SAFETY PLANNING AND RISK ASSESSMENT FOR INTIMATE PARTNER VIOLENCE HOTLINE

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B.A., California State University, Sonoma, 2005

PROJECT

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SCIENCE

in

CRIMINAL JUSTICE

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

SUMMER
2010
SAFETY PLANNING AND RISK ASSESSMENT FOR INTIMATE PARTNER VIOLENCE HOTLINE

A Project

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Division of Criminal Justice
Abstract

Of

SAFETY PLANNING AND RISK ASSESSMENT OF INTIMATE PARTNER VIOLENCE HOTLINE

by

Donna M. Aggio

Intimate partner violence poses a serious health risk to millions of women and children every year. In 2000, over 1,000 women were killed by an intimate partner (U.S. Department of Justice, Bureau of Justice Statistics, 2003). Research suggests that intimate partner homicide is usually the final act of violence, an accumulation of violence that has intensified and escalated over time. The concern for professionals working with intimate partner violence victims is how to identify factors where a batterer is most likely going to commit severe or fatal violence against the victim. One approach in addressing this issue is to adopt a risk assessment tool that evaluates risk factors in a victim’s situation. The higher the number of risk factors in the situation, the higher the risk is for the victim. The purpose of this project was to create and implement safety planning and risk assessment tools for an intimate partner violence hotline and safe house. At the completion of the project not only had these tools been implemented, but staff had been trained in how to successfully utilize them.
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Chapter 1
INTRODUCTION

Statement of the Problem

According to the United States Department of Justice (1995), approximately four and a half million women are violently victimized annually. 22 to 37% of emergency room visits are made by women for injuries that occurred from violence in a relationship, and 75% of those women will be revictimized by their intimate partner (U.S. Department of Justice, 1995). A large portion of research done on violence has focused upon intimate partner violence in the lives of women in the United States. It crosses a wide range of issues, ranging from the cycle of violence and the involvement of children, to law enforcement and the judicial system’s response. Intimate partner violence does not discriminate; it can occur to anyone regardless of their age, race, profession, culture, or status. It has only been in the last several decades that intimate partner violence has grown to become a social issue which is receiving more attention in research and policy legislation.

Statistics

Intimate partner violence poses a health risk to millions of women and children every year. According to the United States Department of Justice (1995), approximately four and a half million women are violently victimized annually, and over one million women per year suffer nonfatal intimate partner abuse. Females that were injured in a violent crime were more likely to have been victimized by an intimate partner (37%), than by a stranger, which is much higher in comparison to males who were injured by an
intimate partner (4%) (Simon et al., 2001). Tjaden and Thoennes (2000) found that nationally, about 25% of all women have at some point in their lifetime experienced abuse, by either a current or former intimate partner. Women are also more likely to experience on-going and severe intimate partner abuse than men, as well as more likely to be injured as a result of the abuse (Tjaden & Thoennes, 2000).

Predicting human behavior is a very difficult thing to do, especially when calculating whether a batterer will kill his or her partner. Research has shown that homicides occurring against intimate partners are usually the final act of violence that has been on-going over a period of time (Morton, Runyan, Moracco, & Butt, 1998; Rosenbaum, 1990). It is an accumulation of violence which can intensify over time. Although the rates for intimate partner homicides have decreased in the past 25 years, the United States has the highest percentage of any industrialized country (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). From 1976 to 1985, there were over 16,000 homicides in which the involved persons were killed by their spouses (Mercy & Saltzman, 1989). In Wales, intimate partner homicides account for approximately 35% of all homicides (Fitch, 2007). In the United Kingdom, intimate partner violence accounts for approximately one-fifth of all violence, which claims the lives of two women every week (Hoyle, 2007). According to Nicolaidis et al. (2003), between 65-80% of intimate partner homicide victims were previously abused by the partner that killed them. The question for practitioners then becomes: how do we correctly identify, among victims, those that are at the highest risk for serious harm and/or fatality? Medical education teaches personnel that they should be looking for a history of severe or escalating
intimate partner violence, or signs of increased risk such as threats or assaults with weapons (Nicolaidis et al., 2003). In other fields, practitioners look for these same signs by using tools called lethality/risk assessments.

Purpose of Project

Lethality assessments, also known as risk/danger assessments, attempt to identify circumstances where a batterer will be most dangerous; most likely to commit severe or fatal violence upon his/her partner. The purpose of this project is to provide practitioners working in the field, specifically advocates and volunteers answering the hotline, with knowledge regarding risk/lethality within intimate partner violence, or, more specifically, to provide an educational tool for advocates to use to help understand and acknowledge the risks for danger. In doing so, this information can then be shared with the victims whom advocates and volunteers come in contact with. Once that information is shared, the next step for advocates is to safety plan with the victim about his/her current situation.

There are a number of different forms and methods of assessments currently in use, and while they all have similarities to one another, not all are appropriate for an intimate partner violence hotline. However, one of the common threads that connect all assessments is the higher the number of predictors, the higher the potential for the batterer to commit a homicide or carry out severe injuries upon the victim. Therefore, in order to complete this project, information regarding assessments and their factors must be reviewed and analyzed, after which the most important factors will then be put together on an easy-to-use assessment for the crisis hotline. In addition to the assessment, a comprehensive safety plan will be created and incorporated within the
training for safe house advocates. Safety planning involves looking at the options available to the victim so the next time violence occurs in the relationship the victim will be better prepared. In 2000, 1,247 women and 440 men were killed by an intimate partner (U.S. Department of Justice, Bureau of Justice Statistics, 2003). The purpose of a lethality/risk assessment is to prevent victims from getting killed by their intimate partners. This project will provide practitioners with a tool that will ultimately help them to assist victims in making major decisions. Currently the crisis hotline does not use a risk assessment unless an advocate, who has been trained separately on lethality/risk, verbally discusses it with a victim. Yet, even if the advocate answering the hotline discusses lethality/risk with the victim, there is not an area included on the hotline call sheet that documents that the advocate discussed it with the victim. In completing this project, I will be “remodeling” the hotline call sheet to include a risk assessment and a safety plan, as well as present trainings for all advocates and volunteers who answer the hotline.

At the completion of the project, advocates and volunteers will be given tools which will help them to effectively assess a victim’s situation, and give them a special opportunity to safety plan with the victim. Not only will hotline workers benefit from this project but victims calling the hotline will benefit from it as well. They will gain valuable information concerning their situation, which might prevent further incidents of abuse and/or prevent lethal acts. The purpose of the project is not to have a tool that forms an exclusive basis for making decisions regarding victims. Rather it is an assessment which should be used in conjunction with other information, such as the ‘gut’
feelings of the victim. While one of the purposes of the assessment is to be an educational tool for advocates, it is also meant to be a point of reference for victims while they work out their futures. The tool is to provide another, and perhaps very different, lens through which to view their situation.

**Definition of Terms**

**Advocate:** a broad definition of an advocate, for purposes of this project, refers to paid individuals who respond directly to help a victim in an organizational context (Davies, Lyon, & Monti-Catania, 1998).

**Safety planning:** refers to a discussion between a victim and an advocate regarding the violence the victim has experienced, which leads to a plan for the victim about his/her separation from the batterer (Davies, Lyon, & Monti-Catania, 1998).

**Risk assessment:** refers to a list of factors previously known to be associated with dangerous behavior, specifically with intimate partner violence (Weisz, Tolman, & Saunders, 2000).
Chapter 2

LITERATURE REVIEW

Intimate partner violence encompasses emotional, physical, financial, sexual, psychological, social, and/or verbal abuse within a family setting (McKenzie, 1995). It can start with verbal abuse and may escalate to physical violence. For the batterer, it is about power and control: having power over another individual and controlling everything that person does. In an abusive relationship, the cycle of violence, a phrase originally coined by Lenore Walker (1979), can occur in three phases: the tension-building phase, the explosive phase (also known as the acute-battering phase), and the honeymoon phase. The tension-building phase is the first and usually the longest of all three phases (Marvin, 1997). It is within this phase that tension and pressure begins to escalate between the couple. Often times a victim will feel like he or she is “walking on eggshells.” The victim may also sense that the abuser is on edge and reacts intensely to minor frustrations. The abuser may begin to verbally abuse the victim and, according to Marvin (1997), unless some sort of intervention occurs, the unavoidable next step is the explosive phase.

The explosive phase, also known as acute-battering, is when the batterer abuses the victim physically, sexually, and/or emotionally. This phase can last for several minutes or hours, and as time progresses, it typically can go from a lower level of violence to more frequent and severe abuse (Sorensen & Wiebe, 2004). It is also during this period when factors on a risk assessment become more apparent, and the relationship elevates to higher risk. For instance, one of the factors on a risk assessment is
strangulation. During an explosive phase, if the batterer strangles the victim, the level of
danger increases substantially due to the seriousness of the act. According to Marvin
(1997), many victims deny the seriousness of their injuries and refuse to seek medical
attention. One of the reasons risk assessments are extremely important is that they help
to “bring it home” to the victims of how serious their situation really is.

The last phase of the cycle of violence is the honeymoon phase. The honeymoon
phase is the third period in which the relationship is in a relatively calm period. The
batterer can be very loving and attempt to make up for his/her behavior, perhaps by
bringing flowers or gifts to the victim. A majority of batterers are genuinely sorry for
their abusive behavior, and believe that they can control themselves and never hurt their
loved ones again. It is also during this stage that most victims believe that their partners
can change, and complaints against batterers are frequently dropped. However, while it
is peaceful and loving at that moment, in an abusive relationship this phase does not last.
It will once again cycle back into the tension-building phase, and then on into explosive,
until once again it is back into the honeymoon phase. Generally speaking, the longer the
relationship continues, the shorter the honeymoon phase grows until eventually it can
disappear altogether. In those circumstances, the victim is left with just the tension
building, explosions, and then back to tension building. It has been suggested that the
safest time for a victim to leave his/her batterer is during the honeymoon phase (Walker,
1979). Unfortunately, because things are “good” in the relationship during this phase it is
also the hardest time to leave. The victim is left with conflicting emotions: he/she feels
like things are going better in the relationship, so why would he/she leave it? It is also
important to note that while most abusive relationships have some type of cycle, not all will go through each of the phases discussed here (Marvin, 1997). For instance, during the honeymoon stage batterers will sometimes show remorse or guilt for their behavior, however, not all abusers will demonstrate repentance.

**Statistics on Intimate Partner Homicides**

Research has shown that homicides that occur between intimate partners are usually the final act of violence that has been occurring over a period of time (Morton, Runyan, Moracco, & Butt, 1998; Rosenbaum, 1990). Although the rates for intimate partner homicides have decreased in the past 25 years, the United States still has the highest rate of intimate partner homicide of any industrialized country (Krug et al., 2002). In the intimate partner violence field, practitioners – including law enforcement personnel - use tools such as lethality/danger assessments or checklists to assist practitioners in making sound judgment calls when it comes to intimate partner violence.

**Mechanisms to Identify High-Risk Cases**

The increase in the number of agencies, social services, and so forth that are providing services to victims and perpetrators has led to the need of these tools. In responding to victims and batterers of intimate partner violence, law enforcement, shelters, and victim assistance agencies have implemented a variety of mechanisms to identify high-risk cases. Some of these mechanisms include: checklists, clinical interviews, practitioners’ insights, and as mentioned previously, formal assessment tools (Campbell, 2005). In fact some states, such as Colorado and Minnesota, require that some form of risk assessment be used in intimate partner violence cases. Canada has
already incorporated this practice across their nation. Using a risk assessment can help to divide cases into those that need immediate attention and services, versus those that have less of an urgency (Campbell, 2005). With the increase in the use of emergency shelters, there has been an increase in the use of validated systems to assess the risk of reassault and/or the risk of homicide in intimate partner violence cases. This is extremely important because an assessment can separate those cases that are of extreme danger, and place them in a higher priority. Not every case is at a high level of danger, and to treat them as so can be misleading to the victim, and could result in the victims’ mistrust and reluctance to access services within the criminal justice system (Campbell, 2005).

However, on the other hand, it is extremely important to inform and “convince” the victim that they are in a high-risk situation, and if they continue to be in this relationship, there is a high likelihood that severe violence or even death can occur. According to Campbell (2005), determining the seriousness of a case, and its risk of escalation, not only helps to tailor the response to the level of dangerousness, but it also helps to allocate resources.

Assessments of Risk in Intimate Partner Violence

Predicting human behavior is very difficult to do. This includes predicting whether a batterer will kill his or her partner. The purpose of a lethality/risk assessment is to help identify the appropriate level of intervention needed in these cases. Assessments help clarify which cases might escalate to severe or fatal violence. While there are a number of these of assessments available, they are still relatively new and not as extensive in comparison to other types of assessments (Campbell, 2005). There have
been various approaches taken to predict violent outcomes. The mental health field and other areas of criminal justice have had a much longer history in predicting dangerousness or repeat violence, than in the intimate partner violence field. Since there has been a longer history and interest in assessments, more methods have been developed and tested through these fields. The majority of these methods have been empirically and validly tested. The most ideal method of assessing for dangerousness would be a “well-validated instrument specific to the type of violence being assessed in the hands of a clinician who is expert in that type of violence by virtue of training and experience” (Campbell, 2005, p.657). Unfortunately, there are some issues with this when trying to predict dangerousness in intimate partner violence cases. One such issue is that practitioners who conduct clinical assessments, such as victim advocates, law enforcement officials, or health care providers, are not primarily and specifically trained in clinical assessment, nor are their judgments or experience equally as valid as an assessment. Each practitioner will have different experiences, and have different levels of understanding intimate partner violence. Therefore, it is extremely important to have practitioners consult with each other on such cases. According to Sheridan et al. (2007), when clinicians from different professions, such as parole officers, nurses, advocates, psychologists, etc. “pool” together their knowledge and experiences, they are able to form a more complete risk assessment for future violence.

The most common way of assessing high-risk cases is for practitioners to assess risk “clinically”. This means to either use an assessment adopted or developed by their agency that holds no empirical validation, or to rely on beliefs, knowledge, experience,
and/or intuition (Campbell, 2005). With regards to law enforcement, often times arrest records are reviewed or repeat calls to the same location are examined to determine the risk of an intimate partner violence case. Depending on the primary source of information and what the tool is meant to benefit, the assessments will differ in some degree from one another. For instance, some are designed to predict re-assault while others are designed to predict lethality. Assessments will also differ in terms of whom the assessment is primarily intended for (ex: probation, victim’s shelter, law enforcement, and so on) and in how they get their primary source of information (ex: through a victim, the perpetrator, criminal records, and so on). However, regardless of which assessment is used, employing risk assessments has enabled practitioners working with intimate partner violence cases to use a sort of triage in case processing.

There are a few factors that have contributed to the increase of the use of this tool. According to Campbell et al. (2007), this increase is due to changes in the way law enforcement responds to and handles intimate partner violence calls, how law enforcement is trained, and specialized intimate partner violence courts. Besides these changes, there have also been changes in the social services arena, health-care settings, and child welfare programs. For instance, in the last twenty years, there has been an increase in the creation of intimate partner violence hotlines and emergency shelters, thus there has been more of a need for assessments (Campbell, 2005). According to Sheridan, Glass, Limandri, and Poulos (2007), these assessments serve as the primary task of developing safety plans for victims, and help to prevent future perpetrator assaults by either treatment or confinement.
Practitioners working in the field must handle all of their intimate partner violence cases seriously. They are concerned with the possibility that some cases might end with a serious injury or fatality. Therefore, each practitioner must take every precaution and action to avert that outcome. Practitioners can be called on frequently to make assessments and predictions of risk for future violence. This is often done with only a brief history of the offender’s violent behavior and without contact with the victim and/or the perpetrator. Furthermore, practitioners working in crisis settings, such as a hotline workers, law enforcement, or physicians, are usually pressed for time, and typically have to make their best guesses based on knowledge, experience, and intuition (Sheridan et al., 2007). Not all practitioners working in the field of intimate partner violence are primarily and specifically trained in completing clinical risk assessments. Often times they are relying on experience, which can widely vary.

According to Sheridan et al. (2007), some practitioners will either under-predict, while some will over-predict. To under-predict refers to a false negative where the person is predicted to be less dangerous than he or she actually is. To over-predict refers to a false positive where the person is predicted to be more dangerous than he or she actually is. Either way, this can cause some serious problems for both the victim and the practitioner. If the practitioner under-predicts, the victim can be placed at risk of being killed or seriously injured. If the practitioner over-predicts the danger, then the victim might lose trust in the practitioner’s ability to identify dangerous abusers and situations. Thus, the victim could choose to ignore future warnings/assessments by the practitioner, which might place him/her in a very dangerous situation (Sheridan et al., 2007).
practitioner does not want to go to either extreme when assessing a client and his or her situation. Therefore, each practitioner should be well trained in assessing, be willing to weigh multiple factors using validated measures, and validate the opinions of colleagues and of the victim (Sheridan et al., 2007).

**Why Assessments Are Effective**

While the focus on danger assessments has intensified in the research field in recent years, it has always been a very important part of the lives of the victims who are dealing with an abusive partner. There are two very important facts that emphasize why it is critical to increase our understanding of victim danger assessments. The first is that a victim will choose a certain course of action based upon their own assessment of how much danger they are in (Cattaneo, Bell, Goodman, & Dutton, 2007). Secondly, by taking these assessments seriously, practitioners can provide significant information for counseling victims, or in making important decisions regarding the victim’s case and life situation.

One of the main reasons it is important for practitioners to become proficient in using risk assessments is because it might be helpful in convincing a victim that he/she is in a dangerous, high-risk situation. Using a tool that would help to convince a victim that it is crucial to relocate to another location, or to cooperate with legal agencies in criminal cases is vital. According to DeBecker (2000), the practice of using risk assessments with victims can help them look at possible dangerous situations in a more realistic light. Risk assessments are meant to inform the practitioner of the nature, form and degree of danger, and can only be justified if practitioners remember that there is no such thing as no risk of
intimate partner abuse (Kropp, 2004). All victims should be considered to be at risk, even if it is considered a low risk, because to a certain extent, all batterers are considered dangerous. This does not mean that a practitioner should automatically assume that every victim should be considered high-risk; it simply means that a risk assessment does not rule out any victims, regardless of how “low” the danger is considered to be.

Defining Danger and/or Risk in Assessments

In order to correctly conduct a risk assessment, researchers need to define what risk is. However, this is one of the main issues in regard to assessments. According to Kropp (2004), there is very little agreement on what is meant by risk for violence because the majority of studies done on intimate partner violence define it as something that will occur in the future. When practitioners use assessments, they typically are using them to figure out the imminence, nature, frequency, seriousness of violence, and the likelihood of when the violence will occur (Kropp, 2004). Practitioners working in the field must make judgment calls based upon the who, what, where, when, and how of intimate partner violence. For example, a batterer’s intervention program might be interested in the nature of violence, whereas, court systems might be more interested in the likelihood of violence occurring. Depending on what type of intervention is needed, such as victim safety planning, treatment of the batterer, and so on, practitioners must have clarification on what risk means. However, the research that has been done on risk assessment has not made those kinds of distinctions (Kropp, 2004). To date, researchers and practitioners have only come to an agreement on an operational definition of risk. This had led to several problems: it makes it difficult to compare risk/danger assessment studies and
difficult to examine whether different aspects of risk also have different groupings of indicators (Kropp, 2004). In addition, even if risk factors are all similar, one risk factor could be weighted more heavily than another factor.

**Victims Assessing Their Own Risk**

Abused women can be good assessors of their own risk to reassault. According to Campbell, Webster, and Glass (2009), the National Institute of Justice funded a Risk Assessment Validation Experiment study of over 700 abused women which found that over sixty percent were accurate in their perception of their risk of reassault. When a victim experiences severe abuse at the hands of his/her abuser, she/he not only is at risk for serious physical and psychological injury, but the abuse also serves as an important predictor of future victimization (Cattaneo & Goodman, 2005). Since there is risk of future violence for victims of severe abuse, it should be extremely important to consider how those victims perceive their own risk for re-abuse in their relationships. According to Cattaneo and Goodman (2003), it is important to not only consider but to also understand the victim’s assessment of his/her risk because those perceptions are related to actual future risks for violence. Research suggests that, although not perfect, victims’ perceptions can improve prediction, and also provide very useful information to practitioners working in the field. Once a victim’s assessment of his/her own risk is taken into account, the next logical step would be to see if that feeling of risk translates to an actual intention to change his/her situation in order to reduce that risk.

While it is important for a practitioner to never discount a victim’s fear of serious injury or homicide, it is also essential to be aware that some victims do not have an
entirely accurate perception of risk. According to Nicolaidis et al. (2003), for some victims the violence they are experiencing may be perceived as a “normal” part of life. For example, some victims might be more focused on relationship problems that are separate issues from the violence; such as their partner’s drug/alcohol problem, or financial issues.

How Risk Assessments Are Conducted

There are three models or methods that are used when conducting risk assessments for intimate partner violence: unstructured clinical assessments, actuarial assessments, and structured professional assessments.

Unstructured Clinical Assessments

According to Miller and Morris (1988), unstructured clinical predictions are based upon the professional’s training, experience, and his or her observation of a specific client. These types of clinical predictions are intuitive or subjective in nature, and may not be organized into a structured format. While it has been established that a practitioner’s assessment of dangerousness can be used as a valuable resource for predicting and preventing intimate partner violence, the main criticism of this method is that it lacks reliability, validity and accountability. Due to the criteria and rationale of the method, this type of assessment can be unclear and imprecise (Kropp, 2004). Some criticisms state that clinical predictions are producing decisions that are “inconsistent, inequitable, biased, and inaccurate” (Milner & Campbell, 2007, p.26). Since this method maximizes the practitioner’s discretion, it is susceptible to leaving out important factors that might require immediate intervention. However, according to Kropp (2004),
unstructured clinical assessments are probably the most widely used method of intimate partner risk assessment, due in part to the fact that they are “user-friendly” for helping practitioners working in the field. The practitioner is using his or her own clinical discretion to make a decision, often times trusting their “gut” to figure out who is going to be in danger and when.

The advantage of unstructured clinical assessments is that it does allow for individualized tailoring of safety planning and prevention strategies in a victim-context situation. This means that since the method has no strict guidelines or constraints for the practitioner to follow, they are free to ‘gear’ the assessment, and the safety planning thereafter, toward the victim’s situation (Kropp, 2004). Recommendations for improving this method would be to focus more on the training and biases of the practitioner (Kropp, 2004). It is also recommended that practitioners move away from using only this method or at the very least, take into consideration risk factors that are supported in empirical and/or clinical literature (Kropp, 2004). For instance, studies have found that there are risk factors that distinguish between assaultive spouses and spouses that have no history of violence (Weisz, Tolman, & Saunders, 2000). Given this type of information, it would be wise for practitioners, who use only the unstructured clinical method of assessments, to use risk factors that can be supported by research.

*Actuarial Method*

In contrast, statistical predictions, also referred to as the actuarial method, are comprised of predicting someone’s behavior based upon how others have acted in similar situations (actuarial), or upon that person’s similarity to members of violent groups.
(Miller & Morris, 1988). This type of prediction is based on statistical models which comes from research and includes the use of risk factor instruments (Miller & Morris, 1988). They are designed to predict specific behaviors within a certain time frame. According to Kropp (2004), the goal of an actuarial method is to predict in a relative and in an absolute sense. With a relative sense, the individual is being compared to a norm-based reference group, and in an absolute sense, the method is providing specific, probable estimates of the likelihood of future intimate partner violence (Kropp, 2004).

Actuarial risk assessment techniques and tools are more accurate than unstructured clinical judgments or structured clinical risk assessment tools because an actuarial risk assessment is an evidence-based prediction process which is based upon statistical analysis (Hilton & Harris, 2005). Milner and Campbell (2007) suggest using statistical procedures whenever possible to increase the accuracy of any clinical prediction. The main distinction between this type of method and the unstructured clinical method is that it is an improvement on reliability and validity. Both reliability and validity are qualities which are lacking in the unstructured method. However, to date, there is not an actuarial assessment that will produce cutoff scores which would allow for practitioners to verify risk categories for intimate partner violence. There is a division between science and practice when it comes to risk assessments. According to Kropp (2004), practitioners are hesitant to use any method that would reduce the professional’s discretion. The reasoning behind this might be because practitioners see themselves as preventing violence, rather than predicting it.
Structured Professional

The structured professional assessment attempts to find a ‘middle ground’ between the unstructured clinical method and the actuarial method. According to Kropp and Hart (2000), the term ‘professional’ is used for the non-clinical practitioners who are frequently required to conduct an assessment, for instance, police officers, victim advocates, and probation officers. This type of method does not require combining risk factors or weighting. It does, however, have a minimum set of risk factors that should be considered in every case. The structured professional method will also include recommendations for gathering information, communicating with the victim and making suggestions for implementing safety planning strategies. This approach is considered more structured than the clinical prediction method, yet it is more flexible than the actuarial method. Even though the structured professional method does not get rid of the discretion of the professional, and is vulnerable to some of the same disadvantages of the unstructured clinical approach, it does try to improve the reliability and validity of risk assessment judgments (Kropp, 2004).

Examples of Clinically Based Prediction Models

Research in clinical prediction models found that there are three major models for prediction: the linear (rationalist) model, the hypothetic-deductive model, and the risk assessment model (Sheridan et al., 2007). Depending on what the goal of the assessment is, the practitioner might use features of one or more of those models. Each of the models has very specific ways which help to make decisions about interventions with victims.
Linear (Rationalist) Model

A linear (rationalist) model refers to clinicians using a linear model, such as a decision tree or critical pathway, to guide them in making decisions. An example of this would be Gross, Southard, Lamb, and Weinberger’s (1987), suggestion of a seven-step process to follow when a client makes “suggestive threats”. It should be noted that the seven steps that these researchers suggest refer to when a clinician is working with perpetrators of violence. The advantages of a linear model are that it provides a somewhat clear direction for the clinician to take, as well as a “logical” argument for the decision that is made. The clinician assesses by weighing outcomes according to neutral standards or theory (Sheridan et al., 2007). However, the disadvantage of a linear model is that factors like treatment outcomes, social support, and stress levels are not taken into account when making the prediction. Instead, the prediction is based upon a formula, rather than the specifics of the actual situation, or how the victim feels about his/her situation.

Hypothetico-deductive Model

The hypothetico-deductive model has similar characteristics to the linear model; however, it is more complex in assessing factors which influence making a prediction. A practitioner weighs different factors, as they do with a linear model, however, the situation is considered more in context. The hypothetico-deductive model takes into account past experiences, which give clinicians patterns of signs to consider and ways in which to categorize/organize those signs. In looking at the overall picture of the situation, the practitioner is looking at that “pivotal cue” which will support all of the
other signs and link them together with academic and experimental information (Gottfredson & Gottfredson, 1988). Clinicians who use this particular model search specifically for signs which are important in violence, and are continually going back to the context of the client and the environment in which the situation is occurring. After doing all that, the practitioner then arranges all the signs into a hypothesis, and then the hypothesis is tested for either confirmation or refutation. Once that is done, the final decision or prediction is made (Gottfredson & Gottfredson, 1988).

**Risk Assessment Model**

The risk assessment model proposes a “risk-to-stakes” system where the seriousness of the action is weighed with the likelihood of violence reoccurring (Gottfredson & Gottfredson, 1988). The seriousness of the offender’s actions allows the practitioner to consider different types of harm and variables that are possible and should be taken seriously. With this type of model, practitioners can provide assessments of risk factors or signs that might contribute to violence. It includes social, political, as well as an individual’s environment. By including these factors, it allows the practitioner to weigh both environmental and personal factors that are present in the given situation (Gottfredson & Gottfredson, 1988).

**Risk Assessment Instruments**

According to Dutton and Kropp (2000), in the past several years, there has been a proliferation of instruments and assessments, which range in the degree and scope of their development. However, it has not been until recently that there have been any efforts to empirically validate risk assessment instruments. This is changing, and there are
generally three categories of instruments. The first category includes instruments for which there is no past or current attempts to establish validity. Instruments that are under this category include the Intimate Partner Violence Risk Assessment Form used in Delaware, the Mosaic-20, which was developed by Gavin de Becker, and the Risk Assessment and Lethality Assessment used in Hawaii (Dutton & Kropp, 2000). The second category includes instruments that are included in evaluation and validity studies, but have not yet been reported in scientific literature. Some examples of these instruments include: the Intimate Partner Violence Screening Instrument used in Colorado, the Kingston Screening Instrument for Intimate partner violence, the Navy Risk and Safety and the Intimate Partner Violence Inventory (Dutton & Kropp, 2000).

The third, and final, category is for instruments that have had published validity data. Instruments that are included in this category are: Danger Assessment Scale (DA), the Spousal Assault Risk Assessment (SARA), the Propensity for Abusiveness Scale (PAS), and the Psychopathy Checklist-Revised (PCL-R) (Dutton & Kropp, 2000).

Danger Assessment

The danger assessment is a clinical and research tool that was designed to assist battered women in assessing their danger of being killed by their intimate partner (Nicolaidis et al., 2003). Initially, the danger assessment was developed by consulting with and being supported by victims, shelter workers, law enforcement personnel, and other professionals in the field (Campbell, Webster, & Glass, 2009). Originally, it measured the total number of ‘yes’ responses by the victim on a 15-item list that contained risk factors associated with intimate partner violence homicide. The
assessments were then scored by counting the number of ‘yes’ responses: a high number of ‘yes’ responses indicates that there are more risk factors for homicide present in the relationship (Nicolaidis et al., 2003). There are two portions to the danger assessment: the calendar portion and the response portion.

A victim is presented with a calendar of the past year. On this calendar the victim is asked to mark the approximate days during the past year when physically abusive incidents took place. Once he/she has done this, the victim then ranks those incidents on a one to five scale, depending on the severity of the abuse. A one indicates a slap, pushing, no injuries, and/or lasting pain; a five indicates the use of a weapon, or wounds from a weapon (Campbell, Webster, & Glass, 2009). The calendar portion was created to help a victim accurately recall intimate partner violence incidents, and to reduce any minimization of intimate partner violence. For instance, on an original danger assessment, 38% of women who initially reported no increase in the severity and frequency of violence, changed their response to yes, an increase in severity and frequency of violence in the past year, once they completed the calendar portion (Campbell, Webster, & Glass, 2009).

The second half of the danger assessment is the 15-item yes/no response format of risk factors related to intimate partner violence. Both of these portions take approximately 20 minutes to complete, and the victim can complete them independently without the assistance of a practitioner. However, having a practitioner assist a victim in completing a danger assessment may help with the interpretation of it within the context of the victim’s situation and would hopefully clear up any confusion. Once a victim has
completed the assessment, the yes responses are counted as either a ‘no classification’ or a cutoff score. However, if there are a higher number of yes responses, than it indicates that there are more risk factors present in the relationship.

**Different Categories of Assessments**

In any discussion of re-assault and lethality, it is important to differentiate the kinds of assessments that are used in the field. For instance, factors that increase the risk of reassault or revictimization will look different from factors that indicate that there is an increase in the risk of lethality. Additionally, there are factors that assess for keeping victims who are battered safer or help to reduce the risk of being battered (Campbell, 2004). These factors overlap one another in terms of concern for the victim; however they are still distinctively separate factors. According to Sheridan et al. (2007), the accuracy and consistency of predicting future violent episodes and dangerousness depends upon many complex factors. For obvious reasons, the less frequent an event takes place, the harder it is to predict when it will happen again. For instance, many risk assessments aim at predicting intimate partner violence rather than predicting intimate partner homicide because it is easier to predict when it has a higher occurrence rate than homicide. There are certain factors that are known to influence the accuracy and consistency of future episodes. These factors include: the type of violence, the perpetrator’s relationship to the victim, the characteristics of the perpetrator, and the time period of the prediction (Sheridan et al., 2007).
Communicating Risk Assessments

Risk assessments are geared toward decision making for the victim, and to be used as an educational tool for practitioners. By completing an assessment, it facilitates awareness of the victim’s problem and hopefully initiates action towards a solution (Echeburua, Fernandez-Montalvo, Corral, & Lopez-Goni, 2009). Assessments are at the core of any professional’s duty to prevent violence (Kropp, 2004). However, no matter how well an assessment is completed, it is not effective unless it is correctly communicated to the victim, and the information is received and used. According to Kropp (2004), reviews of intimate partner violence homicides found that there were risk factors present and known, but they were not necessarily documented or communicated to the correct people.

To assist in communicating correctly with victims, several principles were created. The first principle is for practitioners to support their opinions with evidence to back it up, and to communicate it in a clear and concise manner. There are quite a few current assessments right now that provide either a checklist or a guideline as a tool in communicating concerns. They provide a structured, “physical” tool that can support decisions being made, as well as provide “proof” to the victim that the practitioner is relying on more than just their gut feelings. An assessment presented to a victim in this manner (ex: Ms. S is at risk because of risk factors A, B, and C), with opinions supported by a brief list of risk factors, is most likely more effective and influential than one that is presented loosely.
Intimate Partner Violence Hotline and Assessments

Findings from an 11-city study suggests that in using a risk assessment, advocates and others working in intimate partner violence prevention, would be able to use the danger levels as a cut-off for shelter admission. According to Campbell, Webster, and Glass (2009), advocates are likely to capture more than 90% of potentially lethal intimate partner violence cases just by using the increased levels of danger on a danger assessment. The purpose of implementing this tool is to help identify risk factors in intimate partner violence situations and to assess for lethality/risk. According to Campbell (2004), in the 12-city homicide study, only 4% of the victims of actual and/or attempted homicide actually called an intimate partner violence hotline. Interpretation of this finding suggests that women who actually took advantage of advocacy programs were almost never the victim of homicide or attempted homicide. According to Campbell (2004), 47% of the women in the study were seen in the health care system prior to the year they were killed by their partners. This should also initiate a conversation among intimate partner violence shelters and the health care system on how to become more active in promoting their services.

With the use of any sort of danger or risk assessment, the tool should be used as primarily the first step in a process of safety planning. Other issues that should be addressed while dealing with victims and danger assessments are confidentiality, communication of results, and training of assessors for the use of the assessment (Campbell, 2004).
Steps in Crisis Intervention

The first step of crisis intervention, and one of the biggest roles of an advocate, is to complete an assessment with a victim (Davies, Lyon, & Monti-Catania, 1998). However the role of the advocate does not stop there. In order for the assessment to be effective, follow up crisis intervention protocols must be completed. After finishing an assessment, the next stage in crisis intervention is to establish rapport and communication. According to Roberts (2006), victims of intimate partner violence may not only question and doubt their safety and vulnerability, they may also have a difficult time trusting. Consequently, it is important for the advocate to use active listening techniques and empathic communication skills in order to begin to create a rapport with the client. Working in crisis intervention frequently calls for swift engagement with victims, however, in trying to establish rapport and communication with a victim this can be difficult to accomplish. While efficiency is essential, the advocate should still allow the victim to set the pace of intervention (Roberts, 2006). This is because many victims have been in relationships where they were coerced into doing things they did not want to do, and they might be feeling powerless and out of control. Therefore, it is important to establish rapport, but at the pace of the client.

The third step in crisis intervention is to identify and prioritize the most important problems of the victim, in order to figure out how they affect the current status of the victim’s situation (Davies, Lyon, & Monti-Catania, 1998). To achieve this, the advocate should encourage the victim to talk about their situation, which hopefully leads to identifying and assessing the most dangerous problems. While completing these steps, it
is crucial for the advocate to continue to demonstrate empathy, active listening, and an understanding of the victim’s experience. By demonstrating these qualities, it helps the victim to cope with the range of emotions and confusing feelings he/she is going through. According to Roberts (2006), ventilation and catharsis are crucial to healthy coping for the victim.

The next step in crisis intervention is for the advocate to assist the victim in exploring alternatives which might be helpful to the victim in meeting his/her needs (Davies, Lyon, & Monti-Catania, 1998). For example, some victims need support with coping skills, such as counseling services that help the victim retain the level of functioning they had before the crisis occurred. It is also in this stage that the advocate should be formulating an action plan with the client. According to Roberts (2006), an intervention plan that is successful is one that depends upon the victim’s level of involvement and commitment to it. The action plan must provide short and long-term arrangements for the victim. The main goals are to ensure that he/she is at an appropriate functioning and coping level. If not, it is the responsibility of the advocate to inform the victim about the possible resources available that can help him/her achieve that status. For instance, if a victim does not have the financial resources or ability to move out of the home, then the advocate can provide an explanation of alternatives, such as a shelter program, a protective order with ‘kick-out’ stipulations, or other emergency housing services. Ultimately, the victim has the responsibility to make a decision, and the advocate/practitioner has the role of providing the victim with information that he/she might not have, so the victim can include it within his/her risk analysis.
Choosing Which Factors Will Be Put on the Assessment

In a review of assessment tools, there were common questions asked in the majority of assessments. These questions are concerned mainly with prior victimization, batterer’s drug and alcohol problems, batterer’s threats to kill the victim and/or the victim’s children, batterer’s access to/possession of weapons, stalking behavior, batterer’s threats, plans, and/or attempts of suicide, and attempts of the victim to separate from batterer. Why, you might ask, are these common red flags throughout the majority of assessments? According to Campbell et al. (2003), in taking a closer look at fatalities in intimate partner relationships, these are characteristics that are common in all the cases.

While the evidence is preliminary and not yet considered scientific, the characteristics of these cases provide insight and guidance about red flags in potentially dangerous relationships. In a sense, it is ‘breaking down’ an abusive relationship to distinguish separate factors that are most likely to be connected to and predictive of lethal behavior. Factors which are related to the batterer’s history of intimate partner violence include batterer’s violence/acts, batterer’s thoughts/threats/intents, escalation of physical abuse, violations of court orders (criminal and/or civil), and batterer’s violent attitudes. Components that are most closely related to lethal intimate partner violence and severe partner violence are the items chosen for this project because of their higher predictive capacity.
Risk Factors

Risk Factor/Red Flag: Previous Intimate Partner Violence

According to Campbell et al. (2007), one of the most important, consistent, and strongest risk factors of intimate partner homicide is previous intimate partner violence, and/or previous assaults against the current victim. In fact, 65-80% of intimate partner homicides involved previous abuse of the female by a male intimate partner (Campbell et al., 2003; McFarlane et al., 1999; Moracco, Runyan, & Butts, 1998). Hardly ever does an incident of intimate partner abuse occur in an isolated situation. It is more likely to have occurred throughout the relationship, and become more severe as the relationship continues. For example, in one study, two-thirds of the intimate partner homicides had a reported history of abusing the female partner (Moracco, Runyan, & Butts, 1998). One of the risk factors for intimate partner homicides, in a North Carolina study, found that there was a history of physical abuse in the relationship (Morton et al., 1998). In addition, violence towards a previous partner is also thought to be a precursor for intimate partner violence in the current relationship (Riggs, Caulfield, & Street, 2000).

According to Nicolaidis et al. (2003), between 65-80% of intimate partner homicide victims were previously abused by the partner that killed them. In studies analyzing intimate partner homicides committed by males against females, it was found that the homicides were distinguished by histories of intimate partner violence. In fact, for cases of intimate partner abuse, between 50-75% involved abuse of the victim prior to the victim’s death (Campbell et al., 2003; Dobash et al., 2004; McFarlane et al., 1999). Over 72% of the intimate partner homicides examined in the 11-city study were preceded
by intimate partner violence (Campbell et al., 2007). Research indicates that the violence toward the victim is likely to escalate preceding the homicide. Increases in the severity and frequency of violence, such as threats with a weapon, strangulation, sexual assault, threats to kill, and beating while pregnant, have been noted as examples of escalation prior to the homicide (Campbell et al., 2003). It should also be noted that while the percentage of male-perpetrated intimate partner homicides is much higher than female-perpetrated, female-perpetrated homicides are usually distinguished as acts of self defense, where the male partner was the first to brandish a weapon or abuse the female (Campbell et al., 2003).

**Risk Factor/Red Flag: Strangulation**

Often times a victim will report “he tried to choke me.” Technically “choking” is different from strangulation; however it is a term that is used frequently, even in risk assessments, because it is a term that is more familiar to victims. Regardless of whether or not a victim reports that he/she was ‘choked’ or ‘strangled,’ anytime a victim says that his/her partner placed their hands around his/her neck/throat and squeezed, an immediate red flag should arise for the practitioner. This is because strangulation is considered an important risk factor for attempted, or completed, homicides of victims by intimate partners. According to Block et al. (2000), of the 57 women who were killed by their intimate partners, 53% of the victims had experienced strangulation by their partners in the preceding year; 18% of the victims were strangled to death by their partners. In addition, another study found that 45% of attempted homicides and 43% of homicide victims were strangled in the preceding year by their intimate male partners. This is in
comparison to the 10% of victims who were abused, but were not killed by their partners (Glass et al., 2008). Strangulation is considered an extremely lethal behavior and can cause severe injury or death for the victim in a matter of seconds. In order to fully understand why strangulation is so dangerous, and is among the first five factors on a danger/risk assessment, there needs to be an understanding of the physiology behind it.

Major vessels which carry oxygenated blood from the heart and lungs to the brain are called the carotid arteries (Turkel, 2007). These arteries are located along the side of the neck, and are typically where a person administering CPR (cardiopulmonary resuscitation) would check for a pulse. The other major vessel in a human body is the jugular vein, which carries deoxygenated blood from the brain back down to the heart. When a victim is being strangled one, or all, of the following could cause the victim to lose consciousness: depriving the brain of oxygen (blocking the blood flow of the carotid arteries), preventing deoxygenated blood from leaving the brain (blocking of the jugular veins), and preventing the victim from being able to breathe by closing off his/her airway (Turkel, 2007). It takes only 11 pounds of pressure for 10 seconds upon the victim’s neck to render unconsciousness. If the pressure is released immediately, however, the victim will regain consciousness. If the perpetrator continues to cut off oxygen to the victim’s brain for longer than 50 seconds, the victim will not recover (Plattner, Bolliger, & Zollinger, 2005).

According to Glass et al. (2008), there are quite a few physical/visible and internal injuries that can occur when a victim has been strangled. For instance, one commonly reported internal symptom is a change in the victim’s voice. This can range
from mild, such as simple hoarseness, to severe where the victim completely loses his/her voice. Difficulty breathing, swallowing, or getting a breath is another result of strangulation. These types of difficulties are due to damage to the larynx cartilage and/or hyoid bone that occurred during strangulation (Glass et al., 2008). As practitioners working with strangulation victims, it is extremely important to know that any breathing changes that a victim may be having might appear to be minor, however underlying injuries, which were accrued during the incident, may kill the victim hours or days later due to internal injuries.

Besides internal injuries, there are also a number of visible injuries that can occur during and/or after strangulation. To the neck area the victim may have scratches, abrasions and/or scrapes. Fingernail cuts into the skin as well as impression marks can occur. Frequently, marks on the victim might have been caused by a combination of the victim and the batterer’s hands, due to the victim trying to defend him/herself. Bruises may not appear immediately or instantaneously on the victim, but may take several hours or even days. In addition, not all bruises will appear on the neck, they could also appear along the jaw line, the chin, and even the collarbone (Glass et al., 2008). A common injury in strangulation cases is chin abrasions (Glass et al., 2008). As an instinctive effort to protect his/her neck, the victim lowers his/her chin, and hence scrapes his/her chin against the batterer’s hands.

Tiny red spots, also known as petechiae, are a common characteristic in many strangulation cases. These red spots appear when capillaries are ruptured. Petechiae can be found around the victim’s eyes (specifically on the white portions of the eyes), under
the eyelids, anywhere on the face, and on the neck above the area of where the batterer’s hand were cutting off oxygen and blood. When petechiae are present, it indicates that an extremely forceful struggle occurred between the victim and the batterer (Glass et al., 2008). Other side effects of strangulation can be involuntary urination and defecation.

As previously discussed, the physiology behind strangulation can be very severe and life threatening; however, it is not considered to be an observable injury (Strack, McClane, & Hawley, 2001). According to Glass et al. (2008), non-fatal strangulation often does not leave obvious injury, as other forms of physical violence do, yet the result of strangulation can lead to serious consequences. While additional research is needed to recognize the prevalence and long-term health consequences of strangulation, current research and findings thus far, or to date, indicate that strangulation is a somewhat common form of violence against women in intimate partner violence (Glass et al., 2008). It is also a significant factor in predicting future lethal violence. In a study of women who accessed services at a Chicago hospital for general health reasons, and had experienced intimate partner violence in the past year, two interviews were completed. Researchers found that of the 68 women who experienced attempted strangulation at the hands of their partners, 65% reported in the second interview that they had experienced another severe incident in the period after the first interview (Block et al., 2000). Some examples of severe incidents that occurred in the period after the attempted strangulations were head injury, permanent injury, broken bones, threat or attack with a weapon, etc. (Block et al., 2000). This suggests that when a victim is strangled, the possibility of an escalation in the severity and/or frequency of intimate partner violence in the period after
attempted strangulation is very likely. Therefore, strangulation is considered one of the most important factors on a danger/lethality assessment. When a victim confirms that there has been strangulation or “choking” acts upon him/her, the practitioner should be well aware that the likelihood of more severe or lethal actions upon the victim are high.

**Risk Factor/Red Flag: Threats to Kill; Suicide Attempts or Threats**

Abusers who threaten to kill themselves, their partners, and/or their children are considered especially dangerous and should be considered as important predictors of intimate partner homicide and/or suicides. According to Humphreys and Thiara (2003), threats are considered psychologically abusive and controlling. In an 11-city study of intimate partner homicides and suicides, McFarlane et al. (1999), found that 32% of the cases had threats of suicide from the perpetrator. Even though not all threats are carried out by the abuser when a batterer makes threats to a victim, it should be taken seriously, as they are statements of the batterer’s future intentions.

**Risk Factor/Red Flag: Separation or Attempts at Separation**

In an abusive intimate partner relationship, an obvious solution to the problem would be for the victim to leave the abuser. However, research suggests that separation from an abuser is a risk factor for severe violence and injury (Logan & Walker, 2004). According to Ellis and DeKeseredy (1997), partner homicides are often preceded by intimate partner abuse and may also involve the victim’s recent separation from his/her abuser and the relationship. In one study, researchers found that former intimate partners were more likely to stalk than injure current intimate partners (McFarlane et al., 1999). This adds weight to the fact that victims are at a higher risk for more severe injuries or
homicide from the point of ending the relationship to about two years post-separation (McFarlane et al., 1999). Other studies examining intimate partner homicides found that 47% of the victims were killed within two months of separation, and 91% within the year (Aldridge & Browne, 2003). Likewise, Stout (1993) found that in the intimate partner homicides examined, 52% of the cases had less than one month between the time of separation and the homicide.

Research indicates that perhaps the most dangerous time for a victim to leave his/her abuser is after he/she has ended the relationship. A victim that is leaving or attempting to leave can provoke potentially lethal violence from his/her abuser (Wilson & Daly, 1993). Hence, attempting to leave an abusive relationship is considered one of the most lethal times for the victim (Dansie, 2001). One of the theories behind why separation from an abusive partner is considered one of the most dangerous periods for a victim is that the batterer feels threatened by the loss of control over the victim. This can occur when the victim announces his/her decision to leave, or does actually separate from the abuser. An abuser will try everything to regain that control back, including homicide. In studies done on intimate partner homicides, the point at which a man most often kills a woman is when it appears that she is leaving him; estrangement increases the risk of intimate partner homicide and homicide-suicide (Aldridge & Browne, 2003; Marzuk, Tardiff, & Hirsch, 1992). Victims who leave their abusers are at a 75% greater risk of being killed by their abusers, than by those who stay (Campbell, 2004). A study of homicide-suicides conducted in North Carolina found that separation from the intimate partner was a factor in 45% of the cases (Morton et al., 1998).
Separation from an abusive relationship is a risky and important decision to make. When a victim separates from his/her abuser, evidence suggests that there are many risks that the victim faces. For instance, according to Logan, Walker, Jordan and Campbell (2004), separation is a stressful life event and increases stress levels and causes mental and health problems for victims. Furthermore, these mental and health problems can linger for years after the relationship and the violence has ended. In one study, 95% of women who had left an abusive relationship continued to suffer from physical and psychological abuse from their abusers (Hotton, 2001). According to Logan, Walker, Jordan, and Campbell (2004), cognitive difficulties can arise due to threats, fear, and chronic stress. This, in turn, can weaken the decision to maintain a separation from the abuser, and lessen the ability to evaluate received threats. Consequently, a victim that has been living with chronic stress, threats and fear, may have difficulty analyzing his/her situation and separating from the situation. In addition to experiencing possible ongoing physical and psychological abuse, as well as mental and health problems, victims also face the possibility of increased threats related to harming or abducting their children.

**Risk Factor/Red Flag: Obsession with Victim/Stalking Behaviors**

In a study of intimate partner homicides Morton et al. (1998) found that one of the major risk factors for this crime was the perpetrator’s extreme jealousy. An abuser’s extreme jealousy and possessiveness can turn into obsessive behavior when the victim is at the center of his/her thoughts, and perhaps unable to imagine life without the victim. Obsession with the victim is correlated with separation, threats, and potential triggers from the abuser because abusers cannot accept the victim’s wish to end the relationship.
McFarlane et al. (1999) found that stalking and harassment had occurred in 70-90% of 200 actual and attempted intimate partner homicides. Often times the abuser will resort to severe violence, coercion, or threats in an attempt to get the victim to avoid a separation. The obsessive/stalking behavior might include following the victim, monitoring the victim’s whereabouts, or using high-tech means to check up on the victim. The abuser might say something like, “If I can’t have you nobody will.” According to Nicolaidis et al. (2003), in a study examining attempted intimate partner homicides, 83% of the women reported examples of power and control in their relationships, such as extreme jealousy, socially isolating the victim, and threats of violence. Obsessive behaviors can be triggered by changes in the victim’s circumstances. For example, the victim has started separation or divorce proceedings. In addition, they can exhibit jealousy and stalking behaviors.

Stalking is defined as repeated occasions of visual and/or physical closeness, non-consensual communication, or implied threats that would cause fear in a person (Tjaden, & Thoennes, 1998). Literature completed on stalking suggests that when it occurs in combination with intimate partner violence, there is a high possibility of the relationship ending in severe violence and/or possible homicide (Pathe & Mullen, 1997). In one study, researchers found that of the 586 North Carolina homicide victims, half were killed by a current or former partner, and of those, 23% had been stalked prior to being killed (Pathe & Mullen, 1997). Stalking should be included in risk factors for lethal violence and/or further physical abuse because of the obsession of wanting to be near the
victim (McFarlane et al., 1999). This is especially true if stalking occurs with other high risk factors.

Stalking behaviors can include knowing the victim’s daily routines, the names and addresses of friends or relatives, or having someone watch the victim. Other stalking behaviors include: following or spying on the victim, waiting outside the victim’s home, school, or work, leaving threatening messages on phone, destroying the victim’s property, and frightening the victim’s family. In a study examining intimate partner homicides and attempted homicides, 12 months before the murder, or attempted murder, more than three-fourths of the women were stalked and two thirds were physically assaulted (McFarlane et al., 1999). While there is a need to compile more detailed information on the connection between stalking and intimate partner violence, the few studies that have been conducted suggest that assault and stalking both appear to be risk factors for lethal and near-lethal violence for victims, especially when these two behaviors occur together.

Risk Factor/Red Flag: Weapon Use/Threats of Weapon Use

An abuser’s access to/possession of weapons, and/or the use of weapons or threats of use in prior incidents, is a very important risk factor which has been associated with severe and/or lethal violence in intimate partner abuse. Research has associated the use of firearms and drug/alcohol use with intimate partner homicide (Campbell, 2005). According to Kernsmith and Craun (2008), anytime there is weapon used in an abusive relationship there is a huge cause for concern. Weapon use can have serious consequences, such as severe injury or death, for the victim. Perpetrators of intimate
partner violence, who have access to firearms, can use them to intimidate, threaten, hurt or kill their victims. Having access and availability to firearms not only increases the risk of homicide in general but increases the risk of intimate partner homicide as well. Campbell et al. (2003) found that when an abuser threatens a victim with a weapon, there is a higher chance for males committing homicide against females later on in the relationship.

According the U.S. Department of Justice (1994), the type of weapons most often used in intimate partner homicides are firearms. When firearms are used in intimate partner assaults, it is 12 times more likely to end in death than if there was no firearm involved. Especially when there has been use of a weapon in a previous incident, this indicates a very high level of risk for the victim because it is a likely predictor of the abuser’s future behavior. In the state of California, where more than 620,000 women are abused by their intimate partner each year, approximately 31% of households have a firearm (Lund, 2002). Findings suggest that in homes where there has been chronic or abuse so severe that the victim sought refuge at a safe house, the percentage of homes with a firearm was approximately 36%, or about 20% higher than the general population (Sorenson & Wiebe, 2004). A weapon can be anything that an abuser uses to injure or kill a person, or uses to destroy property. Approximately two-fifths of the victims reported in one study that their most recent partner owned a gun during the time of the relationship and that two-thirds of the victims reported that their partners used the firearm against them to either scare, threaten and/or harm them (Sorenson & Wiebe, 2004).
Risk Factor/Red Flag: Sexual Assault; Forced to Have Sex

According to Campbell (2005), sexual assault by an intimate partner, or former partner, is one of the most consistent indicators of potentially lethal violence and repeat victimization. Victims who reported an intimate partner sexual assault also tended to have history of violence in the relationship, and were subjected to more serious injury even if it had not been previously reported (Metropolitan Police Services, 2003). Victims who are sexually assaulted by their intimate partners are subjected to more serious injury and further violent attacks. In addition, Stuart and Campbell (1989) found that men who sexually assaulted their partners and/or displayed sexual jealousy are more likely to be at risk for violent recidivism. There are a number of immediate and long-term consequences of the physical and psychological effects connected to intimate partner sexual abuse, such as PTSD, depression, chronic pain, physical injuries (bruises, cuts, etc.), and disabilities. The presence of sexual and/or morbid jealousy is one of the most important elements in intimate partner homicide cases (Rosenbaum, 1990).

Risk Factor/Red Flag: Substance/Alcohol Abuse

Substance and alcohol abuse in intimate partner violence is considered a risk factor in many assessments because it can lead to severe impairment in a person’s functioning, especially when there are other risk factors involved in a relationship. In one study researchers found that between 20-50% of batterers were under the influence of alcohol at the time of the intimate partner homicide, and between 8-11% were under the influence of drugs (Dobash, Dobash, Cavanagh, & Medina-Ariza, 2007). Roberts (2009) found similar results in his study: almost 70% of the perpetrators in an intimate partner
homicide study were under the influence of drugs and/or alcohol at the time of the incident. Research has recognized that there is a strong correlation between alcohol/substance use and intimate partner violence, especially when the abuse of alcohol or drugs becomes a daily, or nearly daily, habit. While alcohol and drugs do not cause abuse, they can accelerate and worsen it. Morton et al. (1998) found that 38% of the homicide-suicide offenders in their study of intimate partner homicides had consumed alcohol before the incidents, which was slightly lower than the percentage for intimate partner homicides without suicide. Interestingly, some research has reported that in comparison with non-victims, women who were severely injured in an intimate partner assault had a rate of drug use six times greater than women who did not have drug use, and three times greater rate of intoxication within the past year (Kantor & Straus, 1989).

Drugs and alcohol can increase the severity and dangerousness of violence, and depending on the type of substance used, and the amount ingested, there may be a higher risk for intimate partner homicide. For instance, use of certain drugs can lead to temporary drug-induced psychosis (Humphreys, 2007). In one study, researchers found that perpetrators who abused alcohol were associated with an eightfold increase in intimate partner violence and a twofold increase for risk of homicide or attempted homicide (Sharps et al., 2001). A person who is already abusive is likely to become even more dangerous under the influence. Alcohol abuse increases the risk of intimate partner violence by 5 times (Garcia, Soria, & Hurwitz, 2007). When an abuser, in an intimate partner relationship, used drugs and/or alcohol, he was much more dangerous and more likely to kill his partner. According to Greenfield et al. (1998), 40% of men who were
convicted of killing their female partners had been intoxicated at the time of the murder, with the majority of them having a blood alcohol level of .05 or higher. This validates what research has noted regarding alcohol abuse and intimate partner violence: heavy or binge drinking has a much stronger association with intimate partner abuse. In addition, research also supports the argument that alcohol and drug use has a definite impact on the risk of homicide (Kellerman et al., 1993).

**Risk Factor/Red Flag: Pet Abuse**

Another important red flag to keep in mind when assessing for lethal and/or severe injuries is pet abuse. Studies completed on partner-perpetrated animal abuse indicate that as pet abuse increases, so does the severity of intimate partner violence (DeGue & DiLillo, 2009). In one particular study, between 25-57% of victims interviewed reported that their abusers had either injured or killed the family pet (DeGue & DiLillo, 2009). In another study, researchers found that women who were looking for services at an intimate partner shelter found that abusers who were cruel to animals used more forms of violence and controlling behaviors towards their victims than abusers who did not abuse their pets (Simmons & Lehmann, 2007). Although the evidence supporting pet abuse and intimate partner violence is still emerging, findings suggest that when the two are present, it is indicative of a high-risk situation (DeGue & DiLillo, 2009).

**Risk Factor/Red Flag: Personality/Mental Health Issues**

An abuser having a history of mental health issues is considered to be a unique predictor of homicide (McFarlane et al., 1999). According to Zawitz (1994), in a study examining 540 intimate partner homicides in the U.S., 13% of the perpetrators had a
history of mental illness, in comparison to the 3% of perpetrators in non-intimate partner homicides. In a similar study conducted in North Carolina, a large percentage of offenders of intimate partner homicide cases had current or past depression issues or a personality disorder (Morton et al., 1998).

Mental health issues and/or personality disorders are considered to be serious factors in examining intimate partner violence and lethality because of the instability of the batterer’s thoughts and actions. In the North Carolina homicide-suicide study a significant proportion (15%) of male perpetrators had consulted mental health services the year prior to the incident, and 46% had been documented with depression (Morton et al., 1998). In examining the correlation between borderline personality organization (BPO) and the severity of a batterer’s physical abuse, Aldridge and Browne (2003) note that in comparing batterer’s scores on the Borderline Personality Organization Scale with their partner’s reports of abuse, the higher the scores on the BPO, the increase in the severity of abuse. One of the most prevalent elements in intimate partner homicide offenders is the over controlled personality disorder (Dutton & Kerry, 1999). As the severity of physical violence escalated, so did the possibility of personality disorder in the batterer (Dutton & Kerry, 1999).

Over controlled personality disorders include individuals with diagnoses of passive-aggressive, avoidant, self-defeating, and dependent personalities (Aldridge & Brown, 2003). This theme of over-controlling personalities was found to be common in the modus operandi of intimate partner homicides. They were significantly more prevalent and were typically carried out in reaction to estrangement (Dixon, Hamilton-
Giachritsis, & Browne, 2008). In another case involving personality disorders and intimate partner homicides, Dutton and Kerry (1999) found themes of personality disorders present. For instance, over-controlling personalities were found to be the most common personality disorder, especially in estrangement killings, whereas batterers with antisocial personality disorders were more likely to be involved in “instrumental killings”, financial gain through insurance policies.

Interestingly, in a study comparing intimate partner homicide-suicide versus homicide-only perpetrators, a large number of the homicide-suicide cases had histories of depression, whereas none of the homicide only cases did. In addition, the homicide-suicide cases were also more likely to abuse alcohol, have a history of violent behavior and a history of personality disorder (Aldridge & Browne, 2003).

Risk Factor/Red Flag: Pregnancy

In regards to intimate partner violence, abuse in pregnancy has been identified as a unique risk factor for fatal violence. According to Campbell et al. (2007), pregnant women who are experiencing intimate partner violence in their relationships are at three times the risk for serious injury or death, in comparison to pregnant women who reported a stop to the abuse during pregnancy. In addition, intimate partner violence is one of the leading causes of pregnancy-related deaths (Chang, Berg, Saltzman, & Herndon, 2005). While research is still emerging regarding pregnancy-associated homicide, it is definitely a cause for concern. In one study, it was concluded that pregnant women are at risk for homicide two to three times higher than non-pregnant women (McFarlane et al., 2002). Additionally, Campbell et al. (2003) found in their 11-city intimate partner homicide
study that 25% of the 494 women who were almost killed or killed by their abusive partners had been abused during their pregnancies, and 13 of those women were killed by their partners during the pregnancies. In addition, 11 of those 13 women were physically or sexually abused before they were killed. This intimate partner homicide factor has also been associated with the risk factor of forced sex during pregnancy. Reasoning behind why a partner would be abusive, sexually and physically, during a pregnancy could be that the controlling abuser suspects that the unborn baby is not his, and therefore might kill the victim out of jealousy and sexual competitiveness (Daly, Wiseman, & Wilson, 1997).

*Important Indicators to Keep in Mind*

In addition to recognizing red flags and risk factors in an abusive relationship, it is also extremely important to take into account and acknowledge the victim’s perception of danger. While this is not on the ‘list’ of risk factors, it is well documented that it is one of the most important indicators of life-threatening abuse. According to Davies, Lyon, and Monti-Catania (1998), if a victim is very afraid that her partner will kill or try to kill him/her, then the likelihood of lethal violence is present. Victims can be the best evaluators of possible lethal violence because they most likely have the most information regarding the abuser than anyone else, other than abuser him/herself. Even if a victim were to describe in thorough detail what his/her life is like with the abuser, no one can really know what it is like except him/her.
Safety Planning

In the past 25 years, the amount of knowledge and research on risk factors and consequences of intimate partner violence has grown rapidly. However, research on effective intervention for ending or preventing intimate partner violence has not caught up or developed at the same speed (Wathen & MacMillan, 2003). In an abusive relationship, once physical violence has occurred, over time it often escalates in frequency and severity (Campbell, Rose, Kub, & Nedd, 1998). Whether victims are aware of it or not, they are engaging in strategies to keep themselves and their children safe. For example, when an argument arises, a victim will move to a room that has an outside exit, instead of to a room with only one exit.

Many victims will leave the relationship in an attempt to end the violence, while others might turn to family or friends for support while they continue to stay in the relationship. Whenever a victim analyzes his/her risks, he/she is considering a wide range of abusive behaviors: from nonphysical to physical. When a victim meets with an advocate to discuss safety planning, that victim has already begun his/her planning, whether he/she knows it or not. Each and every change that a victim makes in her situation brings new options, as well as new challenges. For instance, getting custody orders can lead to stability for the children, yet it could also result in visitation that places the children and the victim in danger. When pursuing options of safety, the practitioner/advocate needs to recognize that it could precipitate an escalation of abuse, and should inform the victim of the consequences of those options and assess them accordingly.
It is important for advocates who work with victims on safety planning to not define safety just around physical violence. For instance, some victims do not see physical violence as their number one risk, nor might they see leaving the relationship as the most practical option (Davies, Lyons, & Monti-Catania, 1998). Therefore, it is inaccurate for advocates to assume that a victim’s greatest concern is the batterer’s physical violence. When victims contemplate leaving an abusive relationship, they are asking themselves questions that cover a range of possible repercussions and implications for their lives. The primary purpose of reviewing a safety plan with a victim is to make certain that both the victim and the advocate have the best possible information regarding the risks the victim and his/her children face (Davies, Lyons, & Monti-Catania, 1998).

In addition, while leaving an abusive relationship might be an important option for a victim, to apply this prescription to all victims can be harmful, because it disregards the complexity of choices facing many victims. It is also important for advocates who are intervening to note that victims will employ a range of coping skills. These skills serve the victim by helping him/her to continue with other areas of his/her life, while still living with an abusive partner. However, in safety planning with a victim it is critical to analyze if those coping skills/strategies are still effective. According to Goodkind, Sullivan, and Bybee (2004), the likelihood that a victim will use certain strategies to cope with the situation may shift over time because those strategies that once worked have become ineffective at controlling the abuse. In addition, thorough advocacy will acknowledge that a victim’s analysis of his/her violent relationship will be ongoing, and will shift when the victim gets new information.
Safety planning is most effective if it occurs within a contextualized assessment process (Lindhorst, Nurius, & Macy, 2005). This helps to clarify the struggles and possible harms which a victim must balance when making a decision regarding continuing or ending his/her relationship. The theory behind strategic safety planning is to provide the victim with not just a traditional safety plan, but one that uses an empowerment approach; one that addresses the variety of risks in a victim’s life. While traditional safety planning focuses the attention on the victim’s immediate safety needs, often with the intent of having the victim leave the abusive relationship, strategic safety planning not only addresses those concerns, but also the complex needs of the victim.

The first step in strategic planning is to understand how a victim perceives his/her circumstances; also referred to as the appraisal process. Primary appraisal is the victim’s recognition of a threatening circumstance and his/her own personal evaluation of harm and/or loss (Lindhorst, Nurius, & Macy, 2005). For instance, in this stage the practitioner is asking the victim how he/she labels and defines the violence. If the violence is perceived as a threat by the victim, the practitioner should clarify what is being threatened: the safety of the victim, the relationship, or something else. According to Lindhorst, Nurius, and Macy (2005), this helps the practitioner to identify where to start with the victim. For instance, should the practitioner immediately begin safety planning with victim, and/or other similar interventions? This step could also be referred to as the batterer-generated risks. Batterer-generated risks are those dangers that result from the batterer’s control of the victim (Davies, Lyon, & Monti-Catania, 1998). The batterer-generated risks are broken down into seven broad categories: physical injury,
psychological harm, risks to and involving children, financial risks, risk to family and friends, loss of the relationship and risks involving the legal field (Davies et al., 1998).

Secondary appraisals help to focus on specifications of resources and barriers the victim might be facing in his/her environment (Lindhorst, Nurius, & Macy, 2005). The purpose of this step is to list the options and actions which the victim has already considered, as well as the factors that he/she considers a barrier. By addressing these issues, it helps the practitioner to produce a realistic intervention plan with the victim. This step could also be referred to as the life-generated risks. Life-generated risks refer to the risks and circumstances which the victim has limited or no control over, such as financial limitations (Davies et al., 1998). A victim’s abuser is not the sole source of risk for the victim; other factors also play into the dangerousness of his/her circumstances. The abuser could also be aware of these risks to the victim and manipulate them to further his/her control. A few examples of life-generated factors include: financial, home location, physical and mental health, inadequate responses by social institutions and discrimination based upon race, ethnicity, gender, sexual orientation or other bias.

Concluding Remarks

Intimate partner violence continues to be an important and serious issue in our communities. Research on this issue has continued to grow in the last few decades, focusing on a range of topics from intimate partner homicide to safety planning for victims. It has been in the last several decades that more attention has focused on risk factors that point to intimate partner violence cases that are at a higher-risk for severe injury and/or homicide. Some of these risk factors include: strangulation, threats to kill,
access to weapons, stalking, pregnancy, and mental health issues. There are a number of assessments in use today which are used to assess which cases will end in deadly violence. The Danger Assessment and SARA are just a couple of these assessments. In addition to assessing for severe injury and/or homicide, safety planning is another topic in the field which is continuing to grow in research. Appropriate safety planning with a victim means to evaluate all of his/her options, inform the victim of those options, and to update the plan every time there is a change in the victim’s situation. The following pages will address how safety planning and a risk assessment were incorporated into a local intimate partner violence hotline.
Chapter 3

PROJECT PROCESS

The original intent of the project was to incorporate a risk assessment onto an intimate partner violence hotline call log. However, at the request of my supervisors, this project was extended to also incorporate a safety plan for the hotline, as well as a safety plan for safe house clients and after they exit the shelter. Therefore at the completion of the project, instead of having one tool which was incorporated, I had incorporated three different tools.

Conception of the Idea

The idea of incorporating a risk assessment came about on a weekend I was on-call for the hotline. As an advocate who is stationed at a law enforcement agency, I have been trained on how to perform risk assessments on reports involving intimate partner violence cases. Being on-call for the hotline requires having to carrying around a phone twenty-four hours, seven days a week. Since it is an intimate partner violence hotline which is operated “round the clock”, the majority of the calls coming in deal with intimate partner abuse. However, there are a small percentage of calls that are not related to intimate partner violence. For instance, we receive calls for individuals who are looking for referrals for homeless shelters or drug/alcohol treatment programs. The incoming calls that are intimate partner violence related can have a wide range of issues: intake screening for the safe house, services available to them, or just calling to talk to someone about their situation. On this particular weekend I had received a call from a female on the hotline. She wanted to speak with someone about her relationship with her
boyfriend. After talking with her for approximately twenty minutes regarding her situation, the cycle of abuse, and the specific factors which were present in her situation, she had decided that she wanted to join our 16-week domestic violence support group. After finishing any calls we get on the hotline we must complete a call log which documents what the call was regarding and specifics about the caller. For instance, name and sex of the caller, language spoken by the caller, call issue, and any referrals we might have given the caller. I completed the call with the victim and began to fill out the call log, when I realized that I had done a risk assessment and safety plan with her over the phone. However, there was not a spot on the call log where I could indicate that I had done both with her. I realized then that I needed to speak with my supervisor about incorporating one onto the call log.

Due to the seriousness of some calls, having a risk assessment explained to the caller and then following it up with a safety plan, would be in the best interest of the caller and the agency. For some victims when their situation is explained to them in terms of lethality and how serious it really is, it prompts them to take some sort of action regarding their situation. Whether that means joining a support group, leaving their abusive partner, or calling a friend or family member to get some support, the assessment puts their situation into perspective. Overall, there needs to be a written guideline to standardize communication in a way in which advocates can utilize and access the assessment. The purpose of this project is to help guide the practitioner in obtaining information important to assessing the level of risk of the victim, safety plan with the victim, and essentially help to prevent future violent behaviors.
I came up with this idea on a Saturday, and approached my direct supervisor about it on the following Monday. She really liked the idea; however, I was still going to have to get permission from our director of programs before I could begin any implementation. I was able to speak with the director later that week, and “selling” her on the idea was not difficult. While she was very enthusiastic about it she also wanted me to take the project a step further. She liked the idea of incorporating a risk assessment onto the hotline, yet she also wanted me to create and incorporate a safety plan to include with the assessment. Her reasoning behind wanting me to create a safety plan was that she wanted a tool which could be utilized frequently, and one that could be used as a documentation tool. The current safety planning protocol was that if an advocate did complete a safety plan with a victim, then she would just make a note of it on the call log. At the time that I approached the director, there was not a safety planning guideline available for the hotline. Due to changes in staff, the director of programs wanted a “concrete” tool which would be readily available to any advocate, and could be documented on. So by creating one it would not only become a tool for the hotline, but it would also help to fill in a gap with documentation. Advocates would have an instrument that they can refer to and, if needed, refer back to as needed to say that they did complete safety planning with a victim.

I met with the director and the safe house supervisor a couple of times thereafter to clarify exactly what it was they wanted. It was concluded that I would create a risk assessment for the hotline (which was my original project idea), as well as a safety plan.
for the hotline (to be used by advocates and volunteers answering the hotline), and a safety plan to be used for victims staying at the safe house and after they leave the shelter. By creating these items, it not only gives the advocates a tool for identifying problems and options, but it also provides victims with a plan of action, especially after they have completed a risk assessment. In addition to creating and incorporating these items, the director also wanted me to train volunteers and staff on these tools. Therefore, anyone who answers the hotline, whether it is an advocate or a volunteer, will be able to converse with the caller regarding risk and safety of the caller. The risk assessment I would be creating is to be used solely for the hotline, and not to be given to victims in person, unless the victim is no longer living with the batterer. For obvious reasons, if the victim takes the assessment home and the batterer finds it, there could be serious repercussions.

**Development of Project Materials**

*Creating the Risk Assessment*

While it is important to create some sort of framework upon which advocates and volunteers can guide themselves while speaking with victims, it is also important to understand that this type of work is not a ‘one-size-fits-all’. Any sort of intervention in intimate partner violence must be geared specifically for that victim, and thus based upon an ongoing assessment of the total risks of the victim. Essentially, an abusive situation never stays the same; therefore there must be ongoing analysis of what the victim faces. It was this philosophy that guided how I developed the project materials. I wanted the tools, especially the risk assessment, to reflect the understanding that it is meant to
structure and inform decisions which are already being made by the victim. The purpose
of it is to be a guideline or checklist which ‘highlights’ the risk factors in a victim’s
situation and help him/her to make informed and sound decisions (see Appendix A).

In developing the risk assessment for the call log, I had to research and examine a
number of lethality and risk assessments. It became apparent relatively early on in the
project that the risk assessment I would be incorporating onto our call log would not be a
sophisticated computerized model as some instruments are. The assessment we would be
using for our purposes needed to be one that was accessible and “user-friendly”. After
completing the research, it was up to me to decide on whether or not to incorporate an
entire risk assessment onto the call log, or to ‘pick and choose’ which factors are the most
important to put on the log. The finished product incorporated items from established
and confirmed tools, such as the Danger Assessment created by Jacqueline Campbell
(2004b), as well as items from non-scientific tools, such as the assessment instrument
created by Echeburua, Fernandez-Montalvo, Corral, & Lopez-Goni (2009). Since the
science behind this type of assessment is still relatively young and not as extensive as
others, the factors I chose have research to validate their priority and have been used in
different assessments due to their higher capacity to predict severe/lethal violence (see
Appendix A).

Out of all the lethality first responder assessments there were three prominent
questions that stand out: has your partner ever used a weapon against you or threatened
you with a weapon?, has he or she ever threatened to kill you or your children?, and do
you think he/she might try to kill you? From there I decided to separate all of the other
factors into two categories: factors that are related to the batterer’s history of intimate partner violence, and factors that are related to the batterer’s behavior and context of the intimate partner relationship. Factors which are related to the batterer’s history of intimate partner violence include: the batterer’s threats against the victim, the batterer’s threats and/or attempts of suicide, previous assaults on the victim, and the batterer’s criminal history, if any. The factors which are related to the batterer’s behavior include: substance/alcohol abuse, mental health problems of the batterer, strangulation acts, frequency and severity of abuse, sexual assault, abuse of a pet, and abuse during pregnancy. The factors which are related to the context of the relationship include: separation attempts on the part of the victim, the batterer’s access to weapons, past violations of restraining orders, and prior calls to law enforcement.

My reasoning behind structuring the assessment this way was to use factors that have been compared to known cases of intimate partner violence related injuries or death, and secondly, to assist the advocate in going through the particular elements of each victim/case. The assessment can be used as a guideline tool that takes the advocate through a complete investigation and analysis of the victim’s case. The assessment cannot predict the behavior of the batterer; however it can try to safeguard against danger by comparing behaviors of past violence and the current context of the situation. The final creation of the assessment focuses on the prediction of risk for both homicide and severe violence, and the risk factors on it were chosen because of their higher capacity to predict severe and lethal violence (see Appendix A).
Creating the Safety Plans

To fulfill the requests of the safe house supervisor and the director of programs, I created two different safety plans. The first plan is intended for hotline callers (see Appendix B), and the second safety plan is intended for clients staying at the safe house and after they leave the shelter (see Appendix C). In order to be completely thorough in designing comprehensives plans, I wanted them to cover more than just physical protection from assault. I wanted them to view the concept of safety as a wide range of risks for the victim, as well as an evaluation of the seriousness, and consequences, of any actions that might be taken. Any sort of action taken by the victim means there is a level of risk and potential cost for the victim. For example, if it is decided that the intervention for a victim is to leave an abusive partner, what are the risks that the victim would be taking if he/she left? Therefore, safety planning is not complete unless risks and costs have been taken into account, and the victim understands what he/she is contending with. For instance, if the victim takes some sort of action, what risks will go up for him/her, which ones will go down, and what new risks arise? In order to do this, I first addressed an identification of the risks the victim faces and then addressed an identification of the victim’s “priority” problems.

Identifying with a victim’s “priority” problems can be a difficult idea to get used to. This is because often times what the victim sees as the most urgent matter may not be the same as what the practitioner sees as the most urgent. In spite of what the practitioner thinks is most pressing, he or she still needs to address, acknowledge, and respect the
victim’s sense of priority. Most likely, if the victim feels that he or she is getting that from the practitioner, they will be more likely to work with and trust the practitioner.

As mentioned previously, safety planning is more than just addressing the needs of physical safety. It should also address the legal, economic, familial, social and emotional risks the victim faces, and those that she feels bound to protect. For instance, what sort of risks does he/she feel the most strongly about: debating the effects of taking his/her children out of their regular school in order to seek shelter, fear that their partner will try to get legal and physical custody of the children if he/she leaves, the possible loss of money or job by having to attend multiple court appearances, fear of being “shunned” by family or friends, wanting to protect his/her privacy, and so on. Therefore, I categorized the safety plan for the hotline into the following sections: safety tips, strategic safety planning, safety at home, safety during explosive incidents, safety and alcohol/drug use, safety if victim decides to leave abusive partner, safety while living without abuser, safety and individuals with disabilities, and safety and victim’s emotional well being (see Appendix B).

The primary purpose behind creating these sections is to explore the victim’s existing resources: does he/she have personal support from family or friends and can these individuals give the victim temporary shelter or financial help? This is one of the most important options to explore because often times he/she is socially isolated from friends and family, and does not have a good support system. If this is the case, then it is even more important to inform the victim of what the available options are in regards to support: housing support, financial support, and so on. It could mean that the victim
needs to complete a shelter screening to get into the safe house, or if the victim feels that his/her living situation is “stable” and he/she is not ready to take the step to leave, perhaps he/she will still want to safety plan around what he/she could do in the future if another violent episode occurs. It really focuses on who has been helpful to the victim in the past, who has not been helpful, whom can the victim trust, and what the victim has done in the past that has made things safer or more tolerable. Before a victim even calls an intimate partner violence hotline, he/she has already been safety planning and assessing the risk on their own. For instance, the victim has been able to keep a bad situation from getting worse by heading off crises or ‘walking on eggshells’ to keep the batterer from exploding. In order to survive the abusive relationship, the victim has been using resourcefulness and skill. Consequently, it would be absurd to build a safety plan with a victim, and not include what the victim has done in the past to stay safe, and who has helped him/her in doing that.

Coincidently, while I was in the planning stages of creating the safety plan for the hotline, I had the opportunity through my job to attend a training on VINELink by Appriss. VINELink, shortened for Victim Identification and Notification Everyday, is a free national system which, among many things, notifies a victim that his/her partner is getting released from custody, 24 hours, and seven days a week. While most counties have some sort of notification system for victims, this specific program takes it to another level. VINELink, which is also available in Spanish, is able to contact a victim either by phone, email, text message, or through a TTY device when the offender’s custody status has changed. Victims register through their state, either online or over the phone, by
setting up a pin number and providing the service with the best way to contact the victim. Once there is a change in the offender’s custody status, VINELink will attempt to get a hold of the victim every half hour until they reach someone. For instance, a victim can put his/her own phone numbers down, but can also register a family member or friend who will receive the notification and let the victim know. This is an important service that VINELink provides to victims and those assisting victims, and it is especially helpful for safe houses. Due to my attendance at this training, I was able to provide more information on safety for victims in my training to the safe house staff. By accessing and utilizing this program, safe house staff can provide victims staying at the shelter and victims calling the hotline with information that is critical to their safety. When a victim knows that his/her abuser is getting released from custody, he/she can adjust and update his/her safety plan to prepare for it.

The sections I created for the safety planning for safe house clients were: safety while at work, building a support system, staying safe online, safety and child visitations, safety and emotional health, substance and alcohol use, and safety and disabilities (see Appendix C). The safety plan I created for safe house clients after they leave the shelter is not categorized into sections like the other plans are. This specific plan gives tips on how to stay safe while living on their own, after finishing the safe house program.

In formatting the safety plan for the safe house I wanted a document that would be user friendly for advocates and victims, and one that could fit a lot of information on both sides of the paper. After spending a significant amount of time working and reworking the layout of the plan, my final product ended up having a tri-fold style. In
this style, the paper has three sections in a layout format. By having it in this style the
safety plan can be folded up, like a brochure or pamphlet, and easily be tucked into a
purse or glove compartment, and so on (see Appendix C). When I presented the safety
planning training to my supervisors and staff, I received a lot of positive feedback on the
format and layout of this specific plan. The general consensus was that the layout of the
plan looked like it was “user friendly” and would be used by victims more frequently due
to the fact that it can be carried around on the person.

In the preliminary stages of this project, when I was discussing with the safe
house director what this project would look like and getting her perspective on it, one of
her criteria for the safety plan was that it be tool that would be used by the advocate while
working with the victim. She really wanted safe house advocates to be involved with
victims in creating specific plans to fit that specific victim’s situation. Therefore while
creating this specific tool I had to adjust the wording and structure of the plan to fit those
criteria. The final product looks different from the other safety plans in that there are
“fill-in” boxes (see Appendix C). The idea behind the boxes is that whenever a victim is
brought into the safe house she will complete a safety plan with her advocate while doing
the intake paperwork.

In creating the safety plan for clients after they have exited the shelter I wanted a
basic, ‘tip-filled’ sheet that could serve as a reminder of safety (see Appendix C). I
concluded that while the client is staying at the safe house she is receiving and
completing safety plans continuously. Therefore, when that client exits the shelter, she
has thought out in advance what safety will look like once she leaves the shelter. The
safety plan provided to her is filled with reminder tips about what she can do in certain situations, for instance, call law enforcement if there is a violation of the restraining order; keep important numbers programmed into the cell phone, and so on. The only “fill in” box on the safety plan for clients after they have left the shelter is: ‘build a support system; my support includes’. This specific plan is on the back side of the safety plan for safe house clients. It is formatted so that the victim can look at her safety plan while staying at the shelter, and then once she leaves, her safety plan for living on her own is on the backside of that same sheet. This is so the victim does not have multiple sheets to carry around, as well as beginning to get accustomed to the safety planning while still living at the shelter. If she has any questions or concerns regarding safety after the shelter she can address them with her advocate ahead of time and plan accordingly.

Training Staff

I met with the safe house manager in early February to work out the dates and times that I would be training staff and volunteers. During this meeting, the topic of whom I would be training was brought up, and the director voiced concerns regarding how much the volunteers should be trained on, and how much “they can handle without freaking them out too much”. The original plan was for me to train both volunteers and advocates on safety planning and risk assessments. However in speaking with the director of programs, her main concern was that for volunteers, conducting risk assessments might be overwhelming and daunting. After throwing around ideas, we finally decided the best way to approach the assessment with volunteers would be for me to change the structure of the assessment. Our new assessment would be to include three
questions which the volunteer could go over with the victim over the phone. If the victim responds ‘yes’ to the three questions, the new procedure will be for the volunteers to hand the call to an advocate who will complete the entire risk assessment with the victim and then follow-up with safety planning. We then decided to break the training into two different sessions. The first session would be to train the advocates on safety planning with the victim, and the second session will be the training on risk assessment. After completing the training on safety planning we would wait a few weeks before giving them the training on risk assessment. By doing it in this fashion, it gives the advocates some time to put these tools into practice either over the phone on the hotline, or in person with a victim staying at the safe house. It also gives the advocates some time to let the information ‘sink in’, practice it, and add the information to their toolkit. After we have given them a certain amount of time, I would then complete the second training on risk assessment.

Meeting with the Supervisors and Data-Entry Specialists

Before I could present the materials to the advocates, I first had to present it to the supervisors and get it approved by them. Overall, the presentation of the safety plans to the supervisors went well. Other than a few minor adjustments to the wording, the safety plans were approved for implementation. However, the director of the programs wanted me to make an addition to the safety plan for clients staying at the safe house. This addition would be the creation of a short checklist which the safe house advocates would use to confirm and document that certain steps of the safety plan are getting done. This checklist would be used solely by safe house advocates, kept in the client’s folder, and to
be used as a ‘monitoring’ of the client’s safety plan. The purpose of the checklist would be to ensure that safety planning is being done throughout the client’s stay at the shelter and in preparation for the client’s exit from the shelter. We want to avoid any ‘last minute’ safety planning. After creating this checklist and making the appropriate changes to the safety plans, I then met with the safe house manager a few days later to confirm the changes and the new addition. Before incorporating the risk assessment and safety planning onto the call log, I needed to speak first with our data entry specialist who created the original log. Having already gotten permission from the director to proceed with the project, the data entry specialist knew that I was going to be making some adjustments to the call log. Since I do not have security assess to change forms, I needed send her the adjustments made to the hotline call log, and the tools that I created. She would then ‘unlock’ the electronic file and make the appropriate changes.

The following Monday, I provided training on safety planning for the advocates stationed at the safe house. I first introduced the safety plan for the hotline, answered any of their questions, and then moved onto the safety plan for safe house clients. The training went smoothly and did not last as long as I thought it was going to. I reminded them that this was not a stagnate document; meaning that as they use it and become more familiar with it, that there will be more ideas on how to make it better and work more efficiently. The advocates seemed eager to put the safety planning into practice, and would have at least two weeks to practice using it over on the hotline and with their clients, before I trained them on risk assessment. Up until now there have not been any formal documents that advocates can refer to. They have done safety planning with their
clients, but they have never had an actual guideline to assist them. Therefore, some of
the feedback I received was, “This is exactly what I do with my clients, but with more
safety tips and ideas”, and “Now we actually have something we can refer to and
document on.” After presenting the training, I had to also ensure that the safety planning
document was written in Spanish. Therefore, I sent the safety plans to the Spanish
interpreter who would translate them and then put into the master binder at the safe
house.

**Implementing the Risk Assessment**

After completing the safety planning training with the safe house advocates, the
next step in my project was to implement the risk assessment. Unfortunately, there was a
setback in the plans before I could implement this step. I had scheduled weeks in
advance a day which I could present to my supervisors. However, three days before I
was to present my supervisor informed me that we needed to reschedule due to an
unforeseen conflict. I finally presented the materials to my supervisors almost a month
later than my original date. The tool was approved for implementation by the
supervisors, and no changes needed to be made to it. The following Monday, I presented
it to the safe house advocates.

The training for the risk assessment was different from the training for safety
planning. In this training I ensured that the information I presented included statistics
and the occasional anecdote/example. I felt that it was very important to include statistics
to “back up” my reasoning for choosing certain risk factors/red flags. The reason I chose
to include stories and narratives is that I felt they would be useful in helping to
understand how important this issue is, and it also helps to give the statistics “flesh and blood”, so they are not just numbers on a page. My decision to include both statistics and examples was a good call. The feedback I received from staff after the presentation was very positive. Many of them appreciated having the statistics and the examples. A couple of people said that it helped them to visualize what I was talking about. The training for the risk assessment did not take as long as the training for the safety plan because there was only one document to review, rather than three different documents to review. As with the safety planning training, after the presentation I sent the tool to our Spanish interpreter, who then translated the materials for us into Spanish.

Concluding the Project

By the time the project was completed, the number of individuals involved in the process involved: two directors, three supervisors, one data specialist, and 17 advocates. The number of cases involved in the project is at this point unknown, due to the fact that the implementation has only recently occurred and data collection on the tools is currently on the table for discussion. Nevertheless, from what staff has told me so far, I believe that the tools are user friendly, effective, and systematic. Essentially, they are already serving their purpose: providing information and knowledge regarding risk assessments and safety planning, which is then shared with victims. Hopefully this information empowers victims to take some sort of action in regards to their situation.
Chapter 4

CONCLUSIONS AND RECOMMENDATIONS

Summary of Effectiveness of Project

The objective of the intended project was accomplished. I started the project with the intention of creating one tool for risk assessment, which I succeeded in achieving. However, by the time I had proposed the project idea to supervisors, it had been extended to include other tools as well. While the original risk assessment would have been effective if it was incorporated on its own, by creating and integrating safety plans in addition to the risk assessment, it made the assessment much more effective than if it had been incorporated without the safety plans.

In terms of our local intimate partner violence services, the effectiveness of developing this project is significant. Prior to this project, there was not a document for safe house advocates to use to assess a victim’s risk level. For advocates whom are stationed at a law enforcement agency, risk assessment is part of their training. However, it was not part of the training for safe house advocates, until now. Now there is a tool for advocates to conduct risk assessments on and a tool for which to conduct safety planning with. After I completed the trainings for all the tools, I received feedback such as, “This is great”, and “I am going to be using this all the time”. Although, at this point I do not have hard data to assess whether the project is effective or not, I do know that based upon this type of feedback, and how accepting the advocates were of the documents, I believe these tools will be very valuable to the individuals who work with them and benefit from them.
Limitations

Although the intent of the project was achieved, there were still a few limitations and setbacks in the process of developing it. One limitation I experienced was a delay in presenting the materials to staff members. I realize that there was very little I could do about these delays because they were not my decisions to make, but my supervisors. However, since there was a couple of cancelations and rescheduling, this caused delays in completing my project.

Expanding the Project

Something that came up at the infancy stages of the project which, at the time, I thought was a setback, was the request of my supervisors to expand the project to include an inter-active safety plan for advocates to use. At the time, I was concerned that it would be too much to take on, considering I still needed to create a risk assessment. However, since the safety plan is the next logical step after an assessment and it would mean better quality service for victims, it did not take much to convince me to create the tools. The limitation appeared in terms of my timeline. I believe I would have completed the project sooner had I just incorporated the risk assessment. Yet, due to the extension of safety planning tools, I needed more time to research, write, create, and incorporate the information. In addition, unexpected cancelations of the trainings caused further delays in the project.

Project Experience and the Literature Review

In terms of the literature review and the project experience, I found that the basic element in all of the assessments is that they need to be facilitated whenever working
with victims. The research that was gathered and analyzed during this project strongly suggests that assessments should be carried out on a continual basis with a victim because a victim’s situation is constantly changing. The same should also be applied to safety planning. The connection between this facet of the literature and the project is that by completing the project, it has closed a gap between what the research is saying and what practitioners are doing in the field. For example, prior to the completion of this project, there was not an assessment, nor a safety plan, being completed for victims coming into the safe house. Now that the project has been achieved, each victim that comes in the shelter now has an assessment done at intake, and continual safety plans done at entry, during the stay at the shelter, and after they exit the shelter. In addition, these tools can be utilized for the 24-hour hotline for other victims that are not accessing the shelter services.

Implications for Practice and Research

Although there is some literature on risk assessments, there is not nearly enough. Continued research on the effectiveness of these tools is needed in order to improve prevention of intimate partner violence. The more work that is done on measuring the predictive ability and validity of assessments the more advanced safety plans for victims will become. Additional work is also needed on the risk factors that are listed on assessments. Currently there is plenty of research on certain factors, like strangulation and stalking, yet the literature is relatively sparse on factors such pregnancy and pet abuse.
One implication for future research and practice is that these types of assessments will continue to be used and have a greater impact on intervention and support. Even though collecting data and analyzing numbers can be impersonal, especially considering that the numbers represent intimate partner violence statistics, they can be used to increase awareness and lead to more proactive interventions.
APPENDIX A

Risk Assessment (To assess the potential that a particular batterer has to kill or severely injure his/her partner)

We cannot predict what will happen in a victim’s situation, but we do want them to be made aware of how serious it is and how many risk factors apply to their situation. A considerable number of risk factors have emerged that have predictive value in making such an assessment.

Batterer's History

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
| ☐   | ☐  | Has ______ ever threatened to kill you? (Ever attempted to kill her or tell her how he would do it, etc.)
| ☐   | ☐  | Has ______ ever attempted suicide or threatened to commit suicide?
| ☐   | ☐  | Previous assaults on victim and/or previous assaults on different partner?
| ☐   | ☐  | Does ______ have a criminal history, especially violent crimes?

Batterer's Behavior

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
| ☐   | ☐  | Has ______ ever strangled you (put hands around neck, throat)?
| ☐   | ☐  | Do you feel the abuse is happening more often? Getting worse?
| ☐   | ☐  | Any stalking/monitoring or obsessive behaviors? (Ex: monitoring/spying on victim, leaving threatening messages, sending unwanted letters, gifts, destroying victim’s property, extreme jealousy, etc.)
| ☐   | ☐  | Has ______ ever threatened you w/ a weapon (firearm)?
| ☐   | ☐  | Does ______ abuse drug and/or alcohol?
| ☐   | ☐  | Has ______ ever forced you to have sex?
| ☐   | ☐  | Has ______ ever abused a pet? (Harmed or killed)
| ☐   | ☐  | Does ______ ever any mental health issues or a personality disorder?
Have you ever been pregnant? Any abuse during pregnancy?

Context

YES  NO

Are you separated from ________? Have you ever attempted to leave?

Does ______ have access to weapons (firearms)?

Are there any past violations of restraining orders?

Prior calls to law enforcement?
APPENDIX B

SAFETY PLANNING FOR HOTLINE

IMPORTANT TIPS TO REMEMBER:
- Victims have already been safety planning and responding to the risks and abuse in their life, whether they know it or not. The focus for the advocate is to build upon that safety planning.
- She/He is the expert on the abuser's behavior and his/her life
- She/He must take the lead in the safety planning in order for it to be effective
- Trust his/her judgment / gut
- Have him/her consider anything that he/she feels will keep her/him safe and give herself time to figure out what to do next. Sometimes it is best to flee, sometimes to placate the abuser...anything that works to protect herself and the kids.

The following are steps representing ideas for increasing a victim’s safety and preparing for the possibility for further violence.

WHEN YOU ARE IDENTIFYING SAFETY STRATEGIES YOU ARE CONSIDERING SHORT-TERM OR LONG-RANGE TIME FRAMES FOR THE VICTIM.

Strategic Safety Planning:
First step is to understand how a victim perceives her circumstances...the appraisal process:

- Ex: What are you most fearful of or worried about at this point?

- Find out the victim's perspective on the effect of staying or how leaving might affect the risks she has identified. For instance...
  - If you stay with your partner, do you think that would make things better or worse for you? How?
  - If you left or tried to leave do you think that would make things better or worse for you? How?

IF HE / SHE DECIDES TO STAY...SAFETY AT HOME (Protection and Staying Strategies):
Seek to prevent and respond to abuse...An advocate might say, “I understand you believe it won’t happen again – and let’s hope it doesn’t- but would you like to talk about some things you can do to protect yourself in case it does?”

- Practice ways to get out of your home safely. Identify the best escape routes from each room of your home. For instance, during an argument, think of ways to get to a room with an outside door.
- Keep 911 cell phone in case phone lines are cut or ripped out; if you don’t have a cell phone, keep a phone in a room with a locking door.
- Have local law enforcement’s # programmed into cell phones (SRPD’s dispatch # 528-5222) (Sheriff’s dispatch # 565-2121).
- Park car where she can’t be blocked in (ex: park alongside the curb, not in driveway).
- Keep phone charger in car.
- Keep an extra set of car keys with a trusted friend or relative or keep a set hidden someplace outside of your home (ex: get a magnetic key box that can attach to a fender of a car).

- Develop a secret code word to use with her kids, friends/family or neighbors as a signal to call 911 for help, & plan how they are to respond.

- OR create a signal for them to call the police (ex: certain light is on, shade is pulled down, etc.)

- Teach your children how and when to call 911.

- Teach your children to stay out of any arguments between you and your abuser.

- If possible open a bank account different than the one where you and your abuser have an account...rent a safe deposit box to keep copies of important papers, money, extra set of keys, etc.

- Build a support system, what significant others in your life can you trust and get support from (friends, family, etc.).

- Keep change for phone calls on yourself at all times. If you use your telephone, the following month the phone bill will tell your partner those numbers you that you called before or after you’ve left. To keep that confidential, either use coins or a pre-paid phone card.

- Or use the “Redial Trick”: some abusers may press redial to see what # you have called. If you called a hotline or an advocate, you may want to dial another number after the call to prevent him from knowing the last call you made...also think about what #'s may show up on cell phone logs.

- If possible keep a journal listing abusive incidents, which include the date and time, description of the incident, listing threats made, medical treatment received, try keeping any police, medical reports and pictures of incidents.

- Decide and plan where you would go if you were to leave (friend’s house, safe house, out of town relative, etc.).

- Leave money, copies of important papers & extra clothes with someone you trust.

- Find out in advance if your local law enforcement station is staffed 24 hours a day (therefore, if you were to flee to that location during evening or weekend hours, you would know if law enforcement is available in person).

SAFETY DURING EXPLOSIVE INCIDENTS:
- Avoid rooms with no outside doors or that have possible weapons (ex: kitchen, bathroom).

- Move to a room with two exits or with an outside door OR to a room with a locked door & a phone in it.

- Try to stay in a room with a phone to call 911, a friend or neighbor.

- Inform law enforcement if there are weapons in the home.

- Use your code word or special signal to tell your kids or neighbors to call 911.

- Go with your instinct and judgment.

SAFETY PLANNING AND DRUG/ALCOHOL USE
- If alcohol or drugs have been used in her/his situation, s/he might want to consider the potential cost of continued use/illegal use of these items. Alcohol and/or drugs can reduce her/his awareness of the situation and slow her/his reaction times.

- If the victim needs to involve the kids in the separation, the victim needs to be responsible for getting them to safety. Think of other things that he/she can do and what to do if the abuser is the one using the drugs/alcohol, and how to safeguard the kids.
IF SHE / HE DECIDES TO LEAVE:

SAFETY WHEN PREPARING TO LEAVE. You may decide to leave the residence you share with your abuser. You must have a careful plan for leaving in order to increase your safety. Your abuser might strike out and become more violent if he/she believes that you are leaving the relationship.

Has the victim tried to leave before? Y or N. If yes, what did she/he do? What were some of the elements that worked before? (Ex: leaving at a certain time, staying with a friend, etc.)

What was her/his abuser’s reaction?

If he/she were to leave, does he/she have friends or family he/she feels safe staying with? Who?

If he/she were to leave, but doesn’t want to access the safe house, what are her/his options for:
* A place to use the phone:
* A place she could stay for a couple of hours:
* A place that she could stay for a couple of days:

- Discover the range of batterer-generated risks the victim is thinking about (physical violence, psychological harm, risks to and involving children, financial risks, risk to family and friends, loss of the relationship and risk involving the legal field).

- What things are you worried about right now? (Risks to kids, financial risks, etc.)

- If planning to leave the relationship:
  - Right before you leave, consider making a few long distance calls to various cities and states that you do not intend to live in...abuser might see these calls on the bill after you leave and may throw off your abuser when trying to track you.

- Do not tell your abuser you are leaving, or leave a note.

- Have your abuser’s license plate number with you to provide to the police.

Is there anything else that worries you about your safety? If yes, what worries you?
-If you have kids, consider filing a Good Cause Report with the District Attorney's Office, so your abuser cannot say you have kidnapped your children, and have you arrested. If you are fleeing to another county/state, then file it in the county you are fleeing from, as well as the county you are fleeing to.

**Important items to include in an escape bag:**
- Important papers (birth certificates, insurance papers, etc.)
- Documentation of abuse
- Identification (S.S. card, driver's license)
- Extra money
- Medications
- Clothes / shoes
- Favorite toys or items of value
- Protective order
- Address book
- Checkbook, ATM cards
- Medical records
- Work permits
- Immigration papers/green card
- Glasses
- Keys to house, car, office
- Pictures, jewelry
- Items of sentimental value

- If you need to return to your residence, to collect some things, you can call law enforcement for a “civil standby”. They will respond to your residence and wait for limited amount of time while you collect them.

- Discover how life-generated risks affect a victim's analysis and plan (financial limitations, home location, physical and mental health issues, inadequate responses by social institutions, discrimination based on race, ethnicity, gender, sexual orientation or other bias).

SAFETY WHILE LIVING ON OWN W/OOUT ABUSER: (Safety measures are impossible to change all at once, but can be effective and added one or a couple at a time)

- Enroll in the Safe-At-Home Program (mail-forwarding program….refer to hotline board for more info.)
- Set up a P.O. Box address
- Keep a charged cell phone on self at all times in case phone lines are cut
- Program law enforcement's # in cell phone
- Park car where you can't be blocked in (not in the driveway)
- Keep phone charger in car
- Keep 911 cell phone in a room where the door can be locked
- Have a safe place in mind to go in an emergency when someone is following you, for instance the police station….don't go home
- Alert the three credit bureaus & ask to have a fraud alert put on your credit reports: Experian (888) 690-8086, Equifax (800) 525-6285, and TransUnion (800) 680-7289. Put an alert on your credit to help to prevent unknown activity.
- Get a copy of your credit report.
- If you use public transportation, consider getting off at different stops than your abuser might expect.
- If you have a ‘gut feeling’ that something isn’t right, don’t second guess the feeling…go with it.
- What can you do if your abuser attempts to contact you?

- What if s/he shows up at your new residence? What can you do?

- What if s/he comes to your job?

- Follows you?

- If take public transportation, consider taking a different route or get off at a different stop

- Have the locks changed on all the doors and windows of the house / apt.

- Replace wooden doors with steel/metal doors.

- Install a security system with additional locks, door wedges, and electronic systems.

- Get rope ladders to be used from second floor windows.

- Install motion-detector lights that light up when someone is close to your home.

- If you don’t have one already, consider getting a restraining order, Legal Aid of Sonoma County can assist you with that @ 1105 N. Dutton Ave., Santa Rosa 542-1290

- If you have a restraining order, show picture of abuser to your neighbors & inform them that abuser no longer resides with you & ask them to call the police if they see him come near the house…do same w/ employer…tell kid’s school who has permission to pick up kids and show them a picture of abuser.

- Keep your restraining order with you at all times, to be able to show law enforcement for arrest on site. If it is lost or destroyed, you can get another copy from the Family Law Clerk’s Office (3055 Cleveland Ave., Santa Rosa).

- If you move out of the county or out of the state, register your restraining order with the local police or sheriff’s department.

- Access the service VINEL (www.vineline.com) or (877)411-5588 (Notification system – refer to hotline board for more info.)
- Not using the same stores or businesses that you did when you were with your abuser.
- Build a support system (ex: friends, relatives, church members, etc.)
- Give picture/description of batterer & make of his car to neighbors so they can alert authorities if
  they see him around...the more people watching, the more people can warn you
- When leaving residence for period of time, have lights, t.v. and radio set on a timer
- Require ID from all service people & salespeople before permitting them to enter the residence
- Install a porch light at a height that discourages removal (ex: high up, out of arm’s reach)
- Install a peep hole / door viewer in doors
- Install floodlights around residence which are on a timer or install motion detectors
- Trim shrubbery, especially away from doors and windows
- Install a loud exterior alarm that can be activated from several places within the residence
- Secure outside electrical and phone boxes with a lock
- Contact all of your utility companies & have all of your accounts coded with a password...batterers
can call and have phone service, gas, electric and water turned off at a victim’s house simply by
placing a call
- Prepare an evacuation route just in case you need to exit quickly

SAFETY AND INDIVIDUALS WITH DISABILITIES
- A disability can be a physical, mental health, cognitive, or sensory condition that limits walking,
  thinking, seeing, talking, hearing, and/or everyday activities. Some disabilities are present at birth;
others come later in life and may result from domestic violence. Some disabilities are visible while
others may not be seen.
Questions to ask: After describing the program, ask if there are any questions or concerns with
access about using our program’s services?
  - Has anyone broken or taken something that you need to be independent?
  - Does your abuser do things to make your disability worse?

SAFETY & EMOTIONAL WELL BEING
- The process of building a new life for yourself takes a lot of courage and energy to do so. When
  you are feeling down and possibly considering returning to your partner, you can
  ________________ (suggestions: call someone, educate yourself by attending workshop or support
  groups). My support system includes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
SAFETY PLANNING
FOR SAFEHOUSE CLIENTS

It is better to plan for the worst and not have it happen, than to be unprepared if it does.

Safety plans are always changing as a victim responds to her abuser’s behavior, assesses a current strategy, gets new or different info., & experiences reactions of outside systems (such as the courts, police, etc.)

What are places that you would frequent w/ your abuser?
(ex: stores, banks):

(avoid these locations while staying @ the safe house & after leaving)

If using public transportation, consider taking different bus routes, or getting off different stops.

If abuser is in custody, access VineLink: (1-877-411-5588) or go to www.vinelink.com.

What can you do if you see your abuser around town?

What can you do if your abuser sees you and follows you in the car?

Drive to the nearest law enforcement station, use your Hope line and call dispatch (SRPD: 528-5222) or (Sheriff: 565-2121), when getting to the police station call the hotline. If you have a TRO, make a report of the violation.

What if your abuser shows up at your kid’s school? (Suggestions: Inform school officials of who is allowed to pick up your kids).

Inform all people who provide childcare for your kids about who has permission to pick up your kids & who does not. You can give copies of the restraining & custody order to them to keep & perhaps a picture of your abuser, so they know what he looks like.

What if he shows up at your work? (Suggestions: Tell your place of employment what is going on with you and your abuser).

APPENDIX C

What can you do if you see your abuser around town?

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What if he shows up at your work? (Suggestions: Tell your place of employment what is going on with you and your abuser).

In addition to giving a copy to the police, work, and school, keep your R.O. with you at all times... if you change your purse, that should be the first thing that goes in... after you leave the Safe house, give a copy of the R.O. to a trusted friend, family member, neighbor, etc.

Staying safe online: set online profiles to be as private as they can be; keep track of any abusive, threatening or harassing comments, posts, or texts your abuser sends, never give passwords out to anyone, change passwords.

Obtain an unlisted phone #, get caller ID & block your number when calling out.

Safety & Child Visitations: If visits are not supervised, ensure that the drop-off & pick-up location is in a safe & public place (ex: in front of the police station, etc.). “My safety plan when I drop off or pick up my children for visits with my abuser is...”:
Safety & Emotional Health: spend time with people who make you feel safe, supported & good about yourself. When you face potentially difficult times like court cases, going to mediation, etc., you can prepare by:

The process of building a new life for yourself takes a lot of courage and energy to do so. The psychiatric emergency # is: (800)746-8181. When you are feeling down and possibly considering returning to your partner, you can:

(suggestions: call someone, educate yourself by attending workshop or support groups).

Substance/Alcohol Abuse: explore what triggers your need to use. Look at other actions that you can engage in when you feel the urge to use:

Safety & Limitations: Identify your strengths & capacities and build on them:

SAFETY WHEN LIVING ON OWN
(Safety measures are impossible to change all at once, but can be effective and added one or a couple at a time).

Review your safety plan, EVERYTIME there is change in your situation which could impact your safety.

-Keep your restraining order with you at all times.
-If it is lost or destroyed, you can get another copy from the Family Law Clerk’s Office (3055 Cleveland Ave., Santa Rosa).
-If you move out of the county, or out of state, register your restraining order with the local police or sheriff’s department.
-If you have a R.O., show picture of abuser to your neighbors & inform them that abuser no longer resides with you & ask them to call the police if they see him come near the house...do same w/ employer...tell kid’s school who has permission to pick up kids and show them a picture of abuser.

-Enroll in the Safe-At-Home Program, if appropriate.

-Set up a P.O. Box address.
-Keep a charged cell phone on self at all times in case phone lines are cut.

-Program local police/sheriff dispatch #’s in cell phone & keep phone charger in car (Sheriff’s: (707) 565-2121; SRPD’s (707) 528-5222.

-Park car where you can’t be blocked in (ex: don’t park in the driveway, park on the street, etc.).

-Have a safe place in mind to go in an emergency when someone is following you, for instance the police station...don’t go home.

“My safe place is...”

-Alert the three credit bureaus & ask to have a fraud alert put on your credit reports: Experian (888) 690-8086, Equifax (800) 525-6285, and TransUnion (800) 680-7289. Putting an alert on your credit to help to prevent unknown activity.

-If you have a ‘gut feeling’ that something isn’t right, don’t second guess the feeling...go with it.
-Not using the same stores or businesses that you did when you were with your abuser.

- Build a support system

My support includes:

-What can you do when your abuser attempts to contact you? (suggestions: if she has a restraining order make a report to law enforcement).
What can you do if you see your abuser around town? (suggestions: vary your route home).

- If renting or leasing apt. or home, you can tell your landlord that your abuser is not allowed anywhere near your residence and to tell you if there is any suspicious activity.

- Give picture/description of batterer & make of his car to neighbors so they can alert authorities if they see him around...the more people watching, the more people can warn you.

- During custody drop off/pick-up, ensure that the location is in a safe location (ex: police station), or have someone else come with you to drop off/pick-up.

- Require ID from all service people & salespeople before permitting them to enter the residence.

- Contact all of your utility companies & have all of your accounts coded with a password...batterers can call & have phone service, gas, electric and water turned off at a victim's house simply by placing a call.

- Secure outside electrical and phone boxes with a lock.

- If you have kids or other dependents living with you, discuss a safety plan for them when you are not with them.

- Change locks on all doors & windows and replace wooden doors with steel/metal doors & peep holes in the doors.

- Install a porch light at a height that discourages removal & get rope ladders to be used from 2nd floor windows.

- If abuser violates the R.O., you have the right to report the violation to law enforcement, and you should.

- If police were called and don't provide help, you can call your advocate or an attorney to file a complaint w/ the chief of police.

- Access the service VineLink, if abuser is in custody www.vinelink.com / (1-877-411-5588).

- When leaving residence for period of time, have lights, t.v. and radio set on a timer.

- Install a security system with additional locks, door wedges, and electronic systems (If appropriate, look into the ADT AWARE Security Program for victims of d.v.).

- Install floodlights around residence which are on a timer or install motion-detector lights when someone is close to your home.

- Trim shrubbery, especially away from doors and windows.

- Install a loud exterior alarm that can be activated from several places within the residence.

- Prepare an evacuation route just in case you need to exit quickly.

- Get a dog (if financially able to and not allergic).
REFERENCES


