

Nursing assessment for risk of homicide with battered women

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[Explanation notation]The Danger Assessment is a clinical and research instrument that has been designed to help battered women assess their danger of homicide. Completing the Danger Assessment with a nurse is conceptualized as a means of increasing the self-care agency of battered women, according to Orem's nursing conceptual framework.¹ The instrument was used in a study of 79 battered women. Results of this study, which give initial support for the reliability and validity of the Danger Assessment, are reported. The instrument is available from the author on request.

One of the universal self-care requisites from Orem's conceptual framework for nursing is the "prevention of hazards to human life, human functioning and human well-being."^{1(p91)} Within this framework, the substantial risk of battered women becoming victims or perpetrators of homicide is an important concern for nursing.^{2,3} From retrospective research, personal and interpersonal factors associated with subsequent homicide have been identified and a Danger Assessment developed for use with battered women.

The author recommends that this assessment for risk of homicide be part of the nursing assessments of battered women in all health care settings. The nurse and woman fill out and discuss the Danger Assessment together. The nurse makes no actual predictions, but he or she helps the

The research on which this article is based was funded in part by a grant from Sigma Theta Tau, Lambda Chapter, and the University of Rochester School of Nursing Alumni Association. ANS, 1986, 8(4), 36-51 © 1986 Aspen Publishers, Inc.

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woman determine how much danger of homicide she is in by giving information about how many of the risk factors are present in the woman's relationship. Within Orem's conceptual framework, this process can be considered an instance of enhancing the woman's self-care agency or her ability to take deliberate action to perform self-care.¹ Battered women have been observed, both in clinical settings and in research, to perform a variety of self-care behaviors (J.C. Humphreys, unpublished data, 1985).

The Danger Assessment has been used both clinically and in a research study with battered women. This article will describe the literature supporting the danger of homicide for battered women, the development of the assessment instrument, the results of the research using the instrument, and suggestions for future use and research.

Danger Of Homicide

Homicide and women

Almost 17% of the homicides in this country occur within the family; half of these occur between husband and wife/ An inherent problem in using the national Federal Bureau of Investigation statistics on homicide is their inclusion of women and men who are not married but are living together, are lovers, or are divorced or estranged lovers in a friend-acquaintance category. Nonetheless, these statistics still show that a woman is most likely to be killed at home and by her husband. As Jones, in her research on women who kill, interprets the statistics: "One

of every four murder victims is a woman. Nine out of ten murdered women are murdered by men. Four out of five are murdered at home. Almost three out of four are murdered by husbands or lovers. Almost none are killed by strangers.”⁵(p320-321)

Homicide is the 11th leading cause of death for all Americans.⁶ Using a statistic perhaps more meaningful than mortality, the index of potential years of life lost, homicide ranks fourth among all causes of death. For young (aged 15 to 34 years) minorities, both men and women, homicide is the number one cause of death by any measure. As with the overall statistics, black women who are killed are most likely to be killed by their husbands. Homicide is obviously a major health problem.

Approximately 1,000 women are killed by their husbands each year in the United States.⁶ Approximately the same number of men are killed by their wives, but this apparent equality is misleading. Self-defense is involved approximately seven times more frequently when women kill men than when men kill women.⁷ A concept similar to self-defense—victim precipitation—has been used in several analyses of homicide.^{8,9} Victim precipitation is considered to occur when the victim begins the homicidal incident by showing a weapon or striking a blow, whether or not the provocation is considered severe enough for the homicide to be ruled self-defense in court. The various studies are consistent in showing that victim precipitation occurs significantly more often when a man is killed by a woman than when a woman is killed by a man. Thus, when women kill, they are far more likely than men to be responding to, rather than initiating, violence.

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Homicide and battered women

The connection between battering women and committing homicide has also been explored in research. Gregory found that the majority of husbands who killed their wives in England and Wales during a ten-year span had previously assaulted them according to police records.¹⁰ In a study of 40 men who murdered their wives, 20 admitted to battering them before they killed them.¹¹ In Atlanta in 1972, 31% of the total homicides were categorized by the police as the result of "domestic quarrels."¹² "Domestic quarrels" is a euphemism used by police for wife abuse. In Dayton, Ohio, between 1975 and 1979, 64.3% of the women killed by a husband or lover or estranged husband or lover had previously been abused by him according to police reports.³

When men are killed by their wives, battering is also usually present; again, however, it is almost always the husband who is doing the battering. Forty percent of the women in the Chicago Women's Correctional Center in 1977 were serving time for killing a husband or lover who had repeatedly beaten them.¹³ The study conducted in Dayton found a history of abuse against the woman in 79.3% of the cases of a woman killing a man with whom she was having or had had an intimate relationship.³ In that study, of the 47 homicides involving men and women in intimate relationships, only two involved mutual violence between the partners, and none involved husband abuse.

There are very few studies that have looked closely at the factors present when battered women kill or are killed. The Dayton study³ is one. In another, Browne compared 42 battered women who had killed their abuser with a group of non-homicidal abused women.² The research

of Berk et al and Fagan et al demonstrated factors that are related to serious injury in battered women.^{14,15} These four studies, all retrospective, were used to identify the risk factors used in the Danger Assessment.

Development Of The Danger Assessment

Initial development

The Danger Assessment was discussed with battered women, shelter workers, law enforcement officials, and other experts on battering. Content validity of the instrument was supported by these experts. A pilot study of the Danger Assessment in its preliminary form was conducted with battered women in shelters. These women indicated that the process of completing the instrument and discussing it with the author enhanced their awareness of danger when present and gave them additional information on which to base their decisions about the future.

Research sample

As part of the author's doctoral dissertation research, the Danger Assessment was used with a total of 79 battered women. The sample was generated from newspaper

[Text Highlight inset] There are very few studies that have looked closely at the factors present when battered women kill or are killed.

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advertisements and bulletin board postings in two cities, geographically distant and demographically distinct. The advertisement asked for women who were having serious problems with a husband or lover in a relationship that had lasted at least one year and who wished to participate in a research study to call for an appointment. The women were paid \$10 for their participation.

The larger research design proposed a comparison of two groups of women, battered and not battered but having problems in an intimate relationship. The Conflict Tactics Scale was used to determine abuse.¹⁶ If, during the past year, the woman had been the victim of more than one of the instances of physical aggression cited on the CTS, or if she had been the victim of one or more of the instances of severe violence, she was considered a battered woman. As the data collection continued, it became apparent that fewer than half of the women responding were battered. As planned in the sampling proposal, this contingency was dealt with by posting the advertisement at the battered women's shelters in the two cities. The final sample included a total of 193 women, 96 nonabused and 97 abused. Twenty-four of the battered women were staying in one of the shelters at the time of the interview.

Sample exclusions

Of the 97 battered women, 18 did not complete the Danger Assessment. Five of the 18 women had been sexually abused more than once but had not been physically beaten; these were categorized as abused but were not asked to complete the Danger Assessment. Although these women may also have been at risk for homicide, the instrument is designed around physical abuse. At this time, not enough information is known about the connections between sexual abuse (separate from physical battering) and the risk of homicide to develop indicators of risk.

The Danger Assessment was presented at the end of the interview process, which in turn was conducted after the woman had been given a series of standardized instruments requiring approximately 30 to 60 minutes to complete. The interview lasted approximately 35 to 60 minutes, and the battered women's interviews were generally longer than those of the nonabused women. The Danger Assessment was presented to the battered women with the statement: "According to the answers you gave when I asked you about the ways you and your husband (boyfriend) solve conflicts between you, some experts would say you are a battered woman or abused wife. Do you think of yourself as battered or abused?"

This question was followed by two further questions concerning the woman's perception of abuse and then the following statement: I am concerned about the danger to battered women, because some battered women may eventually be killed by their husbands or may kill them. Since you have told me that there is quite a bit of physical violence in your relationship, I would like for you to do one thing before you go home. I would like to help you fill out this Danger Assessment (the Danger Assessment is shown) so that you will have an idea of how much danger you are in according to what has happened to other women. Would you be willing to fill out this form with me?

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If the woman answered no, she was given the phone number of the nearest shelter if she did not already have it and was thanked for her cooperation. Thirteen of the battered women declined to complete the Danger Assessment. They were not asked why they declined, but the majority spontaneously explained their reasons. About half said they did not wish to take the time to complete the assessment; several of these women had small children with them who were getting very restless. The remainder said they were positive there was no danger of homicide in their particular situation.

These 13 battered women were compared with the 79 battered women who did complete the Danger Assessment on the major demographic and other study variables. The only significant differences between the two groups were in the three measures of severity of battering. The women who declined to complete the Danger Assessment had experienced significantly ($P < .05$) less frequent and severe abuse and had incurred significantly fewer injuries than those who agreed to take the time to complete the instrument. Thus, the women who apparently were in the greatest danger of homicide were the most interested in finding out more about their risk.

Support for reliability and validity

The reliability of the instrument was assessed by using the alpha coefficient. For the 79 women on which the instrument was used, the alpha was 0.71. The test-retest reliability could be assessed appropriately using a relatively short retest interval, but the retesting was beyond the scope of the major research project. This will be done in future research.

The criterion-related validity is impossible to determine in the concurrent sense, since there is no known instrument to assess the danger of homicide for battered women whose author has reported validity statistics. In the predictive sense, a longterm study of any eventual homicide against or by the women completing the assessment could be conducted. In fact, the author plans to do a follow-up study on the women initially interviewed and to monitor homicide records in both cities for the appearance of the names of the women in the study. However, the predictive validity of the instrument will never be known accurately, since conducting the assessment with

the woman is an intervention that may prevent eventual homicide in some cases.

The construct validity was assessed by predicting positive, moderate-to-strong correlations with the prevalence of conflict and severity-of-conflict tactics according to the Conflict Tactics Scale and the severity of injury using a scale adapted from Berk et al.¹⁴ The magnitude, significance, and direction of these correlations (Table 1) support construct validity of the instrument. Construct validity will be further assessed in the follow-up study mentioned above.

Danger Assessment Items And Research Results

There are 15 yes-no items on the revised Danger Assessment. The instrument is printed on two pages and includes directions for its administration. The assessment

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Table 1. Construct validity of Danger Assessment: evidence from correlations with related constructs

Construct	Correlation (r)	Probability (P)
Severity-weighted index*	0.55	0.000
Severity of worst injury ^f	0.50	0.000
Severity of violent tactic used against woman: }:	0.43	0.000

*Frequency of total conflict in the relationship weighted by severity of tactics used, modified from scoring directions provided by Straus.¹⁷

+interval scale of severity of worst injury to woman, adapted from Berk et al.¹⁴

++Interval scale of severity of violent tactic used against woman from Conflict Tactics Scale.¹⁶

can be completed by either a nurse or the woman herself. The total assessment takes approximately ten minutes to complete and the follow-up discussion with the nurse involves an average of five additional minutes. The follow-up discussion is considered essential. The woman can be advised of various options she may want to pursue based on the results of the Danger Assessment.

Because of the general agreement that spouse abuse involves mainly women as victims and men as perpetrators, the Danger Assessment assumes this gender configuration. However, mutual violence between partners is a reality in a small minority of cases of domestic violence, and abuse of husbands also occurs, though even more rarely. The Danger Assessment can be used in such situations with minor modifications in its directions and language. Since the research sample described above did not contain any women who admitted to abusing their husbands without some form of mutual violence, the category of husband abuse was not included in the results. However, there was one woman who was involved in an escalating mutually violent relationship. When it was suggested that she might wish to complete the Danger Assessment, the woman replied that it was not necessary, stating that she could already predict that either she or her partner would be dead within a year. This situation was discussed with the young woman, but she did not seem ready to take any action to deal with the problem at the time of the interview. She was also given possible referral sources.

The Danger Assessment is introduced with the following statement: "Several risk factors

have been associated with homicides (murders) of both batterers and battered women in research which has been conducted after the killings have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation.” The woman is then asked if she has any questions about the instrument.

In this section of the article, each item of the Danger Assessment will be presented, along with descriptive statistics from the

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research delineated above and a brief background from prior research on abuse of female partners. These results from the Danger Assessment are important in detailing the realities of battering of women.

Increased frequency and severity of battering

The first item asks the woman to use a calendar to mark each episode of battering during the last year. She is asked to indicate how long (in approximate minutes) the incident lasted and to rate each incident on the following scale:

1. slapping, pushing; no injuries and/or no lasting pain;
2. punching, kicking; bruises, cuts, and/ or continuing pain;
3. "beating up"; severe contusions, burns, broken bones;
4. threatening to use weapon; head injury, internal injury, permanent injury; and
5. using weapon; wound from weapon.

The scale is a combination of the severity of violent tactic used against the woman and the amount of injury inflicted on her, adapted from the Conflict Tactics Scale and an injury measure developed by Berk and his associates.¹⁴ Tactic and amount of injury are combined to make the process easier for the woman. She is asked to use the number of the scale that describes the worst injury or tactic that happened to her during that incident. If the woman is beaten as frequently as every week or more, she fills out the calendar for only the last six months. If the violence between the woman and man is mutual, the calendar can be used in a similar fashion. The client would be asked to rate the incident according to the worst injury or tactic, no matter who was the recipient of the violence.

Using a calendar to determine the pattern of violence seemed to heighten the women's awareness about their situations. Before filling out the calendar, many of the women in the sample appeared unsure of whether the violence had increased during the past year.

Orem describes self-care agency as: a set of human abilities for deliberate action: the ability to attend to specific things (this includes the ability to exclude other things) and to understand their characteristics and the meaning of the characteristics; the ability to apprehend the need to change or regulate the things observed; the ability to acquire knowledge of appropriate courses of action for regulation; the ability to decide what to do; and the ability to act to achieve change or regulation.^{1(p107)}

The woman's use of the calendar is conceptualized as a means of her understanding the characteristics of the battering, which, along with the rest of the Danger Assessment, will help her decide whether there is a need for change. The calendar also helps her to attend to one of the important aspects of battering and gives her a means to continue to appraise the situation. In the course of completing the calendar, the woman is told that she may want to continue to do this

informally at home. The majority of the women completing

[Text highlight box] Using a calendar to determine the pattern of violence seemed to heighten the women's awareness about their situations.

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the calendar indicated a resolve to monitor their situation this way in the future. If they carry through this resolve, the follow-up research will consider this evidence of increased self-care agency.

When the woman has completed the calendar, she is asked whether the violence has increased in frequency and severity during the last year. One of the best supported research findings in the area of abuse of female partners is that battering generally escalates in frequency and severity over time.¹⁸⁻²¹ However, the majority of research on battered women has been on women living in shelters, who may reflect a different pattern of battering than abused women in general.

For the sample of 79 women who completed the Danger Assessment, the results of this question can be seen in Table 2. Thirty-one (39.2%) of the women reported an expected increase in both severity and frequency, while an additional six (7.6%) indicated an increase in either severity or frequency. More than half of the sample (53.2%) indicated no increase or a decrease in severity and frequency. This surprising

Table 2. Results of item 1 on Danger Assessment: frequency and severity of abuse during prior year

Response	No. (%)
No increase*	42 (53.2)
Increase in either frequency or severity	6(7.6)
Increase in both frequency and severity	31 (39.2)
Total	79 (100.0)

*Of the 42 women whose pattern of abuse showed no increase, 18 (22.8% of the total) reported a pattern of marked decrease.

finding may be explained in terms of other research that suggests different categories of battering. Snyder and Fruchtman²² interpret their research as indicating distinct types of battering, not all of which followed the increasing severity and frequency pattern. Similarly, Neidig, Friedman and Collins²³ report two types of spouse abuse—instrumental and mutual combat—wherein only the former is characterized by an escalation in violence. The data will be further analyzed in the larger study to determine whether distinct types, some of which are more dangerous than others, can be identified.

The 18 (22.8%) women who reported a marked decrease in severity and frequency over the past year represent a subset of battered women who provide encouragement for the clinician and interest for the researcher. The majority of these women identified specific strategies that they

had implemented that resulted in this decrease. These strategies included calling the police, filing for a restraining order (order of protection), and leaving the batterer temporarily in order to instigate him to seek help. Implementing such strategies can be interpreted as self-care behavior and the strategies echo those employed by the women in Bowker's²⁴ research, who were able to end the battering in their lives. Okun describes the deliberate leaving and returning in his follow-up study of battered women living in a shelter as "a progressive process in which women exert increasing leverage upon their violent mates to change...."^{25(p403)} This kind of interpretation is in sharp contrast to that of researchers who label such behavior a means of maintaining system stability or a sign of passivity.²⁶

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The severity of injury and frequency of abuse were found to be predictive of homicide of the batterer in Browne's research.² Fagan, Stewart, and Hansen¹⁶ have reported that the frequency of violence was strongly related to the severity of injury to the woman. Escalation of battering appears to be a serious risk factor for homicide in abusive relationships.

Presence of firearms

Guns are the weapon used in the majority (64.8%) of homicides between family members.⁶ Their easy accessibility in this country has been linked with the high rates of homicide here in comparison with other nations. Research has suggested that "limiting the availability and access of guns to the population-at-large or certain high-risk subsets is most likely to reduce killings among spouses and young men."^{6(p33)}

Twenty-three (29.1%) of the women completing the Danger Assessment reported that there was a handgun in the house, and an additional seven women said there was a rifle or shotgun (Table 3). The overall reliability of the instrument was slightly increased by combining types of guns, so that the revised instrument now asks about guns in the generic sense rather than limiting the question to handguns.

Two of the women in this sample reported that there was a gun in the house but that they had disarmed it in some way. This is an example of self-care that has been encountered before clinically, and teaching this strategy has been suggested as a nursing intervention with battered women.²⁷ A third woman reported that there used to be a handgun in the house but that she had asked the police to impound the weapon. Again, self-care was illustrated in these women's behavior.

Sexual abuse

As presented in Table 3, 47, or 59.5%, of the battered women had been repeatedly sexually abused in the relationship and an additional 11, or 13.9%, had been raped by the batterer once. The information on sexual abuse was elicited with a question adapted from Russell's²⁸ landmark research study of rape in marriage. The question reads, "Has your husband (partner) ever forced you into sex that you did not wish to participate in?" As Russell points out, it is important that the terms rape or sexual abuse not be used in questioning a married or cohabiting woman about forced sex in her relationship, because societal norms have traditionally given husbands (and, by extension, common-law husbands) unlimited sexual access. This is reflected in the laws that exclude the marital relationship from definitions of rape no matter how much violence is involved. The women in this sample were clearly able to differentiate force from other kinds of

pressure by their verbal descriptions of the sex in their relationship.

The incidence of sexual abuse in these battered women is similar to that reported by three separate studies of marital rape.^{27 29} It underscores the necessity of assessing battered women for sexual abuse. Nurses are in a uniquely appropriate position to do this because of their knowledge and expertise in sexuality. Also, women recognize nurses' knowledge and expertise and view nurses as nonthreatening. Sexually abused battered women have many concerns about possible damage to their sexual

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Table 3. Results of items 2-15 on Danger Assessment

Item	Yes No. (%)	No No. (%)
2. Gun (armed) is present in the house	30 (38.0)	49 (62.0)
3. Abuser is sexually abusive	59 (74.7)	20 (25.3)
Repeatedly	47 (59.5)	
Once	11 (13.9)	
Early in marriage only	1 (1.3)	
4. Batterer abuses drugs	18 (22.8)	61 (77.2)
5. Abuser is intoxicated every day or almost every day (unable to determine, n = 1)	57 (72.1)	21 (26.6)
6. Abuser is violent outside of home	36 (45.6)	43 (54.4)
7. Abuser threatens to kill woman or she believes he is capable of killing her	45 (57.0)	34 (43.0)
8. Abuser controls all aspects of woman's life	43 (54.4)	22 (27.8)
Abuser tries to control woman but she does not let him	14 (17.7)	
9. Abuser is violently jealous	54 (68.4)	25 (31.6)
10. Woman was beaten while pregnant (never pregnant while with him, n = 22)	31 (54.4)*	26 (45.6)
11. Abuser is violent toward the children (not asked of current sample)		
12. Woman has seriously threatened or attempted suicide	32 (40.5)	47 (59.5)
13. Total family income is below poverty level	30 (38.0)	49 (62.0)
14. Minority group membership (woman considers herself a "woman of color")	36 (45.6)	43 (54.4)
15. Woman is age 15-34 years	55 (69.6)	24 (30.4)

*This percentage is derived from a sample population of 57.

+ \$10,610 for family of four (Bureau of Census, 1985).

organs and whether a diminished or altered sexual response is normal and permanent.

In terms of the danger of homicide, Browne² reported that over 75% of the battered women who killed their abuser were raped by him, while only 59% of the nonhomicidal battered women were similarly sexually abused. The other primary studies of homicide and battering did not include a sexual abuse variable, but the evidence from Browne was considered strong enough to include an item on sexual abuse.

Substance abuse

The results of questions 4 and 5 from the 79 women completing the Danger Assessment

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are also presented in Table 3. Drug abuse by the batterer was a risk factor in the Browne² study of homicide. The risk factor for homicide is limited to the use of amphetamines, cocaine, unidentifiable street drugs, heroin, and mixtures. The use of marijuana is not considered a risk factor because of the lack of association of use of this drug with violence in the literature.³⁰

The question on alcohol intoxication was interpreted in terms of quantity of alcohol consumed rather than intoxicated behavior. Several of the women stated that their husband or partner drank enough alcohol to be drunk every day but did not act drunk. This kind of description was, considered a positive response to the question, because the relationship between the abuser's intoxication and homicidal battering was based on police reports of blood alcohol levels^{3,15} and not on behavior.

The relationship between alcohol consumption and battering has been disputed in the literature. In the major descriptive studies of battered women, the percentages of batterers abusing alcohol varied from 25% to 85%.^{18,31-34} Byles,³⁵ in a well- designed study, found that violence was more than twice as likely to occur in families with than without alcohol problems. Yet the majority of known alcoholics did not beat their wives, and the majority of wife abusers were not diagnosed alcoholics.^{12,18} In addition, Eberle³⁶ reported a variable amount of alcohol use by batterers over four violent incidents, rather than the consistent pattern of drinking with abuse that often has been assumed.

At least three studies indicate that more serious injuries to the woman were associated with alcohol intoxication in the man.^{22,36,37} In Campbell's³ study of homicide, 51.7% of the men who were killed by their partner and at least 35.7% of the men who killed their female partner were intoxicated, according to a police blood analysis, at the time of the homicide. The percentage of intoxicated female victims was only 14.3%, but the percentage of intoxicated female perpetrators was similar to that of the male perpetrators.

Researchers generally have cited only occasional alcohol use by battered women, but they have relied on the reports of the women for their data. Recently completed nursing research by Davies,³⁸ which used the abuser as a respondent, suggests that the use of alcohol by both partners was higher than would be expected in a normal population. However, this study used an extremely small sample, and there are not enough supporting data to warrant the inclusion of a question about the woman's alcohol abuse in the Danger Assessment.

Perhaps the most convincing research on the relationship between alcohol and severity of injury is that of Berk, Berk, Loseke, and Rauma,¹⁴ who reported that men with a history of problem drinking were more likely to seriously injure their wives. Yet alcohol use on the part of

either partner at the actual time of the violent incident was not related to the severity of that incident. Similarly, the abuser being intoxicated every day or almost every day was one of the best predictors of his homicide at the hands of his partner.² Thus, a question about a pattern of severe alcohol abuse in the batterer was felt to be the best item to include in the Danger Assessment. Such a pattern could explain the findings in Campbell's³ study of homicide without going beyond what is currently supported in the literature. As can be seen in Table 3,

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the majority of women in the current sample reported no serious substance abuse on the part of their spouses, but there was ample variance for it to be considered a useful indicator of risk. Indicators of potential for lethal violence

Items 6 and 7 consider indications of the male batterer's capability for violence in general and violence against his female partner in particular (Table 3). Rather than having a "Dr Jekyll and Mr Hyde" personality, as has been suggested as an appropriate description of wife abusers, severely abusive men were also more likely to be violent outside of the home, according to studies of severe injury from battering.^{14,15} The majority of men who killed their wives or girlfriends or were killed by them in the study of homicide in Dayton, Ohio, also had a history of violence in other forms.³ From Browne's study, it was clear that the abusers who were killed by their victims were also more likely to have had a prior history of arrest and to have threatened to kill their wives.²

The inclusion of an item on the capability of killing perception reflects the author's conviction from clinical and research experience that battered women are often the best judges of the abuser's potential for committing lethal violence. Some women in the sample indicated that the batterer made veiled threats to kill them but they did not feel he was capable of such. Others described the reverse situation; the batterer made subtle threats to kill them, which they were convinced he might well carry out.

Issues of control

The results of the next two items are displayed in Table 3. Complete control of the woman's activities and extreme jealousy have both been associated with severe battering in numerous descriptions of batterers.^{18,24,34,39} The control item asks whether the batterer controls "all aspects of your life, such as money, friendships, driving, where you go when, etc." The jealousy item asks whether the abuser is "violently jealous, constantly suspecting you of sexual infidelity or intent to be unfaithful." Although not specifically asked, two women spontaneously mentioned that their partner was violently jealous but only of the children. This issue has been mentioned in qualitative studies of battered women³⁴ but has not been explored adequately by research.

Male jealousy and male dominance were cited as reasons for homicide in 82.2% of the killings of women by men with whom they had an intimate relationship in the homicide study by Campbell.³ Berk and his associates¹⁴ also found some evidence to support the contention that male dominance increases the severity of violence.

Even though they were not asked specifically, 14 (17.7%) of the women completing the Danger Assessment indicated that the batterer tried to control their daily activities, but they did not let him. Again, this is clear evidence of self-care.

[Text highlight box] Battered women are often the best judges of the abuser's potential for committing lethal violence.

Battering during pregnancy

An important nursing study of pregnant women by Helton⁴⁰ and another study of hospital records of pregnant women⁴¹ suggest that approximately 20% to 25% of all pregnant women are battered. From studies of battered women, it has been noted that the abuse may begin during pregnancy or may increase during the prenatal period.^{33,34} Over one half of the battered women in the Danger Assessment sample who were pregnant while with the batterer had been beaten while pregnant (Table 3). Nursing assessments of pregnant women must include an assessment for battering because of the danger it represents to both the mother and unborn child.

Battering during pregnancy was associated with subsequent homicide in Browne's² study of women who killed their abusers. Fagan et al¹⁵ reported that abuse during pregnancy was a strong predictor of both severity of injury to the woman from abuse and extradomestic violence on the part of the batterer. Whether abuse of the pregnant woman is a form of child abuse or an indication of male jealousy, its presence suggests a potentially lethal situation.

Abuse toward the children

Violence toward the children was significantly more likely to be a behavior of the batterers who were killed by their spouses in Browne's² sample than of batterers who were not. Prior arrests for child abuse also contributed to the explanation of severity of injury in Berk et al's research.¹⁴

The question about the abuser being violent toward the children was not asked of the women in this sample because of the conflict between anonymity of research subjects and mandatory reporting of child abuse. This conflict may also arise when using the Danger Assessment with battered women in clinical settings. In shelters for battered women, a similar question is usually included on intake forms with provisions for consultation with a child protective services worker when either partner has abused the children. However, when the Danger Assessment is used by nurses in other settings, the nurse must, before asking this question, warn the woman of the nurse's legal responsibility to report child abuse. In situations in which trust has not been established between the battered woman and the nurse, it may be advisable to omit this question entirely.

Suicide threats

Although the connection between wife abuse and attempted and actual suicide has not been explored specifically by research, it is estimated that 10% of battered women attempt to commit suicide and that approximately 26% of suicidal women seen in hospitals are also battered.⁴¹ Although the other studies of homicide and severity of injury did not include threatened suicide, Browne² did find threats of suicide by battered women to be one of the best predictors of subsequent homicide of the abuser.

Suicide threats thus have not been supported by research as a risk factor for homicide of the woman, but they do seem to indicate a situation that is fraught with potential lethality from self-inflicted as well as other types of injury. The relationship of suicide threats to homicide of the woman is an area that needs further nursing assessment and specific intervention

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when the response to the item is positive. As can be seen from the results in Table 3, nearly half of the women in this sample indicated they had seriously threatened or actually attempted to commit suicide.

Poverty, minority group membership, and relative youth

The final three items—minority group membership, poverty, and relative youth (15 to 34 years of age)—were added to the original Danger Assessment because of their connection with homicide of women in general, as previously described. Even though these items were not included or were not found to be significant in the studies on battered women and homicide, they were included here because of their strength as risk factors for homicide in general. Furthermore, their inclusion enhanced the reliability and validity coefficients of the total instrument. These risk factors were also found to be related to the severity of battering, in terms of conflict tactic used, by Straus, Steinmetz, and Gelles in their random sample of American couples.⁴² The responses of these final three items for the 79 battered women are presented in Table 3.

Total score

The Danger Assessment is scored by totaling the number of items that have been answered affirmatively. For the sample described here, scores ranged from zero to 13 (87% of the 15 questions answered affirmatively). The mean was seven (46.6%) and the standard deviation, three. As described previously, no actual prediction is made when the score is shared with the woman who has completed the Danger Assessment. She is shown the results and encouraged to make her own assessment of her risk of homicide.

Implications For Nursing Research And Practice

The data from the Danger Assessment provide initial support for its reliability and validity. Even though the reliability and validity testing of the instrument have been minimal for research purposes, its clinical importance warrants publication and use.⁴³ The research results also demonstrate interesting findings concerning the situations of a sample of battered women, some of which support prior research and some of which are new insights. These findings also illustrate self-care in battered women.

Additional nursing research using the instrument could be fruitful. Nursing research⁴⁴ and other incidence studies⁴¹ indicate that at least 20% to 25% of all female patients in all emergency services (surgical, psychiatric, and medical) are battered. These settings would provide a rich and meaningful opportunity for research use of the instrument. The connection between battering and pregnancy points out another area of needed nursing research and assessment. The Danger Assessment could help determine the risk to the mother associated with battering and pregnancy. Any nursing setting where women are seen provides a potential research sample for the Danger Assessment. Further research is also needed to support the reliability in other samples and to continue to test the instrument's validity.

In terms of clinical nursing practice, the

women of this potential outcome. An increasing number of nurses are practicing in battered women's shelters, as students, volunteer health care providers, group leaders, paid staff, and advocates through membership on governing boards. Nurses in these positions can suggest that the Danger Assessment be used by all women who enter shelters.

The nightmare of every professional who works with abused women is that the next newspaper will carry an account of the murder of a woman seen by that professional. Consistent with Orem's¹ nursing conceptual framework and the philosophies of most shelters, battered women make their own decisions about their futures and are supported in those decisions, whatever they may be. This action can be seen as a form of empowering these women, which is generally agreed to be an important intervention with battered women¹ as well as a means of enhancing self-care.

However, informed decision making is crucial. One of the components of self-care agency is knowledge.¹ In order to increase a battered woman's ability to determine the risks of homicide as one of the factors on which to base her decisions, she needs to know more about specific indicators of risk. These also need to be personalized to her particular situation. As practitioners, nurses have as much responsibility to inform battered women of their danger of homicide as to warn smokers of their risk of dying of lung cancer. The Danger Assessment provides a personalized and engaging means of doing so. The final determination of danger and subsequent decisions about self-care are still left to the woman, but her self-care agency hopefully is increased.

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