BATTERER RISK ASSESSMENT: THE MISSING LINK IN BREAKING THE CYCLE OF INTERPERSONAL VIOLENCE

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ABSTRACT

Batterers exposed to childhood violence, with a history of violent behaviour, are impulsive, have poor anger management skills, will use intimate violence in their relationships and ignore/violate protection orders. In this study, 53 male and 47 female respondents were selected using purposive sampling. The outcome highlighted the need for treatment providers to assess 'risk factors' of batterers prior to any intervention. The results showed that batterers presenting with specific risk factors, posed significant risks to their intimate partners. Risk assessment and risk markers could therefore contribute to highlighting and addressing violent masculinity aspects, responsive to intervention. This approach could protect partners and encourage batterers to take responsibility for changing their abusive responses in intimate relationships. The methodological framework of this research project was informed by the Intervention Research: Design and Development. The author used a Canadian Risk Assessment Tool, the Spousal Assault Risk Assessment guide (SARA), a 20 item data collecting instrument used to 'assess risk' and 'predict dangerousness' of continued violence in men with a history of domestic/intimate violence.

Key words: spousal assault risk assessment, risk assessment, intervention guidelines, anger and impulsivity problems, batterer history, batterer personality, violent masculinity

INTRODUCTION

South African researchers, Abrahams, Jewkes, Martin, Matthews, Vetten and Lombard (2009) compared the results of two local national studies that showed the prevalence and patterns of female homicide and intimate femicide in 1999 and 2009. They concluded that the murder of women by intimate partners is the most extreme consequence of intimate partner violence with the 1999 study highlighting that a woman is killed every 6 hours by her husband or intimate partner (Abrahams et al., 2009; Matthews, Abrahams, Martin, Vetten, Van der Merwe and Jewkes, 2004). In fact, the 2004 study by Matthews et al., confirmed that 8.8 per 100 000 females of 14 years and over, were killed in South Africa, the highest rate of femicide reported in research anywhere in the world at the time.

In his address to the Commission on the Status of Women, the United Nations Secretary General, Mr Ban Ki-Moon, concurred that "at least one out of every three women is likely to be beaten, coerced into sex or otherwise abused in her lifetime and that no country, no culture, no woman (young or old) is immune to this scourge" (February, 2008).

In South Africa, it is estimated that between 22.9% - 42.3% of men are violent towards their intimate partners (Gupta, Silverman, Hemenway, Acevedo-Garcia, Stein and Williams 2008). Artz and Smythe (2005), however, found that emotional, verbal and psychological violence were the most prevalent forms of abuse indicated on protection orders in South Africa.

This pandemic of intimate violence has lifted the 'veil of secrecy' and the notion of the family home as a happy and safe space has been shattered. The argument is presented that the traditional image of the "good father who is protective towards his womenfolk from external threats" is questioned and overshadowed by the extent of domestic violence in South Africa (Du Pisani, 2001:162). Admittedly, many diverse images and expressions of masculinity exist in South Africa. However, men who use violence in an intimate relationship are representative of different social economic strata, creeds or religions (Campbell, 2001; Ratele, 2001). Consequently, several questions are raised about the construction of violent masculinities in South Africa against this high incidence of intimate violence, femicide and sexual abuse.

A concern in traversing the minefield of domestic violence is determining whether an assaulter is dangerous, whether his violence will continue to escalate, or whether he is even capable of killing his partner. Nevertheless, clinicians who work in the field of interpersonal violence are frequently asked to make

predictions about violent behaviour. According to Limandri and Sheridan (1995), these predictions serve the primary function of controlling behaviour by punishment, treatment or confinement. These also seek to prevent the occurrence of repeated violence.

It is noted that some of the earlier studies on violence prediction have been criticised for the lack of success and failure to provide any reasonable prediction on the probability of repeated violence. The main proponents of these studies include Meehl (1989); Steadman (1987); Gottfredson and Gottfredson (1988).

Cooper (1993) identified the following factors that helped to establish the widespread pessimistic conclusion of predictions based on clinical evidence being rarely accurate or helpful:

- some clinicians, for example, can be more accurate in their predictions for some individuals than for others; and
- judgements which clinicians arrived at were often influenced by human fallibility.

Hence, questions arise regarding their bias and value judgments which influence the predictions and outcomes that are obtained.

Monahan (1981) identified four blind spots that are typically displayed in clinical prediction:

- A lack of specificity is present in defining what predictors and outcome variables mean;
- Clinicians tend to rely on illusory correlations;
- Statistical base rates are often ignored or dismissed;
- Often environmental and situational information is not incorporated.

The author agrees that there are no short cuts to assessing a batterer’s risk of re-offending against his current or potential partner. An assessor needs to heed the above blind spots and therefore, the use of a structured risk assessment tool seems more appropriate rather than the reliance on clinical judgments alone. Tyagi (1998) concurs and is supported by other authors (Hart, 2001; Kropp, Hart, Webster and Eaves, 2000; Hart, 1999). The literature is also clear that risk assessments are generally presented as probabilities, in other words, educated guesses, about events that are likely to happen, as well as the frequency and intensity at which they may occur (Hart, 2001; Hart, 1999).

Kropp et al. (2000) concurs that risk assessment for spousal violence has become a much discussed topic in the scientific and professional literature. This author postulates that the following are essential questions when one examines the topics of risk assessment and batterers:

- What is risk?
- How should risk assessment be conducted?
- What should the role of the victim be in risk assessment?
- Who should conduct risk assessments?
- How should risk be communicated and managed?
- How should risk assessments be evaluated?

Intervention programmes for male batterers were initially developed to address the rights and needs of battered women primarily. However, many researchers and those who intervene with survivors of domestic violence noted that many women return to their partners hoping that rehabilitation efforts will remedy the abusive behaviours. Although some abusive men are responsive to intervention efforts, there are those who appear unresponsive to rehabilitation remedies. The South African legislation on Domestic Violence (Domestic Violence Act 116 of 1998) mandates the removal of the victim to safety but it does not force the abusive partner to enter rehabilitation. Consequently, the partner has the choice of deciding whether he wants to pursue counseling remedies or not. It is a known fact, however, that for those men who have used violence in their intimate relationships and have sought remedies, positive outcomes have been achieved for some (Russell, 2002).

Feminist literature and studies particularly (Russell, 2002), alert us to what the core aspects are that should be included in programmes for abusive men in order to achieve the intended outcomes. Padayachee (2011) concurs that prevention programmes, which address those social norms and cultural beliefs that often support or perpetuate violence against women, have more recently emerged. Other researchers have also supported this development (Kalichman, Simbayi, Cloete, Cherry, Strebel, Kalichman, Shefer, Crawford, Thabalala, Henda and Cain, 2008; Rottman, Casey and Efkeman, 1998). However, what is often difficult, particularly in South Africa, is finding the best assessment mechanisms to illuminate the markers that are most likely to provide intended outcomes for rehabilitation or produce elevated risks for continued violence.

Risk based intervention may be one of the mechanisms that can be implemented to address the problem of domestic violence. This can be used when assessing violent men as well as for enhancing protection for women

and helping men to improve accountability for their behaviour. We cannot assume that all men who use violence in an intimate relationship do not desire the opportunity or knowledge to remedy their behaviour through appropriate intervention. The identification of risk markers for those who may, or may not, benefit from a batterer intervention programme can provide such opportunities. Researchers need to develop an urgent curiosity about risk markers that will:

- help to reduce the likelihood of continued violence and harm to the victim;
- allow perpetrators of intimate violence to gain the required knowledge and skills to change their behaviour; and
- provide sound guidance to the court for chronic recidivists.

Although notions exist about risk markers and risk factors that impact on continued domestic violence, there is little evidence that this information is used in the daily offerings of programmes to violent men (Norman, Schneider, Bradshaw, Jewkes, Abrahams, Matzopoulos and Vos, 2010). The use of adapted or tested risk assessment instruments for violent partners are not commonly (routinely) used in the work with domestic violence perpetrators in South Africa, although most shelters or those intervening with women will complete a lethality risk assessment as part of the intake procedure.

More recently, there has been an acknowledgment that the use of risk-based assessment can help to identify those perpetrators of domestic violence who are at high risk of continued or escalating violence. Yet, there is currently no standardised, risk-based assessment instrument in use in South Africa (Marshall, 2002). South African studies have focussed on the risk factors that alert us to those issues that maintain or sustain violence in families and communities. When interventions are done with women who seek services as a result of domestic violence, the use of risk assessment for their violent partners is not viewed as a strategy that can interrupt the cycle of violence (Rasool, 2012). Hence, assessment tools for use specifically with violent partners are not available to those who intervene with survivors of domestic violence or their abusive partners.

There are many similar tools available to assess risk for continued violence objectively, however, the instrument used in this study, namely, the Spousal Assault Risk Assessment guide (SARA) (Kropp, Hart, Webster and Eaves, 1995), proved to be more user-friendly and adaptable to the South African context. An important rationale for this study was to identify a risk based

assessment tool that could target those perpetrators who may benefit from rehabilitative initiatives and could be adapted for local use. Consequently, the Spousal Assault Risk Assessment guide (SARA) was used to examine the factors associated with the risk of on-going intimate violence in a South African context.

The following data further informs the main trends emerging from studies conducted to isolate those factors that alert us to the markers requiring intervention:

- Marital status is identified as one of the social demographic factors associated with domestic violence leading to the assumption that a partner has a greater chance of being violated within a marital context in most countries. Whilst on the contrary, Romans, Poore and Martin (2000), in their study, described perpetrators as men who are more likely to be young, unemployed and in casual relationships. McCauley, Kern, Kolodner, Dill, Schroeder, DeChant, Ryden, Bass and Derogatis (1995) stated that women who experience domestic violence are more likely to be younger than 35 years, single, separated or divorced. Another South African study by Hogue, Hogue and Kader (2009) found that boyfriends and husbands between the ages of 21-25 years were the main ‘culprits’ who used violence in their intimate relationships.

- Research has shown that men who have demonstrated assaultive behaviour in either past or current intimate relationships are at risk for future violence (Fagan and Brown, 1994; Sonkin, 1987).

- Childhood abuse and/or being a witness of violence as a child in their own families are markers that commonly occur in men who committed domestic violence (Gondolf, 2002; Romans, et al., 2000). Kropp et al. (1995) showed that a childhood history of the perpetrator (child abuse or witness of violence) is historical in nature and refers to maladjustment in the individual’s family of origin. They claim that this marker is one of the most robust risk factors for spousal assault.

- Alcohol and the use of drugs are some of the strongest predictors for acute injury from domestic violence and men who abuse alcohol or drugs are at high risk for violence recidivism (Stuart, Ramsey, Moore, Kahler, Farrell, Recupero and Brown, 2003; Gondolf, 2002; Abrahams, Jewkes and Loubsher, 1999; Grisso, Schwartz, Hirschinger, Sammel, Brensinger, Santanna, Lowe, Anderson, Shaw, Bethel and Teeple, 1999; Kyriacou, McCabe, Anglin, Lapesarde and Winer, 1998). The South African study on femicide by Matthews et al. (2004) showed that alcohol abuse is a significant factor in the cases of femicide locally.

- Psychological problems such as antisocial personality or impulsivity have been associated with physical domestic abuse (Cohen, Brumm, Zawacki, Paul, Sweet and Rosenbaum, 2003; Gondolf, 2002; McBurnett, Kerrckhoff, Capasso, Pfiffner, Rathouz, McCord and Harris, 2001). Hare (1991) and Nuffield (1982) agreed that personality disorders are very common in domestic violence offender populations. Personality disorders are characterised by anger, impulsivity and behavioural instability. Saunders (1993) pointed out that personality disorder is considered a ‘probable risk factor’ and most men who assault while in treatment have elevated profiles on standard personality tests. However, these results do not suggest an assumption that domestic violence responses are caused by personality disorders, per sé.
- Kropp et al. (1995) state that men who sexually assaulted their partners had more elevated risks for violent recidivism. Hilton, Harris and Rice (2001) claimed that perpetrators who use threats of homicide or suicide and who had access to weapons are bound to severely assault their partners.
- Perpetrators who experienced problems with law enforcement or who had been arrested before, or who have a history of violating conditions imposed through protection orders or bail conditions have a higher propensity towards recidivating (Gondolf, 2002; Kropp et al., 1995; Andrews, 1989; Hart, Kropp and Hare, 1988).

Ongoing studies on the prediction of spousal assault are a necessity in order to guide practitioners who are helping those in abusive relationships to ensure their safety.

METHODOLOGY

Goal and objective

This publication was part of a larger study that evaluated assessment and intervention strategies for domestic violence by focusing on perpetrator risk. The primary goal of this publication is to highlight risk markers that predispose perpetrators to recidivism in an intimate relationship.

Risk assessments often inform important decisions regarding access to minor children or when credible death threats formed part of the intimate partner violence. Consequently, an important objective of this paper is to describe how an existing assessment instrument can identify those risk markers that significantly correlate with continued violence, while a secondary goal is to

adapt the SARA (Spousal Assault Risk Assessment Guide) and develop guidelines that could be used for assessment purposes in domestic violence situations in South Africa.

Methodological framework

The Intervention Research methodological framework used in this study was appealing because this model of research in social work is often referred to as the behavioural science model, since its objective is to make contributions to the knowledge of human behaviour. Also the applied research methodology does provide opportunities to remedy social problems that practitioners are confronted with (De Vos, Strydom, Fouche, Poggenpoel, Schurink and Schurink, 2002).

Research instrument

The author adapted the use of an existing (Canadian) risk assessment instrument in pilot studies to assess whether it could be adapted and used in a South African context. The Spousal Assault Risk Assessment Guide (SARA), a 20 item instrument grouped into the following content areas: Criminal history; Psychological adjustment; Spousal assault history; Index offence and other considerations, is used to provide risk assessment/prediction of dangerousness in men who have a history of domestic violence. This guide was initially developed by Kropp et al. (1995) in Canada. The writer purposely selected this tool because the instrument is grounded on empirical validation and is subjected to on-going research scrutiny and development in North America. The instrument's scores are based on information that is obtained from multiple sources and is relatively easy to score. The risk management is obtained from the scores and the guide is reported to have well-established psychometric properties.

The validity and reliability of the SARA instrument has been tested on a large population and it has been established that the predictive value of the guide was accurate especially when used in conjunction with 'SARA-informed clinical judgment guide' (Goodman, Dutton and Bennet, 2000; Kropp et al., 2000). The author received comprehensive training (and on-going supervision) in the use of this instrument prior to implementing it in South Africa.

Setting

Most of the data collection activities were undertaken at a non-profit organisation (Famsa) as well as a private psychiatric clinic (Kenilworth

Clinic) in the Cape Town area that provides family and marital counselling. At the time of the study, the only specialist services that were provided to men who use intimate violence were at these identified organisations. Purposive sampling was used to select respondents from clients referred to Famsa in the Western Cape and domestic violence perpetrators whose partners were admitted to the Kenilworth Clinic. The respondents who adhered to the selection criteria either participated in focus groups and semi-structured interviews. The instrument was administered to all respondents in structured interviews although focus groups were used for purposes of triangulation with some of the respondents. The instrument was also administered to 47 female partners of the respondents and analysed qualitatively, but is not the subject of this paper.

Population sample and sample size

All the respondents referred to the two organisations (Kenilworth Clinic and Famsa, Western Cape) for domestic violence during the identified period were offered an opportunity to participate in the study. Fifty three of the 71 that accessed the services and met the eligibility criteria agreed to participate in the study.

Eligibility criteria

Respondents had to present with an identified history of domestic violence and a specific referral for domestic violence specific intervention. Self-referrals as well as referrals by psychiatrists, social workers, interdict clerks, or those whose partners had been admitted initially to the psychiatric clinic for depression and anxiety were allowed to participate.

Ethical consideration

Permission to implement the research was obtained from Senate Higher Degrees committee, University of the Western Cape, as well as the various sites where the research was conducted.

The use of consent forms and a commitment to uphold important principles and ethics of care strongly influenced the initial contact with the respondents. The author acknowledged that these respondents had caused untold injury and harm, yet they were entitled to be treated with the necessary respect and acceptance embodied in the discourse of ethical care.

Polaschek and Reynolds (2004) state that the assessor of violent offenders may be involved in the ‘selling’ of the programme to the participants where programme participation is not mandatory or a prerequisite for engaging in the research efforts. For the purposes of this study, the author strived to use interviewing strategies that were typically helpful in gaining rapport with the offenders, developed a collaborative relationship, motivated behavioural change and improved the quality of self-disclosure by the offender. Supportive counselling was arranged at the organisations with professional staff for all participants should they have required it.

RESULTS

The following categories of the SARA, namely, the socio-demographic data, criminal history, psychological adjustment and history of spousal assault are presented and discussed to highlight its importance when domestic violence perpetrators are assessed. In addition, the connection of holding attitudes that condone and support violence against women is also investigated.

Socio-demographic data

The results of this study showed that most of the participants were married, single, separated or divorced. The subjects who were still in a permanent relationship (married) wanted to remedy their situation and preserve the marriage. Those who were divorced presented with violence in a new relationships. The subjects who were single also presented with violence in their intimate relationship and either sought counselling as a remedy or were referred by their partners as a condition for the continuance of the relationship.

Criminal history

The data in Table 1 on the following page, shows the results of the criminal history of violence and the failure to abide by conditions imposed by the courts or criminal justice agencies. Three specific indicators of a past criminal record, namely: the past assault of other family members, the past assault of friends or acquaintances and the past violations of protection orders, bail or probation conditions fall under this category.

The results of past criminal history in this study showed that 79.2% of the men had assaulted other family members before and 62.3% had assaulted friends.

Table 1: Criminal history

Measurement Name	Yes	No
Assaulted other family members	42 (79.2%)	11 (20.8%)
Assaulted friends/acquaintances	33 (62.3%)	20 (37.7%)
Violated parole orders/Bail conditions	34 (64.2%)	19 (35.8%)

Assaulted other family members

The results showed that 42/53 respondents (79.2%) used violence against family members of origin or against their own children. They assaulted either, parents, in-laws, siblings or immediate family members of their primary victim and the assault either aggravated the relationship with the spouse or increased the risks of harm to the victim and others in the family. Thirty-three (62.3%) respondents also assaulted friends or casual acquaintances. A similar number of them, 34 (64.2%), demonstrated a lack of regard for mandatory restraints, supervision or conditions set out by a court of law in the past.

Those respondents who assaulted other family members, also used violence against any extended family members which included in-laws, parents, siblings or any relative who attempted to protect or separate the victim or provide accommodation to the victim and/or children from the relationship.

Assaulted friends/acquaintances

Thirty-three respondents also assaulted any friends, employers or casual acquaintances who either intervened in violent episodes or who provided the victim or the children with support or protection following violent episodes. This appeared to escalate after protection orders were issued that prohibited contact between the respondents and the victim or the children.

Violated parole orders/bail conditions

The respondents who completely disregarded any mandatory restraints, supervision or conditions by the court made up 64.2% and posed a threat to the victim and the children. This means that they attempted contact with the victim and her children whether they were in some form of protective accommodation, such as a shelter or with relatives, or whether the employers of the victim applied for restraining orders to prevent the respondent from threatening the victim at the workplace. This also means that the perpetrator

violated protection orders prohibiting contact with the children at school or crèche. In this study, (81%) admitted that they had violated past parole conditions and 66% admitted that they have violated their current parole or bail order.

The results of this study showed that those men who violate protection orders, ignore any remedies to be separated from their partners or their families.

Psychological adjustments

Table 2: Psychological adjustments

Measurement Name	Yes	No
• Relationship problems with spouse	53 (100%)	0
• Recent employment problems	17 (32.1%)	36 (67.9%)
• Victim or witness to family violence as a child	44 (83%)	9 (17%)
• Substance abuse and addiction	30 (56.6%)	23 (43.4%)
• Suicide/homicide ideation	35 (66%)	18 (34%)
• Mental health problems	24 (45.3%)	29 (54.7)
• Personality disorder/impulse disorder and anger management problem	47 (88.7%)	6 (11.3%)

Recent relationship problems with spouse

Twelve of the respondents were referred to the domestic violence programme for counselling which implied that a protection order was issued against them. Nine were asked by their partners to attend the domestic violence programme as a condition to remain in the relationship. Seven of the men were referred for counselling because their partners were admitted to a psychiatric facility due to depression/anxiety related to the violence. Twenty three were referred by professionals/counsellors and two volunteered themselves to attend the programme.

Recent employment problems

There is a commonly held belief that men are prone to use violence when they experience employment problems or when they hold positions in highly stressful careers or places of employment. The results obtained from this

study suggest that the study group did not display more violence as a result of their employment as compared to the general population of men who use violence in their intimate relationships. The data in Table 2 demonstrates that 36 out of the 53 respondents did not experience 'employment problems' at the time that they participated in the research project or that employment issues impacted on their use of violence. While seventeen respondents claimed that they experienced employment difficulties, only sixteen of them agreed that the employment problem(s) was a critical item in their use of violence or abusive behaviour. One respondent experienced employment problems but did not identify this as a critical item which implied that this did not influence the use of violence or abusive behaviour. The respondents in this study did not have more stressful occupations compared to the general population.

Victim or witness to family violence as a child

Most of the respondents (83%) were exposed to family violence or witnessed violence in their childhood and they believed that prior childhood exposure contributed to their current behaviour. The results strongly show that those men who have had childhood exposure to domestic violence cannot manage their impulses of anger, have poor intimate relationship skills and are more likely to continue presenting with domestic violence behaviour.

Substance abuse and addiction

Slightly more than half (56.6%) acknowledged that substance abuse and/or addiction was a problem in their life and contributed to the use of violence against their partners. The respondents who admitted to substance abuse and/or addiction largely used alcohol and drugs in their addictive behaviour. Three respondents mentioned pornography and/or prostitution as an addiction although they denied that it contributed to their violent behaviour.

Suicide/homicide ideation

Two thirds (66%) of the respondents admitted that they had used suicide or death threats to intimidate their partners. This implies that they either made direct or veiled threats to kill their partners, the children or members of the extended family, or that they had used suicide or attempted suicide as a means to intimidate their partners. These threats also emerged as risk factors which are not necessarily responded to unless a crisis situation has occurred. In other words, professionals, counsellors or shelter workers who intervene, for example, are not always inclined to believe the woman when she reports a death threat or the threat of a suicide. Often women are told that their

partners might have been joking, or simply wanted to 'scare' them, but may not have been serious. Nearly two thirds of the men in this study used suicide (66%) or homicide (62%) threats and 62% used weapons during the assault.

The results also showed that 13 respondents out of the 53 denied that they had used either death threats or weapons in their attacks on their intimate partners.

Mental health problems

Less than half, 24/53 (45.3%), of the respondents had either received treatment or had been diagnosed with a mental health problem or condition. This meant that some respondents may have sought treatment for symptoms of depression after their partners had left them and may have been diagnosed with depression as a result. One respondent had a diagnosis of multiple sclerosis, which is not a psychiatric condition, although depression occurred as a consequence of the damage caused by the illness.

Personality disorder/impulse disorder and anger management problem

The majority, 47/53 (88.7%), admitted to having problems with anger or impulse control disorders. In terms of the impulse disorder/anger management problems, 47 respondents out of the 53 admitted that they could not control their impulsivity or anger. Only six respondents admitted that they were able to control their impulsivity and anger and could delay impulses for immediate gratification.

History of spousal assault

Sexual assault

The results indicate that only three out of the 53 respondents did not have a history of using sexual assault or showing sexual jealousy towards their partners. One respondent's use of sexual assault and jealousy was listed on a protection order but he denied the allegation against him. The other 49 respondents (94%) all admitted to using sexual assault and sexual jealousy during their intimidation of their partners.

Respondent 53 highlights the escalation from thoughts of sexual jealousy to what constitutes intrusive, humiliating behaviour towards his domestic violence victim as follows:

"I used to check what underwear she would choose for the day, wait until she returned from work so that I could check it for evidence of sexual unfaithfulness. Sometimes, I would take her 'soiled' underwear to her bosses to show what a whore she was." (Respondent 53).

Physical assault

The data in this study showed that 47 respondents out of the 53 (88%) had a history of physical assault against their intimate partners or significant others. Respondent 20 added the following:

"I used physical violence and control in all my relationships, but realised that I had a problem when I tossed my last wife out of the window of our second floor flat, because she would not serve the children breakfast when I told her to." (Respondent 20).

Demonstrating attitudes that condone spousal abuse

The outcome of this study showed that 92% of the male respondents demonstrated attitudes, values and beliefs that support or condone spousal assault.

The following refers:

"If women do not want to listen, then they should feel." (Respondent 22, FAMSA, Cape Town).

"She would not have got hurt, if only she'd shut up." (Respondent 30, Kenilworth, Cape Town).

"How could she refuse me sex, when we are married? It's like having to bark yourself, when you do own a dog!" (Respondent 41, FAMSA, Cape Town).

"She is not a victim, she is my wife!"

The above suggests that the perpetrator intentionally employs these strategies to gain power and control in the domestic violence situation.

DISCUSSION

The findings of this study concur with the main threads detected in the literature regarding the risk markers for continued violence. However, the following aspects will be highlighted:

Criminal history; Psychological adjustment; Presence of psychiatric illness or not; History of spousal assault; Sexual assault and sexual jealousy; Recent relationship problems with spouse; and Demonstrating attitudes that condone spousal abuse.

Criminal history

Earlier studies already determined that men who have demonstrated assaultive behaviour in either past or current intimate relationships are at risk for future violence (Sonkin, 1987; Fagan, Stewart and Hansen, 1983). Dutton and Golant (1995) stated that many serious and persistent offenders routinely engaged in minimisation and/or denial of their dangerous behaviour.

Psychological adjustment

This result concurred with the writings of Arroya and Eth (1995); Kropp et al. (1995); Carroll (1994); Bookwala, Frieze, Smith and Ryan (1992) and Buehler, Orne, Franck and Anderson (1992) and with commonly held notions that boy children who are exposed to family violence or childhood victimisation are more likely to direct violence at an intimate partner. Kropp et al. (1995) state that the item which refers to the childhood history of the perpetrator, is historical in nature and refers to maladjustment in the individual's family of origin. According to these authors, this is one of the most robust risk factors for spousal assault identified in the literature.

Psychiatric illness or not

The implication of this finding is that, although a formal diagnosis had not been made, at least 88.7% of the respondents fulfilled some of the criteria for impulse disorder problems and managing their anger fell within the ambit of this category.

Regarding the range of psychiatric illness, many of the perpetrators presented with symptoms of depression and anxiety when their partners left them or applied for a divorce as a consequence of the violence used in the relationship. Yet, one cannot conclude reliably that the depression was the causal agent in the use of intimate violence.

History of spousal assault

The findings of this study indicate that perpetrators of violence often have a past history of also directing their violence towards other family members

and relatives. This implies that the perpetrator would attack, threaten and harm anybody they perceived to be interfering in his "private affairs". The findings of this study concur with research outcomes that perpetrators often have a history of failure to abide by specific conditions regarding the consequences of their behaviour. In terms of the risk assessment literature, it is irrelevant whether the conditions were imposed following an incident or allegation of domestic violence: failure to abide by specific restrictions present as a poor prognostic factor (Hobart, 2002; Kropp et al., 2000 and 1995). Although perpetrators would admit to using some form of violence in prior relationships, few could readily admit the degree to which their violence escalated over time. This strongly suggests that there is not only a history of spousal assault towards previous partners, others, but that there is an escalation of violence towards the intimate partner.

Sexual assault and sexual jealousy

The use of sexual jealousy and sexual violence includes, but is not limited to, accusing their partners of being unfaithful or forcing them into having sex. Although it is assumed that sexual jealousy is less serious than sexual violence, Kropp et al. (1995) state that typologies of spouse assaulters often indicated that the most severe patterns involved sexual assault and sexual jealousy.

Recent relationship problems with spouse

Kropp et al. (1995) state that severe violence and sexual violence in the index offence are both associated with increased risk for future violence. The findings in this study showed that the majority of respondents (58%) used sexual violence or battery. Yet, many of the victims did not necessarily report the sexual battery because of the nature of it. This strongly suggests that when women report the relationship problems, the extent or scope of the violence is often not reported because of many reasons. The sexual violence is often the last disclosures that are made by women and are seldom made during the initial help seeking efforts.

Demonstrating attitudes that condone spousal abuse

Many authors emphasise that a number of socio-political, religious, cultural and personal attitudes differentiate between men who have recently assaulted their partners and those who have not (Kropp et al., 1995; Saunders, 1992; Straus, Gelles and Steinmetz, 1980).

The author agrees with Kropp et al. (1995) who argue that there is a common thread across these attitudes that support or condone spousal assault and implicitly or explicitly encourage, patriarchy, misogyny and the use of violence to resolve conflicts. The authors further state that these attitudes often co-exist with minimisation and denial of spousal assault and are associated with increased risk of violent recidivism. The outcome of this study concurred with this finding in that 92% of the male respondents demonstrated attitudes, values and beliefs that support or condone spousal assault.

CONCLUSION

The objective of the study was to explore those risk factors that predispose batterers to on-going domestic violence behaviours. This study described those risk factors that are closely linked to the likelihood that the intimate partner violence will continue or escalate to death.

The finding of this study confirms the need for specific interventions, namely, the construction of assessment and programme development guidelines for perpetrators. These results highlight the need to move away from a ‘one size fits all’ approach in the management of perpetrators of domestic violence. Clearly, specific assessment criteria must be applied before programme development or intervention input is executed.

Risk assessment instruments remain one of the methods to most likely reduce domestic violence and should be incorporated with all the domestic violence interventions that seek safety of women and children as an outcome and increased accountability for the perpetrator.

The benefit of a risk assessment instrument is that it can also assist the criminal justice system to identify those offenders who require a more robust management, for example, a custodial management, especially if they have failed in treatment remedies and they continue to pose a homicidal threat to their estranged partners and families. When risk assessments are integrated into batterer intervention strategies, it can create a new paradigm for effective case management of spousal assaulters.

Treatment providers can break the cycle of domestic violence by employing effective risk assessment management tools thus enhancing protection for women and children while linking men to those programmes that will help them to take responsibility for their rehabilitation and change. In this way the

actions of the perpetrator is managed and addressed effectively to ensure that intervention reduces the likelihood of continued injury.

Kropp et al. (1995) reminds us that the task of clinical prediction invites evaluators to isolate key variables that might accentuate or diminish the possibility of violence. Hence knowledge of such factors is obviously important for reasons of preventing violence and therefore forms a crucial part of treatment planning.

In conclusion, the findings of this study concur with the main threads detected in the literature regarding the risk markers for continued violence.

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