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# Assessing Risk Markers in Intimate Partner Femicide and Severe Violence

## A New Assessment Instrument

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The aim of this study is to develop a scale to predict intimate partner femicide and severe violence. The sample consists of 1,081 batterer men who were reported to the police station. First, the most significant differences between the severe violence group ( $n = 269$ ) and the less severe violence group ( $n = 812$ ) in sociodemographic variables are determined. Both aggressors and victims of the severe violence group have a higher rate of immigration. Second, the proposed 20-item scale is derived from a larger 58-item scale, where only the most discriminative items between severe and nonsevere intimate partner violence are taken into account. Psychometric properties of reliability and validity are rather good. Cutoff scores have been proposed according to sensitivity and specificity. This easy-to-use tool appears to be suitable to the requirements of criminal justice professionals and is intended for use in safety planning. Implications of these results for further research are discussed.

**Keywords:** *severe intimate partner violence; femicide; assessment tool; risk assessment; safety planning*

Intimate partner violence (specifically, men's violence against women) is a very frequent event (it affects at least 3.6%-9.6% of women more than 18 years of age in Spain) that takes on different modalities (physical and psychological, sexual, or only psychological) and different levels of severity

(blows, bruises, severe injuries, and homicide) and likewise has different prognoses. Actually, 60 to 70 women are killed every year by their partners in Spain (Echeburúa & Fernández-Montalvo, 2007). Male batterers do not present symmetrical profiles: In some cases, they are affected by mental disorders such as addictions or psychotic disorders (Echeburúa, Fernández-Montalvo, & Amor, 2003); in others, by personality disorders such as psychopathy (Echeburúa & Fernández-Montalvo, 2007); in other cases (the most frequent), by cognitive distortions, lack of control over anger, deficits in communication skills and problem solving, low self-esteem, and pronounced machismo (Fernández-Montalvo, Echeburúa, & Amor, 2005); and finally, there are many perpetrators who are ordinary and relatively conventional guys, without mental disorders (Dobash, Dobash, Cavanagh, & Lewis, 2004).

Consequently, it is not a homogeneous phenomenon. Thus, for example, femicide or episodes of severe violence are dramatic but relatively infrequent events. In fact, less than 1% of battered women are severely injured or murdered by their intimate partners or ex-partners (Websdale, 1999).

That is to say, partner violence is a frequent phenomenon; however, severe partner violence is not so frequent. It is, therefore, important to determine whether there are some distinctive characteristics (i.e., stalking, forced sex, and prior domestic violence arrest) that differentiate them, as suggested by several studies (Campbell et al., 2003; Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Fernández-Montalvo et al., 2005). Likewise, if severe violence or homicide, when it occurs, is the last link in a chain of violent behaviors (Campbell, 1995; Stark & Flitcraft, 1996), it is important to determine the predictors of such severe behavior. This way, specific and individualized protection measures for the victims could be adopted the first time the violent situation is detected as a function of the degree of estimated risk. Judges, the police, social workers, or offices that attend the victims could make decisions about protection, of more or less intensity, on the basis of empirical data and not merely using intuitive criteria (Heilbrun, 1997; Litwack & Schlesinger, 1999).

In this sense, it is important to have instruments that allow one to assess danger in the setting of intimate partner violence, especially because many

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**Table 1**  
**Principal Risk Assessment Instruments**  
**in Intimate Partner Violence**

Authors	Instrument	Items
Campbell, 1995	Danger Assessment Tool (DA)	20
Kerry, 1998	Femicide Scale	
Kropp, Hart, Webster, and Eaves, 1999, 2000	Spousal Assault Risk Appraisal Guide (SARA)	20
Kropp and Hart, 2004	Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)	10

women are not aware of the risk they run (Heckert & Gondolf, 2004). Violence risk assessment instruments do not assess psychological constructs with precise psychometric properties but instead are oriented toward decision making (Campbell, Sharps, & Glass, 2000; Dutton & Kropp, 2000; Kropp, 2004). Predicting risk of intimate partner violence and calculating intimate danger, even with the problems involved, facilitates awareness of the problem and searching for solutions both in the victim and in the people who are in charge in the police force or in the judicial or social institutions (Douglas & Kropp, 2002; Trone, 1999). A list of the main instruments described to date is presented in Table 1.

Based on data of domestic homicides, the first scale developed was the Danger Assessment (Campbell, 1995), and its goal was not only to assess the risk of homicide in battered women but also to predict future violence. The limitation of this instrument is that the information is provided exclusively by the victims. Another instrument developed later was the Femicide Scale (Kerry, 1998) based on information from men who killed their partners, and its goal was to identify the characteristics of the homicides including type of violence and attitudes toward women. The limitation of this scale is that it takes into account only the most extreme type of violence (the murder of the victim).

The Spousal Assault Risk Assessment (SARA; Kropp, Hart, Webster, & Eaves, 1999, 2000) is a 20-item scale that uses empirically established risk markers that are related to the aggressors' criminal history, social functioning, and mental health. Its goal is to facilitate professionals' decision making in regard to partner violence. The information is provided by different sources (victim, aggressor, police files, clinical record, etc.). The Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) is a simplified version of the SARA, developed by the same authors (Kropp & Hart, 2004). It was created mainly for use by the police and judges and

therefore omits the assessment of mental health (mental and personality disorders). Some limitations of these scales, more focused on the marriage relationship than on the couple relationship, are that they do not assess the relationship status and that, being not self-reported scales, they are prone to disagreement among observers.

The scale proposed in our research differs from the SARA and the B-SAFER in that it focuses on the prediction of the risk of both homicide and severe violence (not just violence), it is not limited to the risk of aggression directed at the wife, and it is the first tool adapted to the cultural situation of Europe because the most relevant instruments come from North America (where, for example, the use of weapons and the family context are somehow different).

The purpose of this article is to determine the characteristics of severe intimate partner violence against women and to predict the victims' risk for lethal or severe violence. It is not a scale aimed at creating a psychological construct but at the process of decision making within a specific context. Thus, going beyond intuitive criteria, it helps nonclinical professionals (judges, members of the police force, forensic psychologists, social workers, etc.) in police, judicial, or social service settings to adopt protection measures for the victims just when the first charges take place, which are appropriate to their specific needs and based on empirical criteria.

## Method

### Participants

The sample of this study was made up of 1,081 male batterers, distributed in two groups: an experimental group of severe cases ( $n = 269$ ) and a control group of less severe cases ( $n = 812$ ). The individuals studied proceeded from the charges registered in the Basque Country (Spain) between October 2005 and August 2006.

The experimental group comprised 269 individuals who committed a homicide or severe violent acts against their female partner or ex-partner. The sample of this group was selected according to one or several of the following criteria: (a) having committed or attempted to commit homicide against their partner; (b) having used weapons or dangerous objects against their partner; or (c) having caused severe or repeated injuries that had required not only professional first aid but also hospitalization or continued medical assistance.

In contrast, the control group comprised 812 individuals who had committed nonsevere violence against their female partner or ex-partner. The sample of this group comprised men who were reported for this offense and did not comply with any of the above-mentioned criteria for the experimental group.

## Assessment Instrument

In the first phase, the risk prediction scale was elaborated from the components that seem to be more closely related to severe partner violence, based on the authors' clinical experience and the review of previous studies in the literature. In the second phase, the instrument was enriched by the suggestions made by officers of the Police Force, based on their knowledge and professional experience. The initial scale had 58 items (see Echeburúa, Fernández-Montalvo, & Corral, 2008). Finally, the assessment tool was refined and simplified on the basis of the results obtained in this research, to propose a brief, easy-to-use scale that is practical for use by the police, social workers, forensic psychologists, and judges in their decision-making process.

Therefore, the assessment tool that was finally proposed has only 20 items that were selected because of their higher capacity to predict severe violence. The items were grouped into five sections (personal data, couple relationship status, type of violence, male batterer's profile, and victim's vulnerability), of which two sections (type of violence and batterer's profile) take up the majority of the items because of their higher predictive capacity. The proposed scale is presented in the appendix.

## Procedure

All the participants were interviewed by members of the police just at the time when the victims brought the charges. The police assigned the partner aggressors to both groups by interviewing perpetrators and victims and taking into account the crime scene. Once all the questionnaires had been completed, comparative analyses between the two groups were carried out to calculate the capacity of each item to differentiate between severe and nonsevere aggressors. The 20 items that make up the questionnaire were thus obtained. The final items are those that presented a higher capacity to differentiate between the two groups.

The analyses were carried out with the SPSS computer program (version 13.0 for Windows). Descriptive statistical analyses were conducted to determine sample characteristics (percentages, means, and standard deviations). Likewise, the groups were compared by means of the chi-square test in the case of categorical variables, and student's *t* in the case of quantitative variables.

## Results

### Sample Profile

With regard to the severity of the charges, the number of cases of severe violence ( $n = 269$ ) comprises 25% of the sample, and the cases of nonsevere violence ( $n = 812$ ) make up 75% of the total sample.

With regard to the demographic profile, there are some differences between the groups. Nationality is the most significant aspect. Thus, as shown in Table 2, foreign immigrant perpetrators, especially Latin Americans and Africans, committed more frequently (35.7%) severe offenses than nonsevere offenses (25.9%;  $\chi^2 = 8.9$ ;  $p < .01$ ).

### Reliability of the Instrument

The internal consistency index, obtained by Cronbach's alpha in the total sample of participants (severe and nonsevere aggressors,  $N = 1,081$ ), is .71. The partial coefficients are .69 in the subsample of severe perpetrators and .66 in the nonsevere aggressors subsample.

### Validity of the Instrument

First, we attempted to determine whether the scale was valid to globally differentiate severe perpetrators from nonsevere ones. Thus, the severe aggressors ( $M = 9.2$ ,  $SD = 3.6$ ) scored significantly higher than the less severe ones ( $M = 6.3$ ,  $SD = 3.2$ ) in the total score of the assessment tool. These differences were statistically significant ( $t = 12.4$ ,  $p < .001$ ).

Second, the discriminative capacity of each of the items that make up the instrument was determined. The results are presented in Table 3.

As can be observed, this scale differentiates adequately between severe and nonsevere perpetrators, and it does so both in the global score and in each one of the proposed items. Moreover, there are five items that are particularly significant, as the two groups present a difference of more than 19.5 points in them ( $d$  index): Items 8 (weapons), 9 (intentional injuries), 11 (jealousy), 17 (justification of violence), and 18 (danger of death).

### Diagnostic Efficacy of the Assessment Tool

To establish the diagnostic efficacy of the scale, several cutoff scores were tested (Table 4). We wanted to find the cutoff score that would combine the sensitivity and specificity of the instrument most effectively.

**Table 2**  
**Profile Comparison of Male Batterers Studied**

Variables	Severe Cases ( <i>n</i> = 269) <i>M</i> ( <i>SD</i> )	Nonsevere Cases ( <i>n</i> = 812) <i>M</i> ( <i>SD</i> )	<i>t</i>
Mean age of aggressor	37.3 (10.4)	38.2 (11.2)	1.1
	<i>n</i> (%)	<i>n</i> (%)	$\chi^2$
Age groups ( <i>N</i> = 1,067)	( <i>n</i> = 266)	( <i>n</i> = 801)	
17-20 years	7 (2.6)	18 (2.2)	
21-30 years	58 (21.8)	189 (23.5)	
31-40 years	114 (42.8)	284 (35.4)	5.85
41-50 years	58 (21.8)	202 (25.2)	
51-60 years	22 (8.2)	74 (9.2)	
Over 60 years	7 (2.6)	34 (4.2)	
Nationality ( <i>N</i> = 1,078)	( <i>n</i> = 269)	( <i>n</i> = 809)	
Spanish	173 (64.3)	599 (74.1)	
Latin American	45 (16.7)	112 (13.8)	
African	29 (10.7)	51 (6.3)	13.5*
European	19 (7.1)	43 (5.3)	
Asian	2 (0.7)	4 (0.5)	
United States	1 (0.3)	0	
Profession ( <i>N</i> = 991)	( <i>n</i> = 252)	( <i>n</i> = 739)	
No professional activity	78 (30.9)	222 (30.1)	
Unqualified laborer	101 (40.1)	274 (37.1)	
Qualified laborer	55 (21.8)	180 (24.4)	1.5
Businessman	10 (3.9)	33 (4.5)	
Liberal profession	7 (2.8)	26 (3.5)	
Professor	1 (0.4)	4 (0.5)	
Cultural level ( <i>N</i> = 886)	( <i>n</i> = 222)	( <i>n</i> = 664)	
Without primary education	45 (20.3)	111 (16.7)	
Primary education	116 (52.3)	316 (47.5)	
Secondary education	30 (13.5)	121 (18.2)	8.4
Professional training	28 (12.6)	113 (16.9)	
University education	3 (1.4)	3 (0.5)	
Socioeconomic level ( <i>N</i> = 987)	( <i>n</i> = 247)	( <i>n</i> = 740)	
Low	154 (62.3)	428 (57.8)	
Medium	83 (33.6)	285 (38.5)	1.91
High	10 (4.1)	27 (3.6)	

\**p* < .05.

From this viewpoint, after testing all the possible cutoff scores, a calculation of three levels of severe violence risk was established: *low* (0-4), *moderate* (5-9), and *high* (10-20). These cutoff scores were selected as a function of the higher or lower risk of committing severe violent behaviors against

**Table 3**  
**Rate of Affirmative Responses in the Scale Items**

Variables	Total Sample ( <i>N</i> = 1,081) <i>N</i> (%)	Severe Cases ( <i>n</i> = 269) <i>n</i> (%)	Nonsevere Cases ( <i>n</i> = 812) <i>n</i> (%)	$\chi^2$	<i>d</i>
Immigrant	381 (35.2)	113 (42)	268 (33)	6.7**	9.0
Separation	458 (42.4)	130 (48.3)	328 (40.4)	4.8*	7.9
Harassment	373 (34.5)	110 (40.9)	263 (32.4)	6.1*	8.5
Physical violence	812 (75.1)	235 (87.4)	577 (75.1)	27.8***	12.1
Physical violence in front of relatives	385 (35.6)	127 (47.2)	258 (31.8)	20.3***	15.4
Increased violence	430 (39.8)	10 (52)	290 (35.7)	21.8***	16.3
Severe threats	421 (38.9)	131 (48.7)	290 (35.7)	13.7***	13.0
Weapons	254 (23.5)	112 (41.6)	142 (17.5)	64.2***	24.1
Intentional injuries	255 (23.6)	123 (45.7)	132 (16.3)	95.7***	29.4
Sexual aggression	125 (11.6)	55 (20.4)	70 (8.6)	26.4***	11.8
Jealousy	660 (61.1)	206 (76.6)	454 (55.9)	35.4***	20.7
Previous violence (partner)	191 (17.7)	59 (21.9)	132 (16.3)	4.1*	5.6
Previous violence (others)	349 (32.3)	110 (40.9)	239 (29.4)	11.6***	11.5
Alcohol/drugs	609 (56.3)	186 (69.1)	423 (52.1)	23.1***	17.0
Mental illness	288 (26.6)	87 (32.3)	201 (24.8)	5.5*	7.5
Cruel behaviors	342 (31.6)	123 (45.7)	219 (27)	31.9***	18.7
Justification of violence	404 (37.4)	140 (52)	264 (32.5)	32.1***	19.5
Danger of death	224 (20.7)	100 (37.2)	124 (15.3)	57.6***	21.9
To forgive the aggressor	439 (40.6)	129 (48)	310 (38.2)	7.6**	9.8
Victim's vulnerability	218 (20.2)	66 (24.5)	152 (18.7%)	3.9*	5.8

\**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

the partner in the near future (Table 5). Thus, for example, a total score of 10, considered high risk, includes 48% of the severe batterers, which means that one half obtains lower scores, and only 18% of the less severe batterers obtain this score (false positives). If a stricter cutoff score had been chosen (e.g., 12), this would comprise 29% of the severe cases, and there would be a much lower number of false positives (6%), but at the cost of leaving out many severe batterers (71%; false negatives). In contrast, if a lower cutoff score had been chosen (8 or 9), it would include not only a higher number of severe batterers but also a large number of nonsevere cases (false positives), which would limit the predictive capacity of the instrument.

**Table 4**  
**Sensitivity, Specificity, and Diagnostic Efficacy**  
**With Different Cutoff Scores**

Cutoff Scores	Sensitivity (%)	Specificity (%)	Diagnostic Efficacy (%)
0	100	0	24.9
1	99.63	1.11	25.6
2	99.26	4.80	28.3
3	97.77	11.08	32.7
4	95.54	19.95	38.8
5	88.48	33.13	46.9
6	83.27	45.32	54.8
7	73.98	55.42	60.0
8	65.80	65.64	65.7
9	57.25	74.38	70.3
10	47.96	81.40	73.1
11	36.80	87.68	75.0
12	29.37	93.60	77.6
13	21.19	96.06	77.4
14	13.75	98.40	77.3
15	7.06	99.51	76.5
16	2.60	100	75.8
17	1.49	100	75.5
18	0.74	100	75.3

Therefore, the proposed cutoff scores represent a reasonable equilibrium between the need to adequately detect the severe batterers and the suitability of not extending this label to an unnecessarily high number of men who have behaved violently against their partner, and those who, even though they committed an offense, present a moderate or a low risk of carrying out severe behaviors that can place their partner's life at risk.

## Discussion

The distinction between severe and nonsevere intimate partner violence may be relevant. It is not easy to establish the distinction between lethal and serious violence with nonserious violence, but we opted for defining them in operational terms. Intimate partner femicide and severe violence are infrequent compared to general intimate partner violence (Echeburúa et al., 2008; Websdale, 1999). In Spain, about 60 to 70 women are killed every

**Table 5**  
**Diagnostic Efficacy of the Scale (Cutoff Score = 10)**

Diagnostic Groups	Groups Predicted by the Discriminant Function		
	Severe	Nonsevere	Total
Severe cases	129	140	269
Nonsevere cases	151	661	812

$$\text{Sensitivity} = \frac{\text{True positives}}{\text{Total severe cases}} \times 100 = \frac{129}{269} \times 100 = 47.9\%$$

$$\text{Specificity} = 100 - \frac{\text{False positives}}{\text{Total nonsevere cases}} \times 100 = 100 - \frac{151}{812} \times 100 = 81.4\%$$

$$\text{Diagnostic efficacy} = \frac{\text{Total correctly classified}}{\text{Global total}} \times 100 = \frac{790}{1,081} \times 100 = 73.1\%$$

year by their partners, but about 50,000 battered women go to court to make a claim for their situation.

The scale proposed to predict severe violence risk against a partner seems effective (with satisfactory psychometric properties) and efficient (short and easy to apply) for the goal sought: to adopt ad hoc protection orders for each victim as a function of the risk assessment of new and more severe aggressions. This scale can be easily applied by personnel from the police, judicial, or social service settings, provided that they are sufficiently trained in its administration.

In any case, the proposal of this instrument, with the established cutoff scores, is associated with the establishment of a level of probability of risk and prediction of the future in an extraordinarily complex topic (intimate partner violence). Therefore, being a not self-reported scale, it has added value provided that the interviewers are well trained, the scale is completed by two or more people (achieving interrater reliability), it is reassessed 24 to 72 hr later (taking into account the new data), and it is contrasted with other sources of information: victim, neighbors, antecedents, police statement, and so on (Weisz, Tolman, & Saunders, 2000).

In this sense, the scale is only a photograph of a situation at a specific moment and should be completed with all the available data from the reality. Thus, it is advisable to apply the scale again when there are new charges, when considerable time has elapsed (the value of the prediction

gets weaker with the passing of time since the assessment), or when the circumstances with regard to the initial assessment have changed. Thus, the evolution of the case allows one to make the appropriate decisions at each moment (McFarlane, Campbell, & Watson, 2002).

There are some scale items that should receive special attention because of their higher discriminative capacity. We refer specifically to the items that denote the clear intentionality of causing severe injury (Item 8) or those that indicate the use of threatening with dangerous objects (Item 9), as well as the items that reflect the existence of intense jealousy or controlling behaviors (Item 11) or the justification of the violent behavior carried out (Item 17). The victim's perception of being in danger of death in the past few weeks (Item 18) also has great predictive capacity (Heckert & Gondolf, 2004). Only some of these items, such as those referring to extreme jealousy or the use of weapons or dangerous objects, coincide with studies conducted in other contexts (Browne, Williams, & Dutton, 1999; Campbell et al., 2003; Grann & Wedin, 2002; Riggs, Caulfield, & Street, 2000; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001). The type of samples used and the different sociocultural family and couple relationship context may account for these discrepancies.

Three risk levels were established with this scale: *low* (0-4), *moderate* (5-9), and *high* (10-20). In case of doubt (e.g., when the scale shows a score of 9 bordering on high risk or when some of the above-mentioned items are present), it is advisable to apply higher ranking protection measures. In these cases, one goes beyond the strictly quantitative interpretation of the scale, but obviously, the victim protection is the first priority.

Finally, some comments on this research are appropriate. One of its positive characteristics is the large size of the sample as well as its representative nature in the setting of the Basque Country. However, the investigation has some limitations. First, it is a study of reported partner violence and not of partner violence in general. Second, the research is based on a scale filled out by several assessors who may have used different criteria about completing some of the items and the assignation of the reported subjects to one of the two groups. However, we tried to minimize this limitation by means of a training course to homogenize assessors' criteria, conducted by the investigators. In any case, despite these limitations, the data obtained allow us to empirically establish some risk markers of severe injuries and homicide in intimate partner violence.

## Appendix

### Severe Intimate Violence Partner Risk Prediction Scale (SIVIPAS)

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Name:

File:

Date:

Assessor:

**I. Personal data**

**Assessment  
(0 or 1)**

- 1. Male batterer or victim is an immigrant

**II. Couple relationship status**

**Assessment  
(0 or 1)**

- 2. Recently separated or in the process of separation
- 3. Recent harassment of victim or breaking the restraining orders

**III. Type of violence**

**Assessment  
(0 or 1)**

- 4. Existence of physical violence that can cause injuries
- 5. Physical violence in the presence of the children or other relatives
- 6. Increase in the frequency and severity of the violent incidents in the past month
- 7. Severe threats or threatening to kill in the past month
- 8. Threatening with dangerous objects or with weapons of any kind
- 9. Clear intention of causing severe or very severe injuries
- 10. Sexual aggressions in the couple relationship

**IV. Male batterer's profile**

**Assessment  
(0 or 1)**

- 11. Very intense jealousy or controlling behaviors toward partner
- 12. History of violent behaviors with previous partner
- 13. History of violent behaviors with other people (friends, work mates, etc.)
- 14. Abuse of alcohol and/or drugs
- 15. History of mental illness and dropping out of psychiatric or psychological treatments
- 16. Cruel, disparaging behaviors directed at the victim and lack of remorse
- 17. Justification of violent behavior due to aggressor's own state (alcohol, drugs, stress) or to victim's provocation

**V. Victim's vulnerability**

**Assessment  
(0 or 1)**

- 18. Victim's perception of danger of death in the past month
- 19. Attempts to drop charges or going back on the decision to leave or report the aggressor to the police
- 20. Victim's vulnerability because of illness, solitude, or dependence

**Severe violence risk assessment**



Low (0-4)



Moderate (5-9)



High (10-20)

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