# PREVENTING

## *Intimate Partner Homicides*

Intimate partner homicide remains a significant public health and safety concern, particularly for women. Dr. Lauri Jensen-Campbell examines the risk factors associated with lethal violence in intimate partner relationships, explores limitations of current risk assessments, and offers recommendations for improving the identification and prevention of intimate partner homicide.

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# PREVENTING INTIMATE PARTNER HOMICIDES

Every year in the United States, approximately 1,300 to 1,800 women lose their lives at the hands of an intimate partner, with Black and Indigenous women facing disproportionately higher rates of violence (Violence Policy Center, 2023). **Alarmingly, six out of ten female homicide victims in the U.S. are murdered by a current or former intimate partner** (CDC, 2024; Kafonek et al., 2022; Violence Policy Center, 2023). In stark contrast, only about 6% of male homicide victims are killed by a partner. The grim reality is that leaving an abusive partner does not guarantee safety; in fact, women are most vulnerable to lethal violence in the weeks or months following their decision to leave or when they threaten to do so (Campbell et al., 2003). Intimate partner homicides (IPH) not only extinguish lives but also leave profound emotional and psychological scars on families and communities. While not every abusive relationship ends in death, recognizing the warning signs early and implementing effective risk assessments can save countless lives. This paper explores how current risk assessments function and where they fall short in preventing lethal violence within intimate partner relationships. Recommendations for changes to create a more comprehensive vulnerability index of risk are also provided.

## Percentage of U.S. homicide victims murdered by a *current or former intimate partner.*

# What Are Lethality Risk Assessments?

Lethality risk assessment tools are used by police, advocates, and health providers to predict which domestic violence situations may escalate into fatal outcomes. They emphasize warning signs such as strangulation, access to firearms, threats to kill, and stalking. While each of these measures provides insights into IPH risk factors, they have limitations and may overlook significant factors that heighten an individual's vulnerability to being killed by an abusive partner. By reviewing the existing literature, we can examine the strengths and weaknesses of commonly used measures to uncover crucial factors related to fatality or near-lethality risk.

# Current Risk Assessments

The current risk assessments are designed to measure lethality or both recidivism and lethality. Most have been validated for use and compared to other assessments to evaluate their effectiveness in assessing risk. Validation studies often examine lethal or near-lethal outcomes, while some measures rely solely on empirical findings from other studies. Each shares similarities in risk factors, scoring, and purpose. The most common risk assessments that measure lethality or both lethality and recidivism are discussed below.

## *DANGER ASSESSMENT (DA)*

The DA is the most widely used assessment designed to evaluate the likelihood of lethality or near lethality. It can be administered by domestic violence service providers, advocates, social workers, or healthcare professionals. The first part of the assessment involves women marking approximate days on a calendar when physical abuse occurred during the past year, along with the severity of each incident. Severity is ranked from 1

to 5, with 1 indicating "slapping, pushing; no injuries and/or lasting pain" and 5 signifying "use of a weapon; wounds from the weapon." This section aims to increase victims' awareness of their abuse. Campbell et al. (2009) argue that this visual tool often enhances victim recall, especially when traumatic memory may be fragmented or minimized.

## Danger Assessment

*Numbers in parentheses are added weights*

1. Increases in Frequency/Severity of Abuse
2. Owns a Gun (4)
3. Left Him After Living Together (3)*
4. Unemployed (3)
5. Used a Weapon Against You or Threatened You with a Lethal Weapon (2)
6. Threatens to Kill You (2)
7. Avoided Being Arrested for Domestic Violence (2)
8. Having a Child Who is Not His (1)
9. Forced to Have Sex (1)
10. Choke, Strangle, or Cut Off Breathing
    a. Done it more than once, or did it to make you pass out, black out, or become dizzy (2)
11. Use Illegal Drugs
12. Alcoholic or Problem Drinker
13. Controlling Behaviors
14. Violently and Constantly Jealous
15. Beaten while Pregnant
16. Threatened or Tried to Commit Suicide
17. Threaten to Harm Children
18. Capable of Killing You
19. Stalking Behaviors

**Subtract three points if "never lived with him"*

The second part consists of 20 items, which are then scored to create a Danger Score. The second section involves 19 risk factors, for which the victim responds yes or no. (Item 20 assesses whether the victim is suicidal, but is not part of the Danger score.) Danger scores are then calculated by adding the "yes" responses for items 1 to 19, followed by applying weighted points for risk factors considered more likely to lead to lethality. The resulting score determines the level of danger: variable danger (0-7), increased danger (9-13), severe danger (14-17), and extreme danger (18+), with a max score of 39.

The original measure was part of a multi-site case-control study involving 225 women who were victims of IPH and 300 women who were abused by their intimate partners but not killed. The current version of the Danger was not re-validated, but was updated (Campbell, 2019).

## *Limitations of the Danger Assessment (DA):*

- **Population-Specific Validity Issues**
  - Initially designed in 1986 for heterosexual women with 15 risk factors, it was updated in 2019 to include 20 items; it still primarily targets this group (Campbell, 2019).
  - Specialized versions exist (e.g., DA-I for immigrants, DA-Circle for Indigenous women, DA-R for same-sex couples), but not all have been validated for predicting lethality. For example, the DA-R was validated for the risk of re-assault (i.e., recidivism), not lethal or near-lethal force (Glass et al., 2011).
- **Version-Specific Limitations**
  - Different versions were developed for non-IPV professionals (e.g., DA-5 for ER staff, DA-Bench Guide for judges, DA-LE for law enforcement). The DA-5 and DA-LE will be discussed in detail.
  - The effectiveness and predictive validity of these versions are still unclear.
- **Neglect of the Calendar Section in Some Versions**
  - Most versions (e.g., DA-5) exclude the calendar section, which Campbell argues is crucial for identifying escalation patterns. In a study by Messing et al. (2015), the calendar section was noted to enhance the predictive value of the DA by clarifying the timing and intensity of prior abuse, both critical in risk scoring.
- **Challenges with Recall and Memory**
  - Calendar-based recall is challenging for individuals with brain injuries or memory issues related to trauma. Intimate partner violence (IPV) is, in fact, a trauma that can affect memory.

- Even in healthy individuals, long recall periods (e.g., 12 months) may introduce recall bias (Straus, 1990).

- **Regression-Based Weighting Issues**
  - Weights are based on a multisite case-control study (Campbell et al., 2003) and are sample-dependent.
  - The risk of femicide increases ninefold when the couple has separated and the abuser is highly controlling, even when firearm access is also considered.
    - Separation from a controlling partner raises homicide risk by 3.56x more than firearm possession alone.
    - One reason for the weight given to gun ownership might be that if an abuser decides to use a firearm, the victim's risk of being killed increases 41.38 times.

- **Inconsistent Risk Weighting Across Studies**
  - There is inconsistent weighting among the family of DA measures.
    - DA-5 includes top predictors based on logistic regression, but these do not match the items with the highest weights in the original DA sample.
    - Snider et al. (2009) found that "threats to kill" increased near-lethal injury risk five-fold, while having a non-partner child increased it only 1.5 times (which is a three-fold difference). However, the DA assigns weights of 3 and 2, respectively, which underestimates this difference.

- **Underrepresentation of Strangulation Risk**
  - Original DA omitted strangulation entirely; the current version awards only 1 to 4 points depending on severity. However, women who have been strangled are seven times more likely to be killed by

that partner (Campbell et al., 2007; Glass, Laughon, Campbell, et al., 2008).

- IRT analysis found that strangulation is the highest discriminating risk factor for women who are in extreme danger (Jensen-Campbell, 2025).

## Neglect of Coercive Control

- Coercive control is under-measured in risk assessments like the DA, but some of its elements are present (Myhill, 2019).
- Research shows many femicides occur without prior physical abuse but involve significant control dynamics (King, 2024a).
- Many experts now advocate for integrating coercive control more directly into lethality risk assessments to reflect victims' lived experiences better.

| DA Item | Coercive Control Dimension (Stark, 2023) | Explanation |
|---|---|---|
| He is constantly or violently jealous. | Surveillance/Isolation | Signals emotional control and monitoring of relationships. |
| He controls most or all of your daily activities. | Regulation of Liberty/Autonomy | Directly reflects coercive control over time, movement, & decisions. |
| He has forced you to have sex when you didn't want to. | Sexual Control/Bodily Autonomy | Coerced sex is a method of domination and bodily control. |
| He has threatened to kill you and/or your children. | Threats/Intimidation | Uses fear to dominate and limit victim's ability to act freely. |
| He has used weapons against you or threatened you with one. | Intimidation/Fear Induction | Violence or threat of violence used to establish total control. |
| He has tried to choke (strangle) you. | Extreme Violence/Enforcement | Strangulation is often used as enforcement for non-compliance. |
| You have left him after living together during the past year. | Retaliation/Control of Exit | Coercive control often intensifies when a victim tries to leave. |
| You have a child that is not his. | Jealousy/Possessiveness | May be used to justify control or attempts to control finances. |
| He is unemployed. | Economic Control/Dependency | May signal economic instability or attempts to control finances. |
| You believe he is capable of killing you. | Internalized Fear/ Psychological Entrapment | Victim insight into the power dynamics and danger they face. |

## *LETHALITY SCREEN*

The Lethality Screen is a short-form version of the DA intended for use by first responders. It can be used to complement the DA after the victim has accessed services at a local DV service organization. Responses are categorized as "high danger" or "not high danger." A victim is considered to be in "high danger" if they respond yes to any of the first three critical items or if they answer yes to four or more items 4 to 11. If a victim's risk is classified as "high danger," they have the opportunity to speak with a local DV hotline advocate. First responders can also trigger the referral protocol if they suspect the victim is in a potentially lethal situation, regardless of their score. The first two critical items are on the Danger and receive a weight of +2. The third critical item receives no additional weight on the original Danger Assessment.

### Lethality Screen

*Critical Items*

1. Used a weapon against you or threatened you with a weapon
2. Threatened to kill you or your children
3. Think he might try to kill you

*Other Items*

4. Has a gun or can easily get one
5. Ever tried to choke you
6. Violently or constantly jealous or does he/she control most of your daily activities
7. Left or separated after living together or being married
8. Unemployed
9. Ever tried to kill him/herself
10. Has a child who is not his/hers
11. Follows or spies on you leaves threatening messages

The primary critique of the Lethality Screen is the variability in first responders' discretion to activate the protocol when the victim's score is "not high danger." This discretion may be influenced by their knowledge, attitudes, and beliefs about intimate partner violence. Consequently, first responders with limited expertise or negative views about IPV might not exercise this discretion, potentially leaving a victim in danger. However, this

critique could be addressed by providing training within local law enforcement and other first responder programs.

## *DANGER ASSESSMENT FOR LAW ENFORCEMENT (DA-LE)*

A second measure for law enforcement, the DA-LE, was also derived from the DA and is intended for use by domestic violence high-risk teams (DVHRTs). It consists of 11 items and includes "Has he/she tried to kill you?" which is not included in either the DA or the Lethality Screen. Scores can range from 0 to 11, determined by the sum of all items. A score of seven or higher is considered high risk. Unlike the lethality screen, no specific questions trigger protocol responses for law enforcement to contact an intimate partner hotline advocate.

### DA-LE

1. Increase in frequency/severity of abuse
2. Left him after living together in the past year
3. Controls most of your daily activities
4. Tried to kill you
5. Threatened to kill you
6. Used a weapon against you or threatened you with a lethal weapon
7. Tried to choke (strangle) you
8. Choke/strangled you multiple times
9. Capable of killing you
10. Owns a gun
11. Threatened or tried to commit suicide

A strength of this measure is that it eliminates non-inclusive language, making it applicable to both male and female victims in any intimate relationship. Additionally, it addresses some of the issues related to weighting by assigning each item the same weight.

This assessment is based on the DA and shares some of the same concerns. Like the DA, no specific questions prompt law enforcement to call an IPV

hotline advocate. As a result, the decision to contact an IPV hotline advocate rests with the responding law enforcement officer (LEO). This choice may be affected by the LEO's limited or negative knowledge, attitudes, and beliefs about IPV.

## *ARIZONA INTIMATE PARTNER RISK ASSESSMENT INSTRUMENT SYSTEM (APRAIS)*

The APRAIS assesses the likelihood of severe assault leading to serious injury or death within seven months of the incident. It combines items from the DA with insights from expert panels in Arizona, focusing on the risk of being the victim of lethal force. The scale has two tiers:

*Tier One* is mandatory and consists of seven items completed by law enforcement officers (LEOs) at the scene. Five of the seven items are adapted from the DA-5 (Snider et al., 2009). If a victim affirms being choked, they must indicate if it has occurred more than once. Victims answering "yes" to two to three questions are considered at "elevated risk," while those affirming four or more are at "high

### APRAIS

*Tier 1*

1. Frequency/severity of abuse
2. Violently or constantly jealous
3. Capable of killing you
4. Beaten while you were pregnant
5. Used a weapon or object to threaten or hurt you
6. Tried to kill you
7. Choked/strangled/suffocated you

*Tier 2*

8. *Controls most or all of your daily activites*
9. *Carries or possesses a gun*
10. *Forced you to have sex*
11. *Use illegal drugs or misuse prescription drugs*
12. *Threaten to harm people you care about*
13. *Ended your relationship with the past 6 mos.; does he/she know or sense you are planning on ending the relationship*
14. *Significant financial loss in last 6 mos.*
15. *Unemployed*
16. *Theatened or tried to commit suicide*
17. *Threatened to kill you*
18. *Threatened or abused your pets*

risk." In both cases, LEOs refer them to domestic violence services or offer help at their discretion.

***Tier Two*** contains nine optional questions, the predictive values of which are being evaluated by Arizona State University (Cramer et al., 2018).

The APRAIS is unique because it was developed by stakeholders, including victim advocates, the governor's office, law enforcement representatives, prosecutors, and researchers. However, no victims were included in the process. The collaboration aimed to ensure that it was both evidence-based and applicable across various systems. It was based on the Danger Assessment, the Domestic Violence High Risk Team (DVHRT) model, and other risk factors identified in literature reviews.

Other unique features of APRAIS include notifying victims that they can skip questions, data access across systems (e.g., attorneys, judges, and even the abuser). It also considers the abuser's awareness of the victim's plans to leave the relationship, misuse of prescription drugs, pet abuse, and financial issues beyond unemployment, all while employing inclusive language.

Although the APRAIS is essentially the same length as the DA used in Tarrant County, it includes more items than both the Lethality Screen and DA-LE, with items that may or may not relate to vulnerability risk. While the measure is said to be validated for use in Arizona, no peer-reviewed studies have been published to evaluate its predictive ability.

## *DV-MOSAIC*

The DV-MOSAIC is unique because it was designed to be used without an external evaluator or advocate (de Becker, 1997; Gavin de Becker & Associates, n.d.; Vera Institute, n.d.). As a result, victims can take the

assessment online whenever they choose. While the DV-MOSAIC is often viewed as a lethality risk assessment, it was not intended to predict lethal or near-lethal outcomes. Instead, it provides victims with information about the severity of their abuse based on risk factors from similar previous cases as part of safety planning.

The DV-MOSAIC is the longest measure, with 48 risk factors. Each item is evaluated on a scale from most severe to least severe. Items are weighted from less than 1% to 4%, determined by logistic regression odds ratios extracted from other published studies. The assessment has a maximum quality score of 200 points, depending on how many items are answered and their weights, with a minimum required score of 125 for sufficient insight. Additionally, the MOSAIC gives an overall risk score ranging from 1 to 10. The DV-MOSAIC can be accessed at https://www.mosaicmethod.com.

## *Limitations of the DV-MOSAIC*

- **Calculations of Risk Score**
  - It is unclear how the overall risk score is calculated (i.e., it is not published). All that is known is that it is based on individual responses and the assessment quality.

- **Item Weighting**
  - The weights assigned to most items are generally similar, which some experts may find questionable, arguing that certain items should have either higher or lower weights. Indeed, no empirical studies have confirmed whether the selected items effectively predict lethal violence victimization or whether the weights are appropriate as part of a single measure.

- **Evaluator Assistance**
  - The DV-MOSAIC requires respondents to answer significantly more questions than other risk assessments, potentially making completion challenging for victims who may lack access to technology for extended periods due to abusive situations.
- **Two Versions**
  - Although it may be a strength, it should be noted that the DV-MOSAIC has a different version for male and female offenders of domestic abuse. However, no empirical studies have examined whether these versions capture different risk factors associated with the perpetrator's gender.

## *SPOUSAL ASSAULT RISK ASSESSMENT GUIDE - VERSION 3 (SARA-V3)*

The SARA-V3 was not explicitly designed to assess perpetrators' lethality risk; instead, it evaluates both recidivism and lethality. Additionally, it follows a structured professional judgment (SPJ) approach that guides professionals through an evidence-informed clinical judgment process (Knopp & Hart, 2015). It consists of 20 items grouped into five sections.

Evaluators score items on a 3-point scale: 0 (absent), 1 (partially/possibly present), or 2 (present). Each item is evaluated for both current and past occurrences of abuse to understand historical patterns. There is no established cutoff for past abuse; it may extend up to 5 to 10 years or beyond. The aim of this item scoring is not to achieve a total score. Instead, this measure promotes a narrative understanding of risk. In other words, the SARA-V3 seeks to facilitate an informed judgment rather than to reach a numerical threshold.

As part of this informed judgment, evaluators assess overall risk separately on a 3-point scale: 0 (low risk), 1 (moderate risk), and 2 (high risk), based on the evaluator's short-term risk rating (SRR) using the SPJ guidelines. The SRR evaluates the imminent or near-future serious violence posed by the perpetrator. Based on the identified risks, the evaluator will work with the victim to develop steps for intervention, monitoring, and protection, including safety planning, treatment referrals, or supervision conditions.

## Nature of IPV

***History of Physical Assault***
- Past physical violence toward current or previous partners.

***History of Sexual Assault***
- Past sexual violence toward intimate partners.

***Threats of Violence***
- Past verbal or written threats to harm intimate partners.

***Violent Jealousy***
- Episodes of extreme jealousy or controlling jealousy behavior.

***Escalation of Violence***
- Increasing severity, frequency, or intensity of violence.

## Psychological Adjustment

***Employment/Finance Problems***
- Difficulties maintaining steady work or financial instability

***Poor Coping Skills***
- Difficulty managing stress or life challenges.

***Lack of Social Support***
- Few or no supportive relationships outside the abusive relationship.

***Substance Use Problems***
- Alcohol or drug abuse that impacts behavior.

***Mental Health Problems***
- Diagnosed or suspected psych. disorders affecting functioning.

## Intimate Relationship Problems

***Problems with Separation or Pending Separation***
- Current or recent separation or attempts to leave the relationship.

***Relationship Discord***
- Ongoing conflicts, disputes, or dissatisfaction within the relationship.

***Controlling or Coercive Behavior***
- Efforts to dominate or control the partner through psychological or other means.

## Attitudes Supporting Violence

***Blames Others for Problems***
- Externalization of responsibility and lack of accountability.

***Minimizes or Denies Violence***
- Downplaying the severity or existence of abusive behavior.

***Justifies or Rationalizes Violence***
- Using excuses or cultural beliefs to defend violence.

## Other Risk Factors

***Violence Outside the Family***
- History of violence toward others outside intimate relationships.

***Violations of Court Orders***
- Noncompliance with protective or restraining orders.

***Access to Weapons***
- Availability and use of firearms or other weapon

***Victim Vulnerability***
- Factors related to the victim's increased risk (e.g. fear, dependency, isolation).

Some strengths of the SARA-V3 are that it provides a more comprehensive view of abuse, linking risk assessment to intervention planning. Additionally, the SARA-V3 includes previously overlooked risk factors, such as beliefs that promote coercive control and the minimization of its consequences. This is the only measure that considers past abuse, which can assist LEOs in identifying patterns of coercive control instead of addressing each incident in isolation.

There is also some empirical support for the reliability and validity of the SARA-V3. However, it has been primarily used to assess recidivism, such as new charges, police re-contact, or violation of protection orders (Belfrage et al., 2012). It is also grounded in constructs such as coercive control, attitudes supporting violence, and mental health and substance abuse. It can be used by qualified LEOs, victim support advocates, mental health professionals, and medical personnel (Kopp & Hart, 2015). It can be used more widely than other measures; it has been translated into 10 languages and can be used regardless of gender, sexual orientation, or culture (Kopp & Hart, 2015).

## *Limitations of the SARA-V3*

- Overlapping factors between recidivism and lethality complicate the assessment, as they have distinct predictors (e.g., gun ownership is critical for lethality but not for recidivism).
- SARA-V3 relies on structured professional judgment (SPJ) for risk assessments, creating potential for evaluator bias. The evaluator must first rate the items according to guidelines and then consider all items to judge risk levels, known as summary risk ratings (SRR). Indeed, in a summary of over 100 studies, Grove and colleagues (2000) found that actuarial methods outperform clinical judgments.
- Scoring complexity makes it challenging for evaluators to apply guidelines consistently. Evaluators must possess extensive knowledge of both IPV and risk assessment and are required to undergo training for SARA.

- Evaluators' interpretations of critical risk factors can vary, allowing personal biases to influence scores.
- The scale is not easily accessible for victim abuse advocates because it is proprietary.

## *BRIEF SPOUSAL ASSAULT FORM FOR THE EVALUATION OF RISK (B-SAFER)*

B-SAFER is a brief assessment derived from the SARA-V3, designed for use by law enforcement (Knopp et al., 2005). It was developed after a review of the scientific and professional literature. The assessment includes 10 core risk factors organized into three sections that evaluate the history of IPV, psychological and social functioning, and victim vulnerability. Similar to the SARA-V3, evaluators must be trained to conduct risk assessments and should have prior knowledge of the risk factors associated with violence against women.

### B-SAFER RISK FACTORS

***Perpetrator Risk***

1. Intimate Relationship Problems
2. Violent Acts
3. Violent Threats or Thoughts
4. Escalation
5. Violation of Court Orders

***Psychosocial Adjustment***

6. *General Criminality*
7. *Substance Use Problems*
8. *Mental Health Problems*

***Victim Vulnerability Factors***

9. *Inconsistent Attitudes or Behavior Toward the Perpetrator*
10. *Extreme Fear of Perpetrator*

Items are scored on a 4-point scale: O (Omit; insufficient information), N (the factor is definitely absent), P/? (possible/partial evidence the factor is present), and Y (the factor is definitely present). Each item is assessed for presence currently and in the past (defined as up to 4 months from the call). Based on the assessment, evaluators use their discretion to determine if a victim is at low, moderate, or high risk for imminent risk (next 2 months), long-

term risk (beyond 2 months), and risk for extremely serious assault/death if no intervention were to be taken.

Some strengths of the B-SAFER include the inclusion of beliefs that encourage coercive control and the minimization of its consequences. This is the only measure that includes past abuse, which can help LEOs understand if there is a pattern of coercive control, rather than treating every incident separately.

## *Limitations for B-SAFER*

- No cut-off points to determine high risk vs low risk of lethality.
- Evaluators must use their discretion to assess risk and determine the next steps. LEO's knowledge, attitudes, and beliefs may influence these judgments.
- Requires police officers to receive training in B-SAFER, which can be costly for law enforcement and may not eliminate judgment biases.

## *H-SCALE*

The H-Scale was derived from the $VPR_{5.0}$, a measure of recidivism, to assess lethality. All $VPR_{5.0}$ data in Spain is gathered in the VioGén System, which was established to monitor national information about IPV against women (López-Ossorio et al., 2020). The $VPR_{5.0}$ includes 35 risk factors across five dimensions (history of intimate partner violence, offender-related factors, indicators of victim vulnerability, circumstances involving children, and aggravating circumstances). Logistic regression was performed to identify predictors of IPH; a total of 13 factors remained. A subsequent validation sample showed that these 13 factors accurately predicted 84% of the cases.

Given that the $VPR_{5.0}$ and the subset items for the H-scale are computerized for LEOs in Spain, the final score on the H-scale is calculated as a weighted

sum, with the weights derived from the odds ratio (OR) obtained from logistic regression. For example, a woman is 8.087 times more likely to be killed if her partner or ex-partner has made suicide threats. If a woman responds "yes" to this item, she will receive a score of 1 (yes) x 8.087 (OR) = 8.087. Conversely, the presence of records involving physical or sexual aggression increases a woman's chance of being murdered by 1.577. Thus, answering "yes" to this factor yields a score of 1.577. If she responds "yes" to just these two items, her total score would be 9.664.

## H-Scale Risk Factors

1. Suicide threats from the aggressor (8.087)
2. Exaggerated jealousy or suspected infidelity of his partner in the last 6 months (1.507)
3. Controlling behaviors in the last 6 months (1.725)
4. Presence of problems in his life (stress) in the last 6 months (3.338)
5. Economic or work-related problems in the last 6 months (6.324)
6. Past breakings of sentence conditions (2.634)
7. Presence of physical or sexual aggression records (1.577)
8. Perpetrator presents a mental or psychiatric disorder (3.384)
9. Presence of suicidal ideas or attempts (1.994)
10. Presence of any kind of disability in the victim (2.02)
11. Mental or psychiatric disorders in the victim (3.22)
12. Any kind of addiction or engages in substance use (alcohol or drugs) in the victim (5.101)
13. History of gender or domestic violence within the victim's family (4.063)

***Numbers in parentheses are the ORs/weights from Lopez-Ossorio et al., 2020)*

Total scores can range from 0 to 44.975. The risk categories are (1) low (<3.232), (2) medium (>3.232 and <12.883), and (3) high (>12.883). In our example, the woman would be categorized as medium risk. However, if she responds yes to suicide threats (8.087) and economic or work-related problems (6.324), she will have a score of 14.411 and would be considered high risk.

One strength of this scale is that it prioritizes critical factors by assigning them higher weights than those that are less critical, rather than simply totaling the items or creating a weighting system based loosely on ORs. Additionally, the findings are based on 2,159 records in the VioGén System, with 159 being IPH.

Evidence of efficacy and predictive validity exists in both the development and validation samples of the H Scale.

## *Limitations for H-Scale*

- The data was from records where the perpetrator was a man, and the victim was a woman.
- Using paper-and-pencil methods to collect vulnerability measures may limit the utility of the H-Scale.
- The scale has only been validated with law enforcement officers (LEOs) in Spain, which may limit its applicability or generalizability to U.S. samples.
- The H-Scale was purposefully designed to include only a subset of items from a larger recidivism scale to reduce the burden on LEOs. However, this may exclude critical indicators of intimate partner homicide (IPH). For example, key lethality indicators such as:
  - "Used a weapon to hurt or threaten you"
  - "Is he capable of killing you?"

## *SEVERE INTIMATE PARTNER VIOLENCE RISK PREDICTION SCALE (SIVIPAS)*

Like the H-Scale, the SIVIPAS was created to assess domestic violence internationally, specifically within Europe. It consists of 20 items divided into five sections: personal data, situation of the couple's relationship, type of violence, profile of the aggressor, and vulnerability of the victim (Ecueburúa et al., 2009).

The original version of the SIVIPAS had a score range from 0 to 20. The sum of the items determined the score, and each item was weighted 1 point. Risk was categorized as low (0 to 5), moderate (5 to 9), or high (10 to 20). The revised version assigns weights to each item depending on its discrimination level (Echeburúa et al., 2010). The discriminative capacity was determined b

calculating a point biserial correlation between each item and the corrected total scores. Most of the highly discriminative items assessed the context of violence, the abuser's behaviors, and the victim's vulnerability. The final score is a weighted sum, and the range is 0 to 48. Risk is categorized as low (0 to 9), moderate (10 to 23), or high (24 to 48).

## SIVIPAS Risk Factors

| Section | Number of Items | Assessment Items |
|---|---|---|
| Personal Data | 1 | Aggressor's and Victim's Nationality |
| Relationship Situation | 2 | Separation; Recent harassment or violation of a restraining order. |
| Type of Violence | 7 | Likelihood of injury from physical violence; Physical violence in presence of children or family; Increased frequency/severity; Death threats; Threats with dangerous objects or weapons; Intent to cause serious injury; Sexual Assault |
| Profile of the Aggressor | 7 | Jealousy/controlling behaviors; History of violence with former partner; History of violence with others; Alcohol/drug abuse; Mental illness with treatment noncompliance; Cruelty/contempt for victim and lack of remorse; Justifies violence |
| Vulnerability of the Victim | 3 | Victim's perception of danger or death; Attempts to withdraw / leave / report; Vulnerability due to illness, loneliness or dependency |

Like the H-Scale, one strength of the SIVIPAS is that it assigns greater importance to critical factors by giving them higher weights compared to less critical ones. However, the total becomes invalid if fewer than 12 out of the 20 items or 6 out of the 11 high-discrimination items are unanswered. In this case, the evaluator must use an apportionment table to estimate partial scores for each group of items and combine them, as provided in Echeburúa et al., 2010. This adds a level of difficulty for the evaluator in determining a victim's risk level, which may be burdensome for LEOs if they are administering and scoring the assessment. Futhermore, the SIVIPAS was created and validated

for use in European countries, so its applicability may be limited in the U.S. For example, there is no mention of the use of weapons or guns in this assessment. Yet, in the United States, approximately half of all female victims are killed with a firearm (Violence Policy Center, 2023).

| SIVIPAS - Revised | |
|---|---|
| 1. Foreign origin of aggressor or victim. | 0 or 1 |
| 2. Recent separation or process of separation | 0 or 1 |
| 3. Recent harrassment of victim or violating restraining order | 0 or 2 |
| 4. Existence of physical violence likely to cause injury | 0 or 2 |
| 5. Physical violence in the presence of children or other family | 0 or 2 |
| 6. Increase in frequency and severity of violence incidents in the last month | 0 or 3 |
| 7. Serious or death threats in the last month | 0 or 3 |
| 8. Threats with dangerous objects or weapons of any kind | 0 or 3 |
| 9. Clear intent to cause serious or very serious injury | 0 or 3 |
| 10. Sexual assaults in the relationship | 0 or 2 |
| 11. Very intense jealousy or controlling behaviors about the partner | 0 or 3 |
| 12. History of violent behavior with a previous partner | 0 or 2 |
| 13. History of violent behavior with others (friends, coworkers, etc.) | 0 or 3 |
| 14. Alcohol and/or drug abuse | 0 or 3 |
| 15. History of mental illness with abandonment of psychiatric or psychological treatments | 0 or 1 |
| 16. Cruelty, contempt for the victim or lack of remorse | 0 or 3 |
| 17. Justification of violent behaviors by their own state (alcohol, drugs, stress) or by victim's provocation | 0 or 3 |
| 18. Victim's perception of danger of death in the last month | 0 or 3 |
| 19. Attempts to withdraw previous reports or to backtrack on the decision to leave or report the abuser | 0 or 3 |
| 20. Vulnerability of the victim due to illness, loneliness, or dependency | 0 or 2 |

# What We Are Missing

Current assessment tools for intimate partner violence (IPV) have limitations in predicting vulnerability to fatal or near-fatal injuries. No single measure has emerged as the gold standard. Although tools like SARA-V3 and B-SAFER are used, they prioritize recidivism over a direct assessment of victims' vulnerability to severe harm.

The Danger Assessment (DA) is a widely recognized tool for evaluating lethality, but it has notable drawbacks, including reliance on self-reports, potential cultural biases, weighting issues, and its inability to adequately capture non-physical coercive tactics. Many intimate partner homicides occur without prior physical abuse, underscoring the necessity for a greater emphasis on psychological control methods (King, 2024a). Furthermore, despite sharing common origins, the DA and its variations exhibit inconsistencies in their assessment criteria and weighting, raising concerns about reliability. Some critical risk factors from the original DA are overlooked in the Lethality Screen and DA-LE, which were published in close succession.

Among alternative measures, the APRAIS shows promise as it was developed by a diverse team. However, it lacks survivor input, and research has yet to validate its predictive capacity regarding severe injury risks.

Many current tools do not adequately assess coercive control, a pattern of intimidation, isolation, and psychological manipulation that can be just as dangerous as physical violence. Research shows that many victims whose intimate partners kill had little or no documented history of physical abuse but were subjected to controlling behaviors (King, 2024; Stark, 2023).

It is essential to consider broader determinants of domestic violence homicides, such as community and social-structural factors. The socio-ecological model emphasizes the interplay between individual, relational, community, and societal influences on violence. For instance, involvement in specific religious beliefs or communities may create barriers to seeking help and staying safe. Coordinated community approaches that engage various stakeholders, including law enforcement, health services, and religious leaders, are crucial for effectively addressing these complexities and supporting victims.

## What Needs to Change

To effectively prevent domestic violence homicides, there needs to be a creation of an overall vulnerability risk index that examines (1) the nature of the IPV, (2) perpetrator risk factors, and (3) victim vulnerability factors. First, risk assessments must evolve to include more comprehensive indicators of danger, especially coercive control. These tools should be updated in collaboration with survivors, advocates, and interdisciplinary experts.Additionally, vulnerability indices need to be more inclusive. It is easy to make the language of a vulnerability index include more than women who are heterosexual. Finally, it must consist of vulnerability factors that place victims at greater risk for fatal or near-fatal injuries. For example, the H Scale includes a history of gender or domestic violence within one's family, disability of the victim, and the mental health of the victim (López-Ossorio et al., 2021).

Some risk factors that should be considered as part of a more comprehensive vulnerability risk index include:

## *Risk factors to consider as part of a more comprehensive vulnerability risk index include:*

- ***Economic Problems:*** Although the DA has an item that examines whether the abuser is unemployed, it does not assess some of the nuances of employment issues, such as significant financial loss (APRAIS – Tier 2) or more general economic and work-related problems. For example, a highly weighted item on the H-Scale was economic and work-related problems, such as serious problems in self-sufficiency stemming from difficulty establishing and maintaining stable employment.

- ***Abuser Suicide Threats:*** Greater emphasis should be placed on abusers who threaten or attempt suicide. Research related to the H-Scale found that men who threaten suicide are eight times more likely to commit lethal or near-lethal injuries. Men with suicidal ideations are twice as likely to commit these injuries (López-Ossorio et al., 2021). In Tarrant County's Fatality Reviews since 2016, approximately one out of every four IPV femicides was a murder-suicide.

- ***Abuser's Mental Health:*** Both the SIVIPAS and the H-Scale identified that mental or psychiatric disorders are predictors of IPH, particularly when the abuser has discontinued treatment. In the SIVIPAS, men with these disorders were three times more likely to murder their current or former partners.

- ***Co-Occurrence of Risk Factors:*** Weighting should emphasize the simultaneous presence of specific factors by assigning greater significance to them (i.e., a higher vulnerability index score). For example, if the abuser is controlling and the victim has recently left the relationship, the weighting should consider the co-occurrence of both factors in the relationship.

- *Strangulation:* The weighting of strangulation must accurately reflect its actual risk. For instance, strangulation increases the risk of later homicide more than sevenfold (Glass et al., 2008). In our work, we have found that both strangulation and severe strangulation exhibit the highest discrimination for victims at extreme levels of risk. Although non-fatal strangulation is included in the DA and other risk measures, it should be given a higher weight in risk assessment.

- *Victim Vulnerability Risk Factors:* Both the H-Scale and the SIVIPAS identify risk factors associated with the victim. These factors include a history of domestic violence in the victim's family, the victim's disability, mental or psychiatric disorders, attempts to withdraw previous reports or reconsider decisions to leave, and vulnerabilities arising from illness, loneliness, or dependency. Given that there are factors that increase the likelihood of a woman becoming a victim of femicide, they should be incorporated into a more comprehensive vulnerability index.

- *Widening the Definition of Drug Use:* The Danger Assessment only asks if "he uses illegal drugs?" The APRAIS evaluates both the "use of illegal drugs or misuse of prescription drugs." In fact, prescription opioid misuse nearly doubles the odds of perpetrating IPV, even after controlling for alcohol and illicit drug use (Seabrook et al., 2020).

- *Cruelty, Contempt, and Dehumanization:* The SIVIPAS places significant emphasis on "cruelty or contempt for the victim with lack of remorse." Furthermore, intimate partner femicide is fundamentally rooted in degrading and objectifying attitudes toward victims or their dehumanization (e.g., Pizzirani & Karantzas, 2019).

- *Stalking:* Although the Danger Assessment already asks if "he follows or spies on you, leaves threatening notes or messages, destroys property, or calls you when you don't want to," stalking functions as a dynamic control

behavior for abusers. Therefore, victims should be aware that their technology can be misused to stalk them. Electric thermostats, home security systems, home appliances, gaming devices, phones, Apple AirTags, exercise equipment, automobiles, and even pet collars can all serve as tools for stalking a victim. Additionally, it is important to discuss the seriousness of image-based abuse and online harassment with victims (Dragiewicz et al., 2018; Henry et al., 2015; Harris et al., 2023; National Institute of Justice, 2024; Woodlock, 2017).

- ***Pet Abuse:*** Only the APRAIS (Tier 2) includes pet abuse as a lethality indicator. However, there is growing evidence that pet abuse is linked to IPH as part of a broader pattern of coercive control, escalation of violence, and psychological abuse. Campbell et al. (2003) were among the first researchers to examine threats to harm or kill pets as a tactic used by abusers in relationships that later escalated to lethal or near-lethal violence. Additionally, Dawson and Thain (2022) recognized pet abuse as a potential risk factor in domestic homicide reviews, noting that it co-occurs with other risk factors. Finally, Ascione and colleagues (2007) found that approximately 70% of women seeking shelter report that their abuser threatened, harmed, or killed a pet. Indeed, concern for pets is a significant barrier to leaving lethal or near-lethal IPV situations (Hardesty et al., 2013).

- ***Having Children Unrelated to the Abuser:*** Only the DA and Lethality Screen consider having children unrelated to the abuser a risk factor for IPH (Campbell et al., 2003). Some advocates argue that this perspective is outdated, given that having children from multiple partners is more common today than it was over two decades ago. However, evidence shows that children not related to the perpetrator are frequently present in IPH cases, often intensifying the abuser's motives (Dawson & Piscitelli, 2021). Additionally, men who commit IPH often harbor resentment over

"another man's child." First, abusers may resent the presence of a child from another relationship, especially if the child represents ongoing contact with a former partner. This can intensify coercive control and lead to greater emotional volatility. Second, non-biological children may be perceived as obstacles or extensions of the partner's "disloyalty." In some fatal incidents, both the mother and child become victims. Indeed, corollary victims account for about 20% of IPH cases, with many being children (Lyons et al., 2021). Child death increases twofold if the child is not biologically related to the perpetrator (Lyons et al., 2021). Finally, research indicates that families with stepchildren experience higher rates of violence and homicide, especially when the perpetrator is male (Harris et al., 2007; Lyons et al., 2021).

- *Past History of Abuse:* Vulnerability indices should highlight the importance of understanding abuse as a pattern over time rather than as isolated incidents. This shift is foundational for moving from incident-based approaches (such as those found in many criminal justice systems) to pattern-based frameworks that consider the cumulative and strategic nature of abuse, particularly in cases that may escalate to intimate partner homicide (IPH) (Stark, 2023). According to Stark (2023), models that focus solely on the "latest" or most "serious" physical incident overlook how earlier, seemingly less severe behaviors (e.g., constant monitoring, economic control, or threats) can escalate into lethal violence. He asserts that this approach underestimates the danger many women face. Indeed, patterns of past coercion and control are strong predictors of future violence, including lethal violence (King, 2024). By failing to emphasize this history, risk assessments and legal responses may not detect cases where homicide risk is high despite the absence of recent physical assault.

## Healthcare and Law Enforcement Roles

Healthcare providers are often one of the few touchpoints for victims before a fatal event. Studies show that nearly half of domestic violence homicide victims received medical care in the year prior to their death (Glass et al., 2001). This positions hospitals, clinics, and even primary care physicians' and pediatricians' offices as key sites for intervention. Providers should screen for abuse and be equipped with referral tools and connections to local IPV services.

Law enforcement officers play a vital role in stopping intimate partner homicide. Approximately 38% of IPV homicide victims called the police before they were killed. Officers need proper tools and training to recognize high-risk situations and respond effectively. Departments should implement standardized risk assessments and protocols that encourage timely referrals to domestic violence advocates. The TXADA, being developed by The Archway (Formerly SafeHaven of Tarrant County) in conjunction with RAND, will help law enforcement better assess who the dominant aggressor is during domestic violence calls, which will keep victims safe and hold abusers accountable.

## Legal Reform and Coercive Control

Currently, the legal system lags behind the reality of domestic violence. In many states, victims cannot obtain protective orders unless they can prove recent physical abuse. This leaves those experiencing coercive control without recourse. Legal recognition of coercive control, now adopted in states like California and Connecticut, is a crucial step forward. However, these laws must be implemented carefully to avoid unintended consequences, such as misidentifying victims as aggressors. Judicial training and standardized assessments can help ensure fair outcomes.

# Conclusion

Intimate partner homicide is a preventable tragedy. The tools we use to assess danger must evolve, and we must invest in coordinated community responses that recognize and address coercive control. With the right policies, training, and tools, we can protect more victims and ultimately save lives.

## *TO CITE, PLEASE USE:*

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