at a minimum.
3. Prior nondomestic violence convictions (DVSI, 1998; Klein, 2008; ODARA, 2005; Ventura & Davis, 2004)
4. Past violation(s) of conditional release or community supervision (bail, probation - Kropp & Hart, 2008; B-SAFER, 2005; ODARA, 2005).
5. Past assault of family members, strangers, or acquaintances (Kropp & Hart, 2008; Weisz, et al., 2000; B-SAFER, 2005)
6. Animal cruelty/abuse (Humane Society, 2007; Volant et al., 2008; Ascione, 1998; Faver & Strand, 2003; Ascione, 2007; Ascione, et al., 2007).

Criminal history is an important part of risk assessment. It is a long-established predictor of future behavior. The versatility, stability, and frequency of the offender's criminal behavior patterns are key risk factors for recidivism (Andrews & Bonta, 2005).

Offenders with a history of violence are at increased risk of spousal violence, even if the past violence was not directed towards intimate partners or family members. Research has shown that generally violent men engage in more frequent and more severe spousal violence then do other wife assaulters (Kropp & Hart, 2008).

Of the 12 items listed in the DVSI screening instrument, questions were designed to elicit information regarding an offender's criminal history. These include prior non-domestic violence convictions and history of any form of community supervision at time of offense. Offenders who have violated the terms of conditional release or community supervision are more likely to recidivate than are other offenders. In a validation study of the DVSI based on all DVSI assessment completed between August 2003 and July 2007 by the State of Hawaii, the most

commonly reported risk factor (43.5%) was prior non-domestic violence convictions (Hisashima, 2008).

A study using data from the Spousal Assault Replication Program (SARP), sponsored by the National Institute of Justice examined (1) the extent to which criminal domestic violence offenders specialize in violence and (2) whether the severity of an offender's attacks against the same victim increase, decrease or stay about the same over time. The specialization analysis revealed that criminal domestic violence is part of a larger cluster of serious problem behaviors in the lives of the people who commit it. Few SARP domestic violence offenders had been specializing exclusively in violence. Many offenders were identified with violence in their official criminal histories, but the overwhelming majority of these individuals also committed nonviolence offenses. The domestic violence offender who is arrested only for violent criminal activity appears to be the exception rather than norm (Piquero et al., 2005).

Most studies agree that the majority of domestic violence offenders that come to the attention of the criminal justice system have a prior criminal history for a variety of non-violent and violent offenses, against males as well as females, domestic and non-domestic. A study of intimate partner arrests in Connecticut, Idaho, and Virginia of more than a thousand cases, for example, found that almost seventy percent (69.2%) had a prior record, 41.8% for a violent crime (Hirschel, et al., 2007).

A study of the Cook County (Chicago) misdemeanor domestic violence court found that about three-quarters of defendants had a prior domestic abuse charge, and over 80% had a prior simple assault charge. Fifty seven percent of the men charged with misdemeanor domestic violence had prior records for drug offenses, 52.3% for theft, 30.8 % for weapons violations, 68.2% for public offenses, and 61.2% for property crimes. These men averaged 13 prior arrests (Hartley & Frohmann, 2003).

Not only did most of the abusers brought to the Toledo Ohio Municipal Court for domestic violence have a prior arrest history, but the average number of prior arrests was fourteen. A majority of batterers (69%) had been arrested for at least one violent misdemeanor, including and in addition to domestic violence. And 89 percent had been arrested for one or more non-violent misdemeanor (Ventura & Davis, 2004).

Similarly, 84.4 percent of domestic violence offenders in a study performed in Massachusetts were previously arrested for a wide variety of criminal behaviors; 54 percent having 6 or more criminal charges (Buzawa et al., 2000).

Animal Cruelty

Batterers tend to threaten, abuse, or kill animals to demonstrate and confirm power and control over the family, to isolate the victim and children, to teach submission, to perpetuate the context of terror, and to punish the victim for leaving. A 1997 survey of 50 of the largest shelters for battered women in the United States found that 85% of the agencies surveyed reported that women discuss pet abuse. Additionally, 63% of the shelters surveyed reported that children entering their shelters discussed incidents of companion animal abuse (Ascione et al., 1997).

Studies reviewed confirm that pet abuse by intimate partners is a common experience for women who are battered. If children are present, they are often exposed to pet abuse – an experience that may compromise their physical and mental health. Family pets may become pawns in a sometimes deadly form of coercion and terrorizing used by some batterers. Women's concerns about the welfare of their pets may be an obstacle to fleeing violence partners and may affect women's decision making about staying with, leaving, and/or returning to batterers (Ascione, 2007).

Domain G. Obsession with the Victim:

1. Stalking or monitoring (Campbell, 1995; Block, Campbell, & Tolman (2000)
2. Obsessive jealousy with the potential for violence, violently and constantly jealous, morbid jealousy (Wilson & Daly, 1992; Hilberman & Munson, 1978; Campbell et al., 2003)

Stalking

Stalking refers to repeated harassing or threatening behaviors that an individual engages in such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property. These actions may be accompanied by a credible threat of serious harm, and they may or may not be precursors to an assault or murder (Tjaden & Thoennes, 2000).

Stalking is a crime of intimidation. Stalkers harass and even terrorize through conduct that causes fear or substantial emotional distress in their victims. Stalking is defined as "the willful or intentional commission of a series of acts that would cause a reasonable person to fear death or serious bodily injury and, in fact, does place the victim in fear of death or serious bodily injury" (OVC, 2002).

Stalking is identified as a risk factor for both femicide and attempted femicide as research has demonstrated that stalking is revealed to be correlated with lethal and near lethal violence against women. Jacqueline Campbell's *Danger Assessment* lists violent and constant jealousy as a risk factor associated with homicide.

A study was undertaken to examine what factors predict the occurrence of stalking in relationships characterized by domestic violence, via in-depth interviews with victims of domestic violence whose cases had gone through the criminal justice system. The study found that the experience of stalking by the victims' abusers was very prevalent. In addition, victims who have experienced stalking within their relationships characterized by domestic violence are at a greater risk for experiencing more stalking (by their abuser) in the future (Melton, 2007).

A study was completed that described the frequency and type of intimate partner stalking that occurred within 12 months of attempted and actual partner femicide. One hundred forty-one femicide and 65 attempted femicide incidents were evaluated. The prevalence of stalking was 76% for femicide victims and 85% for attempted femicide victims. Incidence of intimate partner assault was 67% for femicide victims and 71% for attempted femicide victims. A statistically significant association exists between intimate partner physical assaults and stalking for femicide victims as well as attempted femicide victims. Stalking is revealed to be a correlate of lethal and near lethal violence against women and, coupled with physical assault, is significantly associated with murder and attempted murder. Stalking must be considered a risk factor for both femicide and attempted femicide (McFarlane et al., 1999).

Jealousy

Jealousy (as distinct from envy) refers to a complex mental state or "operating mode" activated by a perceived threat that a third party might usurp one's place in a valued relationship. It motivates any of various circumstantially contingent responses, ranging from vigilance to violence, aimed at countering the threat (Mullen & Martin, 1994).

Wilson and Daly (1996) report that battered women nominate "jealously" as the most frequent motive for their husbands/ assaults, and their assailants commonly make the same attribution. Wilson and Daly (1993) report the following: "Although wife beating is often inspired by a suspicion of infidelity, it can be the product of a more generalized proprietariness. Battered women commonly report that their husbands object violently to the continuation of old friendships, even with other women, and indeed to the wives' having any social life whatever.

In a study of 60 battered wives who sought help at a clinic in rural North Carolina, (Hilberman & Munson, 1978) "found pathological jealously to be a cornerstone to homicidal rage in their study of family violence in North Carolina." They reported that the husbands exhibited morbid jealousy, such that leaving the house for any reason invariably resulted in accusations of infidelity that culminated in assault in 57 percent of the cases.

Domain H. Safety Concerns (The ultimate goal in reviewing and utilizing information is to protect the victim. Information shall not be used if it compromises victim and confidentiality – refer to *Standard* 5.04 II):
1. Victim perception of safety/victim concerned for safety (Gondolf, 2001;Klein, 2008; Buzawa, et al., 2000; ODARA, 2005; Heckert & Gondolf, 2004)
2. Victim (female victim in heterosexual relationship) believes offender is capable of killing her (Campbell, 1995)
3. Offender controls most of victim's daily activities (Campbell, 1995; Block, Campbell, & Tolman 2000; Tjaden & Thoennes, 2000)
4. Offender tried to "choke" victim (Campbell, 2008)
5. Physical violence is increasing in severity (Kropp & Hart, 2008; B-SAFER, 2005)
6. Victim forced to have sex when not wanted (Campbell, 1995)
7. Victim was pregnant at the time of the offense and offender knew this (Martin et al., 2001; ODARA, 2005)
8. Victim is pregnant and offender has previously abused her during pregnancy (Gazmararian, 1996; Martin et al., 2001)

Offender Controls

Several risk factors have been identified with homicide of battered women, which include offender's control of victim's daily activities and offenders' attempts to choke victim. Jacquelyn Campbell uses past incidences of strangulation as an indicator of abuse. Her research indicates that 84 of the 220 victims, or 57.1 % of homicide in her study regarding femicide had been killed by partners who had tried to "choke (strangle)" them at some time in their relationship (Campbell, 1995).

Offender Tried to Strangle Victim

In an analysis of the danger assessment risk factors, 15 or the 17 items distinguished intimate partner homicide victims from abused women. The factor with the third strongest risk (highest odds ration) was offender tried to choke (strangle) her. Those women were nine times more likely to be killed as other abused women (Campbell et al., 2004).

Physical Violence Increasing

It has long been observed that a pattern of recent escalation in the frequency or severity of assault is associated with imminent risk for violent recidivism. According to research done in the health care setting by Jacqueline Campbell, "The trajectory of the most severe kinds of abuse is often an increase in severity and frequency over time that may culminate in a homicide if the woman does not leave or the man does not receive treatment or is not incarcerated for violence" (Campbell & Boyd, 2003).

Forced Sex

Sexual assault or forced sex is another facet of approximately 40 to 45 percent of battering relationships. Sexual assault is defined as sexual acts coerced by physical force or threats or by power differentials. Two sample descriptive studies found battered women forced into sex by an intimate partner were also subject to more severe physical abuse and greater risk of homicide (Campbell & Boyd, 2003).

Victim was Pregnant

Victims who are pregnant may suffer from more prevalent and severe abuse. "In several descriptive studies, battering during pregnancy has been associated with severe abuse, weapon carrying and threats by the abuser, and risk of homicide, suggesting that the man who beats his pregnant partner is an extremely dangerous man" (Campbell & Boyd, 2003).

One of the few qualitative data analyses related specifically to abuse during pregnancy, demonstrated that differing patterns of abuse occur during pregnancy according to the women abused. In a small percentage (15 percent) of the sample, women whose partners thought the baby was not his said their partners abused them most severely during pregnancy and seemed to be trying to cause a miscarriage. This is an important finding, given the link demonstrated in population-based studies between stepchildren and both female spouse and child homicide. Another group of women (19 percent), more likely to be in their first pregnancy, found their husbands to be jealous of their attachment to the unborn child. A third group (15 percent) said that the abuse was pregnancy specific but not related to the child. These two patterns may help explain the reports of some battered women who say the abuse first started or became exacerbated during pregnancy. However, the largest group of women (46 percent) reported that abuse during pregnancy was just a continuation of abuse that occurred before the pregnancy. This illustrates findings found in larger studies indicating that` the major risk factor for abuse during pregnancy is abuse prior to pregnancy. This study also found that a substantial proportion of women (53 percent of a convenience sample of 61 battered women) were abused before and after pregnancy but not during pregnancy. The few larger studies that have looked at prevalence before and after pregnancy have also found this pattern (Campbell & Boyd, 2003).

A study was performed to identify risk factors for pregnancy-associated homicide (women who died as a result of homicide during or within 1 year of pregnancy) in the United States from 1991 to 1999. Pregnancy-associated homicides were analyzed with data from the Pregnancy Mortality Surveillance System at the Centers for Disease Control and Prevention. Six hundred seventeen (8.4%) homicide deaths were reported to the Pregnancy Mortality Surveillance System. The pregnancy-associated homicide ratio was 1.7 per 100000 live births. Overall firearms (56.6%) were the leading mechanism of pregnancy-associated homicide. The study concluded that homicide is a leading cause of pregnancy-associated injury deaths (Chang, et al., 2005).

To describe the odds of femicide for women abused during pregnancy, a ten city case control design was used with attempted and completed femicides (n=437) and randomly identified abused women living in the same metropolitan area as controls (n=384). Abuse during pregnancy was reported by 7.8% of the abused controls, 25.8% of the attempted femicides, and 22.7% of the completed femicides. After adjusting for significant demographic factors, it was

determined that the risk of becoming an attempted or completed femicide victim was three-folder higher (McFarlane, et al., 2002).

To determine the frequency, severity, and perpetrator of abuse during pregnancy as well as the occurrence of risk factors of homicide, an analysis was complete on African-American, Hispanic, and Anglo women in public health prenatal clinics. All women were assessed for abuse at the first prenatal visit and twice more during pregnancy. Prevalence of physical or sexual abuse during pregnancy was 16 percent (1 of 6). Abuse was recurrent, with 60 percent of the women reporting repeated episodes (McFarlane et al., 1996).

Victim's Perception of Safety

Weisz and colleagues performed a study from secondary data analysis comparing the accuracy of 177 domestic violence survivors' predictions of re-assault to risk factors supported by research. The item that was the single best predictor of severe violence was the women's perception of risk (Weisz, et al., 2000).

Gondolf and Heckert `performed a study that partially replicated and expanded on a previous study that demonstrated women's perceptions of risk to be a strong predictor of re-assault among batterers. This study employed a multi-site sample, a follow-up period of 15 months, and multiple outcomes including repeated re-assault. The study's use of multinomial logistic regressions demonstrated how well women's perceptions of risk predict multiple outcomes and especially repeated re-assault (Gondolf & Heckert, 2004).

Domain I. Violence and/or Threatened Violence Toward Family Members Including Child Abuse (Does not include intimate partners):

1. Current or past social services case
2. Past assault of family members (Kropp & Hart, 2008)
3. Children were present during the offense (in the vicinity) (DVSI, 1998).

As defined by the SARA, family members include biological and legal relatives (parents, step-parents, siblings, etc.), as well as children from past or present intimate partners, but exclude past or present intimate partners. One of the most common research findings is that offenders with a history of violence are much more likely to engage in future violence than are those with no such history. Research has also demonstrated that wife assaulters who have a history of physical or

sexual violence against family members are at increased risk for violent recidivism (Kropp & Hart, 2008).

Nationally, the reported rate of overlap between violence against children and violence against women in the same families is 30 to 60 percent. Although the studies on which this information is reported are based utilizing different methodologies (e.g., case record reviews, case studies, and national surveys), using different sample sizes, and examining different populations, they consistently report a significant level of co-occurrence (U.S. DHHS, 1999).

Child abuse and domestic violence often occur in the same family and are connected in many ways that may have serious consequences for the safety of all family members. Research shows that the impact on children of witnessing parental domestic violence is strikingly similar to the consequences of being directly abused by a parent. Many of the factors highly associated with the occurrence of child abuse are also associated with domestic violence (Carter, 2000).

The U.S. Department of Health, Education and Welfare reported that children from homes where the wife is battered are at a very high risk to receive their father's abuse. Research studies suggest links between child abuse and spousal abuse as evidenced by a study of 1,000 women (225 did not have children with the batterer). Those offenders who abused their spouses abused children in 70% of the families in which children were present. This study concluded that children of battered wives are very likely to be battered by their fathers and the severity of the spousal beating is predictive of the severity of child abuse (Yllo & Bograd, 1990).

Child abuse and domestic violence co-occur in an estimated 30 to 60 percent of the families where there is some form of family violence according to a 2004 report by the Children's Defense Fund entitled *The State of America's Children 2004*.

The DVSI identifies "children present during the offense (in the vicinity)" as a factor in managing and predicting risk of future harm or lethality in domestic violence cases.

Domain J. Attitudes That Support or Condone Spousal Assault:
1. Explicitly endorses attitudes that support or condone intimate partner assault (Kropp & Hart, 2008; B-SAFER, 2005).
2. Appears to implicitly endorse attitudes that support or condone intimate partner assault (Kropp & Hart, 2008; B-SAFER, 2005)..

Negative attitudes about spousal assault include beliefs and values that directly or indirectly encourage or excuse abusive, controlling and violent behavior. Such attitudes include sexual jealousy, misogyny, and patriarchy. Also included is minimization or denial of violent actions of the serious consequences of those actions (B-SAFER, 2002).

The SARA includes "attitudes that support or condone spousal assault" as a risk factor for repeated spousal violence because large-scale survey research, other empirical studies, and clinical observation suggest that a number of sociopolitical, religion, cultural, and personal attitudes differentiate between men who have recently assaulted their partners and those who have not. A common thread running through these attitudes is that they support or condone wife assault implicitly or explicitly. Such attitudes often co-exist with minimization/denial of wife assault, and are associated with increased risk of violent recidivism (Kropp & Hart, 2008).

Domain K.   Prior Completed or Non-completed Domestic Violence Treatment:
- (DVSI, 1998; Hisashima, 2008; Stalans et al., 2004)

Prior domestic violence treatment or counseling whether court-ordered or voluntary is an item included on the Domestic Violence Screening Instrument (DVSI). A validation study of the DVSI was recently completed by the Hawaii State Department of Health. This analysis indicated that prior domestic violence treatment was reported in 24.9% of the assessments. This study concluded that the DVSI analyses indicate that the instrument is accurately classifying offenders based on risk (Hisashima, 2008)

A study funded by the Illinois Criminal Justice Information Authority addressed whether three groups of violent offenders have similar or different risk factors for violent recidivism while on probation. It concluded that for generalized aggressors and family only batterers, treatment compliance was an important risk predictor of violent recidivism (Stalans et al., 2004).

Domain L. Victim Separated from Offender Within the Previous Six Months:
- (DVSI, 1998; Hisashima, 2008; Wilson & Daly, 1993; Campbell, et al., 2003)

The DVSI defines separation as the following: (1) physical separation (2 going into shelter, moving out, moving in with friends, or evicted by the defendant. In a validation study of the DVSI based on all DVSI assessments completed by the State of Hawaii between August 2003

and July 2007, victims separated from offenders within the previous six months represented the second most commonly reported risk factor (38.5%).

An examination of uxoricide (murder of one's wife) in Canada reported that if violence or threats of violence are used as a way to limit female autonomy, men may be motivated to act in these ways in response to probabilistic cues of their wives' likelihood or intention of desertion. It follows that resolving to leave one's husband may be associated with elevated risk of violence, including risk of being killed (Wilson, et al., 1993). The results of a multi-site case control study concluded that "the risk of intimate partner femicide was increased nine-fold by the combination of a highly controlling abuser and the couple's separation after living together" (Wilson et al., 1993).

Domain M.: Unemployed
- (DVSI, 1998; Kyriacou, et al., 1999; Campbell, et al., 2003; Benson & Fox, 2004; B-SAFER, 2005)
- Unemployed is defined as not working at time of the offense or at any time during intake or treatment and does not include offenders on public assistance, homemakers, students, or retirees

Unemployment has been shown to be an important risk factors used for predicting intimate partner femicide. In a study that compared femicide perpetrators with other abusive men, the conclusion was that unemployment was the most important demographic risk factor for acts of intimate partner femicide. In fact, an abuser's lack of employment was the only demographic risk factor that significantly predicted femicide risks (Campbell et al., 2003).

In a validation study of the DVSI based on all DVSI assessment completed between August 2003 and July 2007 by the State of Hawaii, unemployment represents the fourth (35.4%) most commonly reported risk factor (Hisashima, 2008).

The Level of Supervision Inventory (LSI) Criminal History Scale identifies job stability as a major factor in reducing recidivism. "A history of poor job performance and attitude signifies disregard for pro-social reinforcements. Lack of consistent employment reflects a higher risk for return to criminal lifestyle." (Andrews & Bonta, 2005).

Domain N: Absence of Verifiable Pro-social Support System.

1. Some criminal acquaintances
   The presence of some criminal acquaintances is associated with an opporutunity for pro-criminal modeling, a concept that is considered a major risk factor (Andrews & Bonta, 2005)

AND

2. Some criminal friends
   Attachments to pro-criminal others is a well documented predictor of criminal behavior, with roots in both of the major explanatory theories in criminology: social control and social learning (Andrews & Bonta, 2005).

"Uncaring, negative, or hostile relationships with relatives who have frequent contacts are indicative of poor social and problem-solving skills and a lack of pro-social modeling. Criminal family member(s) indicate negative modeling and exposure to pro-criminal influence and/or vicarious reinforcement of anti-social attitude and behaviors.   The lack of anti-criminal companions indicates two things: first, there is less of an opportunity to observe pro-social models, and secondly, there is an absence of companions who can actively reinforce pro-social behavior and punish undesirable behavior.

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