THE CHICAGO WOMEN'S HEALTH RISK STUDY AT A GLANCE

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Purpose

The Chicago Women's Health Risk Study (CWHRS) was designed to give nurses, beat officers and other primary support people information they need to know in order to help women who are experiencing violence at the hands of an intimate partner lower the risk of life-threatening injury or death. Previous research did not provide this practical information.

The purpose of the CWHRS was to identify factors indicating significant danger of life-threatening injury or death in situations in which an intimate partner is physically abusing a woman. We accomplished this by conducting a study that compared longitudinal data on abused women with similar data on women who had been killed by or who killed her intimate partner.

Who, what, where, when and how much?

Teamwork permeated all aspects of the CWHRS, from initial planning to the continued analysis and dissemination of results. The collaborative team included public and private, city, county, and state agencies, as well as talented and concerned individuals. After more than three years of collaborative planning by the Chicago Department of Public Health, Erie Family Health Center, Cook County Hospital, Chicago Mayor's Office on Domestic Violence, the Cook County Medical Examiner's Office, the Chicago Police Department, and the Illinois Criminal Justice Information Authority, the study officially began in January 1997 with funding from the National Institute of Justice (NIJ).

The CWHRS was supported by the $312,211 NIJ grant and by substantial in-kind contributions from the Authority and the other collaborating agencies. Data gathering, documentation and initial analysis were completed in June 1999, but the collaborators continue to analyze the data and to write and disseminate reports and other products to a wide audience.

Why is the information gathered by the CWHRS important?

When nurses, beat officers, and other primary support people talk to an abused woman, they need to know the best way to respond in order to lower the risk of death or life-threatening injury. Although previous research told us who in the general population was most likely to be abused, it did not tell practitioners about risk patterns for women who were experiencing violence. Specifically, previous research was limited in the following ways:

- it did not tell us which abused women were in a situation where the risk of serious injury or death might be especially high;
- few studies evaluated potential interventions from the woman's perspective; and

- research rarely addressed multiple barriers to safely leaving a dangerous situation.

In addition, previous research tended to measure only one or two things, and did not take into account the interaction of events and circumstances as they change over time. Practitioners need to know how changing factors, such as attempting to leave, pregnancy, children at home, or firearm availability, may affect the risk of a lethal outcome.

Field practitioners also need to know whether risk patterns differ for different racial or ethnic groups, for women in a same-sex relationship, or for pregnant women, and they need to be able to respond to women who may be in high risk situations but have not sought help from helping agencies or support networks. Prior to the CWHRS, information about the needs and best interventions for these groups was very limited.

What was the methodology of the CWHRS?

The CWHRS was designed around comparison of a "homicide sample" of all intimate partner homicides involving a woman that occurred in Chicago over a two-year period, and a "clinic/hospital sample" of detailed, longitudinal interviews with women sampled as they came into hospitals and clinics in Chicago neighborhoods where the risk for intimate partner violence was high.

Clinic/Hospital Sample

The CWHRS conducted domestic violence screening with 2,616 women as they came into a hospital or health care clinic for any kind of treatment. The screening, given as part of the clinic or hospital routine, included three short questions: current violence, current sexual abuse, and whether she was afraid to go home. Women aged 18 or older, who were in a current relationship, and who answered "yes" to at least one question screened "AW" and those who answered "no" to all questions screened "NAW." We attempted to interview all women who screened "AW" and about 30% of the women who screened "NAW." As a result, of the 705 women we interviewed, 497 had experienced violence in the past year and 208 had not (this was the comparison group).

CWHRS study sites included the Roseland Health Center of the Chicago Department of Health, Erie Family Health Center, and Cook County Hospital. The staff of each site, and the separate clinics or practices within each site, worked hand-in-hand with the interviewers and project staff to ensure that safety and privacy standards were upheld. To ensure that high-risk but understudied groups would not be excluded from the CWHRS sample, such as women who were at high risk but who were not known to be at risk by any helping agency, we designed instruments and procedures to minimize selection bias. In addition,

two-thirds of the 497 women were re-interviewed at least once over the following twelve months.

Homicide Sample

The homicide sample included all of the 87 intimate partner homicides with a woman victim or offender age 18 or older, that occurred in 1995 or 1996. There were 57 homicides with a woman victim and a man offender, 28 with a man victim and a woman offender, and two with a woman victim and offender.

There were two sources of data for the homicide sample, interviews and official or public records. We conducted detailed, face-to-face "proxy" interviews with friends, family or others who knew about the relationship, and with the woman offender herself, using questionnaires that were the same as the questionnaires used with the clinic/hospital women (to the extent possible). In addition, we gathered information from the Chicago Homicide Dataset, Medical Examiner's Office records, court records, newspapers, and other sources.

Questionnaires

Interviews covered demographics; household composition; physical health; pregnancy; substance use; mental health (depression, anxiety and post-traumatic stress disorder); firearm availability; social support network; the partner's power, control, harassment or stalking; and interventions and help-seeking.

The questionnaires and other study instruments were developed over many months of intense work by members of the collaborating team. Advocates, activists, community members, academics and researchers all took an active role in finding, evaluating and devising scales for the various dimensions we hoped to capture. The Spanish translations were done by community members (the Erie Site Advisory Board) and by two members of the collaborative team. Though the process was time-consuming, it produced translations that were correct and culturally sensitive to Latina/Hispanic women from different countries of origin.

Some of the issues covered by the CWHRS related to highly sensitive topics, and women from different cultural backgrounds might have different perceptions of these sensitive issues. Therefore, the collaborators spent a great deal of effort to word questions, and to provide a context for those questions, that would encourage women to disclose personal and sensitive experiences, to keep the questionnaire short enough so that the woman would not be fatigued, and to build in enough flexibility to encourage a natural flow of talk.

Calendar History

The 497 clinic/hospital women who had experienced violence in the past year developed a "calendar history" of every violent incident and other important events that had happened in the past year. The women told us about 4,974

incidents in the past year. The number of incidents per woman ranged from only one (29%) to 172, with 22% of the women having experienced ten or more in the past year. The most severe incident was a threat for 4% of the women, and slapping, pushing or throwing something with no injury for 23%. However, almost half (48%) suffered at least one incident we defined as "severe or life threatening" (permanent injury, being completely "beaten up," being choked or burned, internal injury, head injury, broken bones, or a threat or attack with a weapon).

In the follow-up interviews, each woman developed a calendar history for the period from the last interview to the follow-up. Of the re-interviewed women, 44% did not experience any incident in the follow-up period, 25% experienced at least one violent incident but not a severe incident, and 29% experienced at least one severe or life-threatening incident.

CWHRS key findings

The design of the CWHRS and the energy and dedication of the collaborators who made the design a reality produced a tremendously rich data set with the necessary detail and accuracy to answer the questions practitioners ask. We now know combinations of factors that indicate that a woman in an abusive situation is at high risk for serious injury or death. Some of the key findings are the following:

Leaving or trying to end the relationship

For women who left or tried to end the relationship, the potential gain was great, but there was also potential risk.

- Most clinic/hospital women (85%) who had experienced severe violence in the past year had also left or tried to end the relationship, compared to 66% of women who had experienced less severe incidents.
- Half of the women who had experienced a severe incident and who had left or tried to end the relationship did *not* experience any incident on follow-up. This was about the same for those who had not left or tried to end the relationship. Thus, overall, trying to leave did not increase the risk of continued violence for these women.
- Clinic/hospital women who had experienced less severe incidents in the past year and who had left or tried to end the relationship were *less* likely to experience a follow-up incident than women who had not left or tried to end the relationship.

- Clinic/hospital women who had left or tried to leave in the past year were less likely to experience a follow-up incident, but when they did experience an incident, they were *more* likely to experience at least one severe follow-up incident.
- Women homicide victims: for 40% of the incidents in which a woman was killed, an immediate precipitating factor of the fatal incident was the woman leaving or trying to end the relationship.

Risk factors for women becoming a homicide offender

Compared to women homicide victims and to clinic/hospital women, abused women homicide offenders:

- were more likely to be married, to be in a long-term relationship, and to be the mother of at least one child
- were more likely to have experienced severe violence in the previous year, and the violence was more likely to have been increasing in frequency
- had many fewer resources, on average (more likely to be unemployed, less likely to have a high school education, more likely to be in poorer health)

Risk factors for the fatal incident

Compared to the 4,974 non-fatal incidents, the 87 fatal incidents:

- were much more likely to involve the threat or use of a knife or gun
- were much more likely to involve the woman being choked
- someone was more likely to be drunk, but they were equally likely to involve drug use

Risk factors for homicide/suicide

Ten of the 87 homicide offenders committed suicide immediately after the homicide. (Two more attempted suicide, and three committed suicide in the following year.) Compared to the 77 other fatal incidents:

- offenders who killed with a firearm were more likely to commit suicide
- substance use was more likely to be involved in homicide/suicides
- the offender was much more likely to be a man

- the victim was more likely to have been trying to leave or end the relationship
- compared to other homicides or to the partners of clinic/hospital women, the offender was more likely to have previously tried or attempted suicide

Severe or fatal violence did not necessarily escalate from past violence

Clinic/hospital women:

- for 27% of the 143 women who experienced only one incident in the past year, that single incident was severe or life-threatening
- the partner's drug use was a strong risk factor for these women

Homicide incidents:

- in 15%, there had been no prior violence against the woman
- the partner's drinking or drug use was a risk factor for these homicides

Past violence as a risk factor for homicide

In the majority of homicides (85%), the woman had experienced violence at the hands of her partner in the past year. Three specific characteristics of past violent incidents were related to future violence:

Recency (the number of days since the last incident)

- clinic/hospital women: high probability of violence on follow-up when last incident happened within 30 days, whatever the incident's severity
- homicide women: for half of victims and 75% of offenders, the last incident happened within 30 days

Frequency: incidents increasing in frequency

- an especially important risk factor for women homicide offenders
- clinic/hospital women: high probability of violence on follow-up when there were more than ten incidents in the past year

Type of past violence

- weapon threat or use (gun or knife)
- woman was choked or grabbed around the neck

Seeking Help and Interventions

Almost every woman had sought help after an incident in the past year, either informal (talking to someone) or formal (medical, counseling, contacting the police).

- but the few women who had not were at high risk for continued violence
- over a third of Latina/Hispanic women did not seek help of any kind, formal or informal, even those women who had experienced severe violence

Women were much more likely to seek medical help or to contact the police than to consult an agency or counselor.

- medical staff and police may be "gate keepers" giving women information about counselors or agencies
- pregnant women were much less likely to seek help from any formal resource, even when they had experienced severe violence
- women being abused by a woman hardly ever contacted the police

Women who were actively seeking help from formal resources were also experiencing severe violence.

- Clinic/hospital women: seeking help in the past year was associated with severe violence on follow-up
- Homicide women: were usually more likely than clinic/hospital women to have sought help in the past year.
- Women homicide offenders were much more likely to have contacted the police, than women victims or clinic/hospital women.

Implications for research

- Recognize the complexity of women's lives
- Develop a collaborative culture
- Measure "strangulation" as a method of violence in law enforcement and public health epidemiological data sets

Implications for practice

Assessing risk for lethal violence:

- ask: when did the last incident happen?
- don't assess a woman's risk by a single incident, even the most recent
- be aware of abused women at risk for becoming a homicide offender
- pay attention to women at risk for a first, explosive incident

Medical and law enforcement staff:

- take advantage of opportunities to ask women if they want information about sources of help, such as an agency or counselor

Medical staff

- open avenues of communication with pregnant women

All helping professionals:

- Recognize that active help-seeking carries not only potential gain, but also potential risk

CWHRS published reports and other products

The following are the reports of the CWHRS that have been published as of the date of this "Project at a Glance." Other reports are in progress (see below). In addition, the CWHRS would be happy to provide copies of project instruments to people who are working on similar studies. To request any of these products, or to ask to be put on a mailing list to receive a notice of the publication of additional products, please contact the Illinois Criminal Justice Information Authority, 120 South Riverside Plaza, Chicago, IL 60606; phone: 312-793-8550; e-mail: BBlock@icjia.state.il.us; Or visit the ICJIA web site http://www.icjia.state.il.us/public/index.cfm.

Block, Carolyn Rebecca, with contributions by Christine Ovcharchyn Devitt, Michelle Fugate, Christine Martin, Tracy Pasold, Sara Naureckas, Dickelle Fonda, Barbara Engel, Sara M. Naureckas, Kim A. Riordan, Judith McFarlane and Gail Rayford Walker (2000). *The Chicago Women's Health Risk Study, Risk of Serious Injury or Death in Intimate Violence: A Collaborative Research Project.* Final Report to the National Institute of Justice.

Block, Carolyn Rebecca, Barbara Engel, Sara M. Naureckas and Kim A. Riordan (1999a). The Chicago Women's Health Risk Study: Lessons in collaboration. *Violence Against Women* 5 (10; October): 1157-1176.

Block, Carolyn Rebecca, Barbara Engel, Sara M. Naureckas and Kim A. Riordan (1999b). *Collaboration in the Chicago Women's Health Risk Study.*

Research Brief: May, 1999. Chicago: Illinois Criminal Justice Information Authority.

Block, Carolyn Rebecca, Judith M. McFarlane, Gail Rayford Walker and Christine Ovcharchyn Devitt (1999). Beyond public records databases: Field strategies for locating and interviewing proxy respondents in homicide research. *Homicide Studies* 3 (4, November): 349-366.

McFarlane, Judith, Carolyn Rebecca Block, Gail Rayford Walker and Christine Ovcharchyn Devitt (1999). When homicide data bases do not answer the questions: Field strategies for locating and interviewing proxies. Proceedings of the 1999 Annual Meeting of the Homicide Research Working Group, FBI Academy, Quantico, Virginia.

Works in progress

Fact Sheet on Key Findings. Authors: Carolyn Rebecca Block, Christine Devitt, Michelle Fugate, Eva Hernandez, Kim Riordan.

Summary of Findings for CWHRS Respondents. Authors: Carolyn Rebecca Block, Christine Devitt, Michelle Fugate.

Help-seeking, Intervention, and Continued Abuse. Authors: Barbara Engel, Michelle Fugate, Mary Hunter, Debra Kirby, Leslie Landis, Sara Naureckas, Kim Riordan, Carole Warshaw.

Universal screening. Authors: Carolyn Rebecca Block, Jacquelyn Campbell, Debra Clemmons, Eva Hernandez, Teresa Johnson, Sara Naureckas, Kim Riordan, Roxanne Roberts.

Pediatric issues in domestic violence. Authors: Sara Naureckas.

Risk factors for Latina/Hispanic women. Authors: Nanette Benbow, Alicia Contreras, Eva Hernandez, Sara Naureckas.

Evaluation of the predictive validity and reliability of the Danger Assessment. Authors: Carolyn Rebecca Block, Jacquelyn Campbell, Sara Naureckas.

Are There Types of Intimate Partner Homicide? To be presented at the Homicide Research Working Group annual workshop, June 2000. Authors: Carolyn Rebecca Block, Christine Ovcharchyn Devitt, Edmund R. Donoghue and Roy J. Dames.

Who becomes the victim and who the offender in Chicago intimate partner homicides? To be presented in November, 2000, at the American Society of Criminology meetings. Authors: Carolyn Rebecca Block, Christine Ovcharchyn Devitt, Edmund R. Donoghue and Roy J. Dames.

Collaborating agencies and individuals in the CWHRS

Mayor's Office on Domestic Violence: Leslie Landis, Domestic Violence Project Manager

Chicago Police Department, Domestic Violence Unit: Lt. Debra Kirby, Officer Mary V. Jensen, Mary Hunter

Erie Family Health Center: Sara Naureckas, Pediatrician, Eva Hernandez, Director of Community Services

Chicago Department of Public Health: Gloria Lewis, former Director of Violence Programs, Nanette Benbow, Epidemiologist, Debra Clemmons, Director, Roseland Health Center

Cook County Medical Examiner's Office: Edmund R. Donoghue, M.D., Chief Medical Examiner, Roy J. Dames, Executive Director

Cook County Hospital: Carole Warshaw, M.D., Director, Behavioral Science Department, Roxanne Roberts, M.D., Trauma Office

Chicago Abused Women Coalition: Olga Becker, Director, Kim Riordan, Director of the Hospital Care Intervention Project

Illinois Criminal Justice Information Authority: Carolyn Rebecca Block, Principal Investigator, Christine Martin, Christine Devitt, Michelle Fugate, Project Co-Managers, James Coldren, Research Consultant, Dickelle Fonda, Project Counselor, Teresa Johnson, Followup Coordinator and Interviewer

Interviewers: Alicia Contreras, Charmaine Hamer, Teresa Johnson, Rosa Martinez, Iliana Oliveros, Gail Rayford Walker

Individual Collaborators: Jacquelyn Campbell, Johns Hopkins University, School of Nursing, Alice J. Dan, UIC Center for Research on Women & Gender, Barbara Engel, Illinois Criminal Justice Information Authority Member, Holly Johnson, Canadian Centre for Justice Statistics, Stephanie Riger, Director of Women's Studies, University of Illinois at Chicago, Daniel Sheridan, Oregon Health Sciences University School of Nursing, Richard Tolman, University of Michigan, School of Social Work

And many others!

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Though most of the collaborators of the Chicago Women's Health Risk Study were silent partners in writing this report, they were equal partners in the project. They include Olga Becker, Nanette Benbow, Jacquelyn Campbell, Debra Clemmens, James Coldren, Alicia Contreras, Eugene Craig, Roy J. Dames, Alice J. Dan, Christine Devitt, Edmund R. Donoghue, Barbara Engel, Dickelle Fonda, Charmaine Hamer, Kris Hamilton, Eva Hernandez, Tracy Irwin, Mary V. Jensen, Holly Johnson, Teresa Johnson, Candice Kane, Debra Kirby, Katherine Klimisch, Christine Kosmos, Leslie Landis, Susan Lloyd, Gloria Lewis, Christine Martin, Rosa Martinez, Judith McFarlane, Sara Naureckas, Iliana Oliveros, Angela Moore Parmley, Stephanie Riger, Kim Riordan, Roxanne Roberts, Martine Sagan, Daniel Sheridan, Wendy Taylor, Richard Tolman, Gail Walker, Carole Warshaw and Steven Whitman.

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