Culturally Competent Intimate Partner Violence Risk Assessment: Adapting the Danger Assessment for Immigrant Women

Jill Theresa Messing, Yvonne Amanor-Boadu, Courtenay E. Cavanaugh, Nancy E. Glass, and Jacquelyn C. Campbell

Despite the growing population of immigrant women in the United States and their greater vulnerability to intimate partner violence (IPV), there are no culturally competent instruments to assess the risk of homicide and future violence among abused immigrant women. The current study modifies the Danger Assessment (DA), a risk assessment instrument aimed at identifying victims of IPV who are at risk for lethal violence by an intimate or ex-intimate partner, for use with immigrant women. A secondary analysis was conducted with 148 immigrant women who participated in a longitudinal risk assessment study. The 20 original DA items and an additional 12 risk items were tested using relative risk ratios for their association with any or severe IPV at a follow-up interview. Predictive validity was tested with the receiver operating characteristic curve. Results indicate support for a revised Danger Assessment for Immigrant Women (DA-I) consisting of 26 items. The DA-I predicts any and severe IPV at a nine-month follow-up significantly better than the original DA and women's predictions of risk. The DA-I is a culturally competent risk assessment that can be used to assess the risk of reassault and severe IPV to assist immigrant women with safety planning.

KEY WORDS: *domestic violence; immigrant women; intimate partner violence; receiver operating characteristic; risk assessment*

Intimate partner violence (IPV) is a serious social problem affecting the health, mental health, and welfare of women (Bacchus, Mezey, & Bewley, 2003; Coker et al., 2002; Hazen, Connelly, Soriano, & Landsverk, 2008). In the United States, recent estimates indicate that 35% of women experience IPV in their lifetimes and 25% of women experience severe IPV in their lifetimes (Black et al., 2011). In 2003, there were 5.3 million incidents of IPV against women (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2003). Of all violent crimes committed against women in 2010, 22% were perpetrated by a current or former intimate partner (Truman, 2011). Women who experience severe IPV (for example, being beaten up, assaulted with a weapon) are at greater risk for poor health and mental health outcomes and intimate partner homicide (Campbell et al., 2003) or femicide (Campbell & Runyon, 1998; Russell, 1992, 2001).

In 2007, 1,640 women were killed by an intimate partner (Catalano et al., 2009). Intimate partner homicides comprise 45% of all femicides (Catalano et al., 2009); of women who were killed by men that they knew, 65% were killed by a spouse, ex-spouse, or current intimate partner (Violence Policy Center, 2012). Of all homicides with male victims, 5% were committed by an intimate partner. Since 1993, women have constituted approximately 70% of all victims killed by an intimate (Catalano et al., 2009). Between 65% and 80% of intimate partner femicide victims were previously abused by the partner who killed them, making this the single largest risk factor for intimate partner femicide (Campbell et al., 2003; Campbell et al., 2007; Moracco, Runyon, & Butts, 1998; Pataki, 1997; Sharps et al., 2001). Social workers are confronted with victims of IPV in all areas of practice (Danis, 2003), and there is a critical need to identify those at the greatest risk for severe and lethal violence so that interventions aimed at reducing associated health and mental health problems and preventing intimate partner femicide can be developed and implemented among this population.

Immigration to the United States is rising; 36.7 million people (12% of the population) living in the United States are foreign born (U.S. Census Bureau, 2009). An emerging literature suggests that this growing population of women may be more vulnerable to IPV and intimate partner femicide than nonimmigrant women (Erez, Adelman, & Gregory, 2009; Raj & Silverman, 2002). For example, in New York City, from 1990 to 1999, foreign-born women made up over half of all intimate partner femicide victims and were nearly two times more likely to be killed by an intimate partner than a nonintimate (Frye, Hosein, Waltermaurer, Blaney, & Wilt, 2005). A number of factors unique to immigrants, including social isolation, traditional and cultural attitudes and norms about gender roles and violence, poor socioeconomic status, and lack of divorce or employment options for women, have been noted to increase this population's vulnerability to IPV and severe IPV (Counts, Brown, & Campbell, 1999). Current risk assessments, such as the Danger Assessment (DA), do not include immigrant-specific risk factors. To engage in culturally competent practice, social workers and advocates need to identify immigrant women who are in dangerous intimate partner relationships through the use of risk assessment instruments that have been modified to identify as many of their particular risks as possible.

RISK FACTORS FOR HOMICIDE IN INTIMATE RELATIONSHIPS

The DA (http://www.dangerassessment.org) is the only IPV risk assessment instrument specifically designed to identify women at risk for intimate partner homicide. It is intended to empower women in abusive relationships to make self-care decisions and, as such, is generally administered by an advocate, social worker, or health care or criminal justice practitioner in a victim services setting. The DA includes a calendar used to review abusive incidents over the past 12 months and a 20-item instrument that is scored by the assessor. The DA has been shown to be predictive of intimate partner reassault, severe reassault, and femicide (Campbell et al., 2003; Campbell, O'Sullivan, Roehl, & Webster, 2005; Campbell, Webster, & Glass, 2009; Goodman, Dutton, & Bennett, 2000; Heckert & Gondolf, 2004; Hilton, Harris, Rice, Houghton, & Eke, 2008; Hilton et al., 2004; Messing & Thaller, 2013; Weisz, Tolman, & Saunders, 2000).

The questions on the DA are consistent with risk factors identified through research as being predictive of intimate partner homicide. Recent estrangement, including physical or legal separation, has consistently been identified as a risk factor for homicide (Dawson & Gartner, 1998; Websdale, 1999; Wilson & Daly, 1993; Wilson, Johnson, & Daly, 1995). Research has demonstrated that 70% to 90% of women were stalked prior to a homicide or attempted homicide by their intimate partner (McFarlane et al., 1999). A perpetrator's threats to kill his intimate partner are associated with a 2.6 times increased risk of intimate partner homicide (Campbell et al., 2003). Women who have been strangled by an intimate partner are approximately seven times more likely to be killed by their partner (Glass, Laughon, et al., 2008). Women whose abusive partner has access to a firearm are at five times greater risk for intimate partner homicide (Campbell et al., 2003; Campbell et al., 2007). Approximately 50% of men who killed or attempted to kill their partners were described as problem drinkers in the year before the incident (Sharps, Campbell, Campbell, Gary, & Webster, 2003). Women who are abused during pregnancy are approximately three times more likely to experience serious injury and intimate partner homicide (McFarlane, Campbell, Sharps, & Watson, 2002). In addition, forced sex, controlling behavior, and sexual jealousy have been associated with the risk for homicide (Campbell & Soeken, 1999; Campbell et al., 2003).

IMMIGRANT WOMEN'S RISK FACTORS

Although immigrant women are a diverse group in terms of cultural background, immigration status, length of time in the United States, and acculturation experiences, they have shared experiences and similar risks for IPV based on the process of immigration and the structural and institutional inequalities faced after migration (Erez et al., 2009; Raj & Silverman, 2002). These similarities may serve to make it more difficult for early intervention and may contribute to the control exercised by batterers (Menjívar & Salcido, 2002). Previous research with women from diverse cultural backgrounds (for example, Latin, Caribbean, Asian, Eastern European) has identified immigrant women's risks for IPV and the ways in which differences in immigration status and acculturation may impact those risks.

Immigration disrupts familial and social support networks, which may lead to women's greater dependence on husbands, particularly if their language skills are not strong (Bauer, Rodriguez, Szkupinski, & Flores-Ortiz, 2000; Bhuyan, Mell, Senturia, Sullivan, & Shiu-Thornton, 2005; Denham et al., 2007; Sullivan, Senturia, Negash, Shiu-Thornton, & Giday, 2005) or when their visa status is dependent on their spouse or does not allow engagement in paid employment (Crandall, Senturia, Sullivan, & Shiu-Thornton, 2005; Sullivan et al., 2005). This leads to their inability to form independent social networks or access services (Bauer et al., 2000; Sullivan et al., 2005). Threatening deportation, not filing appropriate paperwork, tearing up or otherwise destroying identification and immigration papers, threatening the loss of custody of children due to deportation, and threatening to inform immigration authorities for real or imagined infractions are all methods of isolation that spouses may use against women whose immigration status is uncertain or is dependent on them (Abraham, 2000; Crandall et al., 2005; Erez et al., 2009; Erez & Hartley, 2003).

The traditional and cultural norms of immigrants may prevent women from attending school, learning the language of their new country, working outside the home, or creating social networks (Abraham, 2000; Bhuyan et al., 2005; Dasgupta & Warrier, 1996; Sullivan et al., 2005). Beliefs in male domination are more common among immigrant populations and have been found to be positively and significantly associated with IPV (Adam & Schewe, 2007). Male-dominant marriages have been found to have the highest level of violence against women (Kim & Sung, 2000). Similarly, research has found that patriarchal beliefs about rigid gender roles permit men to be violent against their wives across several disparate immigrant groups (Bhuyan et al., 2005; Crandall et al., 2005; Shiu-Thornton, Senturia, & Sullivan, 2005; Sullivan et al., 2005). As foreigners in a new country, men's social status shifts downward, and they may face unemployment or underemployment. They may use violence as a way to exercise control when they are unable to exercise control outside of the home (Erez et al, 2009; Tran & Des Jardins, 2000). Immigrant women's employment outside the home, when combined with a spouse's unemployment, has also been found to predict physical IPV (Morash, Bui, Zhang, & Holtfreter, 2007).

CULTURAL COMPETENCE

There are three main components of cultural competency for helping professionals: (1) awareness of their values, beliefs, and biases; (2) knowledge of their clients' values, beliefs, and cultural practices; and (3) the skills to use culturally appropriate and sensitive intervention strategies (Sue & Sue, 2003). To practice in a culturally competent manner, practitioners need culturally competent risk assessment tools; however, there are currently no risk assessment instruments for identifying immigrant women at risk for severe and lethal IPV despite the evidence that this population is at elevated risk for experiencing IPV and femicide. Because of the specific vulnerabilities of immigrant women, risk assessments need to be adapted for use with this population. Thus, the purpose of this study was to adapt the original 20-item DA for use with immigrant women and test the effectiveness of the revised instrument in predicting reassault and severe IPV among immigrant women from diverse cultural backgrounds.

METHOD

Data Collection

This study used data collected for the National Institute of Justice–funded Risk Assessment Validation (RAVE) study (Campbell et al., 2005). The study was approved by the institutional review board of Johns Hopkins University. Data were collected through bilingual (Spanish and English) structured telephone (32%) or in-person (68%) interviews in New York City and Los Angeles County. Participants were recruited at family courts, domestic violence shelters and community offices, and public hospitals and from domestic violence calls to the police. Women were eligible for inclusion in the study if they were currently experiencing IPV (operationalized as reporting at least one experience of IPV in the previous six months). Eligible participants completed a baseline interview and were recontacted to participate in a follow-up telephone interview six to 12 months later, primarily to determine reassault.

Interviews were conducted with 1,307 women at baseline (T1); 59.83% of T1 participants were located for follow-up (T2) after an average of nine months. Participants were selected for inclusion in this analysis if they completed the T2 interview, were administered the DA at T1, and reported being born outside of the continental United States. Of those participating in the T2 interview

($n = 782$), 51.2% ($n = 400$) were administered the DA at T1; of those, 37% reported that they were not born in the continental United States, resulting in a final sample of 148 for this analysis. There was no difference in attrition between foreign-born and U.S.-born participants.

Measures

Dependent Variables: IPV. IPV was assessed at T1 and T2 using an adapted version of the revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The two dependent variables in this analysis were (1) any IPV — the participant experienced any physical or sexual IPV between the T1 and T2 interviews (0 = no, 1 = yes), and (2) severe IPV — the participant experienced severe physical or sexual IPV, near lethal violence, or both between the T1 and T2 interviews (0 = no, 1 = yes). IPV was considered to be severe if the participant answered "yes" to the following: Your partner (1) used force to make you have sex, (2) used a knife or gun on you, (3) punched you or hit you with something that could hurt, (4) choked you, (5) beat you up, (6) burned or scalded you on purpose, (7) kicked you, (8) nearly killed you, or (9) tried to kill you.

Danger Assessment. The DA (Campbell et al., 2009) was used to assess participants' risk of homicide by an intimate partner in the RAVE study. The DA consists of 20 items with yes/no response options. Nineteen of these questions are weighted (1 to 4) and summed providing an overall score (0 to 37), where a higher score indicates higher risk of intimate partner homicide.

Additional Risk Items. Items from the original questionnaire were assessed for their ability to identify the risk factors for immigrant women that have been previously noted in the literature, including social isolation, marginalization of immigrant communities, acculturation level, gender norms and patriarchal beliefs, and downward or differential mobility. Two of these items (gender norms: "Does he get upset about how you do housework or take care of things?" and social isolation, "Has he tried to prevent you from going to school, getting job training, or learning English?") were included in the original questionnaire as possible risk factors. Another two items (marginalization of the immigrant community and social isolation: "I feel ashamed of the things he does to me" and "I hide the truth from others because I am afraid") are from

the Women's Experience of Battering Scale, which was used to measure emotional abuse in the original questionnaire (Smith, Earp, & DeVellis, 1995). One item (social isolation: "He threatened to report you to child protective services, immigration, or other authorities") is from the HARASS Scale used to measure harassment and stalking in the original questionnaire (Sheridan, 1998). The remaining seven items are questions that are asked during the demographic portion of the interview (social isolation and gender norms: the participant is married, the participant does not have children in the home, the participant and abuser do not have children in common; downward or differential mobility and social isolation: the participant is not employed full- or part-time, the participant has more than a high school education), when obtaining information about the abuser (perpetrator acculturation: he was not born outside of the United States), or based on the interview format (victim acculturation: interview was conducted in English).

Self-Perceived Risk. Participants were asked to rate the likelihood (on a scale of 0 to 10, with 0 = no chance and 10 = sure to happen) that their partner would (1) abuse or (2) seriously hurt them in the next year (Weisz et al., 2000). These questions were asked at T1, after the participant had answered all other interview questions.

Participant and Relationship Characteristics. Participants were asked questions regarding their personal and relationship characteristics, including age, race and ethnicity, where they were born, employment status, education, and marital status. Questions about the participant's children (number and gender of children, number of children with their partner) and partner (race and ethnicity, age, country or region of birth) were also asked. These variables are used to describe the sample, and some were included as additional risk items.

Analysis

All analyses were conducted using Stata/SE 10.1. The three specific aims of this analysis were to (1) examine the relationship between potential risk factors and the outcomes of any IPV and severe IPV for immigrant women, (2) develop a risk assessment instrument specifically for this population, and (3) test the predictive validity of the developed risk assessment. To achieve the first specific aim, relative risk ratios (RRRs) were used to examine the bivariate relationships between all potential risk items and

the outcomes of any IPV and severe IPV at T2. RRRs provide an estimate of the risk that a participant faces of experiencing an outcome given an affirmative response to a particular risk factor; an RRR of 1 would indicate that a participant faces no increased risk, an RRR below 1 would indicate a decreased risk, and an RRR above 1 would indicate an increased risk.

The RRRs provide information about the relative strength of various risk factors and how heavily they should be weighted in the risk assessment (for example, an RRR of 2 indicates that a participant is twice as likely to experience the outcome given the risk factor). To meet the second aim of this analysis, risk factors were weighted based on the RRRs. The relationship between a risk factor and the outcome of severe IPV was considered more important than the relationship between a risk factor and any IPV. Thus, beginning with the outcome of severe IPV, weights were assigned to the risk factors on the basis of the RRRs by using the following formula developed by Glass, Perrin et al. (2008): Items with an RRR below 1.33 were initially given a weight of 0 (not included in the risk model), items with an RRR of 1.33 to 1.79 were initially given a weight of 1, items with an RRR of 1.80 to 2.79 were initially given a weight of 2, items with an RRR of 2.80 to 3.79 were initially given a weight of 3, and items with an RRR of 3.80 and higher were initially given a weight of 4. Based on these classifications, when the RRRs for the outcome of any IPV were different than the RRR for severe IPV, alternative weights were examined and the risk model with the greatest predictive validity for both outcomes was retained. When conflict occurred, the risk model with the greatest predictive validity for severe IPV was retained. Finally, based on the 95% confidence intervals for the RRRs, an iterative process was used to examine the risk model with other possible weighting options and, as described previously, the risk model with the greatest predictive validity was retained. Because a partner's suicidal threats or attempts is a risk factor for homicide–suicide (Koziol-McLain et al., 2006), this was deemed important to retain in the final risk assessment even though it did not significantly impact the predictive validity of the risk model. A question that assesses the survivor's suicidality was included from the original DA, because of the strong association between IPV and suicidality among victims of IPV in this sample and others (this question is not included in

the scoring) (Cavanaugh, Messing, Del-Colle, O'Sullivan, & Campbell, 2011).

To achieve the final specific aim of this analysis, the receiver operating characteristic (ROC) was used to examine the predictive validity of the developed risk assessment. The ROC is a graph that plots sensitivity as a function of "one minus the specificity," thereby taking into account both "the sensitivity" and the specificity of an instrument (Rice & Harris, 1995). The area of the graph that lies under the ROC curve—that is, the area under the curve (AUC)—quantifies the predictive accuracy of a risk assessment instrument on a scale of 0 to 1.0 (Douglas, Blanchard, Guy, Reeves, & Weir, 2000; Rice & Harris, 1995). An AUC of .50 indicates that the instrument predicts cases no better than chance, and an AUC of 1.0 indicates that every case was predicted with perfect accuracy (Douglas et al., 2000). The AUC is interpreted as the probability that a randomly selected case would have a higher score on the risk assessment instrument than a randomly selected noncase; thus, an AUC of .65 would indicate that there is a 65% chance that a randomly selected case would have a higher score on the risk assessment instrument than a randomly selected noncase (Douglas et al., 2000; Rice & Harris, 1995). Use of the ROC curve for examining predictive validity has several advantages important to this analysis. The predictive validity of the newly created risk assessment can be compared with the original DA and participants' assessment of their risk by utilizing chi-square analyses. In addition, the ROC has been demonstrated to remain stable as the base rate (the number of cases in a sample) changes, making it less dependent on the base rate than traditional methods of measuring predictive validity (Rice & Harris, 1995). This is important as the proportion of participants experiencing severe IPV at follow-up is relatively low (20.95%).

Of the 148 participants, 22 (14.9%) were missing data on pertinent variables. Conditional mean imputation was used to insert missing values based on rounded predicted probabilities. Logistic regression was used to determine the likelihood that a particular person in the sample would have answered affirmatively to experiencing a particular risk factor based on the following nonmissing data: the average of known risk factors, other included risk factors, and participant and relationship characteristics. These models predicted known cases with an average of 78.51% accuracy (range: 66.67%–

91.03%). This technique is neither perfect nor entirely free from bias (Little & Rubin, 1987), but it improves on listwise deletion and unconditional mean imputation as strategies for handling missing values (Schafer & Schenker, 2000).

RESULTS

Participant and Relationship Characteristics

The mean age of participants included in this sample is 34.51 years ($SD = 8.42$). As shown in Table 1, the majority of the foreign-born women reported that they were Latina (66.89%), two-thirds of whom were born in the Caribbean or Mexico. Approximately half of the participants (48.65%) were employed either part-time or full-time, and more than half of the participants had a high school diploma or more education (56.75%). The majority of participants (60.14%) were married, and very few participants (12.84%) did not have children living with them at home.

Participant Experiences of IPV

Experiences of IPV at T1 and T2 are reported in Table 2. Verbal abuse was most common, with over 90% of women reporting that they experienced some form of verbal abuse at T1 and over half of participants reporting that they experienced some form of verbal abuse at T2. Nonsevere IPV was experienced by 94.59% ($n = 140$) of participants at T1 and 31.08% ($n = 46$) of participants at T2. Severe IPV was experienced by 83.78% ($n = 124$) of participants at T1 and 20.95% ($n = 31$) of participants at T2. Of the participants at T2 who reported experiencing any IPV, 67.39% reported severe IPV.

The RRRs used to test the bivariate associations of the 20 original DA items and the additional 12 risk items with any and severe IPV at T2 are presented in Table 3. RRRs indicated that 26 items should be retained for the Danger Assessment for Immigrant Women (DA-I; see Figure 1): 15 items retained from the original DA and 11 additional risk items. Scores on the DA-I can range from 0 to 53; actual scores for this sample ranged from 1 to 47 ($M = 23.53$, $SD = 9.11$).

Predictive Validity

The predictive validity of the DA-I was assessed by plotting ROC curves, and chi-square analyses were used to test the differences between the DA-I curve,

Table 1: Participant and Relationship Characteristics (*N* = 148)

Variable	*n* (%)
Race and ethnicity	
Black	25 (16.89)
Latina or Hispanic	99 (66.89)
European or white	9 (6.08)
Asian	8 (5.41)
Other	7 (4.73)
Country or region of origin	
Puerto Rico	8 (5.41)
Mexico	43 (29.05)
Central America	11 (7.43)
South America	26 (17.57)
Caribbean	45 (30.41)
Europe	6 (4.05)
Asia or Middle East	7 (4.73)
Missing	2 (1.35)
Employment status	
Full-time	47 (31.76)
Part-time	25 (16.89)
Unemployed	59 (39.86)
Other (for example, student, homemaker)	17 (11.49)
Highest level of education	
8th grade or less	33 (22.30)
Some high school	31 (20.95)
High school graduate or GED	45 (30.41)
Some college or vocational school	22 (14.86)
College graduate	13 (8.78)
Graduate school	4 (2.70)
Marital status	
Single	44 (29.73)
Married	89 (60.14)
Separated	6 (4.05)
Divorced	9 (6.08)
No. of children in the home	
0	19 (12.84)
1	29 (19.59)
2	61 (41.22)
3	26 (14.57)
4+	13 (8.79)
No. of children in common with partner	
0	29 (19.59)
1	49 (33.11)
2	44 (29.73)
3	17 (11.49)
4+	9 (6.08)

the DA curve, and the curves for participants' perceptions of risk. For prediction of severe IPV at T2, the AUC for the DA-I weighted score is 0.8522. The AUC of the DA-I is significantly larger [$\chi^2(1, N = 148) = 15.40$, $p < .001$] than the

Table 2: Verbal Abuse, Physical Violence, and Sexual Violence at Baseline (T1) and Follow-up Interview (T2) (N = 148)		
Type of Violence or Abuse	**T1 Yes, Ever** n **(%)**	**T2 Yes, Since Last Interview** n **(%)**
Verbal abuse: Has your partner been verbally abusive in the following?		
Insulting and swearing at you	138 (93.24)	91 (61.49)
Shouting and yelling at you	139 (93.92)	86 (58.11)
Calling you fat or ugly or a lousy lover	89 (60.14)	51 (34.46)
Physical and sexual intimate partner violence (IPV): Your partner. . .		
Threw something at you that could hurt.	71 (47.97)	14 (9.46)
Twisted your arm or hair.	93 (62.84)	19 (12.84)
Made you have sex without a condom.	66 (44.59)	15 (10.14)
Pushed or shoved you.	109 (73.65)	29 (19.59)
Slammed you against a wall.	84 (56.76)	11 (7.43)
Insisted on sex when you did not want to.	79 (53.38)	24 (16.22)
Grabbed you.	118 (79.73)	22 (14.86)
Slapped you.	83 (56.08)	14 (9.46)
Severe physical and sexual IPV: Your partner. . .		
Used force to make you have sex.	51 (34.46)	16 (10.81)
Used a knife or gun on you.	28 (18.92)	4 (2.70)
Punched you or hit you with something that could hurt.	88 (59.46)	14 (9.50)
Choked you (strangulation).	58 (39.19)	14 (9.50)
Beat you up.	94 (63.51)	12 (8.11)
Burned or scalded you on purpose.	4 (2.70)	1 (0.68)
Kicked you.	57 (38.51)	11 (7.43)
Did anything that might have killed you or nearly killed you.	50 (33.78)	15 (10.14)
Tried to kill you.	31 (21.23)	11 (7.43)

AUC of the weighted DA score (AUC = 0.6920). The AUC of the DA-I is also significantly larger than the AUC of participants' perception of the likelihood of IPV in the next year (AUC = 0.6375) [$\chi^2(1, N = 148) = 17.78, p < .001$] and the AUC of participants' perception of the likelihood of IPV injury in the next year (AUC = 0.6535) [$\chi^2(1, N = 148) = 19.85, p < .001$].

When examining the prediction of any IPV at T2, the DA-I weighted score has an AUC of 0.7745. For any IPV, the AUC of the DA-I is significantly larger [$\chi^2(1, N = 148) = 5.17, p < .05$] than the AUC of the weighted DA score (AUC = 0.6868). The AUC of the DA-I is also significantly larger than the AUC of participants' perception of the likelihood of IPV in the next year (AUC = 0.6246) [$\chi^2(1, N = 148) = 9.25, p < .01$] and the AUC of participants' perception of the likelihood of IPV injury in the next year (AUC = 0.6390) [$\chi^2(1, N = 148) = 8.73, p < .01$].

DISCUSSION

Despite the unique factors that have been found to influence IPV among this population, this is the first study to create and test an IPV risk assessment instrument for immigrant women. The 26-item DA-I (which includes 15 items from the original DA and 11 additional risk items; see Figure 1) predicts risk for severe violence and any reassault for immigrant women with significantly greater accuracy than the original DA and women's predictions of their risk of future violence and injury. This study provides further support for work that has shown that immigrant women who experience IPV have specific vulnerabilities based on their immigration status. Five risk factors from the original DA were not included in the final DA-I, indicating that the simple addition of risk factors for immigrant women is not sufficient; the conception of risk for this population may be different than for nonimmigrant women.

Table 3: Relative Risk Ratios (*N* = 148)				
		Relative Risk Ratios (95% CI)		
Risk Assessment Items	**Yes Response *n* (%)**	**Any Reassault**	**Severe Reassault**	**Weight**
Danger assessment items				
Physical violence increased	61 (41.22)	1.68 (0.83–3.40)	2.83 (1.25–6.39)	3
Used/threatened with a weapon	44 (29.73)	2.17 (1.03–4.54)	2.39 (1.05–5.42)	2
Strangulation	58 (39.19)	2.49 (1.22–5.08)	3.17 (1.40–7.18)	2
Partner owns a gun	8 (5.41)	0.73 (0.14–3.75)	0.52 (0.06–4.42)	—
Forced sex	75 (50.68)	3.14 (1.50–6.58)	3.59 (1.49–8.69)	2
Partner uses drugs	22 (14.86)	0.81 (0.29–2.21)	1.52 (0.54–4.27)	—
He threatens to kill you	79 (53.38)	3.09 (1.46–6.55)	4.86 (1.86–12.72)	4
He is capable of killing you	85 (57.43)	2.83 (1.32–6.08)	1.74 (0.75–4.01)	1
He gets drunk daily	60 (40.54)	1.76 (0.87–3.56)	1.77 (0.79–3.93)	2
He controls your daily activities	72 (48.65)	1.08 (0.54–2.17)	0.99 (0.45–2.18)	—
Beaten while pregnant	47 (31.76)	1.62 (0.78–3.36)	1.76 (0.78–3.99)	1
Constantly/violently jealous	101 (68.24)	2.94 (1.24–6.95)	9.06 (2.06–39.83)	4
He threatened/tried suicide	42 (28.38)	1.34 (0.63–2.87)	1.26 (0.54–2.98)	1
He threatens to harm children	29 (19.59)	2.54 (1.10–5.84)	1.98 (0.80–4.94)	2
You have child that is not his	54 (36.49)	2.01 (0.98–4.09)	2.22 (0.99–4.95)	2
He is unemployed	46 (31.08)	1.11 (0.53–2.34)	1.07 (0.46–2.50)	—
You left in the past year	96 (64.86)	1.83 (0.85–3.94)	1.42 (0.60–3.36)	—
He avoids arrest for IPV	86 (58.11)	2.03 (0.97–4.25)	1.00 (0.45–2.23)	1
Spies on you	72 (48.65)	1.80 (0.89–3.64)	1.62 (0.73–3.60)	1
She threatened/tried suicide	32 (21.62)	—	—	—
Additional risk items				
Language of interview is English	77 (52.03)	2.19 (1.07–4.51)	1.61 (0.72–3.62)	1
Partner is not foreign born	111 (75.00)	1.09 (0.48–2.45)	1.96 (0.69–5.94)	2
Married	89 (60.14)	0.92 (0.45–1.86)	1.82 (0.77–4.30)	2
No kids in the home	19 (12.84)	2.24 (0.84–5.95)	3.35 (1.21–9.26)	5
No kids in common	29 (19.59)	2.54 (1.10–5.84)	3.72 (1.53–9.02)	4
Victim is not employed	76 (51.35)	1.54 (0.76–3.11)	1.19 (0.54–2.64)	1
Victim hides the truth from others	89 (60.14)	2.83 (1.30–6.18)	1.51 (0.65–3.50)	1
He prevents you from going to school, getting job training, and so forth	59 (39.86)	1.83 (0.90–3.72)	2.17 (0.97–4.83)	2
Threatened to report you	49 (33.11)	1.94 (0.94–4.00)	2.72 (1.21–6.11)	2
He gets upset about how you do things	80 (54.05)	1.16 (0.57–2.33)	0.88 (0.40–1.95)	—
Education: more than high school	39 (26.35)	0.98 (0.44–2.16)	1.44 (0.61–3.42)	1
Ashamed of what he does	125 (84.46)	12.38 (1.61–94.9)	6.95 (0.90–53.72)	4

Notes: The dependent variable was reassault at follow-up: any reassault (*n* = 46; 31.08%), severe reassault (*n* = 31; 20.95%). CI = confidence interval; IPV = intimate partner violence. Dashes indicate weight = 0 and not included in final risk assessment.

Several of the risk factors in the original DA were not related to risk among the immigrant women in this sample. Particularly, few abusive partners in this sample owned a firearm (*n* = 8) or used drugs (*n* = 22), which may at least partially explain the lack of association between future violence and these previously established risk factors. The risk factor in the original DA regarding controlling behaviors, which is also not included in the DA-I, may have been subsumed by more immigrant-specific control and isolation tactics.

Similarly, perpetrator unemployment was not supported for inclusion in the DA-I; however, given previous research regarding employment disparities and downward mobilization among immigrant men (Erez et al., 2009; Morash et al., 2007; Tran & Des Jardins, 2000), this finding deserves further research. Finally, recent separation does not appear to be a risk factor among immigrant women in this sample; however, this may have been an artifact of this sample of abused women because the majority was separated from their partners at T2. Given

Figure 1: Danger Assessment for Immigrant Women

Several risk factors have been associated with increased risk of violence, particularly severe and/or life threatening violence, among immigrant women in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of repeat and severe violence in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale (if **any** of the descriptions for the higher number apply, use the higher number):
1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

#	Yes	No	Mark **Yes** or **No** for each of the following ("he" or "him" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)
1			Do you prefer to answer these questions in English?
2			Has the physical violence increased in severity or frequency over the past year?
3			Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun?____)
4			Does he threaten to kill you?
5			Has he avoided being arrested for domestic violence?
6			Are you married to him?
7		*	Do you have any children living with you in your home?
8		*	Do you have any children with him?
9			Do you have a child that is not his?
10			Has he ever forced you to have sex when you did not wish to do so?
11			Does he ever try to choke you?
12			Is he an alcoholic or problem drinker?
13			Is he violently and constantly jealous of you? (For instance, does he say, "If I can't have you, no one can.")
14			Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ____)
15			Has he ever threatened or tried to commit suicide?
16			Does he threaten to harm your children?
17			Do you believe he is capable of killing you?
18			Does he follow or spy on you, leave threatening notes or messages on voicemail, destroy your property, or call you when you don't want him to?
19			Are you unemployed?
20			Have you attended college, vocational school, and/or graduate school?
21			Do you hide the truth from others because you are afraid of him?
22			Does he prevent you from going to school, or getting job training, or learning English?
23			Has he threatened to report you to Child Protective Services, immigration, or other authorities?
24			Do you feel ashamed of the things he does to you?
25			Was your partner born in the United States?
26			Have you ever threatened or tried to commit suicide?

* indicates that a "no" response increases risk.

previous research indicating that estrangement is a risk factor for homicide (Dawson & Gartner, 1998; Websdale, 1999; Wilson & Daly, 1993; Wilson et al., 1995), further research should examine the potentially complex relationships among separation, IPV, and femicide for immigrant abused women.

Perpetrators who were born in the United States were more likely to reassault their intimate partners, which is consistent with some previous research showing that men who are more acculturated are more violent in intimate relationships (Jasinski, 1998). Women who preferred to answer questions in English, which also demonstrates greater acculturation, were more likely to experience reassault. This may indicate less isolation or a greater ability to challenge traditional gender roles.

In this sample, risk is strongly related to childbearing; in addition to the original DA item of having stepchildren in the home, not having children in common with their partner and having no children in the home are strongly related to risk of reassault, perhaps because of the values of *familismo* and *machismo* associated with Latina/Latino populations (Humphreys & Campbell, 2010).

The small sample size limits the analysis and our ability to generalize these findings. Specifically, a larger sample would have allowed for creation and testing of the model with different samples, which would have increased the reliability and external validity of the findings. It is important for future research to examine the consistency of these risk factors for any and severe reassault across samples and to examine the predictive validity of the DA-I for intimate partner femicide. In addition to the small sample size, 40% of participants originally included in the research study were not able to be located at T2. These participants may have had different experiences of IPV reassault and severe reassault than those included in the follow-up interviews. Finally, imputing variables for participants in this study allowed us to increase the sample size, but it must be noted that imputation will not always provide accurate data.

Previous research with immigrant women experiencing IPV has been focused primarily on specific immigrant groups. This research takes the view that immigrant women's social location as "immigrant" brings with it many shared structural inequalities and vulnerabilities that must be considered in relation to their risk of reassault, including social isolation, the marginalization of immigrant communities, traditional attitudes regarding gender roles, lack of divorce or employment options for women, and the downward social mobility of immigrant men (Counts et al., 1999; Erez et al., 2009). In the original analysis of the RAVE data, support for the DA was not significantly different for Latina women than for women of other ethnic backgrounds; but because of the large proportion of Latina women in this sample, the DA-I should be tested on a more diverse immigrant sample to ensure that the risk factors identified are due to immigration status and not ethnicity. Despite these limitations, this risk assessment that was developed specifically for immigrant women may help practitioners and immigrant women assess the risk of homicide and reassault in violent relationships more accurately than use of the original DA or the women's own perceptions of risk.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Similar to the original DA, social workers should use the DA-I to assist survivors of IPV with safety planning, consistent with the social work value of self-determination, based on the tenets of women's empowerment and autonomy (Campbell, 2001). In the context of assessment and intervention, the DA-I should be used to facilitate a dialogue between a survivor and a practitioner; the practitioner should focus on providing information about risk, strategizing with the survivor about responses to violence, and helping the survivor make informed decisions about safety. Like many abused women, immigrant women may underestimate their risk of reassault and especially of lethality or near lethality (Campbell, 2004; Heckert & Gondolf, 2000). Therefore, it is particularly important that social workers consistently conduct victim-centered risk assessment with women in abusive relationships as part of routine assessment practices (Campbell, 2001).

The first step of administering the DA-I, like the original DA, is for the survivor to work with a practitioner to use a calendar to document the severity and frequency of abuse over the past year. This is a consciousness-raising exercise that helps women understand the pattern of violence and abuse that they have been experiencing (Campbell, 1986). For women at high risk of homicide, social workers should educate them about their risk and work with them to develop an emergency plan (that includes children if applicable). Social workers must also inform women about the danger of leaving an abusive partner and educate them about strategies for doing so safely, encourage them to begin to establish a support network in their community, and refer them to the services offered in their area. Women not at high risk of homicide should also be provided with information about risk factors for homicide and how to recognize signs of increased risk for homicide.

By taking into account immigrant women's unique risk factors and experiences of violence, the DA-I provides social service providers with a more culturally competent frame in which to assess risk for homicide; educate women about IPV, safety planning, and future risk; and provide interventions based on specific risk factors. It is important

for social workers to be aware that many of the additional risk factors identified by the DA–I, such as isolation and marginalization, may further inhibit immigrant women's ability to seek assistance from police, social service, and health care providers. This is of particular concern as previous research has shown that immigrant women are often reluctant or unable to seek help from these resources (Erez & Hartley, 2003). Similarly, marginalization of the immigrant community, including feelings of shame about IPV, may act to inhibit reporting and formal help-seeking among this population. Therefore, social workers in all areas of practice must be vigilant about screening for IPV and recognizing signs of abuse and risk that are included on the DA–I. Due to fear of negative attention directed toward their community, immigrant women may be more likely to turn to informal helpers within their community (Bui & Morash, 1999; Erez & Hartley, 2003). Therefore, prevention and intervention efforts must focus on community education, particularly in regard to risk factors for repeat and severe violence specific to immigrant women and the impact of IPV on the lives of women and children. When working with immigrant women, practitioners should conduct risk assessment and provide education and intervention in a linguistically and culturally appropriate manner. **SWR**

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Jill Theresa Messing, PhD, MSW, *is assistant professor, School of Social Work, Arizona State University, 411 North Central Avenue, Suite 800, Phoenix, AZ 85004; e-mail: jill. messing@asu.edu.* ***Yvonne Amanor–Boadu, PhD, LMFT,*** *is family therapist, Andrews & Associates, Inc., Manhattan, KS.* ***Courtenay E. Cavanaugh, PhD,*** *is assistant professor, Rutgers University, The State University of New Jersey, New Brunswick.* ***Nancy E. Glass, PhD,*** *is associate professor, School of Nursing, Johns Hopkins University, Baltimore.* ***Jacquelyn C. Campbell, PhD,*** *is professor and Anna D. Wolf Chair, Johns Hopkins University, Baltimore. This research was supported by Grant NIJ 2000WTVX0011 from the National Institute of Justice.*