Identifying Subtypes of Spousal Assaulters Using the B-SAFER

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Article

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Abstract

In the present study, a structured risk assessment instrument for intimate partner violence, the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER), was coded for 146 files of spousal assault cases from the Dutch probation service, dating from 2004 and 2005. The aim of the study was twofold: (a) to validate Holtzworth-Munroe and Stuart's typology using the risk factors of the B-SAFER and (b) to examine the relationship between the subtypes found and recidivism rates. Four subtypes of assaulters were identified: family only, generally violent/antisocial, low-level antisocial, and psychopathology. These subtypes were comparable to the subtypes found in previous studies. The generally violent/antisocial subtype had the highest recidivism rate, although not significantly different from the other three subtypes.

Keywords

spousal assault, batterer typologies, B-SAFER, risk assessment

Spousal assault is "the actual, attempted, or threatened physical harm of a current or former intimate partner" (Kropp, Hart, & Belfrage, 2005, p. 1). This type of violence is a major concern in contemporary Dutch society. According to the study of Van Dijk, Flight, Oppenhuis, and Duesmann (1997), 27% of a Dutch community sample has ever been a victim of spousal assault that occurred weekly or daily. However, previous research has demonstrated that

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Table 1. Proposed Subtypes of Male Batterers and How They Differ on the Descriptive Dimensions

Dimension	Family-Only Batterer	Dysphoric/ Borderline Batterer	Generally Violent/ Antisocial Batterer
Severity of marital violence	Low	Moderate-high	Moderate-high
Psychological and sexual abuse	Low	Moderate-high	Moderate-high
Generality of violence			
Extrafamilial violence	Low	Low-moderate	High
Criminal behavior, legal involvement	Low	Low-moderate	High
Psychopathology/personality disorder			
Personality disorder	None or passive/ dependent	Borderline or schizoid	Antisocial/ psychopathy
Alcohol/ drug abuse	Low-moderate	Moderate	High
Depression	Low-moderate	High	Low
Anger	Moderate	High	Moderate

Source: From Holtzworth-Munroe & Stuart (1994, p. 482)

maritally violent men are a heterogeneous group, with different subtypes (e.g., Johnson et al., 2006; Langhinrichsen-Rohling, Huss, & Ramsey, 2000; Tweed & Dutton, 1998; Waltz, Babcock, Jacobson, & Gottman, 2000). This means that different kinds of interventions are needed for different types of batterers. Holtzworth-Munroe and Stuart (1994) examined existing male batterer typologies to determine the subtypes that consistently appear across typological models and to identify underlying descriptive dimensions. These three descriptive dimensions were (a) severity (and frequency) of spousal physical violence, (b) generality of violence (i.e., family only vs. extrafamilial violence and related variables such as criminal behavior), and (c) the batterer's psychopathology or personality disorder. On the basis of this review, Holtzworth-Munroe and Stuart (1994) suggested three major subtypes of batterers, which were labeled *family only*, *dysphoric/borderline*, and *generally violent/antisocial*. The proposed differences between the subtypes on the three descriptive dimensions are presented in Table 1.

Batterer typologies that have been published since the Holtzworth-Munroe and Stuart (1994) review have generally supported the proposed typology (Johnson et al., 2006; Langhinrichsen-Rohling et al., 2000; Tweed & Dutton,

1998; Waltz et al., 2000). Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart (2000) also tested their own typology in a community sample of 102 maritally violent men. The three subtypes emerged in this study, along with a fourth subtype: the low-level antisocial subtype. The latter subtype had moderate scores on measures of antisociality, marital violence, and general violence. On most measures, this type fell between the family-only and generally violent/antisocial type.

Evidence for a reliable and valid typology of male batterers could be of considerable theoretical and practical significance. Such a typology could help to find more effective treatments, resulting in patient–treatment matching. Standard batterer interventions may be less effective for certain subtypes of spousal assaulters (Holtzworth-Munroe & Meehan, 2004; Murphy & Eckhardt, 2005). Furthermore, the different subtypes also have different risk profiles for recidivism.

The aim of the present study is twofold. First, we aim to classify subtypes of spousal assaulters along the three descriptive dimensions: severity of marital violence, generality of violence, and psychopathology/personality disorders. The distribution of the subtypes found will also be examined. The present sample consists of batterers who have been arrested for spousal assault and referred to the probation service for evaluation prior to sentencing. The Netherlands does not have the two-phase judicial procedure as common in English-speaking jurisdictions, in which first the guilty/not guilty issue is decided, after which the sentence is determined. The mental status of the offender is an issue in both the first and the second sentencing phase. In the Netherlands, guilt and sentencing are determined in the same, single stage. The Dutch probation service is called on by the investigating judge to advise the court on the risk of recidivism of the spousal assault perpetrator and to provide guidelines for intervention and risk management.

According to Holtzworth-Munroe et al. (2000), court-referred and clinical samples contain more generally violent men than a general community sample. Johnson et al. (2006) found that a sample of batterers who were convicted to imprisonment had a high proportion of the generally violent/antisocial subtype and few family-only type batterers. However, according to Johnson et al. (2006), samples who are court referred for treatment may be biased toward the inclusion of family-only type batterers and the exclusion of generally violent/antisocial type batterers because family-only batterers are less likely to be imprisoned and more likely to receive community-based treatment. Although the present sample is not a community sample, it is also not a court-referred sample because the batterers in the present study have not yet been convicted/court referred.

The second aim of this study is the evaluation of the relationship between the subtypes of spousal assaulters and recidivism rate. Holtzworth-Munroe,

Meehan, Herron, Rehman, and Stuart (2003) investigated if the subtypes would continue to differ from one another over time in the level of partner violence and other relevant variables (e.g., generality of violence, psychopathology, jealousy, impulsivity, attitudes toward violence and women). They found that batterers who were most severely violent initially were the most likely to continue their violence over time. Furthermore, their data suggest that batterers engaging in low levels of violence (i.e., family only), and who are evidencing low levels of other risk factors (e.g., little concurrent psychopathology or generally violent behavior, low impulsivity, and negative attitudes), continue to have a low risk of spousal violence over time. Huss and Ralston (2008) also found that the generally violent/antisocial subtype were most likely to recidivate and the most likely to do so repeatedly. Therefore, it is expected that the generally violent/antisocial batterers will show the highest recidivism rate, and the family-only batterers are expected to show the lowest recidivism rate.

Our sample was of mixed gender (although men were in the majority) in contrast to previous studies. We opted not to exclude female batterers because it provides an actual representation of the population of spousal assaulters assessed by the probation service. Although the majority of arrested spousal assault offenders still are men, an increasing number of women are being arrested (Swan & Snow, 2002). Women's use of violence in intimate relationships was often believed to reflect primarily, or solely, self-defense strategies. However, Carney, Buttell, and Dutton (2007) argue in their review that female-perpetrated spousal assault is at least as common as male assault and that female offenders share many of the same characteristics as male offenders, including similar motives and psychosocial characteristics. Furthermore, several studies have demonstrated that there are little or no differences in violence and characteristics between male and female spousal assaulters (Archer, 2000; Carney et al., 2007; Henning, Jones, & Holdford, 2005; McFarlane, Willson, Malecha, & Lemmey, 2000).

To answer the research questions, a retrospective file study was carried out in a sample of individuals arrested for spousal assault in the Netherlands and who were evaluated by the probation service.

Method

Sample

Four different regional probation offices throughout the Netherlands were asked to retrieve files of spousal assault cases that were referred to them in the years 2004 and 2005 and contained the required information. In total, 184 files were retrieved. However, for 38 of these files, no follow-up information

could be collected, leaving a sample of 146 files. The files used in the present study could not be randomly chosen because files that did not contain all the required material (see Procedure) had to be excluded.

The assaulters were predominantly men (94%). The age of the sample ranged between 20 and 62 years, with a mean age of 38.5 years. Thirty-two percent of the sample was Dutch, 19% Surinamese, 16% Turkish, 14% Moroccan, 10% Antillean, and the remaining 9% were from other ethnic backgrounds. Thirty-eight percent of the sample had been convicted for other serious crimes in the past, besides spousal assault.

Instruments

Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER). The B-SAFER is a structured guideline for assessing risk of spousal assault (Kropp et al., 2005). It builds on the previous work on spousal assault risk assessment, in particular on the Spousal Assault Risk Assessment Guide (SARA; Kropp, Hart, Webster, & Eaves, 1994, 1995, 1999). The B-SAFER contains 10 risk factors, which are divided into two sections. Section I includes five risk factors related to the perpetrator's history of intimate partner violence (i.e., violent acts, violent threats or thoughts, escalation, violation of court orders, and violent attitudes), and section II includes five risk factors related to the perpetrator's history of psychological and social functioning (i.e., general criminality, intimate relationship problems, employment problems, substance use problems, and mental health problems). These risk factors are coded for the preceding year and for the past (i.e., longer than 1 year ago). When an item is rated for the past, the preceding year is excluded.

The presence of risk factors is coded using a simple three-point format that reflects the certainty of the assessor's opinion: "Y" (present), "?" (possibly or partially present), or "N" (absent). If not enough information is available about a given factor, or if the information is considered completely unreliable, the factor should be left uncoded (i.e., omitted; Kropp et al., 2005). The final step in coding the B-SAFER is to give judgments for imminent risk (i.e., within 2 months), long-term risk (i.e., after 2 months), and risk of extremely severe or lethal violence. These judgments can be coded as low (L), moderate (M) or high (H; Kropp et al., 2005).

Procedure

To be included in the present study, the client files had to contain the following: (a) notes from the interview with the suspect by the probation officer, (b) an official victim statement, (c) an official statement of the suspect at

the time of arrest, (d) an official criminal record until the moment of arrest, and (e) an advisory report of the probation service to the court. Sometimes there also was a witness statement in the file. The 146 files were coded using the B-SAFER. We selected the B-SAFER because it is an objective and structured way of coding the files.

Four coders rated the B-SAFER. All raters received a 1-day training by one of the authors of the B-SAFER. After the training, each rater independently coded the same 12 practice cases to determine the interrater reliability and later discussed in consensus meetings.

For the descriptive dimension *severity of marital violence*, the first item (violent acts) of the B-SAFER was used. Violent acts are those involving actual or attempted physical harm. They include actual or attempted sexual violence as well as actual or attempted use of weapons (Kropp et al., 2005). There was no item in the B-SAFER that completely fitted the second descriptive dimension, *generality of violence*. Therefore, Item 6 of the B-SAFER, called *general criminality*, was used to measure this dimension. General criminality reflects the tendency to engage in antisocial behavior that is persistent, frequent, or diverse and which may include general violence (Kropp et al., 2005). For the measurement of the third descriptive dimension, *psychopathology/personality disorders*, Item 10 of the B-SAFER was used. This item is called *mental health problems* and includes disturbances of thought and perception, such as delusions and hallucinations; intellectual or cognitive deficits; emotional problems such as depression, mania, and extreme anger or anxiety; and grossly disorganized or unstable behavior, such as extreme impulsivity or suicidality (Kropp et al., 2005). Although this item suffered from low interrater reliability, we chose to keep this item because it is one of the key components of Holtzworth-Munroe and Stuart's (1994) typology. In addition, Item 9, *substance use problems*, was used for this dimension. This item includes use of illegal drugs, as well as the abuse of legal drugs, such as alcohol and prescribed medications (Kropp et al., 2005). Holtzworth-Munroe and Stuart (1994) included substance abuse in their third dimension. The remaining six B-SAFER items were not included in the analyses.

For the analyses, the items that had been omitted were replaced by "N" (i.e., absent). We reasoned that replacing omitted items by "N" would serve the purpose of a conservative estimate of the subject's risk factors. In total, 30 omitted items were replaced by "N," which is less than 3% of all coded items.

Recidivism. Recidivism data were collected from official police files in the region of residence of the perpetrator. Batterers recidivated when a spousal

Table 2. Intraclass Correlation Coefficients (ICC's) Single Measure

Item	ICC
1. Violent acts	.65
6. General criminality	.74
9. Substance use problems	.69
10. Mental health problems	.21

assault victim reported an assault, threat, or stalking of a current or former intimate partner to the police. Data were collected in 2007 and because the original files are from 2004 and 2005 the follow-up period varied from 16 to 39 months with a mean of 27 months.

Results

Interrater Reliability B-SAFER

The interrater reliability of the B-SAFER was examined by means of the intraclass correlation coefficient (ICC), using the two-way random effects variance model and consistency type (McGraw & Wong, 1996). Critical values for single measure ICC's were as follows: ICC ≥ 0.75 = excellent, 0.60 ≤ ICC < 0.75 = good, 0.40 ≤ ICC < 0.60 = moderate, ICC < 0.40 = poor (Fleiss, 1986).

Interrater reliability was calculated for the 12 practice cases, using the four raters' independent ratings prior to the consensus discussions. Table 2 shows single measure ICCs for the four B-SAFER items used in the present study. The range in ICCs is .21 to .74, with a mean ICC of .57. Good interrater reliability was demonstrated for violent acts, general criminality, and substance use problems. Mental health problems had a poor interrater reliability. The poor reliability of this item was mostly due to insufficient information in the files.

Subtypes of Spousal Assaulters

The four B-SAFER items were analyzed using SPSS *k*-means cluster analysis. Several *k*-means cluster analyses were performed, setting *k* at 2, 3, or 4 clusters, based on previous studies (Holtzworth-Munroe et al., 2000; Holtzworth-Munroe & Stuart, 1994; Johnson et al., 2006; Tweed & Dutton, 1998). A four-cluster solution was found to best fit the data ($R^2 = .48$).

Subtype differences on the three descriptive dimensions. After the *k*-means cluster analysis was performed, a series of one-way ANOVAs were carried

out to investigate differences between the clusters on the B-SAFER risk factors. Then, post hoc comparisons, using Bonferroni correction, were carried out for each B-SAFER item. The results of these analyses are shown in Table 3. A significant difference between clusters was found for the item violent acts, which was used for the descriptive dimension *severity of violence* for the preceding year, $F(3, 142) = 9.57$, $p < .05$, and for the past, $F(3, 142) = 9.14$, $p < .05$. Furthermore, a significant difference was found across the clusters for the item general criminality in the preceding year and in the past, $F(3, 142) = 3.52$, $p <. 05$ and $F(3, 142) = 116.89$, $p < .05$, respectively. For the item mental health problems, a significant difference was found across the clusters for the preceding year, $F(3, 142) = 53.02$, $p < .05$, and for the past, $F(3, 142) = 82.14$, $p < .05$. For the item substance use problems, a significant difference was found for the preceding year as well as for the past, $F(3, 142) = 51.03$, $p < .05$ and $F(3, 142) = 61.73$, $p < .05$, respectively.

Cluster 1: family only. Cluster 1 ($n = 54$) was labeled the family-only cluster. This subtype had low scores on many of the risk factors. These batterers had significantly lower scores than the other three clusters on violent acts for the past, general criminality for the past, and substance use problems for the past ($p < .05$). On the item substance use problems for the preceding year, this subtype had a significantly lower score than Clusters 2 and 3 ($p < .05$). Furthermore, they had significantly lower scores than Clusters 2 and 4 on the item mental health problems for both the preceding year and the past ($p < .05$).

Cluster 2: generally violent/antisocial. Cluster 2 ($n = 26$) was labeled the generally violent/antisocial cluster as individuals in this cluster had high scores on all the four B-SAFER risk factors. This cluster had a significantly higher score than Clusters 1 and 3 on violent acts for the preceding year and a higher score than Cluster 1 on this item for the past ($p < .05$). On the item general criminality for the preceding year, this cluster had a significantly higher score than Cluster 1 and a higher score than Clusters 1 and 4 on this item for the past ($p < .05$). Furthermore, this cluster had a significantly higher score than the other three clusters on the item substance use problems for both the preceding year and the past ($p < .05$). On the item mental health problems, this cluster had a significantly higher score than Clusters 1 and 3 for the preceding year and a higher score than Clusters 1 and 3 but significantly lower than Cluster 4 for the past ($p < .05$).

Cluster 3: low-level antisocial. Cluster 3 ($n = 35$) was labeled the low-level antisocial cluster because these individuals had moderate scores on violent acts and general criminality for the preceding year. On most measures, this subtype fell between the family-only and the generally violent/antisocial subtype. However, on the item general criminality for the past, this cluster had significantly higher scores than Clusters 1 and 4 ($p < .05$).

Table 3. Mean Scores, Standard Deviations, and Significant Differences Among the Cluster Types Per Item

	Family Only ($n = 54$)		Generally Violent/ Antisocial ($n = 26$)		Low-Level Antisocial ($n = 35$)		Psychopathology ($n = 31$)			
B-SAFER Item	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	*p*
1. Violent acts										
Preceding year	1.44	.57[b]	1.88	.33[a,c]	1.14	.77[b,d]	1.71	.53[c]	9.57	.00
The past	.65	.71[b,c,d]	1.54	.65[a]	1.11	.83[a]	1.19	.83[a]	9.14	.00
6. General criminality										
Preceding year	.30	.66[b]	0.92	.98[a]	0.54	.89	0.48	.81	3.52	.02
The past	.24	.43[b,c,d]	1.81	.49[a,d]	1.89	.32[a,d]	0.55	.68[a,b,c]	116.89	.00
9. Substance use problems										
Preceding year	.26	.56[b,c]	1.96	.20[a,c,d]	0.63	.69[a,b]	0.52	.72[b]	51.03	.00
The past	.11	.32[b,c,d]	2.00	.00[a,c,d]	0.69	.87[a,b]	0.55	.77[a,b]	61.73	.00
10. Mental health problems										
Preceding year	.35	.59[b,d]	1.38	.85[a,c]	0.31	.53[b,d]	1.81	.48[a,c]	53.02	.00
The past	.07	.26[b,d]	1.19	.94[a,c,d]	0.17	.56[b,d]	1.74	.58[a,b,c]	82.14	.00

Note: Superscripted letters (e.g., a, b, c, d) indicate the cluster type or types that were significantly different, using Bonferroni correction ($p < .05$).

Cluster 4: psychopathology. Cluster 4 (n = 31) was labeled the psychopathology cluster. This cluster had moderate scores on most of the risk factors. On general criminality for the past, they had a significantly higher score than Cluster 1 but a significantly lower score than Clusters 2 and 3 ($p < .05$). Furthermore, this cluster had a significantly higher score than Cluster 1 on substance abuse for the past but a significantly lower score than Cluster 2 on this item ($p < .05$). However, these psychopathology batterers had a significantly higher score than Clusters 1 and 3 on the item mental health problems for the preceding year and a higher score compared to all other clusters on this item for the past ($p < .05$). This pattern closely resembles the dysphoric/borderline subtype of Holtzworth-Munroe and Stuart's (1994) typology. However, this cluster could not be labeled dysphoric/ borderline because it was not clear from the file information which specific type of mental health problems these batterers were suffering from.

The Four Subtypes and Recidivism Rates

Table 4 shows that 19% of the generally violent/antisocial subtype, 16% of the psychopathology subtype, 14% of the low-level antisocial subtype, and 7% of the family-only subtype recidivated. A Pearson chi-square exact test (two-sided) for each combination of clusters was used to examine if the different subtypes had different recidivism rates. No statistically significant differences were found between the four subtypes.

There was a significant difference between the clusters in average length of follow-up period: The low-level antisocial subtype had a significantly longer follow-up period compared to the generally violent/antisocial and psychopathology subtypes. Although the former subtype had a longer follow-up period, they did not recidivate significantly more than the other three subtypes.

Discussion

The present study classified subtypes using a sample of spousal assaulters referred for pretrial evaluation to the Dutch probation service. The results indicate that batterers can be meaningfully divided into four subtypes. The four subtypes were labeled as follows: family only, generally violent/antisocial, low-level antisocial, and psychopathology. The four subtypes differed on the descriptive dimensions, *severity of violence, general criminality,* and *personality disorder/psychopathology,* and resembled the four subtypes found in the study of Holtzworth-Munroe et al. (2000).

Table 4. Recidivism Rate, Mean Follow-Up Period (in Months), and Standard Deviations Per Subtype

Subtypes	Recidivism	Mean Follow-Up	*SD*
Family only	7%	26.89	4.72
Generally violent/antisocial	19%	25.60	4.33
Low-level antisocial	14%	28.72	3.56
Psychopathology	16%	25.86	4.45

The family-only type (37% of the sample) uses low-to-moderate severity of violence. They are not likely to engage in general antisocial behavior or to have substance use or mental health problems. The generally violent/antisocial subtype (18% of the sample) of batterer uses severe violence. This subtype has serious alcohol and/or drug use problems and has a moderate level of mental health problems. Furthermore, these batterers also engage in other antisocial behavior. The low-level antisocial subtype (24% of the sample) uses a moderate severity of violence. Furthermore, these batterers have engaged in antisocial behavior in the past but not so much in the preceding year. These spousal assaulters are not likely to have substance use problems or mental health problems. The psychopathology subtype (21% of the sample) suffers mainly from mental health problems. This subtype had moderate scores on violent acts, general criminality, and substance use problems. Because of the high degree of mental health problems and the moderate scores on the other items, this subtype is comparable to Holtzworth-Munroe and Stuart's (1994) dysphoric/borderline type.

It is noteworthy that we were able to replicate these batterer subtypes in this Dutch sample of spousal assaulters awaiting sentencing, which supports the cross-cultural validity of the typology. Thirty-seven percent of the sample belonged to the family-only subtype, 18% of our sample belonged to the generally violent/antisocial subtype, 24% to the low-level antisocial subtype, and 21% to the psychopathology subtype. Our findings concur with Holtzworth-Munroe and Stuart's (1994) suggestion that a community sample contains the highest proportion of family-only spousal assaulters compared to the other three subtypes.

The present study also examined whether the different subtypes had different recidivism rates. The expectation was that the generally violent/antisocial subtype would have the highest recidivism rate and the family-only subtype the lowest recidivism rate. The other subtypes would fall in between. The

recidivism percentages found are consistent with this expectation: The generally violent/antisocial subtype had the highest recidivism rate and the family-only subtype the lowest. However, the differences in recidivism rate between the subtypes were not significant. This null finding may be partly explained by the low overall base rate of recidivism in our sample.

The present study has some important methodological improvements over previous work. First, this study includes measures of all three descriptive dimensions that define the typology according to Holtzworth-Munroe and Stuart (1994). These dimensions were objectively assessed using the coding format of the B-SAFER. Not all studies on batterer typologies examined differences on all three dimensions (e.g., Langhinrichsen-Rohling et al., 2000; Tweed & Dutton, 1998). Another strength is that the present study used both batterer's self-reports and victim reports as sources of information.

A number of limitations of the present study should also be mentioned. First of all, the descriptive dimension *personality disorder/psychopathology* was operationalized by means of the items substance abuse problems and mental health problems. This is a more limited operationalization than what has been used in previous studies. For instance, a number of studies used the Millon Clinical Multiaxial Inventory, a 175-item self-report inventory, to measure various Axis I and II disorders (e.g., Holtzworth-Munroe et al., 2000; Johnson et al., 2006; Tweed & Dutton, 1998; Waltz et al., 2000). In the present study, it was not possible to determine which type of mental health problems the batterers suffered. Second, in the present study, *general criminality* was used to assess the descriptive dimension of *generality of violence*. Although violence is, of course, a type of criminality, general criminality is a wider concept. Finally, the sample of the present study was not a community sample but also not a pure clinical sample, as the assaulters had not yet been convicted or court referred for treatment. Holtzworth-Munroe and Stuart (1994) argued that many violent spouses have not yet been identified as violent (e.g., they have not been arrested or come to the attention of treatment institutions). By using a community sample, the generalizability of the typology would, of course, increase (Waltz et al., 2000).

In all, the subtypes of batterers identified in the present study show high resemblance to those identified by Holtzworth-Munroe et al. (2000). Moreover, the B-SAFER, a structured and time-efficient risk assessment tool, assisted effectively in delineating the four subtypes. Our findings suggest that arrested, but not yet convicted, spousal assaulters have a distribution of subtypes similar to those of community samples. Furthermore, the findings indicate that the generally violent/antisocial subtype has the highest recidivism rate, although not significantly.

The current support for the cross-cultural generalizability of Holtzworth-Munroe and Stuart's (1994) batterer typology paves the way for future research into the relevance of this typology for risk management and treatment interventions. In line with the need principle of the so-called what-works approach (Andrews & Bonta, 2003), one would predict that risk management strategies that target the underlying risk dimensions that characterize the four subtypes would be most effective. According to the risk principle of this approach, the family-only subtype would require the least intensive intervention and the generally violent/antisocial the most intensive. Furthermore, the psychopathology type would require mental health treatment (Murphy & Eckhardt, 2005). The tendency to refer nearly most if not all spousal assaulters to brief group treatment, as is current practice in many Dutch probation offices, seems unjustified considering the large differences among them.

The subtypes in the present study, but also in previous studies, were derived from the mere presence or absence of risk factors for violence (i.e., previous use of violence, substance use, mental health problems). Empirical testing of the putative causal role of these risk factors as predictors of spousal violence is a necessary next step in the study of spousal violence and its prevention. Future research could compare the effectiveness of interventions based on the identification of specific risk profiles to more generic spousal assault treatments. Our hypothesis is that individualized risk-tailored prevention efforts will result in greater reductions in recidivism rates compared to a one-size-fits-all approach, which is still quite common practice.

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Bios

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