

## R & B

### *A Conversation Between a Researcher and a Battered Woman About Domestic Violence Fatality Review*

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*The conversation that unfolds* takes place at a restaurant between an imaginary researcher, R, and an imaginary battered woman, B. The researcher embodies some of the traits of researchers in general and particularly those who stray into the arena of domestic violence fatality review. The battered woman lives with her three teenage children, works as a secretary at a university, and has just completed her master's degree in Women's Studies. R and B met 13 years ago at a shelter, where R interviewed B about B's life and the domestic violence she had endured. Now, 13 years later, the two meet on the street, lock eyes, and agree to talk over dinner.

By way of background, *fatality review* refers to the deliberative process whereby communities and their various domestic violence agencies identify homicides and suicides traceable to domestic violence and suggest preventive interventions. The past decade has witnessed the phenomenal growth of domestic violence fatality review teams.<sup>1</sup> In 1990, only a handful of states evidenced such review activity. At the close of 2004, approximately 32 states have adopted fatality reviews. Of these, at least half have passed enabling legislation to guide the process and protect the confidentiality of the deliberations and findings. A number of issues permeate the debate about the desirability and worth of

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conducting such reviews. These include the tendency for reviews to become overly professionalized and bureaucratized; the limited presence of battered women, the victim's friends, neighbors, family, and other community members not linked to professional agencies; and the tendency to dwell on individual or aggregate case minutiae at the expense of addressing broader social, economic and political matters.

This provocative and disturbing conversation deliberately seeks to raise questions about the voices at fatality review tables and to promote discussion. It is not intended to push one particular perspective over another or to polarize positions. Rather, the purpose is to create dialogue about emerging issues.

B: I wasn't sure it was you. Your hair is silver now.

R: It is the wisdom of the aging researcher.

B: I'll ignore the arrogance of your self-deprecation. Your accent is still distinctive, though. I remember it from the night in the shelter when we sat into the early hours of the morning.

R: I remember that night well. The advocate at the shelter, her name escapes me, told me that the door to the shelter was flimsy. Your husband had called the shelter earlier that evening, saying he was going to kill you that night.

B: Yes, but he didn't, did he? I saw the fear in your eyes that night, although you tried to hide it. Typical man. We battered women see more than you researchers think.

R: You speak for all battered women, then?

B: Don't get clever with me now. You know what I mean.

R: Did you go on to university like you said you wanted to?

B: I did, indeed. I have a master's degree in Women's Studies, and I understand men much more now. [She smiles.] I've even seen the *Vagina Monologues*.

R: I've only seen that on TV.

B: I sensed from your interview style that you needed a certain sense of detachment. You were sort of boxing me up from a distance, even then, weren't you? Placing me in this category or that as I spoke. It was as if you had an automatic filtration device in your head. I could see it in your eyes and the fake repose of your body. You were eloquent, though. I'll concede that. Perhaps you could write something like a *Penis Prologue* to introduce the battered women who made a career for you with their words.

R: You are a little sharper than I remember you.

B: Violence creates an edgy kind of restlessness. There are times I can be as cold as a new razor blade.

R: Quite.

- B: So what are you doing now? What is your latest racket? I see you published some work. What was it about? Rural communities? Murder? Some politically correct stuff, if I remember.
- R: [The researcher ignores the barb.] I've been working on how communities might review the deaths of battered women. You might be aware of the emergence of death review teams in this country. Thirty states now have these teams and they are doing all kinds of interesting work.
- B: Yes, I am aware. In fact, I read about these teams when I was working on my master's. I spent some time thinking about what they get up to.
- R: Really, I'd be interested in your insights.
- B: Don't patronize me. Janie, the woman who was in shelter with me the night of our interview, became my best friend. We even shared a house at one point. Our kids got to know each other. We lived without men. She eventually found a man. He murdered her. My heart still aches.
- R: I'm sorry.
- B: Let's not go there. He is serving life and I am trying to live life. So tell me about this fatality review work, as you see it.
- R: In a fatality review, community practitioners and service providers identify homicides and suicides resulting from domestic violence, examine the events leading up to the death, identify gaps in service delivery, and improve preventive interventions. These interventions include working with and learning from the family, friends, neighbors, and others involved with the decedents and other relevant parties. This deliberative process can be formal or informal, relatively superficial, offering basic demographic details of victims and perpetrators, or very detailed.
- B: Now you sound like a textbook. Is this where this fatality review process has gone?
- R: Look, can't you be a little less aggressive?
- B: I'm sorry if I'm stepping outside of the box I'm supposed to be in. Do you have a hard time with aggressive women?
- R: There is no way I can answer that and win. The fatality review process has gone all over the place. There is some really neat work going on. The reviews are intended to be an exercise in grassroots democracy.
- B: Grassroots democracy. Now that is funny. You have got to be kidding me. You'll be quoting from Thomas Jefferson next. You know that line, "The tree of liberty must be refreshed from time to time with the blood of patriots and tyrants." All the time that slave-owning Jefferson was conniving to rob indigenous peoples of their land. Perhaps you should get honest and talk about spilling the blood of patriarchs because sure as hell they are tyrants. Tell me more about this grassroots democracy.
- R: What I think people are trying to do with fatality review is to explore the deaths of women in a comprehensive manner. Ideally,

they see the events surrounding the death through the eyes of the women themselves.

B: Ideally, indeed. This is romantic gobbledygook. How can you see it through her eyes? She's dead! You mean this metaphorically, don't you? You mean it to sound as if we should pay attention to battered women, right?

R: Unless we can appreciate her compromises, it will be hard to proceed to effect change.

B: So let me get this straight. Teams realize that she is dead. Some teams, presumably those who aspire to the "ideal," want to see the death through her eyes as if they could somehow transport themselves back into her body and soul. This means these teams acknowledge the importance of battered women's opinions and perceptions and want to apply some of these general characteristics of battered women to the case of the decedent in question.

R: Something like that, yes.

B: Sounds a bit distorted to me. First, there is no such thing as a generalized battered woman. Haven't you heard of racial and ethnic difference? Don't you know that lesbians beat each other up sometimes? Don't you know all these categories of women bring different experiences to the table, experiences that inform the way they "see" the world? Put differently, if we are to appreciate how she saw the world, we need to locate her amidst a plethora of social statuses—her race, her ethnicity, her social class, her sexual orientation, and so on. The issues of oppression and power are central to these conversations. All this assumes, of course, that she even saw herself as a battered woman in the first place.

R: Many teams consider her multiple statuses and the way they informed her compromises. We know that Black women, for example, might be more reluctant to call the cops because of their communities' historic plight in the inner city or their deeper afflictions dating back to slavery. We know that Native American women may see domestic violence as a spiritual imbalance rather than as a crime, a reflection of the decimation of their culture at the hands of Western Europeans.

B: So the annual reports that these fatality review teams write are full of references to historical oppression and the complex compromises faced by women from all historical nooks and crannies?

R: These matters haven't found their way into many reports.

B: But these matters belong at the heart of the problem of domestic violence homicide. Battered women who die or who kill out of self-defense are usually poor, suffering all the indignities and compromised life chances that accompany such a plight. You must know that the killing of women by their intimate partners is linked to lack of employment opportunities, the mass incarceration of Black men, the saturation policing of mostly Black inner-city housing projects, the absurd war on drugs, and so on. Reviews that don't get at these issues are surely doing less than half of a job. Now, I

know you are going to give me the standard statistician's reply that goes something like, "Well, if these factors were the ultimate cause of these deaths, then we'd expect to see many, many, many more such deaths and we don't." However, my response to that argument would be that the acute poverty and disadvantages of racial oppression provide a broad context that makes interpersonal violence more likely. All the numbers show this. The fact that most of the poor still don't kill each other is a testament to their energy and spirited survival skills. It also reflects the growing effectiveness of emergency medical interventions at domestic violence crime scenes involving serious injury.

R: Of course, all these issues are central. However, they are not so easy to address.

B: You can't even begin to pretend to address them unless you have all the relevant community players at the table.

R: You mean sort of a who's who of local agitators?

B: Now who is being cynical? That list shouldn't be too difficult to generate. Ask the attorney general.

R: Oh, come on, now this is too much. The Justice Department is after hardcore terrorists, those who would blow up buildings, and the like.

B: Mr. Researcher, it is all in the language. It may be the case that the American family is in terrible shape. That divorce rates are high, that people don't stay together long enough to raise their children under one roof, or, if they do, they are so repressed, frustrated, and tired that they may just as well not bother. But we must nevertheless recognize that the presence of an intimate partner terrorist amidst the noxious and fast unraveling patriarchal mix is profoundly more debilitating still. My husband, Tom, with knife in hand, was infinitely more terrifying to me than Osama bin Laden or any other terrorist. Don't you go thinking that domestic violence is not like smallpox or anthrax. We don't need another Twin Towers, but we will never have homeland security for women unless we have security for women at home.

R: These are apples and oranges.

B: I see both of these as fruit. Power lies at the heart of both sets of issues.

R: We have to deal with the everyday political issues of changing local policies regarding domestic violence. If you bring all this bigger picture political rhetoric, you'll muddy the waters and nothing will get done. We need to keep the analysis at the level of women's deaths, her experiences and work out from there.

B: The reports acknowledge the importance of battered women's perspectives, right?

R: I think those perspectives inform or underpin the philosophy of some of those reports.

- B: Now you are playing word games with me. You are like John Kerry and George W. Bush. You weren't like this on that night 13 years ago in the ramshackle shelter when you needed me to tell my story. Let me be more direct. Battered women run these teams, do they?
- R: No.
- B: Why not? Are they still helpless? Irreparably damaged? Lacking in assertiveness?
- R: The idea is to try to change policy and improve coordinated agency and community interventions. We want to make policies and practices seamless, efficient, and effective. We want to reduce homicides and domestic violence. So we need to bring agency players to the table and blend their perspectives with those of the advocacy community and battered women.
- B: Laudable. You'll surely go to heaven.
- R: The years have made you bitter and sarcastic.
- B: The years have been much harder on you. You've lost touch, not that you were ever really in touch. You are working for the Yankee dollar, feeding at the federal trough. This is not good.
- R: Let's not argue. The food is coming now and our antagonism will affect my digestion.
- B: You'll never have the digestive sensitivity of a battered woman. But you are right, let's enjoy the food. I'd like to hear more about the role of battered women in fatality review. Tell me, roughly how many battered women sit regularly on fatality review teams? Do they dominate the teams numerically?
- R: Battered women sit on only a handful of teams. In some cases, members of the teams may have been battered in the past, but they are present on the teams in some other capacity, often as advocates for battered women. Some states, such as Vermont, have statutorily mandated the inclusion of a battered woman. She is to be appointed to the team by the Vermont Network Against Domestic Violence and Sexual Assault.<sup>2</sup> In Maine, the governor appoints a victim of domestic abuse who has used the court system.<sup>3</sup> However, most states do not. Some states have a get-out clause that specifies words to the effect that "other individuals as deemed appropriate" can come to the table, or "the team may comprise, but not be limited to, the following." This might allow the inclusion of battered women.
- B: So in Maine, the Governor appoints the battered woman to the team. In Vermont, the coalition or whatever appoints her to the team. Is it just me, or does this smack of political tokenism? You know, the Governor extends the warm hand of inclusion to the battered woman who is moving forward with her life?
- R: Whatever the motive, it is inclusion, isn't it?
- B: It is still a bit top-down, though, isn't it? Hierarchical. You know, the honchos appoint and we are grateful to be included. Hardly grassroots. It is still history from the top down.

- R: I concede that if we worked from the bottom up we might find out some very useful things. A few teams have done some wonderful work by going to groups of survivors in their communities and listening to their concerns.
- B: So what you are telling me is that most teams do not have battered women or they consult them sporadically and almost certainly do not remunerate them at the standard consulting rate for other so-called experts?
- R: Correct.
- B: Is this true in other countries, or is it just in the United States that battered women are underrepresented or virtually absent from fatality review teams?
- R: It is too early to say because domestic violence fatality reviews are only just getting off the ground in countries such as Canada, Great Britain, New Zealand, and Australia. However, the first international reports do not bode well for the inclusion of battered women. For example, the province of Ontario, Canada, issued its first report in 2004. It states that members of the review team "are domestic violence experts and are from a variety of professional backgrounds."<sup>4</sup>
- B: Battered women are experts, but they are often not perceived as "professionals." In part, their lack of professional standing stems from their battering and their usually impoverished backgrounds. We know there are professional women who have been battered or who are being battered. Some of these women are involved in fatality review. But more commonly teams do not include battered women. Their exclusion from these teams tells me the teams are not really about grassroots democracy. I see the current review team organization as a hierarchy of credibility with battered women at the bottom or, indeed, nowhere to be seen. In a sense, the teams are a bit like an ol' boys club of experts who report on what battered women need without really asking them their opinion.
- R: That's a little harsh. The statutes governing the operation of the teams require certain players to be at the table. The enabling legislation requires certain agencies such as law enforcement, the medical examiner, prosecution, probation, advocacy, and public health and so on to become involved. These are the principal agencies that come into contact with victims of domestic violence. If we are going to improve multi-agency service delivery, then we need to bring these players to the table.
- B: Janie and I both agreed that we didn't like agencies. They looked down on us. The cops thought we were morons for staying with our men. The advocates called our men abusers. We called them "our men." I loved Tom for many years, even while he beat me. I wasn't helpless. I made choices. Because of my children and my poverty, I stayed. Tom and I had many good times, although my heart eventually grew weary and I started to cry on the inside.

R: But agencies have the potential to help, and we need to understand how they might better do that.

B: There is a difference between helping and rescuing. Agency people are paid to help. You can't buy sincere and genuine care. That comes from community, families, friends, and loved ones, and these are the very people you are telling me aren't really included on teams or that appear as tokens on an as-needed basis. You've bought into the commodity worship that pervades this country. Everything is for sale: cars, health care, houses, orgasms, and state-delivered services for battered women. It all has to be done according to the market. But the market is cold. As Adam Smith said, its hand is invisible. The Office on Violence Against Women requires its grant applicants to write and to speak in the language of deliverables, goals, measurement, and checkable boxes. It is a cold, impersonal language of rationality that is rewarded with a dollar sign. It is the dictatorial language of patriarchy. It is its own irony.

That same heartless logic pervades the work of most domestic violence researchers. They chop the violence up into pieces or discrete variables. You know, slaps, kicks, punches, insertions, and so on. Then they come up with some score to which they attach a label. You know, she is at a high level of risk. They never asked women what the violence meant to them. They never asked about anything they couldn't quantify or reorganize into their own scheme of thinking. Most research reproduces an ethic of domination akin to the very violence battered women endure at the hands of their men. Are you sure your teams and their ilk don't carry on that tradition, albeit perhaps inadvertently with their worship of numbers and trends?

R: At the moment, teams do the best they can and hope the aggregate data will speak volumes and produce change.

B: Why don't you tell me what your teams have learned about battered women and how they use these so-called front-line services?

R: I have to eat my steak first.

B: You were a vegetarian when you interviewed me 13 years ago. I remembered thinking that your food choice was all part of the soft image you were pedaling at that time. What happened? You developed an interest in meat? I hope your interest in meat is not a reflection of the way you researchers feed off of the blood of battered women. You'll notice I'm eating pasta and vegetables that probably have not been genetically modified.

R: I think you are being absurd.

B: I don't think so. If you eat that anger and fear from all those penned up, hormone soaked, mistreated animals for long enough it will catch up with you. You'll get cancer or some other profound ailment.

R: I've had cancer.

B: Joined a support group did you?

R: What do you mean?

B: Well, battered women who survive join groups. I just wondered if you joined a support group of cancer survivors.

R: I can't think of anything worse, although I'm sure there are people who benefit greatly from such groups.

B: You see at heart you are still a pompous individualist. Didn't want that label of cancer survivor, did you? Puts one in a box, doesn't it? Difficult, isn't it? Still, we assume battered women will work in groups, spill their beans, and emerge all the more empowered for it. Their men go to groups, too. And who puts them there? People from the agencies represented on your teams. Nevertheless, it appears from what you tell me that there are limits to our involvement in groups. Your teams are clearly off limits. But then, a team is not a group, is it? A group is often composed of riff-raff, the poor, minorities, and social scum. A team is made of cooperating players. I'm sure fatality review teams are too sophisticated for battered women or their men because, yes, he and I, would contaminate, or at least taint the proceedings with the odor of partiality.

R: I can't believe you are saying this. I have to eat my steak.

B: How can you eat steak after what I have just told you? Did the menu say the steak was organic? I've told you, if you consume that anger and fear, you'll die early. Isn't it just possible that fatality review team professionals somehow know that getting too close to the violence is not good for their health? They don't want to die any more than battered women, so they don't want to listen to battered women's experiences firsthand. They can read the word *blood* in a homicide file. Some of the hardier ones can even look at photographs of crime scenes with copious amounts of blood visible. But they don't want someone at the table who has tasted their own blood at the hands of a batterer. That's too close, too personal—that's real dangerous.

R: Are you suggesting that fatality review team members may be subconsciously resisting having battered women at the table because of some bad karma that they might bring with them? That the violence and abuse they have experienced is akin to the accumulated anger and fear that lives and breathes inside my apparently contaminated steak?

B: You learn slowly. What I'm suggesting is that teams determine when a battered woman is fit to join them. This is the same old power and control, is it not?

R: That strikes me as a bit unlikely, although worth considering.

B: Are you suggesting that fatality review team members will be consciously aware of all the emotional nuances that accompany this difficult work?

R: No. We all have our blinders, you included. There is no perfect way to work through these matters.

- B: I've been harsh on you, Mr. Researcher. Tell me about the teams' findings regarding battered women's use of essential services.
- R: I'm not sure I want to tell you this.
- B: Why not? Have I hurt your feelings? Emotional abuse can be draining can't it?
- R: Well, you've got me thinking.
- B: I've got you thinking. Oh, my. Now I can call myself not only a survivor but also a thriver.
- R: I'm not sure I want to be that vulnerable.
- B: Come on, that is what new age men are about, isn't it? Vulnerability, cooking, and caring, while working their way through their fog of antidepressants.
- R: I'll go to the numbers, if you promise not to be too critical.
- B: Whenever I promise men, I usually get burned. I'm promising nothing. *Promises* and *power* start with the letter *P*. So do *patriarchy* and *paternalism*.
- R: Alright, I get the message.
- B: All you have to do is tell me what the teams are finding in terms of the contact battered women have with all these agencies. The contact must be substantial because all these agencies seem to have a guaranteed place at the fatality review table and battered women, the actual targets of the violence, do not.
- R: This might take a little time, and I don't want to bore you over dinner.
- B: I've dealt with boredom before as a homemaker and as one who is supposed to love one-stop shopping. Continue.
- R: I have a number of these reports in my briefcase. Let me pull them. The latest fatality review report from the State of Delaware (2004) notes that out of 30 cases reviewed, only 6 women had contact with victim services and 17 had contact with the police.<sup>5</sup> According to the report, victims did not access the domestic violence hotlines, shelters, or advocacy programs available.
- B: The word *available* is interesting. It is not the same as *accessible*, is it? But I'm sorry to interrupt your flow.
- R: The 2003 report from the state of Florida based on 60 fatality reviews shows active injunctions in 12% of the cases, previous injunctions in 22% of the cases and receipt of domestic violence services in 20% of cases.<sup>6</sup>
- B: Does that report also contain information on the people or agencies with knowledge of the abuse?
- R: Yes. Of the 60 cases, the following people or agencies had knowledge: family, 52%; friends, 30%; state and county agencies, 27%; law enforcement, 25%; acquaintances or neighbors, 18%; and abuse centers or shelters, 3%.
- B: Is this information consistent with findings from other states?
- R: It appears to be. Let me check the most recent report from the 113 cases reviewed in Oklahoma. Yes, the situation is similar.<sup>7</sup> That

team explored the issue of who else knew of the ongoing domestic violence prior to the homicide. I'll read to you: family, 59%; friends, 50%; law enforcement, 44%; court, 17%; domestic violence services, 3%.

In New Hampshire, domestic violence homicides make up almost half of all their homicide cases. They have a very active death review initiative. The latest report published in May 2004 analyzed data from the years 1990-2003, in other words, 14 years of data.<sup>8</sup> Of the perpetrators of intimate partner homicide, 9% had protection orders directed at them at the time that they killed. Over that 14-year period, only 7% of women killed had some involvement with crisis centers prior to their deaths.

In a similar vein, the Chicago Women's Health risk study reports that women were much more likely to seek medical help or contact the police than to seek counseling or go to a service agency.<sup>9</sup>

B: What these studies seem to suggest is that battered women who die are much more likely to come into contact with the police than domestic violence service providers. Additionally, family and friends, presumably those folks who knew her the best, are those people most likely to know of her victimization. So this means those people closest to the violence, the victims, and their family and friends, are the most likely to know about the violence and the least likely to serve on fatality review teams? Correct?

R: I suppose you could say that. However, change occurs slowly and we ought to celebrate important changes. For example, in New Hampshire, the courts are revising their domestic violence protection order forms so that there is more space for petitioners to describe the history of their relationship with the defendant. This reflects a move toward asking more open-ended questions to hear in greater depth from victims.

B: What about the local politicians who run the system. How do fatality reviews get at them if they make mistakes? Other than the batterer, at whom do we point the finger?

R: Now that is an interesting question that opens up a bit of a can of worms.

B: Here we go again.

R: No. There is some controversy about this balance between not blaming and shaming agency individuals involved in the case and yet achieving a degree of accountability from the agencies involved. The short answer is that in fields such as nuclear fuels, medicine, and aviation mortality, reviewers have found it beneficial not to go around hunting down wrongdoers.<sup>10</sup> Rather, they focus on the ways systems break down with the idea of improving overall communication, coordination, and efficiency. Reviewers have not found it productive to blame and shame individuals or their agencies because such a practice encourages cover-ups. Put differently, reviewers in these fields have tried, with varying de-

grees of success, to remove the stigma attached to reporting mistakes. The field of aviation seems to have moved farther forward in this regard than medicine. For example, it appears there is more openness to criticism among cockpit crews than among surgeons. Among surveyed cockpit crews, 94% disagreed with a statement that junior team members should not question decisions made by their seniors. Such receptivity reflected a strong desire to nurture teamwork and collective problem solving. Unlike the pilots, only 55% of surveyed surgeons disagreed with the same statement, suggesting a lower level of willingness to value teamwork and the input of junior members among the medical profession. While 64% of surgeons identified high levels of teamwork in their operating theaters, only 28% of surgical nurses and 39% of anesthesiologists shared these beliefs.

- B: So we can't blame anyone except the batterer, and if we do, we can expect more cover-ups. That is very dispassionate, detached, and calculating. So we repress our natural fury, is that the case? After a loved one departs this mortal coil, we just grit our teeth and wait for whatever crumbs of information fall from the fatality review table?
- R: More than crumbs fall from the table. If teams review enough cases, then in time, patterns of inefficiency, negligence, malfeasance, and so on might emerge. We learn more about the deaths and what led up to them. We can then improve specific parts of the system and make life better for victims.
- B: Let's come at this from a different angle. You learn more about the deaths by increasingly drawing upon the rich knowledge of those closest to the violence and the constellation of relationships within which it is embedded?
- R: Yes. We recognize patterns and work from the premise that the killings are stylized and, therefore, amenable to intervention.
- B: Meaning that common themes pervade clusters of cases such as intimate partner homicides and that if we can only gather enough data we will be in a better position to screen out dangerous cases?
- R: Something like that. No one is saying we can predict which cases will end in death. I have seen a number of cases where to the best of our knowledge, there was no prior history of violence, obsessive-possessive behavior on the part of a batterer, a pending separation, or so on that still ended in death.
- B: I think we should order dessert at this point to symbolically introduce a topic that has become very sweet for researchers and those who traffic in risk.
- R: No more cynicism please. We conduct risk assessment and management workshops at our conferences and try to talk sensibly about risk.
- B: The researchers can't really lose here, can they? I'd like to make two points. First, if researchers tell us we need more data about the

micro-dynamics of intimate partner homicide cases to inform risk assessment processes, then they get dollars to do that work. In doing that research, they feed off of women's blood and the homicide files put together by those professionals who turn up to deal with the mess and process it. The clinical detachment of the researcher assumes the air of the biologist that pins the wings of the dead butterfly under a microscope in order to make sense of why it no longer flies. Perhaps more sinisterly, the distance of the researcher from the deceased reminds me of the way those Nazi doctors, like Joseph Mengele, conducted experiments in the concentration camps.

Second, I don't agree with your statement, "No one is saying we can predict which cases will end in death." Risk assessment is an industry, and it pervades the entire domestic violence movement. Who puts these scales together? Researchers! We even have commercially driven risk assessment tools, such as Mosaic.<sup>11</sup> The real risk with all this predictive claptrap is that we have set in motion yet another set of procedures for either dismissing battered women's voices or forcing them into pre-existing categories of experience and analysis not of their own making. Once again, for the sake of convenience and in the name of keeping track of the case-loads, we quantify risk, keep the conveyor belt rolling, and accept that sometimes we make mistakes and that our risk assessments will never be foolproof.

R: I think that is very harsh. Good risk assessment and management involves listening to battered women.

B: Yes, but on the assessor's terms and time and in the assessor's language. Let's look at some of these prominent risk factors: prior domestic violence. Hardly rocket science is it? He's extremely jealous. Wow! That really narrows the field. He's unemployed? Now that is a good one. I wonder, out of all those unemployed guys, how many kill their partners? Long, long odds indeed. I can see a busy police officer taking that one real seriously. Once again, we may not be really listening at all. Do these risk assessments ask her to explain what his violence means to her? What his unemployment signifies? Now that would be time-consuming and democratic.

The real problem is that the risk revolution, if I may call it that, heralds a growing resignation to domestic violence at a time in this country's history when all kinds of social supports and political rights are being rolled back. The extent to which a society cares for its more vulnerable members reflects its degree of civilization. The risk revolution takes the plight of battered women for granted and not only confirms its pervasiveness but further institutionalizes and depersonalizes its management. It works from the premise of an overload of interpersonal violence that has to be triaged rather than eliminated.

- R: The fact remains that there now exists a movement to pay much closer attention to domestic violence cases. That movement mirrors and to some extent feeds off of our growing knowledge about the nature of domestic violence homicides. Think about it. Thirty years ago, these deaths occurred and nobody paid too much attention. Now we have a situation where over half the states are scrutinizing these tragedies.
- B: What makes these deaths tragedies?
- R: I would have thought that was self-evident; the loss of a life. You'll remember the famous words of England's renaissance poet, John Donne. I know you'll forgive his resort to the male pronoun. "No man is an island. . . . Any man's death diminishes me, because I am involved in mankind. . . . Therefore, never send to know for whom the bell tolls; it tolls for thee."
- B: More romance, Mr. Researcher. At best, this is wishful thinking. In domestic violence homicides, the tragedy nests itself in the hearts of those who loved the decedent, those who bring flowers to their gravesides, and those who feel at a loss on special days. The tragedy lives with those people, entering their bone marrow and later their caskets. If these fatality reviews remain cursory, convenient, and statistical, if they fail to get at lived experience, then they will become as mortifying as the violence of the bastards that put these women into the ground. You need a word other than *review*, something that conveys more depth, feeling, and complexity. Perhaps it is too late and perhaps things have moved forward too quickly, without adequate reflection. Remember Joseph Stalin, "A single death is a tragedy; a million deaths are a statistic."

## NOTES

1. For an overview of the rapid appearance of these teams, see Websdale (2003).
2. Pursuant to Title 15: Domestic Relations (2002).
3. Pursuant to State of Maine (2002).
4. See Office of the Chief Coroner, Ontario, Canada (2002).
5. See State of Delaware (2003).
6. See State of Florida (2003).
7. See Oklahoma Domestic Violence Fatality Review Board (2003).
8. See State of New Hampshire (2004).
9. See Block (2003).
10. For a full context to these remarks, see Leape (1994) as well as the editorial in the *Journal of the American Medical Association* (Leape et al., 1998). The authors suggest that error in medicine is real and common and must be reduced. They argue that if this error is met with blame and distrust, then suppression, stonewalling, and cover-up will follow—all of which fail to reduce future harm. Alternatively, they suggest that system changes can prevent harm to patients and lead to the transition from a culture of blame to a culture of safety. See also Steinhauer (2001) and Gawande (2001). Gawande notes three studies performed in 1998 and 1999 showing that autopsies misdiagnose the cause of death in about 40% of

cases. He rather disturbingly notes, "A large review of autopsy studies concluded that in about a third of the misdiagnoses, the patients would have been expected to live if proper treatment had been administered" (Gawande, 2001, p. 98).

11. Mosaic 20 is a risk assessment instrument that proposes to assess the potential for violent escalation in battering relationships and provides numerical indices of threat levels to women. The program is designed for use by local police, victims' rights groups, and battered women's shelters. Mosaic 20 aims to determine whether a given case has the characteristics associated with escalation, continued violence, and spousal homicide. Importantly, the program makes predictions that are designed to guide case management decisions rather than to provide precise and definitive predictions of the levels of risk.

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