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Risk assessment for spousal violence has become a much-discussed topic in the scientific and professional literatures. There have been recent advances in our knowledge regarding risk factors related to spousal violence, but there remain numerous controversies and outstanding questions regarding risk assessment practice. This article outlines some of these issues and offers some recommendations for future research and policy initiatives. Six fundamental questions are posed: (a) What is risk? (b) How should risk assessments be conducted? (c) What should be the role of the victim in risk assessment? (d) Who should conduct risk assessments? (e) How should risk be communicated and managed? (f) How should risk assessments be evaluated? An underlying theme of this article is the importance of bridging science and practice.

Keywords: *risk assessment; spousal assault*

Risk assessment for spousal violence has become a much-discussed topic in the scientific and professional literatures.[1] In many ways, our efforts to understand spousal violence risk have lagged behind the study of risk and dangerousness for criminal behavior in general (Andrews & Bonta, 1995), violence in general (Borum, 1996; Douglas, Cox, & Webster, 1999; Monahan, 1996; Quinsey, Harris, Rice, & Cormier, 1998), violence perpetrated by the mentally ill (Monahan & Steadman, 1994; Otto, 2000), and other specific forms of violence such as sexual offending (Barbaree, Seto, Langton, & Peacock, 2001; Furby, Weinrott, & Blackshaw, 1989; Hanson & Bussière, 1998). The reasons for this are unclear but are likely related to the relatively recent advent both of pro-arrest policies for and systematic research on spousal violence. There have been recent advances in our knowledge regarding risk factors related to spousal violence (Campbell, 1995; Campbell, Sharps, &

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Glass, 2001; Dutton & Kropp, 2000; Jones & Gondolf, 2001; Kropp & Hart, 2000; Riggs, Caulfield, & Street, 2000; Roehl & Guertin, 1998; Sonkin, 1997), but there remain numerous controversies and outstanding questions regarding risk assessment practice. This article outlines some of these issues and offers some recommendations for future research and policy initiatives. An underlying theme of the article is the importance of bridging science and practice. Many of the points are not new to the broader field of violence prediction and risk assessment, but they have scarcely been debated in the spousal violence literature.

An underlying assumption of this article is that spousal violence risk assessment is an important and viable enterprise. Although the term "risk assessment" is not always used, professionals working in the field (e.g., advocates, shelter workers, mental health professionals, corrections employees, police officers) are commonly required to judge the danger posed by perpetrators and the safety of victims. Alternative terms have been forwarded such as "danger" (Campbell, 1995), "lethality" (B. Hart, 1990), and "threat" (Fein, Vossekuil, & Holden, 1995) assessment, but the fundamental goal of protecting victims is constant. Indeed, risk assessment is at the very core of the professional's duty to prevent violence. Thus, risk assessment exists, both in a formal sense with the presence of risk tools and instruments (discussed below) and in an informal sense in the day-to-day practice of professionals. Therefore, the purpose of this article is to pose six fundamental questions to generate discussion and research to improve risk assessment practice: (a) What is risk? (b) How should risk assessments be conducted? (c) What should be the role of the victim in risk assessment? (d) Who should conduct risk assessments? (e) How should risk be communicated and managed? (f) How should risk assessments be evaluated?

Two caveats are necessary before addressing these questions. First, risk assessment can only be justified if it is remembered that there is no such thing as no risk in the context of spousal violence. Risk assessments should not be used to marginalize or minimize the concerns of those victims believed to be at lower risk: All spousal assaulters are dangerous to some degree, and risk assessment does not allow us to rule out danger. Rather, it can inform us regarding the nature, form, and degree of the danger. Second, risk assessment is usually intended to be perpetrator focused

(Campbell, 1995; Dutton & Kropp, 2000), and the term is not considered here to be synonymous with victim safety planning. The latter can be informed by offender risk assessment but necessarily must also consider aspects of the victim and barriers to her safety (Pence & Lizdas, 1998). Issues related to the broader practice of victim safety planning are beyond the scope of this article.

WHAT IS RISK?

There is little consensus in the field regarding what is meant by *risk* for violence. Most studies on spousal violence risk and recidivism appear to define risk in terms of the likelihood that some form of violence will take place sometime in the future (Dutton, Bodnarchuk, Kropp, Hart, & Ogloff, 1997; Hanson & Wallace-Capretta, 2000; Rosenfeld, 1992). In practice, however, decisions about risk likely involve consideration of the imminence, nature (e.g., emotional, physical, sexual), frequency, and seriousness of the violence in addition to the likelihood that it will occur (Hart, 2001; Mulvey & Lidz, 1995). Thus, risk is a complex phenomenon; judgments must consider the who, what, where, when, and how of violence. For example, an offender could be at risk for imminent, minor, physical violence against his spouse, such as pushing or shoving, but not at risk for long-term, frequent, sexual violence. These are two rather different scenarios, and they present different implications for victim safety planning, criminal justice intervention, and treatment of the offender. Frontline professionals working with offenders and victims often must consider these nuances. However, research on risk assessment and recidivism rarely has made these distinctions.

In risk assessment practice, the dimension of risk of interest will in part be determined by the context of the assessment (Heilbrun, 1997). For example, often courts are interested primarily in the probability or likelihood of violence. Treatment providers, on the other hand, might be more interested in the nature and imminence. Victims are likely interested in all of the dimensions.

These issues have been touched on in the spousal violence literature. Campbell's (1995) Danger Assessment asks potential victims to document in a calendar the severity and frequency of their partners' abusive behaviors during the past year. Investigators have also discussed the importance of distinguishing among risk

for spousal homicide, "severe" violence, and less serious forms of violence (Campbell, McFarlane, et al., 2001; Dobash, Dobash, Cavanagh, & Lewis, 2001; Weisz, Tolman, & Saunders, 2000; Wilson & Daly, 1993), focusing on factors such as stalking, sexual proprietariness, past use of guns, and estrangement as potential lethality factors. Others have commented on the dynamic nature of risk, noting that risk for violence is influenced by context and by the changing nature of time-varying risk factors (Jones & Gondolf, 2001; Kropp, Hart, Webster, & Eaves, 1999). However, researchers and clinicians alike have yet to agree on an operational definition of risk. The lack of consensus creates several problems. First, it makes it difficult to compare risk assessment studies. Second, it makes it difficult to investigate whether different aspects of risk have correspondingly different constellations of risk indicators. Finally, even if the risk factors are similar for the various forms of spousal violence, it could be that the relative importance or weightings of the risk factors might vary, but this remains unclear. Researchers can better inform stakeholders and bridge the gap between science and practice by dissecting the definition of risk and exploring the interactions between risk factors and "types" of risk (e.g., Sjöstedt & Grann, 2003).

HOW SHOULD RISK ASSESSMENTS BE CONDUCTED?

In a recent review, Dutton and Kropp (2000) noted that there is considerable consensus in the literature regarding the most important factors to consider when assessing risk for spousal assault. Thus, most risk factor lists include the following: (a) history of violent behavior toward family members (including children), acquaintances, and strangers; (b) history of physical, sexual, or emotional abuse toward intimate partners; (c) access to lethal weapons; (d) antisocial attitudes and behaviors and affiliation with antisocial peers; (e) relationship instability, especially if there has been a recent separation or divorce; (f) presence of other life stressors, including employment/financial problems or recent loss; (g) a history of being the witness or victim of family violence in childhood; (h) evidence of mental health problems and/or personality disorder (i.e., antisocial, dependent, borderline traits); (i) resistance to change and motivation for treatment;

and (j) attitudes that support violence toward women (Hotaling & Sugarman, 1986; Kropp & Hart, 2000; Pence & Lizdas, 1998; Roehl & Guertin, 1998; Sonkin, 1997; Straus, 1991). These risk factors are generally believed to be associated with violence and are not necessarily causal in nature. There is, however, still controversy over how this information should be combined to reach judgments about risk.

The history of violence risk assessment has been previously reviewed in detail (Borum, 1996; Douglas, Cox, & Webster, 1999; Douglas & Webster, 1999; Harris, Rice, & Cormier, 1998; Hart, 1998, 2001; Melton, Petrila, Poythress, & Slobogin, 1997; Monahan, 1996; Otto, 1992, 2000; Quinsey et al., 1998; Steadman, 2000; Webster & Bailes, 2000). Three models, or methods, of risk assessment have been central to the debate: unstructured clinical assessment, actuarial assessment, and structured professional judgment. Each method is discussed here with respect to its relevance to the practice of spousal assault risk assessment.

Unstructured clinical assessment is probably still the most widely used approach to spousal violence risk assessment, given that there exist few validated, user-friendly tools for assisting professionals (Campbell, Sharps, et al., 2001; Dutton & Kropp, 2000). This is a method that involves no constraints or guidelines for the evaluator. Decisions are made with considerable clinical discretion and are usually justified according to the qualifications and experience of the person making them. Thus, many professionals are still left with trusting their intuition or "gut" to determine who is 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 assessment 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 maximizes 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 (a) a well-reasoned consideration of dynamic and criminogenic (i.e., crime relevant) risk

factors and (b) 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. There are, for example, many published studies reporting risk factors that discriminate between assaultive spouses and spouses with no history of violence (e.g., Hotaling & Sugarman, 1986; Tolman & Bennett, 1990). Other studies have identified risk factors associated with general violence and spousal violence recidivism in spousal assaulters (Gondolf, 1988; Hanson & Wallace-Capretta, 2000; Saunders, 1993).

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 (a) a relative sense—by comparing an individual to a norm-based reference group and (2) in an absolute sense—by providing a precise, probabilistic estimate of the likelihood of future violence. Grove and Meehl (1996) 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 totaling 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). However, although there are some contenders (Campbell, McFarlane, et al., 2001; Dutton & Kropp, 2000), the field has yet to produce an actuarial instrument that will yield cutoff scores that will allow decision makers, in an absolute sense, to determine risk categories for spousal violence. This may never be possible: Risk is likely not

simply a function of the number of risk factors present. Such a linear assumption ignores the context of any given risk assessment. It is conceivable, for example, that an offender could be high risk with only one or two risk factors, such as homicidal ideation and acute intoxication. Actuarial approaches have been criticized for their lack of practical use (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 assessment 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, it does 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 properly apply the actuarial approach, 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 toward violence," "denial and minimization," and "victim empathy," 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 et al., 1999) and are subject to errors such as statistical shrinkage (when cross-validating on new populations) and measurement error. Moreover, practitioners may feel uncomfortable considering only one "test" of risk while ignoring ethical and professional guidelines advising them to consider all available information from all perspectives (American Psychological Association, 2002; Hart, 2001). The field must, therefore, advance considerably before it will abandon all professional discretion in favor of strict actuarial methods. Our scientific and professional organizations must decide how to strike the balance between scientific rigor and professional discretion. Meteorology

provides a suitable analogy: No matter how well actuarial tables and computer analogues 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 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 nonclinical professionals (i.e., 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, clinical, 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 (i.e., 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 structure 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.

The primary goal of the structured professional approach to risk assessment is to prevent violence (Douglas & Kropp, 2002). The Spousal Assault Risk Assessment Guide (SARA) is an example of this model. 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 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 Historical, Clinical Risk–20 (HCR-20) and SARA (Douglas & Kropp, 2002; Douglas & Webster, 1999; Grann & Wedin, 2002; Kropp & Hart, 2000; Watterworth, Smith, Williams, & Houghton, 2001). Perhaps the most significant limitation to this approach is that despite its principal aim to prevent violence, there is yet no evidence that it does so.

WHAT SHOULD BE THE ROLE OF THE VICTIM IN RISK ASSESSMENT?

A risk assessment is only as reliable as is the information on which it is based. It is usually inadvisable to place much weight on self-reported information from the (alleged) offender. Such assessments will likely result in an underestimate of the level of risk. Those accused or convicted of spousal violence typically are reluctant to disclose information that may affect their sentencing dispositions or release opportunities and conditions. Moreover, offenders often are in a state of denial or significantly minimize their responsibility for violence. These points underscore the important role of collateral informants in risk assessment. In this respect, the evaluator of spousal assault risk has a unique opportunity to involve potential victims or survivors, which is a distinct advantage over those performing risk assessments in which the potential victims are usually unknown (e.g., sex offending, general violence).

Most agree that risk assessments should be victim-informed. Campbell's Danger Assessment, for example, is designed entirely for use with victims. The authors of SARA (Kropp et al., 1999) caution strongly against performing risk assessments without consulting known victims. They emphasize that a victim can provide crucial information regarding an offender's violent past, personality, attitudes, and mental health. The importance of victim information has also been empirically demonstrated. Weisz et al. (2000) reported that survivors' predictions of reassault were significantly associated with the reoccurrence of severe violence. Similarly, Gondolf (2001) found that in a 30-month follow-up of court-mandated batterers, the most significant predictors of reoffense were offender drunkenness and women's perceptions of safety. Whittemore and Kropp (2001) reported a study in which SARA ratings of risk were made using offender and file information only and then compared to ratings made with additional victim-reported information. The results revealed that risk ratings made with the added victim information were higher than those made without. It seems, therefore, that victims are providing some critical information that is related both to perception of risk and recidivism.

It is important to remember, however, that victims' perceptions of risk are not always accurate (Weisz et al., 2000). Victims can also grossly minimize or underestimate the risk posed by their partners. Recently, Campbell, McFarlane, et al. (2001) reported the results of an investigation of actual and attempted femicides. Proxy informants were used to gather information regarding the actual homicides. Campbell, McFarlane et al. noted that victims underestimated their spouse's risk in 47% and 53% of the actual and attempted femicides, respectively. It may be that victim assessments are unidirectional in accuracy—that is, victims may be better at predicting when they are in danger than predicting when they are safe.

Although few would argue against including victims in the risk assessment process, real-life situations present some complications. First, a victim might simply be unavailable due to relocation or a general reluctance to cope with the justice system. Confidentiality of information is another central problem. Victims may be reluctant to provide risk-relevant information and/or violence predictions if they perceive that it will place them at further risk. It

is conceivable, for example, that the risk posed to the victim will increase in the short term following her participation in a court-related assessment of the abuser. Asking the victim to "predict" her abuser's future behavior places her in a difficult position, especially if that prediction is going to be used to make decisions about the offender's life. Thus, victims will be reluctant to participate in a risk assessment for all the same reasons that they are reluctant to involve the criminal and civil justice systems in the first place (Barnett, 2001). They might fear for their own safety, be protecting the offender, or be concerned for their children's safety and welfare. For example, a woman may fear correctly that her child will be apprehended should she predict that her husband will assault her again in the presence of that child. A victim might also be required to endure cross-examination should her information be presented to court. Therefore, informed consent prior to participation is of paramount importance, as victims need to know exactly how the information they provide will be used. This is easier said than done, however, as it may be easier to predict the offender's behavior than how a court will use sensitive information. Thus, jurisdictions that advocate for victim participation in the risk assessment process must confront the ethical, legal, and practical barriers involved. It must be emphasized that if victim information is not available, risk assessments should be appropriately qualified. Of course, these considerations apply to the use of all collateral informants, whether they are spouses, other family members, friends, and so forth.

WHO SHOULD CONDUCT RISK ASSESSMENTS?

In one form or another, risk assessments for spousal violence are conducted every day. Spousal violence offenders have, in recent years, flooded the criminal and civil justice systems. This has strained already inadequate resources for managing offenders and protecting victims of spousal violence (Dutton & Kropp, 2000). Agencies have begun to rely on risk assessment procedures and tools to classify and prioritize those offenders requiring the most resources. Many frontline professionals are required to assess risk as a routine part of their employment; in British Columbia, Canada, for example, policies mandate police and probation officers to conduct risk assessments (British Columbia

Ministry of Attorney General, 2000; Royal Canadian Mounted Police, E Division, 2000). Most professional bodies and associations have ethical guidelines that mandate a duty to warn when there is risk of harm to an identifiable target. Finally, criminal courts continue to request, and accept as valid, risk assessments. Thus, risk assessment is as unavoidable as violence itself.

Risk assessment can serve as a cornerstone for offender management and safety planning with victims. For example, risk assessments can assist police and prosecutors to make appropriate recommendations regarding detention and/or release conditions for offenders prior to trial. Pre-sentence and pre-release (e.g., parole, probation) risk assessments—typically conducted by mental health professionals—can assist the courts and tribunals in setting appropriate sentencing, treatment, and supervision conditions. With respect to civil matters, risk assessments can assist in child custody and access decisions (i.e., when there is a risk that a child will be the victim or witness to violence) and also serve as a guide for clinicians when there is a duty to warn a spouse regarding imminent danger. Risk screening can also be conducted with victims entering the criminal justice or health systems (Henderson, 2001). Finally, risk assessments can be incorporated into fatality review processes to assist in determining gaps in services and communication. This in turn can fuel recommendations for improving offender (and victim) services to prevent further deaths (Websdale, Sheeran, & Johnson, 1998).

Despite the widespread application of spousal violence risk assessment, there exist no professional standards for (a) the minimal qualifications of those conducting the assessments, (b) "best practices" for applying the assessments, (c) training of the assessors, and (d) evaluation and monitoring of the assessments (Borum, 1996). Thus, professionals are told what to do but not how to do it. Discussion of such issues appears to be absent from the spousal violence literature despite growing attention to risk technology (Campbell, Sharps, et al., 2001; Dutton & Kropp, 2000). Of course, standards must vary according to the context of the risk assessment. Some risk assessments will be necessarily brief, such as those conducted during a police investigation or in a hospital emergency room. Other assessments will be of greater duration and complexity, such as those completed for a pre-sentencing hearing in criminal court. Professionals—for example,

police, nurses, victim service workers, psychologists—also will have varying degrees of education, training, and experience with respect to spousal violence. For example, it is unclear how non-mental-health professionals, such as police and probation officers, should assess risk markers involving mental health problems such as personality disorders and suicidal ideation (Dutton & Kropp, 2000; Kropp, 2001). It is time for administrators, licensing bodies, and government agencies to set and enforce standards for risk assessment practice. There is a precedent for this in the area of sexual violence risk assessment, in which the Association for the Treatment of Sexual Abusers (ATSA) has made a position statement on risk assessment (Hanson, 2000). At the very least, those conducting risk assessments should have some expertise and experience in interviewing and assessing offenders and victims. Moreover, they should have considerable knowledge of the dynamics of spousal violence. Finally, assessments should be completed with the assistance of risk assessment guidelines or tools that have some acceptance in the scientific and professional communities (see below). Training and monitoring should be implemented to fill any gaps in qualifications that might exist.

HOW SHOULD RISK BE COMMUNICATED AND MANAGED?

Regardless of how well a violence risk assessment is conducted, the mode of communication will greatly affect how the information is received and used (Heilbrun, O'Neill, Strohman, Bowman, & Philipson, 2000; Litwack, 1997; Slovic, Monahan, & MacGregor, 2000). Effective risk communication can and should prevent violence. Domestic violence fatality reviews (Denver Metro Domestic Violence Fatality Review Committee, 2000; Websdale, 1999; Websdale et al., 1998) tell us that in many cases of spousal homicide, many risk indicators were present and known but not necessarily documented or communicated to those who needed to know, such as the victims, offender treatment providers, police, correctional agencies, and so forth.

There are several principles of sound risk communication. First, professionals offering risk opinions must support their

opinion clearly, concisely, and with appropriate evidence. To do so, they must have a language for communicating risk. Those conducting assessments in the field are often left with relying on their instincts without a way to articulate their concerns. Existing risk assessment guidelines or checklists, such as the DA, SARA, and the Domestic Violence Screening Inventory (DVSI; Watterworth et al., 2001) can be extremely helpful in this respect. Such tools can help structure and support opinions about risk. Moreover, a risk language can help articulate concerns and can be more compelling for the audience (courts, victims). For example, a risk assessment vaguely presented and worded is less powerful than a risk opinion supported by a concise list of risk factors (e.g., "Mr. B is at risk because of risk factors X, Y, and Z.").

Second, whenever possible, risk assessments should be communicated to the potential victim(s). This is especially important in high-risk cases or situations but can be useful information for the victim, regardless of risk level. Risk assessments, properly communicated, can inform a victim regarding overall level of risk so she can take precautions but also be educated about specific risk factors. Many risk factors—such as mental health problems, employment instability, and substance abuse—are perceived by potential victims and others as sympathy factors rather than causal factors of violence (Kropp, Hart, Lyon, & LePard, 2002). Thus, the very process of risk communication can be enlightening for those victims who are naïve about the existing danger or who are minimizing their partners' violence and can serve as an important component of a safety plan (Campbell, 1995).

Third, risk opinions must be appropriately qualified and must be accompanied by an explanation of the limitations of the assessment. For example, if an interview with the victim is not possible, it should be explained to those concerned that this could seriously affect the validity of the assessment. In this sense, there is nothing more dangerous than a risk assessment based on inadequate information that does not include appropriate qualifications. This can lead to an underestimate of risk and mislead victims, protective agencies, and other interested parties. Risk assessments should also, whenever possible, discuss the nature, frequency, severity, likelihood, and imminence of the violence. Such an assessment can be more informative for risk management (dis-

cussed below) and safety planning than simply a global prediction of likelihood. One way of accomplishing all of these objectives is the anchored narrative approach, a method by which the evaluator can construct possible risk scenarios, listing the relevant risk factors, management strategies, and possible outcomes of each (Hart, 2002). Note that if actuarial predictions are offered, the limitations of these estimates must also be specified. The audience of the risk assessment must be given enough information to interpret the actuarial scores. Thus, the evaluator should discuss base rates of violence, reliability of the instrument used, measurement error, cross-validation shrinkage, and so forth. In this case, the evaluator must also be qualified to provide interpretation (American Educational Research Association, American Psychological Association, & the National Council on Measurement in Education, 1999).

Finally, risk assessments should communicate risk management strategies. Effective management of offender risk and victim safety must not end with the assessment. Indeed, it is insufficient to report the level of risk posed by the accused without a discussion of how to manage that individual's risk (Hart, 1998; Heilbrun, 1997; Kropp et al., 2002). It is the risk assessment, however, that will guide this process. Risk factors are either static (not changeable through intervention) or dynamic (changeable through intervention or other influences), and it is those dynamic risk factors on which the risk management strategies are targeted. For example, substance abuse is a dynamic risk factor and may lead to the recommendation of substance abuse treatment as a strategy for managing risk. It is likely that useful risk management will involve a combination of treatment, supervision, and victim safety planning. However, management and safety plans must be tailored to an individual's personal constellation of risk factors. Finally, because risk is dynamic, the evaluator must recognize that part of risk management requires follow-up, recurrent risk assessments. Risk can increase or decrease depending on levels of intervention, passage of time, and circumstances. As discussed by Heilbrun (1997), for a management model to be effective, there must be ongoing decision making and the ability to modify previous decisions based on new information.

HOW SHOULD RISK ASSESSMENTS BE EVALUATED?

Evaluation methods should be congruent with the goals of the risk assessment methods employed. Until recently, the violence literature has predominantly focused on the goal of "predicting" violence. Thus, evaluation efforts have centered on the accuracy of predictions, base rates, hit rates (or sensitivity), false alarm rates (which is related to specificity), and so forth (Douglas et al., 1999; Harris et al., 1998; Quinsey et al., 1998). Sophisticated statistical techniques, such as logistical regression and the relative operating characteristic (ROC), have been employed to evaluate the validity of violence prediction tools.

These statistics represent an appropriate approach for evaluating actuarial methods of risk assessment, whereby the expressed purpose of the assessments is to predict violence. However, such an approach is not necessarily appropriate when evaluating risk assessments aimed at preventing violence, such as those accruing from a structured professional judgment approach. In any clinically based assessment, the assessment process itself should alter the outcome. For example, an individual identified as high risk using structured professional judgment should be made a higher priority for treatment resources, should be more closely monitored, and should be subject to greater security measures and precautions. Thus, if that individual does not reoffend, it is not necessarily because the high-risk categorization was wrong but rather, because the assessment might have led to better intervention strategies that in turn prevented the violence. Conversely, if he does reoffend, a prevention perspective would conclude this to be a management failure rather than a prediction "success." In fact, the best way to adequately test the accuracy of clinical predictions of violence would be to classify risk levels (e.g., high, moderate, and low) and release those individuals, without safety measures, to see whether our classifications were accurate. This approach is neither ethically nor practically tenable so other research approaches are necessary.

Douglas and Kropp (2002) proposed various approaches to evaluate prevention-based assessments of risk. First, it is necessary to validate the initial procedure of selecting the risk factors. Thus, the risk factors should be carefully gleaned from the

literature according to their scientific and theoretical relevance. The selection of risk factors should have face and content validity, as well as legal validity (i.e., not be discriminatory; Hart, 1998, 2001), and clinical and practical use. Second, it is important to demonstrate a relation between the risk factors themselves, as operationalized, and violent behavior. Either singly or in combination, risk factors need to be shown to have an empirical relationship with violence. This approach likely has the most precedent in the violence literature (Douglas & Webster, 1999; Dutton & Kropp, 2000; Otto, 2000), and the putative risk factors for spousal violence were listed earlier in this article. Of importance here, however, is to evaluate the relation between dynamic, or time-varying, risk factors with short-term fluctuations in violent behavior (Hanson & Harris, 2000; Jones & Gondolf, 2001). This is a much-neglected approach to risk assessment research. Generally, the research design that would be most useful for this validation step is a prospective, repeated-measures study, which would be best suited for identifying (a) changes in risk factors and (b) the relationship between these changes and the occurrence of violence.

Second, research should demonstrate a relation between professional decisions based on the chosen risk factors and violence. However, as noted above, this step presents significant problems methodologically. Once again, we actually do not want persons identified as high risk to become violent as that would mean that we failed to prevent violence. Thus, many have attempted to get around this methodological problem by using known-groups studies of recidivism (i.e., follow-back designs; Kropp & Hart, 2000) or nonobtrusive risk assessment studies, in which clinical decisions are unconnected with daily release, classification, or follow-up practices (Douglas & Kropp, 2002; Litwack, 2001).

The final approach is to evaluate the relation between risk assessment and the prevention of violence. This step essentially involves evaluating the previous two steps vis-à-vis their ability to prevent violence, rather than to predict violence. There are, to date, no published studies that assess the preventative effect of risk assessment. Thus, there are two primary, related research questions here. First, can dynamic risk factors systematically be altered through intervention and management procedures? Second, can violence be prevented through this endeavor? The most

obvious design for testing these questions would be in the form of experimental clinical trials—that is, one group would be assessed and managed using the structured professional judgment approach to risk assessment and the other managed according to the status quo, or "treatment as usual." The research would hypothesize that the group receiving a prevention-focused risk assessment approach would have lower recidivism rates.

It is true that spousal violence risk assessment methods are in their infancy and so too are the procedures for evaluating them. As sophistication and technology evolve in this field, it will be necessary to explore new research strategies. It is important not to assume a one-size-fits-all approach to risk assessment evaluation, especially if that approach does not adequately address the stated goals of the risk assessment method.

CONCLUSION

Risk assessment can play an important role in the secondary and tertiary prevention of spousal assault and homicide. The questions raised in this article have no definitive answers, but it is hoped that they will generate some research activity and contribute toward a dialogue between scientists and practitioners. As the demand for risk assessment continues, it is imperative that front-line professionals be informed of the best practices in the field. Ultimately, this will improve the quality and accountability of the assessments produced, providing victims and offenders with a better standard of care.

Properly applied, risk assessment can serve as a language for communicating our concerns about danger and the recommended steps for preventing violence. Agencies and professionals charged with protecting spousal violence victims will benefit from guidelines that can assist in the administration of risk assessments and the articulation of the results. Community coordination is essential, but if all parties are not using the same language, coordination and communication are hampered. We are some distance from achieving these goals. Research on spousal violence risk assessment is still very much a new enterprise, and much more work is needed to clarify the very fundamental questions outlined here.

NOTE

1. Spousal violence is defined as any actual, attempted, or threatened physical or sexual violence against a current or former intimate partner. This includes violence in dating, common-law, and same-sex relationships.

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