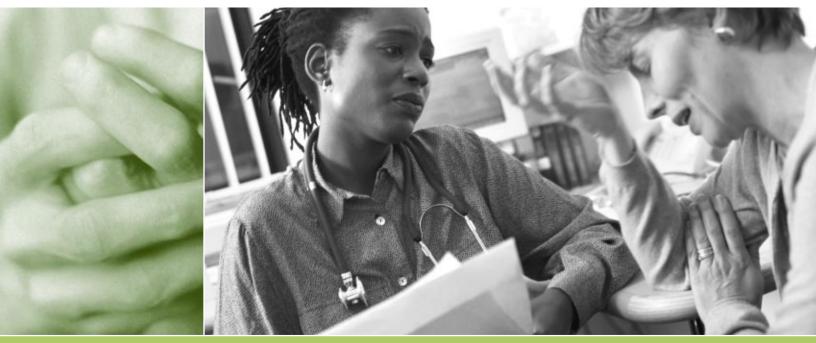
Based on several factors that signal the potential deaths or life-threatening injuries of abused women, a study helps nurses, police officers, and other service providers to lower the risk of abuse for these victims.



How Can Practitioners Help an Abused Woman Lower Her Risk of Death?

by Carolyn Rebecca Block

About the Author

Carolyn Rebecca Block, Ph.D., is a senior research analyst at the Illinois Criminal Justice Information Authority. She is the principal investigator of the Chicago Women's Health Risk Study, a collaborative study of lethal and nonlethal intimate partner violence. This report is based on the work of over 35 collaborating individuals, representing numerous participating agencies. Contact her at 120 South Riverside Plaza, Chicago, IL 60606, 312–793–8550, bblock@icjia.state.il.us.

NIJ

hen nurses, police officers, and other service providers talk with an abused woman, what should they say or do to lower the risk of severe or possibly fatal violence? The Chicago Women's Health Risk Study identified several factors that signal potential danger of death or life-threatening injury.

Here are some of the study's key findings with implications for practitioners.

Past Violent Incidents

Finding. In the great majority of homicides, the woman had experienced violence at the hands of her partner in the past year. Also, most of the abused women had experienced other incidents in the past. But three particular aspects of past violence are the highest risk factors for future violence: (1) the type of past violence; (2) the number of days since the last incident; and (3) the frequency, or increasing frequency, of violence in the past.

Implication. Practitioners should talk with women about the nature of the violence she has experienced—when it happened, how frequently it happened, and the kind of violence.

Finding. For a substantial minority of women, about one in five, the fatal or life-threatening incident was the first physical violence they had experienced from their partner. These women have different risk factors for serious injury or death: (1) her partner's controlling behavior or jealousy; (2) her partner's drug use; and (3) her partner's violence outside the home.

Implication. Even the first incident could be fatal. Practitioners need to be aware of the risk factors for women who have not yet experienced physical violence.

 Finding. Her partner's extreme jealousy was the precipitating factor in 40 percent of the murders of a woman by a man in which there was no prior violence.

Implication. Extreme jealousy exhibited by an intimate partner is a risk factor for

possible fatal violence, even if there has been no previous violent incident.

Timing of Past Violence

 Finding. No matter how severe the most recent incident of abuse, if it happened recently the woman faces a higher risk. The number of days since the last act of violence was an important risk factor. Half the women killed, and three-fourths of the women who killed, had experienced violence within 30 days of the homicide, some within 1 or 2 days.

Implication. Recent abuse by her intimate partner, regardless of the severity of the incident, increases the risk of the woman being killed, or of killing her abusive partner.

Finding. Frequency of violence was also an important risk factor. The violence against them was becoming increasingly frequent for almost three-fourths of women who murdered their abusive partners and for over two-fifths of the murdered women.

Implication. Increasingly frequent episodes of violence by an intimate partner pose a high risk of deadly violence to the victim as well as to the abusive partner.

Type and Severity of Violence

Finding. Almost half of the abused women in the study had experienced at least one "severe or life threatening" incident in the past year (permanent injury, being severely "beaten up," being choked or burned, internal injury, head injury, broken bones, or a threat or attack with a weapon). These women were more likely to have sought help. The abused women who were killed, and especially those abused women who killed their partners, were much more likely to have sought help, compared to severely abused women not involved in homicide.

Implication. Helping professionals should be aware that, by seeking help, an abused woman indicates that her situation could be serious. Increasingly frequent episodes of violence by an intimate partner pose a high risk of deadly violence to the victim as well as to the abusive partner.

METHODOLOGY

The researchers screened more than 2,500 Chicago women during 1995–1996 who came to a hospital or health care clinic in areas where the risk for intimate partner violence was high. The brief screening included three short questions about current violence, current sexual abuse, and fear of going home. The researchers interviewed almost 500 women aged 18 or older who were in a relationship and answered "yes" to at least one of the screening questions. A third of those in a relationship who answered "no" to all three questions were also interviewed.

In addition, the researchers reviewed case files of all 87 intimate partner homicides in Chicago in 1995 and 1996 with a woman victim or a woman offender. The researchers also interviewed friends, family, and others who knew the female offenders and victims. They were asked the same questions the clinic women were asked. In addition, the researchers examined the Chicago Homicide Dataset,¹ medical examiner's office and court records, newspapers, and other sources.

Finding. Any past attempt to strangle or choke her is a risk factor for severe or fatal violence. In a fourth of the homicides of a woman by a man, he strangled or smothered her to death. Violent incidents involving choking were more likely to prove fatal.

Implication. Practitioners should ask an abused woman if her partner has ever tried to choke her or grab her around the neck. Also, in incidents when someone may have been choked or strangled, responding officers should try to ensure that the person receives a medical evaluation of her condition.

The Woman's Response to the Violence

Finding. Most women try to leave an abusive relationship. Three-fourths of homicide victims and 85 percent of women who had experienced severe but nonfatal violence had left or tried to leave in the past year.

Implication. The answer to the common question, "Why doesn't she leave?" is that women do leave or try to leave.

Finding. Leaving can end the violence. When it does not, however, the continuing violence may become more severe than for women who never tried to leave. Her attempt to leave was the precipitating factor in 45 percent of the murders of a woman by a man.

Implication. Practitioners should not only provide support and practical advice for women thinking of leaving an abusive relationship, but should also discuss her risks if she leaves and how best to minimize those risks.

Finding. Almost every abused woman in the study had sought some help after a violent incident, either informal help (talking to someone) or formal help (medical, counseling, contacting the police). However, some abused women did not seek help from any source. A fifth of Latina/Hispanic women reporting a severe or lifethreatening incident did not seek any help, formal or informal.

Implication. Helping agencies and practitioners need to find ways to ensure that abused Latina/Hispanic women have culturally accessible and supportive resources available to them.

^{1.} The Chicago Homicide Dataset, maintained by the Illinois Criminal Justice Information Authority (ICJIA), contains information on all homicides in Chicago since 1965. ICJIA is currently updating the data through 2000 with the help of the Chicago Police Department.

NIJ

 Finding. Women in the study were much more likely to seek medical help or contact the police than to seek counseling or go to a service agency.

Implication. This suggests that medical workers and police officers can play important roles in linking abused women to counseling and other community services.

Women Perpetrators

 Finding. Abused women who killed their partners differed strongly from all other abused women. They (1) had experienced more severe and increasing violence; (2) had fewer resources (such as employment or education); and (3) were in more traditional relationships (were married, had children, had longer relationships).

Implication. Some women who feel trapped in an increasingly abusive relationship, with few resources, may resort to violence. It is important to find ways to intervene successfully in these situations.

Finding. Abused women who killed their partners were much more likely to have called the police after a violent incident against them, compared to any other group of women.

Implication. Helping professionals must be certain not to miss the opportunity to intervene when an abused woman reports the abuse.

 Finding. Women abused by women intimate partners contacted the police much less frequently than women abused by men, but they were more likely to seek medical care or talk to a counselor.

Implication. Medical workers, counselors, and police officers can work together to improve the responsiveness and coordination of services for women abused by a female partner.

NCJ 196545

Women in the study were much more likely to seek medical help or contact the police than to seek counseling or go to a service agency. This suggests that medical workers and police officers can play important roles in linking abused women to counseling and other community services.

For More Information

- See the Illinois Criminal Justice Information Authority Web site at http://www.icjia. state.il.us/public/index.cfm and the National Archive of Criminal Justice Data at http://www.icpsr.umich.edu/ NACJD/index.html.
- Block, Carolyn Rebecca, and Christine Ovcharchyn Devitt, *Chicago Women's Health Risk Study At A Glance*, Research Brief, Chicago: Illinois Criminal Justice Information Authority, June 2000 (NCJ 187781).
- Block, Carolyn Rebecca, Chicago Women's Health Risk Study, Risk of Serious Injury or Death in Intimate Violence: A Collaborative Research Project, Washington, DC: U.S.
 Department of Justice, National Institute of Justice, 2000 (NCJ 184511).
- Block, Carolyn Rebecca, Christine Ovcharchyn Devitt, Judith M. McFarlane, and Gail Rayford Walker, "Beyond Public Records Databases: Field Strategies for Locating and Interviewing Proxy Respondents in Homicide Research," *Homicide Studies* 3 (1999): 349–366.
- Block, Carolyn Rebecca, Barbara Engel, Sara M. Naureckas, and Kim A. Riordan, "The Chicago Women's Health Risk Study: Lessons in Collaboration," *Violence Against Women* 5 (1999): 1158–1177.
- Block, Carolyn Rebecca, Barbara Engel, Sara M. Naureckas, and Kim A. Riordan, "Collaboration in the Chicago Women's Health Risk Study," *Research Brief* 1(1) (June 1999): 1–4 (NCJ 180332).
- Donoghue, Edmund R., "Domestic Violence: Predicting Fatal Outcomes," Chicago Medicine 104 (2001): 4–5.

7