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## Examining Risk: Profiles of Adult Male Perpetrators of Intimate Partner Violence

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A thesis submitted in partial fulfillment of the requirements for the Master of Education degree in Education

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Examining Risk: Profiles of Adult Male Perpetrators of Intimate Partner Violence

(Thesis format: Monograph)

by

Carolyn Carrier

Graduate Program in Faculty of Education

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Masters of Education, Counselling Psychology

The School of Graduate and Postdoctoral Studies  
The University of Western Ontario  
London, Ontario, Canada

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## Abstract

The purpose of this study was to examine risk profiles presented by men who have assaulted their partner versus those who have killed their partner in an act of intimate partner violence (N =526). Three groups of men were examined: men who have killed (DVDRC) and men involved in a batterer intervention program (BIP) either post-adjudication (CO) or as a part of a specialized pre-adjudication (EI) program for domestic violence offences. Twenty risk factors were compared across the three groups. Primary findings of the study suggest that men who kill their partners are different than men who did not and were involved in the batterer intervention program (BIP) in that they presented with a greater overall risk. Moreover, results showed a pattern of specific risk factors being significantly elevated (obsessive and/or jealous, prior threats to commit suicide, access to firearms, and prior attempts to isolate the victim) relative to the men in the non-lethal groups. Finally, it is worthy to note that a significant portion (34%) of men post-adjudication presented above the suggested cut-off for high-risk of lethality. Several implications follow from these findings that build on the growing body of literature pertaining to the phenomenon of IPV.

Keywords: intimate partner violence, risk, risk assessment, risk management.

## Acknowledgments

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## Examining Risk: Profiles of Adult Men Perpetrators of Intimate Partner Violence

The purpose of this study was to examine risk factors for men who have assaulted their partners versus those who have killed their partners in an act of intimate partner violence (IPV) in a sample from Ontario, Canada. Two goals of this study were established. The first goal was to determine if there were any differences between the three populations of men (men who have killed, men post-adjudication, and men pre-adjudication). Should difference exist between the populations this may assist in determining what factors suggest whether IPV will result in violence or in death.

The second goal was to gain an understanding of the risk profiles for men who assault their partners. A better understanding of the risk profiles will allow for the development of comprehensive risk assessment, management, and safety planning strategies that will reduce the risk of violent re-assault.

### **Literature Review**

Intimate partner violence (IPV), also referred to as domestic violence or spousal abuse, is a pervasive phenomenon that occurs within relationships across all socio-economic, race, and ethnicity categories. Throughout the literature on IPV there does not appear to be a standardized definition. The Department of Justice Canada defines IPV as:

“Violence or mistreatment that a woman or a man may experience at the hands of a marital, common-law or same sex partner. Spousal abuse may happen at any time during a relationship, including while it is breaking down, or after it has ended. There are different forms of spousal abuse, and people may be subjected to more than one form.”(Department of Justice Canada, 2011).

The forms of abuse that are recognized within Canada are physical, sexual, emotional, economical, psychological, and spiritual. The Department of Justice states that:

“An abusive partner may use a number of different tactics to try to exert power and control over the victim. Abuse is a misuse of power and a violation of trust. The abuse may happen once, or it may occur in a repeated and escalating pattern over a period of months or years. The abuse may change form over time” (Department of Justice, 2011).

Over the past 30 years the attention paid to IPV has moved from a private family matter to a public community issue. During this time, recognition of its frequency and its social costs has become apparent.

The World Health Organization completed a multi-country study on women’s health and domestic violence in 2005. In the 10 countries studied, IPV had a prevalence rate of 30 to 60%. The study confirmed that the occurrences of IPV couldn’t be explained by differences in age, education, or by patterns of partnership formation (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). Alhabib, Nur, & Jones (2010) conducted a review of the prevalence studies of IPV that were conducted between 1995 and 2006. A total of three hundred and fifty six studies were identified. Prevalence rates ranged from 30 to 50% within obstetric/gynecological clinics and from 65 to 87% in emergency and psychiatric departments.

The cost to our communities and to the lives of affected women is astonishing. Health Canada statistics from 2002 were cited in the World Health Organization report on the economic costs of IPV. They estimated that a total of 1.1 billion is spent each year on direct medical costs resulting from IPV. The report also cited a 1995 study from Day

et al., which estimated a cost of 1.2 billion dollars per year for health care costs, policing, legal fees, incarceration, lost earnings, and psychological costs (Waters, Hyder, Rajokotia, Basu, Rehwinkel, & Butchart, 2004).

Varcoe (2011) conducted a study to estimate the health costs of IPV for Canada. They focused their study on women in Ontario, New Brunswick and British Columbia who had left an abusive partner in the past three years. The research was conducted between 2004 and 2005. The authors reported that their results were conservative but estimated that it costs \$13,162.39 per woman to leave an abusive relationship. When generalizing this to the Canadian population of known victims, their estimates resulted in a national cost of 6.9 billion dollars per year.

Since IPV became a community issue, research has been done to understand the phenomenon of IPV, with a substantial increase in publications since 2000. There has been research completed on understanding the male perpetrators' experience and the factors that would assist in making positive change. However, the majority of research examines the identification of IPV, the risk factors for re-assault and homicide, program effectiveness, and women's experience of the abuse. A growing area of study has been within the phenomenon of femicide.

### **Femicide**

Intimate partner homicide (IPH) or femicide refers to killing of women and girls. Research in the area of femicide within intimate partner relationships became an area of interest both in the media, in academia, and within system responses to IPV in the 1970's.

Research from the United States and Canada indicates that intimate partner homicide has been declining since the 1970's. However, when examined more closely

this trend applies mostly to male victims with only a small decline in the number of female victims (Aldridge & Brown, 2003; Justice Bureau of Statistics, 2007; Statistics Canada, 2011; Wells & DeLeon-Granados, 2005). In Canada, spousal homicides against women have been 4 times higher than spousal homicide against men over the past three decades (Statistics Canada, 2011). Between the years 2000 and 2009 there was a total of 738 spousal homicides of which women were 3 times more likely to be the victim than men (Statistics Canada, 2011).

Violence against women has always been a serious problem, but recognition of the extent of the problem and the social changes necessary to improve community responses to victims has only occurred more recently. Several key issues have been highlighted when attempting to address IPV are identification, assessment, typology, and intervention.

### **Identification**

Identification of IPV was a key first step in addressing this phenomenon. The emergence of shelters for women who have experienced IPV in the 1970's occurred during the first wave of recognizing the impact of IPV. However, clinical and research findings showed that many of these women returned to the abusive relationships (Annan, 2004). In addition to the fact that women were returning to the relationships, there was concern that the police were not adequately addressing IPV. The traditional approach with police services was to view IPV as a private family matter. The attitude led to few arrests and with the police providing advice to the couple or on occasionally separating them for short periods of time (Hirschel & Hutchison, 1992).

In the 1980's reforms were made to legislations to ensure that IPV was being identified. These reforms included mandatory charging policies within policing, "no-drop" policies within prosecutor offices, and delivery of treatment for batterers (Department of Justice Canada, 2000). The movement was motivated by the Minneapolis Domestic Violence Experiment, a study that identified a significant reduction in men's use of IPV within the relationship after an initial arrest (Sherman & Berk, 1984).

The use of mandatory arrest and "no drop" policies within the criminal justice system was adopted in the hope that the general community would begin to identify and address IPV. There have been several criticisms of this approach over the past few decades. One criticism is that these policies have disempowered victims of abuse, by removing their ability to decide what is best for their safety, causing women to be reluctant to call the police (Landau, 2000; Simon, Ellwanger, & Haggerty, 2010). A second criticism is that through these policies we have essentially "widened the net" on IPV resulting in higher arrest rates caused by dual-charging (both the female and male are arrested) and arresting lower-risk perpetrators (Hirschel, 2009; Simon, Ellwanger, & Haggerty, 2010). Despite these criticisms, the reforms on arrest and prosecution have forced communities and the justice system to identify and address IPV.

Although communities have taken a positive step with the identification of IPV steadily increasing, women continue to be abused and murdered by their partners (Bureau of Justice Statistics, 2007; Statistics Canada, 2011). To help understand what places women at risk of IPV or IPH, research has examined the abuse experienced by women.

## **Risk Assessment**

Risk Assessment of IPV and IPH has been a growing field in academia and among front line workers since the 1980's. In 2007, there were 16 different risk assessment tools that examined violence presented by domestic offenders (Hanson, Helmus, & Bourgon, 2007). These tools assess lethality, re-assault, and general violent recidivism. Since the 1980's, risk factors for lethality and re-assault have been identified through research and several assessment tools have been validated.

The most validated and researched risk assessment tools include the Danger Assessment (D.A.) for lethality and the Spousal Assault Risk Assessment (S.A.R.A.) for risk of re-assault. In addition to these risk assessment tools there are the Level of Service Inventory (L.S.I.-o.r.) for general recidivism, Severe Intimate Violence Partner Risk Prediction Scale (S.I.V.P.A.S.) for risk of serious re-assault, and the Ontario Domestic Assault Risk Assessment (O.D.A.R.A.) for risk of re-assault (Campbell, Webster, & Glass, 2009; Echeburua, Fernandez-Montalvo, de Corral, & Lopez-Gori, 2009; Grann & Wedin, 2002; Hendricks, Werner, Shipway, & Turniettie, 2006; Hilton, Harris, Popham, & Lang, 2010).

Many of the risk assessment tools are actuarial tools with clinical judgment, which allow assessors to total the items providing an overall score. The assessment tools provide cut off scores that place perpetrators in categories of low, medium, or high risk for recidivism. The D.A. provides four categories of variable, increased, severe, or extreme risk for lethality.

Risk factors related to IPV have been identified through research and encompass over twenty potential markers including: prior domestic abuse; failure to comply under

supervision; threat to harm or kill; confinement of victim during the offence; more than one child; the presence of step children in the home; violence against others; assault on the victim while pregnant; prior jail term; access to a weapons; daily abuse of alcohol or drugs; recent employment difficulties (unemployment); history of being subject to or witnessing family violence; suicidal ideations or previous attempts; recent psychosis and/or the presence of a personality disorder; sexual jealousy; escalation in severity or frequency of abuse; extreme minimization or denial of their abusive behaviours; severe violence and/or sexual assault; attitudes condoning spousal abuse; separation or estrangement from the victim; and victim facing more than one barrier to support (Echeburua et al., 2009; Grann & Wedin, 2002; Hilton & Harris, 2005; Hilton et al., 2010; Kropp, Hart, Webster, and Eaves, 1994; Kroop, 2008; Smith & Farole, 2009).

Risk factors for IPH have also been identified through research. In the research completed on IPH, men who murdered their partners were more likely than men who assault their partner to present with risk factors of: alcohol and drug dependency, separation or threat of separation, prior domestic violence histories, threats of harm or death prior to the murder, possessiveness and jealousy, stalking, prior attempt to choke or strangle the victim, presence of mental health diagnosis, prior sexual assault, prior suicide attempt or threat, presence of step-children in the home, possession or access to weapons, and unemployment (Adams, 2007; Belfrage & Rying, 2000; Campbell, Webster, Koziol-McLain, Block, Campbell, Curry, Gary, Glass, McFarlane, Sachs, Sharps, Ulrich, Wilt, Manganello, Xu, Schollenberger, Frye, & Laughon, 2003; Dobash, Dobash, Cavanagh, & Medina-Ariza, 2007; Johnson & Hotton, 2003).

The phenomenon of murder-suicide is also a commonly explored element in the area of femicide. Aldridge and Browne (2003) reviewed literature that indicated a prevalence rate in Canada of one in three men committing suicide after killing their partner. Risk factors associated with this phenomenon are the perpetrator's abuse of alcohol, their history of violence, a history of personality or depressive disorders, and jealousy.

Prominent researchers in North America for the study of femicide are Jacqueline Campbell and David Adams. Their research outlines risk factors and typology among male perpetrators of spousal homicide within the United States. Dobash and Dobash (2004, 2007, 2009, 2011) have conducted several research projects within the United Kingdom to determine risk factors for lethality. They, similar to Campbell, have compared the femicide group of offenders to those who assault their female victims within the context of IPV. They were able to identify risk factors that appeared consistently with the men who murdered versus those who abused.

Research completed in North American and the United Kingdom has established many similarities within lethal IPH within their countries. However, there has also been some significant difference. In North America, Adams (2007) and Campbell (2003) differed in three areas from the findings from Dobash et al. (2007). First, Adams (2007) and Campbell (2003) in the United States indicated that possession of a gun was a major risk factor, whereas, Dobash et al. (2007) research in the United Kingdom did not support this finding. Second, the researchers did not find that women were at a greater risk of being murdered if living common-law as suggested by the data from North America.

Dobash et al. (2007) research studied lethal and non-lethal partner abuse. In their study they examined factors within childhood and adulthood to determine if there were identifiable characteristics that would separate men who kill from those who assault their partners. Many of the findings from their study were counter to expectations for the lethal group of men. With respect to childhood factors, they discovered that the non-lethal sample was significantly more likely to come from families in which their father used physical violence against their mother, they were more likely to be physically abused by their fathers, and their fathers were more likely to have had problems with alcohol abuse.

Adulthood factors that yielded significant results with the non-lethal abusers include the fact the population was more likely to have patterns of long-term unemployment and when employed to hold unskilled jobs. They were also more likely to abuse alcohol and possess records with violence and registered convictions.

Dobash et al (2007) also examined the context and circumstances of the violent event. The examination was undertaken to determine factors that may increase the risk for lethality. They examined factors relating to sobriety, the relationship itself, and events surrounding the violent incident. The researchers found that there was a statistically significant difference in the relationship status with the non-lethal more likely to be in a relationship where they were cohabitating. Both groups were likely to have one or more prior intimate relationships. Dobash et al (2007) found that men within the lethal group were more likely to have used violence against a former partner. The authors emphasized that both groups were marked by persistent unemployment at the time of the violent event. In addition, alcohol abuse was noted. More than half of the non-lethal sample and more than one third of the lethal sample had serious problems with alcohol abuse as an

adult. The lethal group was less likely to be intoxicated at the time of the violent event, were more likely to be separated or separating, and possessiveness was more likely to be involved in couple conflict. Also, sexual assault and the use of a weapon or strangulation were also factors within the lethal sample.

Dobash et al. (2007) concluded that the lethal sample presented with a more conventional background than non-lethal IPV and that the lethal group may present with similar factors as non-lethal and lethal. Subsequently these authors suggest that there is a need for further exploration of this group.

**Clusters or Combinations of Risk Factors.** In recent research on risk factors for IPV and IPH the importance of clusters or combinations of risk factors when working with perpetrators and victims of IPV has been examined. Within IPV, one suggested combination includes the factor of prior IPV plus a threat to harm the victim at the time of the index offence to be strongly correlated to re-assault (Hilton et al. 2010). Elsewhere research indicates offence severity, prior record, use of a weapon, and protective order as a cluster of risk factors for re-assault (Kingsnorth, 2006).

Kingsnorth (2006) notes that men with protective orders against them tend to have a higher recidivism rate and these men will re-offend within a shorter period of time. Stith, Smith, Penn, Ward, & Tritt, (2004) suggest that prior IPV history, illicit drug use, and attitudes condoning violence are an important combination of risk factors for severe IPV. In addition, sex role ideology, anger/hostility, alcohol abuse, and depression are risk factors that indicate a moderate risk for IPV. (Stith et al. 2004).

Aldridge and Browne (2003) provide a comprehensive table outlining the empirical studies completed on the identification of risk factors for IPH. They concluded

that within research there are nine consistent and clearly defined risk factors. These factors include: witnessing or being a victim of domestic violence, being married versus being in a “de facto” relationship, age disparity, abusing drugs and alcohol, sexual jealousy, being separated or under the threat of separation, stalking, having a personality disorder, and a history of domestic violence.

Risk factor combinations within IPH have been highlighted by Campbell et al. (2007) and suggest that with respect to lethality, men who are controlling, have previously abused their partner, and are separated from their spouse present the greatest risk. The authors also suggest that the other factors that significantly elevate risk for lethality include gun ownership, threats to kill & threats with a weapon, use of a weapon, forced sex, violence during pregnancy, non-fatal strangulation, perpetrator is unemployed, stepchildren in the home, and the perpetrator evading arrest (Campbell et al 2007).

Other studies have distinguished between estranged and intact relationships (Johnson & Hotton, 2003). These authors indicated that within estranged relationships, men presented the greatest risk for lethality within the first six months of separation and that the murder was committed due to jealousy. Prior domestic violence history was found to be an important risk factor for IPH in both estranged and intact relationships (Johnson & Hotton, 2003). A final cluster noted in the research on IPH is the importance of prior violence against the victim, separation, levels of possessiveness, and the nature of the relationship as risk markers. In addition, risk for lethality might be elevated in the presence of risk factors associated with the use of sexual violence, strangulation, and the use of a weapon in the perpetrator and victim’s relationship history (Dobash et al. 2007).

The concept of focusing on combinations of risk factors to further identify and treat men who perpetrate IPV and IPH is reflected within work completed on typology research. Distinguishing the varying types of men, who perpetrate IPV and IPH, has provided valuable information with respect to what interventions may be more suitable should these men come to the attention of the community, police, and justice system.

### **Typology**

Typology of male abusers within IPV and IPH research has surfaced in the past decade to address the heterogeneous nature of the population. Typology has been included as an additional step to determine the role of violence within the relationship between the parties. This information can be utilized through a triage approach for batterer intervention program (BIP) services to offer a tailored approach when addressing the types of violence used by the men and women (Kelly & Johnson, 2008).

Differentiating between types of IPV perpetrators has included sociopathic, antisocial, typical (Gondolf, 1988); antisocial, passive aggressive, nonpathological (Hamberger, Lohr, Bonge, & Tolin, 1996); generally violence/antisocial, family only, borderline/dysphoric (Holtzworth-Munroe & Stuart, 1994, 2000); and coercive controlling, violence resistance, situational couple violence, and separation-instigated violence (Kelly & Johnson, 2008).

Typology has also emerged within the field of IPH, primarily in the work of Adams (2007) who completed qualitative research among male IPH perpetrators in which he identifies different types or categories of men who have murdered their partners. His research focused on gathering descriptive information with no comparison group. The

categories were established based on the male perpetrator's motivation for committing this murder.

Adams (2007) discovered five primary categories or types that can be combined with each other. The five primary categories are: the jealous type, the substance abusing type, the materially motivated, the suicidal type, and the career criminal type. He noted that there are often combinations of the types, for example, the jealous substance abuser, jealous suicidal, jealous and suicidal substance abusers, and substance abusing career criminals.

Research has already established that jealousy has been a major motivator for many estranged men who commit IPH (Campbell et al., 2003 & 2007; Wilson & Daly, 1993; Wilson, Johnson, & Daly, 1995). The jealous-murderer group, including the subtype combinations of this group was the most common type of perpetrator to commit spousal murder. Second largest group compared to the jealous-murderer group was the substance abusing type. The characteristics for the substance abusing type included daily consumption of alcohol and/or drugs, severe and more frequent violence, economic and emotional instability, and a tendency to blame their actions on the substances. The suicidal type presented as being more stable in that they tended to be older than the victim, to be married to the victim, and to have children living with them, more commonly, the biological children of the victim. Adams (2007) also notes that the suicidal type tended to use a gun, to abuse alcohol, and to suffer from depression. Jealousy and estrangement were seen as the main triggers for this type of spousal homicide perpetrator. These risk factors for IPH were also found within Campbell et al.

(2007) research, which notes the importance of depression in addition to the other risk factors.

The results of research on typology are cautious in predictive ability and should not replace risk assessments (Hilton & Harris, 2005). Websdale (2000) cautions that IPV research on distinguishing IPH cases will remain limited because it is impossible to know precisely what characteristics of domestic violence relationships are present when it ends in death. He further cautions that it may be more useful to look at risk factors as correlative or associative rather than causal. Websdale (2000) notes this caution because of the number of IPV cases that are characterized by these risk factors that do not end in the death of the female partner. He discusses the need to re-label the terminology of the assessment tools, changing the term from lethality screens to dangerousness indicators. He believes that these tools can be used to address domestic violence, develop effective safety planning tools, provide a space to listen to the victims, and reduce the incidents or severity of the abuse. Websdale (2000) advocates that there would be a greater value in understanding that any relationship, which is marked by IPV, might end in homicide.

The need for intervention with male perpetrators is reflected in Websdale's (2000) caution, as well as, in the rates of homicide and serious injuries of women involved with relationships marked by IPV. Differences between the groups of men who kill versus those who have assaulted may require further discussions for differential services among program providers, corrections, victim services, and police.

Iyengar (2008) suggested that a collaborative approach to address the needs of the victim and the perpetrator after the arrest has occurred is needed to ensure that all parties are safe. Community agencies and researchers have attempted to develop programming

for male abusers that encompasses risk assessment and management, as well as, safety planning for the victim. The programs were developed with the intention of changing the behaviour and cognitions of abusive men with the end-goal of reducing the incidence rate of domestic violence.

### **Intervention**

Batterer intervention programming (BIP) for male abusers is the fourth factor involved in examination of IPV and is discussed briefly to provide a backdrop for the population of men involved in the current study. Researchers have focused on gaining a better understanding of the resistance that many abusers exhibited in regards to their participation in programming with the hopes of identifying practices most promising for reducing recidivism and risk to victims. Intervention programs have been designed to provide opportunities for men to become engaged in the change process and to take accountability for their behaviour (Scott, King, McGinn, & Hosseini, 2011).

Interventions for perpetrators of IPV have taken many different forms and with mixed results (Fender & Wilson, 2003; Gondolf, 2004). One of the greatest criticisms against intervention programs is that they have a “one size fits all” approach to intervention, despite the fact that abusers present with varying risk levels and needs. Several program providers have attempted to resolve this issue by combining motivationally enhanced programming with psycho-educational sessions. The goals of these programs have been to decrease the resistance, increase completion rates, and to increase men’s accountability. However, success has not been established and cautious optimism remains about the potential of the programs when they are embedded in an

overall coordinated community response (Fender & Wilson, 2003; Gondolf, 2004; Hendricks et al., 2006; Levesque, Veclicer, Castle, & Greene, 2008; Scott et al., 2011;).

Research continues to grow in the field of coordinated community efforts and their impact on reducing recidivism. Studies have indicated that, when there is a coordinated effort between police, victims, victim services, courts, batterer treatments, and supervision, is more satisfying to all (Gondolf, 2004; Steinman, 1990).

Despite the increase of community awareness campaigns and criminal justice response through mandatory charge and programming policies, the rate of violence remains unchanged and women continue to be murdered by their intimate partners (Statistics Canada, 2011). Research has demonstrated varying results when risk is examined for men who kill compared to men who abuse their partners. However, increased awareness of risk factors may be useful when developing treatment interventions and differential services.

### **The Current Study**

The current study is a retrospective examination of risk profiles of two groups of men who are involved in a local BIP, as well as a sample of men in Ontario who have killed their partner through an act of IPV. The decision to focus on male to female IPV was made in recognition of the large population of women who are victims and the large proportion of men who are perpetrators (Aldridge, 2003; Annan, 2004; Bureau of Justice Statistics, 2007; Statistics Canada, 2010). Statistics Canada (2011) indicated that between the years 2000 and 2009 women were 3 times more likely to be victims of IPV than men (34% vs 10%). The Bureau of Justice Statistics (2007) provides victimization

rates for non-fatal IPV between 2001 and 2005 at rates of 21.5% for women and 3.6% for men.

The primary purpose of the current study was to examine the risk factors presented by two groups of male abusers referred for treatment, compared to men involved with domestic homicides. This study scaffolds on prior work completed when comparing men who kill versus those who assault. In particular it builds on, Dobash et al. (2007) research which compared ninety-five couples involved with the criminal justice system due to IPV with one hundred and six men who killed their female intimate partners. Data collected for the two studies concentrated on the perpetrator's childhood, adulthood, criminal career, and the violent event (murder).

Similar to Dobash et al. (2007), the current study did not intend to build on information regarding risk assessment but rather it was a broad examination of diverse risk factors and overall risk presented by the different populations of men who have engaged in IPV behaviours. Some research has shown that men who murder relative to men who assault their partners are different. However, not all research supports these findings of difference. Research has also shown very little to no difference between lethal and non-lethal IPV (Aldridge & Brown, 2003; Websdale, 2000).

The goal of the current project was to gain a better idea of the risk profiles of men involved in treatment and those who have killed their partner to prevent injury and death resulting from IPV. Further exploration into any differences across groups may allow advocates, the criminal justice system, and program providers to determine effective interventions through risk assessment and management, safety planning, and treatment.

## Hypothesis

To facilitate the exploratory analysis a prediction was made that there would be clear differences in overall risk between the three populations. More specifically, the prediction was that the risk level of men who killed their partner would be significantly higher than the men who have assaulted their partner. In addition, that there would be specific risk factors such as a history of prior domestic violence, isolation of the victim, and separation from the victim that would be significantly elevated with the men who kill versus men who assault their partners.

## Methods

The current study utilized case records from closed files from a large community agency and from a review committee that examines deaths resulting from IPV in Ontario. The design for the study was selected to allow for a retrospective and longitudinal analysis of possible differences in risk between men who have murdered their partners, men involved in community corrections, and men involved in an early intervention program through the court system.

## Participants

The current study involved two agencies for analysis of risk profiles. The batterer intervention program (BIP) is a large community agency with a sample of 400 men. The second is a review committee involved with a sample of 126 men.

**Batterer Intervention Program (BIP).** The batterer intervention program is a community-based agency that receives funding from the Ministry of Attorney General. The agency's mission is to help men eliminate their abusive and violent behaviour in their intimate relationships.

There are three referral sources for the community agency. The agency's primary referral source is the Ministry of Attorney General's early intervention program conducted through the Crown Attorney's office, where men and women are mandated to the program prior to adjudication, as a condition of their bail release. The early intervention program is designed for first time offenders with victims who are consulted about the man's involvement in the program. There are three criteria for entry into the intervention program. First the man has to have no prior convictions for domestic violence offence. Second, there has to have been no use of a weapon during the commission of the offence. Third, there has to have been no significant harm was done to the victim (Department of Justice, 2013).

The second referral source is through the Ministry of Community Safety and Correctional Service, which refer men and women to the program post adjudication, as a condition of their community supervision order.

Another potential referral source is voluntary and/or community referrals that through encouragement of family, friends, or other community agencies have decided to engage in the program. This latter group was excluded from the study due to the low numbers and lack of involvement with police and the criminal justice system.

The BIP dataset (N = 400) contained demographic and risk factor information obtained through self-report. The dataset was divided to represent the different referral streams for entry through the criminal justice system with corrections (CO = 80.2%) and early intervention (EI = 19.8%). The division was completed in recognition that there was likely a significant difference between the two groups of men with the EI presenting with fewer risk factors due to the criteria for entry into the court diversion program. Several of

the factors noted below relating to demographics of the populations and are also risk factors included within the analysis. An overview of all demographic variables is provided in table 1. Variables that have a dual purpose for addressing demographics as well as risk factors are noted with an asterisk.

The BIP sample consisted of men between the ages of 18 and 65 (CO:  $M = 34.9$ ,  $SD = 9.9$  and EI:  $M = 34.2$ ,  $SD = 10.7$ ) involved in programming for offences of IPV against a female victim. The majority of the CO population had been referred to the program for the offence of assault (75.4%). Prior criminal history for the CO population included 67.3% having had one prior offence, 7.8% having six or more prior offences, of which 47.4% of had a prior violence conviction, and weapon use either in the current offence or a prior offence was at a rate of 20.6%.

Half of the CO population was employed (51.4%) with the remaining either unemployed (40.2%) and collecting a disability or retirement pension (8.4%). The majority of the CO population was involved in a common-law relationship (44.9%) with legal spouse, separated, and dating evenly distributed among the remaining men. The population showed higher rates out of the three population of having two or more prior relationships (44.5%). Within these relationships, 65.4 % have biological children and another 27.7% reported having stepchildren. The CO population also had the highest reporting of involvement in custody and access disputes out of the three populations examined (11.2%).

Prior counselling efforts identified by the CO population was at 22.7% before entering into the BIP. The completion rate for the current program among the CO population was 53.6%.

Similar to the CO population, the majority of the EI population was referred to the program for the offence of assault (88.6%), but criminal history was not as evident with this population. The EI population presented with 21.5% of the men having one prior conviction of which 5.1% presented with a prior violence conviction, and none of the men having current or prior weapon use.

A greater proportion of the EI men were employed (67.1%), with unemployment at 29.1% and a small percentage being in receipt of a disability or retirement pension (3.8%). The majority of the EI populations were involved in a common-law relationship (44.3%) followed closely by married (34.2%). There was only a small percentage who reported being separated (3.8%) and a slightly larger proportion in a dating relationship (17.7%). A quarter of the population had two or more prior relationships. In these relationships, the EI men reported with 58.2% having biological children and 27.8% having stepchildren. At intake a small proportion (3.8%) of the men reported being involved in a custody or access dispute.

Prior counselling efforts before entering into the BIP were noted at 3.8% and the EI population completed the current program at a greater rate (86.1%) than the CO population.

The second data set used for the current study utilized information collected from the review committee obtained through the Coroner's Officer.

**The Ontario Domestic Violence Death Review Committee.** The DVDRC was established in 2003, and consists of a representative advisory committee of experts in the field of IPV. The committee reviews files evaluating and summarizing all of the appropriate documentation that have been gathered for the various cases. The

documentation consists of reports from sources such as the criminal justice system, law enforcement, the healthcare sector, social services and community organizations, as well as interviews with friends, family, and co-workers. Cases involving a murder-suicide had extensive information about the perpetrator and victim. In cases where the perpetrator had been sentenced by the criminal court there was usually court related assessments available for the file review.

The 2004 annual report from the Domestic Violence Death Review

Committee (DVDRC) states that the committee's purpose as:

“to assist the Office of the Chief Coroner of Ontario in investigating and reviewing deaths of persons that occur as a result of domestic violence, and making recommendations to help prevent such deaths in the future.” (DVDRC, 2004, p. 2).

The Review committee conducts analysis to determine which trends, patterns, and risk factors were present prior to the act of IPH. When conducting the reviews, the committee uses a cut off score of 7 or more risk factors to determine if the homicide was predictable and preventable (DVDRC, 2007).

The Ontario DVDRC dataset (N = 126) consisted of men between the ages of 18 and 65 (M = 41.2, SD = 11.8), who had murdered their female partner. The dataset consisted primarily of homicide cases (46.8%) followed by homicide-suicide (32.5%). Other types of cases were homicide and attempted suicide, multiple homicide, and multiple homicide and suicide. The victim's cause of death and the weapon used are two additional factors examined solely for the DVDRC population. The leading cause of death was by stabbing at 30.2%, followed by gunshot wound at 23%, then strangulation 16.7%, and 11.9% from beating. The majority of the population had used a weapon in the commission of the homicide (76.2%) with knives as the most common weapon used (43.7%) followed by

guns (34.3%). Half of the DVDRC population presented with a prior criminal history with 51.6% having one prior conviction, 19.8% with six or more prior convictions, and 43.7% having prior convictions for violence.

Similar to the CO population, half of the DVDRC population was employed (50.8%) followed by unemployment at 34.1%. A small percentage of the men were in receipt of a disability or retirement pension (12.7%) and 2.4% was unknown.

In regards to relationship status, the majority of the DVDRC population was separated (46%) followed by married (32.5%). A small proportion of the men were involved in a dating relationship (4.8%) and 16.7% were in a common-law relationship at the time of the murder. Sixty-four percent of the population displayed relatively stable relationship histories with 17.5% having more than two prior relationships; data was unavailable for 18.3% of the population. Within these relationships, 69% of the DVDRC population presented with biological children and 15.9% with stepchildren. The DVDRC population showed a rate of 7.9% involved in a child access or custody dispute at the time of committing the murder.

Prior counselling was seen within a third of the population and with a quarter being unknown. Further examination on program completion was not examined because only two men (.02%) had been referred to treatment that specifically addressed IPV. Of the two men referred, neither had attended any sessions for IPV prior to committing the murder.

**Table 1: Sample Demographics**

	DVDRC		CO		EI	
	n	%	n	%	n	%
<b>Age</b>	126	23.9	321	61.0	79	15.0
15 – 19	0	0	10	3.2	1	1.3
20 – 29	22	17.6	106	33.0	31	39.2
30 – 39	34	26.9	95	29.6	21	26.5
40 – 49	35	27.8	85	26.5	19	24.1
50 – 59	24	19.0	21	6.5	6	7.6
60 – 65	11	8.7	4	1.2	1	1.3
<b>Employment *</b>						
Employed	64	50.8	165	51.4	53	67.1
Pension/Disability	16	12.7	27	0.3	3	3.8
Unemployed	43	34.1	129	40.2	23	29.1
Unknown	3	2.4	0	0.0	0	0.0
<b>Relationship Status*</b>						
Legal Spouse	41	32.5	66	20.6	27	34.2
Estranged/Separated	58	46.0	58	18.1	3	3.8
Common-law	21	16.7	144	44.9	35	44.3
Dating	6	4.8	53	16.5	14	17.7
<b>2 or More Prior Partners Present</b>	22	17.5	143	44.5	20	25.3
<b>Children*</b>						
Biological	87	9.0	210	65.4	46	58.2
Step Children	20	15.9	89	27.7	22	27.8
Nil	19	15.1	22	6.9	11	13.9
Custody Dispute Present	10	12.6	36	11.2	3	3.8
<b>Prior Counseling</b>						
Yes	43	34.1	73	22.7	3	3.8
Unknown	33	26.2	0	0.0	0	0.0
<b>CW Program Completers</b>	N/A		172	53.6	68	86.1
<b>Criminal History*</b>						
Yes	66	52.4	216	67.3	17	21.5
Unknown	2	1.6	0	0.0	0	0.0
1 Prior Offences	66	52.4	216	67.3	17	21.5
6 or More Prior Offences	25	19.8	25	7.8	0	0.0
Violent Conviction	55	43.7	152	47.4	4	5.1
Weapon Use	96	76.2	66	20.6	4	5.1

\* Both descriptive information as well as risk factors for analysis.

## Measures

The current study examined the risk profiles of men involved in IPV and IPH to determine if there are differences in overall risk, risk categories, or individual risk factors. Should difference be found, it may allow for early detection and prevention of injury or death of women. Two different measures were used to gather the information required for the current study. A self-report method was used for the two participant populations from the community agency, while a file review method was employed for the DVDRC.

**Self report.** The first method of information gathering was obtained through the client intake form (See appendix A). The BIP required each participant to individually complete a client intake form during the first point of contact before entering the program through the community agency. The forms were reviewed with an intake counsellor prior to the men engaging in treatment. The intake form consists of demographic information, offence related information, and risk factors.

**File review.** The DVDRC uses the Risk Factor Coding Form (See appendix B) during retrospective case analysis of homicides committed within intimate partner relationships. The analysis was completed by committee members and accomplished through the use of multiple sources of information.

**Risk factors.** The risk factors for the current study were gathered from the BIP self report intake forms and the DVDRC case reviews. The DVDRC case reviews includes a total of thirty-nine risk factors and uses a cut off score of 7 items to indicate that the perpetrator is high-risk. These factors were then matched to those found on the self-report form completed at the community agency. A total of twenty items were found to match on both forms. In addition, the risk factors also correspond with the factors established in

assessments of IPV and IPH in the existing literature, particularly those found within the ODARA and DA (see appendix D). The twenty factors identified for analysis were;

- history of violence outside of family,
- history of domestic violence,
- prior assault with a weapon,
- prior threats to kill victim,
- prior threats with a weapon against victim,
- prior assault with a weapon against the victim,
- prior threats to commit suicide,
- prior suicide attempts,
- prior attempts to isolate victim,
- child access/custody dispute,
- prior violence against pets,
- the perpetrator was abused and/or witnessed domestic violence as a child,
- obsessive and/or jealous behaviour,
- perpetrator unemployed,
- victim and perpetrator living common-law,
- the presence of stepchildren in the home,
- minimization and/or denial of spousal assault history,
- actual or pending separation,
- excessive alcohol and/or drug use,
- access to or possession of firearms, and
- failure to comply with court order.

The risk factors history of violence outside of family, history of domestic violence, prior assault with a weapon, prior threats to kill the victim, prior threats with a weapon against the victim, and prior assault with a weapon against the victim were captures both self-reported violence as well as registered convictions of violence.

The risk factor of alcohol and drug use reflects an acknowledged problem or addiction and/or excessive use at the time of the offence. Unemployment includes all men who are not gainfully employed either due to unemployment or due to disability pension.

Determining the presence of minimization and/or denial was established for the BIP participants from the information provided on the client intake form. Three questions were used to determine the risk factor being present. The first asked the participants to describe what they did to be referred to the BIP. The other two questions were taken from the risk assessment portion of the intake form. The participants were asked if they felt sorry for their (ex) partner or her situation and if they think their abusive behaviour really isn't that bad (do other make it out to be worse than it actually is). A combination of these three items resulted in the risk factor being coded as "yes".

The analysis also includes year, which represented two different dates depending on the dataset. The BIP variable refers to the year that the men attended the program for intake, which may or may not be the year that they committed the offence. The DVDRC variable is the year that the men killed their partner rather than when the file review was completed.

The intent of this study was not to establish which risk factors are predictors of future IPV or IPH. Rather the purpose of this study was to determine if differences existed among the three groups of men to determine if early detection and intervention is possible

to prevent injury or death. However, the greater the number of factors present provides information that the victim may be at greater danger and that there are more interventions that need to be addressed with the perpetrator. Despite being less common, in some cases a man who present with few risk markers does murder his partner.

### **Procedure**

The information for the BIP dataset was taken from the intake forms in each client file. The self-reported intake forms were completed by the men at the onset of the program representing a point-in-time analysis of risk factors, were as, the risk factors for the DVDRC dataset were gathered over time from multiple sources of information.

The BIP dataset information collection spanned from 2004 until 2010 with a total of 100 files randomly selected from the years 2004, 2006, 2008, and 2010. Selection of the files was completed through a random draw of letters for each year. Files among the BIP dataset were to be excluded only if the offences were serious enough that they could have resulted in death had it not been for medical intervention. The exclusion of these offences was completed to avoid the possibility of confounding the information when attempting to compare the community program population of male abusers with those who have murdered their partner. Only one file was excluded on this basis.

The DVDRC dataset information collection spanned from 2003 to 2010 with a total of 126 cases. From the DVDRC database there were 10 files excluded based on gender of perpetrator and victim and 7 files excluded because the perpetrator's age fell outside of the age range. The data had already been coded and entered. The existing coding format from the committee review was utilized for determining whether the twenty factors were present with the BIP dataset.

The risk factors from the BIP dataset were answered either as “yes” or “no”. In the DVDRC dataset the options were “yes”, “no”, or “unknown”. To assist with the analysis, any risk factor indicated as “unknown” was converted to “no”, as the factor could not definitively be stated as present. The majority of the risk factors for the DVDRC data with unknowns fell within 0.0 to 5.5%. One exception existed with the risk factor measuring the perpetrator experience of abuse and/or witnessing domestic violence as a child (14.4%). The unknown count and percentage for each risk factor are provided in appendix D.

In addition to looking at the individual risk factors, categories were created for low, medium, and high risk. Cut off scores were established using information from the DVDRC (2007). The low-risk offenders were men who presented with 0 – 3 risk factors, medium risk was identified as 4 – 6, and high risk was 7 or more factors present. Categories of risk were established in keeping with risk assessment processes used by actuarial tools. The determination of distinct categories can assist in determining different strategies for intervention.

Modified risk total was created to remove risk factors that would be most susceptible to variation based on self-report. Self-reporting may have skewed items such as obsessive/jealous behaviours because many of the men may not be aware that their behaviours are motivated by jealousy and that they have exhibited obsessive behaviour. Research has shown that many IPV perpetrators do not consider emotional abuse, social control, and other forms of controlling behaviors as violence (Donovan & Vlasis, 2005). Modifying the risk is particularly important with the BIP dataset, as self-report was the sole measure for gathering information, while the DVDRC dataset used file review from

multiple sources. When these items are removed, the remaining risk factors total 13. In addition to the creation of categories and modified risk, the dataset was further examined prior to analysis to ensure that changes over time in risk factors and totals would not account for changes in risk.

### **Statistical Analysis**

The dataset from the BIP was coded in accordance with the pre-existing coding techniques utilized by the DVDRC. Risk factors and descriptive statistics (i.e. age, relationship status, education, and employment status) of both populations (men who assault versus men who kill) were compared within the analysis to determine if there were significant differences among the different populations.

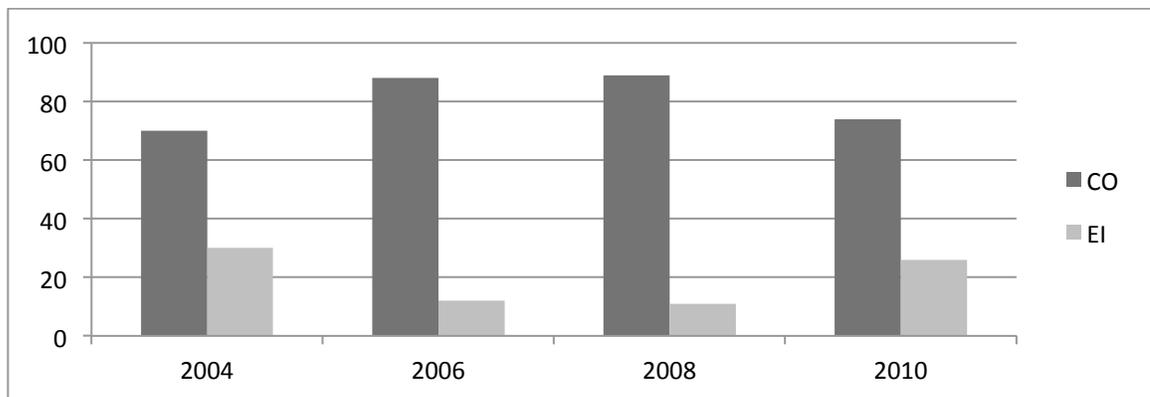
### **Results**

The purpose of the current study was to examine risk profiles of men involved in a local BIP through corrections (CO) and early intervention (EI), as well as, men who have killed their partner (DVDRC) due to acts of IPV. A prediction was made that the overall risk would be greater for the men who have killed their partners versus those that have assaulted their partners. In addition, it was hypothesized that there would be specific individual risk factors such as, a history of prior domestic violence, isolation of the victim, and separation that would be greatly elevated for men who have killed rather than assaulted their partners.

### **Comparison of Groups in Level of IPV Risk**

There are two datasets, the BIP and DVDRC but the BIP dataset was divided according to referral source. Therefore, three data sources (CO, EI, and DVDRC) were analysis for overall risk, modified risk, risk categories, and individual risk factors.

**Risk over time.** The first step in the analysis was to examine the dataset to ensure that changes over time in risk factors and totals would not account for changes in risk. The first step was to examine the BIP population to determine if there was a statistically significant relationship between the year of entry into the BIP and the referral source. A chi-square test was performed and a significant relationship was found between the data source and the year of referral,  $X^2(3, N=400) = 17.7, p = .001$ ). A statistically significant relationship appears in the years 2006 and 2008 (see Figure 1) with the corrections population 88% and 89% of the referrals and early intervention being 12% and 11%. This varies from the years 2004 and 2010 when the distribution was 70% CO to 30% EI. The variance in years might be due to sentencing practices during those years or it might be due to the fact that there was a limited group of men appearing before the courts who met the criteria for early intervention.



**Figure 1: BIP Case Distribution**

To determine if a statistically significant relationship was present with the year of BIP entry or homicide, overall and modified risk was examined for all three data sources. A one-way ANOVA was performed and a statistically significant difference in overall and modified risk total was not found.

Risk categories were also examined over time. While controlling for referral source, a

chi-square test was performed. There was no statistically significant relationship between the risk categories and the year of BIP entry or homicide.

Finally, individual risk factors were examined over time. A chi-square test was performed and a statistically significant relationship was not found with any of the risk factors for the DVDRC population over time. Although there were small changes over the years with the BIP population for four risk factors, there was a statistically significant relationship with the risk factors relating to relationship status at the time of entering the program with the corrections population (CO). The pattern showed the perpetrator and victim living common-law steadily decreasing over time (17 % to 2.7%),  $X^2 (3, N=321) = 8.8, p = .032$ . Second, the factor of actual or pending separation steady increase over time (74.3% to 95.9%) among the CO population,  $X^2 (3, N=321) = 15.0, p = .002$ .

**Individual Risk Factors and Data Source.** Between each group (DVDRC, CO, and EI) the individual risk factor were examined. A chi-square test was performed and a statistically significant relationship was found for eighteen of the twenty risk factors among the three groups (see table 2).

There were two exceptions with the individual risk factors. There was no statistically significant relationship found between data sources with respect to the risk factors of child custody or access dispute and for prior violence against pets. However, several patterns emerged within the analysis regarding frequency of risk factors between the populations.

A pattern was noted with six of the risk factors that showed an increasing in frequencies the followed the severity of violence that each population would likely present. The EI group that was expected to have lower risk frequencies progressing to the

DVDRC group that was expected to have the highest risk frequencies. The pattern was evident in the following risk factors; history of domestic violence (EI 15.2%, CO 54.8%, DVDRC 81.7%), prior threats to kill (EI 7.6 %, CO 25.2%, DVDRC 45.2%), prior threat with a weapon (EI 0%, CO 4.7%, DVDRC 25.4%), prior assault with a weapon (EI 0%, CO 6.2%, DVDRC 12.7%), prior threat to commit suicide (EI 10.1%, CO 10.9%, DVDRC 48.4%), and prior suicide attempts (EI 5.1%, CO 11.2%, DVDRC 42.1%). The presence of stepchildren was the only risk factor that showed a reverse frequency among the populations of men (EI 27.8%, CO 25.5%, DVDRC 12.7%).

In addition to the patterns noted with individual risk factors, the analysis showed that the data sources were characterized by certain factors. Among the three data sources there were four risk factors that presented with large difference between the DVDRC group versus the two data sources from the BIP. The four risk factors were; prior threats to commit suicide (DVDRC, 48.4; CO, 10.9%; EI, 10.1%), access to firearms (DVDRC, 30.2%, CO, 3.1%, EI, 3.8%), obsessive and/or jealous behavior (DVDRC, 61.1%; CO, 25.2%; EI, 29.1%) and prior attempts to isolate the victim (DVDRC, 42.1%; CO, 3.7; EI, 2.5%).

A total of nine risk factors were most commonly identified with the DVDRC population were: history of domestic violence (81.7%), prior threats to kill the victim (45.2%), prior threats with a weapon (25.4%), prior assault with a weapon (12.7%), prior suicide threats (48.4%), prior suicide attempts (21.4%), prior attempts to isolate the victim (42.1%), obsessive/jealous behaviours (61.1%), and access and/or possession of a firearm (30.2%).

Risk factors that were most commonly identified by the CO population were the

following: the perpetrator was abused and/or he witnessed domestic violence as a child (47%), the perpetrator was unemployed (48.9%), the perpetrator minimized and/or denied the domestic violence history (44.5%), actual and/or pending separation (83.8%), an excessive alcohol and/or drug use (51.4%), and a failure to comply with authority (42.7%).

In addition to difference between the groups there were risk factors that were equally represented between populations. The DVDRC and CO population had equally significant representation with the risk factor of history of violence outside of the family (40.5%, 44.5%) and with child custody or access disputes (8.7%, 10.9%). A factor that held equally significant representation among the CO and EI populations was the presence of stepchildren (25.5%, 27.8%).

Table 2: *Chi-square values applied to individual risk factor.*

	DVDRC <sup>a</sup>		CO <sup>b</sup>		EI <sup>c</sup>		X <sup>2</sup>	df	p
	n	%	n	%	n	%			
<b>History of Violence Outside of Family</b>	51	40.5	143	44.5	10	12.7	27.4***	2	.001
<b>History of Domestic Violence</b>	103	81.7	176	54.8	12	15.2	87.1***	2	.001
<b>Prior Threats to Kill</b>	57	45.2	81	25.2	6	7.6	36.5***	2	.001
<b>Prior Threats With a Weapon</b>	32	25.4	15	4.7	0	0.0	56.9***	2	.001
<b>Prior Assault With a Weapon</b>	16	12.7	20	6.2	0	0.0	12.8***	2	.002
<b>Prior Threats to Commit Suicide</b>	61	48.4	35	10.9	8	10.1	85.7**	2	.001
<b>Prior Suicide Attempts</b>	27	21.4	36	11.2	4	5.1	13.4***	2	.001
<b>Prior Attempts to Isolate Victim</b>	53	42.1	12	3.7	2	2.5	128.3***	2	.001
<b>Perpetrator was Abused and/or Witnessed Domestic Violence as a Child</b>	27	21.4	151	47.0	30	38.0	24.9***	2	.001
<b>Obsessive and/or Jealous Behaviour</b>	77	61.1	81	25.2	23	29.1	52.7***	2	.001
<b>Perpetrator Unemployed</b>	50	39.7	157	48.9	26	32.9	8.0**	2	.01
<b>Perpetrator and Victim Living Common Law</b>	29	23.0	33	10.3	15	19.0	13.1***	2	.001
<b>Presence of Step Children</b>	16	12.7	82	25.5	22	27.8	9.8**	2	.01
<b>Extreme Minimization and/or denial of</b>	27	21.4	143	44.5	29	36.7	20.6***	2	.001

spousal abuse history									
<b>Actual or Pending Separation</b>	95	75.4	269	83.8	57	72.2	7.6*	2	.022
<b>Excessive alcohol and/or drug use</b>	44	34.9	165	51.4	21	26.6	21.1***	2	.001
<b>Access to or Possession of Firearms</b>	38	30.2	10	3.1	3	3.8	79.3***	2	.001
<b>Failure to Comply with Authority</b>	42	33.3	137	42.7	10	12.7	25.3***	2	.001

a. n = 126

b. n = 321

c. n = 79

Note: \* p < .05, \*\* p < .01, \*\*\* p < .001

There were also four risk factors that were not strongly identified among the CO and EI populations and indicated that the two populations did not vary significantly from each other. In three of the four factors the populations presented less than 5%: prior threats with a weapon (4.7%, 0.0%), prior threats to commit suicide (10.9%, 10.1%) attempts to isolate the victim (3.7%, 2.5%), and access and/or possession of a firearm (3.1%, 3.8%).

Surprisingly there were also patterns observed between the DVDRC and EI population. There was an equally significant representation with the risk factor, living common-law (23%, 19%). However, the two populations were also equally represented among the following factors: unemployment (39.7%, 32.9%), actual and/or pending separation (75.4%, 72.2%), and excessive alcohol and/or drug use (34.9%, 26.6%).

Statistically significant relationships existed between eighteen of the individual risk factors and the data sources. Several groups of risk factors were identified at a higher frequency within both the DVDRC and CO populations. Analysis to determine potential relationships between the risk categories and data sources was examined next.

**Risk Categories and Data Source.** The examination of potential relationships between risk category and the data sources was the second step in the analysis. A chi-square test was performed (see table 3) and a statistically significant relationship was found between data source and risk category,  $X^2(4, N = 526) = 58.6, p = .001$ .

Table 3: *Chi-square values applied to Low, Medium, and High Risk Categories*

	DVDRC <sup>a</sup>		CO <sup>b</sup>		EI <sup>c</sup>		X <sup>2</sup>	df	p
	n	%	n	%	n	%			
<b>Low</b>	20	15.9	78	24.3	42	53.2	58.6***	4	.001
<b>Medium</b>	40	31.7	131	40.8	32	40.5			
<b>High</b>	66	52.4	112	34.9	5	6.3			

a. n = 126

b. n = 321

c. n = 79

Note: \* p &lt; .05, \*\* p &lt; .01, \*\*\* p &lt; .001

The statistically significant relationship was found within the medium risk category with all three populations similarly represented (DVDRC 37.7%, CO 40.8%, and EI 40.5%). However, within the low and high risk categories difference was found between the three populations. The EI clients represented the majority of the low-risk category at 53.2% and in the DVDRC represented the majority of the high-risk category at 52.4% followed by CO at 34.9%.

**High-risk population.** In an attempt to better understand the profile of the high-risk category and potential group differences between the DVDRC and CO populations, the risk factors were analyzed through a chi-square test. Among the DVDRC and CO high-risk population there was no statistical significant relationship found with the risk factors of prior suicide attempts, child custody disputes, prior violence against a pet, perpetrator and victim residing common law, actual/pending separation, and access to or possession of firearm.

Of the risk factors that demonstrated a statistical significance (see figure 2), the DVDRC high-risk population appeared to share similar risk factors with the CO population. These factors included history of violence outside of family (63.6%, 80.4%),

history of domestic violence (98.2%, 92.0%), and unemployment (57.6%, 66.1%).

However, five risk factors showed considerable differences with the lethal group and include the following: prior threats to kill the victim (72.7%, 50.0%), prior threats with a weapon (43.9%, 10.7%), prior threat to commit suicide (59.1%, 19.6%), prior attempts to isolate the victim (59.1%, 8.0%), and obsessive and/or jealous behaviours (80.3%, 42.9%). Although there was no statistically significant relationship found between high-risk and access to or possession of a firearm, a larger proportion of the DVDRC population presented with this factor than the CO population (34.8%, 5.4%).

The CO high-risk population showed elevations above those presented by the DVDRC high-risk population within the risk factors of perpetrator having experienced abuse and/or witness domestic violence as a child (72.3%, 34.8%), excessive alcohol and/or drug consumption (70.5%, 50.0%), step children in the home (37.5%, 19.7%), and minimization and/or denial of domestic violence (58.0%, 39.5%).



\*/\*\* DVDRC/ CO no statistically significant relationship found

Figure 2: High Risk IPV vs. High Risk IPH

In addition to analyzing the individual risk factors and risk categories, risk totals, both overall and modified were analyzed. The examination of risk totals was completed to determine if there was a statistically significant relationship between the three populations and was the final step for analysis.

**Modified and Overall Risk and Data Source.** The analysis of the overall and modified risk was the final steps in the analysis. The overall risk consisted of twenty items and the modified risk of thirteen items. An ANOVA test was used to determine if there was a statistically significant difference in the two risk scores as determined by the

data sources. The mean and standard deviation for overall and modified risk for the three populations is found in table 4.

Table 4: Mean and Standard Deviation for Overall Risk and Modified Risk

	DVDRC (n=126)		CO (n=321)		EI (n=79)	
	M	SD	M	SD	M	SD
Overall Risk	6.8	3.4	5.6	2.6	3.6	1.8
Modified Risk	4.6	2.5	4.2	1.9	2.3	2.1

Examination of the overall risk totals was completed through a one-way ANOVA and a statistically significant difference was found, ( $F(2,523) = 35.24, p = .001, \text{partial } \eta^2 = .119$ ). A tukey *post-hoc* test revealed that the overall risk totals demonstrated a statistically significant difference between all three groups with CO ( $5.57 \pm 2.6, p = .0005$ ), and EI ( $3.56 \pm 1.8, p = .001$ ) compared to DVDRC ( $6.83 \pm 3.4$ ). The test for homogeneous subsets indicated that all three populations were statistically significantly different.

A second analysis was completed for the modified risk score of 13 risk factors and as determined by a one-way ANOVA there was a statistically significant difference between groups, ( $F(2,523) = 33.06, p = .001, \text{partial } \eta^2 = .112$ ). A tukey *post-hoc* test revealed that the risk items were statistically significantly different between all three groups with CO ( $4.12 \pm 1.99, p = .043$ ) and EI ( $2.34 \pm 1.26, p = .001$ ) compared to DVDRC ( $4.63 \pm 2.47$ ). The test for homogeneous subsets showed two subsets, which indicated that the EI group differed from the CO and DVDRC.

Comparison of the three populations yielded information that the men from the

DVDRC were significantly different from those who were attending BIP due to court mandate for perpetration of IPV against their partners. In addition, there were statistically significant differences in overall scores for the two populations of men involved in the BIP. Several implications for assessment and intervention follow because of the differences found between and among the three groups.

**BIP and High-Risk BIP Population.** An analysis of the BIP program and the high-risk population was completed post-hoc. The BIP population had an overall attrition rate of 40% with the majority of the BIP non-completers comprised of men who presented as high-risk (60.7%). A chi-square test was performed and a statistically significant relationship was present between program completion and referral source into the BIP,  $X^2 (1, N=400) = 27.8, p = .001$ . The EI population completed the current program at a rate of 86.1% where as the CO population completed at 53.6 %. Examining the CO population, the high-risk category held a statistically significant relationship with program completion,  $X^2 (2, N=321) = 17.1, p = .001$ . A large percentage (60.7%) of the high-risk corrections population did not successfully complete the program.

Completion of BIP did not apply for the DVDRC population. However, prior counselling was seen within 34% of the population with another 26.2% being unknown. Prior treatment history noted for this population was in relations to anger management counseling, individual counselling, addictions or mental health. Two participants had been referred to a BIP but none of the DVDRC population had completed treatment for IPV prior to committing the murder.

### Discussion

The current study was a retrospective investigation into the possible differences in

risk factors and in the overall risk of men who are involved in a local BIP and a sample of men in Ontario who have killed their partner through an act of IPV. The primary purpose of the project was to examine the risk factors presented by male perpetrators of IPV referred for treatment, compared to men who committed domestic homicides. This study was intended to scaffold on prior work completed by Dobash et al. (2007) research, which compared lethal and non-lethal IPV.

The goal for the current study was to be able to determine if there would be elevations within risk that would assist in assessing risk to provide early detection and intervention for men who may pose at an increased risk of IPH. In addition to preventing death, the hope was that examining risk profiles of men involved in a BIP would provide implications for assessment, safety planning, and management to reduce the occurrence of re-assault.

Prevalence rates within Canada have shown that IPV has remained stable over the past couple of decades (Statistics Canada, 2011). During the preparation for the current study analysis demonstrated that, similar to stability in IPV rates, the overall risk among perpetrators has also been stable. However, there were some individual risk factors that showed changes. Risk factors relating to relationship status at the time of entering the program indicated two patterns, with common-law status decreasing over time and separation increasing over time in the CO population. One possible explanation might be found in sentencing trend that specify no-contact conditions between the perpetrator and victim as a required condition of supervision orders. This increase and subsequent, similarity to that of the DVDRC population, indicate that support is needed for both the perpetrator and the victim to mitigate risk; this is a particularly compelling finding, given

the research that has identified that separation is a significant risk factor for women (Campbell et al, 2003; Echeburua et al., 2009; Grann & Wedin, 2002; Hilton & Harris, 2005; Kropp et al., 1994; Kroop, 2008; Logan & Walker, 2004; Smith & Farole Jr., 2009). A question that arises from this trend is if separation is a result of sentencing and is a risk factor for dangerousness and lethality, what is being done to support both the victim and the perpetrator through safety planning and risk management?

Additional research may be warranted to determine whether the forced separation determined by the criminal justice system or the voluntary leaving from the relationship by the women has an impact of the severity of this risk factor for predicting re-assault and/or lethality.

### **Risk Factor Profiles.**

**Overall Risk.** A total score was calculated to represent the level of risk for each of the five hundred and twenty six participants in order to compare the overall and modified risk for all three populations. A prediction was made that there were would be statistically significant differences between the groups with the men who have killed their partners presenting at the highest risk and the men involved in the early intervention program for perpetrating IPV presenting with the lowest risk. Finding from the current study did support the hypothesis as stated. A statistically significantly difference was found between all three populations.

In regards to the modified risk score, a statistically significant difference was found between all three populations. However, a concerning finding when evaluating the modified risk score was detected in the post-hoc analysis, which revealed that the CO and DVDRC populations were placed in the same homogeneous subset. When removing self-

reported items that can be skewed by personal bias or lack of insight into behaviours, the two populations no longer present with a pronounced difference. The finding is concerning due to the level of risk that the CO population may present with regards to lethality.

Despite this, the findings do suggest that there might be ways of identifying men who kill versus those who assault their partner. One implication is that there are specific risk factors that would assist the community and the criminal justice system in identifying perpetrators who present at a greater or lesser degree of dangerousness within IPV relationships. A second implication is that if the three groups of men were different then this would lend further support to the need of matching risk to interventions.

The risk factors were compared between the three populations using the client intake form and the existing dataset from the file reviews with the homicide cases. A prediction was made that the men who kill their partners would present with specific risk factors such as a history of prior domestic violence, isolation of the victim, and separation at an elevated level compared to men who engaged in non-lethal IPV. A hypothesis is that factors which stand out among lethal IPV such as history of threats to kill, weapon use, suicidal ideation or attempts with the presence of obsessive and jealous behaviours, could assist in early detection and prevention of death within IPV.

**Risk categories.** The current study examined risk categories for the three populations of IPV perpetrators. When dividing the risk factors into categories the differences between the groups became more complicated. The medium risk category showed an equal representation across all three populations. This finding could lend support to the research that indicated that there are little differences in risk factors between men who

kill versus those who assault. Alternatively, it could also mean that for the men in this risk category, there may be other risk factors that were not measured as a result of lacking information.

Despite this the current study established a clear distinction for the low-risk versus high-risk categories. The men in the EI population had the highest representation in the low risk category and DVDRC in the high-risk category. The findings from this study regarding the early intervention population lend further support for the use the diversion program offered through courts for low risk perpetrators.

Implications for men who present as high-risk population are also identified through the current study. The high-risk population within the current study was established as 7 risk factors or more. The rationale for the cut off point was to follow those established with the DVDRC, however in doing so, the high-risk category for the current study is a conservative estimate compared to the DVDRC criteria, which uses thirty-nine risk factors.

An alarming finding was that the high-risk category represented a third of the CO population. The finding provides support for the need of specific interventions geared to this population. The high-risk CO population held a significant relationship with all but three risk factors. The high-risk CO population showed elevations above those presented by the high-risk DVDRC population within the following risk factors of perpetrator having experienced abuse and/or witness domestic violence as a child, excessive alcohol and/or drug consumption, step-children in the home, and minimization and/or denial of domestic violence.

When comparing the high-risk CO population to the high-risk DVDRC population, the latter group appeared to share many similar risk factors with the exception of five. The five risk factors that showed considerable differences in men who perpetrated lethal violence included the following: obsessive and jealous behaviours, prior attempts to isolate the victim, prior threats to commit suicide, prior threats with a weapon, and prior threats to kill the victim all of which were more frequent in men who perpetrated lethal violence. These findings are similar to research completed by Campbell et al. (2007), Dobash et al. (2007), Laing (2004), and Websdale (2000).

Given the information obtained from the current study, combinations or clusters of risk factors between as well as within each population may be useful in better understanding the differences between men who kill versus men who assault their partners. The combination of factors within the CO men may allow for a better understanding of their risk and hold implications for risk management and safety planning. Similarly, identifying risk factors that are more commonly found among DVDRC men will allow for early detection and intervention.

**High-risk BIP population and program completion.** Although not the initial purpose of the study, an interesting finding relating to program involvement was discovered for the two BIP populations. One of the findings was that a significant portion of the high-risk CO participants (34.9%) was placed within the same intervention as men in the low to medium risk categories. The BIP population had an overall attrition rate of 40% with the majority of the non-completers comprised of men who presented as high-risk (60.7%). The portion of non-completers within the program and the percentage of high-risk correction population found within the current study are similar to those found

in other research (Bennett, 2007; Daly, Power, & Gondolf, 2001; Daly & Peloski, 2000; Gondolf, 2004; and Olver, Stockdale & Wormith, 2011).

Not surprising, the EI completed the BIP at a higher rate than the CO. Non-completers are typically men who are higher risk offenders who have been formally sentenced in court. The attrition rate is concerning because failure to complete BIP predicts the likelihood of re-offending (Bennett, 2007; Gondolf, 2004; Olver et al, 2011).

The current study revealed an attrition rate among the high risk CO population at 61%. The result suggests that the men who present with 7 or more risk factors are struggling to complete the program and may benefit from additional supports in order to be successful. Understanding the risk profiles of the higher risk perpetrators is an important step to meeting their needs. Some work has already been done to better understand this population (Bennet, 2007;Gondolf, 2002 & 2004; Wormith & Olver, 2003). The stages of change, motivational interviewing, and risk, need, responsibility principles should be included during the assessment stage and selection for treatment options. Research has been completed indicating positive effects of the transtheoretical model of change for BIP (Day et al, 2006; Hellman et al, 2010; Levesque et al, 2000, 2008; Scott et al, 2011; Zalmanowitz, Babins-Wagner, Rodger, Corbett, & Leschied, 2012).

**DVDRC vs. BIP program involvement.** Qualitative research completed by Campbell et al. (2010) investigated strategies for engaging men in change to prevent re-assault. The participants were asked if they had sought help prior to entering into the BIP and findings indicated that although two-thirds of the men sought help, only half of the men received support to address their abusive behavior. The study found that a significant

portion (41%) of the men didn't know who to turn to for help, they were embarrassed (38%) and felt this prevented them from seeking help, and that they did not want anyone to know (22%). The men were most likely to feel that a counselor, doctor, family member, friend, or religious leader would be the best people to seek support and help from. Factors that influenced their decision to seek help were the role of societal influence, trust and confidentiality, and knowledge and positive regard.

The research by Campbell et al (2010) is highlighted for two reasons. The first is related to the significance this information has for the high-risk perpetrators within the group of corrections population: gaining a better understanding of the men attending, and in particular the high-risk men, may increase engagement and reduce violence against women. The pilot project initiated by the Police Service in the same urban community as the current study involved local BIP identify men who were high risk, and began addressing the men's specific risk factors shortly after their first court appearance. Results were promising with the men in the intervention program were less likely to re-offend including through violation of the no contact order and need to be replicated to add further support of this model (Heslop, Kelly, & Wiggins, 2012). The early intervention of high-risk offenders has been shown to reduce the recidivism rates for male perpetrators of IPV (Johnston & Hotton, 2003; Kingsnorth, 2006; Olver et al, 2011).

Second, Campbell et al (2010) provides information that is relevant to the population of men within the DVDRC dataset. These men presented with the greatest risk but with the lowest rates of treatment involvement and with none having attended interventions that specifically addressed IPV. Furthermore, this group is of importance as a third of the men who killed their partner had prior involvement in counselling but the

risk they posed to their victims went unaddressed. The finding is extremely concerning given the missed opportunities for the men to seek and engage in interventions specific to IPV. Implications from these findings include the identification of program providers and counselors who are trained and knowledgeable in IPV, and the importance of such training for doctors, counselor, families, and friends who may provide referrals to male perpetrators.

Efforts have been made in the medical field, workplace, and employee assistance programs to begin to better screen and provide interventions for women who are at risk of harm due to IPV (Falk, Shepard, & Elliott, 2001; Johnson & Gardner, 1999; Mighty, 1997; Richardson, Coid, Petruckevitch, Chung, Moorey & Feder, 2002; Workers Compensation Board, 2012). However, there remains limited information on what supports and referrals are provided to male perpetrators when community members become aware of abusive behaviours (Hardison, Pollack, Clinton-Sherrod, McKay, & Lasater, 2012; Jaeger, Spielman, Cronholm, Applebaum, & Holmes, 2008; Pollack, Austin, & Grisso, 2010).

In addition to the information provided from overall risk scores and risk categories, important findings were also uncovered for the individual risk factors for men who perpetrate IPV and IPH.

**DVDRC Population.** The current study did show that there were specific risk factors that were significantly elevated among the DVDRC population. These risk factors were prior threats to commit suicide, access to firearms, obsessive and/or jealous behavior, and prior attempts to isolate the victim. As this group indicated significant levels with these factors, an implication would be for the community and the criminal justice system pay

particular attention to the presence of these factors when working with men who perpetrate IPV. Ideally, these would be inquired into prior to the victim and perpetrator separating, as separation is often the catalyst for the men committing the murders.

In addition, there were five other risk factors that were more commonly identified within the DVDRC population that included the following: history of domestic violence, prior threats to kill, prior threat with a weapon, prior assault with a weapon, and prior suicide attempts. The combination of these risk factors has appeared in prior research (Aldridge & Brown, 2003; Belfrage & Rying, 2004; Campbell et al, 2009; Dobash et al, 2004, 2009, 2011; Johnston & Hotton, 2003; Websdale, 2000).

Similarly to the lethal groups represented in Dobash et al. (2007), the current study found that the men who killed their partners were more likely to be separated or separating, to have obsessive, jealous, and/or possessive behaviours, and have access and use of an instrument (knife) in the commission of the murder.

Intriguingly and in contrast to the findings of the research completed by Campbell et al (2009), the presence of stepchildren was the only risk factor that showed a reverse association with men in the DVDRC group presenting as less likely to have this risk factor.

**CO population.** The population of correctional participants also demonstrated a pattern of elevations in risk factors that were not as commonly reported within the other two groups. For perpetrators, these risk factors included, abused and/or witnessed domestic violence as a child, unemployment, minimizing and/or denying the domestic violence history, excessive alcohol and/or drug use, and a failure to comply with authority. The CO population appears to present with multiple areas of need

(victimization, addictions, unemployment) that is not as present within the other groups. An implication is that perhaps these are the risk factor differences that separate men who kill from those who assault their partner. This implications suggests that men who are more likely to kill will be those who are separated or separating and have the following risk markers present: prior threats to commit suicide, access to firearms, prior attempts to isolate the victim, history of domestic violence, prior threats to kill, prior threat with a weapon, prior assault with a weapon, and prior suicide attempts; men who are more likely engage in non-lethal IPV will be those who present with histories of victimization, addictions, unemployment, minimization and/or denial, and failure to comply with authority.

An interesting and very important comparison that occurred with the study was that, similar to Dobash et al, (2007) both groups (CO and DVDRC) were marked by high unemployment, 48.9% and 39.7% respectively. In addition, Dobash et al. (2007) found that alcohol abuse was more prevalent within the non-lethal group but that it was a concern for both groups with more than half of the sample and more than one third of the lethal sample having serious problems with alcohol abuse as an adult. The current study found similar trends with excessive alcohol and/or drug use being present for half of the men who have assaulted their partners and one third of the population who have killed their partners.

In addition, it might be helpful to examine how factors of risk that are system imposed (separation, unemployment) can be supported with both the victim and the offender. What support is provided to the perpetrators that address factors of separation, addictions, mental health, and unemployment when released from Court after his first

appearance? How are these risk factors currently being managed and what safety planning measures are being completed with the victim?

The existing body of research on risk assessment and management stresses the importance of developing interventions for specific dynamic factors of risk that men present with (Andrews et al, 1990; Bonta & Andrews, 2007; Day, Chung, O'Leary, & Carson, 2009; Fender & Wilson, 2003; Gondolf, 2004; Hellman, Johnson, & Dobson, 2010; Hendricks et al., 2006; Kropp, 2008; Levesque et al, 2008; Levin, 2006; Lowenkamp, Latessa, & Holsinger, 2006; Scott et al., 2011; Sonkin & Liebert, 2003). In conjunction with paying attention to individual and clusters of risk factors, the current study has shown that different populations present with elevation in specific risk factors. The considerable elevations within the DVDRC population for the risk factors of prior threats to commit suicide, access to firearms, obsessive and/or jealous behaviour, and prior attempts to isolate the victim holds implications for risk assessment and potentially the earlier identification of men who may pose a greater risk to the victim. Overall, the findings provide additional support for the need to pay particular attention to combinations or clusters of risk factors at the time that the men are sentenced and/or entering into community supervision orders to determine elevated risk for lethality.

The statistically significant differences between and among all three data sources further supports the use of risk assessment and management through each stage of intervention once the community becomes aware that a man is engaging in IPV. Risk assessment and management that is undertaken early and which matches the specific needs of the population may have a greater impact on the men discontinuing the use of

IPV in their relationships (Gondolf, 2004; Kropp, 2008; Kelly & Johnson, 2008; Scott, 2004; and Sonkin et al, 2003).

### **Limitations.**

This research project provided results that support work that is already being completed in the field of IPV. In addition, this study has established that total risk scores of men have remained stable similar to the prevalence rates. One limitation is the ability to generalize the findings. Generalizability of the results may also be impacted as one of the data sources obtained information from one city in southwestern Ontario. Results may look different for large cities such as Toronto or remote locations in Northern Ontario.

A second limitation is related to the determination of the risk factors for the current study. Only twenty of the original thirty-nine factors in the DVDRC were used for the study. A more robust profile of risk for the BIP may have been obtained if all risk factors were present. The limitation also affects the use of the cut-off scores for determining risk categories. The high-risk category within the current study is a conservative estimate in comparison to that of the DVDRC when all thirty-nine items are used.

The third limitation is in regard to the collection of the data from the community agency. Participant's self report at intake was the sole method of information. An attempt to counter some of this variation resulted in modifying the risk total by eliminating factors that tend to be more objective or that would require self-awareness. Despite this effort, the data may be subjected to inaccuracies for a number of reasons.

Several inaccuracies may be present as a result. One possible inaccuracy that may be present is related to the problems with self-report and involves the individual's willingness to disclose the use of or threat of prior violence towards others. For example,

the self-disclosures may have been withheld out of fear of repercussions (i.e. additional charges, shame), or stigma surrounding their behaviors. These fears may also be present for the risk factors addressing prior threats and attempts of suicide (stigma of mental illness).

Second, there may be an inability of the participants to acknowledge their behavior due to denial, which may affect the accuracy of their reporting. In particular, the correctional clients presented with the highest rates on the risk factor of minimization and/or denial of domestic violence history. (Campbell, Neil, Jaffe, & Kelly, 2010; Catlett, Toews, & Walilko, 2010; Fenton & Rathus, 2010; and Sonkin et al, 2003).

Third, the information was gathered at the intake stage of the program with no definition or list of what behaviors actually constitutes abuse. The lack of a definition and list of behaviors that are abusive may affect responses to items such as obsessive and/or jealous behavior and attempts to isolate the victim. In addition, it may have been difficult for respondents to identify their own experiences as children and their behaviors as an adult as being abusive. Therefore, an under-representation of the risk factors addressing abuse experienced by the men in their childhood (Corporal punishment or beatings only seen as necessary discipline).

Similarly, the risk factor for childhood experiences of abuse held a higher percentage within the DVDRC data source for having unknowns (14.4%). Such differences in awareness or definitions could elicit differences in reporting and ultimately affect the overall outcome.

Finally, written screening that was used for collection of self-reports at intake for the community population would likely have under-estimated the frequency of all risk factors

(Fenton & Rathus, 2010; McFarlane, Christoffel, Bateman, Miller, & Bullock, 1991).

Alternatively, a more robust form of collecting the information that includes the use of multiple open-ended questions and the identification of behaviors would have increased the accuracy of the report's findings (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Despite the limitations presented within this study, a number of implications are notable.

### **Future Implications**

Several implications from this study are noted for future assessment and treatment. The implications for practitioners (counsellors, criminal justice system) who work with perpetrators of IPV include the use of risk assessments, development of a comprehensive treatment model, and the use of consistent language in research.

**Use of risk assessment.** Given the statistically significant differences between the three populations, a future implication would be to use risk assessment tools for addressing level of risk, management of risk, and safety planning with the victims. A model is provided in appendix E, which is a hypothetical intervention model for practitioners working within IPV adapted from the work of DVDRC (2008), Kropp (2008), and Sonkins et al (2003).

Risk assessment would lead to moving away from a "one size fits all" model and begin to create interventions that are matched to the risk level of the men. In addition to matching risk level to intervention type, another suggestion would be matching the appropriate interventions to the specific risk factors and needs of the men.

Research has indicated that when the perpetrator's level or risk, need, and responsibility are matched appropriately to interventions the risk to re-offend decreases

(Andrews et al, 1990; Bonta & Andrews, 2007; Bourgon et al, 2009, 2012; Day et al, 2006; Dowden & Andrews, 2000; Heslop et al, 2012; Lowenkamp et al, 2006; Motiuk & Porporino, 1989; Wormith & Olver, 2002). In addition, if interventions also follow principles of human service, risk, need, and responsivity there is an indication that significant decreases in risk can be achieved (Dowden & Andrews, 1999 & 2000). Conversely, if low risk populations are placed within interventions with higher risk populations, the risk level will increase for the low risk members and can remain unchanged or increased for the high-risk populations (Andrews & Bonta, 2003; Dishion,, McCord, & Poulin, 1999; Lowenkamp et al, 2006).

A requirement of this would be the early identification of men when they come to the attention of community agencies and/or the police. Risk assessment is only effective if it is followed up with effective risk management (Kropp, 2008; Sonkin et al. 2003). Early intervention is important in light of the fact that none of the men involved with the DVDRC database had intervention specific to IPV risk assessment and management. This study presented results that the courts are effectively identifying the lower risk batterers for the early intervention programs. Similar to the pilot project initiated in London, screening should be possible for the high-risk batterers to ensure that a more intensive approach is utilized through the criminal justice system and community partners.

**A comprehensive model.** The development of a comprehensive model for intervention that begins with risk assessment and focuses on risk management and safety planning is required should IPV be addressed successfully. Kroop (2008), the Ontario DCDRC annual report (2008), and Sonkin et al (2003) provide models of intervention that builds on comprehensive risk assessment. The models includes risk assessment and

management stages to be considered. Specific dynamic risk factors need to be identified for intervention within a case management approach that includes safety planning.

Risk assessment and case management begins with the use of established risk instruments such as the ODARA, DA, or the B-Safer. Multiple sources should be included in this process but, minimally, the perpetrator and the victim. Other sources to consider would be community agencies, mental health providers, doctors, family, and friends. The need for collateral sources for additional information is especially important within IPV due to the level of denial and minimization among IPV perpetrators (Campbell et al, 2010; Catlett et al, 2010; Fenton & Rathus, 2010; Sonkin et al, 2003). Ongoing evaluation of BIP's effectiveness of the work being done with the individual perpetrators of IPV is needed (Bennet, 2007; Gondolf, 2004).

Risk assessment and management have shown positive results when the victim is contacted at the time of first contact with the courts and when the perpetrators are connected with services within a short period of time from their first appearance in court (Goodman, Dutton, & Bennett, 2000; Heslop et al, 2012). Although a comprehensive risk assessment is a good first step, there needs to be more that goes beyond the risk assessment instruments (Gondolf, 2004; Kropp, 2008; Scott 2004; Sonkin, 2003) that prepares the client for treatment and insures that the right treatment approach will be secured for the client.

**Consistent language.** The need for consistent language between the researchers, courts, community agencies, perpetrators, and victims would also ensure an accurate analysis of findings. Some work has been undertaken to define terms commonly used for men who are court mandated into community programs (Kropp, 2008; Scott & King,

2007; Sonkin et al, 2003). Common language is needed in regards to the definition of IPV, the acknowledgement of the varying forms of IPV, risk assessment tools, and risk management. Consistent language has the capacity to facilitate effective coordinated services for both the perpetrator and the victim. However, more research and work is needed in this area.

In order to fully understand the risk factors and the men involved in the criminal justice system and community programming, further studies need to be undertaken. A more in-depth longitudinal study should be considered that would assist in understanding changes in risk patterns, adaptation of the systems response to IPV, and in improving treatment approaches. When considering future endeavors incorporating multiple sources of information (police records, family and friends, victims, and other community partners) would ensure a holistic understanding of the men who perpetrate violence against women.

### **Conclusion**

In summary, the primary findings of the study suggest that the men who kill their partners are different than men involved a local community BIP. The men who have killed their partners presented with a greater number of overall risk. In addition, there was a pattern similar to other research with risk factors that presented with significantly elevated levels with the lethal group of men. However, there remains a significant portion of the corrections population who presented in the high-risk category. Several implications follow from these discoveries in risk patterns and can be used to build on the growing body of research and literature on risk factors in the attempt to address the phenomenon of intimate partner violence.

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## Appendices

### Appendix A: Changing Ways Inc. Self-Report Form

#### **Risk Assessment**

The following are behaviours that many men admit to using in their relationships

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 1.  | Have you used suicide as a threat?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.  | Have you ever thought of or attempted to commit suicide?<br>Describe: _____   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.  | Have you threatened to use guns or other weapons against your (ex)partner or the children?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.  | Have you threatened to harm or kill your (ex)partner or the children?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.  | Have you threatened to harm or kill anyone in your (ex)partner's family or her friends?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.  | Have you used violence against anyone other than your (ex)partner? (e.g., family, friends, strangers etc.)                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.  | Have you killed or injured a pet owned by your (ex)partner?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8.  | Have you tried to stop your partner from calling the police?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9.  | Do you feel sorry for your (ex)partner or her situation?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Do you feel you have a lot of anger?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Are you jealous or possessive?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Do you think that your abusive behaviour really isn't that bad? (Do others make it out to be worse than it actually is?)          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Did your parents fight (verbally or physically) a lot when you were a child?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Are there others who might assist you in using violence against your (ex)partner? (If you wanted to hurt her)                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Have you ever prevented your (ex)partner from having contact with her children?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. | Do you think that the reason you are abusive is because your parent(s) were?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. | Have you ever stopped your partner or attempted to stop her from getting help or formal support? (e.g. police, shelter, hospital) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Appendix B: DVDRC Risk Factor Coding Form**



**Appendix B: DVDCR Risk Factor Coding Form**

A= Evidence suggests that the risk factor was not present  
 P= Evidence suggests that the risk factor was present  
 Unknown (Unk) = A lack of evidence suggests that a judgment cannot be made

Risk Factor	Code (P,A, Unk)
1. History of violence outside of the family by perpetrator	
2. History of domestic violence	
3. Prior threats to kill victim	
4. Prior threats with a weapon	
5. Prior assault with a weapon	
6. Prior threats to commit suicide by perpetrator*	
7. Prior suicide attempts by perpetrator* (if check #6 and/or #7 only count as one factor)	
8. Prior attempts to isolate the victim	
9. Controlled most or all of victim's daily activities	
10. Prior hostage-taking and/or forcible confinement	
11. Prior forced sexual acts and/or assaults during sex	
12. Child custody or access disputes	
13. Prior destruction or deprivation of victim's property	
14. Prior violence against family pets	
15. Prior assault on victim while pregnant	
16. Choked/Strangled victim in the past	
17. Perpetrator was abused and/or witnessed domestic violence as a child	
18. Escalation of violence	
19. Obsessive behaviour displayed by perpetrator	
20. Perpetrator unemployed	
21. Victim and perpetrator living common-law	
22. Presence of stepchildren in the home	
23. Extreme minimization and/or denial of spousal assault history	
24. Actual or pending separation	
25. Excessive alcohol and/or drug use by perpetrator*	
26. Depression – in the opinion of family/friend/acquaintance – perpetrator*	
27. Depression – professionally diagnosed – perpetrator* (if check #26 and/or #27 only count as one factor)	
28. Other mental health or psychiatric problems – perpetrator	
29. Access to or possession of any firearms	
30. New partner in victim's life*	
31. Failure to comply with authority – perpetrator	
32. Perpetrator exposed to/witnessed suicidal behaviour in family of origin	
33. After risk assessment, perpetrator had access to victim	
34. Youth of couple	
35. Sexual jealousy – perpetrator*	
36. Misogynistic attitudes – perpetrator*	
37. Age disparity of couple*	
38. Victim's intuitive sense of fear of perpetrator*	
39. Perpetrator threatened and/or harmed children*	
Other factors that increased risk in this case? Specify:	

\* Revised or new item

**Appendix C: ODARA & DA Risk Factors**

Risk Factor in Current Study	ODARA	DA	Domestic Violence Risk Management Guide
History of violence outside of family	Present		Present
History of domestic violence	Present	Present	Present
Prior assault with a weapon		Present	Present
Prior threats to kill victim	Present	Present	Present
Prior threats with a weapon against victim	Present	Present	Present
Prior threats to commit suicide		Present	Present
Prior suicide attempts		Present	Present
Prior attempts to isolate victim		Present	Present
Child access/custody dispute			Present
Prior violence against pets			Present
Perpetrator was abused and/or witnessed domestic violence as a child			Present
Obsessive and/or jealous behaviour		Present	Present
Perpetrator unemployed		Present	Present
Victim and perpetrator living common-law			
Presence of stepchildren in the home	Present	Present	Present

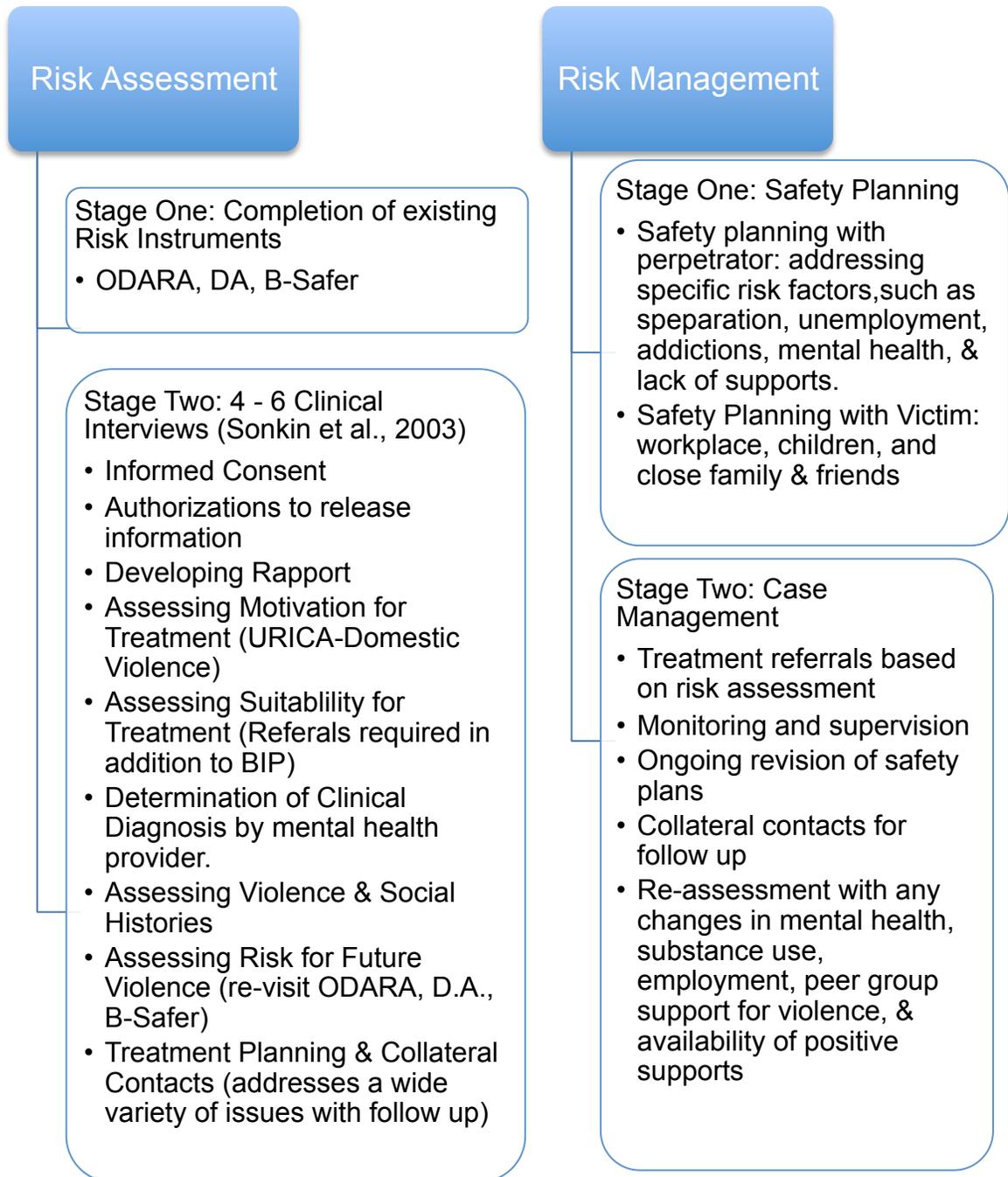
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Minimization and/or denial of spousal assault history			Present
Actual or pending separation		Present	Present
Excessive alcohol and/or drug use	Present	Present	Present
Access to or possession of a weapon		Present	Present
Failure to comply with court order	Present		Present

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**Appendix D: Risk Factors Unknown DVDRC**

<b>Risk Factors</b>	<b>N</b>	<b>%</b>
History of Violence Outside of Family	18	3.4%
History of Domestic Violence	7	1.3%
Prior Threats to Kill Victim	20	3.8%
Prior Threats with a Weapon Against Victim	22	4.2%
Prior Assault with a Weapon Against Victim	21	4.0%
Prior Threat to Commit Suicide	29	5.5%
Prior Suicide Attempt	28	5.3%
Prior Attempts to Isolate the Victim	9	1.7%
Child Custody or Access Dispute	3	.6%
Prior Violence Against Pets	4	.8%
<b>Perpetrator was abused and/or witnessed domestic violence as a child</b>	<b>76</b>	<b>14.4%</b>
Obsessive and/or Jealous Behavior	7	1.3%
Perpetrator Unemployed	1	.2%
Victim and Perpetrator Living Common-Law	3	.6%
Presence of Step Children	0	0.0%
Minimization and/or Denial of Spousal Assault History	15	2.9%
Actual or Pending Separation	4	.8%
Excessive Alcohol and/or Drugs Use by Perpetrator	8	1.5%
Access to or Possession of Firearms	5	1.0%
Failure to Comply with Authority	4	.8%

**Appendix E: Risk Assessment and Management Model**

**Appendix F: Permission Letter**

*Changing  
Ways*

December 16, 2011

Dear Peter

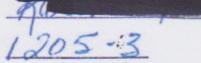
Further to our recent meeting and discussion of research with Changing Ways, I am pleased to allow both your M Ed students Carolyn Carrier and Armita Hosseini to access our agency intake forms in order to extract information related to their areas of interest (risk factors and information about children exposed to violence). Both students will be working under your supervision together with Dr. Katreena Scott from OISE on these projects. The students can use space here to code data and any information removed from here would be coded with non-identifying information in regards to our clients. Your students will sign an oath of confidentiality with Changing Ways that acknowledges their awareness of the sensitive and highly confidential nature of the information they will be reviewing. We look forward to working with you on these studies.

Trevor Hinds  
Program Director

*Helping men end the violence.*

Charitable Registration No. 13056 8371 RR0001

**Appendix G: Approval of M.Ed. Thesis Proposal**

 <p>Faculty of Education Graduate Programs &amp; Research Office</p>		<p><b>FORM A</b></p> <p>Print Form</p> <p>Reset Form</p>
<b>APPROVAL OF M.Ed. THESIS PROPOSAL</b>		
<p>If the proposed research does not involve human subjects or the direct use of their written records, video-tapes, recordings, tests, etc., this signature form, along with ONE copy of the research proposal should be delivered directly to the Graduate Programs &amp; Research Office for final approval.</p>		<p>If the proposed research involves human subjects, this signature form, along with ONE copy of the research proposal and Ethical Review Form signature pages (Section 1.1 to 1.7) must be submitted to the Graduate Programs &amp; Research Office for final approval.</p>
<p>IT IS THE STUDENT'S RESPONSIBILITY TO PROVIDE A COPY OF THE RESEARCH PROPOSAL (INCLUDING REVISIONS) TO THE THESIS SUPERVISOR AND ALL MEMBERS OF THE ADVISORY COMMITTEE.</p>		
<p>Student's Name: <u>Carlynn Garner</u> Student #: <u>3505941618</u></p>		
<p>Field of Study: <u>Women Abuse Domestic Violence</u></p>		
<p>Title of Thesis: <u>Risk Profiles of Adult Male Batterers in a Batterer's Intervention Program</u></p>		
<p>Name of Thesis Supervisor: <u>Dr. Peter Jaffe</u></p>		
<p>Name of Thesis Advisory Committee Member: <u>SUSAN REDGER</u></p>		
<p>DOES THIS RESEARCH INVOLVE THE USE OF HUMAN SUBJECTS: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>		
<b>APPROVAL SIGNATURES:</b>		
Graduate Student:		Date: <u>April 30, 2012</u>
Thesis Supervisor:		Date: <u>April 30, 2012</u>
Advisory Committee:		Date: <u>April 30/2012</u>
Ethical Review Clearance:		Date: <u>May 31/12</u>
Ethical Review Number:	<u>1205-3</u>	
Associate Dean Graduate Programs & Research:		Date: <u>May 31, 2012</u>
<p>A STUDENT MAY PROCEED WITH RESEARCH WHEN A COPY OF THIS FORM CONTAINING ALL APPROVAL SIGNATURES HAS BEEN RECEIVED. A copy of this proposal may be made public and kept on a two-hour reserve in the Faculty of Education Library.</p>		
<p>The University of Western Ontario Faculty of Education</p>		<p>Version Date: January 2010 Graduate Programs &amp; Research Office</p>

**Appendix H: Ethics Approval Notice**



## Western Education

**WESTERN UNIVERSITY**  
**FACULTY OF EDUCATION**

**USE OF HUMAN SUBJECTS - ETHICS APPROVAL NOTICE**

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Review Number: 1205-3  
Principal Investigator: Peter Jaffe  
Student Name: Carolyn Carrier  
Title: *Risk profiles of adult men involved in a batterer intervention program*  
Expiry Date: March 31, 2013  
Type: M. Ed. Thesis  
Ethics Approval Date: May 31, 2012.  
Revision #:  
Documents Reviewed &  
Approved: Western Protocol

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This is to notify you that the Faculty of Education Sub-Research Ethics Board (REB), which operates under the authority of the Western University Research Ethics Board for Non-Medical Research Involving Human Subjects, according to the Tri-Council Policy Statement and the applicable laws and regulations of Ontario has granted approval to the above named research study on the date noted above. The approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the REB's periodic requests for surveillance and monitoring information.

During the course of the research, no deviations from, or changes to, the study or information/consent documents may be initiated without prior written approval from the REB, except for minor administrative aspects. Participants must receive a copy of the signed information/consent documentation. Investigators must promptly report to the Chair of the Faculty Sub-REB any adverse or unexpected experiences or events that are both serious and unexpected, and any new information which may adversely affect the safety of the subjects or the conduct of the study. In the event that any changes require a change in the information/consent documentation and/or recruitment advertisement, newly revised documents must be submitted to the Sub-REB for approval.

[Redacted Signature]

Dr. Alan Edmunds (Chair)

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*2011-2012 Faculty of Education Sub-Research Ethics Board*

Dr. Alan Edmunds	Faculty of Education (Chair)
Dr. John Barnett	Faculty of Education
Dr. Farahnaz Faez	Faculty of Education
Dr. Wayne Martino	Faculty of Education
Dr. George Gadanidis	Faculty of Education
Dr. Elizabeth Nowicki	Faculty of Education
Dr. Immaculate Namukasa	Faculty of Education
Dr. Kari Veblen	Faculty of Music
Dr. Ruth Wright	Faculty of Music
Dr. Kevin Watson	Faculty of Music
Dr. Jason Brown	Faculty of Education, Associate Dean, Research ( <i>ex officio</i> )
Dr. Susan Rodger	Faculty of Education, Western Non-Medical Research Ethics Board ( <i>ex officio</i> )

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The Faculty of Education      Research Officer  
1137 Western Rd.              Faculty of Education Building  
London, ON N6G 1G7              [Redacted]

Copy: Office of Research Ethics

**Curriculum Vitae**

**Name:** Carolyn Carrier

**Post-secondary Education and Degrees:** University of Western Ontario  
London , Ontario, Canada  
2010 - 2013 M.Ed. Counselling Psychology Candidate

Brock University  
St. Catherine's, Ontario, Canada  
2006 – 2009 B.Ed. Adult Education

The University of Western Ontario  
London, Ontario, Canada  
1997-2001 B.A. Sociology

**Related Work Experience**

Research Assistant  
The University of Western Ontario  
London, Ontario, Canada  
2012-2013

Trauma Counsellor and Group Facilitator  
Traumatic Stress Service, London Health Science Centre  
London, Ontario, Canada  
2012 -2013

Probation and Parole Officer; Case Aide  
Adult Community Corrections  
Ministry of Community Safety and Correctional Services  
London, Ontario, Canada  
1999 – 2013

Group Facilitator  
Adult Community Corrections  
Ministry of Community Safety and Correctional Services  
London, Ontario, Canada  
2004 – 2010

Senior Staff Development Officer  
Ontario Correctional Services College,  
Ministry of Community Safety and Correctional Services  
Hamilton, Ontario, Canada  
2007

Intake Counsellor  
Changing Ways Inc., London, Ontario  
London, Ontario, Canada  
2001 - 2002