

## Spousal assaulters in outpatient mental health care

Domestic violence is defined as: 'a physical, mental or sexual violation of the personal integrity of the victim by a person from the victim's family circle. This includes (ex)-partners, family members and family friends of the victim' (Van Dijk et al., 1997, p. 8). Since the mid-1990s, several typologies of perpetrators of intimate partner violence (IPV or spousal assault) have been developed. Previous research has shown that the different types of perpetrators have different risk profiles for violence. For example, spousal assaulters that only commit violence against family members have a lower risk than assaulters who also engage in extra-familial aggression. Knowing which subtypes with distinctive risk factors occur in different samples facilitates violence risk management, since interventions targeted at individual risk factors are most effective in reducing the level of risk. Most spousal assaulters in The Netherlands are referred by court to participate in anger management treatment. Thus far, research into the different types of perpetrators and their risk factors has mainly focused on these court-referred or correctional samples.

Our study assessed the risk factors for IPV in 154 Dutch spousal assaulters who were voluntarily enrolled in a 12-week outpatient anger management group program. We used a risk assessment tool for IPV, the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER). The B-SAFER is a structured professional judgment instrument for assessing the risk of spousal assault, which comprises factors that have been scientifically proven to increase the risk for violence. Using the B-SAFER, we found four distinct types of spousal assault perpetrators, each with their own risk factor pattern, similar to previous studies with correctional samples. The types are: family only, low-level antisocial, psychopathology, and generally violent/antisocial. The largest group is the family only type; this type shows moderately severe IPV and is not likely to engage in general antisocial behavior. In addition, they are the least likely to have substance use and mental health problems. The low-level antisocial type engages in moderate to serious violent acts and little to no general criminality. An important risk factor for this type is their substance abuse. Perpetrators of the third psychopathology type engage in low to moderate violent acts and general criminality. They are not likely to have substance use problems, yet they have a high proportion of mental health problems. The least prevalent type, but still almost a quarter of our sample, was composed of the generally violent/antisocial type. Perpetrators in this group demonstrate serious IPV and they are most likely to engage in general criminal behavior, compared to the other types. Additionally, they have serious substance use and mental health problems.

Contrary to our expectation, the prevalence of the generally violent/antisocial type, which has the largest number of risk factors, was relatively high in our self-referred sample (compared to court-referred samples). Our findings suggest that structured risk assessment should be an integral part of the intake procedure for spousal assault perpetrators entering treatment, to assess their level of risk and to arrive at a tailored risk management strategy, regardless of the setting where they are seen or the referral source.

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## **Publication**

[Spousal Assaulters in Outpatient Mental Health Care: The Relevance of Structured Risk Assessment.](#)

Serie CMB, van Tilburg CA, van Dam A, de Ruiter C  
*J Interpers Violence. 2015 Jun 17*