

Box 9.1 Assessing Dangerousness

Perhaps the most important reason for identifying risk factors for IPV perpetration is to *prevent* the violence from occurring in the first place. Certainly, if we could use risk factors to distinguish individuals who are likely to inflict severe violence from those who may be considered less dangerous, we could effectively improve safety and reduce victimization, while also directing perpetrators to the most appropriate interventions. With these goals in mind, researchers have developed a variety of **dangerousness assessment instruments**, some of which are administered to victims to assist with their safety planning, and others administered to perpetrators (or potential perpetrators) by clinicians in treatment settings or even by police responding to calls for help to identify risk of re-offending.

Among the most widely used dangerousness assessment instruments are the Danger Assessment Scale (DAS; J. Campbell, 1986) and the Spousal Assault Risk Assessment (SARA; Kropp, Hart, Webster, & Eaves, 1995). These and similar assessment tools consist of questions about a perpetrator's behavior; usually they cover areas such as history of violent behavior toward others (e.g., children, friends, strangers); history of abusive behavior (physical, sexual, psychological) toward intimate partners (both the current and previous intimate partners); access to lethal weapons; antisocial attitudes and behaviors; affiliations with antisocial peers; relationship instability, particularly whether the partner is currently separating from or divorcing the perpetrator; presence of various life stressors (e.g., financial problems); history of family-of-origin abuse; symptoms of mental health problems; resistance to changing the abusive behavior or obtaining treatment for it; and attitudes supportive of violence against women (Kropp, 2004).

The DAS is designed to be administered by a victim service provider, who asks the IPV victim 20 questions of this sort about the perpetrator, but also asks her to complete a calendar that charts the frequency and severity of the abuse over the past year (J. Campbell, 2005). The DAS seeks to identify the most dangerous IPV perpetrators, but primarily for the purpose of assisting victims with safety planning (Hamby & Cook, 2011). Research has shown the DAS to be fairly successful in distinguishing between high and low risk groups, and J. Campbell and her colleagues (2003) report that the DAS may be useful in identifying perpetrators at high risk of committing lethal violence. The SARA also consists of 20 items, but is administered to perpetrators by clinicians who can make professional determinations of psychological health (Hamby & Cook, 2011). Kropp and Hart (2000) report that the SARA can distinguish IPV perpetrators from other types of offenders, as well as recidivists from nonrecidivists.

Despite this evidence, however, researchers and clinicians urge that extreme caution must be exercised in using dangerousness assessment instruments to predict who will perpetrate IPV, especially serious or lethal IPV. As Hamby and Cook (2011) emphasize, no dangerousness assessment instrument is 100 percent accurate and mistakes are not infrequent. These researchers point to one test of the SARA, for example, in which 32 percent of nonrecidivists were identified as high risk, and 40 percent of recidivists were identified as moderate or low risk. The first error, in which a relatively nondangerous offender is labeled dangerous (nonrecidivists identified as high risk), is known as a **false positive**; the second error, in which a relatively dangerous offender is labeled nondangerous

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