S E R V I N G C A N A D I A N S

RESEARCH AND STATISTICS DIVISION

THE DEVELOPMENT OF THE BRIEF SPOUSAL ASSAULT FORM FOR THE EVALUATION OF RISK (B-SAFER): A TOOL FOR CRIMINAL JUSTICE PROFESSIONALS

Department of Justice Canada
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The Development of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER): A Tool for Criminal Justice Professionals

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Executive Summary

This report describes the development and pilot testing of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER). The first section, *Project Overview*, recounts the origins of the project and the early consultations between the authors and (a) Department of Justice staff, and (b) national and international experts in the fields of spousal violence and risk assessment.

A second section, *Overview of Risk Assessment*, describes various models of risk assessment to set the context for the B-SAFER project. Three models are reviewed: unstructured clinical decision-making, actuarial decision-making, and structured professional judgment. The case is made that structured professional judgment appears to be the method that is best suited to the requirements of criminal justice professionals.

Section 3, *The Development of the B-SAFER*, describes the process involved in moving from a lengthier risk assessment tool, the Spousal Assault Risk Assessment Guide (SARA), to a briefer, easier-to-use B-SAFER. The section reviews a comprehensive literature search, empirical data reduction analyses of the SARA, pilot testing in Sweden of a 20-item police risk assessment tool (SARA-Police Version), and the final format of the B-SAFER used for pilot testing.

The next section, *Pilot Testing*, describes the application of the B-SAFER within six police agencies in Canada, and in two jurisdictions in Sweden. The results of quantitative empirical analyses on Canadian and Swedish data are presented along with qualitative feedback received from police officers in Canada. Overall, the results were encouraging, suggesting that the B-SAFER tool includes relevant risk factors present in spousal assault cases and that the tool can be coded easily by police officers in the course of routine investigations. Moreover, the ratings of risk were diverse, and distributed almost normally in the Canadian samples, suggesting that police officers were able to use the B-SAFER coding instructions to make discriminations among perpetrators. Further, there was a limited association between B-SAFER ratings and recommended management strategies, and there was substantial variability both within and among officers in their recommendations regarding management. This suggests that police officers' recommendations regarding case management were influenced by their judgements of risk (both the presence of individual risk factors and overall level of risk), but also that B-SAFER ratings were not highly "prescriptive" with respect to management recommendations. Finally, the qualitative feedback from officers indicated that most of those responding found the B-SAFER to be a helpful and easy-to-use tool.

In the final section, *Conclusions and Recommendations*, we conclude that the B-SAFER is an appropriate and valuable tool that can be used by law enforcement agencies in Canada. It is recommended that the B-SAFER be made available to criminal justice professionals. Recommendations are also made regarding the development of software to assist in the administration of the B-SAFER, the development of training curricula, and continued research on the use of the B-SAFER in Canada.

1.0 Project Overview

In September of 2002, the Department of Justice Canada (DOJ) contracted with the British Columbia Institute Against Family Violence (BCIFV) to develop a tool for use by criminal justice professionals that would facilitate the assessment and management of risk for spousal abuse, also known as domestic or intimate partner violence.

The objectives of the project were to:

1. Enhance the ability of criminal justice professionals to assess risk in spousal abuse cases.
2. Help criminal justice professionals obtain information necessary to assess risk.
3. Help victims plan strategies to increase their safety.
4. Help in preventing further and more serious incidents of domestic violence.

As part of the project, BCIFV agreed to develop, based on its previous work in this area, a checklist of risk factors and a structured interview guide for use by criminal justice professionals. BCIFV also agreed to pilot test the checklist with law enforcement agencies in at least three sites, and then deliver to the Department of Justice final versions of the checklist and structured interview guide.

This project emerged as a result of informal discussions about risk assessment between the authors of this report and research staff at the Department of Justice. Thus the design and scope of the activities were developed through consultation with research officers of the Department of Justice Canada. Draft copies of all materials were forwarded to the Department of Justice, and feedback from DOJ staff was incorporated into revised materials that were used in the pilot testing.

The early stages of this project also involved a great deal of consultation with national and international experts regarding the content of the B-SAFER. We asked several experts to review an initial draft of the B-SAFER and provide feedback regarding the format, content and process of the proposed tool. All those consulted were chosen because of their expertise in violence risk assessment, spousal violence policing, or spousal violence victim issues. The following individuals offered helpful feedback: Dr. Jacqueline Campbell, Endowed Professor, Johns Hopkins University; Dr. Russell Dobash and Dr. Rebecca Dobash, Manchester University; Dr. David Cooke, Glasgow Caledonian University, Scotland; Dr. Henrik Belfrage, Professor, Mid-Sweden University, Sundsvall Sweden; Inspector Douglas LePard, former Sergeant in charge of the Vancouver Police Domestic Violence and Criminal Harassment Unit (DVACH); Inspector Barbara Morris, former Inspector in charge of the Vancouver Police DVACH; Penny Bain, Executive Director of the BC Institute Against Family Violence; Jane Coombe, Policy and Program Analyst/Manager, Victim Services and Community Programs Division, Ministry of Public Safety and Solicitor General.

The project is now completed. This final report summarizes the work that was completed since the initial consultations. Included with the report are: the pre-test and final version of the checklist, called the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) and a manual for the B-SAFER which includes a structured interview for use with victims.

The next section of this report provides an overview of some key issues of risk assessment. The third section outlines the development of the B-SAFER. In the fourth section, we describe the pilot testing and present key findings of quantitative and qualitative analyses. Finally, we discuss conclusions and recommendations in the fifth section.

2.0 Overview of Risk Assessment

Intimate partner violence continues to be a serious problem in Canada, accounting for at least one quarter of all violent crimes reported to police (Canadian Centre for Justice Statistics, 2003). As a result of numerous high-profile intimate partner homicides, law enforcement officers are under increased pressure to conduct systematic assessments to determine whether people who are being charged with intimate partner violence pose a high risk of serious or life-threatening violence. However, there exist few user-friendly tools to assist the police and other criminal justice professionals with this task.

Three models, or methods, of violence risk assessment have been discussed in the literature: unstructured clinical decision-making, actuarial decision-making, and structured professional judgment. Unstructured clinical decision-making is probably still the most widely used approach to spousal violence risk assessment (Campbell et al., 2001; Dutton & Kropp, 2000). This is a method that involves no constraints or guidelines for the evaluator. Decisions are based on the exercise of professional discretion and usually are justified according to the qualifications and experience of the professional who makes them. The approach has been widely criticized in the violence literature for lacking reliability, validity, and accountability (Litwack & Schlesinger, 1999; Quinsey et al., 1998), and has been labelled "informal, subjective, [and] impressionistic" (Grove & Meehl, 1996, p. 293). One traditional advantage of unstructured clinical decision-making is that it allows for an idiographic, or individual-centred, analysis of the offender's behaviour and a context-specific tailoring of risk management and violence prevention strategies. However, because the approach relies so heavily on professional discretion, it is vulnerable to missing important factors that require intervention. Recommendations for management strategies – if they are made at all – might be based more on the training, preferences, and biases of the evaluator rather than on: (1) well-reasoned consideration of dynamic and criminogenic (i.e., crime-relevant) risk factors; and, (2) intervention strategies that are either empirically valid or well accepted in the field. Given the widespread criticism of this approach, those working with spousal assaulters and their victims are moving away from this practice (Campbell, 1995; Dutton & Kropp, 2000; Hilton, Harris, Rice, Lang, & Cormier, in press). At the very least, practitioners should only consider risk factors that have some support in the empirical or clinical literature.

The actuarial method of risk assessment is strongly associated with the prediction paradigm popular in the violence literature (see Heilbrun, 1997). Such methods are designed to predict specific behaviours within a specific time frame. The stated goal of the actuarial method is to predict violence in: (1) a relative sense, by comparing an individual to a norm-based reference group; and, (2) an absolute sense, by providing a precise, probabilistic estimate of the likelihood of future violence. Grove and Meehl (1996, p. 293) have described this approach as "mechanical and algorithmic." The key strength to this approach is that it improves upon the poor reliability and validity of unstructured clinical assessments (Grove & Meehl, 1996; Litwack, 2001; Quinsey et al., 1998). The actuarial approach can assist the evaluator to estimate, in a relative sense, the risk posed by an individual over a fixed time period, compared to a reference group. In this sense, it is a worthwhile endeavour to develop and test actuarial instruments for spousal violence risk assessments. Indeed, several attempts have shown correlations between the actuarial

approach – that is, the totalling of risk factors to produce a risk "score" – and various measures of violent behaviour and construct validity (Campbell, 1995; Grann & Wedin, 2002; Hanson & Wallace-Capretta, 2000; Kropp & Hart, 2000; McFarlane, Campbell, & Watson, 2002). In Canada, this approach has been used by the Ontario Provincial Police in the development of the Ontario Domestic Assault Risk Assessment, or ODARA (Hilton et al., in press).

Actuarial approaches have been criticized for their lack of practical utility (Douglas & Kropp, 2002; Hart, 1998; Litwack, 2001). Thus, there is an unresolved schism between science and practice. Practitioners resist using methods that eliminate professional discretion. This might be because they see their role as preventing violence rather than predicting it (Douglas & Kropp, 2002; Heilbrun, 1997). From a violence prevention perspective, actuarial methods can inform us about the overall level of risk management that might be required (i.e., the greater the risk, the greater the necessary resources). However, they do little to inform us about specific violence prevention strategies. Heilbrun (1997) contrasted "prediction versus management" models of risk assessment, noting that the prediction model likely has "minimal" implications for management due, in part, to its lack of sensitivity to change. To apply the actuarial approach properly, the evaluator is forced to consider a fixed set of factors and cannot consider unique, unusual, or context-specific variables that might require intervention (Hart, 1998). Moreover, actuarial instruments may lack a "goodness of fit" with offender treatment programs: there is incongruence between violence prevention program targets such as "attitudes towards violence" or "denial and minimization" and risk assessment instruments that fail to consider such aspects. Finally, although actuarial approaches give the appearance of objectivity and precision, they often yield very modest correlations with violence (Douglas, Cox, & Webster, 1999) and are subject to limitations such as statistical shrinkage[1] and measurement error. Moreover, practitioners may feel uncomfortable considering only one "test" of risk, while ignoring legal, ethical, and professional requirements to consider all available information, from all perspectives (American Psychological Association, 2002). Law and professional practice must change considerably before professionals can abandon discretion in favour of strict actuarial methods. Unless and until such changes occur, professionals must decide how to strike the balance between scientific rigor and respect for the uniqueness of cases. Meteorology provides a suitable analogy: no matter how well climate tables and computer models predict the weather, it is still a good idea to look outside before deciding what to wear.

Structured professional judgment is an approach that attempts to bridge the gap between actuarial and unstructured clinical approaches to risk assessment (Douglas & Kropp, 2002; Hart, 1998). The term "professional" (Kropp & Hart, 2000) is used to allow for the reality that there are non-clinical professionals (i.e., among police officers, probation officers, victim services personnel) who are often required to conduct violence risk assessments. The method has also been termed the "guided clinical approach" by Hanson (1998, p. 52). Here, the evaluator must conduct the assessment according to guidelines that reflect current theoretical, professional, and empirical knowledge about violence. Such guidelines provide the minimum set of risk factors that should be considered in every case. The guidelines will also typically include recommendations for information gathering (e.g., the use of multiple sources and multiple methods), communicating opinions, and implementing violence prevention strategies. The method is certainly more prescribed than the unstructured clinical approach, but much more

[1] Statistical shrinkage refers to incomplete replication on cross-validation in new populations.

flexible than the actuarial method. Structured professional judgment does not impose any restrictions for the inclusion, weighting, or combining of risk factors. Typically, however, this approach is still considerably more structured than traditional clinical prediction, providing guidance in terms of which risk factors to consider, as well as operational definitions for the scoring of the factors. The flexibility is in the final step of combining risk factors, which is not done algorithmically. Structured professional judgment does not abrogate the professional responsibility and discretion of the evaluator, but it does attempt to improve the consistency and visibility of risk judgments. In Canada, this approach has been used by the British Columbia Institute Against Family Violence (BCIFV) in the development of the Spousal Assault Risk Assessment Guide, or SARA (Kropp, Hart, Webster, & Eaves, 1994, 1995, 1999).

The primary goal of the structured professional approach to risk assessment is to *prevent* violence (Douglas & Kropp, 2002). By systematically identifying risk factors – particularly dynamic, or changeable, risk factors – relevant to a case, management strategies can be tailored to prevent violence. This approach has been popular in the corrections field for some time, demonstrating some success in preventing general criminal recidivism (Andrews & Bonta, 2003). Indeed, the corrections literature has long recognized the importance of identifying risk and needs factors in individuals in order to effectively manage their behaviour. It should also be noted that the structured professional approach resembles clinical practice parameters quite commonly used in medicine (Kapp & Mossman, 1996). The structured professional approach allows for a logical, visible, and systematic link between risk factors and intervention, in addition to the ability to identify persons who are at higher or lower risk for violence. It is vulnerable to some of the same criticisms as the unstructured clinical approach because it still allows considerable professional discretion. There is some evidence, however, of the reliability and validity of structured professional judgment guidelines such as the SARA (Douglas & Kropp, 2002). For example, a number of studies conducted in North America and Europe indicate that interrater reliability is good to excellent for professional judgements concerning the presence of individual risk factors and overall levels of risk (e.g., Belfrage, 1997; Kropp & Hart, 2000). Furthermore, professional judgements of risk have good criterion-related validity: they correlate substantially with scores on actuarial measures (e.g., Douglas & Webster, 1999; Kropp & Hart, 2000), they discriminate well between known groups of recidivists and non-recidivists in retrospective research (e.g., Hanson & Morton-Bourgon, 2004; Grann & Wedin, 2002; Kropp & Hart, 2000), and they predict recidivism in prospective research (e.g., Belfrage, Fransson, & Strand, 2000; Watterworth et al., 2001).

3.0 Development of the B-SAFER

As discussed in the previous section, structured professional judgment appears to be a viable approach to assessing risk for spousal violence. It also appears to be the method that is best suited to the requirements of criminal justice professionals. Principles of natural justice, as well as those enshrined in Canadian constitutional, statutory, and common law, place a heavy burden on people who make decisions that affect the life, liberty, and security of citizens. On the one hand, these decisions must not be arbitrary or discriminatory; the rationale underlying them must be clear, well reasoned, and reasonable. The use of a checklist or some other tool to enhance the transparency and consistency of decisions is one way to achieve this goal. On the other hand, the decision-making process must allow for some flexibility to reflect the uniqueness and totality of circumstances in the case at hand. The Supreme Court of Canada, in considering a wide range of cases related to violence and violence risk over many decades, has consistently held that the application of discretion by criminal justice and mental health professionals (e.g., police and corrections officers, prosecutors and judges, parole and review boards, psychiatrists and psychologists) is both necessary and appropriate[2].

The Spousal Assault Risk Assessment Guide (SARA), a set of structured professional guidelines for assessing risk of spousal violence, has been used for many years by criminal justice professionals, including police. It comprises 20 risk factors that reflect various aspects of criminal history, social functioning, and mental health. The risk factors were selected based on a comprehensive review of the professional and scientific literatures. Evaluators consider the presence and relevance of individual risk factors, and also make summary judgments of risk. However, the SARA may not be an optimal tool for use by police because it is relatively long and it requires specific judgments regarding mental health, such as major mental illness and personality disorder. Thus, completion of the SARA places a relatively heavy burden on users in terms of the availability of time, technical expertise, and case history information. We therefore saw a need to develop a new tool, which we called the Brief Spousal Assault Form for the Evaluation of Risk, or B-SAFER. In this section, we outline the steps taken in the development of the B-SAFER and describe the tool itself.

3.1 Literature Review

Our first step in developing the B-SAFER was to conduct a comprehensive review of the literature regarding spousal violence and spousal violence risk assessment. We also updated this review continuously during the project to keep abreast of new developments in the field.

Overall, the literature review indicated that there have been relatively few advances in our understanding of risk factors for spousal assault since the development of the SARA in the early 1990s. There has been further research supporting the utility of some risk factors previously

[2] See *Canadian Foundation for Children, Youth and the Law v. Canada (Attorney General)*, [2004] 1 S.C.R. 76; *Penetanguishene Mental Health Centre v. Ontario (Attorney General)*, [2004] 1 S.C.R. 498; *R. v. Johnson*, [2003] 2 S.C.R. 357; *Smith v. Jones*, [1999] 1 S.C.R. 455.

identified (for example, see reviews by Dutton & Kropp, 2000; Riggs, Caulfield, & Street, 2000; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001), but no important new risk factors have been identified.

The literature review also suggested that there have been few advances in the development of specific tools or procedures for spousal violence risk assessment. One exception was the Ontario Domestic Assault Risk Asessment (ODARA), a tool developed for use by the Ontario Provincial Police. As the ODARA is based on the actuarial approach, it is intended to estimate the likelihood of future violence rather than to provide information about risk management. This means that professionals who use the ODARA still need assistance making final decisions that reflect the totality of circumstances in the case at hand and that guide case management.

Another development was an increased focus on victims. Both the ODARA and the Stalking Assessment and Management Guide (SAM), a structured professional judgement tool currently being developed by the BCIFV, include consideration of factors that increase a victim's vulnerability to violence. One potential problem with this advance is that including victim vulnerability factors in a new tool increases the complexity (i.e., length and scope) of the assessment.

In sum, the literature review indicated to us that it would be possible to use the SARA as a basis or starting point for the development of the B-SAFER. It also indicated that the B-SAFER might benefit from consideration of victim vulnerability factors, providing their inclusion did not make the use of the tool unduly complex or resource-intensive.

3.2 Empirical Analyses

Statistical Analysis of SARA Ratings

In October 2002, we asked colleagues in Scotland to conduct statistical analyses of existing data sets to identify possible redundancy among the 20 SARA risk factors. The data sets comprised 2,796 adult male offenders from Canada: 1,786 were offenders on probation in British Columbia, and 1,010 were offenders from federal penitentiaries. The probationers were serving sentences for offences related to spousal assault, whereas the federal offenders were serving sentences for a variety of offences but had a known, documented, or suspected history of spousal assault.

Briefly, Exploratory and Confirmatory Factor Analyses suggested that the statistical association among the ratings of the 20 SARA items could be modeled adequately using 7 factors, with each factor comprising of multiple items. The factors were as follows:

(1) History of spousal violence;
(2) Life-threatening spousal violence;
(3) Escalation of spousal violence;
(4) Attitudes supportive of spousal violence;
(5) General antisocial behaviour;
(6) Failure to obey court orders; and
(7) Mental disorder.

The factors themselves appeared to be non-redundant. Most of the factors had unique predictive power with respect to global judgments of risk for spousal violence or, in a small sub-sample of 102 offenders, with respect to actual spousal violence recidivism. We also used Item Response Theory, which is a framework for analyzing psychological tests, to analyse the SARA data. In our analyses of the B-SAFER, we used Item Response Theory to model the association between spousal assault risk and individual risk factors, as well as the redundancy among various risk factors. The findings regarding redundancy were similar to those yielding from the factor analyses.

Pilot Testing of the 20-item SARA-PV in Sweden

We then pilot tested a modified version of the SARA, which we called the SARA - Police Version (SARA-PV), with the Swedish National Police between January and December 2002. In the SARA-PV, each of the 20 SARA risk factors was revised and shortened to simplify coding decisions; however, the SARA-PV was still identical to the SARA in terms of the number of risk factors and the general coding procedures. Patrol officers attended 1-day training sessions conducted by one of the authors and then used the SARA-PV when responding to spousal violence incidents. Patrol officers reviewed the completed SARA-PV coding forms with shift supervisors prior to making case management decisions. More specifically, shift supervisors ensured that each risk assessment was thoroughly completed and based on adequate and appropriate information, and that management recommendations were logically linked to the nature and severity of the risks posed.

In total, we received completed SARA-PV coding forms for 430 adult males being charged with perpetrating spousal violence. Analysis of the SARA-PV ratings indicated that it was sometimes difficult for patrol officers to gather the information required to rate some risk factors as part of their usual investigation procedures. In particular, they found it difficult to make specific judgement about the perpetrator's mental disorder and about his history of childhood victimization experiences. In addition, feedback received from police officers revealed two major concerns regarding the use of the SARA-PV. First, they wanted the scheme used to code the presence of individual risk factors to more closely resemble their usual operational procedures and language. Second, they expressed a desire for clarified and simplified coding of overall or summary judgments regarding risk.

In summary, the results of these empirical analyses indicated the following:

1. Some SARA and SARA-PV items may have redundant or overlapping content;
2. Some SARA and SARA-PV items may be difficult to code when used by police as part of routine investigations, due to specificity of content;
3. The schemes used in the SARA and SARA-PV to code judgments regarding the presence of individual risk factors and overall risk may not be a good fit for use by law-enforcement.

Overall, these findings were consistent with our anecdotal observations and with informal feedback received when conducting SARA training with police in the past. The findings also suggested that it was both necessary and feasible to shorten, simplify, and revise the SARA and the SARA-PV for use by police.

3.3 Format of the Draft B-SAFER and Related Materials

Based on the statistical analyses of the SARA and the pilot testing of the SARA-PV, the draft of the B-SAFER that we developed for pilot testing in Canada (and Sweden) comprised 10 risk factors. These risk factors were divided into two sections. The first section, Spousal Assault, contained 5 factors related to the perpetrator's history of spousal violence:

1. Serious physical/sexual violence;
2. Serious violent threats, ideation, or intent;
3. Escalation of physical/sexual violence or threats/ideations/intent;
4. Violations of criminal or civil court orders; and
5. Negative attitudes about spousal assault.

The second section, Psychosocial Adjustment, contained 5 factors related to the perpetrator's history of psychological and social functioning:

6. Other serious criminality;
7. Relationship problems;
8. Employment and/or financial problems;
9. Substance abuse; and
10. Mental disorder.

The risk factors in the latter section are associated with risk for violence in general, in addition to risk for spousal violence.

B-SAFER Worksheet

A B-SAFER Worksheet is included in Appendix A of this report. Some changes were made to the draft form in the final revisions. First, the language was changed to reduce professional jargon and thereby make the B-SAFER easier to read and apply. For example, the title of Item 4 on the B-SAFER was changed from "Violations of Conditional Release" to "Violations of Court Orders" to make the intent of the item more clear. As well, we attempted to use plain language to describe aspects of mental disorder listed as descriptors in Item 10. Second, a section on recommended management strategies was added to facilitate development and documentation of case management plans. Finally, after considering the risk factors and management strategies, the worksheet requires the evaluator to provide judgements of case prioritization, risk for life threatening violence, risk for imminent violence, and the likely victims of violence.

User Manual

The User Manual for the B-SAFER can be found in Appendix B. The Manual includes an overview of the B-SAFER, as well as sections on user qualifications, confidentiality and informed consent, applications, and administration procedures. We have also included a comprehensive section entitled, "Definition of Risk Factors" which includes item definitions, rationales for including items (including references to supporting literature), specific coding instructions for each B-SAFER item, and a detailed reference list. We also added considerable

information regarding the development of case management plans. Finally, the manual includes a semi-structured interview guide for victims.

Victim Interview

The semi-structured interview guide for victims is included in Appendix C. We developed the interview and circulated it among a small number of police officers and victim service workers for feedback. It includes suggested questions that can be asked for each risk factor. The format is semi-structured to allow flexibility and discretion for interviewers.

4.0 Pilot Testing

4.1 Quantitative Analyses

Six police agencies, representing five cities, volunteered to pilot the B-SAFER. One of the B-SAFER developers (P. Randall Kropp) delivered half-day training sessions to selected officers at all of these agencies. Each officer was then provided with a draft B-SAFER manual and asked to complete the B-SAFER coding form and a checklist of recommended risk management strategies on current and recent spousal violence cases. The following police agencies participated in the pilot project yielding a total of 50 completed B-SAFER forms:

1. **Vancouver (B.C.) Police Department**. Twenty-nine (29) B-SAFER forms were completed by officers with the Domestic Violence and Criminal Harassment (DVACH) unit of the Vancouver Police Department.

2. **Nelson (B.C.) Police**. Six (6) B-SAFER forms were completed by officers with the Nelson City Police.

3. **Royal Canadian Mounted Police, Nelson (B.C.) Detachment**. Nine (9) B-SAFER forms were completed by officers with the Nelson RCMP Detachment.

4. **Charlottetown (P.E.I.) Police Department.** Four (4) B-SAFER forms were completed by officers with the Charlottetown Police Department.

5. **Summerside (P.E.I.) Police Service.** Two (2) B-SAFER forms were completed by officers with the Summerside Police Department.

6. **Calgary (Alberta) Police Service**. Training on the B-SAFER was conducted for the Domestic Conflict Unit (DCU) of the Calgary Police Service in May 2003. The Director of the DCU is pleased with the B-SAFER approach and scheduled further training for May 2004. However, at the time of this report, no B-SAFER forms have been forwarded for analysis.

Repeated attempts were made to recruit a law enforcement agency in a francophone or bilingual community in Québec, New Brunswick and Manitoba, however, testing the tool in French remains to be done.

Training on the B-SAFER was also conducted for the Swedish National Police. Pilot testing in the counties of Kalmar, Växjö, and Blekinge was supervised by Professor Henrik Belfrage, a B-SAFER co-author. The Swedish National Police subsequently forwarded data for 283 cases to BCIFV for analysis. We deemed this data to be directly relevant to this report because: (a) the Swedish criminal justice system is similar to Canada's with the presence of a proactive spousal assault policy; (b) as in Canada, police officers in Sweden are required to make recommendations regarding detention and supervision prior to trial; (c) the B-SAFER was

developed in collaboration with academics and police agencies in Sweden, so the risk factors were considered directly applicable; (d) previous research on the SARA-PV (Police Version) in Sweden indicated that the structural professional judgment approach could be successfully applied.

Quantitative analysis of the pilot data forwarded to BCIFV by police in Canada and Sweden is summarized in Tables 1 through 6. All analyses of the Canadian data combined the cases from British Columbia and Prince Edward Island, as the PEI sample was too small to make worthwhile a separate analysis. Tables 1 and 2 report the presence of B-SAFER risk factors for the Canadian and Swedish samples, respectively. All of the B-SAFER items were present in at least some cases from both countries, and many were present in a large percentage of cases.

TABLE 1
PRESENCE OF RISK FACTORS: CANADA (N = 50)

	Current Risk Factors** %			Presence of Risk Factors in Past %		
Risk Factor*	Not present/ omitted	Possibly/ Partially present	Present	Not present/ Omitted	Possibly/ Partially present	Present
Serious Physical/ Sexual Violence	24	44	32	24	34	42
Serious Violent Threats, Ideation, Intent	46	32	22	34	30	36
Escalation of Violence or Threats	42	18	40	40	18	42
Violations of Civil or Criminal Court Orders	54	14	32	60	8	32
Negative Attitudes About Spousal Assault	22	28	50	40	14	46
Other Serious Criminality	50	22	28	32	20	48
Relationship Problems	22	16	62	28	10	62
Employment and/or Financial Problems	38	12	50	46	10	44
Substance Abuse	32	10	58	30	8	62
Mental Disorder	58	14	28	68	10	22

* See Appendix A for complete description of risk factors.
** Current refers to the past four weeks up to and including the incident under investigation.

TABLE 2
PRESENCE OF RISK FACTORS: SWEDEN (N = 283)

	Current Risk Factors** %			Presence of Risk Factors in Past %		
Risk Factor*	Not present/ Omitted	Possibly/ Partially present	Present	Not presented/ Omitted	Possibly/ Partially present	Present
Serious Physical/ Sexual Violence	34	42	25	48	25	27
Serious Violent Threats, Ideation, Intent	40	28	32	53	25	22
Escalation of Violence or Threats	47	22	31	67	18	15
Violations of Civil or Criminal Court Orders	98	0	2	93	2	5
Negative Attitudes About Spousal Assault	64	16	21	74	10	16
Other Serious Criminality	64	18	18	51	4	45
Relationship Problems	20	14	66	34	22	33
Employment and/or Financial Problems	75	6	20	78	5	16
Substance Abuse	57	13	31	60	11	29
Mental Disorder	60	13	27	68	11	21

* See Appendix A for complete description of risk factors.
** Current refers to the past four weeks up to and including the incident under investigation.

Table 3 reports the average number of Current (past 4 weeks up to and including the incident under investigation) and Past risk factors in each case. In general, the cases from Canada had more risk factors than did those from Sweden, suggesting that the Canadian cases were higher risk. The higher risk of the Canadian cases probably reflects the fact that they came primarily from a specialized investigative unit in Vancouver established to deal exclusively with high risk or difficult to manage cases, whereas those from Sweden came from regular patrol officers.

TABLE 3
NUMBER OF RISK FACTORS RATINGS (MEAN, STANDARD DEVIATION)*

	Canada	Sweden
Current Risk Factors**	10.14 (3.94)	7.15 (4.15)
Past Risk Factors	10.34 (5.26)	6.09 (4.87)

* Items recoded: *No*, *Omit* = 0; *Possible* = 1; *Yes* = 2.
** Current refers to the past four weeks up to and including the incident under investigation.

The finding that the Canadian cases were higher risk is also borne out in Table 4, which summarizes the distribution of risk ratings made using the B-SAFER in Canada and Sweden. The B-SAFER required users to consider the risk to intimate partners if *no intervention* was taken. Consistent with the structured professional judgement approach, these ratings were made at the discretion of the officers. Police officers were asked to rate: (a) imminent risk (within less than two months) for violence; (b) long-term risk (beyond 2 months) for violence; and (c) risk for extremely serious assault or death. In each case risk was rated as Low, Moderate, or High (L, M, H).

The findings summarized in Table 4 indicate that in the Canadian sample roughly one third of the cases were considered a high risk for imminent violence, close to half were considered a high long-term risk for violence, and one quarter were consider high risk for severe assault or death. These results should not be over interpreted, however, due to the small sample size and the unrepresentative nature of the cases referred to the specialized Vancouver unit which, as mentioned above, was established to deal exclusively with high risk or difficult to manage cases.

TABLE 4
DISTRIBUTION OF B-SAFER RISK RATINGS

	Canada	Sweden
Risk for Imminent Assault (Next 2 months)		
Low	35%	44%
Moderate	27%	47%
High	39%	9%
Long-Term Risk of Assault (Beyond 2 months)		
Low	27%	8%
Moderate	29%	55%
High	45%	8%
Risk for Severe Assault / Death		
Low	47%	83%
Moderate	29%	17%
High	25%	1%

Table 5 reports the average number of management strategies used in each case in Canada and Sweden. Although more management strategies were recommended by Swedish police than by Canadian police, this appears to be a result of the fact that detention was recommended in about 25% of the Canadian cases but in none of the Swedish cases. The management strategies options were different in the Canadian and Sweden studies, so direct comparisons could not be made. However, the most commonly employed management recommendations in the Canadian sample were:

- "no contact with victim" (86% of cases);
- "no go within bounded area" (71%);
- "no possession of weapons" (51%);
- "abstain from drugs and alcohol" (37%);
- "do not attempt to locate victim" (35%);
- "report to bail supervisor" (29%); and
- detention (25%).

In the Swedish sample, the most common interventions were:

- "gather security information" (79%);
- "initiate a security discussion with victim" (73%);
- "contact social services for victim" (50%);
- "no-contact order" (49%); and
- "contact safe house" (11%).

TABLE 5
NUMBER OF MANAGEMENT STRATEGIES USED BY POLICE

	Mean Number (Standard Deviation)	Maximum Number
Canada	5.35 (4.20)	25
Sweden	5.44 (1.77)	17

Perhaps the most important findings thus far are reported in Table 6 below. Table 6 provides the associations (correlations) among the total number of current and past risk factors present on the B-SAFER; risk ratings made using the B-SAFER; and the management strategies recommended in the cases. The correlations suggest that B-SAFER risk factors and risk ratings were substantially associated with the number of management strategies recommended by police, as well as recommendation for detention made in Canada[3]. Simply put, more intervention was recommended in cases perceived to be high risk than in cases perceived to be low risk. For example, risk for imminent violence was correlated at .38 with the total number of management strategies both in the Canadian and Swedish samples. In both countries the correlation was statistically significant, suggesting that it is extremely unlikely that the findings occurred by chance.

[3] No recommendations for detention were made by the Swedish police.

TABLE 6
CORRELATIONS AMONG B-SAFER RISK FACTORS, RISK RATINGS, AND MANAGEMENT STRATEGIES

Canada	Sweden					
	Current Risk Factors, Total	Past Risk Factors, Total	Long-Term Risk of Assault (Beyond 2 months)	Risk for Imminent Assault (Next 2 months)	Risk for Severe Assault/ Death	Management Strategies, Total
Current Risk Factors, Total	--	.74	.59	.56	.39	.39
Past Risk Factors, Total	.64	--	.56	.45	.32	.35
Long-Term Risk of Assault (Beyond 2 months)	.37	.54	--	.73	.45	.41
Risk for Imminent Assault (Next 2 months)	.34	.49	.80	--	.34	.38
Risk for Severe Assault/ Death	.49	.64	.73	.75	--	.26
Management Strategies, Total	.07	.29	.35	.38	.20	--
Detention	.05	.27	.41	.38	.39	--

Note: Ratings for Sweden appear above the diagonal and are shaded; ratings for Canada, below. Detention was not recommended as a management strategy in any of the Swedish cases.

Overall, the findings of these quantitative analyses on the validity of the B-SAFER Brief Spousal Assault Form indicated the following:

1. All of the risk factors provided were coded as "present" in a substantial proportion of cases. For example, in the Canadian sample the percentages of cases rated "currently" present ranged from a low of 28% for Mental Disorder to 62% for Relationship Problems. Importantly, there was a low rate (less than 10%) of items "omitted" or unable to be evaluated due to missing information. This suggests that the B-SAFER tool includes relevant risk factors present in spousal assault cases and that the tool can be coded easily by police officers in the course of routine investigations.

2. Overall or summary ratings of risk were diverse, distributed almost normally in the Canadian samples. This suggests that police officers were able to use the B-SAFER coding instructions to make discriminations among perpetrators.

3. There was a limited association between B-SAFER ratings and recommended management strategies, and there was substantial variability both within and among officers in their recommendations regarding management. This suggests that police officers' recommendations regarding case management were influenced by their judgements of risk (both the presence of individual risk factors and the overall level of risk), but also that B-SAFER ratings were not highly "prescriptive" with respect to management recommendations.

4.2 Qualitative Feedback

Following the pilot testing, we asked officers from each agency to answer six questions regarding the content and process of the B-SAFER. Eleven (11) of the 50 officers replied. Overall, the feedback was positive. Indeed, the officers in charge of specialized domestic violence units in Calgary and Vancouver have approached their respective provincial governments to recommend or support province-wide use of the B-SAFER in release decision-making by police. Yet some useful suggestions for improvement were offered. The main themes of the officers' responses to each of the six questions are summarized below:

1. What did you like best about the B-SAFER?

Overall, officers' said that they found the B-SAFER to be simple and easy to use. Some noted that it encouraged investigators to think about risks in specific and identifiable areas that might otherwise have been overlooked. Others appreciated the item indicators and examples listed on the coding form. Yet others said that the B-SAFER caused investigators to do more standardized and formalized risk assessments. Of note was the following comment: "The B-SAFER provided us with a consistent tool to use in each case, which improved our service to victims."

2. What did you like least about the B-SAFER?

Although many officers replied "nothing" to this question, others provided constructive criticism.

One investigator expressed a concern that in many cases the B-SAFER was completed without the knowledge of the victim. There was also some concern that police officers may have limited knowledge about some of the risk categories, such as those referring to mental disorder.

Some officers responded that they were uncomfortable completing the risk ratings section of the B-SAFER, indicating that it was difficult to make these determinations. Certain officers were particularly concerned that they would be required to disclose in court the B-SAFER information.

One officer found the 4-point risk factor rating system complicated. The same officer thought the process required him to make "judgments and assumptions" about the offender and victim that went beyond his role as a police officer.

3. Would you use the B-SAFER in your own work, or would you recommend it to others?

Most of the feedback here was very positive. Only one officer answered "no" to this question. He believed that his agency's current investigation procedure meets the needs of the offenders and victims.

4. Does the B-SAFER contain any risk factors that you think should be changed or deleted?

Most officers indicated that the B-SAFER was comprehensive and the risk factors appropriate. One respondent indicated that the indicators for risk factor 5, "Negative Attitudes About Spousal Assault," could be expanded to include additional controlling behaviours, such as financial control, verbal and emotional abuse, and manipulative behaviour.

5. Are there any risk factors missing from the B-SAFER that you think should be added?

The responses to this question were universally positive. None of the officers indicated that any additions are needed.

6. Is there anything that could be done to make the B-SAFER easier or more convenient to use?

One officer noted that the item rating procedure should be simplified, but no specific recommendations were offered. Another suggested that the risk rating section be removed. We received several suggestions that software to assist administration and report writing would greatly facilitate routine use of the B-SAFER, as well as quality assurance.

5.0 Conclusions and Recommendations

We developed a tool that criminal justice professionals can use to assess risk for spousal violence, called the B-SAFER. The B-SAFER was based on the SARA, and shares two important strengths. First, the B-SAFER uses a structured professional judgment or structured discretion approach that is appropriate for criminal justice contexts. Second, the content of the B-SAFER is firmly grounded in the professional and scientific literatures on spousal violence. But the B-SAFER also has two important advantages over the SARA when used in some criminal justice contexts. First, the B-SAFER is shorter in length than is the SARA, and thus is less resource intensive to administer. Second, the content of the B-SAFER includes fewer items and less technical jargon related to mental disorder, and consequently requires less expertise to use.

Based on our development work and on the results of pilot testing, we make the following recommendations:

1. The B-SAFER should be disseminated to criminal justice professionals**.** Police officers found the B-SAFER helpful and easy to use in routine investigations of spousal assault complaints. In addition to helping them assess risks, the B-SAFER helped police to make risk management decisions. The B-SAFER materials we developed are ready for dissemination in print form or via the Internet.

2. Software to assist use of the B-SAFER should be developed. Such software should include the B-SAFER materials described here in electronic form, and in addition should include modules that facilitate easy and accurate coding of assessment and management decisions. According to the police officers who participated in the pilot testing, the availability of software that helps to make their jobs easier would greatly increase the likelihood that they will routinely use the B-SAFER. Similar software already has been developed for other risk assessment procedures, including the SARA.

3. A B-SAFER training program should be developed**.** Training should be provided to criminal justice professionals who will be conducting risk assessments. As in-person training of large numbers of people presents logistic problems and is costly, we recommend that the Department of Justice consider developing training software. Similar training software already has been developed for other risk assessment procedures, including the intranet SARA training program developed and implemented by the Correctional Service of Canada. Note that it would be possible to incorporate the administration and training software into a single, comprehensive suite.

4. Further evaluation of the B-SAFER should be undertaken in Canada. Evaluation should examine the interrater and test-retest reliability of the B-SAFER, as well as the impact of the B-SAFER on the safety of victims of spousal violence. Such research should not be started until final decisions are made regarding the format in which the B-SAFER will be disseminated.

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Appendix A

B-SAFER Form Used for Pilot Test

Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)

Police Case Number: _____		
Completed by: _____	**Signature:** _____	**Date Completed:** _____

Information Sources:

- ❑ Interview with offender/suspect
- ❑ Interview with victim(s)
- ❑ Review of criminal record
- ❑ Other_____ _____

Item Rating Procedures:

O = Omit – Insufficient information
N = Not present
P = Possibly or partially present
Y = Present

"Currently" refers to the past 4 weeks, up to and including the incident under investigation

Spousal Assault ➢ Includes assaults against all intimate partners (e.g., marital, common-law, dating partners)	**Currently (O, N, P, Y)**	**In the Past (O, N, P, Y)**
1. Serious Physical/Sexual Violence ➢ Actual or attempted physical assault, including sexual assault and use of weapons ➢ "Serious" includes such things as life threatening violence and violence resulting in injuries that require medical attention, coded as "Y" ➢ Less serious violence coded as "P"		
2. Serious Violent Threats, Ideation, or Intent ➢ Homicidal or aggressive thoughts, urges, plans, or behavior ➢ "Serious" includes such things as threats of injury or death and threats with weapons, stalking, persistent and intrusive aggressive thoughts, and explicit plans, coded as "Y" ➢ Less serious threats, ideation, or intent coded as "P"		
3. Escalation of Physical/Sexual Violence or Threats/Ideation/Intent ➢ Physical/sexual violence or threats/ideation/intent have increased in frequency or severity over time		
4. Violations of Civil or Criminal Court Orders ➢ Includes such things as conditions of restraining orders, parole, probation, and bail imposed because of spousal assault or to prevent spousal assault ➢ Arrest(s) pertaining to current or previous offense(s) coded as "Y" ➢ Violation(s) not resulting in arrest(s) coded as "P"		
5. Negative Attitudes About Spousal Assault ➢ Expresses socio-political, religious, cultural, sub-cultural, or personal beliefs and values that encourage, excuse, justify, or minimize abusive, controlling, and violent behavior ➢ Includes sexual jealousy and possessiveness ➢ Includes minimization/denial of many or all past acts of violence; minimization/denial of personal responsibility for many or all past acts (e.g., blames the victim or others); or minimization/denial of serious consequences of many or all past acts (e.g., says the victim did not suffer physical injuries)		

B-SAFER developed by P. R. Kropp, S. D. Hart, and H. Belfrage

DRAFT VERSION

NOTE: This form is intended for informational purposes only. Proper use of the B-SAFER requires specialized training. Please contact the authors for information regarding recommended education and training procedures.

(Continued on back page…)

Psychosocial Adjustment	**Currently (O, N, P, Y)**	**In the Past (O, N, P, Y)**
6. Other Serious Criminality ➢ Sentenced for or suspected of other criminality NOT related to spousal assault ➢ Includes actual or attempted physical violence or sexual assault, including use of weapons, against family members (other than intimate partners), acquaintances, and strangers ➢ Includes property offenses, public disorder, alcohol/drug offenses, and violations of conditional release (e.g., parole, probation, bail, etc.) ➢ Less serious criminality coded as "P"		
7. Relationship Problems ➢ Separation from partner or extreme conflict regarding relationships status ➢ Code regardless of whether the conflict results from the index offense		
8. Employment and/or Financial Problems ➢ Chronic unemployment, unstable work pattern, or significant financial difficulties		
9. Substance Abuse ➢ Serious problems with the use of illicit drugs, alcohol, or prescription drugs that leads to impairment in social functioning (e.g., health, relationships, work, or legal problems)		
10. Mental Disorder ➢ Irrational (e.g., strange, bizarrre) beliefs or perceptions ➢ Serious disturbance of mood ➢ Long-standing problems with anger, impulsivity, or instability ➢ Suicidal threats, ideation, or intent ❑ **Definite:** Coded from current or past mental health evaluation ❑ **Provisional:** Refer for confirmation by mental health evaluation		
Other Considerations ***(e.g., access to weapons, recent stress)***		
→		
→		

Risk to intimate partner(s) if <u>no intervention</u> is taken *Circle Low (L), Moderate (M), or High (H)*	
Imminent Risk ***Next 2 months***	L M H
Long-Term Risk ***Beyond 2 months***	L M H
Risk for extremely serious assault/death	L M H

For information on this and related publications, contact:
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RISK MANAGEMENT PLAN ***IDENTIFY STRATEGIES FOR MANAGING RISK FOR SPOUSAL VIOLENCE***		
	Examples	*Plans*
Monitoring • What is the best way to monitor warning signs that the risks posed by the perpetrator may be increasing? • What events, occurrences, or circumstances should trigger a re-assessment of risk?	• Specify the kind and frequency of contacts required (e.g., weekly face-to-face visits, daily phone contacts, monthly assessments).	
Treatment • What treatment or rehabilitation strategies could be implemented to manage the risks posed by the perpetrator? • Which deficits in psychosocial adjustment are high priorities for intervention?	• Attend assessment and/or counseling as directed • Attend substance abuse counseling as directed • Voluntary or involuntary hospitalization • Crisis intervention	
Supervision • What supervision or surveillance strategies could be implemented to manage the risks posed by the perpetrator? • What restrictions on activity, movement, association, or communication are indicated?	• Detention • Peace bond • Report (e.g. to police, corrections) • No contact (e.g., with victims, others) • No go to specific areas • Weapons restrictions • Drugs/alcohol restrictions	
Victim Safety Planning • What steps could be taken to enhance the security of the victim? • How might the victim's physical security or self-protective skills be improved?	• Dynamic security: support services, counseling, treatment, information about risks and security options • Static security: improve visibility, target hardening, restricting access, installing alarms, worksplace security, relocation	
Other Considerations • What events, occurrences, or circumstances might increase or decrease risk? • What else might be done to manage risk?		

Appendix B

B-SAFER User Manual

Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)

User Manual

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Introduction

Overview of the B-SAFER

The B-SAFER is a checklist or guide for assessing risk for spousal assault in criminal and civil justice (i.e., forensic) settings[4]. The B-SAFER is intended to help people exercise their professional discretion when conducting risk assessments; it is not a replacement for professional discretion. Its purpose is to introduce a systematic, standardized, and practically useful framework for gathering and considering information when making decisions about violence risk. It draws directly from the scientific and professional literatures on spousal violence risk assessment and victim safety planning.

The tool is divided into two sections that cover the basic content of a comprehensive spousal assault risk assessment. The first section, Spousal Assault, comprises 5 factors related to the perpetrator's history of intimate partner violence. The second section, Psychosocial Adjustment, comprises 5 risk factors that reflect psychological and social functioning and that are also related to violence risk more generally. Users also can document Other Considerations, risk factors that are rare or even unique to the case at hand.

User Qualifications

Users are responsible for ensuring that their evaluation conforms to relevant laws, regulations, and policies. Users should meet the following minimal qualifications:

(a) Expertise in individual assessment (e.g., formal training and/or work-related experience with perpetrators and victims of spousal assault); and,

(b) Expertise in the area of violence against women in relationships (e.g., formal coursework, knowledge of the relevant literature, work-related experience).

Note that one of the factors taps aspects of mental health, and may require the completion of a psychological or psychiatric assessment. Users who are not mental health professionals may consider this factor by referring to existing psychological or psychiatric reports. Alternatively, they may: (a) code the factor, noting that the coding should be considered provisional (i.e., that a psychological or psychiatric consultation was not available); or (b) omit the factor altogether, making note of any resulting limitations in their assessment.

Confidentiality/Informed Consent

This assessment requires the gathering and documenting of sensitive information about the (alleged) abuser and victim. Therefore those being interviewed should be informed of the potential uses of the information before being asked to consent to the assessment. Every effort should be made to keep

4 Spousal assault is defined as any actual, attempted, or threatened physical harm perpetrated by a man or woman against someone with whom he or she has, or has had, an intimate, sexual relationship. This definition is intended to be inclusive and is not limited by the gender or sexual orientation of the victim or perpetrator. It is also not limited to relationships where the partners are or have been legally married. Having said this, it is generally recognized that the abuse of women by their male partners is the most prevalent and serious form of partner abuse.

confidential any information that could jeopardize the victim's safety.

Applications

The B-SAFER is intended for use in a number of contexts where potential violence is identified. In the criminal justice system, risk assessment is relevant at a number of junctures: during police investigation, prior to trial, prior to sentencing of the offender, and prior to release of the offender. Of course, even if criminal charges are not being contemplated risk assessment will be useful for those who contact shelters or victim counseling services. In the civil justice system safety planning can occur in the context of separation/divorce and custody/access hearings. This is particularly important in light of the fact that many separations are precipitated by spousal violence and that estrangement increases the risk for repeated and even escalated violence.

It is important to emphasize that risk assessment is not a static process. Risk level will fluctuate and change over time in concert with an offender's (and a victim's) circumstances. Therefore it is recommended that repeated assessments be conducted at a minimum of every six months. Furthermore, the following critical situations require that risk assessments be revisited: (a) there is a recent or imminent relationship separation involving the victim and abuser; (b) the victim has recently begun a new intimate relationship; (c) there is a recent or imminent release of the abuser from secure custody; (d) there is a recent or imminent child custody/access dispute; or (e) there are new circumstances increasing the likelihood of victim and abuser contact.

A Prevention-based Model of Risk Assessment

Three models, or methods, of risk assessment have been discussed in the violence literature: unstructured clinical decision-making, actuarial decision-making, and structured professional judgment. Each method is discussed here with respect to its relevance to the practice of spousal assault risk assessment in general, and the B-SAFER in particular.

Unstructured Clinical Assessment

Unstructured clinical decision-making is probably still the most widely used approach to spousal violence risk assessment (Campbell et al., 2001; Dutton & Kropp, 2000). This is a method that involves no constraints or guidelines for the evaluator. Decisions are based on the exercise of professional discretion and usually are justified according to the qualifications and experience of the professional who makes them. Thus, professionals must trust their intuition or "gut" when determining who is or is not dangerous. The approach has been widely criticized in the violence literature for lacking reliability, validity, and accountability (Litwack & Schlesinger, 1999; Quinsey et al., 1998), and has been labeled "informal, subjective, [and] impressionistic" (Grove & Meehl, 1996, p. 293). One traditional advantage of unstructured clinical decision-making is that it allows for an idiographic analysis of the offender's behavior and a person- and context-specific tailoring of risk management and violence prevention strategies. However, because the approach relies so heavily on professional discretion, it is vulnerable to missing important factors that require intervention. Recommendations for management strategies - if they are made at all - might be based more on the training, preferences, and biases of the evaluator rather than on: (1) well-reasoned consideration of dynamic and criminogenic (i.e., crime-relevant) risk factors; and, (2) intervention strategies that are either empirically valid or well accepted in the field. Given the widespread criticism of this approach, it is advisable for those working with spousal assaulters and their victims to move away from this practice. At the very least, practitioners should only consider risk factors that have some support in the empirical or clinical literature.

Actuarial Assessment

The actuarial method of risk assessment is strongly associated with the prediction paradigm popular in the violence literature (see Heilbrun, 1997). Such methods are designed to predict specific behaviors within a specific time frame. The stated goal of the actuarial method is to predict violence in: (1) a relative sense, by comparing an individual to a norm-based reference group; and, (2) an absolute sense, by providing a precise, probabilistic estimate of the likelihood of future violence. Grove and Meehl (1996, p. 293) have described this approach as "mechanical and algorithmic." The key strength to this approach is that it improves upon the poor reliability and validity of unstructured clinical assessments (Grove & Meehl, 1996; Litwack, 2001; Quinsey et al., 1998). The actuarial approach can assist the evaluator to estimate, in a relative sense, the risk posed by an individual over a fixed time period, compared to a reference group. In this sense, it is a worthwhile endeavor to develop and test actuarial instruments for spousal violence risk assessments. Indeed, several attempts have shown correlations between the actuarial approach - that is, the totalling of risk factors to produce a risk "score" - and various measures of violent behavior and construct validity (Campbell, 1995; Grann &

Wedin, 2002; Hanson & Wallace-Capretta, 2000; Kropp & Hart, 2000; McFarlane et al., 1998). In Canada, this approach has been used by the Ontario Provincial Police in the development of the Ontario Domestic Assault Risk Assessment, or ODARA (Hilton, Harris, Rice, Lang & Cormier, in press).

Actuarial approaches have been criticized for their lack of practical utility (Douglas & Kropp, 2002; Hart, 1998, 2001; Litwack, 2001). Thus, there is an unresolved schism between science and practice. Practitioners resist using methods that eliminate professional discretion. This might be because they see their role as preventing violence rather than predicting it (Douglas & Kropp, 2002; Hart, 2001; Heilbrun, 1997). From a violence prevention perspective, actuarial methods can inform us about the overall level of risk management that might be required (i.e., the greater the risk, the greater the necessary resources). However, they do little to inform us about specific violence prevention strategies. Heilbrun (1997) contrasted "prediction versus management" models of risk assessment, noting that the prediction model likely has "minimal" implications for management due, in part, to its lack of sensitivity to change. To apply the actuarial approach properly, the evaluator is forced to consider a fixed set of factors and cannot consider unique, unusual, or context-specific variables that might require intervention (Hart, 1998). Moreover, actuarial instruments may lack a "goodness of fit" with offender treatment programs: There is an incongruence between violence prevention program targets such as "attitudes towards violence" or "denial and minimization" and risk assessment instruments that fail to consider such things. Finally, although actuarial approaches give the appearance of objectivity and precision, they often yield very modest correlations with violence (Douglas, Cox, & Webster, 1999) and are subject to limitations such as statistical shrinkage (incomplete replication on cross-validation in new populations) and measurement error. Moreover, practitioners may feel uncomfortable considering only one "test" of risk, while ignoring legal, ethical, and professional requirements to consider all available information, from all perspectives (American Psychological Association, 2002; Hart, 2001). Law and professional practice must change considerably before professionals can abandon discretion in favor of strict actuarial methods. Unless and until such changes occur, professionals must decide how to strike the balance between scientific rigor and respect for the uniqueness of cases. Meteorology provides a suitable analogy: no matter how well climate tables and computer models predict the weather, it is still a good idea to look outside before deciding what to wear.

Structured Professional Judgment

Structured professional judgment is an approach that attempts to bridge the gap between unstructured clinical and actuarial approaches to risk assessment (Douglas & Kropp, 2002; Hart, 1998). The term "professional" (Kropp & Hart, 2000) is used to allow for the reality that there are many non-clinical professionals (i.e., police officers, probation officers, victim services personnel) that are often required to conduct violence risk assessments. The method has also been termed the "guided clinical approach" by Hanson (1998, p. 52). Here, the evaluator must conduct the assessment according to guidelines that reflect current theoretical, professional, and empirical knowledge about violence. Such guidelines provide the minimum set of risk factors that should be considered in every case. The guidelines will also typically include recommendations for information gathering (e.g., the use of multiple sources and multiple methods), communicating opinions, and implementing violence prevention strategies.

The method is certainly more prescribed than the unstructured clinical approach, but much more flexible than the actuarial method. Structured professional judgment does not impose any restrictions for the inclusion, weighting, or combining of risk factors. In this way, the approach still meets Grove and Meehl's (1996, p. 293) definition of "subjective, impressionistic" decision-making. Typically, however, this approach is still considerably more structured than traditional clinical prediction, providing guidance in terms of which risk factors to consider, as well as operational definitions for the scoring of the factors. The flexibility enters in terms of the final step of combining risk factors, which is not done algorithmically. Structured professional judgment does not abrogate the professional responsibility and discretion of the evaluator, but it does attempt to improve the consistency and visibility of risk judgments. In Canada, this approach has been used by the British Columbia Institute Against Family Violence (BCIFV) in the development of the Spousal Assault Risk Assessment Guide, or SARA (Kropp, Hart, Webster, & Eaves, 1994, 1995, 1999).

The primary goal of the structured professional approach to risk assessment is to prevent violence (Douglas & Kropp, 2002). By systematically identifying risk factors - particularly dynamic, or changeable, risk factors - relevant to a case, management strategies can be tailored to prevent violence. This approach has been popular in the corrections field for some time, demonstrating some success in preventing general criminal recidivism (Andrews & Bonta, 1995). Indeed, the corrections literature has long recognized the importance of identifying risk and needs factors in individuals in order to effectively manage their behavior. It should also be noted that the structured professional approach resembles clinical practice parameters quite commonly used in medicine (Kapp & Mossman, 1996). The structured professional approach allows for a logical, visible, and systematic link between risk factors and intervention, in addition to the ability to identify persons who are at higher or lower risk for violence. It is vulnerable to some of the same criticisms as the unstructured clinical approach because it still allows considerable professional discretion. There is some evidence, however, of the reliability and validity of structured professional judgment guidelines such as the SARA (Douglas & Kropp, 2002; Douglas & Webster, 1999; Kropp & Hart, 2000; Grann & Wedin, 2002; Watterworth, Smith, Williams, & Houghton, 2001).

Risk Management Strategies

The B-SAFER is designed to assist evaluators to identify risk management strategies. Developing risk management plans is a difficult business. Optimally, it requires familiarity with and cooperation among a number of different professionals working in different agencies, each with a different skill set and mandate. The development and implementation of comprehensive, integrated, multi-disciplinary risk management plans is best accomplished with the assistance of a guiding policy and procedure manual (Kropp, Hart, Lyon, & LePard, 2002). The B-SAFER encourages evaluators to consider the initiation or implementation of four basic kinds of risk management activities: monitoring, treatment, supervision, and victim safety planning (Kropp et al., 2002).

Monitoring

Monitoring, or repeated assessment, is always a part of good risk management. The goal of monitoring is to evaluate changes in risk over time so that risk management strategies can be revised as appropriate. Monitoring services may be delivered by a diverse range of mental health, social service, law enforcement, corrections, and private security professionals. Monitoring, unlike supervision, focuses on surveillance rather than control or restriction of liberties; it is therefore minimally intrusive.

Monitoring strategies may include contacts with the client, as well as with potential victims and other relevant people (e.g., therapists, correctional officers, family members, co-workers) in the form of face-to-face or telephonic meetings. Where appropriate, they may also include field visits (e.g., at home or work), electronic surveillance, polygraphic interviews, drug testing (urine, blood, or hair analysis), and inspection of mail or telecommunications (telephone records, fax logs, e-mail, etc.).

Frequent contacts by the client with health care and social service professionals are an excellent form of monitoring; missed appointments with treatment providers are a warning sign that the client's compliance with treatment and supervision may be deteriorating.

Plans for monitoring should include specification of the kind and frequency of contacts required (e.g., weekly face-to-face visits, daily phone contacts, monthly assessments). They also should specify any "triggers" or "red flags" that might warn the individual's risk of violence is imminent or escalating.

Treatment

Treatment involves the provision of (re-) habilitative services. The goal of treatment is to improve deficits in the individual's psychosocial adjustment. Treatment services typically are delivered by health care and social service professionals working at inpatient or outpatient clinics or agencies. In many cases treatment is involuntary, that is, the individual is civilly committed to inpatient or outpatient care under a mental health act; is being treated in a correctional or forensic psychiatric facility; is ordered to attend treatment as a condition of bail, probation, or parole; or is required to attend assessment or treatment as part of an employee assistance program (Kropp et al., 2002).

One important form of treatment is directed at mental disorder that is causally related to the individual's history of violence. Although there is as yet no direct evidence that various treatments for mental disorder decrease

interpersonal, anger management, and vocational skills; psychoactive medications, violence, it is possible - and even likely - that they will have a beneficial impact. Treatments may include individual or group psychotherapy; psychoeducational programs designed to change attitudes toward violence; training programs designed to improve such as antipsychotics or mood stabilizers; and chemical dependency programs.

Another important form of treatment is the reduction of acute life stresses, such as physical illness, interpersonal conflict, unemployment, legal problems, and so forth. Life stress can trigger or exacerbate mental disorder. But it can also lead to transient symptoms of psychopathology even in people who are otherwise mentally healthy. The most effective way to reduce psychological stress is to eliminate the stressor (i.e., stressful circumstance or event). To this end, dispute resolution mechanisms may be helpful. These might include referral to crisis management services or legal counseling and even, when comprehensive assessment indicates it is likely to be helpful for both parties, a recommendation for the individual to participate in arbitration, mediation or conferencing processes.

Supervision

Supervision involves the restriction of the individual's rights or freedoms. The goal of supervision is to make it (more) difficult for the individual to engage in further violence. Supervision services typically are delivered by law enforcement, corrections, legal, and security professionals working in institutions or in the community.

An extreme form of supervision is incapacitation, that is, involuntary institutionalization of the individual in a correctional or health care facility. Incapacitation clearly is an effective means of reducing the individual's access to potential victims. It is, however, by no means perfectly effective: The individual may escape or elope from the institution, and also may commit violence against staff or other people while institutionalized. Incapacitation also has other disadvantages: It is expensive; it restricts accessibility to treatment services; and it may promote the development of antisocial attitudes by increasing contact with antisocial peers and by creating a sense of powerlessness or frustration.

Community supervision is much more common than institutionalization. Typically, it involves allowing the individual to reside in the community with restrictions on activity, movement, association, and communication. Restrictions on activity may include requirements to attend vocational or educational programs, not to use alcohol or drugs, and so forth. Restrictions on movement may include house arrest, travel bans, "no go" orders (i.e., orders not to visit specific geographic areas), and travel only with identified chaperones. Restrictions on association may include orders not to socialize or communicate with specific people or groups of people who may encourage antisocial acts or with victims of previous offenses.

In general, supervision should be implemented at a level of intensity commensurate with the risks posed by the individual. This helps to protect the individual's civil rights, and also helps to reduce the liability of people involved in providing supervision services.

Victim Safety Planning

Victim safety planning involves improving the victim's dynamic and static security resources, a process sometimes referred to as "target hardening." The goal is to ensure that, if violence recurs - despite all monitoring, treatment, and supervision efforts - any negative impact on the victims' psychological

and physical well being is minimized. Victim safety planning services may be delivered by a wide range of social service, human resource, law enforcement, and private security professionals. These services can be delivered regardless of whether the individual is in an institution or the community. Victim safety planning is most relevant in situations that involve "targeted violence," that is, where the identity of the likely victims of any future violence is known.

Dynamic security is a function of the social environment. It is provided by people - the victim and others - who can respond rapidly to changing conditions. The ability of these people to respond effectively depends, critically, on the extent to which they have accurate and complete information concerning the risks posed to victims. This means that good victim liaison is the cornerstone of victim safety planning. Counseling with victims to increase their awareness and vigilance may be helpful. Treatment designed to address deficits in adjustment or coping skills that impair the ability of victims to protect themselves (e.g., psychotherapy to relieve anxiety or depression) may be indicated. Training in self-protection should be considered, such as protocols for handling telephone calls and mail or classes in physical self-defense. Finally, information concerning the individual (including a recent photograph), the risks posed to victims, and the steps to be taken if the individual attempts to approach the victims should be provided to people close to the victims and those responsible for their safety. This information will allow law enforcement and private security professionals to develop proper security plans.

Static security is a function of the physical environment. It is effective when it improves the ability of victims to monitor their environment and impedes individuals from engaging in violence. The risk management plan should consider whether it is possible to improve the static security where victims live, work, and travel. Visibility can be improved by adding lights, altering gardens or landscapes, and installing video cameras. Access can be restricted by adding or improving door locks and security checkpoints. Alarms can be installed, or victims can be provided with personal alarms. In some cases, it is impossible to ensure the safety of victims in a particular site and the case management team may recommend extreme measures such as relocation of the victims' residences or workplaces.

Administration Procedure

It is imperative that all available sources of information are utilized when conducting a risk assessment. The B-SAFER should not be completed until a detailed assessment has been conducted; factors can be coded after all information has been collected and weighed. Ideally, the assessment will include: (a) an interview with the accused; (b) an interview with the victim(s) (c) interviews with others including the victim's friends and family members; and (d) review of collateral records, including past police reports, victim statements, offender statements, offender criminal record, and so forth. We recommend that evaluators discuss in any written or oral reports the completeness of the information on which the risk assessment was based, as well as any limitations on that opinion due to missing and/or incomplete information. For example, the lack of appropriate language interpretation services can compromise a risk assessment.

Complete the B-SAFER in the following sequence of steps:

1. **Complete the background information**. When possible record the case number, the names of the (alleged) offender and victim(s), and the sources of information consulted.

2. **Code the presence of individual risk factors**. After all available information is reviewed code the presence of individual factors by filling in the appropriate symbol. A 4-point response format is used: **O** = there is insufficient information available to code the factor; **N** = the factor is definitely absent; **P** = there is possible or partial evidence that the factor is present; and **Y** = the factor is definitely present.

   Code each risk factor currently and in the past. "Currently" refers to the past 4 weeks, up to and including the incident under investigation.

4. **Rate risks for future spousal assault**. Now consider the risk to intimate partners if NO INTERVENTION was taken. Make ratings for: (a) imminent risk (less than two months); (b) long-term risk (beyond 2 months); and (c) risk for extremely serious assault or death. In each case risk is rated as Low, Moderate, or High (L, M, H).

5. **Devise a risk management plan**. Finally, recommend actions based on the level of risk and specific risk factors that are present. The B-SAFER coding form organizes these actions into the following categories: monitoring, treatment, supervision, victim safety planning, and other considerations.

Definition of Risk Factors

The B-SAFER risk factors are described in detail on the following pages. We provide a brief rationale for each item's inclusion, as well as a definition to assist coding decisions. We have attempted to summarize key references, making note of relevant empirical reviews and professional guidelines.

1. Serious Physical/Sexual Violence

Rationale

Men who have demonstrated physically assaultive behaviour in either past or current intimate relationships are at risk for future intimate partner violence (Campbell, Sharps, & Glass, 2001; Dutton & Kropp, 2000; Fagan et al., 1983; Harrell & Smith, 1996; Healy, Smith, & O'Sullivan, 1998; Riggs, Caulfield, & Street, 2000; Saunders & Browne, 2002; Sonkin, 1987). Recidivism rate estimates for intimate partner violence range from 30 to 70 percent over a period of two years (Dutton, 1995); these rates seem to apply regardless of whether or not the offender is arrested or completes treatment (Gondolf, 2001; Hamberger & Hamberger, 1993).

In addition, typologies of spousal assaulters often indicate that the most severe patterns involve sexual assault (Gondolf, 1988; Snyder & Fruchtman, 1981). Men who have sexually assaulted their partners are also at greater risk of violent recidivism (Campbell et al., 2001; Goldsmith, 1990; Stuart & Campbell, 1989; Walker, 1989).

The significant recidivism of spousal assaulters may reflect patterns of behaviour learned in the assaulter's family of origin, as a significant number of these men experienced or witnessed violence as children (Caesar, 1988; Saunders, 1993; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2000).

Coding

Y The individual has physically/sexually assaulted a current or former intimate partner.

P Possible or partial evidence that the individual has physically/sexually assaulted a current or former intimate partner.

N The individual has not physically/sexually assaulted a current or former intimate partner.

Notes

"Physical/sexual assault" includes actual or attempted physical and sexual violence, including physical injuries and use of a weapon, but does not include threats (coded under item 2).

"Intimate partner" includes any wife, common-law spouse, or girlfriend.

2. Serious Violent Threats, Ideation, or Intent

Rationale

Thoughts or threats of causing harm to others are clearly relevant to risk assessment. It is common sense to consider threatening behavior when conducting a spousal violence risk assessment, but there is also empirical support for this risk factor. Men who make credible threats of death (i.e., men feared intensely by their partners) are at increased risk of violent recidivism (Gondolf, 1988; Sonkin, 1987; Dutton & Kropp, 2000; B. Hart, 1992; Stuart & Campbell, 1989; Walker, 1989). Also, spousal assaulters who have used or threatened to use a weapon are at increased risk for violent recidivism and spousal

homicide (Campbell et al., 2001; Sonkin, Martin, & Walker, 1985).

Harassing or stalking behavior is a form of threatening that is of particular relevance to spousal violence. Stalking in the form of unwanted communicating, watching, following, or threatening can intentionally or recklessly create a sense of fear in victims. There is increasing evidence that such fear is justifiable given the link between the stalking of ex-intimate partners and violence (Burgess, et al, 1997; Kropp, Hart, & Lyon, 2002; Palarea, Zona, Lane & Langhinrichsen-Rohling, 1999; Douglas & Dutton, 2001). Stalking and threats are also risk factors for escalation into life-threatening violence (McFarlane, Campbell, & Watson, 2002). In general, any behavior or credible threat that generates significant fear in the victim should be considered relevant as some evidence suggests that such fear may be predictive of violence (Gondolf, 2001; Weisz, Tolman, & Saunders, 2000).

Overall, this factor is likely a risk marker that reflects the presence of mental illness, serious distress, or attitudes that support or condone intimate partner violence.

Coding

Y The individual has physically/sexually assaulted a current or former intimate partner.

P Possible or partial evidence that the individual has physically/sexually assaulted a current or former intimate partner.

N The individual has not physically/sexually assaulted a current or former intimate partner.

Notes

"Violent ideation" includes thoughts, urges, and fantasies about killing or causing harm to others. It also includes intent, threats, or attempts to cause harm or death to others (including victim's friends or family members).

"Serious" means that the violent ideation is experienced as persistent and intrusive, involves high-lethality methods, or is associated with moderate to high intent.

Violent ideation may be inferred from behavior, as well as from threatening statements. Such inferences are more likely to be accurate when based on a pattern of behavior rather than a single act.

3. Escalation of Physical/Sexual Violence or Threats/Ideation/Intent

Rationale

Abusive relationships may be characterized by distinctive patterns or cycles of violence. One important pattern involves a recent escalation in the frequency or severity of assault. This pattern is associated with imminent risk for violent recidivism (B. Hart, 1992; Sonkin, 1987; Stuart & Campbell, 1989; Weisz, Tolman, & Saunders, 2000) and may reflect a "trajectory of violence" across time (Greenland, 1985). Escalation of intimate partner violence often is associated with life-threatening assaults (Campbell, 1995; Campbell et al., 2003).

Although it is not entirely clear why this pattern of violence occurs in some relationships but not others (Mahoney, Williams, & West, 2001), there may be a number of explanations for the escalation of violence in some relationships. For example, this pattern may reflect the instrumental, reinforcing aspects of the use of violence in intimate relationships. In other words, if the abuser obtains the outcome that he desires through violence, he will be more likely to use this strategy in the future. Escalation may also be related to desensitization to the use of

violence over time, recent stressors, or the onset/recurrence of mental illness.

Coding

Y The individual engages in physical/sexual violence or threats that escalate over time.

P Possible or partial evidence that the individual engages in physical/sexual violence or threats that escalate over time.

N The individual engages in physical/sexual violence or threats that do not escalate over time.

Notes

"Escalate" means the violence or threats have increased in severity or frequency over time. Increased severity indicates that, relative to earlier acts, the individual's recent acts of violence were more likely to involve direct contact with victims, serious physical harm to victims, or use of weapons or credible threats of death.

4. Violations of Civil or Criminal Court Orders

Rationale

There is abundant evidence in the literature that offenders who have violated the terms of conditional release (full parole, day parole, mandatory supervision, temporary absence) or community supervision (bail, probation) are more likely to recidivate than are other offenders (Andrews & Bonta, 1996, 2003; Hart, Kropp, & Hare, 1988; Nuffield, 1982). This relationship holds true when violent recidivism is the criterion (Quinsey, Harris, Rice, & Cormier, 1998).

Although there is little direct evidence bearing on this issue with respect to spousal violence specifically, based on the axiom that past behavior is a good predictor of future behavior, wife assaulters with a history of violating the "no contact" provisions of a civil or criminal court protective order (e.g., bail, probation, parole, restraining order, peace bonds) are likely to be at risk for violent recidivism.

This factor is a risk marker that may reflect generally antisocial attitudes, attitudes that support or condone intimate partner violence, severe distress, and employment or financial status. Thus, some research suggests that while protection orders are often helpful (Holt et al., 2003) abusers that have a lower stake in conformity are more likely to violate such orders (Carlson, Harris, & Holden, 1999; Sherman, Smith, Schimidt, & Rogan, 1992).

Coding

Y Arrest(s) for violating the "no contact" provisions of a civil or criminal court order imposed because of spousal assault or to prevent spousal assault.

P Violation(s) of the "no contact" provisions of a civil or criminal court order imposed because of spousal assault or to prevent spousal assault that did not result in arrest.

N No violation of the "no contact" provisions of a civil or criminal court order imposed because of spousal assault or to prevent spousal assault, or the individual has never had such an order.

Notes

"Civil or criminal court order" includes bail, probation, parole, or restraining orders, as well as peace bonds and so forth.

5. Negative Attitudes About Spousal Assault

Rationale

It is often noted in the professional literature that most serious and persistent offenders minimize the seriousness of past violence, deflect personal responsibility for past violence, or even deny their involvement in past violence altogether. This is true of violent offenders in general and spousal assaulters in particular (Dutton, 1995; Dutton & Kropp, 2000; Hare, 1991; Riggs, Caulfield, & Street, 2000; Saunders, 1992; Webster et al., 1985).

In spousal assaulters, extreme minimization or denial is associated with an unwillingness to desist assaultive behaviour or to participate and complete treatment programs, which in turn is related to an increased risk of violent recidivism (Dutton, 1988, Gondolf & White, 2001; Hanson & Wallace-Capretta, 2000; Shepard et al., 2002; Sonkin, 1987). It is also plausible that minimization and denial will affect the degree to which an offender complies with other risk management strategies such as monitoring and supervision.

Research and clinical observation also suggest that a number of socio-political, religious, (sub-) cultural, and personal attitudes differentiate men who have recently assaulted their partners from those who have not (e.g., Andrews & Bonta, 1994; Campbell et al., 2001; Saunders, 1992b; Straus et al., 1980). For instance, spousal assaulters support or condone intimate partner violence by implicitly or explicitly encouraging patriarchy (male prerogative), possessiveness, misogyny, and/or the use of violence to resolve conflicts. These attitudes and beliefs are associated with increased risk of violent recidivism and femicide (Campbell et al., 2003; Daly & Wilson, 1998; Hanson & Wallace-Capretta, 2000; Sonkin, 1987; Riggs, Caulfield, & Street, 2000; Schumacher et al., 2001).

This factor may be causally related to future intimate partner violence given that attitudes have been shown to directly influence behaviour under certain circumstances (e.g., Ajzen & Fischbein, 1980). There is some evidence suggesting that these attitudes might be learned as a result of experiencing or witnessing family violence in childhood (Kessler, Molnar, Feurer, & Appelbaum, 2001; Riggs, et al., 2000; Schumacher et al., 2000).

Coding

Y Explicitly endorses negative attitudes about spousal assault.

P Appears to implicitly endorse negative attitudes about spousal assault.

N No evidence of negative attitudes about spousal assault.

Notes

"Negative attitudes about spousal assault" include socio-political, religious, cultural or sub-cultural, and personal beliefs and values that directly or indirectly encourage or excuse abusive, controlling, and violent behavior. Such attitudes include sexual jealousy, misogyny, and patriarchy. Also included here is minimization or denial of violent actions or the serious consequences of those actions. Note that attitudes can be inferred from behavior (e.g., style of relating to women).

6. Other Serious Criminality

Rationale

An offender with a history of violence is at increased risk for intimate partner violence, even if the past violence was not directed at his intimate partner. Both clinicians and researchers have noted that "generally violent men" (those who are violent both in and out of home) often engage in more frequent and severe intimate partner violence than do other wife assaulters (Cadsky & Crawford, 1988; Fagan, Stewart, & Hanson, 1983; Gondolf, 1988; Hilton, Harris, & Rice, 2001; Saunders, 1992; Sonkin, 1987; Stuart & Campbell, 1989; Tweed & Dutton, 1998). Past non-familial violence has also been cited as a risk factor for spousal violence recidivism and life-threatening violence (Campbell et al., 2003; Gondolf & White, 2001; Hanson & Wallace-Capretta, 2000; Jones & Gondolf, 2001). In addition, offenders whose violence is directed solely at family members tend to engage in repetitive violence (Dutton, 1995; Dutton & Hart, 1992).

Research also demonstrates that a history of general (nonviolent) criminality is a risk factor for violence among criminal offenders and forensic patients (Hare, 1991; Harris et al., 1993; Monahan, 1981; Monahan et al., 2001; Quinsey, Harris, Rice & Cormier, 1998). Nonviolent criminality has also been implicated in the risk for spousal violence (Dutton & Kropp, 2000; Gondolf & White, 2001; Hanson & Wallace-Capretta, 2000).

Other criminality is likely a risk marker for intimate partner violence to the extent that it reflects attitudes condoning violence or antisocial behaviour (see Huss & Langhinrichsen-Rohling, 2000). It is probably associated with the likelihood, severity and frequency of future violence.

Coding

Y The individual has engaged in other serious criminality.

P Possible or partial evidence that the individual has engaged in other serious criminality, or the individual has engaged in less serious criminality.

N The individual has not engaged in other serious criminality.

Notes

"Other criminality" means criminal conduct as an adult or minor that constitutes a violation of criminal or quasi-criminal law, including all violent offenses, property offences, public disorder, alcohol/drug offenses, and violations of conditional release (e.g. restraining orders, parole, probation, bail, etc.) that were unrelated to spousal assault.

"Violence" refers to violence directed at biological and legal family members (not including intimate partners), acquaintances, and strangers. Violence may include actual or attempted physical violence or sexual assaults, including use of weapons.

"Serious" means the criminal conduct was persistent, frequent, or diverse. Such conduct often results (or could have resulted) in charge or arrest.

This factor includes criminality in the community and institutions (e.g., prison, hospital).

7. Relationship Problems

Rationale

Many clinicians have observed that risk of violence appears to be highest for spousal assaulters when relationship problems are evident. For example, when: (a) the man is living with his partner, but she wants to end the relationship, (b) the man is separated from his partner, but he wants to renew the relationship, (c) there has been a sudden and/or recent separation (Campbell et al., 2001; Dutton & Kropp, 2000; Kennedy & Dutton, 1989; Kyriacou, et al., 1999; McNeil, 1987; Riggs et al., 2000). Murder of a female partner is also most likely to occur in the context of marital separation or divorce (Campbell et al., 2001; Daly & Wilson, 1998; Wilson & Daly, 1993).

Many couples seeking marital therapy report relationship aggression (Riggs et al., 2000; Vivian & Malone, 1997). Indeed, probably most relationship violence occurs in the context of an argument or conflict (Cascardi & Vivian, 1995; Stamp & Samburin, 1995). Schumacher et al. (2001) reviewed six empirical studies that found statistically significant relationships between spousal violence and marital discord. It is likely that stress associated with finances, child rearing, and power dynamics is often channeled in the form of violence. Relationship problems may be linked with intimate partner violence through a common association with personality disorder. Alternately, men with patriarchal attitudes (e.g., male proprietariness) may be more likely to resort to violence in the context of a woman's attempts to end the relationship.

Relationship problems may also be linked to intimate partner violence in a causal manner. Offenders with relationship problems may suffer from increased levels of distress, which may then increase the likelihood that they will resort to violence to resolve conflicts. In this way, relationship problems may be associated with both increased likelihood and frequency of future intimate partner violence. Recent relationship problems may also be associated with the imminence of intimate partner violence.

Coding

Y The individual has serious problems with intimate relationships.

P Possible or partial evidence that the individual has serious problems with intimate relationships.

N The individual does not have serious problems with intimate relationships.

Notes

"Serious problems" include multiple separations or serious conflicts (including repeated infidelity and intimate partner violence). Code regardless of whether conflict resulted in index offence.

The focus should be on intimate relationships in the community, not relationships that are established and maintained only during institutionalization. A lack of intimate relationships should also be considered a serious problem even if the individual appears not to have had an opportunity to establish them due to chronic or long-term institutionalization.

8. Employment and/or Financial Problems

Rationale

Employment problems are associated with risk for criminality and general violence (Andrews & Bonta, 1996, 2003). For instance, a sudden, recent change in employment status (e.g., being laid off or fired) is associated with increased risk of violence (McNeil, 1993). Low income, unstable employment, and financial stresses are also one of the most commonly cited risk factors for spousal assault (Carlson et al., 1999; Dutton & Kropp, 2000; Hanson & Wallace-Capretta, 2000; Hotaling & Sugarman, 1986; Kyriacou, et al., 1999; Riggs et al., 2000; Schumacher et al., 2000; Sherman et al., 1992; Stuart & Campbell, 1989). Unemployment has also been cited as a risk factor for life-threatening and lethal spousal violence (Campbell et al., 2003).

Like relationship problems, employment problems may be a risk marker that predicts intimate partner violence because it is associated with personality disorder. Alternatively, employment problems may be linked to intimate partner violence in a causal manner by increasing general psychological distress, which in turn may lead men to displace work-related frustration and anger onto their families (Saunders, 1993). Thus, a history of employment problems may be associated with increased likelihood and frequency of future intimate partner violence, and recent problems with the imminence of intimate partner violence.

Coding

Y The individual has serious problems with employment and/or finances.

P Possible or partial evidence that the individual has serious problems with employment and/or finances.

N The individual has no serious problems with employment and/or finances.

Notes

"Employment" means legal employment (including self-employment). Formal job-related education and training, including post-secondary education, may be considered part of an individual's employment history.

"Serious problems" include long periods of unemployment, frequent job changes, failure to seek or maintain gainful employment, poor work performance (e.g., high rates of tardiness or absenteeism), and financial difficulties.

The focus should be on employment in the community. A lack of employment is relevant even if the individual appears not to have had an opportunity to establish it due to chronic or long-term institutionalization. Also, employment that is established and maintained only during institutionalization may be of little relevance.

9. Substance Abuse

Rationale

Offenders with a history of family violence (including spousal assault) are more likely than those with no such history to abuse substances (Dutton and Hart, 1992; Gondolf & White, 2001; Riggs et al., 2000; Schumacher et al., 2000; Tolman & Bennett, 1990), and the co-morbidity of substance abuse and spousal violence is commonly reported (Dutton & Kropp, 2000; Kessler et al., 2001).

Recent substance use is associated with risk for violent recidivism among spousal assaulters and is considered one of the most critical dynamic or time-varying risk factors (Gondolf, 2001; Hanson & Wallace-Capretta, 2000; Jones & Gondolf, 2001; Saunders,

1992; Stuart & Campbell, 1989). Finally, substance misuse may also contribute to assaults resulting in serious injury or death (Campbell et al., 2001; Farr, 2002; Kyriacou et al., 1999).

The nature of the association between substance use and intimate partner violence is not clear. Substance use may simply be a risk marker, indirectly signaling the presence of personality disorder or other psychosocial maladjustment. Substance use may also set the stage for spousal assault by increasing conflict in the marital relationship. For instance, Saunders (1993) suggested that chronic substance use may induce family arguments about excessive drinking.

Alternatively, substance use may be a casual factor. Substance use may result in an increased likelihood of behavioral disinhibition among individuals with a history of intimate partner violence, or spousal assaulters may deliberately use substances to disinhibit themselves when they are considering intimate partner violence. Regardless, substance use probably is associated with the likelihood and frequency of future intimate partner violence, as well as with its severity and nature (e.g., reactive/impulsive). Active substance use may be associated with the imminence of future intimate partner violence.

Coding

Y The individual has serious problems with substance use.

P Possible or partial evidence that the individual has serious problems with substance use.

N The individual has no serious problems with substance use.

Notes

"Problems with substance use" include impairments of the individual's psychosocial adjustment (e.g., health, relationships, work, or legal problems) related to the use of illicit drugs, as well as misuse of licit drugs (e.g., alcohol, prescribed medications).

"Serious problems" include substantial impairment of the individual's health or social functioning (e.g., overdose, physical illness, arrest, job loss, or a markedly inordinate amount of time spent obtaining and using substances).

10. Mental Disorder

Rationale

Although mental disorder is not the sole or even primary cause of violence, the risk assessment literature suggests that symptoms of major mental disorder (e.g., psychotic and/or manic symptoms) are associated with violent behaviour in general (Borum, Swartz, & Swanson, 1996; Douglas & Hart, 1996; Monahan et al., 2001) and spousal violence in particular (Gondolf, 1998; Kessler et al., 2001, Magdol et al., 1997; Schumacher et al., 2000).

In addition, suicidality is often indicative of a state of "crisis" for the offender, and is generally considered a risk factor for spousal violence, including homicide (Campbell, 1995; Goldsmith, 1990; Saunders, 1992; Stuart & Campbell, 1989). Research suggests there is a link between dangerousness to self and others (Convit, Jaeger, Lin, Meisner, & Volavka, 1988; Menzies, Webster, & Sepejak, 1985), and most homicides that are followed by suicides occur against a female spouse (Campbell et al., 2001).

Personality disorders characterized by anger, impulsivity, and behavioral instability (e.g., antisocial, borderline, narcissistic, or

histrionic personality disorder) are also associated with increased risk for spousal violence (Dutton, 1995; Dutton & Kropp, 2000; Gondolf, 1998; Healy et al., 1998; Huss & Langhinrichsen-Rohling, 2000; Jones & Gondolf, 2001; Kessler et al., 2001; Magdol et al, 1997; Riggs et al., 2000; Schumacher et al., 2000).

Major mental disorder is likely a causal factor that leads to impulsive or irrational decisions to act violently towards an intimate partner. It is probably associated with the likelihood and frequency of future intimate partner violence. In addition, active symptoms of major mental disorder may be associated with the imminence of future intimate partner violence (e.g., Binder & McNiel, 1988; Link & Stueve, 1994). Mental disorder can also have an indirect impact on risk by undermining effective risk management. In other words, symptoms of mental disorder can interfere with an offender's ability or motivation to comply with treatment and supervision (e.g., participate in batterer's intervention program).

Coding

Y The individual has a mental disorder.

P Possible or partial evidence that the individual has a mental disorder.

N The individual does not have a mental disorder.

Notes

"Mental disorder" includes signs of severe mental illness (e.g., delusions, hallucinations, mania, dementia), mental disorder (e.g., extreme depression, anxiety), cognitive or intellectual impairments (e.g., brain damage, mental retardation), suicidal ideation (e.g., thoughts, impulses, fantasies, or attempts), or personality disorder (e.g., chronic anger, impulsivity, or behavioral instability). Major mental disorder should be diagnosed according to standardized criteria (i.e., DSM-IV, ICD-10), but can be coded provisionally if diagnoses are not available.

Other Considerations

Rationale

We have reserved space for rare but important risk factors not included as separate items in the Offender Risk Factors. These might include, but are not limited to, the following:

- Significant life changes e.g., loss of residence or social support network
- Current emotional crisis
- History of torturing or disfiguring intimate partners
- Sexual sadism
- Trained in combat and now deployed
- Victim or witness of political persecution, torture or violence
- Coping with chronic pain
- Head injury affecting impulse control
- Access to firearms

Coding

Y Evidence that an important, case-specific risk factor is present.

P Possible/partial evidence that an important, case-specific risk factor is present.

N No evidence that an important, case-specific risk factor is present.

Notes

"Important" means that the risk factor is deemed crucial to determinations of the likelihood that the individual will commit another act of spousal violence, or to determinations of the nature, frequency, severity, or imminence of such acts.

"Case-specific" means that the risk factor does not fit within the definition of the other B-SAFER items.

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Appendix C

B-SAFER Victim Interview

B-SAFER: Victim Interview

Name of Victim: _____ Date of Birth: _____

Name of Accused: _____ Date of Birth: _____

Interviewer: _____ Date of Interview: _____

File Number: _____

Spousal Assault

1. Serious Physical/Sexual Violence:

- Has your partner ever assaulted you before? Please describe?

  _____
  _____
  _____
  _____
  _____
  _____

- Has your partner been violent in previous relationships? Please describe?

  _____
  _____

- Has your partner been charged or convicted of past spousal assaults?

  _____
  _____

- Has your partner sexually assaulted you or any other intimate partner in the past? Please describe?

  _____
  _____
  _____
  _____

- Is your partner a jealous or possessive person?

  _____
  _____
  _____
  _____

- Has your partner ever assaulted you or another partner because of jealousy?

_____
_____

2. Serious Violent Threats, Ideation, or Intent:

- Has your partner ever used or threatened to use a weapon against you or any other intimate partner? [Examples of a weapon are a gun, knife, or object used as a club]. Please describe.

_____
_____
_____
_____

- Has your partner ever threatened to hurt or kill you? If so, did you believe those threats? Please explain.

_____
_____
_____

- Has your partner ever threatened to hurt or kill a previous intimate partner? If so, do you think those threats were believable? Please explain.

_____
_____
_____
_____

3. Escalation of Physical/Sexual Violence or Threats/Ideation/Intent:

- Has your partner's violence become more frequent within the past year?

_____
_____

- Has your partner's threatening become more frequent within the past year?

_____
_____

- Has your partner's violence become more serious/severe within the past year?

_____
_____

- Has your partner's threatening become more serious/severe within the past year?

_____
_____

4. Violations of Civil or Criminal Court Orders:

- Has your partner ever violated a "no contact" provision of a court order related to an intimate relationship (e.g., bail, probation, restraining order, or peace bond)?

5. Negative Attitudes About Spousal Assault:

- Does your partner deny some or all of his assaults against you and/or other intimate partners?
- Does your partner take responsibility for his violence, or does he/she blame others?
- Does your partner downplay the significance of his/her violence (e.g., "Nobody was physically injured")?
- Does your partner believe that he/she has the right to control you?
- Does your partner believe that you are his/her property?
- Does your partner appear to have hateful attitudes toward women/men?
- Does your partner believe that violence is a good way to resolve conflict?
- Do your partner's friends and/or family support any of his attitudes condoning violence?

- Does your partner use his/her religion or culture to support his attitudes condoning violence?

_____
_____
_____

Psychosocial Adjustment

6. Other Serious Criminality:

- Has your partner been physically or sexually violent against family members *other than* intimate partners (e.g., parents, siblings, children)? If so, who, when, and where?

_____
_____
_____

- Has your partner been physically or sexually violent against people *other than* intimate partners or family members (e.g., friends, acquaintances, strangers)? If so, who, when, and where?

_____
_____
_____

- Has your partner ever been in trouble with the law? For example, has he (she) been arrested or convicted of property offenses, public disorder, or alcohol and drug offenses? Please explain:

_____
_____
_____
_____

- Has your partner ever violated conditions of parole, probation or bail? Please explain:

_____
_____

7. Relationship Problems:

- How have you and your partner been getting along during the past year?

_____
_____

- Have there been any changes or conflict in your relationship during the past year?

_____
_____

- Are you currently separated or divorced from your partner? If so, how recently?

_____
_____

8. Employment and/or Financial Problems:

- Is your partner currently employed?

_____
_____

- Has your partner had any stable work in the past year?

_____
_____

- In the past year have there been any changes/instability in your partner's employment?

_____
_____

9. Substance Abuse:

- Has your partner used drugs or alcohol in the past year? If so, which substances has he/she used?

_____
_____

- Has the use of drugs or alcohol caused significant health problems for your partner during the past year?

_____
_____

- Has the use of drugs or alcohol caused problems in your partner's social functioning (i.e., disruptions in relationships, employment problems, legal difficulties)?

_____
_____

- Does you partner become violent or verbally abusive when he/she has been using drugs or alcohol? If so, is your partner also violent/abusive when not consuming substances?

_____
_____

10. Mental Disorder:

- Has your partner ever threatened or attempted suicide? If so, please describe. How recent were these threats/attempts?

_____
_____

- Has your partner ever been treated for depression? If so, please describe.

  _____
  _____

- In the past year has your partner expressed extreme sadness, hopelessness or despair?

  _____

- Has your partner ever threatened or attempted to kill someone else? If so, when, and what were the nature of these threats/attempts?

  _____
  _____

- In the past year has your partner had persistent and intrusive thoughts of killing someone? Has he/she made plans to do this?

  _____
  _____

- Has your partner ever been treated for mental health problems? If so, please describe.

  _____
  _____

- Has your partner ever taken any medications for mental health problems? If so, please describe.

  _____
  _____

- Has your partner ever been hospitalized for mental health problems? If so, please describe.

  _____
  _____

- Within the past year has your partner seemed suspicious or paranoid about family, friends, or others?

  _____
  _____

- Within the past year has your partner experienced hallucinations (e.g., hearing and seeing things) when not using drugs or alcohol?

  _____
  _____

- Within the past year has your partner's thinking appeared to be strange or bizarre?

  _____
  _____

- Within the past year has your partner seemed more energetic, euphoric, or irritable than usual?

  _____
  _____

- Has your partner ever been described as self-centered, with little regard for the feelings and welfare of others?

  _____
  _____

- Does your partner take responsibility for his/her behaviour, or does he tend to blame others for problems?

  _____
  _____

- Is your partner deceitful (e.g., tells lies), manipulative, or untrustworthy?

  _____

- Does your partner have difficulty controlling or managing anger?

  _____
  _____

- Has your partner ever expressed an intense fear of being alone?

  _____
  _____

- Do your partner's emotions appear to be unpredictable or fluctuating?

  _____
  _____

- Does your partner seem to easily change from being affectionate and loving to being angry and threatening?

  _____
  _____

- Does your partner obsess and ruminate about his/her problems?

  _____
  _____

Other Questions and Considerations:

_____
_____
_____
_____
_____
_____
_____
_____

Appendix D

Post-test B-SAFER Form

PROACTIVE RESOLUTIONS™
CONFLICT MANAGEMENT

Distributed by ProActive ReSolutions Inc.
To order, contact us:
- In North America, call toll free (877) 585-9933
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B-SAFER Worksheet

Brief Spousal Assault Form for the Evaluation of Risk

By P. Randall Kropp, Stephen D. Hart, and Henrik Belfrage
Development of the B-SAFER was funded in part by the Department of Justice, Canada, and the Rikspolisstyrelsen, Sweden

Instructions

The B-SAFER is a guide for the assessment and management of risk for spousal assault. It helps users to exercise their best judgement. The administration procedures and risk factors included in the B-SAFER were determined from a review of hundreds of scientific and professional publications on spousal violence. There are no cutoff scores or other rules that can be used to determine the nature or degree of risk posed by an offender/suspect; the presence of a single risk factor may justify a conclusion that the person poses a high risk for future spousal violence.

This Worksheet is intended to assist administration of the B-SAFER. It should be used as described in and only in conjunction with the B-SAFER *User Manual*. Users evaluate and document the presence of each risk factor "Currently" (in the past four weeks) and "In the past" (prior to the past four weeks). These judgements are documented as "Y" for Yes, the factor was present; "?" for Unsure, the factor was possibly or partially present; or "N" for No, the factor was absent. If a risk factor was not considered due to missing information, it should be omitted. Following consideration of individual risk factors, users recommend risk management strategies and document conclusory opinions.

Use of the B-SAFER requires the gathering and documenting of sensitive information. Every effort should be made to keep confidential any information that could jeopardize the safety of the victim/complainant. The language used in the Worksheet assumes the offender/suspect is male and the victim/complainant is female, but the B-SAFER can be used regardless of the gender or marital status of the people involved.

Identifying Information

Name/case number(s):	Date of completion:
Completed by:	Signed:

Information sources:

- ☐ Interview with offender/suspect
- ☐ Interview with victim
- ☐ Review of police/criminal records
- ☐ Other:

Section I: Spousal Violence This section includes risk factors related to the person's history of violence against intimate partners, including any wife, common-law spouse, or girlfriend.	Presence
1. Assault ➤ Actual or attempted physical and sexual assault, including assault with a weapon ➤ Excludes threats and threatening behavior, which are considered under Factor #2	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N
2. Violent Threats or Ideation ➤ Statements or intimidating behavior indicating intent to harm others, including stalking and threats with a weapon ➤ Thoughts, urges, fantasies, or plans concerning causing harm to others	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N
3. Escalation ➤ Increase in the frequency or severity of violence or of threats/ideation	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N
4. Violation of Court Orders ➤ Breach of conditions of bail, probation, parole, restraining orders, peace bonds, and so forth that were imposed because of spousal violence or to prevent spousal violence	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N
5. Negative Attitudes ➤ Beliefs and values that encourage or excuse abusive, controlling, and violent behavior, including sexual jealousy, misogyny, and patriarchy ➤ Minimization or denial of spousal violence or the consequences of spousal violence	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N
Other Considerations ➤ Specify any additional risk factors related to the person's history of spousal violence	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N

Section II: Psychosocial Adjustment This section includes risk factors related to the person's history of psychological (personal) and social (interpersonal) adjustment problems.	Presence
6. Other Antisocial Behavior ➤ Criminal conduct that is persistent, frequent, or diverse ➤ Excludes criminal conduct related to spousal violence, which is considered in Section I	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N
7. Intimate Relationship Problems ➤ Failure to establish or maintain stable, long-term intimate relationships as indicated by such things as separation from partner and extreme conflict regarding relationship status ➤ Includes any intimate relationship problems that result from spousal violence	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N
8. Employment Problems ➤ Failure to establish or maintain stable, long-term employment, as indicated by such things as chronic unemployment, frequent job changes, poor work performance, and significant financial difficulties ➤ Includes any employment problems that result from spousal violence	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N
9. Substance Use Problems ➤ Impairment of health or social functioning due to use of illegal drugs, alcohol, or prescription drugs, as indicated by such things as overdose, physical illness, arrest, job loss, or relationship difficulties ➤ Includes any substance use problems that result from spousal violence	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N
10. Mental Health Problems ➤ May suffer from serious mental disorder, as indicated by such things as irrational beliefs or perceptions, serious disturbance of mood, and long-standing problems related to anger, impulsivity, or instability ➤ Includes any mental health problems that result from spousal violence	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N
Other Considerations ➤ Specify any additional risk factors related to the person's history of psychological (personal) and social (interpersonal) adjustment problems	Currently ☐Y ☐? ☐N In the Past ☐Y ☐? ☐N

Recommended Risk Management Strategies

Monitoring/Surveillance ➤ What are the most appropriate ways to monitor changes in risk?	Face-to-face interviews ☐Offender/suspect ☐Victim/complainant Notes:	Telephone interviews ☐Offender/suspect ☐Victim/complainant	Visits ☐Offender/suspect ☐Victim/complainant
Control/Supervision ➤ What restrictions on activity, movement, association, or communication are most appropriate?	☐Remand in custody ☐Restraining order ☐Report as directed Notes:	☐Reside as directed ☐No weapons ☐No alcohol/drugs	☐Don't contact (specify) ☐Don't associate (specify) ☐Don't travel (specify)
Assessment/Treatment ➤ What assessment, treatment, or rehabilitation strategies are most appropriate?	Emergency ☐Hospitalization ☐Certification Notes:	Assessment/treatment ☐Mental health ☐Crisis intervention	Counseling ☐Spousal violence ☐Substance use
Victim Safety Planning ➤ What steps could enhance the physical security or self-protective skills of the victim/ complainant?	Counseling ☐Support/advocacy ☐Mental health Notes:	Improve security ☐Residential (specify) ☐Workplace (specify)	Lifestyle changes ☐Residence ☐Work/travel

Conclusory Opinions

Case Prioritization ➤ What is the level of concern that the person will commit spousal violence in the future if no intervention is taken?	☐ High/Urgent ☐ Moderate/Elevated ☐ Low/Routine
Life-Threatening Violence ➤ What is the level of concern that any future spousal violence will involve life-threatening physical harm if no intervention is taken?	☐ High/Urgent ☐ Moderate/Elevated ☐ Low/Routine
Imminent Violence ➤ What is the level of concern that the person is an imminent risk to commit spousal violence if no intervention is taken?	☐ High/Urgent ☐ Moderate/Elevated ☐ Low/Routine
Likely Victims ➤ Who are the likely victims of any future spousal violence?	☐ Current or former intimate partner ☐ Family/friends of current or former intimate partner ☐ Other: