The Saddest Day

Every September, the day arrives when End Domestic Abuse WI releases its report detailing all of Wisconsin’s previous year homicides that were the result of domestic violence. It is not a day to celebrate, for us or for anyone who reads the report. It’s the saddest day of our work year. We are annually reminded of the valued and loved ones lost: the adult or teen victims, the children who are killed as part of the homicidal incident or left parentless, and the perpetrators who kill themselves. We acknowledge the shock and grief experienced by friends and family of those who were killed and of those who committed the murders. Many of us can only imagine the distress a parent feels knowing that their child—of any age—is being harmed in a relationship. For many of us, it is difficult even to imagine the magnitude of the grief that must be borne when that child is killed, or when that child is the killer, or the one who takes his or her own life.

Domestic violence affects us all deeply, on a daily basis. Human debris including guilt, loss, and a chaos of other reactions are left behind in the wake of a homicide. Such wreckage will not go away, as if it never happened. Families, friends, co-workers, and community members grapple with the loss forever, wondering if there was something they could have done. While we recognize that we may never be able to prevent every homicide, there are indeed steps we can take to identify potentially homicidal situations. We may be able to intervene, to stop something that seems inevitable before it actually does happen. This Coalition Chronicles is dedicated to the lives lost, to the families and friends who remain behind, and to our collective resolve to figure out a solution to the ultimate crime of domestic violence that is homicide.
Introduction

Sara Krall

Often after the occurrence of a domestic violence homicide, communities find themselves asking what they could have done to prevent the tragedy and what they could do in the future to better identify and respond to high risk cases of domestic violence. Sensationalized media coverage of the homicide tends to mobilize communities for a short time after the incident; however, this motivation quickly dissipates when the next breaking news story grabs the media’s attention. Our hope with this edition of the Chronicles is that communities will learn new ways to transform the short-term community mobilization following a homicide into a more sustainable approach that is victim-centered and evidence-based.

What exactly is the scope of the problem? In recent decades in the US, intimate partner homicide rates overall have declined, however the largest decline has been for male homicide victims. Between 1993 and 2007 homicide victims killed by intimate partners fell 29%, with a greater decline for males (-36%) than females (-26%). The decrease in the number of men killed by female partners coincided with the development of services for battered women and the enhancement of the criminal justice response. Some researchers have made the argument that the decline in male victims of DV homicide is likely because women are able to secure safety with the help of a domestic violence program, rather than resort to killing an abusive partner in self-defense.

Another explanation for the decline in DV homicides is that the efforts of countless advocates, healthcare providers, law enforcement officers, court personnel, legislators and many others over the past three decades have made a difference in the way domestic violence is perceived in the public eye. Once considered a very private issue that was kept under wraps, domestic violence is increasingly understood as a community issue that requires a multi-faceted response focusing on both victim safety and perpetrator accountability. At its most basic level, homicide prevention involves identifying victims who are most at risk, working together to break the isolation surrounding those victims, and offering timely and helpful interventions.

This edition of the Chronicles begins with an explanation of the difference between assessing risk and lethality, and highlights various risk and lethality assessment tools that can be used with victims, abusers, and communities. Next we discuss some national DV homicide prevention initiatives and then take a look at what has been happening here in Wisconsin. Finally, we explore issues and questions to ask before administering an assessment tool, and list relevant resources on the topic of lethality, risk, and homicide prevention. Whether or not engaging in risk or lethality assessments is appropriate for your community at this time, we hope you’ll find this issue useful and thought-provoking.

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At the intersection
How does one’s sense of safety in their community relate to safety in their relationships? Are there supportive places in your community that victims who are at high risk can turn to? Are these places accessible, culturally appropriate, trauma-informed, and understanding of the dynamics of power and control?

At the intersection
How are perpetrator’s actions perceived in the community? Is he held accountable? What are your community assets and deficits regarding victim safety and perpetrator accountability? Assess the climate of your community generally and from a systems perspective. Consider if the community is cohesive or divided, and whether or not abusive beliefs and behaviors are discouraged by members of one’s social network.

At the intersection
Do the perpetrator’s lethality indicators mirror the danger the victim sees herself in? Both parties tend to minimize the violence.

Abuser
- Includes prediction of recidivism, reassault, and escalating violence
- Assesses for relationship patterns - "what was her biggest complaint about you/the relationship"

Victim
- May involve weighted scoring
- Constructs a detailed timeline
- Helps to determine the level of danger an abused woman has of being killed by her intimate partner

Community
- Risk and Protective factors
- Considerations of identity and intersecting oppressions

Assessment Tools for use with perpetrators
Spousal Abuse Risk Assessment or SARA (uses 4 categories of offender behavior)
Domestic Violence Screening Instrument-Revised, or DVSI-R (uses an 11-category inventory)

Assessment Tools for use with victims
Danger Assessment (Jacquelyn Campbell)
MOSAIC (Gavin DeBecker)

Assessment Tools for communities
Safety and Accountability Audit (Praxis International)

Lethality assessment and risk assessment are overlapping concepts, but they do not measure the same thing. The main difference is whether a tool was designed to measure the risk of reoffense/reassault (the likelihood that abuse will occur again, often measured after corrective action has been taken, a.k.a., “recidivism”), or the risk of homicide (the likelihood that a fatality will result). Within each case of domestic violence, risk and protective factors come into play that are specific to victim, abuser, and community. The diagram below shows intersecting victim/abuser/community spheres and potential opportunities for assessment, intervention or prevention.†

Sara’s Story

On September 10, 2008, my ex, James Lahoud, shot and killed my mother—she was my best friend. He also held me hostage, raped me, shot me in the head and left me for dead. At the time, I was living with my mom because I had left him. When I returned home that night, he was in my mother’s house holding a gun. He threatened to shoot me if I did not do what I was told. He told me to take off all of my clothes. He then taped my hands behind my back and tried to rape me. I convinced him to untie me, and I pretended that I wanted to have sex with him. I just wanted to get the gun away from him. But, he kept the gun close at hand as he raped me several times that night. Even when I had to use the bathroom, he would stand there and point the gun at me—always threatening to shoot me. He even shot the gun once to let me know that it worked. Then he made me get dressed. I assumed he would just go. I don’t remember being shot. I have no idea how long I was unconscious before I woke up.

When I woke up, I didn’t realize that I had been shot. I searched through the house to see if he was still there. I saw my car was gone. He had barricaded the door to my mother’s room. I had to break in. I remember her being cold. I remember telling her I would get help. I left the house frantically, without my shoes. Someone on the road saw me and got me to a clinic that just opened early that morning. I was taken to a hospital and don’t remember much after that. I was told that because I was shot at such close range my skin burned immediately, preventing me from bleeding to death.

The next thing I can remember is waking up in the hospital. It was a month later, and I had been in a coma. As soon as I woke up, I immediately felt that I had survived so that I could speak out and help prevent others from becoming victims. Even if [the SAFE Act]† would not have saved my mother, I am living proof of how important it is that we do everything we can to keep guns out of the hands of domestic abusers. My ex had a history of being abusive. He had active domestic restraining orders at the time of the killing. [The SAFE Act] is the least we can do. The [legislation] will help keep guns out of the hands of people like him, abusers who already are not legally able to own guns.

This legislation is not intended to punish abusers; it is meant to protect victims and prevent the senseless loss of life. I believe many domestic abusers learn abusive behavior because they either witnessed or experienced abuse as a child. However, when domestic abusers have access to guns, the cycle of abuse and pain continues for generations. Since 2000, over 50 people in Wisconsin, including my mother, have been killed by domestic abusers who illegally possessed their guns. Domestic violence has caused me pain and heartache that I will have to confront for the rest of my life. My hope is that by speaking out I can transform that experience into something positive and help change the laws so that others don’t lose a parent or loved one.

† The SAFE (Stopping Abuse Fatalities through Enforcement) Act is one of three bills that was signed into law in April 2014. Courts are now required to verify that violent offenders surrender their firearms in accordance with a longstanding Wisconsin law. See next page to read more about recently enacted legislation.
One method that states and localities have turned to for identifying missed opportunities prior to a domestic violence homicide is a fatality review process. State statutes often govern the way in which fatality reviews take place and prescribe who must be a part of the process; in Wisconsin we have no such statute. A fatality review is different from a homicide report in that a homicide report looks more broadly at trends and themes in the homicide cases that have occurred on an annual basis, and provides some details on each case based on what is gathered from readily available public information. A fatality review goes much more in depth to consider the following for each fatality that occurs:

- What was the timeline of events leading up to the tragedy?
- What were possible red flags or risk markers in the relationship?
- Which agencies and community entities were involved?
- What was the degree of coordination and communication among the agencies and community entities?
- Is there anything that could have been done differently to improve the systemic and/or community response to the victim and/or the perpetrator?

After a series of fatality reviews, teams often analyze common themes or trends in the cases, and provide strategic recommendations for various systems and service providers that could help mitigate lethality risk in the future.

The National Domestic Violence Fatality Review Initiative (NDVFRI) is a technical assistance provider that can help fatality review teams get organized. The NDVFRI is directed by Dr. Neil Websdale, sociologist, author, and Professor of Criminology and Criminal Justice at Northern Arizona University. Websdale and his colleagues at the NDVFRI can assist fatality reviews to ensure their process is geared toward preventing domestic violence homicides, preserving the safety of battered women, and holding accountable both domestic violence perpetrators and the multiple agencies and organizations that come into contact with the parties prior to the fatality.

The NDVFRI website contains sample data collection tools, confidentiality agreements, expert videos, and other resources for organizing both statewide and local fatality reviews. It also has a listing of fatality review teams in the United States.

"The most tragic consequence of domestic violence is undoubtedly the death of one or both intimate partners, and in some cases, their children or family and friends of the victim. Intimate partner homicide is the final assertion of power and control in an abusive relationship and, paradoxically, an acknowledgment of the abuser’s loss of control."

The Greater Newburyport (Massachusetts) Domestic Violence High Risk Team

The Domestic Violence High Risk Team Network℠ (DVHRTN) is a division of the Jeanne Geiger Crisis Center, a leader in the effort to end domestic violence and care for victims. The Center, located in Newburyport Massachusetts, has received national recognition for the creation of the Domestic Violence High Risk Team Model℠ which addresses high-risk cases of lethality and has demonstrated success in reducing and preventing domestic violence homicides.

The Domestic Violence High Risk Team Model℠ (DVHRT) employs a multi-disciplinary team of core partners working in concert to increase victim safety by monitoring and containing offenders and providing comprehensive victim services. Offering an alternative to the traditional domestic violence shelter system, the DVHRT is an innovative approach which helps victims remain safely in their communities. [The] model holds offenders accountable, gives victims a safe, socially just alternative to shelters, and recognizes that domestic violence homicides are both predictable and preventable.

The program focuses equally on victim safety and services and offender accountability by using a three-pronged approach:

✔ Early identification of high risk offenders through risk assessment.
✔ Case-specific, multi-disciplinary response to high risk cases
✔ Coordinated and ongoing monitoring and containment of offenders.

[The] model is based on applied research of Dr. Jacquelyn C. Campbell, a leader in the study of intimate partner homicide (IPH). Dr. Campbell identified both risk and protective factors for IPH and demonstrated that the escalation of domestic violence to lethal levels follows predictable patterns.

Leveraging Campbell's research, [the team] created a risk assessment to help identify cases with the greatest likelihood of re-assault and/or lethal attack. The DVHRT then develops individualized intervention plans to interrupt the cycle of escalating violence and minimize the risk of further abuse. Monitoring offenders and sharing information across disciplines helps close the gaps in the system and ensure that the most dangerous cases are comprehensively and strategically addressed.

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Adapted from:
Adaptation of The High Risk Team Model to Individual Communities

(Excerpt) In large part, the High Risk Team Model (DVHRT) is so successful because it is tailored to the individual community in which it resides. Below are some crucial features for adaptation of the high risk team model:

**Community Assessment**

Before starting a high risk team, a community should conduct an assessment of readiness. One of the most important aspects is obtaining community buy-in, particularly from the leaders of the various partner agencies. As Kelly Dunne, Chief Operating Officer at the Jeanne Geiger Crisis Center, noted: “If you believe the message that the media often sends us about the intimate partner homicides – that the offender just snapped – then the high risk model will not make sense to you.” For this reason, community stakeholders must have a good understanding of the research on intimate partner homicides, which demonstrates that these homicides frequently follow what Dunne calls “predictable patterns with identifiable indicators. Just as homicide review teams look backward to identify what red flags were present and where the system may have failed, in the high risk model we identify cases that have the potential to escalate to lethal levels and design interventions in real time in order to de-escalate dangerous situations.”

**Build on your existing resources**

Of course, a high risk team may build off of existing CCR efforts. Dunne states, “by transforming existing resources into high risk teams, communities can make the leap from what can become a circular discussion of system improvements to actual strategies for intervention and change. Domestic violence cases exist on a continuum of severity and urgency. There is a difference between a person who exhibits one isolated incident of episodic violence and an offender who has a pattern of control and violence and strangles their partner repeatedly to unconsciousness.” The research has established patterns and indicators that often precede a lethal attack. Developing a response system that is geared towards identifying, documenting, and responding to these risk markers is critical for homicide prevention.

**Implementation**

In the DVHRT, information sharing takes the form of monthly meetings, at which the Team manages ongoing cases and takes on new cases. But communication extends beyond the meetings – the Newburyport team shares information via e-mail and telephone, particularly when an urgent case arises. Constant communication among team members ensures that cases are continuously monitored to enable prompt responses to any indications of danger. Many teams have an equal focus on offender accountability and victim safety. This focus enables us to move from a victim-blaming posture (of “why doesn’t she leave?”) toward meaningful accountability for the offender.

The Jeanne Geiger Crisis Center offers training and technical assistance to communities interested in creating a DVHRT. They are also available to consult for established domestic violence high risk teams that could benefit from troubleshooting problematic issues. The electronic version of the Domestic Violence High Risk Team Network’s manual, *Redefining Safety, High Risk Response Teams* can be purchased for $9.99.

View the complete article, The High Risk Team Model and GPS Offender Monitoring: Stopping DV in Its Tracks, HERE.
Visit the Jeanne Geiger Crisis Center homepage HERE.

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The Maryland Lethality Assessment Program (LAP) initiative is an innovative strategy to prevent domestic violence homicides and serious injuries. The LAP, based on the research of Dr. Jacquelyn Campbell, was created by the Maryland Network Against Domestic Violence (MNADV) in 2005. It provides an easy and effective method for law enforcement and other community professionals to identify victims who are at the highest risk of being seriously injured or killed by their intimate partners, and immediately connect them to the local domestic violence service program. The LAP intervention uses a standardized, evidence-based lethality assessment instrument and a referral protocol to help first responders make a differentiated response tailored uniquely to the unique circumstances of High-Danger victims.

**How does the LAP Work?**

The LAP is initiated when a trained officer arrives at the scene of a domestic call and assesses the victim’s situation. The officer asks the victim a series of eleven questions known as the Lethality Screen for First Responders. If the victim’s responses indicate an increased risk for homicide, the officer states he/she will place a phone call to the local 24-hour domestic violence hotline to seek advice, and encourages the victim to speak with the hotline advocate. Talking on the phone is always the victim’s decision.

The Lethality Screen is a field tool adapted from Dr. Jacquelyn Campbell’s Danger Assessment, a screening instrument used by counselors and clinicians to assess a victim’s risk of homicide or severe re-assault. To learn more about Dr. Campbell’s pioneering research in the field of intimate partner homicide, click [here](#).

**What other benefits has the LAP created?**

An important by-product of the LAP has been improved partnerships and collaboration among law enforcement officers and other community practitioners and advocates. New guidelines were created for hotline advocates who speak to High-Danger victims and special protocols have been developed for health care providers. LAP best practices now include follow-up telephone calls and team officer-advocate home visits to victims to provide support and encouragement to use program services, and the screening of victims in court prior to or following temporary protective order hearings.

**Training & Technical Assistance**

Under a cooperative agreement with the Office on Violence Against Women (OVW), MNADV provides free training and technical assistance to communities across the country regarding homicide prevention and violence against women. MNADV hosts quarterly webinars for interested domestic violence service providers and law enforcement. To learn more about the initiative, to attend one of the webinars, or to apply for technical assistance or training, contact Project Coordinator Abby Hannifan at ahannifan@mnadv.org.

**What is the basis for the LAP?**

Studies have shown that the support services of domestic violence programs can save lives and reduce re-assaults, yet programs continue to be under-utilized. There is a 60% reduction in risk of severe assault when victims utilize domestic violence services.  

Only 4% of abused victims had used a domestic violence hotline or shelter within the year prior to being killed by an intimate partner.  

In the year prior to the homicide, more than 44% of abusers were arrested, and almost one-third of victims contacted the police.

1 Campbell, Jacquelyn and Jill Messing. Interview by Maryland Network Against Domestic Violence, 2014  
3 Ibid
Recent Research Supports the Effectiveness of the LAP

(Adapted from the MNADV LAP October 2014 Newsletter)

For the past six years, Dr. Jacquelyn Campbell from Johns Hopkins University; Dr. Jill Messing from Arizona State University; and Dr. Janet Wilson from The University of Oklahoma, among others—have been conducting a study of the LAP’s effectiveness. While the questions on the Lethality Screen have always been evidence-based predictors of intimate partner homicide, the present study was designed to provide further support for the LAP process and protocol. The study involved several jurisdictions in Oklahoma. One group implemented the LAP and a second, control group did not. The study yielded several key findings:

- Participants in the LAP experienced less frequent and less severe violence than victims in the comparison group.
- The Lethality Screen correctly identified 93% of women who later experienced severe violence.
- Participants in the LAP engaged in protective actions (e.g., hiding their partner’s weapons, or accessing formal domestic violence services) more often than participants in the comparison group.
- Abusive partners of participants in the intervention group were more likely to “go someplace where they could not see the victim” (e.g., jail).
- Participants in the LAP were significantly more satisfied with the police response than the comparison group.

The results of the study designate the LAP as a “supported intervention,” according to the CDC’s Continuum of Evidence Effectiveness. The comprehensive results of the study can be viewed [here].

The Danger Assessment Study

The Danger Assessment study found that women who were threatened or assaulted with a gun were 20 times more likely than other women to be murdered. Women whose partners threatened them with murder were 15 times more likely than other women to be killed.\(^1\)

Top 5 Risk Factors for Homicide\(^2\)

- Threats or use of a weapon (20.2x)
- Threats to kill (14.9x)
- Strangulation (9.9x)
- Perpetrator violently & constantly jealous (9.2x)
- Forced Sex (7.6x)

2. Ibid.

WHAT’S YOUR MESSAGE?

The majority of battered women who leave their abusers are NOT killed.

We lack research about the long-term safety of battered women who stay versus those who leave. Eventually, those who leave should be safer, so we must be careful when talking to women about the risk of leaving.

We must continue to increase the safety of women leaving violent relationships, rather than convey the belief that some women can be safe only if they stay.
They Had No Choice

On November 5, 2012, Zoey Krueger, 22, was fatally shot by her boyfriend at a motel in Jefferson.

Carl Avery, 25, had been charged with trying to strangle Krueger less than a year before he killed her. Another woman had a restraining order against him, which made it illegal for him to have a gun.

Inquisitive and strong-willed, Krueger was a social butterfly who lit up a room, according to her mother, Teresa Coy. Krueger also didn't like to give up on people. If she saw something good in them, she was willing to stick with them for the long haul.

Krueger had been seeing Avery for just over a year. The morning of her death, she had realized enough was enough and tried to leave, her mother said.

Krueger was the second woman in her family to die in a domestic violence incident, her mother said. Coy's cousin, Barbara Heine, was fatally shot by her boyfriend in 1998.

"One shove can lead to your life being taken," Coy said. "It's unfair to the victims. Zoey. My cousin. They had no choice."

Wisconsin Legislation to Prevent Homicide

On April 16, 2014, Governor Walker signed three bills to improve the state’s response to domestic violence:

Firearms Surrender
The SAFE (Stopping Abuse Fatalities through Enforcement) Act requires courts to verify that violent offenders surrender their firearms in accordance with a longstanding law in Wisconsin.

Domestic Abuse Restraining Order Statutes Include Stalking
Assembly Bill 176 made changes to Wisconsin's restraining order statutes, including the addition of stalking to the definition of domestic abuse.

Law Enforcement Officers Refer Victims to Services
Senate Bill 160 ensures that after responding to a scene of a domestic violence incident, law enforcement officers refer victims to services.

Homicide Prevention in Wisconsin

Sara Krall

Annually from 2000-2010, End Domestic Abuse Wisconsin has published its Domestic Violence Homicide Report, highlighting characteristics from domestic violence-related homicides that occurred in the previous year. The Report, which draws primarily from publicly available information, attempts to construct the most accurate description possible of key events and circumstances related to each homicide. The 2010 edition of this report included both “A Call to Action” identifying five essential areas of change, and pointed out 11 “Key Themes” that have been uncovered since the Report’s inception.

As our understanding of factors that put victims of domestic violence at greater risk to be killed continues to grow, homicides are becoming more predictable, and therefore the potential to prevent these tragedies continues to increase. Starting in 2012, End Abuse sought to engage Coordinated Community Response (CCR) teams in a strategic effort to use the insights from our Homicide Reports as a catalyst for improving practices on a local level. CCR teams are multidisciplinary work groups that bring key players in various community systems together to improve their response to domestic violence victims and hold perpetrators accountable. It made sense to implement the Homicide Prevention Project through CCRs because, by their nature, CCR teams have an invaluable set of expertise and representation from many systems that both victims and perpetrators may encounter prior to the occurrence of lethal—or potentially lethal—domestic violence incidents. For the past 18 months, the Jefferson and Outagamie county CCR teams have been participating in a Homicide Prevention Project, taking advantage of opportunities to mitigate lethality risk based on larger scale studies of homicide risk factors, End Abuse homicide report findings, and themes and trends they have observed locally.

Each team was asked to select a key theme or themes from the 2010 Homicide Report, analyze how this theme plays out in their community, and come up with attainable and relevant goals to more effectively respond in cases where this theme or risk factor is present. Jefferson County decided to look more closely at how to provide more effective interventions in cases of stalking and strangulation. Together, the team developed a case review process and protocol that they have begun using in cases where stalking and/or strangulation have occurred. In addition to creating a greater safety net for victims of these crimes in Jefferson County, project participants have demonstrated a deeper level of collaboration and a greater sense of trust and respect for one another’s roles. Outagamie County began by taking a closer look at characteristics surrounding homicides that occurred in their community and identifying missed indicators of lethality in those cases. The team also re-visited the procedures that came out of their participation in the Wisconsin Department of Justice Firearms Surrender Pilot Project to ensure that the county is still adhering to the best practices from that project despite turnover of some personnel. Finally, Outagamie County’s project worked to refine their Red Flag List and DV Arrest Packet to include risk assessment questions and information about indicators of lethality.

Additional Wisconsin communities are joining Jefferson and Outagamie counties in taking steps to address potentially lethal domestic violence. The Lethality Assessment Program (LAP) in Milwaukee is one such effort. Milwaukee County submitted an application to the Maryland Network Against Domestic Violence to receive cost-free training and technical assistance for implementation of the LAP protocol (see details about LAP on pages 4 and 8). All of the law enforcement jurisdictions in the county along with the Milwaukee County District Attorney’s Office and Sojourner Family Peace Center have made a commitment to incorporate the LAP protocol by the beginning of March, 2015.
The Milwaukee Homicide Review Commission

The city of Milwaukee has a team that looks at homicides generally and domestic violence-related homicides specifically. Established in 2005, the Milwaukee Homicide Review Commission (MHRC) is a central component to the City of Milwaukee's violence prevention efforts. Drawing on public health and criminal justice approaches, it was designed to gain a better understanding of homicide through strategic problem analysis, to develop innovative and effective responses and prevention strategies, and to help focus available prevention and intervention resources. MHRC reports and newsletters can be viewed here.

Milwaukee County’s LAP

Milwaukee County has embarked on an exciting initiative to implement the Maryland Lethality Assessment Program (LAP) county-wide.

On September 30, 2014, End Abuse hosted a webinar in which the leaders of the Milwaukee County LAP project discussed how they got started with the process. The webinar recording can be found here.

On December 2 & 3, 2014, representatives from each law enforcement agency in Milwaukee County, as well as representatives from Sojourner Family Peace Center, the Milwaukee County’s District Attorney’s Office and others, came together to participate in a LAP “train-the-trainers” session, presented by the Maryland Network Against Domestic Violence (MNADV).

Topics included the research behind the development of the LAP; how to initiate the “Lethality Screen”; and how a referral to the domestic violence hotline would be different when a victim is screened in by law enforcement as “high-risk”.

Following the training, the attendees were tasked with going back to their respective organizations and training all of the staff who would be involved with implementing this protocol. Representatives from the media were present at the training to capture how the Lethality Assessment Program will create a greater safety net for victims of domestic violence in Milwaukee County. Click here to view a WISN news video.

“Even the most dedicated prosecutor cannot hope to succeed without the support of other justice system and community partners. When law enforcement officers conduct thorough investigations, prosecutors charge and win more cases. When medical care professionals treat victims’ injuries and keep documentation, prosecutors have tangible proof for juries. When advocates help victims to understand the criminal and civil justice systems, victims are more likely to participate in the prosecution. When judges hold offenders accountable through their words, actions and sentences it reinforces the message that domestic abuse is unacceptable. And when corrections agents and batterers’ treatment programs work together to provide abusers with the tools they need to change their learned behaviors, recidivism goes down and the whole community is safer.”

– Audrey K. Skwierawski, as quoted in the 2013 WI Domestic Violence Homicide Report

Ms. Skwierawski is an Assistant Attorney General with the Wisconsin Department of Justice and the Violence Against Women Resource Prosecutor for the department. She provides training and assistance to prosecutors across Wisconsin.
The assessment tools discussed in this issue of the Chronicles show promise for preventing homicide in many communities. For **lethality** or **risk assessments** to effectively address specific cultural groups, or family relationships other than intimate partner relationships, the question of which indicators and interventions are universal, and which may be age-, community-, and culture-specific, deserves careful scrutiny. Determining which risk factors may be unique to a specific community or population should be a key consideration when integrating an assessment tool. A few existing safety planning and danger assessment tools listed in Special Collection: Intimate Partner Homicide Prevention take steps toward addressing risks specific to victims from some marginalized populations, such as the risk of honor killing or risks specific to immigration status. One assessment tool was revised to predict danger in female same-sex relationships. Within the same collection, homicide data were available for several specific populations.

The following excerpt from the 2010 *WI Domestic Violence Homicide Report* notes the complexity of factors that ultimately influence who finds safety and who is at grave risk:

> While no one person is entirely immune from the possibility of abuse—particularly as it extends across the life span, for we all age—oppression, social standing and life circumstance have a great deal to do with the options for safety and the availability and impact of interventions. Identities are complex, multi-layered, and intersect in ways that can make people vulnerable to bias in different ways. Peoples’ unique cultures and identities can both strengthen and impede safety from abuse and violence—sometimes simultaneously—both on the level of individual experience and in the response of the institutions that they encounter. Forms of oppression related to identity—including gender identity, race, ethnicity, sexual orientation, ability, class—interrelate to create systemic social inequality that impacts the safety and well-being of individuals facing domestic violence, as well as entire groups of people and communities.

This attention to “intersectionality” offers a path to better understand the complexities of peoples’ lives, analyze social justice problems more completely, and shape more effective interventions. The term was “initially conceived as a way to present a simple reality that seemed to be hidden by conventional thinking about discrimination and exclusion. This simple reality is that disadvantage or exclusion can be based on the interaction of multiple factors rather than just one. Yet conventional approaches to social problems are often organized as though these risk factors are mutually exclusive and separable. As a consequence, many interventions and policies fail to capture the interactive effects of race, gender, sexuality, class, etc. and marginalize the needs of those who are multiply affected by them.”

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1. See Resources, page 16.
2. Honor killings are referenced in a 92–page report of project PROTECT, which was completed by Women Against Violence Europe (WAVE) in 2010. For a summary of the project and a link to the report, click here.
3. For a summary and link to the Danger Assessment for Immigrant Women (DA-I) click here, or copy and paste into your browser: www.vawnet.org/summary.php?doc_id=2792&find_type=web_sum_GC
4. Click here to view a summary and link to the Danger Assessment-Revised: For Use in Abusive Female Same-Sex Relationships (DA-R).
5. Click here to view a list and links to homicide data for specific populations, or copy and paste into your browser: www.vawnet.org/special-collections/DVHomicide.php#202
Resources

The list below includes publications, a recorded webinar, and websites of organizations featured in this issue of the Chronicles, and how to access each resource.

Organizations
Jeanne Geiger Crisis Center:  
www.jeannegeigercrisiscenter.org
Maryland Network Against Domestic Violence:  
http://mnadv.org/
Milwaukee Homicide Review Commission:  
http://city.milwaukee.gov/hrc
National Domestic Violence Fatality Review Initiative:  
www.ndvfri.org/
Praxis International:  
www.praxisinternational.org/

Recorded Webinar
Preventing Homicide: Milwaukee’s Lethality Assessment Program (Recorded 9/30/2014)  
End Domestic Abuse WI  
End Abuse hosted a webinar in which the leaders of the Milwaukee County LAP project discussed how they got started with the process. Presenters include Chief Tom Poellot, Cudahy Police Department; Peter Tempelis, Office of the Milwaukee County District Attorney; and Michelle Coppens, Sojourner Family Peace Center.  
http://endabusewi.org/content/resources/preventing-homicide-milwaukee%E2%80%99s-lethality-assessment-program-recorded-9302014

Publications
Conversations about Interpersonal Safety: Helping individuals create more safety for themselves and talk about events and situations that concern them  
Disability Rights WI, part of the Violence Against Women with Disabilities and Deaf Women Project  
Research indicates that women with disabilities are assaulted, raped, and abused at rates much higher than women without disabilities. This publication will guide conversation and invite thinking about social situations and issues of personal safety involving people who have difficulty with abstract language, learning and social interactions — many individuals with developmental and intellectual disabilities. It includes risk considerations, specific language and sample questions that could be used to talk about safety and harm directly with people with intellectual disabilities. (link at top of next column)


Domestic Violence Safety & Accountability Audit  
PRAXIS International  
The Safety Audit is tool used by interdisciplinary groups and domestic violence advocacy organizations to further their common goals of enhancing safety and ensuring accountability when intervening in cases involving intimate partner violence. Full report:  
Summary: www.vawnet.org/summary.php?doc_id=2699&find_type=web_sum_GC

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- Colleen Cox, End Abuse Education Coordinator & Editor of the Coalition Chronicles

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Click for More Resources
**Death by Domestic Violence: Preventing the Murders and Murder-Suicides** (book)
*Katherine van Wormer and Albert R. Roberts*
Today, in the US, over 1,000 women and over 300 men are killed annually by domestic violence. These figures used to be about 1,000 deaths for each gender; the domestic violence hot lines and women’s shelters are saving the lives of men predominantly. This is one of many paradoxes related to the crime of domestic homicide, which are explored in this book. (Originally published in 2009)

**The High Risk Team Model and GPS Offender Monitoring: Stopping DV in Its Tracks**
*Article in Domestic Violence Report Vol. 17, No. 3*
This article provides a description, background, and history of the Greater Newburyport, MA Domestic Violence High Risk Team Model.

During the first eight years of operations, the Greater Newburyport Domestic Violence High Risk Team identified and helped 129 victims living in extreme danger. Despite the high level of risk in these cases, there have been zero homicides in the communities participating in this project. The documented results in this report are not only encouraging, they indicate the emergence of a best practice in our struggle to prevent domestic violence homicides.

**53 in Wisconsin killed by domestic abusers with illegal gun since 2000**
*Gina Barton, Milwaukee Sentinel Journal*

**Maryland Lethality Assessment Program (What is LAP?)** (web page)
This page provides a basic overview of the Lethality Assessment Program (LAP), how it works, and the multiple benefits it has yielded in communities that have implemented it.

**Domestic Violence Homicide Reports**
*End Domestic Abuse WI*
Access the full list of reports, from 2000-2013, and related resources:
[www.endabusewi.org/ourwork/homicide-reports](http://www.endabusewi.org/ourwork/homicide-reports)

**Homicide Report Discussion Questions for CCR Teams**
Our Homicide Reports can serve as a valuable tool for CCR teams to begin discussions about lethality in domestic abuse cases. This is a discussion guide to accompany the 2013 report. Consider taking a copy of the report and discussion questions to your next CCR meeting!

**Domestic Violence Homicide Response Plan: A Tool Kit for Domestic Violence Programs**
The End Abuse Homicide Response Plan was developed by a workgroup comprised of Executive Directors from domestic violence and dual programs who came together as a result of experiencing and responding to domestic violence homicides in their own communities. Our objective with this document is to provide a framework for programs and their communities to develop a plan that will provide guidance in responding to a domestic violence homicide, whether the victim had been a client or not.
[www.endabusewi.org/content/resources/domestic-violence-homicide-response-plan](http://www.endabusewi.org/content/resources/domestic-violence-homicide-response-plan)
Special Collection: Intimate Partner Homicide Prevention

The National Online resource Center on Violence Against Women (VAWnet.org)

www.vawnet.org/special-collections/DVHomicide.php#302

This exhaustive collection includes several Tools & Strategies for Assessing Danger or Risk of Lethality. Each type of assessment listed below indicates the intended field for its use, whether the assessment is done from the perspective of the victim or offender, and whether it measures the risk of re-offense/reassault or lethality.

1. DANGER ASSESSMENT

The Danger Assessment tools below were all developed by, or in collaboration with, Dr. Jacquelyn Campbell. Each was developed for use within domestic violence advocacy or health care fields. Because the Danger Assessment was the basis for several projects highlighted in this Chronicles issue, we listed multiple tools in this category.

(Intended field: advocates & health professionals/perspective: victim/assesses: lethality risk & reassault)

- Danger Assessment
  For information about Jacquelyn C. Campbell’s Danger Assessment and on becoming certified go to: www.dangerassessment.org/
  There is a $125 fee to take the online course and $25 for the certification process.)

- Assessing Risk Factors for Intimate Partner Homicide
  (www.vawnet.org/summary.php?doc_id=2680&find_type=web_sum_GC)

- Danger Assessment-Revised: For Use in Abusive Female Same-Sex Relationships (DA-R)
  (www.vawnet.org/summary.php?doc_id=4305&find_type=web_sum_GC)

- Danger Assessment for Immigrant Women (DA-I)
  (www.vawnet.org/summary.php?doc_id=4417&find_type=web_sum_GC)

2. DVSI-R (Revised Domestic Violence Screening Instrument)

(Intended field: criminal justice/perspective: offender/assesses: re-offense or reassault)

3. MOSAIC (Method for Objectively Selecting Areas of Inquiry Consistently) Threat Assessment Systems;

(Intended field: criminal justice/perspective: victim/assesses: lethality risk)

4. ODARA (Ontario Domestic Assault Risk Assessment) & DVRAG (Domestic Violence Risk Appraisal Guide)

(Intended field: criminal justice & forensic clinicians/perspective: offender/assesses: re-offense & reassault)

5. SARA (Spousal Assault Risk Assessment) & B-SAFER

(Intended field: criminal justice/perspective: offender/assesses: re-offense & reassault)

6. DASH (Domestic Abuse, Stalking and Harassment and Honour Based Violence) & RIC (Risk Identification Checklist)

(Intended field: advocates & human service professionals/perspective: victim/assesses: lethality risk)
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THANK YOU!

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