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Perpetrators of Intimate Partner Violence

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Introduction

Intimate partner violence (IPV) has been recognised and increasingly acknowledged as a public issue since the 1970's. Documented as a common event internationally (e.g., Esquivel Santovena & Dixon, 2012), research has shown IPV can occur between two people (more than two in polygamous relationships) in a current or past relationship from various social backgrounds, nationalities, ethnicities and educational levels (Dixon & Graham-Kevan, 2010; Esquivel Santovena & Dixon, 2012). Recognition of the magnitude of this public health issue has resulted in many societal efforts to prevent and reduce it including the development of laws, policies, specific services, and assessment and intervention strategies with both victims and perpetrators.

Research has highlighted the need to adopt a theory driven, evidence based approach to the reduction of interpersonal violence (e.g. Andrews & Bonta, 1998). A non biased scientific approach to understanding the problem provides valid and reliable outcomes that professionals can use to guide practice with victims and perpetrators. Arguably, despite this recognition, the value of such work has not been accepted in the domain of IPV (Dixon & Graham-Kevan, 2011; Dixon, Archer & Graham-Kevan, 2012). This chapter provides the reader with a critical overview of the IPV literature which highlights discrepancies in theoretical explanations of IPV and empirical research methodology and findings derived from these theories. It considers the merits of responding to this societal problem from a psychological perspective, and understanding the role of individual factors in its aetiology. The implications of this knowledge for risk assessment of IPVare considered throughout.

Definitions of IPV

If professionals are to adopt a valid and reliable approach to the assessment of IPV, consensus must be reached as to what constitutes this type of interpersonal violence. However, this is not an easy task as many definitions have been developed from different theoretical

perspectives for various settings (e.g., legal, medical, welfare, educational). Many terms and adjectives are used to describe violence and aggression that take place between intimate partners. However, professionals should consider these terms and their meaning carefully. For instance, 'domestic violence' is the most widely used term to describe violence between intimate partners and has been frequently used to coin male assault of female partners in the academic literature (Dixon & Graham-Kevan, 2010). However, this term is ambiguous as there are five forms of violence that can take place within a family unit (sibling, parent, child, elder, partner maltreatment) and therefore 'domestic violence' is also legitimately used to refer to any one of these forms. Definitions should also consider whether partner violence occurring outside of marital and cohabiting relationships and in same sex relationships is encompassed in the terminology used. Furthermore, as will be revealed in the ensuing discussion, terms that refer to unidirectional abuse of a woman only (such as 'wife assault') are limited, as the possibility of male victimisation and mutual (or reciprocal) aggression or violence also need to be captured by a definition.

In addition to the above, professionals must consider the adjective used to describe the violence that takes place (Dixon & Graham-Kevan, 2010). For example, words which depict severe and chronic violence (such as battering) exclude acts of a less severe and frequent nature, which should arguably be included in any definition. Following on from this, some researchers have distinguished between terms of physical violence and physical aggression, reserving 'aggression' to refer to acts which are unlikely to result in injury to the victim and 'violence' for acts that are likely to result in injury (Archer, 2000). In a similar vein, other researchers noted the importance of this distinction several years earlier. Straus, Gelles & Steinmetz (1980) distinguished between 'normal violence' and 'abusive violence' in their first comprehensive national study of violence in the American family. They coined the term 'normal violence' to describe acts that were not traditionally perceived as violent in order to draw attention to these

acts occurring in families. 'Abusive violence' was defined as "an act which has the high potential for injuring the person being hit" (p. 22). Injuries resulting from both forms of violence were considered separately.

To adhere to the above considerations, the academic literature mostly uses the term 'partner violence'. This is in contrast to the clinical literature which continues to use the term domestic violence; therefore consensus is currently lacking (Dixon & Graham-Kevan, 2010). However, most definitions provide reference to the myriad of behaviours that IPV may encompass, commonly citing physical, psychological and sexual violence and emphasising that it can take more than one form. Furthermore, many definitions also include reference to more subtle 'controlling behaviours' such as sulking, withholding affection, jealous and possessive behaviours and financial control. Indeed, the Home Office definition of domestic violence will be revised in 2013 to reflect this concept (Home Office, 2012). This term is preferable in describing such behaviours in comparison to 'psychological violence or abuse' as it places emphasis on the perpetrators motivation rather than the impact of these behaviours on the victim and can be used to describe behaviours in non-clinical samples (Graham-Kevan, 2007). Indeed, research has demonstrated the importance of incorporating such behaviours into research definitions. For instance, unlike physical aggression controlling behaviours do not diminish over time and longitudinal research shows they may be a precursor to physical aggression. Certainly empirical research shows controlling behaviours and physical aggression co-occur and women have reported controlling behaviours to be more damaging than physical aggression (Graham-Kevan, 2007).

Prevalence of IPV

Variations in definitions of IPV have often stemmed from discrepancies in the theoretical approach used to understand it. Such inconsistencies have notoriously resulted in different methodological approaches to research in this area. As a result it is very difficult to compare

prevalence and incidence rates across surveys and time, which is problematic because it is important to establish the base rates of IPV experienced by men and women to inform service provision and guide assessment (Dixon & Graham-Kevan, 2011).

Surveys which tap into representative community samples and ask about victimisation and perpetration in the context of conflict in relationships (such as the 1975 and 1985 National Family Violence Surveys (Straus, Gelles & Steinmetz (1980); Straus & Gelles (1985); Straus (1990)) reveal high prevalence and incidence rates carried out at approximately equal rates by both sexes. Reciprocal violence was found to be the most common form accounting for approximately 50% of reported cases. Recent research has further highlighted the necessity to measure the reciprocal nature of violence within relationships, showing it results in high levels of injury (e.g. Whitaker, Haileyesus, Swahn, & Saltzman, 2007; LaRoche 2008) and increases risk of physical harm to children present in the household (Slep & O'Leary, 2005).

These aforementioned findings are not replicated in surveys which only ask about victimisation, such as the National Violence Against Women Survey (Tjaden & Thoennes, 1998), or crime surveys which assume respondents will perceive acts of aggression from an intimate partner as criminal. Such surveys typically find high rates of female victimisation and male perpetration. However, if surveys fail to ask questions about perpetration (and perpetration by both members of the couple), or frame the context of violence as criminal rather than behaviours which take place within conflict in a relationship, underreporting is likely to be common, particularly in respect to female perpetration and male victimisation (Straus, 1999).

Therefore, the accuracy of surveys that do not adopt a neutral context to assess the rate of male and female perpetration and victimisation in couples, in national representative community samples, can be questioned (Dixon, Archer & Graham-Kevan, 2012; Dixon & Graham-Kevan, 2011; Dixon & Santovena, 2012). It is important to give careful consideration to the methodology used in studies before citing their figures as representing the true nature and

prevalence of IPV experienced by all members of the general population. As Bachman (2000) asserts:

"Until agreed-on-conceptual and operational definitions are used in research, the question of 'how many' may continue to dominate in this field of study" (p886).

However, he continues to highlight that even conservative estimates demonstrate the seriousness of IPV for society. Indeed, various large scale self report community studies would suggest an estimate between 20 and 30 percent for the lifetime incidence of physical IPV victimisation in Western countries is a sensible approximate (Dixon & Graham-Keavan, 2010).

The discrepancies in definitions and rates of IPV described above have stemmed from years of controversy over the best theoretical stance and resultant methodological procedures to explain why this social problem occurs. It is therefore necessary to describe the main theoretical camps that have lead to these distinctions.

Theoretical Debate

Theoretical frameworks allow professionals to understand the nature of a problem which implicitly suggests the course of action that should be taken to eliminate it (Loseke, Gelles & Cavanagh, 2005). Therefore, the theoretical stance taken is of important issue as it impacts greatly on how the problem is perceived and responded to by professionals and society as a whole. Two main theoretical perspectives dominate the IPV 1975 1literature to date.

The Gendered perspective, often termed Feminist or Radical Feminist theory, grew out of the women's movement in the 1970's and highlighted violence against women as an important social problem. This stance views IPV as an event that is commonly acted out by men toward their female partner and one that is caused by societal rules which support male dominance and female subordination. Yllö (2005) reflects this in her assertion

"violence grows out of inequality within marriage (and other intimate relations that are modelled on marriage) and reinforces male dominance and female subordination within the home and outside it. In other words violence against women…is a part of male control…It is not gender neutral any more than the economic division of labor or the institution of marriage is gender neutral" (p22).

From this perspective it is understood that patriarchy is a direct cause of men's violence toward their female partner. Therefore, in order to address this problem it is conceded that societies' and individual perpetrator's belief structure needs to change. Perpetrator intervention programmes designed from this perspective do not address individual factors, such as psychological issues, which, from the Gendered perspective, can be seen to potentially exonerate a man of his actions (Dutton, 2007).

The Gendered perspective has historically been very influential in understanding the causes of men's violence against their female partner and highlighting violence against women as an important political issue in Western societies to date. Indeed, it has been instrumental in building shelters for women and children, developing charities, changing laws and policies and importantly in changing societies' acceptance of violence against women through educational campaigns and legal reforms. However, it has been criticised as an ideologically driven perspective that has not been developed from sound empirical evidence (Dutton, 2007). Dutton states that gendered theory has led to several bedrock beliefs about IPVsuch as:

"Domestic violence is used by men against women and men are violent whenever they can get away with it……Women are never violent except in self defence… Males choose to be violent and have a gender based need for power…..When a man is injured by a woman she is acting in self defence…." (p. 98).

He further goes onto discuss that whilst these beliefs have led to laws about the type of intervention a man must receive in several US states, they have not been supported by research adopting a gender inclusive approach (that is research that starts with no assumptions about gender – see below). Indeed, little support for the relationship between patriarchy and IPV exists (e.g., Sugarman & Frankel, 1996). Therefore, if such 'bed rock' beliefs are not an accurate representation of the true nature of the problem they may prove detrimental to the successful reduction and prevention of IPV (Dixon & Graham-Kevan; 2011; Dixon, Archer, Graham-Kevan, 2012).

A 'Gender Inclusive' perspective offers an alternative view. This considers the possibility that both sexes can be perpetrators and/or victims of IPV. Stemming from research with representative community samples showing men and women engage in violent acts at approximately rates (eg., National Family Violence surveys see Straus, 1990) this perspective seeks to understand why individuals or couples engage in IPV. Therefore, the emphasis is on understanding individual differences rather than the wider effects of society on men's behaviour. This perspective would deem the use of psychological input in the design of assessment and intervention programmes appropriate. From this stance psychological assessment and therapy aimed at the individual or couple (if appropriate) is warranted.

Research from this perspective typically adopts a systematic approach to the study of IPV. Rates and severity of aggression are commonly measured using the Conflict Tactics Scale (CTS), a self report tool initially developed in the late 1970's and now revised to form a second version (CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996). The CTS scales ask respondents to report on a range of predetermined behavioural acts that both they and their partner have engaged in during times of conflict with each other. The CTS2 contains 5 subscales that distinguish rationale tactics, physical assault, psychological aggression, sexual coercion and injury. Furthermore, minor acts of physical and psychological aggression, sexual coercion and

injury are differentiated from more severe forms of these acts. This is particularly useful as the less severe acts of physical assault that might not otherwise be considered as constituting partner violence (slapping, pushing, grabbing) are also measured. The behavioural acts listed form clearly defined behavioural categories. Therefore, results can be systematically compared within and across samples. Indeed, this tool allowed the systematic collection of large data sets from which international prevalence and incidence rates have been calculated (e.g., National Family Violence surveys see Straus, 1990).

The National Family Violence Surveys (Straus, Gelles & Steinmetz, 1980; Straus & Gelles, 1985; Straus, 1990) conducted with representative US community samples, found conflict rates of approximately 12% of men and women experiencing IPV within a 12 month period (Straus, 1999). In addition, the research demonstrated the reciprocal nature of much IPV, a finding that proved to be a contentious point for researchers and activists adopting a gendered approach. To date many studies and meta-analytic reviews have supported this finding, which refutes many of the beliefs held by the Gendered perspective Dutton (2007).

Archer (2000) provided the most comprehensive study on gender differences in heterosexual intimate partner violence to date. He included 82 independent studies from which data were available for comparing rates of abuse perpetration by men and women. In total a combined data set of 64,487 people was analysed. Results showed that women were slightly more likely than men to use physical aggression against a partner ($d = -.05$), but that overall women were slightly more likely to be injured ($d = +0.15$) and require medical treatment for their injuries than men ($d = +0.08$). He also reported that the sample studied was an important moderator of effect size, with younger and non-clinical samples more likely to be in the female direction. For example, studies using shelter samples produced very high effect sizes in the male direction, community and student samples were slightly more likely to be in the female direction.

Archer (2002) conducted a subsequent meta-analysis in response to claims that he only found gender symmetry because his research did not take into account the seriousness of acts carried out by men and women. He went onto analyse the frequency and severity of each gender's aggressive acts. Results showed that women used more minor acts of physical aggression unlikely to result in physical harm in comparison to men ('throw something at' and 'slap'). However, both were just as likely to use severe acts, although the nature of these severe acts differed. Women were more likely to use severe acts of 'throw something at' and 'slap' or 'kick, bite, punch and hit with an object' than men. The severe acts of 'beat up' and 'choke or strangle' were in the male direction. Finally, the severe acts of 'threatening with a knife or gun' and 'using a knife or gun' showed effect sizes close to zero, with men and women equally likely to adopt this strategy as each other. These findings remained consistent whether reports were derived from self, partner or a composite of both, and using any one of four different measurement techniques. Therefore, while qualitative differences did exist between some of the acts that men and women perpetrated, both sexes were just as likely to enact severe physical aggression as each other.

In sum, gender-inclusive research asks the same questions of both male and female respondents and highlights that a proportion of men *and* women can be both aggressors and victims within their intimate relationships. This runs counter to the common assertion that female aggression in relationships is uncommon. It is clear that the theoretical perspective and methodology used to investigate IPV can effect how the problem is understood and therefore which sex is resultantly more likely to be seen as the aggressor in couples. It is concluded that the methodology used in research studies should be critically evaluated before reaching conclusions about the implications it holds for furthering understanding about the true nature of IPV. Furthermore, professionals should understand the potential for both sexes to aggress so that unbiased, open minded assessments can take place (Dixon & Graham-Kevan, 2011)..

Understanding IPV using a Nested Ecological Model

As discussed in detail in the following section, perpetrators of IPV are not a homogenous group. Bearing this and the disagreement between the theories proposed to explain the aetiology of IPV in mind, Dutton (2007) proposed a 'Nested Ecological Model' of IPV. This social psychological perspective seeks to explain how the interplay between an individual's internal events and wider society can shape their development and behaviour. It can be used to understand which risk factors increase the likelihood of an individual aggressing against their intimate partner at different social levels.

The Nested Ecological Model details four levels of analysis which each describe individual or social factors that may contribute to the risk of IPV occurring. It provides a comprehensive guide about the potential causes of IPV and individual's behavioural patterns from which theories can be proposed and tested. The reader is referred to Dutton's (2007) text for a detailed review of this model. Briefly, the four levels consist of the Macrosystem Level (broad cultural values and beliefs such as women's political and socioeconomic power); the Exosystem Level (subculture factors such as peer group influence, work related stress); the Microsystem Level (immediate context in which violence occurs such as couple or family interaction pattern) and the Ontogenic Level (individual factors such as personality, cognitions and emotions). Potential risk factors of IPV are described at each level. This explanation accounts for the fact that people who exist in similar social circumstances do not all aggress against their partner, individual differences are important moderators or mediators in a complex web of interacting factors. From this perspective there is room for psychological assessment and intervention. Importantly, it highlights the necessity of considering the interaction of factors at all social levels. Most research to date has examined the influence of risk factors at one level only.

One study that has considered the utility of this model in identifying risk factors for IPV is that by Stith et al (2004). Stith and her colleagues provided an empirical test of the Nested Ecological Model by conducting a meta-analysis of 85 studies that investigated risk factors associated with physical violence in heterosexual, married or cohabiting partners. The levels of analysis in the Nested Ecological Model were used to identify and organise risk factors for perpetration and victimisation of IPV. Only studies that matched their systemic criteria for inclusion were examined. Furthermore, only information on multiple risk factors related to physical male aggression and female physical victimization were gathered, as there was a lack of evidence available regarding factors related to male victimisation. The relationship of one factor (marital satisfaction) could be explored with female physical perpetration.

For male physical perpetration large effect sizes were found for emotional verbal abuse, forced sex, marital satisfaction, illicit drug use and attitudes condoning marital violence. Moderate effect sizes were found for several other factors, including traditional sex role ideology, however, Dutton (2007) does question the quality of some research included in the meta-analysis to test the contribution of this particular risk factor. For female physical perpetration marital satisfaction was found to have a moderate effect size. For female physical victimization large effect sizes were found for the woman using violence toward her male partner and moderate effect size for depression and fear of future abuse. The authors go onto to stress the importance of understanding female perpetration as a large risk factor for her victimisation in practice settings:

"Clinical services to victims of abuse, whether male or female, have focused on empowering the victim but have not addressed methods for helping the victim to manage their own anger. Results

from this meta-analysis highlight the need for clinicians to address this issue with victims" (p92).

Adopting a different approach to this area of study, O'Leary, Slep & O'Leary (2007) used Structural Equation Modelling to investigate the direct and indirect relationships that various risk factors identified by different theoretical perspectives (feminist, psychopathological and dyadic) had with relationship aggression. Aggression was defined as physical and psychological aggression measured by the CTS2 (Straus et al, 1996). From tests with 453 representatively sampled US couples they proposed multivariate models of men's and women's partner aggression. Both male and female models display a complicated path of direct and indirect predictors of aggression which account for 47 and 50 percent of the variance respectively. The three strongest direct predictors of partner aggression for men and women were: dominance/jealousy; marital adjustment and partner responsibility attributions. In addition, for men three direct paths were identified: exposure to family-of-origin aggression, anger expression and perceived social support. For women, one additional direct path was found, namely a history of their own aggression as a child or teenager.

Taken together the results of these empirical studies highlight the complicated nature of IPV and the importance of examining this phenomenon from a multi-factorial perspective. This has important implications for which factors professionals should aim to investigate during risk assessment, it is clear that a narrow focus will inevitably miss the complexities that can help professionals begin to understand an offender's violent behaviour toward their partner.

Characteristics of Perpetrators

Risk assessment requires the professional to determine factors that are present in the individual that may increase their risk of offending and/or re-offending against their intimate partner. Thus, it is important for professionals to be aware of what the evidence base tells us about individual characteristics associated with IPV so that assessments can be carried out

comprehensively and with an open mind, aiding the professional to determine all the facts without bias. A considered amount of research has investigated the role of individual differences to date, often with a focus on exploring typologies of men who offend against their female intimate partner. However, some work into typologies of couples has been carried out. Such typologies of perpetrators and couples are useful to help professionals synthesise the wide array of information available in the literature and to organise and interpret the meaning of data gathered during assessment.

Whilst little knowledge has been gathered about the characteristics of female perpetrators to date, research has consistently demonstrated across time that men who are violent to their female partner are a heterogeneous group (e.g., Faulk, 1974; Gondolf, 1988; Holtzworth-Munroe & Meehan, 2004; Saunders, 1992). However, considering gender inclusive research findings it is not unrealistic to assume similar risk profiles for both sexes, indeed researchers have begun to find evidence of this similarity (e.g., Babcock, Miller & Siard, 2003; Dixon, Fatania, Bishopp & Howard, submitted). Classification systems of men who have been violent to their female partner have been successfully developed and tested. For example, Holtzworth-Munroe and Stuart (1994) constructed a hypothetical typology from a review of the literature. They identified three types of perpetrator using three descriptive dimensions of severity and generality of violence and psychopathology/personality disorder of the perpetrator. Each type is labelled by a title that reflects the nature of their violence: Family Only (FO), Generally Violent/Antisocial (GVA) and Dysphoric/Borderline (DB). They are proposed to account for 50%, 25% and 25% of abusive men residing in the community respectively.

The FO offender is hypothesised to carry out violent acts of low severity and frequency toward their partner. They are thought to function well in comparison to the other subgroups and to most closely resemble non-violent men. While their exposure to distal risk factors is low relative to other groups, their exposure to family of origin violence is higher in relation to

controls. These men are hypothesised to develop problems to a limited degree with proximal variables of insecure attachment patterns, mild marital social skill deficits, low levels of impulsivity, passive-dependent personality disorder. Specifically, it is hypothesised that violence results from a combination of poor communication skills with their partner, mild impulsivity and preoccupation or dependency on their partner. On occasion physical aggression is introduced during conflict. However protective factors such as remorse, low levels of psychopathology, negative attitudes about violence and positive attitudes to women limit the frequency of violence.

The GVA offender is hypothesised to commit moderate to severe levels of violence both within and outside the family unit. They are thought to have the highest genetic predisposition for aggressive and impulsive behaviour and have experienced the distal risk factor of severe violence in their childhood of origin. More proximal variables associated with a high risk of violence are also hypothesised: involvement with delinquent and deviant peers, dismissive attachment style, low empathy, rigid conservative attitudes about woman, attitudes supportive of violence, lack of conflict resolution skills, impulsive and narcissistic. Consequently, when angered they view violence as an appropriate script to respond with in many situations, resulting in them being a high risk for marital and general violence. They are hypothesised to display the highest levels of impulsivity, antisocial personality, substance abuse, criminality and moderate levels of anger

The DB offender is hypothesised to carry out moderate to high severity of violence which is mainly limited to family members. They are thought to have some genetic predisposition for psychopathology, impulsivity and aggression; have some experience of family of origin violence and some involvement with deviant peer groups. It is hypothesised that they have several proximal risk factors which increase the likelihood they will be violent toward their partner. These are preoccupied or fearful attachment, high dependency on and preoccupation

with partner, hostile attitudes to women, moderate attitudes supportive of violence, characteristics of borderline personality, low marital communication skills, moderate impulsivity and low to moderate empathy levels. They are also most likely to display high levels of depression and anger and low-moderate levels of criminality and substance abuse. When they perceive they have been slighted, rejected or abandoned (such as during times of marital conflict) they are likely to react impulsively with high levels of distress and anger.

Empirical support for the typology has been successfully gathered across many studies over the years (Chase, O'Leary & Heyman, 2001; Gottman et al, 1995; Tweed & Dutton 1998; Hamberger, Lohr, Bonge & Tolin, 1996; Waltz, Babcock, Jacobson & Gottman, 2000; White & Gondolf, 2000). Of particular interest, Holtzworth-Munroe, Meehan, Herron, Rehman & Stuart (2000) found support using a community sample of 102 men who had been violent toward their intimate partner during the previous 12 months. However, cluster analysis revealed four types of men, rather than the three types initially predicted. The three hypothesised sub-types were found (FO, n=37; DB, n=15; GVA, n=16) and differed as stated on distal and proximal risk and behavioural variables. In addition, a low-level antisocial type (LLA, n=34) was found, who fell in-between the GVA and FO subtypes on several variables.

The heterogeneity of perpetrators committing the most severe form of intimate partner violence - femicide, has received less attention than non-lethal violence occurring in the community. Research investigating the two phenomena has reliably found differences between lethal and non-lethal partner assault (Campbell et al, 2003; Dutton & Kerry, 1999) which has played an important role in the development of risk assessment tools (e.g., Campbell, 1986). This has led some researchers to conclude they are distinct entities that should not be viewed along a continuum of severity. However, whilst this may be true for some cases, a large proportion of lethal cases do occur in the context of previous IPV, with studies reporting victims in 65-85% of cases being abused by the same perpetrator prior to their death (Campbell et al,

2003; 2004; Moracco, Runyan & Butts, 1998). Therefore, it is plausible that the main characteristics thought to define types of partner violent men in the community are representative of those men committing lethal intimate partner violence. Dixon, Hamilton-Giachritsis and Browne (2008) used a multidimensional approach to empirically construct a classification system of 90 men convicted and incarcerated for the murder of their female partner in the UK, based on the Holtzworth-Munroe and Stuart (1994) typology. The resultant framework classified 80% (n=72) of the sample into three sub-groups of men characterised by Low Criminality/Low Psychopathology (15%); Moderate-High Criminality/High Psychopathology (36%) and High Criminality/Low-Moderate Psychopathology (49%). The latter two groups were thought to be akin to Holtzworth-Munroe and Stuart's (1994) GVA and DB offender respectively and thus suggests that men characteristic of these offenders will be most likely to commit femicide. The high frequency of men classified by the High Criminality/Low-Moderate Psychopathology region is contrary to work by Saunders and Browne (2000) who propose that men resembling the DB category will be most at risk of murdering their partner. However, it must be noted that as a high percentage of men resembling the DB profile are likely to commit femicide suicide (Dutton & Kerry, 1999) they may be underrepresented in a prison sample.

In summary, the above information provides the professional with an empirical guide as to which individual factors may be useful to examine during the assessment of perpetrators and the possible functions of such behaviours for different types of offenders.

Characteristics of Couples

While typologies of violent men provide useful information for professionals working with male perpetrators, researchers have suggested that such typologies provide a narrow focus as they do not consider other important factors that may contribute to the cause and maintenance of IPV, such as the family context and the role that both partners play in the intimate relationship

(e.g., Dixon & Browne, 2003). Indeed, it has been stipulated that aggression in the family is a product of the person – environment interaction (Frude, 1991) and therefore a dyadic approach to understanding IPV seems useful.

Researchers have focused on classifying the couple involved in the violent relationship. Johnson (1995; 1999) classified people in couples on the basis of their own and their partner's use of controlling behaviours and aggression. Couples were labelled as participating in 'Common Couple Violence' (later renamed Situational Couple Violence) when one or both members used non-controlling physical aggression toward the other, borne out of conflict in particular situations that occasionally result in aggression rather than the need for power and control. Perpetrators involved in the more traditionally understood dominating relationship were labelled 'Intimate Terrorists' as they used controlling aggression toward their partner who uses either no aggression or non controlling aggression and were referred to as 'Violent Resistant' partners. Couples were labelled 'Mutual Violence Control' when essentially two intimate terrorists were aggressing against one another in a bid for control. While Johnson (1999) stipulated the majority of Intimate Terrorists were male and Violent Resistant's female, more recent research using a very large representative Canadian sample by La Roche (2008) demonstrates that both men and women can be classified into these categories at approximately equal rates.

In addition to Johnson's work Bartholomew, Henderson and Dutton (2001) report different patterns of aggression between couples as a result of the interacting attachment styles, further emphasising the importance of considering both members of the couple. Such research highlights the difficulty in identifying one person as 'the victim' and the other as 'the perpetrator', couples do not always present with such a clear cut dichotomy. This highlights the need for professionals to consider the role that both partners play in the violent interaction. Indeed, Hamel (2005) recommends that professionals should aim to interview both members of

the couple where possible (separately, at least at first) in order to glean information from both and to avoid making pre-determined judgements about the type of relationship and who is the victim and who is the perpetrator.

Risk Assessment Tools

Risk assessments are useful in a number of important domains such as sentence planning, safety planning for victims or other family members, developing a treatment plan and evaluating post treatment risk. As such it is imperative that professionals can determine risk of harm in an accurate and reliable manner, therefore tried and tested methods of violence risk assessment are essential in this area.

Approaches to violence risk assessment can be divided into categories of clinical, actuarial and structured professional judgement. For a more detailed commentary on each of these the reader is guided to Nicholls, Desmarais, Douglas and Kropp, (2007). Briefly, an unaided clinical approach to risk assessment is subjective and has been found to be open to many biases. On the contrary the actuarial approach derives risk factors through empirical methods. However, while deemed more robust than the less formal unaided clinical judgement, problems have been noted with this approach. For example, they mainly focus on static risk factors and often fail to account for protective factors. Structured professional judgement (SJP) combines these approaches to provide a structure for professionals to systematically follow. This structure is developed from the empirical literature and ensures salient information is included in any assessment. However, unlike other actuarial tools they do not provide the practitioner with specific cut off scores, which has been both commended because of its flexibility and criticised because of the subjectivity this also affords.

Several tools currently exist which are designed to assess the risk of IPV, such as the Danger Assessment (Campbell 1986; Campbell, Webster & Glass, 2009); Spousal Assault Risk

Assessment (Kropp et al, 1999); Brief Spousal Assault Form for the Evaluation of Risk (Kropp, Hart & Belfrage, 2004); Ontario Domestic Assault Risk Assessment (Hilton et al., 2004); Domestic Violence Screening Inventory (Williams & Houghton, 2004) and the Partner Abuse Scale (Dutton, Landolt, Starzomski, & Bodnarchuk, 2001). It is important to understand the specific purpose of each tool before its use, as the focus can shift from risk of assault, to recidivism or homicide. Furthermore, to date tools have been developed with male perpetrators, their relevance to female perpetrators is not known. An introduction to two of these tools that have received substantial attention due to published validity data is provided below.

Spousal Assault Risk Assessment (SARA; Kropp, Hart, Webster & Eaves, 1999)

The SARA is a structured professional tool that is used to assess the risk for repeated spousal violence. It is the most widely used SPJ tool for risk assessments of IPV risk. As with any tool of this nature, the quality of the professional judgment is dependent on the skills and training of the assessor and the quality of available information. Therefore, it is stipulated that users should have expertise in individual assessment and in the area of IPV.

The SARA was developed from a review of the clinical and empirical literature on wife assault (Cooper, 1993) and is therefore applicable to the assessment of male violence against women. It consists of 20 items which are grouped into five content areas of Criminal history; Psychosocial adjustment; Spousal assault history; Current offence and Other considerations.

The recommended assessment procedure emphasises that the user should access multiple sources of information and methods of data collection to ensure a more accurate reflection of the offender and his circumstances is collated. The assessment should consist of structured or semi-structured interviews with the accused and victim(s); standardised measures of physical and emotional abuse; standardised measures of drug and alcohol abuse; review of collateral records (police reports, criminal records, victim impact statements) and other assessment procedures where applicable (such as personality inventories, IQ testing, interview with probation officers/

relatives/children). Users are advised to track down any missing information and avoid completing the assessment if information is incomplete. If this is unavoidable it is recommended that the completeness of the information on which the SARA is based is discussed in the final report and conclusions limited accordingly (Kropp, 2008).

As the SARA was not designed to provide a predictive scale of risk, absolute cut off scores are not produced. Rather, the user is asked to make three coding judgements on a summary form, using detailed criteria which maps onto a three point scale. The presence of each individual item is coded as absent (0); sub threshold (1) or present (2). In general risk is expected to increase the more items coded as present. However, in addition to consideration of the number of items present the SARA allows for subjective clinical interpretation. The user can mark the presence of 'critical items', which may be deemed sufficient on their own to conclude an imminent risk of harm. Critical items are scored on a two point scale of absent (0) or present (1). Finally, the users overall professional opinion of overall perceived risk in two domains ('risk of imminent harm to spouse' and 'risk of harm to some other identifiable person') is also summarised using a 3 point scale of low (1), moderate (2) and high (3).

The SARA's reliability and validity has been determined. Kropp and Hart (2000) analysed SARA ratings in six samples of adult male offenders (N = 2,681) and concluded that inter-rater reliability for individual items and overall risk was high. Ratings also showed good convergent and discriminant validity in relation to measures of risk for general and violent criminality. Furthermore, Williams and Houghton (2004) reported findings from a study with 434 male perpetrators who were assessed with the SARA on release into the community and their re-offence rates examined 18 months later. Receiver Operator Curves (ROC) were computed to estimate predictive accuracy of the total score, producing an AUC of .70 (where 0.5 indicates chance and 1 perfect prediction). However, whilst predictive validity for the SARA

has been found in some studies it should be remembered that the SARA was not designed as a predictive tool; it provides a guide and not a replacement for clinical judgement.

Danger Assessment (DA: Campbell, 1986; Campbell, Webster & Glass, 2009)

Murder of an intimate partner has been shown to have distinct risk factors in comparison to assault; hence specific tools have been developed using retrospective studies of femicide and serious injury to predict lethal violence. The Danger Assessment (DA; Campbell, 1986) and its revised version (Campbell, Webster & Glass, 2009) assesses the risk of male severe and lethal violence toward female intimate partners and has been used in a variety of multidisciplinary settings.

It was originally designed to help women assess their risk of being murdered or seriously injured by their intimate or ex–intimate partner. Thus, it was developed as an informal risk factor tool to guide clinical decision making, rather than as a predictive instrument per se. Until recently published information only existed on its construct validity, not predictive validity. However, Campbell et a1, (2003a; b) carried out an 11-city case-control study to identify risk factors for intimate partner femicide in abusive relationships and inform the potential revision of the DA. Campbell, Webster & Glass (2009) used the information from this study to revise the DA. In this article they describe the development, psychometric validation, and suggestions for its use.

The DA and its recently revised version are structurally the same and consist of two parts. The woman can complete it by her self or with the professional. The first part assesses the severity and frequency of violence the woman has experienced. The professional presents her with a calendar of the past year and asks her to approximate days on which she experienced physically abusive incidents and the severity of these incidents using a scale of 1 (slap, pushing, no injuries and/or lasting pain) to 5 (use of weapon, wounds from weapon). In its original development, use of the calendar proved to increase recall and reduce denial and minimization

of the abuse (Campbell, 1986). The second part lists risk factors associated with partner femicide which requires the respondent to answers in a yes/no format. The DA contains 15 items and the revised version 20 items, as four additional items have been added and one original item has been split into two. In total the instrument takes approximately 20 minutes to complete.

In the revised version of the DA Campbell, Webster & Glass (2009) develop a scoring algorithm to identify four levels of danger: variable danger (score of 0-7); increased danger (score of 9-13); severe danger (score of 14-17); and extreme danger (18 and above). The authors go onto determine the predictive validity of the revised DA and the weighted scores using ROC curves. An independent sample of 194 attempted femicide cases included .90 of the cases in the area under the ROC curve. The authors conclude:

"The revised 20-item DA can accurately identify the vast majority of abused women who are at increased risk of femicide or attempted femicide as well as distinguish most of the IPV cases that are at lowest risk of femicide or attempted femicide, at least in this urban sample of women. However, further development and testing of the DA is needed, as with all of the IPV risk assessment strategies" (p 669)

The predictive accuracy of the DA has also been tested in female same-sex populations who experience severe and lethal assault from an intimate partner (Glass et al., 2008). In this publication appropriate amendments are made to the DA to increase predictive validity within this population.

Utility of General Violence Risk Assessment Tools

It is apparent that considerable overlap exists between risk factors used by tools that specifically assess risk of IPV and tools that assess risk of interpersonal violence in general. A recent meta-analysis by Hanson, Helmus & Bourgon (2007) demonstrated similar predictive

accuracy of both types of tools in assessing risk of recidivism of male IPV offenders. Hanson, et al., suggest further research is needed to determine the utility of specific risk tools for IPV above and beyond the valid and reliable risk tools designed to assess general and violence recidivism.

In conclusion there is not enough evidence to suggest a gold standard instrument for risk assessment of IPV to date. However, it is suffice to say that development of such tools should be based on the empirical literature and that any assessment should be guided by the knowledge discussed in this Chapter.

Conclusion

This Chapter intended to provide an overview of the IPV literature in order to convey the importance of adopting a non-biased, evidence based understanding and to highlight that this knowledge should be reflected in assessments with perpetrators, victims or couples (where applicable). The need to focus on the role of individual factors within the context of other social levels is clearly highlighted. Indeed, other areas of general violence risk assessment have demonstrated the importance of using empirical methods in determining risk factors and IPV should be no exception to this rule.

Empirical research has highlighted key risk factors and multifactorial models to guide professionals in their assessment of IPV and useful tools have been developed to guide best practice assessments. While precise risk assessment of IPV is far from accomplished we have come a long way from understanding the cause of partner violence as patriarchy resulting from a male dominated society. Adopting a psychological perspective allows the development of individual risk assessment and functional analysis; evidence based risk assessment tools; psychologically guided intervention programmes and provides hope for the future of rehabilitation and prevention in this domain. Collectively the empirical research demonstrates the complex nature of IPV and the need to recognise the benefits of understanding this phenomenon from a multifactorial perspective.

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