Commentary on Websdale

Lethality Assessment Approaches:
Reflections on Their Use and Ways Forward

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As we go into the 21st century, we can look at the past 30 years of domestic violence advocacy and research and remark proudly on how far we have come. The accumulated scientific knowledge, practitioner wisdom, policy changes, and public opinion changes are all remarkable (Klein, Campbell, Soler, & Ghez, 1997). What is even more exciting is that it looks like all that work has achieved at least partially the goal of decreasing, if certainly not yet ending, domestic violence. At the very least, we have definitely decreased the number and rate of intimate partner (IP) homicide of both men and women since 1976. However, one of the ironies in the field is that the rates of IP homicide have decreased much more for men than for women. The studies that have examined the decrease have found that a significant proportion of the decrease is attributable to increases in domestic violence resources such as hotlines and shelters and improvement in domestic violence laws (Browne, Williams, & Dutton, 1998; Dugan, Nagin, & Rosenfeld, 1999, 2003). It is also important to note in this era of marriage promotion as a solution for domestic violence that divorce availability was also associated with the decline in IP homicide in the Dugan et al. (1999) multivariate analysis.

Even with IP homicide decreasing and progress apparent, every life that is lost from domestic violence is far too many and haunts all of us. Fatality reviews have increased exponentially as one way to identify ways the system can be improved to prevent these deaths. Another strategy is the development of lethality risk assessment instruments and systems. Barbara Hart (1988) led the

way in developing a list of factors suggesting potential lethality, and at about the same time, I was developing the Danger Assessment (DA; Campbell, 1986). We were working from different disciplines and vantage points—Barbara coming to lethality risk assessment from her personal experience and advocacy legal practice with battered women starting long before 1988 and me coming to it from research on IP homicide (Campbell, 1981). That original study led to the development of the DA to use in the advocacy and health care system work that also was inspired by the findings and other research. The different perspectives are in part responsible for the different products—Barbara's list making extensive use of and validated by practitioner wisdom and mine much more an instrument in the traditional sense to be used by practitioners but with attempts at empirical validation. Obviously, with so many years invested in this enterprise, I am hardly unbiased in any evaluation of the use of lethality risk assessment. Even so, I believe my personal experience with more than 2,000 abused women in my research and advocacy work also lends some credence to my observations.

There are at least four reasons that lethality risk assessment is an extremely important enterprise. First, abused women themselves both say they want to know how much risk their situation presents, even if the assessment is imperfect, so they can act accordingly. They also want to have the evidence of dangerousness for civil and criminal justice proceedings. Secondly, advocates and other first responders want to be able to assess risk with abused women. The many wonderful domestic violence police whom we have trained to understand intimate partner violence say that they too stay awake at night worrying if they correctly identified cases of domestic violence at highest risk for lethality. And although women are often good assessors of high risk of reassault (e.g., Goodman, Dutton, & Bennett, 2000; Heckert & Gondolf, 2004; Weisz, Tolman, & Saunders, 2000), in our study of IP homicide and attempted homicide, only about half of the women who died or almost died recognized that their partner was capable of killing them (Campbell et. al., 2003). So although women's perception of danger is important, it is often not enough; abused women often minimize their danger. Third, there is a need for judges, probation officers, and other criminal justice practitioners to have an accurate system to determine potential

danger. If not trained in an accurate system, they will use their best guesses to try to determine level of risk as part of dealing with domestic violence cases. Research has shown that validated instruments are more accurate than practitioner wisdom in sexual assault cases (Hanson & Morton-Bourgon, 2004; Quinsey, Harris, Rice, & Cormier, 1998). Finally, there are indeed factors that can distinguish cases of IP violence from cases of IP homicide of women. Many of these have long been identified by research and practice (Campbell, 1995), but only recently has there been a large enough, systematic, national study that actually compared cases of women who were killed or almost killed to a random sample of women from the same cities who were abused but never severely enough that they could have died (Campbell et al., 2003). Now again, this study is from my interdisciplinary team and, therefore, suffers from the same accusations of bias, but it was well enough designed to receive funding from National Institute of Justice, National Institutes of Health, and Centers for Disease Control and Prevention after peer review and has been published in several important journals, again with peer review. The findings were used to validate and then revise the DA and, for the first time, develop a weighted scoring and levels of risk (Campbell, 2005).

Allocation of scarce resources according to level of lethality risk worries me as an application of lethality risk assessment, although I understand the needs that prompt such use. I believe that we should wait until the science of risk assessment is further developed before we use lethality risk systems to do so. However, if a system or service feels like it must allocate resources according to level of risk, some means of systematically conducting such an assessment is better than practitioner judgment by itself. Practitioner judgment did not improve prediction of domestic violence reassault over using the Spousal Abuse Risk Assessment, and in the fields of prediction of sexual assault recidivism and mental health patient aggression, instruments have been well documented as improving practitioner judgment (Hanson & Morton-Bourgon, 2004; Quinsey et al., 1998). However, these strategies should not be considered an either/or enterprise. A combination of the judgment of an experienced and knowledgeable practitioner and a well-validated instrument or system along with the input of an abused woman herself will probably prove to be the

best approach to lethality risk assessment (Hanson & Morton-Bourgon, 2004; Heckert & Gondolf, 2004; Pinard & Pagani, 2001).

Lethality risk assessment needs to be distinguished from risk of reassault. Although the risk factors are overlapping, they are not exactly the same (Campbell et. al., 2003). For instance, perpetrator's former criminality and prior history of substance abuse are much stronger risk factors for reassault than for IP homicide of women (Sharps, Campbell, Campbell, Gary, & Webster, 2001). Several instruments have been developed primarily to determine the risk factors for reassault that rely solely on information from the criminal justice system. Best validated among them are the Domestic Violence Screening Inventory (Williams & Houghton, 2004), the Ontario Domestic Abuse Risk Assessment (Hilton et al., 2004), and the Spousal Abuse Risk Assessment (Kropp, 2004). Other approaches include DV-MOSAIC (de Becker, 1997; Gavin de Becker & Associates, 2000), which was not developed as an instrument in the traditional sense but rather as a computerized system to assist law enforcement and other professionals to conduct a threat assessment for potential of serious domestic violence. The Navy risk and safety assessment is now being used by all military services and was meant to assess both risk of homicide and reassault and is done through an interdisciplinary team approach. Each approach needs to be evaluated for the outcomes they were designed to predict.

The risk factors for women killing their male IPs are also overlapping but not exactly the same. Because the major risk factor for women killing their IPs is also prior domestic violence against the woman and the majority are in self defense (long term if not immediate), it is logical that the same factors that would put abused women at most risk to be killed by their partners would also put the situation most at risk for the battered woman to kill her abuser. However, there may also be independent risk factors, such as prior suicidality of the female, which Angela Browne (1987) found to be a significant risk factor for IP homicide of male partners but did not differentiate abused women from those killed or almost killed by an IP in our study (Campbell et. al., 2003). As yet, there is no instrument that has been validated on cases where women have killed their IPs.

The existing lethality risk assessment instruments are not perfectly predictive. The DA in the original format was independently

tested in two studies with some support for predictive validity with reassault as the outcome (Goodman et al., 2000; Heckert & Gondolf, 2004), but there was still a fairly high rate of false positives. The DA with the new weighted scoring was validated on a sample of attempted femicide victims with a Receiver Operator Characteristic curve of .92, but in a separate study with reassault as the outcome, the Receiver Operator Characteristic curve was less impressive (.68; Campbell, Webster, O'Sullivan, & Roehl, 2005). Barbara Hart's list has never been used in research, and the Navy Risk and Safety Assessment is only now in the process of being evaluated. The science in this field is relatively young, but the sexual assault risk assessment field can show us many valuable lessons (Quinsey et al., 1998). After approximately 30 years of concentrated effort in that field, there are now at least 95 high quality studies of reoffending among sexual offenders allowing a meta-analysis and fairly definitive evaluation of the risk assessment instruments in the field, including with what types of offenders and in what settings they work best (Hanson & Morton-Bourgon, 2004). We clearly need to continue to work on improving lethality risk assessment instruments and approaches through both research and the fatality review process and to continue to validate them. Risk assessment needs to start taking into account the protective actions of the victim and the quality of safety provided by the system when, for instance, she calls the police or obtains a protective order. Ellen Pence's community safety audit is a start in that direction. More independent studies are needed in addition to research designed and conducted by the developer of the instrument.

One of the serious challenges in conducting validation research on lethality assessment instruments is that IP homicide happens—thank goodness—relatively infrequently. It is always difficult to predict, with our current statistical models and limited resources for longitudinal research, a seldom occurring event. We will never achieve perfect predictive validity and need to think about what are acceptable levels of sensitivity and specificity in such instruments, levels that may change according to the purpose of the instrument. For instance, if we are working with victims, sensitivity or avoidance of false negatives becomes particularly important. In contrast, when we are making decisions about perpetrators' fate in the criminal justice system and their degree of liberty,

specificity or avoidance of false positives becomes more important.

The safety and ethical challenges of such research are also daunting. This is why the multi-city femicide study (Campbell et al., 2003) was designed as a case control study, a design that can be used efficiently to address risk factors for rare events or conditions. This low base rate is also why even lethality risk assessments are often tested with reassault as the outcome, because reassault is much more frequent than homicide. Another challenge is that the largest homicide database, the Supplemental Homicide Reports, does not have a perpetrator-victim relationship category for exboyfriend or exgirlfriend and misclassifies many IP homicides (Langford, Isaac, & Kabat, 1998; Websdale, 1999). In addition, most of the strongest risk factors for IP femicide are information that is not accessible from criminal justice or homicide records but rather need to be ascertained from the victims themselves or from a family member or close friend that the victim has confided in.

Finally, the protocol that one uses along with a lethality risk assessment instrument or method that is carefully chosen is as important as the instrument itself. A coordinated community response needs to come to an agreement on the purpose of risk assessment in that community and which system is going to conduct what kind of risk assessment. If victim information is sought, as is extremely important for accurate lethality assessment, the approach to the victim needs to be decided. What will be said to her to introduce the assessment and encourage participation without unnecessarily inducing fear? What should be said regarding use of the results of the assessment? What about confidentiality? What are the legalities of the use of the results? Are they admissible in court? Who will conduct the risk assessment? Should it be first responders? Should it be advocates? What credentials, what training is necessary, for those who are conducting the assessment? And what will happen to the results? What is communicated to the victim about what should be done next? What is communicated to the various systems involved? And where is the paperwork stored and who will have access? And finally, how can the victim access the results later, should she need them for custody hearings or other actions? All of the questions need to be answered, ideally as part of a careful, well-informed,

coordinated community-response discussion process. There has been inadequate attention as yet to most of these issues, although the training that is part of the DV-MOSAIC system does address many of them (Gavin de Becker & Associates, 2000), and the Maryland Network on Domestic Violence (2005) has also begun a protocol development and training for first responders to conduct a brief lethality risk assessment based on the Danger Assessment, connecting those at high risk with the local domestic violence shelter agency.

CONCLUSION

IP lethality risk assessment as well as risk assessment for domestic violence reassault are being used with increasing frequency in the United States and even more so in Canada. However much we may worry about their lack of perfection in prediction, the way forward is to continue to improve, refine, and test their accuracy. Because practitioners will be trying to determine level of risk to make case management decisions regardless of the validity of the tools at their disposal, we owe it to those who are working in the field to provide them with the very best system we can devise to help them accurately determine risk. We also owe the same to victims.

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