

Editorial Introduction

Assessing lethal risk presents a significant challenge to DFV service providers. Risks of violence and homicide can differ; some tools may not predict homicide well, or are less useful for intervention. To better assess lethal risk, advocates have begun recognising broader patterns of behaviours associated with homicides. Research finds lethal relationships are dynamic but have 8 common stages. Predicting homicide risk requires recognising context as well as high risk factors, including last chance thinking. The 8 stages of lethal relationships, and implications for training and prevention in Australian jurisdictions, are discussed.

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Predicting and assessing lethal risk in domestic and family violence situations in Australia

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Predicting lethal risk

Assessing risk of intimate partner violence (IPV) is a common practice among first responders, such as police, health and welfare agencies, and domestic violence advocates (Messing & Thaller, 2015). There are a number of issues surrounding risk assessment in domestic and family violence (DFV) situations, especially when it comes to predicting homicide (Eke et al., 2011; Kropp, 2008; Spencer & Stith, 2018).

For risk assessments to be useful in predicting and preventing violence, they must be accurate, reliable and well-validated (Singh, Bjorkly, & Fazel, 2016). There are also more specific issues surrounding using these tools to predict intimate partner femicide (IPF). Most notably, issues stem from IPF being relatively rare compared to extremely high numbers of DFV and IPV cases in Australia (Eke et al., 2011; Spencer & Stith, 2018).

For example, in the period of 2015-16, there were 229 homicides nationally, 92 of which were intimate partner homicides (Bricknell, 2019). In comparison, in Queensland alone over 71,000 incidents of domestic and family violence were reported to Police (Queensland Government, 2016). These comparisons are shown in Figure 1. The numbers highlight the difference between predicting IPV and IPF, where risk of violence is much higher than risk of homicide (Eke et al., 2011).

Many risk assessment tools are specifically designed to predict violence and its escalation, not necessarily homicide. The factors measured by these tools therefore examine risk of escalating violence, revictimization, or reoffending, and only sometimes lethality. In fact, there are a limited number of risk assessments that are specifically designed for predicting homicide on its own. This is despite some of the more general tools developing out of findings from early DFV death review teams (Eke et al., 2011).



Figure 1 - Queensland Government, 2016; 2017; 2020

Further complicating lethal risk assessment, homicide-specific tools are not without issue. For example, when lethal risk is measured using a specific lethality tool, such as the Danger Assessment (see Campbell, 2003), the predictions made are difficult to validate as follow up is not a common requirement. This means the accuracy of such predictions is often unknown.

Another criticism of using lethal risk assessment tools is the focus on just prediction rather than also intervention (Ariza, Robinson, & Myhill, 2016). The Danger Assessment, for instance, aims to provide a score of risk that might aid in appropriate interventions being delivered, however it does not focus on intervention itself like some of the more general tools (Messing, Campbell, & Snider, 2017). This has the potential to make using tools specific to lethal risk less attractive for first responders, since intervention strategies are not built in (Ward-Lasher, Messing, & Hart, 2017).

Moreover, when risk assessment tools focusing on intervention, such as the Spousal Assault Risk Assessment, are used, accuracy of the assessment cannot be easily measured. This is because a successful intervention reduces the lethal risk (Kropp & Hart, 2000).

Risk of violence versus lethal risk

IPV is consistently cited as one of the most common high-risk factors for IPF (Campbell et al., 2007; Spencer & Stith, 2018; Queensland Government, 2019). However, this does not necessarily mean that IPV and IPF should be predicted using exactly the same risk factors or assessments. Using risk factors predictive of IPV to predict lethality can be problematic. An example of this is the difference in IPF and IPV perpetrators and substance use. A study by Bridger et al., (2017) found that IPF offenders were less likely to have drugs or alcohol in their system at the time of the homicide when compared to IPV offenders perpetrating physical violence. This finding means while drug and alcohol use may be strongly linked to physical IPV perpetration, it may not be as powerful for predicting IPF.

In a meta-analysis from Spencer and Stith (2018), owning a gun increased the risk of IPF by over 1000%. Similar findings are not borne out in the IPV risk assessment literature. Another important finding was that characteristics of a relationship such as presence of children, marital status, and length of relationship were not significant risk factors for IPF but may contribute to risk of IPV. However, these findings are not corroborated across all the literature (DeKeseredy, Dragiewicz, & Schwartz, 2017; Dobash & Dobash, 2015)

Cunha and Goncalves (2016) found another significant difference between IPV and IPF perpetration to be the offender's suicidal and/or homicidal intent, with IPF offenders more likely to exhibit these behaviours. However, suicide threats or attempts of perpetrators

may not always be captured well in IPV risk assessment tools, despite being a predictor of IPF. Such findings highlight the difference between measured risk factors for IPF versus those of IPV.

Some of the key differences between IPV and IPF risks are illustrated in Figure 2.

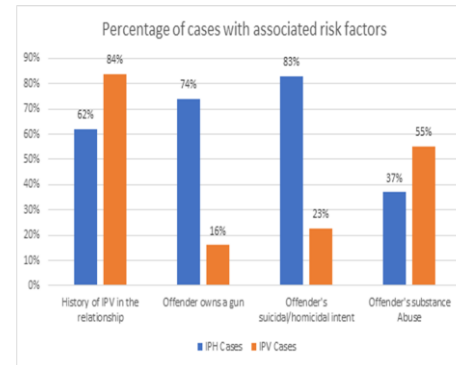


Figure 2 - Bridger et al, 2017; Cunha & Goncalves, 2016; Spencer & Stith, 2018

Patterns of IPF

Because of the difficulty of predicting lethality, experts have pushed for reforms to include professional judgement in a more dynamic risk assessment process, carried out by qualified assessors (Kropp & Cook, 2014; Spencer & Stith, 2018). In some states, this has translated into practice under recent specialist service reforms (McEwan, Shea, & Ogloff, 2019). In other countries the focus of lethal risk assessment for first responders and others has been broadened as well. This includes responder training designed to recognise patterns of behaviours associated with homicide, on top of or including specific high-risk factors (Monckton Smith, 2019; McGorrey & McMahon, 2020). Training now offered in the UK argues that advocates understanding the context of behaviours occurring in a sequence may be a powerful complement to risk assessment tools. With behaviours progressing in stages in a sequence common to

IPF (discussed below), opportunities to prevent the homicide may be present throughout the relationship at each stage (Stanton, 2016).

The argument proposed in a sequencing model of IPF prediction is that “IPF is part of a journey where the motivation to abuse (need for control) is linked to the motivation to kill (loss of, or threat to, control). Breakdown in control can be preceded by a somewhat broad spectrum of triggers, and this often revolve[s] around separation, but also financial ruin and mental or physical health crises” (Monckton Smith, 2019, 7). The model considers that while specific risk factors and contexts may differ across situations, the general progression of the relationship ending in IPF is consistent.

Key for first responders and specialist services alike in predicting when a relationship will end in homicide is understanding how the motivation for someone to kill their partner develops. Recent research shows a crucial factor preceding IPF is when there is evidence of the perpetrator “changing the project” (Dobash & Dobash, 2015). This involves a change from attempting to control a woman in the relationship to deciding to destroy her for leaving or threatening to leave it (Dobash & Dobash, 2015). This has been described as a specific stage in IPF patterns, where “last chance thinking” is a strong predictor of homicide (Monckton Smith, 2019). The presence of this pattern in IPF cases also shows that “a decision to kill is made and acted on, rather than the killing being a spontaneous response to a proximal provocation” (Monckton Smith, 2019, 7). On its own, acknowledging this lethal decision-making is an important factor in prediction and prevention. Notably, a decision to kill may be made quickly in response to a provocation or over a longer period of time, regardless offenders decide to kill, and the sequence progresses.

The importance of recognising sequences of behaviours in IPF cases in addition to risk factors, was borne out of an analysis of 372 cases in the UK (equivalent to about 5 years’ worth in Australia; ABS Recorded Crime - Victims, Australia, 2018). Monckton Smith (2019) analysed cases from 2012 to 2015, including risk factors appearing in police risk assessments. Monckton Smith (2019) identified an 8-stage pattern in the homicides studied, from before the relationship started to the eventual IPF. In each of the 8 stages, the model identified opportunities to predict and prevent lethality.

The timeline of the relationships studied appears in Figure 3, with time at each stage being variable, and sometimes rapid progression through the final stages. It should be recognised that a number of the characteristics shown are common to abusive relationships, especially those involving coercive control (Monckton Smith, 2012; Stark, 2007).

The model does not argue that lethal risk develops because of certain factors or at a particular stage. Instead, it is designed to train advocates to assess the broader context of relationships, to complement a validated risk assessment. A sequencing model is powerful for thinking about and predicting IPF because of its recognition of the evolving timeline of events in the relationship, rather than focusing solely on the presence or absence of specific risk factors or clusters present at a given moment.

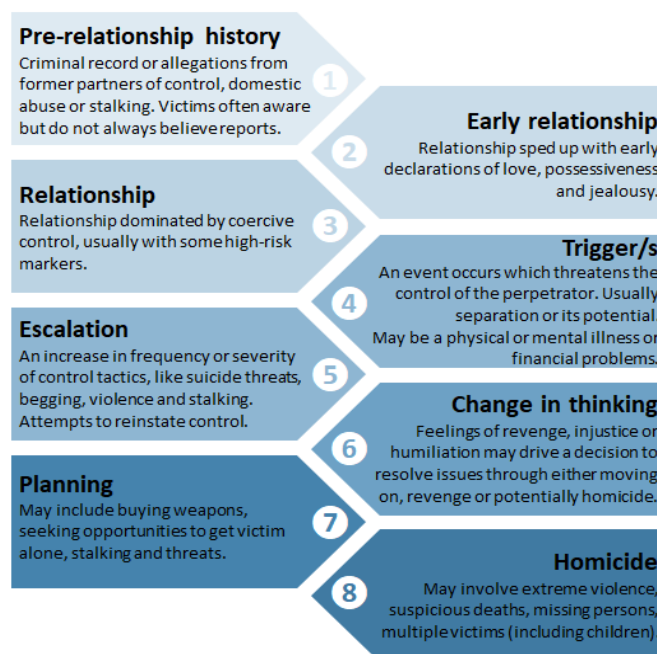


Figure 3 - Adapted with permission from Monckton Smith, 2019

As is clear from Figure 3, elements of each of the ‘stages’ have been statistically validated as risk factors for IPF for decades (Campbell, 2003; Dobash & Dobash, 2015; Stark, 2007). However, attempts to identify risk in reliable, valid and measurable ways may have shifted the focus from viewing a relationship’s progression, change and wider context. This model and others like it broaden the risk assessment focus, similar to more dynamic risk assessment processes being undertaken by specialist service providers in Australia. The value of such an approach is in assessors understanding what is happening and changing for victims and perpetrators, and the impact on lethal risk.

Conclusion

Every week one woman is murdered in a DFV-related homicide in Australia, meaning that attempts to predict and intervene in these situations must continue to improve (Bricknell, 2019). While the risks associated with IPF are well documented, first responders and service providers still face difficulties predicting when risk will result in homicide. Most obviously, this is due to the rarity of IPF relative to the number of DFV incidents here; some risk assessment tools not predicting lethality well; and the wide range of situational factors and triggers that may lead to lethality in relationships.

To combat some of the issues, mechanisms allowing risk factors to be understood on a changing timeline, and in the broader context of a dynamic relationship, are coming to the fore internationally (Monckton Smith, 2019; Walsh, 2019). In some specialist service responses in Australia, as well as advocate training in the UK, broadening the focus beyond risk assessment routinely undertaken is being used to try to predict and prevent more IPF cases. These shifts encourage assessors to monitor how risks develop for victim survivors at different points in time rather than their presence or absence at one point – at least for cases that are visible.

Such a broadening of the focus benefits victim survivors and perpetrators through more context-driven assessments and intervention (McEwan, Bateson, & Strand, 2017). It also benefits practitioners by providing opportunities to use context knowledge and professional judgement to identify important triggers. In this way, evidence of changed relationship trajectories, last chance decision making, or “changing the project” (Dobash & Dobash, 2015; Monckton Smith, 2019), may be better accounted for as powerful indicators of IPF.

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