



Assessing Lethal and Extremely Dangerous Behavior

Running Time: 30 minutes
Materials: Handout: *Lethal and Extremely Dangerous Behavior*
Target Audience: Advocates and other professionals who work with victims of domestic violence.

- ❖ *This session is designed to prepare a wide range of professionals, including medical, legal and social services professionals, to assist women in evaluating the risk of lethal violence. This session can complement other sessions, and can be particularly effective when used in conjunction with a session on safety planning.*

Introduction

Facilitator: Violent relationships often become more violent over time. While it is impossible to predict with any degree of certainty when relationships will escalate to lethal violence, researchers have identified some common factors. Lack of the following circumstances does not necessarily indicate that violence will not become lethal. Battered women and advocates should always use extreme care in planning for safety and should rely on their own instincts in determining appropriate responses to violent situations. Advocates and other professionals can, however, help women assess the risk their batterers poses to them. In this session, we will examine some of the factors that may indicate that a woman is at an increased risk of lethal violence.

Learning Objectives:

Facilitator: At the end of this session, participants will be able to:

- Understand that there is no formula for predicting lethal violence.
- Identify common factors that indicate an increased risk of lethal violence.
- Help victims assess the risk a batterer poses to her.

Activity 1: Lethality Assessment Factors

Facilitator presents a mini-lecture on lethality assessment, emphasizing the following concepts:

- While it is impossible to predict whether or when relationships will escalate to lethal violence, researchers have identified some common factors. Lack of the following circumstances does not necessarily indicate that violence will not become lethal.
- Threats of Suicide or Murder: In the vast majority of cases where women are killed, the perpetrator has first threatened her life or his own. A suicide threat should be taken very seriously. In many cases, men murder their wives and children, and then commit suicide. The more specific a threat, the more seriously it should be viewed.
- Availability of Weapons: A risk of lethal violence has also been associated with the batterer's possession of or access to weapons, the use of weapons or threats of such use in prior incidents, and escalation of the violence in frequency or severity.
- Controlling and Jealous Behavior: A risk of lethal violence is associated with an increase in controlling or jealous behavior. Such behavior can include following her, demanding to know where she is at all times, or restricting her movement.
- Use of Drugs and Alcohol: Alcohol may reduce inhibitions to use lethal violence or prevent a batterer from adequately understanding the lethal nature of the force he is using.

- Depression: The mental health of the man can indicate his propensity for lethal violence. If a man has lost hope and "given up" he is more likely to cause serious injury or death.
- Batterer's Isolation: Studies indicate that the isolation of the batterer and the extent to which he is dependent on the battered woman correlate with the use of lethal violence.
- Escalation of Violence: Studies also indicate that escalation of the violence in frequency or severity can also indicate increased dangerousness.
- End of the Relationship: Research indicates that the most dangerous time for a battered woman is after she ends the relationship. In the United States, some statistics show that women who leave their batterers are at a 75% greater risk of being killed by their batterers than those who stay. It is very important for a battered woman to make her own decision to leave a relationship because she is in the best position to assess the potential danger.
- Choking or Strangling: Legal professionals have identified the abuser's prior "choking" or "strangling" of the victim as an indicator of extreme danger.
- ❖ At the end of the mini-lecture, give each group a copy of [Handout: Lethal and Extremely Dangerous Behavior](#).

Activity 2: Conducting a Lethality Assessment

1. Facilitator conducts a short, guided discussion on the role that advocates and other professionals can play in helping women evaluate the risk of lethal or extremely dangerous behavior, emphasizing the following points:
 - Advocates can help a battered woman assess the risk the batterer poses to her and develop a practical plan to keep safe. Because an absence of lethality indicators does not ensure safety, battered women should always use extreme care in planning for safety and should rely on their own instincts in determining appropriate responses to violent situations.
 - While an advocate can help a battered woman understand the choices and options that are available to her, only the woman herself can make the decision about what course of action is best for her. Although lethality assessments can be useful, she is the best judge of the danger her batterer poses to her.
 - The role of an advocate is to assist a woman in making her own decisions and providing for her own safety. Battered women need to work with advocates who understand their situation and will help them determine for themselves what they need to do.
 - One of the most important rules for advocates is to keep the information a battered woman provides confidential. Advocates must believe women and affirm their ability to address their own problems. They must respect differences in background without judging. Advocates should listen actively and assist women with problem solving.
 - ❖ *Note that it may be useful to combine this session with a session on the role of an advocate and advocacy guidelines.*
2. Facilitator explains to participants that the co-facilitators will be engaging in a role-play that illustrates a discussion between a battered woman, Sylvia, and an advocate, Marta, in which Marta, the advocate, seeks to determine risk of lethal violence in Sylvia's relationship.
 - ❖ *Facilitators can modify the [role play](#) included with this training to reflect specific circumstances in the country.*

The facilitator should ask the participants to write down the lethality indicators Marta asks about during the role play. The facilitator may also want to explain that Marta will be talking with Sylvia about a number of other issues, including:

- confidentiality
- assessing the nature of the abuse
- safety planning
- referral to and information about other resources

❖ *Note that this session could be paired with sessions on any of these topics.*

3. After the role play, facilitator reconvenes the large group and leads a guided discussion with participants on the following questions:

- What lethality indicators did Marta ask about?
- What do you think Marta did well?
- What could Marta have improved?
- Is there anything else you noticed?

Summary and Closing:

Facilitator closes, emphasizing the following idea:

- While it is impossible to predict with any degree of certainty when relationships will escalate to lethal violence, researchers have identified some common factors. Lack of those factors does not necessarily indicate that violence will not become lethal. Advocates can, however, help women to identify some of the factors that indicate that they may be at an increased risk of lethal violence.

Questions and Comments:

Facilitator should end the session by asking if there are remaining questions or comments related to this material. Keeping track of feedback will allow the facilitator to make useful changes to future presentations.

Source:

Presentation on Lethality at the Inter-Balkan Conference on Strategies to Combat Domestic Violence, Loretta Frederick, 4-6 November 1997.

Additional Resources:

Domestic Violence: Explore the Issue, available at http://www.stopvaw.org/Victim_Protection_Support_and_Assistance.html

Issue in Depth: Lethality Assessments, available at http://www.stopvaw.org/Lethality_Assessments.html

SAMPLE ROLE PLAY ON LETALITY ASSESSMENT

Sylvia called the police after a particularly brutal attack by her husband. The police arrested Sylvia's husband and gave her the phone number of a local women's crisis center. Sylvia called the number and spoke with Marta, an advocate at the crisis center, who offered to come to Sylvia's house to talk with her. Marta arrived shortly thereafter.

Marta (Advocate): Hello Sylvia. I'm Marta, the advocate that you spoke with on the phone. Can we talk? I know this is a difficult time for you, but I want you to know that I am here to help you. Everything you tell me will be confidential. Whatever you tell me will stay with me, and I will do only what you want me to do with the information you tell me.

I have your name and address and some information about what happened already. I would like to ask some additional questions so I can assess what danger your husband might be to you, how difficult the situation is and what has gone on before.

Do you have children?

Sylvia: Yes, one, my daughter.

Marta (Advocate): Did she witness the incident?

Sylvia: No. She was in her bedroom.

Marta (Advocate): She was not involved in any way?

Sylvia: No.

Marta (Advocate): I have your name here. And your husband's first name?

Sylvia: Andrei

Marta (Advocate): Do you know if Andrei was abused as a child by a family member?

Sylvia: I don't know.

Marta (Advocate): Did he witness physical abuse of his mother?

Sylvia: It is possible. He told me his parents fought a lot.

Marta (Advocate): Does he show remorse for hurting you? Is he sorry when you fight?

Sylvia: Sometimes.

Marta (Advocate): Has Andrei ever injured or killed a pet?

Sylvia: No.

Marta (Advocate): Did he assault you when you were pregnant?

Sylvia: Yes.

Marta (Advocate): Has your husband ever been convicted of assaulting you in past five years?

Sylvia: No.

Marta (Advocate): Has he been convicted of assaulting somebody else in the past two years, someone other than your family?

Sylvia: Not that he's told me about.

Marta (Advocate): Does he commit nonviolent crimes, like stealing or something like that?

Sylvia: No.

Marta (Advocate): Does he have a history of violence to people who are not family members?

Sylvia: No.

Marta (Advocate): Has he experienced any unusually high stress in the past 12 months? Financial problems?

Sylvia: We argue a lot about money. He recently lost his job. He has not been able to find another, and we haven't been able to pay our electricity bill.

Marta (Advocate): Can we talk a little about tonight? Do you have injuries? It looks like your neck is a little red.

Sylvia: Yes. He started hitting me in the face and then threw me against the wall. I fell, and he started kicking me. He put his hands around my neck, and I guess you could say he started to strangle me. I passed out, I think. I remember waking up and seeing him eating his dinner. I grabbed my daughter, ran out of the apartment, and called the police from a neighbor's apartment.

Marta (Advocate): Do you want to go to the hospital?

Sylvia: No, I don't think he hurt me that much. I feel fine.

Marta (Advocate): Was a weapon involved, when he assaulted you tonight?

Sylvia: No, not tonight.

Marta (Advocate): Has he threatened you with a weapon in the past?

Sylvia: Yes, he has threatened me with a knife before.

Marta (Advocate): Does Andrei have access to a gun or any other type of weapon?

Sylvia: He doesn't have a gun, but his best friend sells guns, and he could easily get one from him.

Marta (Advocate): Could you describe past violence, past injuries you may have had during fights with your husband?

Sylvia: He started beating me about five months after we were married. He usually just hits me or pushes me down and kicks me, maybe twice a month. A few times, if we were in the kitchen, he's grabbed a knife and threatened me, but he has never actually stabbed me.

Marta (Advocate): Do you feel he is becoming increasingly more violent, brutal or dangerous towards you?

Sylvia: Yes, he has been much more violent ever since he lost his job.

Marta (Advocate): When did that happen?

Sylvia: About two months ago.

Marta (Advocate): How frequently has he hurt you in the last couple of weeks?

Sylvia: I think he is now punching or pushing me around maybe twice a week. It has gotten much more frequent, and although it isn't always serious, he is much more brutal than he used to be.

Marta (Advocate): Have your injuries as a result of your husband's violence ever required medical attention?

Sylvia: Yes, I've been to the hospital once. They fixed a cut on my face. I haven't gone again because I'm afraid Andrei will find out and be angry.

Marta (Advocate): Has he ever forced sex on you or used sexual coercion?

Sylvia: Yes.

Marta (Advocate): Do you believe that he may seriously injure or kill you at some point?

Sylvia: I've been worried about that a lot lately. He seems to be getting angry all the time. Tonight, he came home late and exploded because his dinner was cold, even though I told him I could warm it up for him.

Marta (Advocate): Has he ever threatened to kill you?

Sylvia: He threatened to kill me tonight. He said there was no point in me being around if I couldn't even be a good wife and mother.

Marta (Advocate): Has he threatened to kill himself?

Sylvia: Not exactly, but he has been very depressed since he lost his job. It was so important to him. One time, he said that if he couldn't find a new job, there wasn't any reason to keep living.

Marta (Advocate): Have you ever tried to protect Andrei from the court system by dropping charges or changing your statement?

Sylvia: The time I went to hospital they were trying to get me to press charges. I didn't feel like I could do it then.

Marta (Advocate): Does he use drugs or alcohol?

Sylvia: He has been drinking much more since he lost his job. If he beats me when he is drunk, he usually hurts me much more than when he is sober.

Marta (Advocate): From what you have told me, it sounds like there may be a serious risk that if Andrei gets out of jail, he will try to harm you severely or kill you. Although there is no way to predict when a batterer will kill his partner, there are some indicators

that may be associated with a greater risk of that happening. Some of these indicators include threats of suicide and murder, use of alcohol, escalation of the violence in severity and frequency, strangling, and the availability of weapons.

I wanted to talk to you about the risk you may be in if Andrei gets out of jail so that you can understand better the choices and options that are available to you. You, though, are the only one who can make decisions about what course of action is best.

Are there people you can ask for help? Do you have a car, a phone? What about friends or family you can phone?

Sylvia: Yes. I can call my mother. Maybe I can stay with her for a few days so that I can think about what to do.

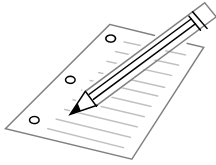
Marta (Advocate): I can continue to meet with you, too, so we can talk more about the options that are available to you. Right now, though, I wanted to say that it might be a good idea for you to go to the hospital, even if you don't feel at the moment that you have been seriously injured. You may have injuries that are not apparent right now. You said he tried to strangle you. Are you having problems breathing?

Sylvia: I didn't think so, but now that you ask, yes, it is a bit difficult to breathe, and my throat is feeling worse.

Marta (Advocate): Do you want me to drive you to the hospital?

Sylvia: Yes, maybe that would be a good idea. I think my daughter can stay with my friend for a while.

Adapted from Presentation on Lethality at the Inter-Balkan Conference on Strategies to Combat Domestic Violence, Loretta Frederick, 4-6 November 1997.



HANDOUT

Lethal and Extremely Dangerous Behavior

While it is impossible to predict whether or when relationships will escalate to lethal violence, researchers have identified some common factors. Absence of the following circumstances does not necessarily indicate that violence will not become lethal.

- **Threats of Suicide or Murder:** In the vast majority of cases where women are killed, the perpetrator has first threatened her life or his own. A suicide threat should be taken very seriously. In many cases, men murder their wives and children, and then commit suicide. The more specific a threat, the more seriously it should be viewed.
- **Availability of Weapons:** A risk of lethal violence has also been associated with the batterer's possession of or access to weapons, the use of weapons or threats of such use in prior incidents, and escalation of the violence in frequency or severity.
- **Controlling and Jealous Behavior:** A risk of lethal violence is associated with an increase in controlling or jealous behavior. Such behavior can include following her, demanding to know where she is at all times, or restricting her movement.
- **Use of Drugs and Alcohol:** Alcohol may reduce inhibitions to use lethal violence or prevent a batterer from adequately understanding the lethal nature of the force he is using.
- **Depression:** The mental health of the man can indicate his propensity for lethal violence. If a man has lost hope and "given up" he is more likely to cause serious injury or death.
- **Batterer's Isolation:** Studies indicate that the isolation of the batterer and the extent to which he is dependent on the battered woman correlate with the use of lethal violence.
- **Escalation of Violence:** Studies also indicate that escalation of the violence in frequency or severity can also indicate increased dangerousness.
- **End of the Relationship:** Research indicates that the most dangerous time for a battered woman is after she ends the relationship. In the United States, research indicates that women who leave their batterers are at a 75% greater risk of being killed by their batterers than those who stay. It is very important for a battered woman to make her own decision to leave a relationship because she is in the best position to assess the potential danger.
- **Choking or Strangling:** Legal professionals have identified the abuser's prior "choking" or "strangling" of the victim as an indicator of extreme danger.