Papeles del Psicólogo, 2008. Vol. 29(1), pp. 107-122
http://www.cop.es/papeles

ASSESSMENT OF THE RISK OF INTIMATE PARTNER VIOLENCE AND THE SARA

Andrés-Pueyo, A., López, S. and Álvarez, E.
Advanced Studies in Violence Group (GEAV). Psychology Faculty, University of Barcelona

Intimate partner violence is one of the most serious and prevalent types of interpersonal violence, though several questions remain to be solved with regard to its genesis and development. At the present time it is of great social concern, and considerable investment in social and socio-sanitary measures is required to combat its effects on victims, in addition to the police, legal and judicial resources dedicated to attempts at its elimination. A universal phenomenon, clearly associated with social gender roles, it has become one of the main threats to the health and wellbeing of women and their families. After a brief discussion on the delimitation of this phenomenon and its consideration from an epidemiological perspective, we shall present a guide to assessment of the risk of intimate partner violence, the SARA, designed to help different professionals in decision-making in this field. The SARA (Spouse Abuse Risk Assessment) was initially designed to identify the risk of physical and sexual intimate partner violence in the family and domestic context in 1995. It has been adapted to Spanish (Andrés-Pueyo & López, 2005), and a first empirical study for the validation of its professional use in Spain has been carried out. Likewise, the predictive capacity of the SARA has been examined in situations of serious and repeated intimate partner violence, in which its utility is shown to be comparable to that presented in other countries where it has a longer tradition of professional use.
Keywords: *Gender violence, Intimate Partner Violence, Risk Assessment. Prediction of violence.*

La violencia contra la pareja, especialmente la ejercida por el hombre sobre la mujer, es una de las formas más graves de violencia interpersonal, presenta una elevada prevalencia y numerosos interrogantes sobre su génesis, desarrollo y control. En la actualidad es una preocupación social que demanda una importante inversión en medidas socio-sanitarias para combatir sus efectos en las víctimas y también requiere múltiples recursos jurídico-penales dedicados a su erradicación. Siendo un fenómeno prácticamente universal, claramente asociado a los papeles y roles sociales de género, se ha convertido en uno de los principales motivos de malestar y sufrimiento de las mujeres que la padecen así como de sus familias. Después de una breve discusión sobre la delimitación de este fenómeno y de una consideración epidemiológica, se presentará una guía de valoración del riesgo de violencia contra la pareja, la SARA, diseñada para asistir en la toma de decisiones pronósticas que realizan los distintos profesionales que se enfrentan cada día a esta forma de violencia. La SARA (Spouse Abuse Risk Assessment) fue inicialmente diseñada para identificar el riesgo de violencia física y sexual contra la pareja en el contexto familiar y doméstico en el año 1995. Se ha adaptado al castellano (Andrés-Pueyo y López, 2005) y se ha realizado una primera comprobación de su adecuación al contexto jurídico-criminológico español. Asimismo se ha contrastado su capacidad predictiva en situaciones de violencia grave y reiterada contra la pareja, demostrando una utilidad comparable, en su rendimiento, a otros países en el que la SARA tiene una mayor tradición de uso profesional.
Palabras Clave: *Violencia de género, Violencia contra la pareja, Valoración del riesgo. Predicción de violencia.*

VIOLENCE AGAINST WOMEN WITHIN THE COUPLE

Violence against women within the couple, which we shall refer to as Intimate Partner Violence (IPV), is the most worrying form of all types of interpersonal violence. For medical-health, ethical-juridical, legal and social reasons, this type of violence has become the main focus of attention of large numbers of professionals, not least in view of its extent and its consequences. Murder of partners, physical and sexual violence, sexual harassment, serious and chronic forms of psychological violence and diverse combinations of apparently less serious physical and emotional abuse, but with equally dramatic consequences, make up this phenomenon embraced by the term IPV. Violence towards women, especially that which is exercised by their partners or ex-partners, is determined by the combined effect of numerous biological, cultural, social and personal variables, as well as by immediate situational factors (Holzworth-Munroe & Stuart, 1994; Echeburúa & Corral, 1998). The acts constituting IPV frequently occur in situations marked by conflictive contexts and chronic poor relations between the members of a couple.

Correspondence: Antonio Andrés Pueyo. *Facultad de Psicología. Universidad de Barcelona. Paseig Vall Hebron 171. 08035 Barcelona. España. E-Mail: andrespueyo@ub.edu*

In the last two decades great progress has been made in the study of violence against women within the couple (Krug et al., 2002; Salber & Taliaferro, 2006). First of all, IPV has been distinguished from other types of, such as gender violence and domestic or family violence. Extensive research has also been carried out on its epidemiology and the measurement of its prevalence, incidence and chronicity (Tjaden & Thoeness; 2000; Thompson et al., 2006). Furthermore, assessment instruments for this type of violence and its consequences have been developed (Rathus & Feindler, 2002; Ruiz,-Pérez et al., 2004), programmes providing specific attention to victims of IPV and for treating perpetrators have been launched (Dutton,1995) and, more recently, integrated models for explaining the phenomenon have been formulated (Stuart, 2005). In spite of all this, some essential problems related to IPV have yet to be resolved; high on the agenda in this respect is the need for a precise definition of so-called psychological violence or emotional abuse, which is indeed the most prevalent of all types of IPV (Straus, 1980, Echeburúa & Corral, 1998, Mahoney et al. 2001, Rathus & Feindler, 2004).

The wide variety of terms for identifying violence by men on women well reflects the state of research and professional practice in this field. Terms currently in use include: "sexist violence", "sexist terrorism", "gender violence", "domestic violence", "family violence", "couple violence", and so on. The existence of so many different terms is not without its significance, and the problem not merely a semantic one; on the contrary, the terms reflect the diverse ideologies, perspectives, theories and methodologies involved in the debate on and the study of violence (Winstock, 2007). But the disparity of definitions – and of the meanings they reflect – in relation to violence by men against women in the intimate partner context obstructs the capacity to integrate information and findings from different types of study, as well as holding back the formulation of a comprehensive and global theory (Winstock, 2007).

Recently, it appears that there is some degree of consensus on use of the term "intimate partner violence" to identify this type of violence against women. Such convergence has made it possible to formulate some functional models, such as that of Stuart (Stuart, 2005), which will help to improve our understanding of the processes involved in IPV. A key factor in the functional perspective of intimate partner violence, in addition to the psychosocial characteristics of aggressors and victims, are the relationships of interaction between victims and aggressors and third parties. Only by analyzing all these components shall we be able to clearly understand this type of violent behaviour. This approach takes into account the roles of various factors: the antecedents of the violence, the violence itself and its consequences, as well as how the events came to light, the damage done and the way things were resolved. The functional perspective, centred on the event itself, integrates the influence of theories such as those of symbolic interactionism, routine activities and rational choices (Stuart, 2005; Wilkinson & Hammerschlag, 2005). Functional research on violent events between people not emotionally or intimately involved with one another shows that such events can be explained through the interactions between the agents, the circumstantial context and the factors that facilitate the violent event (Felson, 1993).

Criminology has shown that the victim-criminal relationship is a critical aspect in the functional comprehension of violent events, and this indeed has significant implications in the field of IPV. We have opted for the definition "intimate partner violence" (IPV) insofar as we shall concern ourselves, in the present work, with the professional exercise of the prediction of reoffending for violent physical acts of a highly serious nature on a member of the couple (mostly the woman) by the partner or ex-partner (generally the man).

The scope of the IPV phenomenon has been defined over time in two contexts: on the one hand, professional activity dealing primarily with the victims of IPV, and on the other, research on the phenomenon. As a result, two definitions emerged simultaneously and were applied to IPV without distinction, but there are still differences. Domestic or family violence includes four essential categories: against children, against parents, against one's partner and against the elderly, and covers all the members of the nuclear and extended families. In this case the kinship relationship and that of cohabitation are equivalent. Gender violence covers all those forms of violence perpetrated by men on women in relation to their gender role: sexual violence, trafficking of women for prostitution, sexual exploitation of women, genital mutilation, harassment in the workplace, etc., regardless of the type of interpersonal relationship between aggressor and victim, which may be emotional/intimate, based on family or neighbourhood, or indeed non-existent. In this second tradition, terms such as gender violence, sexist violence or even sexist terrorism have

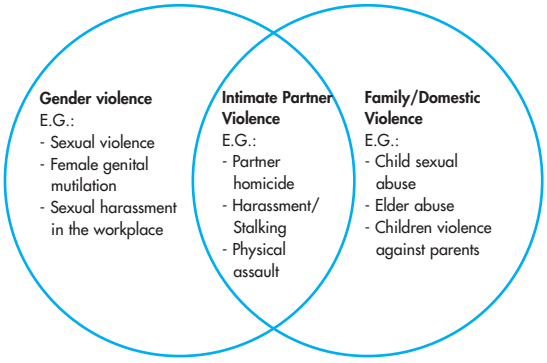
been used simultaneously with those of domestic or family violence, and not infrequently confused with them. The case of violence against the partner in which the victim is the woman and the aggressor is the man is the most representative and combines, as we shall see, elements from gender violence, family violence and domestic violence, but also others specific to the particular emotional and intimate relationship that the members of the couple are or were in, which are highly relevant in this type of violence (Campbell, 1995). Intimate partner violence is one of the forms which, together with sexual violence against women within the family, lies at the intersection between gender violence and family violence (Fig. 1).

As we understand it, IPV is a complex set of different types of violent behaviour, attitudes, feelings, practices, experience and relationship styles between members of an intimate couple (or ex-couple) that produces harm, distress and serious personal loss in the victim. IPV is not only a synonym for violence against one's partner, but also signifies a pattern of violent and coercive behaviours that includes such acts of physical violence but also psychological abuse, sexual assault, social isolation and control, systematic and threatening harassment, intimidation, humiliation, economic extortion and diverse types of threat. All of these activities, which can be become chronic, have the goal of subjecting the victim to the aggressor's power and control. In general, and without intervention, IPV is recurrent and repetitive. In some cases it follows a process of escalation in frequency and severity, resulting in serious damage and after-effects in the victim, which may even led to death. In any case it always affects the wellbeing and health of the victim and her (his) immediate context.

A difficulty inherent in the definition of IPV lies in two elements: the identification of the term "partner" and the definition of violence. By partner we understand in this context "emotional or intimate partner", a member of a couple made up of two persons (men or women), adult or adolescent, who are having or have had consensual intimate relations over a minimum period of a few weeks, whether they have cohabited in a more less consistent way during that period or not. Thus, this definition includes spouses and ex-spouses and (ex-)girl/boyfriends, as well as those involved in more sporadic relationships. In this last case and in the opinion of the professional, it should always be considered that a consensual emotional relationship of a reasonable duration has existed. This category does not necessarily imply that the partners live or have lived together as a family or in the same dwelling. As is well known, in this type of violence, the woman is more commonly the victim and the man the aggressor, hence its inclusion in more general cases of gender violence. But nor should we discard the possibility of other partner relationship situations in which the victim and aggressor roles may correspond to a different sex/gender combination (Kropp et al., 1995, Dobash & Dobash, 1984).

Secondly, the IPV phenomenon groups together various types of violence, which can be identified as physical, sexual and psychological violence and violence by negligence or deprivation (Krug et al., 2002). It is also pertinent to distinguish subtypes of violent actions, such as, in the case of physical violence: serious threats of physical violence (death or serious injury) and physical assault *per se*, including slaps, pushing, kicking, injury or murder with knives or firearms and murder by strangling or poisoning. In the case of sexual violence the subtypes would include, at the milder end, sexual humiliation, but would extend to sexual harassment and to sadistic rape. In the case of psychological violence it would be necessary to take into account actions such as stalking, coercion and coaction, humiliation, extortions and threats, and all those forms of social and economic control over women that the WHO (2005) identifies under the label of "psychological violence or emotional abuse". Psychological abuse or violence, in IPV, also includes a series of actions by the aggressor which, according to O'Leary, can be distinguished as: denigrating the partner or harming her self-esteem and image, explicit or implicit threats of death or injury, restriction of the victim's rights

FIGURE 1
GENDER VIOLENCE, INTIMATE PARTNER VIOLENCE AND FAMILY VIOLENCE: INTERSECTION OF THE THREE PHENOMENA



and passive or active avoidance of due emotional support or care for the victim (O'Leary & Maiuro, 2001).

The most high-profile forms of IPV are indeed the proactive ones, but we should also consider other forms of violence, such as negligence or deprivation, quite frequent above all when the victims are disabled or in situations of risk of social exclusion or have severe psychosocial limitations (illegal immigrants, women in prostitution, etc.), and precisely for these reasons are more vulnerable to IPV (WHO, 2005).

The traditions more or less influenced by feminism and other sociological currents understand IPV in terms of the power relationships through which men have traditionally subjugated women, which would be the ultimate cause of such violence (Walker, 1984; Dobash & Dobash, 1984). In contrast, analysis of IPV as a criminal fact stresses the relational dimension of this type of violence and situates interpersonal conflict at the centre of its explanation (O'Leary et al., 2001; Stuart, 2005). Between the two perspectives there are discrepancies whose consequence is the proposal of different strategies for dealing with this phenomenon, and which can be summarized in an emphasis on attention to the victim or on treatment of the aggressor. But also between the two positions have emerged techniques for predicting violence imported, initially, from epidemiological and public health studies. This approach, clearly promoted by campaigns for the prevention and elimination of gender violence, has enabled those dealing with the problem (lawyers, criminologists, social workers, psychologists, forensic experts, etc.) to develop prediction procedures somewhat removed from the debate between the two conceptual views we have described. These prediction procedures use information derived from criminological studies (reoffending rates, risk factors of violent crime, etc.) and sociological and clinical studies (specific risk factors for violence against women, macro-social and individual analysis of IPV, etc.). It is noteworthy, with regard to prediction, that the fundamental reasons for the phenomenon predicted, that is, the efficient causes, are not particularly relevant for improving predictive effectiveness (Andrés-Pueyo & Redondo, 2007).

IPV: PREVALENCE, RISK FACTORS AND PREDICTION

Understanding the social reality of IPV and its determinants requires a comprehensive epidemiological approach. To obtain a clear picture of the IPV situation there is a need for more information than that provided by hospital emergency services, women's attention services or official police or judicial-prison records, since such data is always biased or partial, and does not represent the variety and intensity of IPV, except in cases of serious or highly serious physical violence. Epidemiological studies, which combine victimization surveys, health and social services surveys, etc., offer a more objective approximation to the true complexity of IPV in all its dimensions.

In 1989 an expert in family and intimate partner violence, Dr. Murray A. Straus, from the University of New Hampshire, claimed that: "Approximately half of American couples have experienced one or more incidents with physical violence in the course of their marriage" (Straus, 1989, p. 141). The figure falls to 16% for physical violence over a period of a year. Violence against women partners is recognized as a highly serious form of violence given its high prevalence (Tjaden & Thoennes, 2000; Medina & Barberet, 2003; MTAS, 2002, 2006), its mortality and morbidity (Cobo, 2007), its consequences for the physical and mental health of women (WHO, 2005; Matud, 2004; Romito et al., 2005; Amor et al., 2001) and its high social costs (WHO, 2005; Sanmartin, J. 2007).

Specific surveys for estimating nationwide prevalence of IPV, such as those carried out in the USA, Canada or the United Kingdom, show that almost one in four adult women have experienced violence by their partner or ex-partner at some time (Tjaden & Thoennes, 2000); in less developed countries these rates may be up to two or three times higher (Krug, et al., 2002). Bearing in mind the cultural and social variety of the world's countries, the percentage of women with experience of violence by their partner (or ex-partner) ranges from 15% to 71%, while the commonest range is 24% to 53%. The lowest rates correspond to urban areas in industrialized countries, such as Japan, and the highest rates to rural areas in developing countries, such as Peru or Ethiopia (WHO; 2005). In Spain, three important and wide-ranging surveys on the abuse of women were carried out by the Institute for Women (part of the Ministry of Work and Social Affairs) in 1999, 2002 and 2006. These studies have provided us with a reasonably accurate picture of reality of this phenomenon at the epidemiological and community levels in our country. The latest Macrosurvey on the Abuse of Women, from 2006, shows that the prevalence of abuse, according to the legal definition ("technical abuse") is approximately 12% per year. In

contrast, according to the more subjective measure provided by women themselves (self-reported abuse), annual prevalence is only around 4%. On the other hand, specific studies such as that carried out by Fontanil et al. (2005) set the figure for IPV at 20%, while Ruiz-Pérez et al. (2006ab), in screening research within the primary care context, estimated its prevalence at 30% over the life course and 17% over the previous year.

All the epidemiological approaches to obtaining an accurate picture of the true situation of IPV are only partially successful, since, as explained by experts in epidemiology, on attempting to measure a phenomenon based on a sample, two elements are essential: a good sample and a good measurement instrument (Maden, 2007). Two studies carried out in Spain, which we shall discuss presently, fulfil these requirements; moreover, they are carried out at two time points sufficiently far apart for their comparison to be highly illustrative. These are the studies by Medina and Barberet (2003) and Calvete, Corral and Estevez (2007).

In 1999 Medina and Barberet (Medina & Barberet, 2003) estimated the prevalence of IPV in Spain using a Spanish version of Straus's Revised Conflict Tactics Scale (CTS2) (Medina et al., 1998). The study sample was heterogeneous, made up of a total of 2015 cases of adult women (over age 18). The CTS2 questionnaire (Straus et al., 1996) is one of the most valid and reliable instruments for a dimensional measurement of IPV. Epidemiological studies of IPV frequently use questionnaires constructed "ad hoc", of unproven quality, so that their results may be influenced by considerable error levels. In this study the prevalence results were provided in terms of percentage estimation and for each of the CTS scales, and included the minimum and maximum percentage estimation scores. The results were as follows[1]: Psychological violence: 42.52% ($CI_{95\%}$: 40.31%-44.75%); Serious psychological violence: 15.21% ($CI_{95\%}$: 13.64%-16.88%); Physical violence: 8.05% ($CI_{95\%}$: 6.87%-9.36%); Serious physical violence: 4.89 ($CI_{95\%}$: 3.97%-5.96%); Sexual violence: 11.48% ($CI_{95\%}$: 10.08%-13.01%); Serious sexual violence: 4.70% ($CI_{95\%}$: 3.79%-5.97%); Injuries: 5.76% ($CI_{95\%}$: 4.75%-6.90%) and Serious injuries: 2.23% ($CI_{95\%}$: 1.62%-2.98%) (Medina & Barberet, 2003). Other studies for the estimation of IPV prevalence, many of them organized by state agencies, such as that carried out by Tadjen and Thoeness in the USA in 2000, tend to obtain data from somewhat general questionnaires, so that the results are difficult to compare between studies. Such work has obtained estimations of prevalence with different indicators, such as: "woman's self-perception as a victim of partner violence" (4.61%; $CI_{95\%}$: 3.71%-5.66%), "legally-defined abuse according to current laws" (21.16%; $CI_{95\%}$: 19.33%-23.00%), "any psychological abuse" (10.73%; $CI_{95\%}$: 9.41%-12.17%), or "any physical abuse" (7.60%; $CI_{95\%}$: 6.48%-8.85%) (Medina & Barberet, 2003).

Recently, Calvete, Corral and Estévez (2007), studying the factor structure of the CTS2, have described the prevalence of IPV, following a process similar to that used by Medina and Barberet (2003). The comparison is highly relevant, given that the data from the Medina and Barberet study were obtained in 1999, and those from Calvete, Corral and Estévez in 2006: many things changed in those 7 years with regard to the social and legal consideration of IPV. Figure 2 shows this comparison of the community prevalence data for IPV according to different indicators obtained through the Spanish adaptation of the CTS2.

In the light of these studies and others recently carried out in Spain, as mentioned above, it emerges that the epidemiological scale of IPV in this country is similar, or indeed slightly smaller, than those of other countries with comparable socio-economic and cultural characteristics (Medina & Barberet, 2003).

One of the crucial problems in the understanding of IPV, and which especially affects the less serious forms of violence (particularly psychological violence), is that IPV has an objective reality (injuries, health problems, etc.) and a subjective reality (feeling humiliated, denigrated, etc.). This has considerable consequences for the reliability of the measurement of IPV in epidemiological and clinical studies. Thus, while 80% of women victims of physical violence according to their subjective appreciation appear as victims of this type of violence in questionnaires such as the CTS2, only 4% of women who show up in the CTS2 as victims of psychological violence acknowledge themselves as victims of this type of violence; surprisingly, the case of sexual violence is similar (Medina & Barberet, 2003).

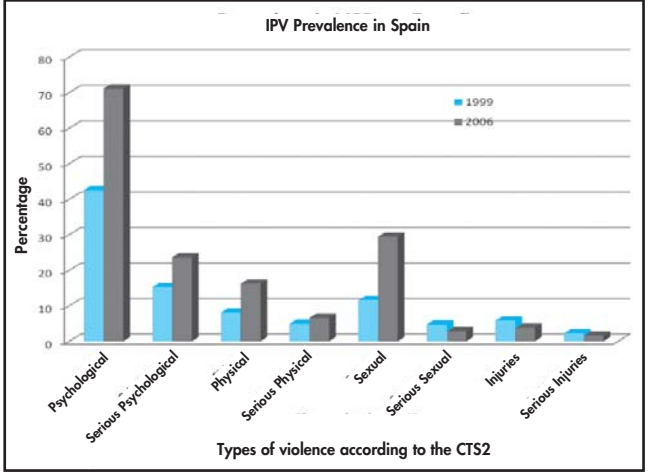
It is worth considering a final point, of a criminological nature, about the true extent of IPV. In the cases of the majority of particularly shameful violent and criminal acts

[1] According to the subscales included in the CTS2

(violence against children, sexual offences, etc.), including that of IPV, the "hidden case" model, so customary in criminology, comes into play. This "hidden case" model proposes the analogy of the iceberg, which shows only its tip above the waterline, for estimating the quantitative reality of the crime. The visible tip of the iceberg corresponds to the violence which, through different systems, is guaranteed to be detected, but which, in turn, conceals a large proportion – the so-called "hidden cases". To offer some idea of the relationship between the known and concealed figures for IPV we might consider the 2003 study carried out by the Social Affairs Dept. of the Madrid Regional Government, according to which the relationship between different values of IPV could be observed from these absolute data: 7 women murdered, 252 women admitted to shelter houses, 4,506 reports of IPV and 18,747 identified cases of physical abuse in a survey on victimization (Report by the Madrid Health Dept. – Intimate Partner Violence, 2003). The reality of hidden cases is probably changing with the passage of time and measures to put an end to IPV, which have led to the emergence of many unknown cases, but it is a constant in all epidemiological studies of crime, and will always affect IPV to a greater or lesser extent.

In addition to the implementation of epidemiological studies on IPV, great progress has been made in relation to knowledge of the risk factors associated with the phenomenon. Unearthing the causes of any violent phenomenon is no easy task, given the complexity and

FIGURE 2
PREVALENCE OF DIFFERENT FORMS OF IPV IN SPAIN ASSESSED WITH THE CTS2 (STRAUS ET AL., 1996), OBTAINED IN COMMUNITY SAMPLES OF ADULT WOMEN IN 1999 AND 2006 (DATA IN %)



abundance of the factors determining it (Andrés-Pueyo & Redondo, 2007), and the case of IPV is no exception. Apart from generalist explanations based on the historical differences in the social roles of men and women and discrimination against the latter, there are not many comprehensive explanatory models that describe and analyze the processes and mechanisms behind IPV. On the other hand, today we have considerable knowledge about the risk factors closely associated with IPV, and specifically about the factors affecting the aggressor and, to a lesser extent, the victim (Dobash & Dobash, 1979; Hotaling & Sugarman, 1986; Stith, 2004), and this aids effective execution of the tasks of prediction and prevention. Many studies are based on psychological treatments (mainly of a group nature) and indicate reoffending rates of between 16% and 47% (Tolman & Edleson, 1995).

Violent events, such as violence against an intimate partner or sexual assault, are not predictable. However, the probability of their occurring is indeed predictable (Hart, 2001). Disciplines such as economics, meteorology, seismology, engineering, public health, and so on, while unable to actually foretell specific events that will occur in the future, do have access to adequate procedures for predicting the risk of their occurrence. Likewise, in the case of IPV its risk can be predicted. The prediction of a future phenomenon is made from information based on the presence of risk and protection factors which, depending on their particular combination, generate a probability that the event will occur in the future and in a given scenario.

Risk factors are characteristics associated with an increase in the probability of a given event occurring; here it could be a violent act of a physical, sexual or other nature. Despite the fact that the presence of one or more risk factors does not necessarily indicate a particular causal relationship, it does mean an increase in the probability of an event associated with the risk factors. The same occurs with protective factors, but inversely, so that the presence of such factors reduces the probability that a given event will occur. The search for such factors – stimulated by the desire to prevent and assess the risk of occurrence of, in this case, violent acts against women – has been considerably aided by the epidemiological research described above. A typical result of such searching is a long list of these factors, which often needs refining according to the weight they have in the probability of a violent act occurring.

The lists of risk factors for IPV have been compiled as they emerged from empirical studies seeking associations between causes and consequences of IPV. Numerous and diverse factors make up the current list of factors with a greater or lesser role in the onset, maintenance and aggravation of the different forms of IPV. These risk factors are not independent of one another, and act diachronically and synchronically in the production of violent acts with widely varying degrees of influence (Stith et al., 2004).

A full and exhaustive summary of IPV risk factors was presented, based on a meta-analysis, in Stith et al. (2004), which organized the different risk factors in terms of the IPV model proposed by Dutton (Dutton, 1995). The construction of this model was motivated by the insufficiencies of analyzing intimate partner violence as simply deriving from the patriarchal beliefs of the aggressor or from his psychological dysfunction, and includes many other factors related to IPV. It is organized on four levels, from the broadest to the most restrictive. The first of these levels is that of the Macro- or Social System, which includes the general beliefs and ideological values of the culture in which the aggressor lives. The second is the Exo- or Community System, which includes everything relating to the aggressor's formal and informal social structures that connect him with the Macrostructures mentioned above. The third level is the Micro- or Group System, which includes the variables directly related to the context of abuse and the relevant inter-individual partner relationships. The final group of variables is covered by the Ontogenetic (Individual) level, and refers specifically to the developmental biography and history of the aggressor. According to this model the levels are nested within one another, the Macrosystem being the most inclusive, with the rest grouped hierarchically one within the other. Thus, we can understand the reciprocal influences (and which act throughout the development of IPV) existing between them. The factors involved are varied in nature: emotional, attitudinal, etc., since they occupy different levels in an epistemological explanation. This is a revised version of Bronfenbrenner's ecological model used by the WHO analysis in its study on violence and health (Krug et al., 2002), but is specific for the organization of IPV risk factors.

Table 1 shows some of these risk factors that have the greatest effect on the variation of IPV. The fact that many factors appear as having an influence on risk of intimate partner violence, but that none of them has a prominent or essential role, is an indication that the individual reality of such violence is multi-causal.

Finally, it should be borne in mind that the risk factors considered here indicate the risk of specific forms of violence (Andrés-Pueyo & Redondo, 2007). An expert in assessment of the risk of intimate partner violence, J.C. Campbell, claims that three types of IPV against women should be distinguished, and that we can predict differentially murder of the partner, further physical or sexual assault on the partner and criminal recidivism in aggressors. Each one of these types of violence has different predictors, and requires specific prediction instruments. Thus, risk of intimate partner murder can be assessed with the Danger Assessment Tool (DA) (Campbell, 1995); risk of new attacks on the partner can be assessed through the SARA (Kropp et. al., 1995); and risk of recidivism in criminals with a history of domestic violence can be assessed with the Kingston Screening Instrument for DV (K-SID) (Gelles & Tolman, 1998). Each one of these includes a set of common and specific IPV risk factors according to the behaviour whose risk of appearance is being assessed. Given that none of these instruments had been adapted for the Spanish context, our research group considered it appropriate to adapt the SARA, for its professional use, as well as developing an adapted pilot version of the DA[2].

A considerable number of motives, reasons and types of conflict have been identified in relation to IPV. Over 20 years ago, Hotaling and Sugarman (1986) carried out a meta-analysis to identify the risk factors for intra-familiar violence, in which they analyzed 52 case-control studies performed between 1970 and 1985, identifying over 97 risk factors for intimate partner violence by males. Among these risk factors were: having been a witness to or a victim of violence in childhood or adolescence, alcohol use, and having been violent to other family members as a child. Likewise, they identified other risk factors, such as unemployment, low income, low educational level and lack of assertiveness which, as is well known, are risk factors typical for many types of crime (Redondo & Andrés-Pueyo, 2007).

Depending on the type of study – clinical, forensic or epidemiological –, we find different risk factors proposed. Each has its utility, and all provide relevant and

[2] Available at www.ub.edu/geav

complementary information. Thus, the summary by Tjaden and Thoennes (2000) is especially practical in probabilistic terms. These authors have described the following risk factors and corresponding odds ratio (OR) for different types of IPV:

For physical violence: having a partner who is habitually verbally abusive (OR=7.63), having a jealous partner (OR=2.69), having been a victim of abuse in childhood (OR=2.59), living with partners without an administratively formalized relationship (OR=1.40), and being from a minority group or disabled (OR=1.40).

For sexual violence: the partner makes serious threats (OR=3.53), the aggressor possesses weapons (OR=2.53), the victim is aged between 18 and 25 (OR=2.11), the aggressor is the husband (OR=1.69), and the aggressor abuses alcohol and other drugs (OR=1.55).

Apart from the risk factors, both static and historical, the motives for IPV, especially in a proximal explanation, are also diverse. Notable among them are conflicts within the couple (O'Leary & Maiuro, 2001). We are well aware that such conflicts vary greatly in their background: everyday life, infidelity, financial problems, care and upbringing of children, domestic problems, poor sexual relations, jealousy, possessiveness, and control (Dobash & Dobash, 1979) – all of which are to different extents antecedents of IPV. In addition to knowledge about risk factors and their quantitative importance, functional analysis of IPV provides important results about its causes. Dobash and Dobash (1984) studied the frequency of the different causes of violent events between members of the couple, finding that they included: sexual jealousy and "possessiveness" (45%), expectations about housework tasks (16%), financial problems (18%), problems related to social status or social role (3%), rejection of sexual demands (2%), the woman's attempts to leave (10%), difficulties over friends or relatives (4%), alcohol abuse by the man (6%), causes related to the children (4%), and other causes (3%). It is interesting to note the convergence of these results with those provided by the police on the basis of reports. Police records show that in serious cases of intimate partner violence the causes were: sexual jealousy and possessiveness (12%), problems related to housework (37%) and threats or attempts to leave on the part of the woman (17%). Cross-cultural studies suggest that sexual jealousy or infidelity are involved in half of these violent events, and that the woman's failure to fulfil her supposed obligations is the factor behind the majority of the rest of this type of violence (O'Leary et al, 2007).

The range of situations/factors leading to violence against women is broad, and includes cases such as "finding the woman talking to strangers at the bus-stop", "wearing the wrong clothes or make-up" "rejection of the

TABLE 1
RISK FACTORS FOR INTIMATE PARTNER VIOLENCE DESCRIBED FROM THE META-ANALYSIS BY STITH (2004).*

*It should be stressed that only generic definitions of the risk factors are included, and that the factors may be positively or negatively related to IVP. Factors in bold are the most powerful predictors. Organization of the factors is according to the classification by Bronfenbrenner (see text).

	Macro-system	Exo-system	Micro-system	Ontogenetic (Individual)
AGGRESSOR	Culture Social values Ideology Social beliefs	**Work** **Educational level** **Work/Life stress** Violence against other family members (not partner) **Income** Previous arrests **Age**	Victim of childhood abuse **Forced sexual relations** Harassment **Partner satisfaction** Separation from partner Control over partner Maltreatment of animals **Jealousy** **Emotional and/or verbal abuse** **History of violence against partner**	**Abuse of illegal drugs** **Hate/Hostility** **Attitude of excusing violence against women** **Traditional ideology in sexual roles** **Depression** **Alcohol abuse** Empathy
VICTIM	Culture Social values Ideology Social beliefs	**Work** **Educational level** **Income** Social support **Age**	Partner satisfaction Separation from partner **Number/presence of children** **Intimate partner violence**	**Fear** Pregnancy Hate/Hostility Abuse of illegal drugs Attitude of excusing violence against women **Alcohol abuse** **Depression**

man's sexual demands" "an argument caused by excessive drinking" or "the man's being asked to come home early", to mention just a few. Three themes appear to be prominent in the background to situations of IPV: threats about the continuity of the relationship, stressful life events and problems deriving from the use of alcohol and other drugs (Walker, 1984; Dutton, 1995; O'Leary & Maiuro, 2001). These same authors argue that in intimate partner relationships violence is used for exercising control over the woman in four different ways: domination of arguments, direct domination of the woman and the relationship, avoidance of the woman leaving the relationship, and control over propriety of the woman's body. It has also been estimated that sexual jealousy triggers between 7 and 41% of IPV cases (Block et al., 2001). These authors reported that 86% of the women in their study reported that their partners were jealous, and did not want them to talk to other men or to other women.

Various studies have shown how the woman's separation and distancing have a very strong influence on risk of serious and very serious IPV, with a proportion that ranges from 25 to 52% of intimate partner murders (Stout, 1993). The real threat of actual murder of the partner motivated by separation violence tends to be an immediate phenomenon, the danger generally passing 1 year after the separation (Wilson & Daly, 1993; Belfrage, et al., 2004), and often after as little as a month (Stout, 1993). Block and Christakos (1995) found that male aggressors could murder their partners when they left or threatened to leave, and reported that IPV was more serious after the couple had actually separated (Block & Christakos, 1995). Berk et al. (1983) found that the use of detention orders increases the probability of women experiencing serious abuse in response to such measures, on comparing their situation with those of women who did not report their partners. These studies suggest that having lived with an aggressor is a factor that increases the risk of violence when the woman decides to break up the relationship (Block, Skogan, Fugate & Devitt, 2001).

Numerous and diverse risk factors are significantly associated with IPV, though in a recent study using multivariate modelling of the relations between intimate partners (for both aggressors and victims), O'Leary (O'Leary et al., 2007) described a relatively small set of just three factors directly related to acts of violence within the couple. These three factors are: domination and jealousy, marital conflict or maladjustment, and symptoms of depression or emotional overload (O'Leary et al., 2007). In fact, these three factors call to mind the most significant arguments put forward by the three traditions that have formulated interpretative models of the causes of IPV. For the feminist tradition, control, jealousy and sexist domination occupy the central role in IPV. For the more criminological approach the main cause of IPV are conflicts best identified through the variable "marital adjustment". And finally, the clinical or psychopathological perspective stresses the role of variables well represented by affective disorders. These three types of variables may indeed be, in an immediate predictive sense, as relevant or more so than those in the lists we discussed above, but it should be borne in mind that the three factors mentioned form part of a web of interactions that extend over time and explain the chronicity and specificity of IPV.

Important elements of strategies for reducing and eliminating violence against women include prevention campaigns, training of specialists in early detection of IPV, legislative measures against IPV, provision of resources for avoiding women becoming victims again, and assessment of the risk of violence. All such procedures help, in an ongoing way, to indicate the variations in risk of IPV and the protective measures to be applied in proportion to the level of risk identified. Risk assessment becomes an essential procedure for managing the future of aggressor and victim. Moreover, IPV risk assessment instruments are of great help to professionals working in forensic, victimological, penitentiary, social work and family guidance contexts for the prevention of IPV, and are also used for assessing violence risk levels in treatments and interventions with aggressors and for reviewing the quality of decisions taken during civil or penal actions, where the probability of IPV is extremely high.

One of the forms of preventive intervention in IPV is the prediction of future violence, which can help to avoid further aggressive events and even, in some cases, the woman's death (Dutton & Kropp, 2000; Hilton & Harris, 2005). The probability of identifying aggressors who may reoffend is low when risk assessment procedures are not applied, since the classic factors of "dangerousness", serious mental illness and criminal history tend not to be found in the majority of IPV perpetrators, giving rise to frequent cases of "false negatives", through the belief in notions which have been exposed as false – or as myths – in the causality of IPV. Indeed, and in a climate of great social alarm, the possibilities of police investigators,

judges and other professionals making mistakes tend to be in the opposite direction, with a good deal of "false positives" in the prediction of IPV reoffending.

There are many reasons for using techniques for the prediction of IPV. All, naturally, have the primary aim of effectively protecting the potential victim, but there are some more explicit reasons that also merit a mention. One of these, and which endorses the application of risk assessment procedures for IPV, is the fact that women victims are not generally aware of the level of risk they are at in some situations (Hecker & Gondolf, 2004). In the case of murder in this context, approximately half of the victims did not consider themselves to be at risk of death from their partner (Campbell et al., 2003). Another reason concerns the need to predict other violence that occurs in the domestic context, which is related to IPV and is typically highly repetitive (Campbell, 1995; Dutton & Kropp, 2000; Gondolf, 1997; Quinsey, et al., 1998).

Another series of reasons are of a more professional nature, and relate, for example, to the improvement in the consistency of prognostic decisions and the transparency of the processes professionals use for making predictions (Kropp et al., 1995). To summarize the advantages of these IPV prediction techniques: a) They assist in the making of prognostic decisions; b) They increase the rigour, and above all the transparency, of decisions, thus reducing the negative results of civil responsibility demands arising from such decisions, c) they help protect the property and security of victims and aggressors, d) they assist security management, and e) they help prevent IPV. Clearly, continual assessment and adequate management of risk is the most appropriate approach for the prevention of violence cases.

In contrast to the case of other types of violence, in that of IPV we can be optimistic, and anticipate that risk assessment is a potent procedure for its prediction. Such optimism is encouraged by the existence of instruments which, like the SARA, facilitate the task of prediction. The use of prediction instruments based on actuarial or mixed strategies (Andrés-Pueyo & Redondo, 2007) is highly recommendable in the case of IPV because its base rates or prevalence are very high, and this is a main reason for such good predictions (Dutton & Kropp, 2000). The one case in which there is less cause for optimism is the prediction of murder of the partner, since its low prevalence makes effective prediction difficult. Prevalence of murder of women in Spain is around 0.3 per 100,000, whilst violence against women ranged from 4 to 12% in 2006 (MTAS, 2006). Furthermore, we might consider two factors that facilitate the prediction of IPV: relatively easy access to information about the aggressor provided by victims or those around them, and fairly comprehensive knowledge of the most important risk factors for this type of violence (Kropp et al., 1995; Hilton & Harris, 2005).

By way of conclusion we believe it important to consider the following: knowledge of the technique of risk assessment for the prediction of IPV makes us aware that we can never know whether a person will commit a given violent act in the future; we can merely estimate the probability that, on certain occasions and in certain conditions (in a family, school setting, etc.), and within a restricted time interval (weeks or months), violence will occur. Thus, the prediction of violence becomes the assessment of the relative risk of violent behaviour by a person in a given context and within a more or less precise time period. This assertion is of the utmost relevance in the prediction procedure for IPV, behaviour which is regulated by the influences of multiple variables acting in combination.

THE SARA GUIDE FOR THE ASSESSMENT OF IPV RISK

The SARA (Spouse Assault Risk Assessment) is a guide for IPV risk assessment originally developed by P. Randall Kropp, Stephen D. Hart, Christopher D. Webster and Derek Eaves, and published for the first time in 1993. The version we adapted to Spanish is the second edition, from 1995 (Andrés-Pueyo & López, 2005). The SARA is an instrument of great utility for assessing risk of serious violence (physical and sexual violence) between members of an intimate partnership (current or previous) in any of the situations in which such assessment may be necessary, including civil actions between partners or ex-partners, litigation over custody of children, separation and divorce, criminal cases over charges of abuse, situations of reoffending risk, situations of probable imminent physical violence, and so on. The instrument is in the form of a guide, a small book that accompanies the assessment protocol, on the same lines as and with a similar design to other instruments, such as the HCR-20 or the SVR-20 (see Andrés-Pueyo & Redondo, 2007).

The SARA follows the procedure of the methods of mixed, clinical-actuarial judgement, for the assessment of risk based on a checklist of 20 IPV risk factors. The instrument requires the assessors to decide on the presence and/or absence of risk factors and to consider whether among these factors there are any that can be

considered as "critical" (i.e., with specific high relevance), so as to report in a simple manner on the probability of an aggressor repeating the violent behaviour within a period of approximately 3 to 6 months from the time of the assessment.

The first step in the construction of the SARA was to carry out an extensive review of the clinical and research literature related to the study of IPV risk. The review identified numerous studies providing information on the risk factors that distinguished aggressors from those who were not violent toward their partners (Hotaling & Sugarman, 1986). Others had identified the IPV risk factors in situations in which the aggressor had been reported and sentenced or was receiving treatment (Gondolf, 1988). Many of the risk factors related to IPV also appeared in studies related to the risk of violence in general (Monahan & Steadman, 1994). From the review of the literature there emerged numerous proposals related to IPV risk assessment, which was sometimes identified with the term "assessment of the risk of murder of the partner" or "assessment of the need to alert the partner". The result of this exercise carried out among researchers and professionals was a protocol of 20 elements, which in the context of the SARA are referred to as items, given their similarity to the elements making up psychological tests, even though they are more identifying labels of the risk factors than formulations that require a response on the part of aggressors or victims. These risk factors are grouped in five sections:

1. Criminal history. The existence of a history of crime, even if those crimes are not specifically related to IPV, is strongly associated with risk of reoffending in IPV. This category would include both a history of violence *per se* and failure to adhere to sentences or other measures imposed by a judge, a court or similar. Three elements are taken into account: "Previous violence against family members", "Previous violence against strangers or against known people from outside the family", and "Violation of bail, parole or similar judicial measures."
2. Psychosocial adjustment. Two of the SARA items reflect the observation that this type of violence is associated with recent and recurrent psychosocial maladjustment: "Recent problems in intimate partner relationships" and "Recent employment and work-related problems". It is not very important, in the context of risk assessment, to know whether the maladjustment is caused by a more or less chronic psychopathological problem or whether it is the product of a stressful financial or personal situation. In any case, these factors always emerge as good predictors of IPV.

   Other items in this section include "Victim and/or witness to family violence in childhood and/or adolescence", "Recent use/abuse of drugs", "Recent suicidal or murderous ideas/attempts", "Recent psychotic/manic symptoms" and "Personality disorder with anger, impulsiveness and behavioural instability". Mental disorder is considered to be associated with difficulties in the use of coping strategies and with a situation of heightened social and interpersonal stress, so that individuals with a mental and/or personality disorder have a greater disposition to act and make decisions inappropriately in situations of real or imagined conflict with their partner (Arbach & Andrés-Pueyo, 2007; Maden, 2007).
3. History of IPV. This section includes seven items related to previous IPV, and has enormous specificity for this type of violence, as did the items in the first section. The items in this third section are: "Previous physical violence", "Sexual violence and/or jealousy attack in the past", "Use of weapons and/or credible death threats", "Recent increase in the frequency or seriousness of aggression". The following three items refer to behaviour or attitudes that accompany the violent behaviour. "Previous violations of restraining orders", "Extreme minimization or denial of previous intimate partner violence" and "Attitudes that justify or excuse intimate partner violence".

These risk factors refer to events prior to the report or other occurrence that leads to an assessment being made (these are included in the final section of the SARA). Therefore, assessors must take great care to distinguish the magnitude of the perceived risk attributable to the events formally documented (which are generally accepted as valid or true) from the risk attributed to the present reported events (which are those occurring in the situation immediately prior to the assessment). Technically, the event that leads to the assessment is called "index offence", which is of great operational importance in the use of the SARA.

4.- Current crime/aggression (which motivates the assessment). This section includes three items similar, in terms of their content, to others appearing in the previous section, but which refer exclusively to the most recent aggression or that which has motivated the as-

sessment: "Serious sexual violence", "Use of weapons and/or credible death threats" and "Violation or non-fulfilment of restraining orders".

5.- Other considerations. This final section does not contain any particular or specific items. It is available for the assessor to note those considerations that are present in a specific case, which are associated with high risk of IPV, but are much more uncommon than those included in the protocol. Examples of this type of aspect are: history of harassment or stalking behaviours, and antecedents of torture, sexual sadism or mutilation in relation to intimate partners.

Once the phase of detailed decisions in relation to each item and on the critical importance of each one is over, it is time for the final assessment, which consists in making a decision about the risk of violence in the case. Two points should be made here in relation to the result of the assessment. First, each assessment is circumscribed to a time period appropriate to the case (this is often 6 months or a year); no decisions have indefinite validity. The second is that each assessment relates to a given type of violence, and cannot be generalized to others. That is, if we are assessing the risk of sexual violence, the assessment will not be applicable to psychological abuse of the partner or risk of suicide.

The task of summarizing the final violence risk assessment through the use of this guide is made in an unstructured way and without weighting – that is, without following a precise algorithm of decision, and according to the assessor's judgement. It is generally made taking into account the number of items and of critical items present in the assessment. There are four levels of final risk assessment: low, moderate, high and imminent, in line with the system customary in the assessment of other natural or social risks in a variety of fields, from meteorology to economics.

The final phase in the risk assessment process is that which corresponds to the communication and announcement of its results. It should be emphasized that violence risk assessments normally form part of different processes such as decisions by police and/or related to protection and security, judicial or penitentiary procedures, forensic reviews of the personal situation of aggressors and victims, or care service processes for victims. Thus, they are assessments aimed at responding to demands made by agents external to those responsible for the assessments themselves. It should be pointed out that the information these assessments may provide, by its very nature, applies only to the time period covered by the prediction and to the probabilities that can be inferred, since, as we have stressed, the prediction of the risk of violence does not determine the occurrence of a specific event, but rather estimates the probability that such behaviour will take place.

All of this process permits the assessor, more than any other professional, to consider elements of the management of violence risk for their subsequent application. Having made an exhaustive analysis of the aggressor's history, having examined his clinical state at the time of the assessment, and having speculated on his future in different conditions and scenarios makes it possible to put forward risk management proposals that are highly individualized, and therefore practical for all those responsible for preventing violence against women.

In order to evaluate the predictive capacity of the Spanish adaptation of the SARA, we carried out a retrospective study of IPV risk assessment and re-occurrence in a representative sample of victims who had reported their partners or ex-partners at the Barcelona Provincial Criminal Court during the period 2004-2005. We analyzed the legal and technical reports made by the Barcelona Penal Technical Assessment Team, from the Department of Justice of the Catalan Government. A total sample of 102 couples (204 subjects) was analyzed, with a 12-month follow-up to assess reoffending by the aggressors and the accuracy of the predictions that had been made by the authorities on the basis of the SARA.

In this study, the first carried out in Spain to explore the utility and efficacy of the SARA, we reviewed the 20 items of the SARA and created a protocol for the collection of data on other IPV risk factors identified in the recent scientific literature (Stith, 2004) that do not appear in an explicit manner in the SARA. We obtained a total of 166 variables grouped in 7 categories: sociodemographic data, family antecedents, personal antecedents, intimate relationship with the victim, history of violence in the aggressor, history of violence against the victim and crime or event that motivated the present assessment.

The results of the study, briefly summarized, reflect first of all the chronic and repetitive reality of IPV, since 73.5% of victims reported having been physically assaulted on one or more occasions prior to that which led to the current report (the "index offence"). If we take into account psychological abuse, the percentage rises to 85.3%. It also emerged that 44% of the sampled women attacked did not leave their partners, despite long

histories of abuse (mean period of cohabitation of the couples in the sample was 13.7 years).

With regard to the risk factors, exclusive to aggressors, we obtained the following results: learning difficulties and behavioural disorders in childhood (23.5%), anger, hostility or irritability, emotional instability (79.4%), record of assault on other people or of crime in general (44.1%), extreme minimization or denial of the violence with increase in the frequency or seriousness of the aggression (78.4%). As regards risk factors for the victims, the most notable were affective disorders (69.6%), having been assaulted by previous partners (13%) and feelings of fear and anxiety (79.5%) (for more details, see López & Andrés-Pueyo, 2006)

With respect to the results obtained exclusively through the guide, and which served as a final assessment (both qualitative and quantitative) of the SARA, we obtained a mean score for the aggressors in the sample studied of 19.58 (SD=6.88), considering the quantitative conversion recommended by the authors for the purposes of empirical studies. Of the total of aggressors assessed in this study, 60% reoffended in the post-assessment period (one year after the original sentence and in the same judicial district). We consider this estimation of reoffending (undoubtedly due to the severe restrictions of the criteria) to be in the low range of IPV reoffending. In turn, the study revealed that global assessment with the SARA offered high predictive capacity, correctly classifying (i.e., as probable future aggressors) 85% of reoffenders and (as probable future non-aggressors) 72% of non-reoffenders. It is also worthy of note that all the aggressors who had obtained a total SARA score above the mean had a probability of reoffending almost six times higher than those who scored below the mean (X^2:16.8; df:1; p<0.001; OR: 5.77; CI 95%=2.4-13.8). These values are similar to those found in other studies on psychometric rating of the SARA (Grann & Wedin, 2002).

The growing number of IPV aggressors identified by the police or involved in judicial proceedings has increased the demand for the assessment of IPV risk. The initial motivation for the development of the SARA was to facilitate the assessment of IPV risk in the police and criminal judicial contexts; it has also been used in contexts such as prisons, civil justice or quality control and review of critical IPV incidents. Risk assessment is useful in the penal context at different points of the process, such as after a person has been arrested for acts related to IPV, or when the nature of the reported act or the detainee's criminal record may deem it appropriate to order a preventive prison sentence or some restrictions on his liberty (e.g., a restraining order). Furthermore, risk assessments are commonly requested during a trial so that the judge can decide on a sentence (conditional discharge, prison or alternative sentence). In turn, while the aggressor is serving the sentence risk assessments can help prison staff to develop treatment plans and to decide on the appropriateness of family visits, conjugal ("face-to-face") visits and parole. In the case of aggressors who have been in prison, risk assessments can be of help when it comes to deciding on the terms of a possible conditional discharge and drawing up plans for reinsertion into the community. Finally, for aggressors already living in the community and coming to the end of their sentence, such assessments provide information for the treatment team about the need to report to the authorities on the risk the person represents before the process is completely finished.

The SARA can also be used in the civil justice context, in which there is growing interest in the subject of family violence. IPV risk assessments are becoming more and more frequently involved in cases of separation and divorce, as well as in processes of custody and visiting rights where couples have children. Such assessments are of particular importance, since separation of the couple can act as a trigger for IPV; in general, such conflictive situations increase the risk of the recurrence and escalation of this type of violence (McMillan, Wathen with the Canadian Task Force on Preventive Health Care, 2001; Stith, 2004).

As regards the obligation to inform third parties, this is based on the idea that certain professionals can have access to reasonable knowledge about a subjects' likelihood of attempting harmful actions against others or against themselves, so that these professionals are in a position to act on the consequences of such risk. The SARA can be used in situations in which the subject is in voluntary or mandatory treatment and the professional sees the possibility of IPV risk. Assessment of such risk through the SARA gives reasonable and consistent justification for acting in relation to third parties.

Given the above, we believe the SARA could also be used by professionals working in the fields of mental health and prisons and by lawyers (such as victims' defence lawyers) who wish to examine the rigour and quality of IPV risk assessments made by other professionals.

Likewise, the SARA can be used by police and other security professionals in their work in the management and control of IPV. In fact, a special version has recently been designed for optimum use in situations in which urgency and lack of information compromise the position of such professionals, who are often involved in front-line action where risk assessment is a relevant factor. This version, primarily for use by the police, is called B-SAFER, and its effectiveness is being tested by police in Canada and Sweden. It has also served as a guide for police work in Spain on the pilot plan for assessing risk of violence against women, implemented by the National Police and Civil Guard. These two bodies have developed a specific risk assessment protocol within the framework of IPV (currently being regularly applied), based on the application of the Gender Violence Act (*Ley contra la violencia de género*).

CONCLUSIONS

Violence against women, especially that perpetrated by their partners or ex-partners (IPV), is determined by the combined effect of numerous individual variables and historical and immediate situational factors acting in the context of intimate partner relationships. It frequently emerges in relation to serious and chronic interpersonal conflict (Dobash & Dobash, 1984; Straus, 1990; and Stuart, 2005). Although at first sight it may seem so, understanding IPV is far from simple. The current reality of IPV in Spain and in other countries with a similar level of socio-economic development situates it among the most serious problems affecting the health and well-being of women and families (Krug et al., 2002). Levels of prevalence recorded in the last 7 years indicate an apparent increase in the less serious forms and a slight decrease in the more serious forms of IPV (Medina-Barberet, 2003; MTAS, 2006; Calvete et al., 2007; and Sanmartin, 2007). Prominent among the strategies designed for eradicating this problem, and in which a range of professionals participate (police, judges, prison officers, doctors, psychologists, nurses and social workers), are those concerned with the prediction and future management of IPV. This task, based on the decisions of the professionals involved, is a complex one, and we cannot limit ourselves to seeking simplistic explanations and immediate remedies, since the security of the victims is at stake.

In this work we have sought to present in summarized form our conception of IPV, as well as discussing the current prevalence of the most studied risk factors (such as those proposed by Stith, 2004) and other elements involved in the prediction of IPV. Likewise, we have described the SARA, a guide to IPV risk assessment and its applications. We have also discussed some data on the predictive efficacy and utility of the Spanish adaptation of the SARA, one of the most widely used instruments for the prediction of IPV.

Intimate partner violence is characterized by marked inequality in the relationship, high reoffending rates and persistence of the problem over time; therefore, preventive strategies must necessarily include an assessment of the risk that the aggressor will reoffend, and the SARA is an excellent tool for assisting all those professionals working in this field of intervention.

This guide for IPV risk assessment provides psychologists working in prison, forensic and judicial contexts with an effective instrument for the prediction of serious and sexual IPV. Prognostic decisions in the clinical context, in penal or civil cases, in services for victims, and so on, can be improved through the use of the SARA. In conjunction with the work of other professionals involved in the management and control of IPV, decisions based on the SARA permit the adjustment of interventions for controlling the aggressor and protecting the victim in an ongoing and dynamic way. By comparison with predictive procedures based exclusively on clinical or criminological decisions, the predictive capacity for serious IPV in the short and medium term offered by guided assessment is 4-6 times better.

ACKNOWLEDGEMENTS

This work was carried out in the framework of the research projects SEC2001-3821-C05-01/PSCE and SEJ2005-09170-C04-01/PSIC from the Spanish Ministry of Education and Science.

REFERENCES

Andrés-Pueyo, A. & López, S. (2005). *Manual para la valoración del riesgo de violencia contra la pareja. Andrés-Pueyo, A. & López, S. (Trad.).* Barcelona: Publicacions i Edicions de la Universitat de Barcelona.

Andrés-Pueyo, A. & Redondo, S. (2007). Predicción de la violencia: entre la peligrosidad y la valoración del riesgo de violencia. *Papeles del Psicólogo. 28(3):* 157-173.

Arbach, K. & Andrés-Pueyo, A. (2007). Valoración del riesgo de violencia en enfermos mentales, el HCR-20.

Papeles del Psicólogo. 28(3): 174-186

Amor, P. J., Echeburúa, E., Corral, P., Sarasua, B. & Zubizarreta, I. (2001). Maltrato físico y maltrato psicológico en mujeres víctimas de violencia en el hogar: un estudio comparativo. *Revista de Psicopatología & Psicología Clínica, 6,* 167-178.

Belfrage, H. & Rying, M. (2004). Characteristics of spousal homicide perpetrators: a study of all cases of spousal homicide in Sweden 1990–1999. *Criminal Behaviour and Mental Health, 14*, 121–133

Berk, R. A. et al. (1983). Mutual Combat and Other Family Violence Myths" in Finkelhorn et al. (eds.) *The Dark Side of Families*, Beverly Hills: Sage Publications, 1983.

Berk, R. A., He, Y. & Sorenson, S. B. (2005). Developing a practical forecasting screener for domestic violence incidents. *Evaluation Review, 29(4)*, 358-383.

Block, C. R. et al. (2000). *"Who Becomes the Victim and Who the Offender in Chicago Intimate Partner Homicide?"* Paper presented at the American Society of Criminology meeting, San Francisco, CA.

Brito, C. & Andrés-Pueyo, A. (2007). Detección de la Violencia contra la Pareja en Profesionales de la Medicina y la Psicología Clínica. Research project for obtaining the *Diploma de Estudios Avanzados* (unpublished).

Calvete, E., Estévez, A. & Corral, S. (2007). Trastorno por estrés postraumático y su relación con esquemas cognitivos disfuncionales en mujeres maltratadas. *Psicothema, 19(3)*, 446-451.

Calvete, E. Corral, S. & Estévez, A. (2007) Factor Structure and Validity of the Revised Conflict Tactics Scales for Spanish Women. *Violence against women. 13(10)*: 1072-1087.

Campbell, J. C. (Ed.). (1995). *Assessing Dangerousness. Violence by sexual offenders, batterers, and child abusers*. Thousand Oaks: SAGE Publications.

Campbell, J. (2002). Health consequences of intimate partner violence. *Lancet, 359*, 1331-1336.

Campbell, J. et al. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. American Journal of Public Health, 93(7), 1089- 1097.

Campbell, J., Webster, D., Koziol-McLain, J., Block, C. R., Campbell, D., Curry, M. A., et al. (2003). Assessing risk factors for intimate partner homicide. *NIJ Journal, 250*, 14-19.

Castellano Arroyo, M. et al. (2004). Violencia contra la mujer. El perfil del agresor: criterios de valoración del riesgo. *Cuadernos de Medicina Forense.* 35:15-28

Cobo, J.A. (2007). *La prevención de la muerte homicida: un nuevo enfoque*. Unpublished technical report. El Justicia de Aragón (expediente nº 1066/07)

Dobash, R. E., & Dobash, R. (1979). *Violence against wives*. New York: Free Press.

Dobash, R. E., & Dobash, R. (1984). The nature and antecedents of violent events. *British Journal of Criminology, 24(3)*, 269–288.

Dobash, E.R., Dobash, R.P., Cavanagh, R. & Medina Ariza,J. (2007). Lethal and Nonlethal Violence Against an Intimate Female Partner: Comparing Male Murderers to Nonlethal Abusers. *Violence against women. 13*; 329-353.

Dutton,D.G. (1995). *The Batterer: A Psychological Profile.* New York. Basic Books.

Dutton, D. G., and R. R. Kropp. 2000. A review of domestic violence risk instruments. *Trauma,Violence, & Abuse 1 (2)*: 171-81

Echeburúa, E. & Corral, P. (1998). *Manual de violencia familiar*. Madrid: Siglo XXI.

Echeburúa, E., Corral, P. & Fernández-Montalvo, J. (2006). Predicción del riesgo de lesiones graves y de homicidio en la violencia de pareja. (in press).

Feld, S. & Straus, M. (1989). Escalation and desistance of wife assault in marriage. *Criminology, 27(1)*, 141.

Felson, R.(1993). *Violence and gender*. Guilford Press. NY.

Follingstad, D. (2007). Rethinking current approaches to psychological abuse: conceptual and methodological issues. *Aggression and Violent Behavior, 12*, 439.

Fontanil, Y., Ezama, E., Fernández, R., Gil, P., Herrero, F. J. & Paz, D. (2005). Prevalencia del maltrato de pareja contra las mujeres. *Psicothema, 17*, 90-95.

Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heise, L. & Watts, C. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet, 368*, 1260-1269.

García-Zafra, I. (2003). Tratamiento penológico de la violencia familiar en los Juzgados de Granada [Electronic Version]. Revista Electrónica de Ciencia Penal y Criminología, at http://criminet.ugr.es/recpc.

Gelles, R., & Tolman, R. (1998). *The Kingston Screening Instrument for Domestic Violence (KSID)*. Unpublished risk instrument, University of Rhode Island, Providence.

Gondolf, E. (1997). "Patterns of Reassault in Batterer

Programs." *Violence and Victims, 12*, 373– 387.
Grann, N. & Wedin, I. (2002). Risk factors for recidivism among spousal assault and spousal homicide offenders. *Psychology, Crime and Law. 8(1)*: 5-23
Hart, S. (2001). Assessing and managing violence risk. In: K. Douglas et al. (ed). HCR-20: violence risk management companion guide. Vancouver, SFU ed. 13-26.
Heckert, A. & Gondolf, E. (2004). Battered women's perceptions of risk versus risk factors and instruments in predicting repeat reassault. *Journal of Interpersonal Violence, 19(7)*, 778-800.
Hilton, N. Z., Harris, G.T., Rice, M.E., Lang, C., Cormier, C.A. & Lines, K.J. (2004). "A Brief Actuarial Assessment for the Prediction of Wife Assault Recidivism: the Ontario Domestic Assault Risk Assessment." *Psychological Assessment, 16(3)*: 267-275.
Hilton, N.Z. & Harris, G.T. (2005). Predicting wife assault: A critical review and implications for policy and practice. *Trauma, Violence, & Abuse, 6*, 3-23.
Hilton, N. Z., G. T. Harris, et al. (2006). Sixty-Six Years of Research on the Clinical Versus Actuarial Prediction of Violence prediction. *The Counseling Psychologist*, 34(3): 400-409.
Holtzworth-Munroe, A., and Stuart, G.L. (1994). "Typologies of Male Batterers: Three Subtypes and the Differences Among Them." *Psychological Bulletin, 116*, 476–497.
Hotaling, G.T. & Sugarman, D.B. (1986) An analysis of risk markers in husband to wife violence: The current state of knowledge. *Violence and Victims. 1(2)*: 101-124.
James, K. (2007) Understanding men's versus women's intimate partner violence. www.xyonline.net/downloads/James_Women_ domestic_vio.doc
Jewkes, R. 2002. Intimate partner violence: causes and prevention. *Lancet, 359*, 1423-1429.
Klostermann, K. C. & Fals-Stewart, W. (2006). Intimate partner violence and alcohol use: Exploring the role of drinking in partner violence and its implications for interventions. *Aggression and Violent Behavior, 11*, 587-597.
Kropp, P. R., Hart, S. D., Webster, C. D. & Eaves, D. (2005). *Spouse Abuse Risk Assessment.* SFU. Vancouver.
Krug, E.G., Dahlberg, L.L, Mercy, J.A. & Zwi, A.B. (2002). World Report on violence and health. Geneva. World Health Organization.
Laurenzo Copello, P. (2005). La violencia de género en la Ley Integral: valoración político-criminal. *Revista Electrónica de Ciencia Penal y Criminología (online). 07-08*, p. 08:1-08:23.
López, S. & Andrés-Pueyo (2006). *Violencia de gènere i justícia*. Invesbreu, 38. Butlletí de difusió de recerques. Barcelona: Centre d'Estudis Jurídics i Formació Especialitzada de la Generalitat de Catalunya.
Maden,A. (2007). *Treating violence: a guide to risk management in mental health*. Oxford, Oxford Univ. Press.
Mahoney, P., Williams, L. M., & West, C. M. (2001). Violence against women by intimate relationship partners. In C. M. Renzetti, J. L. Edleson, & R. K. Bergen (Eds.), *Sourcebook on violence against women* (pp. 143-178). Thousand Oaks, CA: Sage.
Matud, M. P. (2004). Impacto de la violencia doméstica en la salud de la mujer maltratada. *Psicothema, 16*, 397-401.
McCloskey, K. & Grigsby, N. (2005). The ubiquitous clinical problem of adult intimate partner violence: the need for routine assessment. *Professional Psychology: research and practice, 36(3)*, 264-275.
McMillan, H.L., Wathen, C.N., with the Canadian Task Force on Preventive Health Care (2001). Prevention and treatment of violence against women: Systematic review & recommendations. CTFPHC Technical Report #01-4. London, Ontario: Canadian Task Force.
Medina-Ariza, J., Barberet, R., & Lago, M. J. (1998, November). *Validity and reliability of the CTS-II: Another sledgehammer?* Paper presented at the annual meeting of the American Society of Criminology, Washington, DC.
Medina-Ariza,J. & Barberet,M. (2003). Intimate Partner Violence in Spain. Findings from a National Survey. *Violence against women*, 9: 302-322.
Ministerio de Trabajo y Asuntos Sociales e Instituto de la Mujer (2002). Macroencuesta sobre "violencia contra las mujeres". Madrid: Ministerio de Trabajo y Asuntos Sociales.
Ministerio de Trabajo y Asuntos Sociales e Instituto de la Mujer (2006). Macroencuesta sobre "violencia contra las mujeres". Madrid: Ministerio de Trabajo y Asuntos Sociales.
Monahan, J. and H. J. Steadman (1996). "Violent storms and violent people: How meteorology can inform risk communication in mental health law." *American*

Psychologist 51(9): 931-938.

Moffitt, T., Caspi, A., Krueger, R. & Magdol, L. (1997). Do partners agree about abuse in their relationship? A psychometric evaluation of interpartner agreement. *Psychological Assessment, 9(1)*, 47-56.

Muñoz-Rivas, M., Graña-Gómez, J. L., O'Leary, D. & Gonzalez-Lozano, P. (2007). Physical and psychological aggression in dating relationships in Spanish university students. *Psicothema, 19(1)*, 102-107.

Obra Social Fundació "la Caixa" (2005). Violència: Tolerància Zero: Programa de prevenció de l'Obra Social "la Caixa". Barcelona: Fundació "la Caixa".

O'Leary, D. & Maiuro, R. D. (Eds.). (2001). *Psychological Abuse in Violent Domestic Relations*. New York: Springer Publishing Company.

O' Leary, D.K. et al. (2007). Multivariate Models of Men's and Women's Partner Aggression. Journal of *Consulting and Clinical Psychology*. 75 (5): 752–764

Pence, H. & Das, S. (2006). *Re-examining "battering": are all acts of IPV the same?* Project 1998-WR-VX-K001. Office on Violence against Women. US Dep. of Justice.

Pinard, G.F. & Pagani, L. (Eds.). (2001). *Clinical Assessment of Dangerousness: Empirical Contributions*. Cambridge: Cambridge University Press.

Puzone, C.A., Saltzman, L.E., Kresnow, M.J., Thompson, M.P. & Mercy, J.A. (2000). National trends in intimate partner homicide. *Violence Against Women;* 6:409–426.

Quinsey, V. L., G. T. Harris, et al. (1998). "Violent offenders: Appraising and managing risk." Academic Press. NY

Rathus, J. H. & Feindler, E. L. (Eds.). (2004). *Assessment of partner violence: A handbook for researchers and practitioners*. Washington, D.C.: American Psychological Association.

Rodriguez Carballeira, A. et al. (2005). Un estudio comparativo de las estrategias de abuso psicológico: en pareja, en el lugar de trabajo y en grupos manipulativos. *Anuario de Psicología*. 36(3):299-314.

Romito, P. Molzan, T. & de Marchi, L. (2005). The impact of current and past interpersonal violence on women's mental health. *Social Science and Medicine*. 60: 1717-27.

Ruíz-Pérez, I. et al. (2005). *Catálogo de instrumentos para cribado, frecuencia del maltrato físico, psicológico y sexual*. OSM. Escuela andaluza de salud pública. Granada.

Ruiz-Pérez, I., Plazaola-Castaño, J. & Río-Lozano, M. and the Gender Violence Study Group (2006a). How do women in Spain deal with an abusive relationship? *Journal of Epidemiology and Community Health, 60*, 706-711.

Ruiz-Pérez, I., Plazaola-Castaño, J., Blanco-Prieto, P., González-Barranco, J. M., Ayuso-Martín, P. & Montero-

Piñar, M. I. (2006b). La violencia contra la mujer en la pareja: un estudio en el ámbito de la atención primaria. *Gaceta Sanitaria, 20(3)*, 202-208.

Ruiz-Pérez, I. & Plazaola-Castaño, J. (2005) Intimate Partner Violence and mental health consequences in women attending family practicing in Spain. *Psychosomatic Medicine*. 67:791-797.

Sanmartin, J. (2007). *II Informe internacional de violencia contra la mujer en las relaciones de pareja*. Estadisticas y Legislación. Valencia. Ed. CRSV.

Salber, P.R & Taliaferro, E. (2006). *The physician's guide to intimate partner violence and abuse*. Volcano Press. Volcano CA.

Sarasua, B., Zubizarreta, I., Echeburúa, E. & de Corral, P. (2007). Perfil psicológico diferencial de las víctimas de violencia de pareja en función de la edad. *Psicothema, 19(3)*, 459-466.

Scott Tilley, D. & Brackley, M. (2005). Men who batter intimate partners: a grounded theory study of the development of male violence in intimate partner relationships. *Issues in Mental Health Nursing, 26*, 281-297.

Silver, E. (2006). Understanding the relationship between mental disorder and violence: the need for a criminological perspective. *Law and Human Behavior, 30(6)*, 685-706.

Stuart,R. (2005). Treatment for Partner Abuse: Time for paradigm shift. *Professional Psychology*. 36:3, 254

Stith, S. et al. (2004). Intimate partner physical abuse perpetration and victimization risk factors: a meta-analytic review. *Aggression and violent behavior*. 10: 65-98.

Straus, M. (1980). Victims and aggressors in marital violence. *American Behavioral Scientist, 23(5)*, 681-704.

Straus, M. A., & Gelles, R. J. (Eds.). (1990). *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families*. New

Brunswick, NJ: Transaction Publishers.

Straus, M. & Kaufman Kantor, G. (1994, 19 July). *Change in spouse assault rates from 1975-1992: a comparison of three national surveys in the United States*. Communication presented at the 13th World Congress of Sociology, Bielfeld, Germany.

Straus, M., Hamby, S., Boney-McCoy, S. & Sugarman, D. (1996). The Revised Conflict Tactics Scale (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*, 283-316.

Tolman, R. M., & Edleson, J. L. (1995). Intervention for men who batter: A review of research. In S. R. Stith & M. A. Straus (Eds.), *Understanding partner violence: Prevalence, causes, consequences and solutions* (pp. 262-273). Minneapolis, MN: National Council on Family Relations.

Tjaden, P. & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence. Research Report. Findings from the National Violence Against Women Survey*: U.S. Department of Justice. Office of Justice Programs. National Institute of Justice.

Thompson, I. et al. (2006). Intimate partner violence: prevalence, types and chronicity in adult women. *Amer. Jour. Prev. Med.* 30 (6): 447-457.

Tower, L. (2006). Barriers in screening women for domestic violence: a survey of social workers, family practitioners, and obstetrician-gynecologists. *Journal of Family Violence, 21*, 245-257.

Walker, L. E. (1984). *The battered woman syndrome*. New York: Springer.

Webster, C. D. & M. A. Jackson. (1997) *Impulsivity: Theory, assessment, and treatment*. New York, NY, Guilford Pres.s

Wilkinson, D. L. & Hammerschlag, J. L. (2005). Situational determinants in intimate partner violence. *Aggression and Violent Behavior, 10 (3)*, 333–361

Wilson, M., & Daly, M. (1993). Spousal homicide risk and estrangement. *Violence and Victims, 8*, 3-15.

Winstock, Z. (2007). Toward an interactional perspective on intimate partner violence. *Aggression and Violent Behavior, 12*, 348-363.

World Health Organization (2005). Multicountry study on women's health and domestic violence against women. Preliminary report of results (www.who.org).