THE USE OF SPECIFIC VERSUS GENERAL RISK ASSESSMENT TOOLS AND
THE PREDICTORS OF CRIMINAL HISTORY AND PSYCHOPATHY AMONG
AN ARCHIVAL SAMPLE OF INCARCERATED MALE BATTERERS

by

LINDSEY A. THOMAS

B.A., The University of British Columbia, 2000

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

Department of Psychology

We accept this thesis as conforming
To the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

August 2002

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Department of Psychology

The University of British Columbia
Vancouver, Canada

Date September 11, 2002
ABSTRACT

The files of 92 men with a history of domestic violence were evaluated to assess: 1) the degree to which criminal history is associated with particular intimate violence patterns; 2) the extent to which psychopathy among batterers can be predicted from criminal history and spousal assault patterns; and 3) the relative efficacy of applying measures of general violence risk, such as the Psychopathy Checklist-Revised (PCL-R; Hare, 1980, 1990), versus measures of specific violence risk, such as the Spousal Assault Risk Assessment Guide (SARA; Kropp, Hart, Webster, & Eaves, 1994, 1995, 1998) to batterer populations. Findings examining criminal history suggest that battering behaviors among men who also have a history of assault outside the home merely mark a manifestation of a more global pattern of offending. Further, regression analyses show that simple assault charges and severity of spousal assault incidents function as significant predictors of psychopathy (p < .05). The results of the current study lend support to the trend of developing specific violence risk assessment tools. That is, what we know about violence risk prediction, despite the fact that there is considerable overlap in the variables that seem to predict general and specific acts of violence, should be reframed in terms of various violent offender groups to develop specific risk measures, such as the SARA.
# TABLE OF CONTENTS

ABSTRACT ........................................................................... 11

TABLE OF CONTENTS .......................................................... 111

LIST OF TABLES ................................................................... v

INTRODUCTION ..................................................................... 1

Correlates of Spousal Violence ............................................... 2
  Substance Use/Abuse .......................................................... 2
  Family of Origin Abuse ..................................................... 2
  Psychopathy ....................................................................... 3

Current Study ....................................................................... 5

METHODS ............................................................................. 8

Participants .......................................................................... 8

Measures .............................................................................. 8
  Criminal History ............................................................... 8
  Spousal Violence ............................................................. 9
  The Psychopathy Checklist-Revised .................................. 10
  Risk ................................................................................. 11

RESULTS ............................................................................... 15
LIST OF TABLES

Table 1. Items in the Hare (1980, 1991) Psychopathy Checklist-Revised (PCL-R) .......................................................... 39

Table 2. Analysis of Variance Comparing Criminal History Across Age Groups .......................................................... 40

Table 3. Analysis of Variance Comparing PCL-R scores Across Age Groups .......................................................... 41

Table 4. Correlations Between PCL-R scores and Criminal History ............................................................................. 42

Table 5. Correlations Between PCL-R Scores and SARA Risk Ratings .............................................................. 43

Table 6. Correlations Between PCL-R Scores Incidents and Characteristic of Spousal Assault Incidents .......................... 44
In 1998, spousal assaults accounted for greater than 80% of all simple assaults and greater than 80% of all violent crime reported to police in Canada (Statistics Canada, 1998). A large proportion of all correctional offenders, including both probationers and prisoners, have histories of spousal assault. In Canada, for example, regardless of the nature of the index offense (the offense for which the inmate is currently imprisoned), a history of spousal assault has been documented in 20-40% of all adult male offenders (Dutton & Hart, 1992; Hart, Kropp, Roesch, Ogloff, & Whittemore, 1994). And unfortunately, the number of domestically violent men coming in contact with the criminal justice system is increasing as the result of the recent adoption of new proactive arrest and sentencing policies (Dutton & Kropp, 2000).

In light of the well-documented economic, social and psychological repercussions associated with domestic violence (Dutton, 1995; Koss, Goodman, Browne, Fitzgerald, Keita, & Russo, 1994; Kurz, 1993; Gelles & Straus, 1988), researchers have embarked on the task of identifying predictors or correlates of spousal violence that may offer insight into domestic violence incidence reduction. There are factors that seem on the whole to be more common among batterers than non-batterers. Overall, the results of both literature review (Saunders, 1995; Hotaling & Sugarman, 1986) and empirical research (e.g., Gondolf, 1988; Rounsaville, 1978; Dobash & Dobash, 1979; Rosenbaum & O’Leary, 1981; Walker, 1979; Snyder & Fruchtman, 1981) suggest a composite batterer profile marked by substance abuse problems, abuse in the family of origin, personality disorders and violence generality.
Correlates of Spousal Violence

Substance use/abuse.

Researchers such as Leonard (1993) and Leonard and Blane (1992) report that violence rates are almost 15 times higher for husbands who drink often versus those who never drink. For domestically violent incidents committed while under the influence of a chemical substance, most research indicates a rate between 60 and 70% for alcohol use and between 13 and 20% for drug use (see for example: Gelles, 1972; Appleton, 1980), although some researchers have reported even higher perpetrator intoxication rates (e.g. 92%; Brookoff, 1997). In general, alcohol abuse problems are more prevalent among batterers than non-abusive controls (Van Hasselt, Morrison, & Bellack, 1985); Tolman and Bennett (1990) calculate a median rate of 60% for chronic alcohol abuse (or “alcoholism”) among batterers.

Family of origin.

Traumatization in childhood (Bryer, Nelson, Miller, & Krol, 1987; Burgess, Hartman, & McCormack, 1987; Herman, Perry, & van der Kolk, 1989) and early adulthood (Resnick, Foy, Miller, & Donahoe, 1988; as cited in Hamberger & Hastings, 1991) has been linked to both the development of adult personality disorders and of deviant social behavior in general. Individuals raised in abusive homes are themselves more likely to become abusive than those coming from non-abusive environments (Rosenbaum & O’Leary, 1981; Sonkin & Durphy, 1982; Spinetta & Rigler, 1972; Straus, 1979). Research suggests higher family of origin rates of both direct abuse victimization and marital violence exposure among batterers than non-violent controls (Caesar, 1988;
Hastings & Hamberger, 1988; Rosenbaum & O’Leary, 1981; O’Leary & Curley; Langhinrichsen-Rohling, Neidig, & Thorn, 1995; Seltzer & Kalmuss, 1988), with estimates of the experience of or exposure to family of origin violence ranging from 65 (Sonkin & Durphy, 1982) to 70% (Frank & Houghton, 1982; as cited in Roberts, 1988).

Hotaling and Sugarman (1986) suggest that witnessing violence in the family of origin, as opposed to experiencing it, may have a stronger effect in terms of influencing whether men become batterers. This effect appears particularly complex among severely violent men. Sugarman and Hotaling (1989), using the data from the 1975 National Family Violence Survey, found that severely violent men had witnessed significantly more instances of inter-parental violence than nonviolent, verbally aggressive, or mildly aggressive men.

*Psychopathy.*

Psychopathy is a personality disorder marked by “a persistent disregard for social norms and conventions; impulsivity, unreliability, and irresponsibility; lack of empathy, remorse and emotional depth; and, failure to maintain enduring attachments to people, principles, or goals (Hare, 1991, p. 45).” It is assumed that psychopaths lack the requisite traits for inhibiting aggressive or antisocial behaviors such as empathy, guilt, fear of punishment and the ability to form close emotional bonds (Cleckley, 1976; Hare, 1991; McCord & McCord, 1964; Miller & Eisenberg, 1988). As such, it comes as no surprise that criminal psychopaths, in comparison to other criminals, commit a disproportionate number of both general and violent crimes. Psychopaths are said to make up 15-30% of the total correctional population (Hare, 1991; Harris, Rice, & Cormier, 1991). It is
important to note, however, that a diagnosis of psychopathy is not merely limited to those with criminal records, although this group of individuals is more likely to have such a history. A psychopath could be someone who commits spousal assault, stabs someone, robs a store, or goes to work on Wall Street (Hare, 1995; Wells, 1988; Widom, 1977).

Overall, psychopaths are more likely to target strangers, to commit violent acts while intoxicated (Hare et al., 1988) and to have motives of an instrumental rather than a reactive nature when compared to non-psychopaths (Cornell et al., 1996). In fact, Cornell et al. (1996) found that this latter distinction allowed for the differentiation of psychopaths and non-psychopaths, with victimization often occurring for revenge rather than self-defense (Hart, 1998). But, how well does what we know about psychopathy apply to psychopathic batterers? Research seems to indicate that psychopathic non-batterers can present quite differently from psychopathic batterers, especially in terms of criminal behavior. For example, Williamson et al. (1987) found that while none of the murders perpetrated by psychopaths were against family members, 63% of the non-psychopaths' murders were. The researchers suggest that this finding does not come as a surprise, as familial murders are often committed in the “heat of passion”; such emotional volatility is usually not characteristic of the emotionally/physiologically-controlled psychopath. It would appear that having psychopathic traits also has treatment implications for batterers. For example, Dunford (2000) evaluated 850 men from San Diego who had completed treatment for wife assault. Using a version of the PCL-R, the 12-item PCL Screening Version (PCL-SV), Dunford found that men who failed in treatment were more than six times as likely to score above 12 (scores ranging from 0 - 24).
Huss and Langhinrichsen-Rohling (2000) conducted an extensive literature review comparing research on batterers and psychopaths and the extent to which these two bodies of literature overlap. Although the field lacks consensus with respect to most proposed subtypes of batterers, there seems to be general agreement that there is a group of abusive males that could be classified as having antisocial or psychopathic features (Huss, Langhinrichsen-Rohling, & Ramsey, 1997; as cited in Huss & Langhinrichsen-Rohling, 2000). This subgroup of males has been identified with a variety of dependent measures and among various samples of batterers (see for example: Flournoy & Wilson, 1991; Gottman et al., 1995; Hamberger & Hastings, 1986).

Current Study

The purpose of the current study is three-fold. First, given that the general consensus to date is that batterers engaging in severe domestic violence are also likely to behave violently outside the home (Tweed & Dutton, 1998; Gondolf, 1988; Shields, McCall & Hanneke, 1988; Cadsky & Crawford, 1988; Saunders, 1992; Fagan, Stewart, & Hansen, 1983), the degree to which criminal history is associated with particular intimate violence patterns will be evaluated. Second, the extent to which psychopathy among batterers can be predicted from criminal history and spousal assault patterns will be assessed. That is, the current study intends to evaluate questions such as, is the batterer whose violence is severe and general more likely to possess psychopathic traits? And third, the relative efficacy of applying measures of general violence risk, such as the Psychopathy Checklist-Revised (PCL-R; Hare, 1980, 1990) (discussed below), versus measures of specific violence risk, such as the Spousal Assault Risk Assessment Guide
(SARA; Kropp, Hart, Webster, & Eaves, 1994, 1995, 1998) (also discussed below), to batterer populations will be examined.

This latter purpose is of particular importance. Instruments such as the Violence Risk Assessment Guide (VRAG, Webster, Harris, Rice, Cormier, & Quinsey, 1994) and the HCR-20 (Webster, Douglas, Eaves, & Hart, 1997) have been developed to assess violence recidivism risk. However, a major criticism of such guides is that many of the tools used fail to distinguish between different types of violence. It is perhaps this assumption of the homogeneity of violent acts that leads some researchers to conclude that violence risk prediction is of less utility than the toss of a coin (see for example: Monahan, 1981). This same criticism can be applied to previous domestic violence risk prediction research. That is, to assume that all violent men are amenable to the same risk criteria merely because they are violent is certainly an example of tautological logic. Recently, forms of violence have begun to be disaggregated to form specific risk assessment measures or guides, such as the SARA (Kropp, Hart, Webster, & Eaves, 1994, 1995, 1998) and the Sexual Violence Risk (SVR-20, Boer, Hart, Kropp, & Webster, 1997) guide.

As discussed above, several static (fixed) factors have been found to be associated with spousal violence recidivism. However, these same factors have been found by researchers such as Hanson and Bussiere (1998) and Quinsey, Harris, Rice and Cormier (1998) to predict both general and violent recidivism among a variety of different offenders (also see for example: Monahan & Steadman, 1994; Webster, Harris, Rice, Cormier, & Quinsey, 1994; Hall, 1987; Monahan, 1981), and there is little empirical indication that these factors are unique to the prediction of wife assault. In fact, Hilton,
Grant and Rice (2001) have concluded, “that violent recidivism by serious wife assaulters is well predicted by the same variables that predict violent recidivism among offenders in general.”

Researchers such as Kropp and Hart (1997), however, have argued that domestic violence prediction requires the consideration of some variables that differ from those used for general violence. The failure of a large body of validated research on the correlates of psychopathy to apply to batterer samples lends support to this position. Psychopathy functions as a good example of a variable with features that appear inconsistent with many spousal assault risk factors. Research has found psychopathy to be an excellent universal predictor of violent recidivism (e.g., Salekin, Rogers, & Sewell, 1996) and yet, there is some argument as to whether the most dangerous batterers are psychopaths (Huss, Langhinrichsen-Rohling, & Scalora, as cited in Hilton, Harris, & Rice, 2001) or whether this group is more likely to have Borderline or other personality disorder features (Dutton, 1998). Another instance comes from the observation that suicide has been identified among various wife assault checklists as an indicator of risk (e.g., Goldsmith, 1990; Kropp, Hart, Webster, & Eaves, 1995), suicide being rare among psychopaths (despite their tendency towards making suicide threats) (Cleckley, 1964, p. 393). Another example comes from Dutton’s (1998) work suggesting a fear of abandonment among batterers that clearly, for the promiscuous and detached psychopath, is not of great consequence. Thus, psychopathy, as measured by the PCL-R (one of the best predictors of general violence risk; Hart & Hare, 1997), provides an excellent opportunity to assess whether spousal violence risk is best assessed specifically or vis-à-vis a general violence risk measure.
Method

Participants

The files of 92 men with a history of domestic violence were chosen from a database of adult federal offenders at Matsqui and Kent correctional institutions in Vancouver, British Columbia. Access to the files was gained with permission from the Correctional Services of Canada. Upon entering the federal system, all inmates are informed that information contained within their files may be used for research purposes and that confidentiality will be maintained. Only the files of incarcerated males who had a criminal record for domestic violence or for whom file information indicated a history of spouse abuse were selected. Approximately 49 percent of the sample was Caucasian; 26 percent was Aboriginal; 8 percent of the sample was classified as “other” (2 percent was Asian, 1 percent was Southeast Asian, 2 percent was Afro-Caribbean, 1 percent was Hispanic, and 1 percent were Caucasian-Aboriginal); and the remaining 17 percent of the sample was composed of individuals whose files failed to specify race. Participants ranged in age from 25 to 72, with a mean age of 41 years. In terms of criminal history, the index offences of the participants ranged in seriousness from theft to first-degree murder. Four coders were used to review the files. Each coder was trained to assess the variables described below (Refer to the Appendix for the coding manual).

Measures

Criminal history.

All offenses listed on the subject’s criminal record, starting with the most recent were recorded. This included the crime as it was listed on the criminal record (if a plea
bargain had taken place, both the initial and the reduced charge were reported); the sentence; a description of the incident (if there was insufficient information to describe the offense, this item was omitted); the subject's age at time of offense; and any discernable motivation (a judgment was made about whether the crime was instrumental or impulsive in nature). Since file information tended to be lacking in terms of describing prior criminal offenses, the protocol for this item had to be reformulated such that coding was restricted to recording the charge, the sentence and the subject's age at the time of the offense.

*Spousal violence.*

If there was sufficient information describing one or more incidents of spousal violence perpetrated by the subject upon his partner, the details of each incident were coded based upon the following criteria. If the file data provided more than one account of domestic violence, a separate sheet was used for each incident reported, starting with the most recent. If there was insufficient information to code an item, the coders were instructed to omit it.

Severity, aggressiveness and impulsivity were all rated on a three-point scale. An inter-rater reliability alpha coefficient of .90 was found for the coding of severity, .93 for aggression and .95 for impulsivity. For the severity of the incident, which refers to the amount of harm inflicted on the victim, a “1” indicated mild physical/verbal abuse (e.g. slapping, pushing, grabbing, shoving, threats etc.), a “2” indicated moderate physical abuse (e.g. kicking, biting, hitting with fists threats to use a knife or a gun, etc.) and a “3”
indicated severe physical abuse (e.g. using a knife or a gun, assault requiring emergency medical assistance, etc.).

Aggressiveness was defined primarily in terms of extent to which the force used during the assault was proportionate to the amount required to achieve the end. The “end” or goal of the assault can be internal or external; an example of an internal “end” would be if the offender used the assault to gain compliance. Here a “1” referred to mildly aggressive incidents. If this intimate protested enough, it is likely that the assault would have stopped. A “2” was indicative of moderate aggressiveness. It is unlikely that protest would have stopped the assault, but the force used was proportionate to that required to achieve the end (the victim may need medical attention, but no hospital stay is required). A “3” was used to note severe aggression, where the force used was disproportionate to that required (e.g. the victim required emergency medical assistance and will likely require a stay in the hospital). Such an assault is unnecessarily brutal.

Coding impulsivity involved rating the extent to which the incident could have been foreseen or planned out. Again, this item was coded on a three-point scale, ranging from “1” (the incident was coldly planned out and executed) to “3” (No foresight or planning. The act was committed in the heat of the moment).

*The Psychopathy Checklist-Revised.*

Hare (1980, 1991) developed a valid and reliable method of assessing psychopathy: the Psychopathy Checklist-Revised (PCL-R). The checklist uses many of the concepts, yet to be adopted by the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994),
initially identified by Cleckley (1976). The PCL-R is a 20-item scale, which is scored from correctional and psychiatric records and from a clinical interview. Each item is scored on a 3-point scale (ranging from 0-2), based upon the extent to which the item is characteristic of the individual (Table 1). Thus, total scores on the PCL-R range from 0-40, with 30 being the cutoff for a diagnosis of psychopathy (For more detail on the PCL-R, please see the manual; Hare, 1991). The checklist has been found to possess both high construct validity (Harpur, Hare, & Hakstian, 1989; Newman & Kosson, 1986) and high reliability (Ogloff, Wong, & Greenwood, 1990; Kosson, Smith, & Newman, 1990; Smith & Newman, 1990; Wong, 1988) in a variety of contexts. Two factors have been identified as comprising psychopathy as a construct. Factor 1, derived from Cleckley (1976), is the interpersonal/affective dimension and concerns the individual’s core personality features. Factor 2 (identified by Harpur et al., 1989) is the behavioral component and refers to the extent to which the individual’s life is antisocial/prosocial and stable/unstable.

Although most files contained a PCL-R score, all files were re-scored by individuals trained in the administration and scoring of the instrument. It is important to note that PCL-R scores rated exclusively from file information, as they were here, tend to be several points below PCL-R scores rated from both file and interview data (Alterman, Cacciola, & Rutherford, 1993; Wong, 1988).

*Risk.*

The Spousal Assault Risk Assessment (SARA) guide is a set of professional guidelines developed by Kropp, Hart, Webster, and Eaves (1994, 1995, 1998) for
assessing spousal violence risk. The evaluator examines nine areas of the offender’s life through standardized measures of emotional/physical abuse and substance abuse; interviews with the accused and victims; and a review of collateral sources including victim statements, police reports, criminal records and psychological reports. The following areas of the offender’s life are assessed: Family of origin history; occupational and social history; relationship history; physical and mental health history; current mental status, assaultive/abusive behavior history; criminal history; current life-stressors; and, current support.

Use of the SARA requires that the presence or absence of 20 risk factors be evaluated. These items are scored on a 3-point scale, ranging from “0” (absent) to “2” (present). A score of “1” is used to designate low (or “sub-threshold”) levels of the factor. Ten of the factors refer to general violence risk, while the remaining ten specifically relate to spousal violence. The general violence risk factors include: Past assault of family members; past assault of strangers or acquaintances; past violation of conditional release or community supervision; recent relationship problems; recent employment problems; being a victim and/or witness to family violence as a child or adolescent; recent substance abuse/dependence; recent suicidal or homicidal ideation/intent; recent psychotic and/or manic symptoms; and, having a personality disorder marked by anger, impulsivity, or behavioral instability. The spousal violence risk factors include: Past physical spousal assault; past sexual spousal assault or sexual jealousy; past use of weapons and/or credible threats of death; recent escalation in frequency or severity of assault; past violation of “no contact” orders; extreme minimization or denial of spousal assault history; attitudes that support or condone spousal assault; severe and/or sexual
assault (most recent incident); use of weapons and/or credible threats of death (most recent incident); and, violation of “no contact” order (most recent incident).

In addition to coding for the presence of these twenty risk factors, evaluators must also note any additional (case-specific) risk factors. That is, they must note any particular markers that are considered “critical” to the individual’s risk. And finally, the evaluator is required to assess the individual’s global risk. This final decision must be based on consideration of factors such as nature, severity, likelihood, frequency, and imminence of future violence (spousal or otherwise). Although item codes may be combined into several continuous scores according to fixed and explicit algorithms, the critical item and summary ratings cannot. Thus, while the former may be considered actuarial in nature (the ability to combine and weight items according to fixed and explicit algorithms being the defining feature of an actuarial measure; Grove & Meehl, 1996; Meehl, 1954/1996), the latter are better defined as structured professional judgments (meaning that although decisions are based upon a standardized information base, a decision is made in the absence of fixed, explicit rules; Kropp & Hart, 2000).

Kropp and Hart (2000) analyzed a total of 2,681 SARA ratings among six adult male offender samples. The researchers found a high degree of batterer heterogeneity in terms of individual risk factors and of perceived overall risk. High inter-rater reliability was observed for judgments of the presence of individual risk factors and for global risk. The Total Score coefficient was found to be .84 with a Part 1 (general violence) coefficient of .68 and a Part 2 (spousal violence) coefficient of .87. Inter-rater reliability for Factors present was .83 overall, .64 for Part 1 and .85 for Part 2. Coefficients for the Critical Items (overall r = .22, Part 1 r = .18, Part 2 r = .38) and Summary Risk Rating
coefficients (Low vs. moderate vs. high r = .63; Low/moderate vs. high r = .57) tended to be considerably lower than those observed for Total Score and Factors Present. However, all calculated reliability inter-class correlations were significantly greater that zero (p < .005). Structured analyses also suggest moderate levels of item homogeneity and internal consistency for the risk factors. Finally, in terms of other measures related to risk for general and violent criminal behavior, the SARA was found to have good convergent and divergent validity. The researchers conclude that the SARA distinguishes between both recidivistic and non-recidivistic spousal assaulters and between offenders with and without a history of spousal violence.

Grann and Wedin (2002) conducted a retrospective seven-year follow-up of 88 file-based SARA assessments. The subjects were all males court-referred for forensic evaluation services. The following items were found to be associated with a greater risk of recidivism: Past violation of community supervision or conditional release (Item 3); personality disorder with anger, impulsivity or behavioral instability (Psychopathy) (Item 10); and, extreme minimization or denial of spousal assault history (Item 16). A negative correlation was observed between severity of the index offense (Item 18) and recidivism risk. Individuals scoring above the median on the SARA were found to be more than two and a half times higher in terms of recidivism risk than those scoring below. Overall, the SARA showed statistically significant, although marginal, improvements over chance in predicting risk.

Kropp, Hart, Whittemore, Webster, and Eaves (as cited in Dutton & Kropp, 2000) compared the relative effectiveness of the SARA and the PCL-SV in predicting risk for spousal violence among a sample of 50 spousal assault recidivists and 50 spousal assault
non-recidivists. The researchers found, a finding that is surprising considering the PCL’s efficacy in predicting general violence recidivism (Hemphill & Hare, 1998), that while the SARA distinguished between the two groups, the PCL-SV did not. The authors suggest that the psychopathic batterer may not be the most likely type to recidivate, since at the core of the psychopath’s personality is an inability to form strong attachments to others. This type of batterer may, therefore, jump from partner to partner before he has a chance to re-offend against the same person. However, this explanation seems lacking, as these individuals would still be recidivating, just against someone else. Perhaps a better conclusion would be that the PCL didn’t discriminate because most batterers are not psychopaths. Nevertheless, regardless of which is a better explanation of the results, the findings still support the authors’ conclusion that when assessing spousal violence risk, it would be ill advised to use the PCL on its own.

For the purposes of this study, only SARA summary ratings of risk to others and to partners were considered. Summary risk ratings are reported on a three-point scale, where a “1” indicates low risk, a “2” signifies moderate risk and a “3” denotes high risk. A rating of risk towards others was reported for 91% (84/92) of the sample, and a rating of risk towards intimates was reported for 34% (31/92) of the sample. Kappa coefficients for both variables were found to be .94, suggesting high inter-rater reliability.

Results

Criminal History

No significant racial differences were observed for criminal history (p > .05). Participants were separated into one of four groups on the basis of age: Subjects in Group
1 ranged in age from 25-to-35 (n = 31); those aged 36-to-45 were placed in Group 2 (n = 29); Group 3 was composed of those men aged 46-to-55 (n = 13); and, Group 4 was made up of subjects aged 56 and above (n = 10). Significant age differences with respect to number of sexual assault charges were found (F = 5.72, p = .001) (Table 2). Since the assumption of homogeneity of variance was found to be violated in the negative direction, allowing for the possibility of liberal bias, the alpha value required for significance was conservatively adjusted from .05 to .01. Following-up on the significant age difference observed for sexual assault charges, using the same conservative alpha level, Tukey post-hoc analyses revealed a significant difference between the fifty-six and above (Group 4) and the thirty-six-to-forty-five age (Group 2) groups (p < .01), with Group 4 having more sexual assault charges than participants in group two. An effect size of .65 was calculated for this comparison that, not surprisingly, suggests that one’s likelihood of coming in contact with the criminal justice system for sexual assault seems to increase with age.

Multiple regression analyses were performed to ascertain the extent to which number of simple assault charges could be predicted from criminal history. The criminal charges included in the analyses were domestic assault, sexual assault, possession of a narcotic, driving while intoxicated, break and enter, and other property offenses (e.g., theft). A significant result was found (p < .01) with an $R$ of .43, a corresponding $R^2$ of .18 and an adjusted $R^2$ of .13. The most predictive variable was number of domestic violence charges.

When number of simple assault charges were considered in terms of their relation to frequency of intimate violence, a significant negative correlation was observed ($r = -$
.47, p < .001), a finding that lends itself to the notion that as the number of simple assault charges increase, the frequency of spousal assaults seem to decrease. At first glance this finding seems counter-intuitive. However, perhaps battering behaviors among those who also have a history of assault outside the home, merely mark a manifestation of a more global pattern of offending. That is, perhaps spousal violence is merely a byproduct of being a generally assaultive individual and as such, their frequency of domestic offending could be expected to be less than that observed among men whose violence is restricted to the home. To assess this, regression analyses were performed using frequency of spousal violence to predict simple assault charges. The result was significant (p < .001), producing an $R$ of .47, an $R^2$ of .22 and an adjusted $R^2$ of .21. It is important to note that the resultant Beta coefficient was negative ($\beta = -.47$), suggesting that a low frequency of battering behaviors is predictive of a greater number of simple assault charges among intimately violent men.

**Psychopathy**

Of the 92 files in the sample, 64 percent (59/92) included a PCL-R total score, 52 percent (48/92) included a Factor 2 score and 55 percent (51/92) included a Factor 1 score. Interclass correlations (using a 2-way random effects model for absolute groups) marking the reliability of the PCL-R coding were found to be .83 for Total scores, .72 for Factor 1 scores and .87 for Factor 2 scores.

Although no significant racial differences were observed, the sample’s PCL-R Factor 2 scores were shown to significantly differ in terms of age ($F = 4.27$, p < .01) (Table 3). Tukey post-hoc analysis showed significant differences between the 25-35
(Group 1) and the 56 and above (Group 4) (p < .01) age groups and the 36-45 (Group 2) and the 56 and above (Group 4) (p < .05) age groups, with higher scores being associated with the younger age groups. An effect size of .84 for the comparison of Group 1 and Group 4 was calculated. For the comparison of Group 2 and Group 4, an effect size of .63 was observed. The results suggest a moderate-to-strong diminishing effect of age on Factor 2 scores. This is an unexpected finding, as one would imagine that the older an individual is, the more extensive their criminal history is likely to be, criminal history being one of the variables considered in calculating Factor 2 scores.

Correlations were run between PCL-R Factor 1, Factor 2 and Total scores and number of domestic, simple and sexual assault charges (Table 4). Surprisingly, correlations between number of domestic and simple assault charges and PCL-R scores failed to reach significance (p > .05). In terms of sexual assault, however, a significant negative correlation was observed for Factor 2 scores (r = -.35, p < .05). This finding remains significant following bonferroni adjustments to the critical alpha level. Multiple regression analyses were performed to assess the extent to which PCL-R Factor 1, Factor 2 and Total scores could be used to predict number of sex offenses. A significant finding was observed (p < .001), with an \( R \) of .60 a corresponding \( R \) square of .36 and an adjusted \( R \) square of .31.

In terms of the relation between perceived risk to others and intimates (as measured by the SARA) and psychopathy, significant positive correlations were observed between imminent risk to others and both Total (r = .54, p < .05; this latter correlation, however, fails to reach significance once bonferroni adjustments were conducted) and Factor 2 scores (r = .58, p < .01) (Table 5). All correlations between PCL-R scores and
perceived risk to partner, however, failed to reach significance (p > .05). PCL-R scores were entered into a multiple regression analysis to assess the measure's ability to predict SARA risk ratings. Although PCL-R scores failed to significantly predict risk to partner, they do seem to be a useful predictor of risk to others (p < .05), with a multiple R of .65, an R square of .43 and an adjusted R square of .31.

Of the 92 files examined, 40 (approximately 43% of the sample) had sufficient information to code at least one spousal violence incident. Variables of particular interest were the severity, the aggressiveness (force) and the impulsivity associated with the most recent spousal assault incidents. A significant positive correlation was observed between impulsivity and Factor 2 (r = .68, p < .01) and Total scores (r = .62, p < .01), and a significant negative correlation was calculated for the relation between aggressiveness and Factor 2 scores (r = -.60, p < .05) (Table 6). These correlations remain significant after bonferroni adjustments have been made. It is important to note that the failure to find significant relationships between Factor 1 scores and characteristics of the assault, and between Factor 2 and Total scores and severity, may be a function of small sample size. Of the 40 files from which details of a domestic assault incident could be coded, only 18 were scored for Factor 1, 16 for Factor 2 and 19 for Total PCL-R.

Regression analyses were performed to assess the extent to which simple assault charges and severity of spousal assault incidents could predict a diagnosis of psychopathy. Using the typical cutoff of 30 (a score greater than 30 being evidence of psychopathy), files for which PCL-R scores were available were divided into two groups: Those with psychopathy and those without. Of the 59 files for which the PCL-R was scored (64% of the total sample), 24 (approximately half the sample) scored above the
cutoff while 25 scored below. The results support the hypothesis. That is, having a history of simple assault charges and of severe wife abuse appears to predict the presence of psychopathy, with a multiple $R$ of .44, an $R$ square of .19 and an adjusted $R$ square of .15 ($p < .05$).

Discussion

*Criminal History*

The finding that number of domestic violence charges did not differ as a function of race is important to consider here, especially considering that the present sample was composed primarily of Caucasian and Native Canadian participants. The results of the current study seem to conflict with research suggesting higher rates of domestic violence among Natives in comparison to Caucasian samples (see for example: Nelson, McCoy, Stetter, & Vanderwagen, 1992; Krishnan, Hilbert, VanLeeuwen, & Kolia, 1997; Walters, Simoni, & Harris, 2000; Fairchild, Fairchild, & Stoner, 1998; Norton & Manson, 1995). Thus, although actual rates of domestic violence may be higher among Natives versus Caucasians, domestic violence related criminal charges do not appear to significantly differ between the two groups in this study. This same pattern holds for both simple and sexual assault charges. This finding may be explained in terms of enforcement; that is, perhaps police are less likely to intervene in reported incidents of domestic violence when said violence has taken place within a reservation as opposed to other rural or urban areas.

Overall, findings examining criminal history are in line with the literature on batterer types suggesting the presence of a severely violent, generally antisocial subgroup
of wife assaulters that are violent both within and outside the home (e.g., Tweed &
Dutton, 1998); battering behaviors among men who also have a history of assault outside
the home seem to merely mark a manifestation of a more global pattern of offending.
That is, there would appear to be a group of batterers whose spousal violence is merely a
byproduct of a generally assaultive lifestyle marked by frequent contact with the criminal
justice system. The fact that number of simple assault charges varies as a function of both
violent and non-violent criminal history (or, in other words, that the presence of an
extensive criminal history is predictive of a greater number of assault charges) lends
credence to this notion. If domestic violence among men with extensive criminal histories
is merely a small aspect of their violent offending patterns, it is tempting to conjecture
that although number of domestic violence and simple assault charges seem to be related,
the frequency of domestically violent offending could be expected to be less than that
observed among men whose violence is restricted to the home. This assertion is
supported by the data: Frequency of spousal assaults proved to be a useful predictor of
number of assault charges, with low frequency spousal assaults being predictive of a
greater number of simple assault charges than high frequency spousal assaults.

**Psychopathy**

On the whole, the PCL-R failed to correlate with violent criminal history. This is
an unexpected result as one would predict that, at the very least, PCL-R Factor 2
(behavioral) scores would be significantly and positively correlated with simple assault
charges. Researchers such as Hare and Hart (1996) assert that psychopathy is likely a
continuous rather than a dichotomous construct, with the extent to which it applies to
specific populations being highly variable. For instance, if an individual scores less than 30 (the typical cutoff for a diagnosis of psychopathy) on the PCL-R, elevations on certain items may still be useful with respect to prediction. Since psychopaths have higher rates of recidivism and commit more violent crimes than non-psychopaths (Williamson, Hare, & Wong, 1987, Harris et al., 1991), it follows that having elevated psychopathic personality traits, even if below that required by a measure such as the PCL-R (the PCL-R being among the best predictors of violent recidivism; Hemphill & Hare, 1998), would likely be accompanied by the warranted prediction of higher rates of violent crime and of recidivism in general. This counter-intuitive finding, however, may be explained in terms of the nature of the sample. That is, although research among non-battering populations may suggest a relationship between simple assault charges and PCL-R scores, there is no body of literature among battering populations that would suggest the same (or different for that matter). Perhaps the current study’s findings suggest that the ability of the PCL-R to predict violent recidivism among generally violent and sexually violent (discussed below) men does not generalize to batterer populations.

A significant negative correlation was observed between Factor 2 scores and sexual assault charges, a finding that suggests that as the presence of the behavioral characteristics of psychopathy increase, the likelihood of sexual assault-related contact with the law decreases. The results of multiple regression analyses further show the PCL-R to be a significant predictor of number of sexual assault charges. These findings relate to previous research (see for example Quinsey, Rice, & Harris, 1995) suggesting that the PCL-R is one of the strongest predictors of sexually violent recidivism. However, this is the first time this effect has been observed among batterer populations. The fact that
PCL-R Total and Factor scores produced a negative correlation with sexual assault charges and a non-significant correlation with domestic assault charges comes as less of a surprise than the non-significant finding for simple assault. Psychopaths are more likely to have motives of an instrumental rather than a reactive nature when compared to non-psychopaths (Cornell et al., 1996), sexual and domestic assault being crimes that tend to be more reactive than instrumental in nature.

With respect to perceived risk to others and intimates (as measured by the SARA), significant positive correlations were observed between imminent risk to others and PCL-R Factor 2 scores (Table 5). All correlations between the PCL-R scores and perceived risk to partner, however, failed to reach significance. This result, combined with the ability of the PCL-R to predict risk to others but not risk to partner, lends further credence to Kropp, Hart, Whittemore, Webster, and Eaves’ (as cited in Dutton & Kropp, 2000) findings. As stated above, the researchers found that while the SARA distinguished between spousal assault recidivists and non-recidivists, the PCL-SV did not. The current study’s findings also support Kropp et al.’s (as cited in Dutton & Kropp, 2000) suggestion that when assessing spousal violence risk, it would be ill advised to use the PCL on its own; a psychopath’s battering behaviors may merely reflect an aspect of a generally violent lifestyle that serves a greater risk to others than to any one intimate. Future research may find the SARA (or similar measures) to be a better tool than the PCL-R for assessing partner risk among this population.

In terms of the relation between psychopathy and characteristics of domestic assault incidents, a positive correlation was observed between PCL-R Total scores and impulsivity ratings and a negative correlation was observed between Factor 2 scores and
aggression (Table 6). These results suggest that as psychopathic traits increase, particularly the behavioral aspects, the instrumentality and the aggressiveness associated with spousal assaults decrease. Finally, the finding that a diagnosis of psychopathy could be predicted from number of simple assault charges and spousal assault severity is truly a significant finding, as it lends credence to the notion that the more extensive the batterers' criminal history and the more severe the intimate violence, the more likely he is to be a psychopath.

Limitations and Caveats

Although the current study's results are promising, it is important to remember that this was an exploratory, archival study. The total sample size was only 92, and some of the statistical analyses were conducted on an even smaller subsample of participants. In this respect, it would have been useful, for instance, if more domestic violence incidents were available for coding. Of the 92 files examined, 40 (approximately 43% of the sample) had sufficient information to code at least one spousal violence incident.

Another limitation of the present study concerns the failure to obtain a nonviolent control group. Clearly such an inclusion would yield a more comprehensive view of batterers, particularly valuable for the assessment of family of origin factors and developmental models (e.g., Holtzworth-Munroe & Stuart, 1994). The fact that the sample was composed entirely of incarcerated male batterers also serves to limit the extent to which the results may be generalized. As stated in the introduction, it is estimated that approximately 20-40% of incarcerated males have a history of domestic violence (Dutton & Hart, 1992; Robinson, 1995; Hart, Kropp, Roesch, Ogloff, &
Whittemore, 1994) and that less than one percent of men who commit domestic assault are convicted or punished for it (Dutton, 1987), suggesting that the current sample is not representative of the battering population as a whole. The inclusion of a community sample of male batterers for comparison would certainly increase the external validity of the study.

The archival nature of the data also limits both the analyses and the conclusions that can be drawn. Files were gathered from two separate correctional institutions; as such, the information provided by each file was not constant. This problem is further confounded by the fact that it was not possible for the subjects to be interviewed by the researcher. Such an opportunity would have allowed for the clarification, or rather collateral verification, of file information and, more generally, for a more comprehensive profile of the offender. The fact that interviews were not conducted poses further problems in terms of the scoring of the PCL-R. Research suggests (Alterman, Cacciola, & Rutherford, 1993; Wong, 1988) that PCL-Rs scored from file data alone may serve to artificially deflate the appearance of psychopathic traits within the sample. As such, the PCL-R ratings in this study can be expected to be conservative.

Conclusions and Future Directions

As stated, some researchers (e.g., Hilton, Grant & Rice, 2001) have concluded that spousal violence risk is best predicted by the same variables that predict general violence recidivism. The PCL-R is considered to be one of the best predictors of violent recidivism (Hart & Hare, 1997). As such, following the logic of researchers such as Hilton et al. (2001), the PCL-R should predict intimate violence risk just as well as it
predicts general violence risk and that specific violence risk measures such as the SARA have nothing unique to offer in comparison. The results of the current study fail to support this conclusion. Rather, Kropp et al.'s (1998) assertion that when assessing spousal violence risk, it would be ill advised to use the PCL on its own appears to be supported by the data. That is, despite the fact that the PCL-R has proven to be a strong predictor of general violence risk (Hart & Hare, 1997), and the fact that it has shown to be a valid measure among batterer populations (Quinsey, Harris, Rice, & Cormier, 1998), results suggest that tools specific to predicting domestic violence risk (such as the SARA) may be better for assessing spousal violence risk than general violence risk measures (such as the PCL-R). Of course, without an outcome measure, further research is required.

Although the PCL-R is considered to be one of the best predictors of violent recidivism (Hart & Hare, 1997), it was not designed for this purpose; it was designed to assess for the presence of psychopathy (Hare, 1980, 1991). This does not by any means, however, render the PCL-R useless when conducting batterer research. In fact, results of the current study suggest that the PCL-R could still be used to predict a batterer's likely offense style. For example, a batterer with high Factor 2 or Total scores can be expected to assault their partners with less instrumentality and aggression than someone who scores lower on the PCL-R. Such an individual would also be expected to have had sexual assault-related contact with the law. Finally and perhaps more importantly, the psychopathic batterer is likely to be severe in his intimate assaults and to have a history of simple assault charges.
Clearly, any tool that improves the efficacy with which one can predict spousal violence risk would facilitate a reduction in the increasing number of male batterers coming in contact with the criminal justice system (Dutton & Kropp, 2000). The results of the current study lend support to the trend of developing specific violence risk assessment tools. That is, what we know about violence risk prediction, despite the fact that there is considerable overlap in the variables that seem to predict general and specific acts of violence, should be reframed in terms of various violent offender groups to develop specific risk measures, such as the SARA.
References


Table 1

Items in the Hare (1980, 1991) Psychopathy Checklist-Revised (PCL-R)

<table>
<thead>
<tr>
<th>Factor 1: Interpersonal of Affective</th>
<th>Factor 2: Social Deviance</th>
<th>Additional Items *</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Glibness or superficial charm</td>
<td>3. Need for stimulation or proneness to boredom</td>
<td>11. Promiscuous sexual behavior</td>
</tr>
<tr>
<td>4. Pathological lying</td>
<td>10. Poor behavioral controls</td>
<td></td>
</tr>
<tr>
<td>5. Conning or manipulative</td>
<td>12. Early behavioral problems</td>
<td></td>
</tr>
<tr>
<td>6. Lack of remorse or guilt</td>
<td>13. Lack of realistic, long-term goals</td>
<td></td>
</tr>
<tr>
<td>7. Shallow affect</td>
<td>14. Impulsivity</td>
<td></td>
</tr>
<tr>
<td>8. Failure to accept responsibility for own actions</td>
<td>15. Irresponsibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18. Juvenile delinquency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19. Revocation of conditional release</td>
<td></td>
</tr>
</tbody>
</table>

*Items that do not load on either factor. Note: The rater uses specific criteria, interview, and file information to score each item on a three-point scale (0, 1, 2).
Table 2

Analysis of Variance Comparing Criminal History Across Age Groups

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic assault charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>3</td>
<td>1.83</td>
<td>1.34</td>
<td>.27</td>
</tr>
<tr>
<td>Within Groups</td>
<td>79</td>
<td>1.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple assault charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>3</td>
<td>5.02</td>
<td>2.21</td>
<td>.09</td>
</tr>
<tr>
<td>Within Groups</td>
<td>79</td>
<td>2.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual assault charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
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<td>7.80</td>
<td>5.72</td>
<td>.001</td>
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<tr>
<td>Within Groups</td>
<td>79</td>
<td>1.36</td>
<td></td>
<td></td>
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Table 3

Analysis of Variance Comparing PCL-R scores Across Age Groups

<table>
<thead>
<tr>
<th>Source of Variation</th>
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<th>F</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td>Factor 1</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
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<td>.51</td>
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<tr>
<td>Within Groups</td>
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</tr>
<tr>
<td>Factor 2</td>
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<td></td>
</tr>
<tr>
<td>Between groups</td>
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<tr>
<td>Within Groups</td>
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<td></td>
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<tr>
<td>Between groups</td>
<td>3</td>
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<tr>
<td>Within Groups</td>
<td>45</td>
<td>60.80</td>
<td></td>
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Table 4

Correlations Between PCL-R Scores and Criminal History

<table>
<thead>
<tr>
<th></th>
<th>Domestic Assault</th>
<th>Simple Assault</th>
<th>Sexual Assault</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCL-R Score</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor 1</td>
<td>.12</td>
<td>-.18</td>
<td>.23</td>
</tr>
<tr>
<td>Factor 2</td>
<td>-.16</td>
<td>.12</td>
<td>-.35*</td>
</tr>
<tr>
<td>Total</td>
<td>.00</td>
<td>-.04</td>
<td>-.05</td>
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</tbody>
</table>

* p ≤ .05 ** p ≤ .01 *** p ≤ .001
Table 5
Correlations Between PCL-R Scores and SARA Risk Ratings

<table>
<thead>
<tr>
<th></th>
<th>SARA Risk to Partner</th>
<th>SARA Risk to Others</th>
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</thead>
<tbody>
<tr>
<td>PCL-R Score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor 1</td>
<td>.20</td>
<td>.36</td>
</tr>
<tr>
<td>Factor 2</td>
<td>-.10</td>
<td>.58**</td>
</tr>
<tr>
<td>Total</td>
<td>.05</td>
<td>.54*</td>
</tr>
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</table>

* p ≤ .05        ** p ≤ .01        *** p ≤ .001
Table 6
Correlations Between PCL-R Scores Incidents and Characteristic of Spousal Assault Incidents

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Severity</th>
<th>Impulsivity</th>
<th>Aggression</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCL-R Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor 1</td>
<td>-.16</td>
<td>.00</td>
<td>.15</td>
<td>-.23</td>
</tr>
<tr>
<td>Factor 2</td>
<td>-.49</td>
<td>.60*</td>
<td>.68**</td>
<td>-.11</td>
</tr>
<tr>
<td>Total</td>
<td>-.42</td>
<td>-.35</td>
<td>.62**</td>
<td>-.28</td>
</tr>
</tbody>
</table>

* p ≤ .05   ** p ≤ .01   *** p ≤ .001
Appendix

Coding Manual

Criminal History

[Please code all offenses listed on the subject’s criminal record, starting with the most recent]

Crime: Record the crime as it is listed on the criminal record. If a plea bargain has taken place, report both the initial and the reduced charge.

Sentence: Record the sentence handed out to the subject for the crime.

Description: Briefly describe the events of the incident. If there is insufficient information to describe the offense, omit this item.

Age at time of offense: Record the subject’s age at the time of the offense.

Motivation: A judgment must be made here about whether the crime was instrumental or impulsive in nature. Again, if there is insufficient information to code motivation, omit this item.

Where,

1 Instrumental: The act was motivated by the possibility of external gain (e.g. money). That is, the act lacked an emotional component; the crime is merely a means to an end (i.e. reward).

2 Impulsive: This act, unlike the instrumental, was motivated by internal rather than external factors. This act is purely emotional; the crime is the end.

3 Other: This is a residual category, for those incidents for which there is insufficient evidence or which defy the above classification system.

Domestic Violence

[If the file data provide more than one account of domestic violence, a separate sheet should be used for each incident reported, starting with the most recent. If there is insufficient information to code an item, write omit in the appropriate section. If an incident includes domestic violence, spousal homicide and/or sexual violence, code each act separately]
Severity: If there is sufficient information to code the severity of the incident, a three-point scale will be used:

Where,

1 Mild physical/verbal abuse (e.g. slapping, pushing, grabbing, shoving, threats etc.)

2 Moderate physical abuse (e.g. kicking, biting, hitting with fists threats to use a knife or a gun, etc.)

3 Severe physical abuse (e.g. using a knife or a gun, assault requiring emergency medical assistance etc.)

Associated characteristics of the assault:

[Remember to focus on the characteristics of the crime, and not on the characteristics of the offender]

1. Aggression: Rate the aggressiveness of the incident on a three point scale:

   1 = Mild: This is a very passive assault. If this intimate protested enough, it is likely that the assault would have stopped.

   2 = Moderate: It is unlikely that protest would have stopped the assault, but the force used was proportionate to that required to achieve the end (i.e. the victim may need medical attention, but no hospital stay is required). For the instrumental batterer, whose assaults are expected to be best characterized by this level of aggression, an example of an end would be if the offender used the assault to gain compliance.

   3 = Severe: The force used was disproportionate to that required to achieve the end (e.g. the victim requires emergency medical assistance and will likely require a stay in the hospital). For the impulsive batterer, whose assaults are expected to be best characterized by this level of aggression, this assault is the end. Such an assault is thus unnecessarily brutal.

2. Impulsivity: Rate the extent to which the incident could have been foreseen or planned out:

   1 = No foresight or planning. In the heat of the moment

   2 = Some signs were present that the incident could or was about to occur

   3 = The incident was coldly planned out and executed
**Justification**: Explain your choice (i.e. which elements of the crime led you to your choice?).

*Psychopathy*

If the file indicates that the subject has been administered a PCL-R, record a “Y”. Otherwise record an “N”. If available please record the date of the assessment, and the subject’s total score out of 40. The comments section is to record the assessor’s interpretation of that score, including a breakdown of the offender’s score in terms of Factor 1 (affective or emotional component) and Factor 2 (criminal history component).