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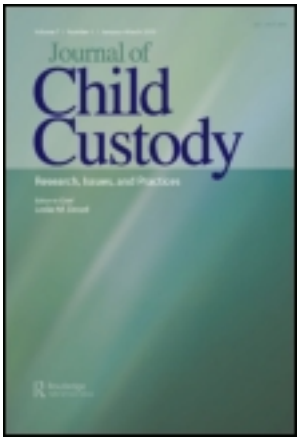

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Effectiveness of Risk Assessment Tools in Differentiating Child Homicides From Other Domestic Homicide Cases

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Effectiveness of Risk Assessment Tools in Differentiating Child Homicides From Other Domestic Homicide Cases

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A retrospective case analysis of 40 domestic homicides was conducted to determine if risk assessment tools currently being used for adult victims of domestic violence (DA, ODARA, and B-SAFER) are of value in identifying a child's risk for lethality in the context of domestic violence. Child homicides were compared to cases where a mother was killed but the children were not targeted. Results revealed no differences between the two groups in terms of the risk assessment tools. One item on the Danger Assessment and one item on the B-SAFER were significantly associated with child homicide cases. Implications for professionals around assessing risk of lethality for children living with domestic violence and developing safety plans that include the children are discussed.

KEYWORDS child homicide, paternal filicide, risk assessment, fatality review, domestic violence

Research in the area of domestic violence has focused on identifying risk factors that can help recognize potentially lethal situations (Campbell, 1986; Campbell, Webster, & Glass, 2009). A concerted effort to develop more widespread measures directed toward intervention and prevention of domestic violence has led to the development of specific risk assessment tools (Campbell et al., 2009; Hilton et al., 2004; Kropp, Hart, & Belfrage, 2005). Of

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utmost concern are those situations where the violence has escalated and children may become victims of the perpetrator's lethal aggression, which may occur following a separation (Fox & Zawitz, 1999; Statistics Canada, 2001). This concern is especially relevant for legal and mental health professionals who help determine child custody and access plans with separating couples (Jaffe, Johnston, Crooks, & Bala, 2008). It is recommended that professionals use a "multi-method, multi-informant approach" when assessing for domestic violence in cases of child custody and access, which includes the use of a standardized tool to assess the risk for lethality (Jaffe, Crooks, & Bala, 2009, p. 176). However, while risk assessment tools can aid in the identification of dangerous situations for the intimate partner, there are currently no risk assessment tools for predicting those situations where children are at a higher risk for lethality. This preliminary study examined the usefulness of applying commonly used risk assessment tools to cases of child homicide in order to determine if they would be a valuable resource in identifying high-risk cases. Due to the gender differences in domestic homicide and child homicide during separation, the current study focused on a database with male perpetrators since they represent 90% of the cases (i.e., paternal filicide rather than child homicide in general).

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DOMESTIC HOMICIDES

In rare circumstances, domestic violence ends in homicide (Websdale, 1999). Domestic homicides are often a culmination of a long-standing pattern of abuse (Ewing, 1997). The spousal homicide rate in Canada for 2007 was four per million spouses, with the highest rates being among 15- to 24-year-olds (Statistics Canada, 2009). It is estimated that 30% of all female homicides and 5% of male homicides are due to domestic homicide (Stith & McMonigle, 2009). There is substantial evidence that men perpetuate most domestic homicide (Websdale, 1999). In over 90% of the 93 cases reviewed by the Ontario Domestic Violence Death Review Committee (DVDRC), the majority of perpetrators were male and the victims were female (Ontario DVDRC, 2009).

Most intimate partner homicides exhibit common patterns and antecedents and are more likely to be planned killings rather than random or spontaneous acts of rage (Websdale, 2003). Researchers have come to the understanding that there are a number of interrelated risk factors, which increase the likelihood that a violent relationship will become lethal. With this knowledge, a woman's current level of risk may be identified and appropriate case-specific safety planning can be implemented (Hardesty & Campbell, 2004). The urge to assess risk in order to prevent deaths is reinforced by many of these homicides appearing predictable and preventable. The Ontario DVDRC found that over three quarters of domestic homicides were associated with 7 or

more well-known risk markers that family, friends, co-workers and/or front-line professionals were aware of before the homicide, such as a prior history of domestic violence, separation, stalking behavior, depression in the perpetrator, prior suicide attempts by the perpetrator, escalation of the violence, prior threats to harm the victim, and the victim's intuitive sense of fear (Ontario DVDRC, 2012).

CHILDREN AND DOMESTIC HOMICIDE

Research has attempted to classify different types of child homicides based on motive, intent and other associated characteristics such as parental mental health (Bourget, Grace, & Whitehurst, 2007). For example, some children may be "accidentally" killed due to maltreatment, such as neglect or shaken-baby syndrome, otherwise known as "fatal child abuse" (Stroud, 2008). Other children may be killed due to parental mental health issues like postpartum depression or psychosis. And in some cases, children are killed within the context of domestic violence, often referred to as "retaliating filicide," which is defined as a child being killed to punish a spouse (Bourget et al.). This study focuses on the latter type of case where a father kills the children ("paternal filicide") in the context of a previous history of domestic violence.

It is important for researchers and practitioners to examine the overall context (i.e., individual and situational factors) of a child homicide in order to understand the motive and intent of the perpetrator and also to accurately assess and prevent a potentially lethal situation. The challenges in this field are overwhelming because child homicide as an outcome is extremely rare statistically. For example, a recent review of child homicides over a 30-year period found that the annual incidence of these cases varied between four and eight per million children age 0 to 17 years (Statistics Canada, 2011). Child domestic homicides may differ from adult domestic homicides on several individual and situational characteristics that each plays a role in increasing the risk for lethality of the child. For example, Brandon (2009) examined 47 cases of child homicide that underwent review in England and found that two thirds of these cases had the presence of domestic violence, just over half (55%) had the presence of parental mental health issues, and 57% had parental substance abuse issues. One third of these cases had the presence of all three factors. Brandon suggests that the presence of all three factors within a family creates a "toxic" environment that can place the safety of a child at increased risk.

Independent of child homicide, research has shown that children who are exposed to domestic violence in their family often experience child abuse simultaneously. A review by Appel and Holden (1998) found that the co-occurrence rate of marital abuse and child abuse across the United States population was approximately 6%. Within a stratified sample of violent homes, this rate appeared to be 40%. Similarly, Edelson (1999) reported that

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in 30% to 60% of families where child maltreatment was identified, adult domestic violence was likely to exist as well. In Canada, where exposure to domestic violence is seen as a form of maltreatment, one third of reported cases substantiated as maltreatment by child protection services involved exposure to domestic violence (Public Health Agency of Canada, 2010).

This overlap between domestic violence and child abuse is also apparent in domestic homicide cases. In a review of 83 domestic child homicides, almost 50% of the children killed had experienced prior abuse, neglect, or both at the hands of the perpetrator, with approximately 20% of these cases involving a combination of child abuse and domestic violence in the home and 30% involving child abuse but apparently no domestic violence (Websdale, 1999). Similarly, Campbell et al. (2003) reported that perpetrators of domestic homicide and attempted homicide were 3 times more likely to have been reported for child abuse than the batterers in the comparison group. However, it is important to note that child homicides in the context of domestic violence differ from child maltreatment-related homicides (Jaffe & Juodis, 2006). While the child is typically not the primary target of the perpetrator's aggression in these domestic homicide cases, children are often killed in a deliberate attempt to make their (former) partner suffer (Holden, Burland, & Lemmen, 1996; Lawrence, 2004).

Furthermore, other situational and individual characteristics can impact the potential for a child domestic homicide. Websdale (1999) identified three major situational antecedents indicative of domestic child homicides: history of child abuse, history of domestic violence, and prior contact with various agencies. Other related themes included poverty, inequality, and unemployment; criminal history of the perpetrator; substance use/abuse and access to weaponry (Websdale, 1999). Bourget and colleagues (2007) found that many child homicides were associated with parental mental illness, such as major depression and schizophrenia. One study examined perpetrators of domestic homicide, child homicide, and familicide (killing the whole family) and found that the perpetrators shared the same degree of mood disorders (Liem & Koenraadt, 2008a). The complexity of the factors involved in these deaths stress the importance of thorough and interdisciplinary death reviews that examine the childhood and mental health histories of both mothers and fathers in these circumstances (Reder & Duncan, 1998, 2001).

Child domestic homicides can differ in terms of situational characteristics. For example, in a qualitative review of 15 annual DVDRC reports from the United States and Canada, Jaffe and Juodis (2006) identified three situations in which children were killed within the context of domestic violence: indirectly as a result of attempting to protect a parent during a violent episode; directly as part of an overall murder–suicide plan by a parent who decides to kill the entire family; or directly as revenge against the partner who decided to end the relationship or for some other perceived betrayal. One study examined the difference between maternal and paternal filicide (child homicides) and found

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that in 25% of the paternal filicides, the father killed his child in response to a threatened separation or divorce (Liem & Koenraadt, 2008b).

As discussed above, there are several factors related to child deaths in the context of domestic violence, and it is important for legal and mental health professionals to be aware of these factors when determining parenting arrangements in the face of domestic violence. Custody and access cases involving domestic violence can be challenging, and they involve a high level of investigation on the part of mental health and legal professionals. Jaffe et al. (2009) recommended a multi-method, multi-informant investigative approach that involves three layers of assessment: (1) assessing the principal elements of a typical custody case (e.g., the children's needs, parents' skills); (2) assessing additional concerns (e.g., a history of parental conflict, children's coping strategies) as well as particular concerns for high-conflict cases (e.g., recurrence of violence, impact of violence on children); and (3) awareness of risk factors for dangerousness and/or lethality. Often, when conducting an investigation, professionals will rely on interviews, police and medical documents, observations of the parent–child relationship, collateral contact with therapists, and psychological tests, and less on administered standardized risk assessment tools (Bow & Boxer, 2003).

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SPOUSAL VIOLENCE RISK ASSESSMENT TOOLS

Spousal assault risk assessment can be defined as "the process of gathering information about people to make decisions regarding their risk of perpetrating intimate partner violence" (Kropp et al., 2005). Risk assessments may allow professionals to identify persons at risk for perpetrating serious and/or lethal violence (Otto & Douglas, 2010). One of the key assumptions is that the risk factors can be managed and reduced, which can serve to decrease recidivism itself (Baldry & Winkel, 2008). Ultimately, the goal of identifying risk factors is to guide targeted prevention and intervention efforts (Stith & McMonigle, 2009).

Formal risk assessments for criminal and domestic violence have been used to assess and manage violent offenders (Hilton et al., 2004). Ideally, risk assessments that reveal high risk are followed by safety planning with the victims by trained victim advocates or by increased monitoring of the perpetrators by members of law enforcement (Adams, 2007). Risk assessment tools are most often completed by domestic violence experts (Hilton, Harris, & Rice, 2010). They can attempt to assess the level of risk for lethality (Campbell, 1986) or the likelihood that a man who has assaulted his partner in the past will do so again (Otto & Douglas, 2010). The difference in these two orientations is that one focuses on identifying the risks and safety planning for the woman, and the other orientation focuses on managing the risk that the perpetrator poses.

There are a variety of spousal assault risk assessment tools available; however in a meta-analysis of the validity of risk assessment tools for domestic violence, the Danger Assessment (DA; Campbell, 1986), the Ontario Domestic Assault Risk Assessment (ODARA; Hilton et al. 2004), and the Spousal Assault Risk Assessment (SARA; Kropp & Hart, 2004) were identified as notable tools currently being utilized in Canada (Hanson, Helmus, & Bourgon, 2007). Research in the area of spousal assault risk assessment tools is still in its infancy. Hanson et al. found that because there were only 18 studies that examined the validity of risk assessment tools, it is too early to identify a specific scale as more accurate than others in the prediction of domestic violence. However, there are tools that are utilized more commonly due to their ease of administration or their availability to the evaluator, depending on the type of contact they have with the victim (i.e., police officer or victim service personnel).

These tools have obvious limitations. As noted earlier, it is virtually impossible to predict extremely rare events, and the tools may be more helpful to raise awareness about the level of risk and to screen cases for more intensive safety planning and risk management strategies. There are also serious concerns and debates about unintended negative side effects such as the tools being used to take away victim autonomy in deciding her own course of action independent of the state's wishes to protect her (Johnson, 2010) or child protection professionals deciding to remove children from a home because of the reported risks (Jaffe & Juodis, 2006; Jaffe, Wolfe, & Campbell, 2011).

CHILDREN AND SPOUSAL VIOLENCE RISK ASSESSMENT TOOLS

While the spousal violence risk assessment tools that are commonly utilized may help to identify the risk of lethality for the female intimate partner, they do not address the level of risk a child is in when domestic violence is present in his or her home. Further, the risk assessment tools currently used within child protection services do not specifically assess the risk for child lethality in domestic violence situations (Ministry of Child and Youth Services, 2007). Most tools used in the child protection system measure overall maltreatment recurrence and do not identify whether the maltreatment occurred in the context of domestic violence (Shlonsky & Friend, 2007). In the absence of a history of maltreatment in a family where domestic violence is occurring, the domestic violence itself is not seen as a risk factor for child lethality. Moreover, the tools used by child protection workers do not query for current or historical incidents of domestic violence in the home (Shlonsky & Friend). What is missing is a tool that identifies the risk for child lethality when domestic violence is present. A child's risk for lethality can be overlooked if there is not a history of the abuser harming the child directly. While the DA, ODARA, and Brief Spousal Assault Form for the Evaluation of Risk

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(B-SAFER) may be helpful risk assessment tools in domestic violence situations, there is no evidence of their effectiveness for identifying a child's risk for lethality in this context. This study attempted to address this gap by examining the use of risk assessment tools when it comes to child lethality.

CURRENT STUDY

This study consisted of retrospective case analyses comparing domestic homicides in which children were victims of the perpetrator's lethal violence to cases where children were present in the family system but were not killed although their mothers were victims of domestic homicide. Using case summaries from a database of all reviewed domestic homicides in Ontario, provided and maintained by the Ontario DVDRC, this study assessed each case retrospectively using three standardized risk assessment tools (the DA, ODARA, and B-SAFER) in order to determine if the tools are of value in identifying a child's risk for lethality. The two groups were compared based on their scores on the standardized risk assessment tools in order to see if differences between the risk factors of the cases exist. Although the risk assessment tools are normally conducted based on structured clinical interviews with the victims and/or perpetrators, the present study examined the case files for the presence of the risk factors indicated in each risk assessment. The following trends were hypothesized:

1. Using information available prior to the homicide, the three risk assessment tools will accurately identify homicide cases as being at a level of high risk for lethality. That is, cases involving child homicides will obtain higher raw scores on the risk assessment tools.
2. A greater portion of child homicide cases will be considered high risk by the tools compared to no child homicide cases. As well, the tools will not differ greatly in terms of identifying high-risk status for either of the groups. That is, the proportion of cases deemed high risk will be equivalent across tools.

METHOD

Participants

The present study consisted of a retrospective case analysis of 40 domestic homicide cases obtained from the Ontario DVDRC (2003 to 2009). The Ontario DVDRC is a multidisciplinary advisory committee associated with the Office of the Chief Coroner that reviews deaths involving domestic violence with the purpose of making recommendations aimed at preventing deaths in similar contexts. The committee consists of domestic violence experts from law enforcement, the criminal justice system, the healthcare

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sector, social services, and other public safety agencies and organizations. The Ontario DVDRC gathers historical information; file information from professionals and agencies involved with the family; reports from family, friends, and coworkers; and behavioral information of the individuals and their families involved in order to develop a thorough understanding of why domestic homicides occur and to formulate strategies for preventing a tragedy in similar circumstances in the future. To date, the Ontario DVDRC has conducted thorough and detailed examinations of 144 cases involving 219 deaths in Ontario (Ontario DVDRC, 2012).

This study examined cases reviewed by the committee based on the inclusion criteria for domestic violence deaths: "all homicides that involve the death of a person, and/or his child(ren) committed by the person's partner or ex-partner from an intimate relationship" (Ontario DVDRC, 2009, p. 3). The majority of domestic homicides reviewed by the Ontario DVDRC involved an adult male as the perpetrator (94% of cases) and an adult female as the primary victim (96% of cases). The "primary victim" is identified as the adult female partner in the heterosexual relationship who is the victim of the domestic violence and who is the primary target of the homicidal violence. As such, the cases were selected according to the following criteria: the primary relationship was heterosexual, the perpetrator was male, the perpetrator and primary victim were between the ages of 18 and 65, and the perpetrator and/or primary victim had biological and/or adopted children under the age of 18 who directly resided in the family.

Cases were reviewed for child involvement status and divided into two groups. The first group, child homicide/attempted child homicide, involved cases where children were killed or an attempt was made on their life. There were 13 child homicide/attempted child homicide cases with a total of 20 child victims and 14 child deaths. Children present at the time of the homicide were between the ages of 2 and 18 ($M_{age} = 9.0$ years). Children who were killed were between the ages of 2 and 15 ($M_{age} = 8.3$ years). The second group, no child homicide/attempted child homicide, involved 27 cases where child(ren) were present in the home but were not killed or an attempt was not made on their life, but their mothers were killed.

Materials

The present study utilized the Ontario DVDRC database, along with individual case reports, in order to complete risk assessments for each homicide. The data for each case was derived from various sources by committee members, including files obtained from agencies and professionals involved with the victim(s) and the perpetrator as well as police files and interviews with family, friends, and coworkers. The committee reviewed cases only after all other investigations and proceedings (inquests, criminal trials, and appeals)

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were completed. The amount of information available on each case varied depending on the amount of prior agency involvement and the thoroughness of police investigations.

Each case was assessed using three standardized risk assessment tools.

The DA is a 20-item victim lethality assessment that includes a weighted scoring system to count yes/no responses of risk factors linked with domestic homicide. The risk factors include the perpetrator's history of intimate and other violence, suicide attempts, jealousy, controlling the victim's daily activities, forced sexual acts, availability of weapons, and substance use along with separation and presence of stepchildren in the home. The responses can be translated into the following danger categories: variable, increased, severe, and extreme. The revised DA can accurately identify the vast majority of abused women who are at increased risk of homicide or attempted homicide (Campbell et al., 2009). This study was based on an 11-city study of domestic homicide to test the predictive validity of the risk factors on the DA from 310 intimate partner femicide cases compared with 324 abused women in the same cities. The results of this comparison were then tested with an independent sample of 194 attempted femicides with a finding of a 90% accurate rate of prediction.

The ODARA is a 13-item instrument that evaluates the likelihood that a man known to authorities for assaulting his female partner will do so again (Hilton et al., 2004). Each item is scored dichotomously and summed to obtain a total score. The items on the ODARA include substance abuse, the offender's previous history of violence, the number of children in the family, and the victim's barriers to support. The ODARA is based on an index offense, which was defined as the occurrence closest to the homicide that involved a victim report or police evidence of forceful physical contact by the perpetrator against the female intimate partner. The instrument also yields information about offenders' relative rank with respect to this risk. ODARA does not predict lethal domestic violence specifically, but a positive correlation between ODARA scores and the severity of future assaults has been found (Millar, 2009). Moreover, the ODARA score can be prorated for up to five missing items, which is beneficial in cases where the documentation available to the evaluator is unclear, incomplete, or unknown (Hilton et al., 2010). In studies of cross-validation, the ODARA significantly predicted wife assault recidivism (Hilton et al., 2010).

The B-SAFER is a 10-item perpetrator-focused assessment of risk of spousal assault that is designed for use by police and other justice professionals (Kropp et al., 2005). It was created based on risk factors comprising the basic elements of a comprehensive spousal risk assessment. The risk factors are divided into two sections: The first portion includes risk factors related to the perpetrator's history of intimate partner violence (e.g., violent acts and violent threats or thoughts). The second portion includes risk factors related to the perpetrator's history of psychological

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and social functioning (e.g., general criminality, intimate relationship problems, employment problems, substance use problems, and mental health problems). Au et al. (2008) found that the B-SAFER was able to differentiate batterers from a community comparison group that resulted in good concurrent validity with the Revised Conflict Tactics Scales. The B-SAFER does not produce a numerical score; rather, a clinical judgment regarding the level of risk (low, moderate, high) is utilized. For the purpose of this study, a raw score was obtained based on the number of present risk factors.

Procedure

Each case was reviewed and coded by the researcher based on relevant data for each of the three risk assessment tools. The presence of each risk factor was coded using a three-point response format (0 = *absent*, 1 = *present*, 99 = *unknown*). If insufficient information was available regarding a specific item, the item was scored as unknown and omitted from the total score. A raw score was obtained for each risk assessment by summing the items that were present relative to the total number of items. However, the DA uses a weighted scoring system, whereby certain items obtained a score greater than one; therefore the researcher utilized this system to obtain a raw score for that tool. The scores were used to compare the two groups for each tool separately. A rating was given for each case out of 10 to represent the amount of information available in each file. This rating indicated how much information was unknown relative to the amount of information required to complete the tool.

Interrater reliability for the coding of the risk assessments was established by having two raters independently score a random subsample of five cases. The subset of cases yielded 86% agreement for the coding of all of the items.

Once a raw score was obtained, the risk status of each case was determined by cutoff scores based on the literature. That is, cases that met the cutoff scores were considered to be high risk to determine if the use of any of the tools before the homicide could have predicted the tragedy.

RESULTS

Comparison of DA, ODARA, and B-SAFER

Independent samples *t*-tests were used to determine if each of the three risk assessment tools differentiated the child homicide (CH) cases from the no child homicide (NCH) cases. Three separate *t*-tests were conducted for the DA, ODARA, and the B-SAFER to test the hypothesis that a man who killed his intimate partner and/or children would score higher than a man who killed only his intimate partner.

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For the DA raw score, the *t*-test did not reveal differences between the CH cases ($M = 15.77$, $SD = 6.61$) and the NCH cases ($M = 15.85$, $SD = 7.03$), $t(38) = -.040$, *ns*. When cases with greater than 75% of information available in the case files were considered, the sample size was reduced to 11 CH cases and 19 NCH cases. An independent samples *t*-test revealed no differences between the CH cases ($M = 16.91$, $SD = 6.09$) and NCH cases ($M = 16.26$, $SD = 7.84$), $t(28) = .235$, *ns*.

For the ODARA raw score, the *t*-test did not reveal differences between the CH cases ($M = 3.69$, $SD = 2.29$) and the NCH cases ($M = 3.81$, $SD = 1.80$), $t(38) = -.185$, *ns*. When cases with greater than 75% of information available in the case files were considered, the sample size was reduced to 10 CH cases and 20 NCH cases. An independent samples *t*-test revealed no differences between CH ($M = 4.20$, $SD = 2.35$) and NCH ($M = 3.55$, $SD = 1.85$), $t(28) = .830$, *ns*.

For the B-SAFER raw score, the *t*-test did not reveal differences between the CH cases ($M = 6.15$, $SD = 1.95$) and the NCH cases ($M = 5.44$, $SD = 2.68$), $t(38) = .850$, *ns*. When cases with greater than 75% of information available in the case files were considered, the sample size was reduced to 12 CH cases and 20 NCH cases. An independent samples *t*-test revealed no differences between CH ($M = 6.25$, $SD = 2.00$) and NCH ($M = 6.00$, $SD = 2.81$), $t(30) = .269$, *ns*.

High-Risk Status and the DA, ODARA, and B-SAFER

Chi-square analyses were conducted for each tool to determine if a higher than expected risk status (as identified by the raw score) was associated with either of the groups.

Chi-square tests of independence were performed to examine the relation between high-risk status and child involvement for all three of the tools. The relation between high-risk status and child involvement status for the DA, ODARA, and B-SAFER were not significant ($\chi^2(1) = .631$, *ns*; $\chi^2(1) = .152$, *ns* and $\chi^2(1) = .304$, *ns,* respectively). This indicates that for all three tools, high-risk status was similar to both groups of child involvement.

Chi-Square Analyses of Specific Items

Subsequent chi-square analyses were conducted to determine if certain items/risk factors were associated with either the CH or NCH groups for each tool.

Chi-square tests of independence were utilized to examine the 20 items on the DA to see if any particular item was associated with either the CH or NCH groups. For 19 of the items, the results were not significant. This indicates that the proportions of present and absent items were

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TABLE 1 Prior Threats to Harm Child(ren) and Child Involvement Status

Prior threats to harm child(ren)	Child involvement status	
	Child homicide ($n = 13$)	No child homicide ($n = 27$)
Present	69% (9)	37% (10)*
Absent	31% (4)	63% (17)*

Note. The item states, "Does he threaten to harm your children?"
*$p < .05$.

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similar for the CH and NCH groups. The item "prior threats to harm child(ren)" did reveal an association, χ^2 (1) = 3.65, $p < .05$. This indicates that this item was present more often than expected in the CH group (see Table 1).

Chi-square tests of independence for each of the items on the ODARA did not reveal any significant differences between the two groups. This indicates that the proportions of present and absent items were similar across the CH and NCH groups.

Chi-square tests of independence for each of the B-SAFER items did not reveal any significant differences between the groups, except for one item. The item "intimate relationship problems" revealed a significant association between the two groups, χ^2 (1) = 6.87, $p < .05$. This indicates that "intimate relationship problems" were present more than expected in the CH group (see Table 2). The "intimate relationship problems" item is defined as the "person being unable to establish or maintain a long-term intimate relationship as indicated by a separation and extreme conflict regarding relationship status and any intimate relationship problems that result from domestic violence" (Kropp & Hart, 2004, p. 73). This item is measured among both current and past relationships.

TABLE 2 Intimate Relationship Problems and Child Involvement Status

Intimate relationship problems	Child involvement status	
	Child homicide ($n = 13$)	No child homicide ($n = 27$)
Present	77% (10)	33% (9)*
Absent	23% (3)	67% (17)*

Note. This item refers to the perpetrator's interpersonal adjustment problems. It was evident when there was a failure to establish or maintain stable, long-term intimate relationships as indicated by such things as separation from partner and extreme conflict regarding relationship status.
*$p < .05$.

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DISCUSSION

The present study sought to determine if current risk assessment tools commonly used by professionals differentiated CH cases from adult domestic homicide cases. While the DA, ODARA, and B-SAFER may aid frontline professionals in the identification of dangerous situations for a female intimate partner, there are currently no risk assessment tools predicting those situations where children are at a higher risk for lethality. As such, this study examined the effectiveness of applying commonly used risk assessment tools to cases of child homicide/attempted child homicide and cases where children resided in the family system but were not killed, in order to determine if they would be a valuable resource in identifying a child's risk for lethality. A total of 40 cases (13 child homicide and 27 no child homicide–mother homicide) were reviewed and the three risk assessment tools were completed on each case.

The results indicate that the risk assessment tools did not differentiate CH cases from cases where children were present in the familial system but were not killed. Second, high-risk status was similar in its association between the two groups of cases. Third, the DA item "prior threats to harm children" and the B-SAFER item "intimate relationship problems" were shown to be present more frequently in the CH cases in comparison to the NCH cases (but adult homicide). These findings will be discussed in regards to implications for professionals involved with domestic violence cases.

Differentiating Child Homicides Using Risk Assessment Tools

A major goal of this study was to determine if any of the risk assessment tools currently being used to predict adult domestic homicide could aid in the identification of a child's risk of lethality. The results in this study indicated no significant differences between the CH and NCH cases (adult homicide) for all three of the risk assessment tools. This finding suggests that children living with the female intimate partner could also be considered at risk for lethality if a risk assessment indicates that the female intimate partner is at high risk. This reiterates the notion that a child's risk for lethality may be overlooked if there is no history of the perpetrator directly harming the child (Jaffe & Juodis, 2006). Several researchers have also identified this dynamic suggesting a child may also be at risk for lethality when the perpetrator's primary aggression is directed towards a spouse, as children are often killed in a deliberate attempt to make their (former) partner suffer (Holden et al., 1996; Lawrence, 2004). In several of the cases reviewed in this study, the perpetrator killed only the child(ren) and left the female intimate partner to deal with this tragic loss. The motivation for this behavior was not investigated in this study, but some theories suggest that in domestic homicide

cases where a child is killed, the CH was seen as an act of revenge toward the female intimate partner (Ewing, 1997).

Identifying High-Risk Status Using Risk Assessment Tools

Another goal of this study was to determine which cases would score as high risk when the tools were applied to the retrospective data. It was important to determine if the cases would have been considered high risk had the tools been completed before the homicide. It was hypothesized that more CH cases would be considered high risk by the tools, and the tools would not differ greatly in terms of identifying high-risk status. The results indicate that for each of the tools, child involvement status and high-risk status did not seem to be related at any significant level. That is, the CH cases and NCH cases were similar in terms of being identified by the tools as high risk. This highlights the fact that children must also be considered at risk for lethality if the female intimate partner is considered to be at high risk for lethality.

Moreover, when qualitatively comparing the specific frequencies of high-risk status within the groups for each tool, different patterns emerged for the tools. The DA was the only tool that revealed a larger portion of the CH cases (62%) to be high risk in comparison to the NCH cases (48%). The results show that the tool was able to pick up on the severity of risk for a large majority of the CH cases. The DA has been shown to accurately identify the vast majority of abused women who are at increased risk of femicide/attempted femicide (Campbell et al., 2009). For the ODARA, most of the CH cases (69%) and NCH cases (63%) were not considered to be at a level of high risk. This may be because items on the ODARA are quite specific in terms of what qualifies the item as being present. For six of the items, police involvement is mandatory. This fact points to one of the barriers of using the ODARA outside of law enforcement and correctional services. For the B-SAFER, most of the cases for both CH (54%) and NCH (63%) were not deemed high risk. In part this may be due to its lack of a numerical scoring system. (The B-SAFER is a structured professional judgment tool that does not normally produce a score.) In this study, the high-risk status was determined by assigning an arbitrary cutoff score. In practice, the evaluator draws his or her own conclusion after rating the overall risk of the individual, the presence of risk factors, and the anticipated intensity of the intervention (Heilbrun, Yasuhara, & Shah, 2010). A limitation with the findings on the B-SAFER is that the retrospective risk rating by this research team may not accurately reflect how a professional would have rated it prior to the homicide because the tool relies on the nuances of professional judgment. Overall, the findings of high-risk status across the tools indicate that a decision to utilize one tool over the other should be made based on who the evaluator is and on their purpose for using the tool.

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Significant Findings Differentiating CH and NCH Cases

Given that there were no significant differences between the groups for each of the tools, it was necessary to complete further analyses to determine if any specific items on the tools differentiated the groups. Risk assessment tools encompass the most predictive factors that place a woman at risk for lethality or a perpetrator at risk for re-assault. Each individual item on the tools represents a risk factor involving the perpetrator and the female intimate partner. As the DA, ODARA, or B-SAFER were not constructed based on a child's risk for lethality, it was important to determine if any of the items on the tools were associated with either child homicide cases or no child homicide cases. The data revealed two items to be significant: "prior threats to harm children" on the DA and "intimate relationship problems" on the B-SAFER.

The DA item "prior threats to harm children" was present more often in the CH group (69%) compared to the NCH group (37%). This indicates that this item differentiated the two groups, which could be useful if the DA is utilized in assessing the risk in a case where children are present. Given the higher frequency of previous threats directed towards the children in the cases where the perpetrator killed or attempted to kill a child, this item can be used as a warning sign of a perpetrator's potentially lethal violence, and it may be particularly important as a risk assessment question for child protection. While the sequence of events for every case was not examined, the notion that the verbal threats manifested into harmful behaviors that ultimately resulted in a death in the majority of cases is enough to warrant special attention to this item when utilizing the DA.

The statistical significance of "prior threats to harm children" is important as it suggests many issues relating to a perpetrator's intentions and capabilities. A threat to harm a child may relate to a perpetrator's effort's to either seek revenge or further control the female intimate partner (Liem, de Vet, & Konraadt, 2010). In over 80% of the CH cases in this study, the primary victim had separated from the perpetrator within the prior year. Often the perpetrator no longer had access to the female intimate partner and thus sought to indirectly harm her by harming her children. Further, verbal threats may be dismissed by frontline law enforcement or child protection professionals as impulsive responses to stressful circumstances rather than being seen as indicators of increased risk. These results indicate that special attention should be given to the perpetrator's prior threats to harm a child whenever children are involved in a case of domestic violence. Although multiple comparisons of individual factors limit the statistical confidence in this conclusion, it is interesting to note that the most significant risk factor is also the one with the most face validity.

The B-SAFER item "intimate relationship problems" was present more often in the CH group (77%) compared to the NCH group (33%). This result indicates that perpetrators who killed their partner and/or child(ren) were

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differentiated from perpetrators who killed only their partner in terms of their interpersonal adjustment problems. The presence of this item indicated that a failure to establish or maintain stable, long-term intimate relationships was evident for the perpetrator, as indicated by separation from a partner and extreme conflict regarding relationship status. This item highlights that a history of interpersonal conflict is often predictive of future conflict. Dobash, Dobash, and Cavanagh (2009) found that a considerable proportion of the perpetrators in a sample of femicide cases had an ongoing history of problems with women. If a perpetrator has a history of social adjustment problems, a similar pattern is likely to emerge in their new intimate relationship. The fact that this item was differentiated amongst the two groups points to the idea that men who kill their partner and/or child(ren) are more likely to have long-standing issues with forming and maintaining healthy relationships. Sociocultural, interpersonal, and intrapersonal theories concerning the etiology of domestic violence all converge on the perspective that violence is a behavior that is learned through family-of-origin and societal influences (Woodin & O'Leary, 2009). Abuse is often centered on power and control, and it seems logical that the men who had a history of highly conflictual interpersonal relationships would abuse their children if they felt that they were losing control in the relationship. Campbell et al. (2003) found that perpetrators of homicide and attempted homicide were 3 times more likely to have been reported for child abuse than the batterers in the comparison group. These findings combined indicate that children are at increased risk for lethality when their mother's partner has a reported history of interpersonal conflicts.

Implications

Research in the area of child homicide in the context of domestic violence and risk assessment is significantly lacking, and there is a need for future study in the area to identify key risk factors. There are currently no specific tools that assess a child's risk for lethality in cases of domestic violence. Although risk assessment tools, such as the DA, the ODARA, and the B-SAFER have been shown to have some promise in predicting future violence with victims, they did not differentiate cases involving child homicides from adult homicides. However, the findings of this study suggest that if a female intimate partner is at risk for lethality, and children are present within the familial system, those children could also be considered to be at risk. Previous frameworks have suggested the importance of examining domestic violence in greater detail when there are allegations in the context of custody disputes by considering the severity and impact of the violence as well as the identification of a primary perpetrator (Jaffe et al., 2008). Jaffe et al. (2009) recommended that a specific component in assessing a custody and access case involving domestic violence is awareness of dangerousness and/or lethality, especially since violence often escalates post-separation. However, research

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has indicated that only 30% of legal professionals use standardized risk assessment tools when understanding domestic violence as a factor in determining custody and access (Bow & Boxer, 2003).

Although the findings from this study revealed that not all of the homicide cases that were assessed were considered high risk, a large percentage did contain several risk factors that indicated a potential risk for lethality. For legal and mental health professionals who are involved in assessing parents and children in the context of domestic violence, the implication of this study is the importance of screening and looking for "red flags" for the possibility of an extreme outcome or "worst case scenario" (Austin & Drozd, 2012). Beyond awareness of risk factors and the remote possibility of a potential homicide, professionals practicing in this area may want to consider a more detailed analysis provided by the tools reported in this study. A legal professional may want to make a referral to a mental health professional with specialized expertise in domestic violence. A mental health professional who specializes in custody evaluations may consider utilizing additional tools as part of their forensic work to identify the level of risk. Although prediction of rare events is next to impossible, the forensic professional can at least articulate why a particular case is concerning enough to limit or suspend access to a parent pending treatment, ongoing monitoring, and further review. The hope raised by the research from DVDRCs is that a risk assessment may help put strategies in place to prevent the deaths of abuse victims and their children in similar circumstances to the cases reviewed.

Since the findings of this study indicate that the safety of the children is inextricably linked to the safety of the adult victim, safety planning for the female intimate partner should include the children. Specifically, legal and mental health professionals should consider specialized interventions and parenting arrangements, such as supervised visitation and/or exchanges, batterer's intervention, and resources for children, when determining custody and access to consider the safety of all parties involved. Jaffe et al. (2009) provided three constructs to consider when determining specific arrangements and interventions for a safety plan: (1) the severity and context of the violence; (2) resources available for victims, children, and perpetrators; and (3) timing of disclosure and stage of proceedings.

Through an examination of the risk assessment tools, it is apparent that each has strengths with respect to safety planning and risk management. The DA seems to be useful in identifying areas of risk for the female intimate partner and can be used as a guide for safety planning. The B-SAFER identifies areas of perpetrator behavior that are associated with increased risk, and those items may be useful in developing risk management planning with the perpetrator. The ODARA seems to be useful in identifying items related to perpetrator's risk of re-assault as well as identifying that the female intimate partner often has many barriers to her receiving proper support for herself and for her children. It is important to note that the use of a tool cannot be

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an end in itself and must lead to active victim engagement and balancing her need for safety with her autonomy rather than promoting state interventions (Johnson, 2010).

Limitations

The first limitation of this study is the small sample of child homicide cases. The Ontario DVDRC has reviewed 93 cases since its inception in 2003. Of these 93 cases, there were only 13 cases of child homicide/attempted homicide. This small sample size reduces the amount of statistical power that the findings can generate. A larger sample size would be required to replicate the findings of this study. The authors are currently developing partnerships with other fatality review teams to create a national database to explore risk factors and effective tools that are associated with screening for domestic homicides with adult and child victims.

Second, the dataset utilized in the study is a secondary dataset maintained by the Ontario DVDRC. The reliability is impacted due to the fact that the information was originally collected by individuals outside of the study, which may have increased the likelihood of subjective interpretation and potential error. Furthermore, there are many discrepancies in the amount of information available for each case. The Ontario DVDRC case files are based on retrospective analyses and summaries of events that took place. The Ontario DVDRC does not have the opportunity to complete their own investigations of the cases; rather it must rely on others to supply the information as well as file information from police, justice, mental health, and social service agencies that were involved with the family. Thus, there are many gaps in the amount of information available in each case. This study took this factor into account by rating the amount of information available.

Third, the tools used in this study require specialized training to administer. Although the tools were researched by the authors, attending training for the tools was not possible. It can be argued that the use of the tools was stretched; they were used in a manner in which they were not necessarily constructed to do. However, the DA was constructed and validated in a similar manner (Campbell, 2009). For the purpose of this study, it was the most appropriate method as accessing any participants would have been impossible or insensitive.

Finally, there are limitations around the overall use of risk assessment tools in general. First, there are several risk assessment tools to choose from and not one risk assessment tool that serves all situations. The current study used the DA, the ODARA, and the B-SAFER assessment tools because they were found to be the most notable tools used in Canada (Hanson et al., 2007). However, the DA was the only instrument in this study that is used with victims of domestic violence, whereas the ODARA and B-SAFER instruments are used with perpetrators. Furthermore, the DA is the only

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instrument that the authors used that is designed to predict lethality. Therefore, the lack of consistency between risk assessment tools may have served as a limitation to the current results of this study. Second, a risk assessment tool may not address the intuition or judgment of victims and/or professionals within the assessment, and some tools may identify a case as low risk when the victim and/or the professional feel that there is a very high risk present. Several studies have stressed the importance of a victim's fears and intuition about the dangers they face as a critical factor (Johnson, 2010).

This study was limited to child homicides perpetrated by fathers in the context of domestic violence and parental separation. Mothers also perpetrate child homicides, but more of these occur in the context of child abuse and mental disorders such as postpartum depression (Bourget et al., 2007). Although both parents need to be assessed in regards to these risks, fathers are more likely to harm their children in retaliation for their partner leaving the relationship. In the Ontario DVDRC, men are at least 4 times more likely to kill their partner and to kill their children.

The present study may serve as a stepping stone in identifying factors that place a child at risk for lethality when domestic violence is present. It would be valuable for the findings of this study to be replicated with a larger sample size. Research exploring the unique risk factors for child homicide needs to be conducted in order to identify which factors and which tools may be more useful in cases of domestic violence where children are present.

In conclusion, this study sought to determine the usefulness of risk assessment tools in identifying a child's risk for lethality in the context of domestic violence. The results of this study indicate that children may be considered to be at risk when the female intimate partner is at high risk since there is no differentiation between these cases in terms of overall scores. The lack of differentiation may change in future studies, but for current practice it is safest to assume that when an adult victim is at risk, the children may also be at risk and screened for risk of harm with this concern in mind. The DA item of "prior threat to harm children" should be noted in this context of screening and a legal or mental health professional's role in looking for potential red flags. It is the hope that these research findings may stimulate the development of further research in this area and enhanced screening and risk assessment for children and adult victims of domestic violence. This practice is an important consideration for legal and mental health professionals dealing with separating couples where domestic violence is an issue and parenting plans are in dispute.

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