The findings of this study contribute to the discussion about the best method for predicting the recurrence of severe domestic violence. The findings are from a secondary data analysis comparing the accuracy of 177 domestic violence survivors' predictions of reassault to risk factors supported by previous research. The survivors' predictions were associated with recurrence of severe violence in a bivariate analysis. These predictions also added significantly to the accuracy of established risk factors in two multivariate equations predicting severe reassault within a 4-month period. Although not all of the survivors made accurate predictions, this research supports the use of survivors' predictions as an important element that should be included in risk prediction.

Assessing the Risk of Severe Domestic Violence

The Importance of Survivors' Predictions

ARLENE N. WEISZ
Wayne State University
RICHARD M. TOLMAN
DANIEL G. SAUNDERS
University of Michigan

The best method for predicting dangerous behavior has long been debated. Clinical judgment, sometimes referred to as clinical intuition, has been pitted against statistical or actuarial methods that rely on a list of factors previously shown to be associated with dangerous behavior. Clinical judgment seems important for assessing changes over time such as responses to treatment (Harris, Rice, & Quinsey, 1993). Statistical methods may be needed because it is difficult for clinicians to recall a large number of risk factors at once (Miller & Morris, 1988; Milner & Campbell, 1995), and clinician bias may also lead to unreliable predictions (Gondolf, Mulvey, & Lidz, 1990). Recent reviews of the research conclude that actuarial approaches seem to operate best as adjuncts to clinical judgment (Milner & Campbell, 1995; Monahan, 1996, 1997). However, previous research has almost always been conducted with mental patients, and there is a need to expand this work to domestic violence.

A parallel debate between intuition and statistical methods has surfaced recently in the domestic violence field (Gondolf, 1994; Hart, 1994). The

JOURNAL OF INTERPERSONAL VIOLENCE, Vol. 15 No. 1, January 2000 75-90

focus has shifted somewhat, however, to the ability of victims rather than clinicians to predict future violence. Some argue that survivors' assessments are the most accurate because they know their abusers better than anyone else does (Hart, 1994). Survivors might be aware of important factors that are difficult to measure and might become especially attuned to their partners' cycles of violence over time. de Becker (1997) uses a long list of predictors but argues that the woman's intuitive feelings of being at risk should be given the most weight. One survey of victims found that over time, they were more likely to believe they could sense when assaults would occur (Walker, 1984) and another survey found that a subgroup felt they could predict the recurrence of violence (Follingstad, Laughlin, Polek, Rutledge, & Hause, 1991). The accuracy of their perceptions was not assessed.

Others argue that battered women may not accurately predict violence for several reasons. They may suffer enough psychological trauma to lessen their awareness of the dangers they face (Campbell, 1995) and memories of the most serious attacks may be especially impaired (Browne, 1987). Campbell's interviews with battered women indicated that many may be afraid to consider the possibility that their abuser might kill them. Some women may doubt their own judgment because their abusers repeatedly told them they were "stupid" or "crazy" (Dutton & Dionne, 1991). Furthermore, when a woman believes that remaining with her partner is the best choice for herself and her children, minimization of danger may be her way of coping with the most threatening situations (Dutton & Dionne, 1991).

Research on prediction of repeat domestic violence is in the early stages of development. For example, there is evidence of some validity for Campbell's widely used Danger Assessment instrument for domestic homicide (Campbell, 1986) but much more work needs to be done. The Danger Assessment instrument correlates with the severity of the worst injury, and it differentiates women from different settings (e.g., shelter and emergency room) as expected. However, its validity is thus far based on cross-sectional reports, and claims of predictive validity cannot be made. The recommendation is often made that it be used in discussion with victims to help them make their assessments (Campbell, 1995). Similarly, the recently published Spousal Risk Assessment (SARA) checklist has some known-groups validity but has yet to be tested for prospective prediction (Kropp, Hart, Webster, & Eaves, 1999).

Straus (1996) created a list of factors associated with severe violence based on analysis of the 1985 National Family Violence Survey. He stated that life-threatening risk was indicated when three or more episodes of violence occurred in the past year and there were 3 or more other criteria from a list of 18, including police involvement, drug abuse, extreme male

dominance, abuse of a child, violence outside the family, and frequent verbal aggression.

Saunders (1995) reviewed studies of risk markers for domestic assault. Three risk markers for severe assault were consistently found: generalized aggression (violent inside and outside of the family), alcohol abuse, and abuse by parents. Indicators derived from Saunders' review were included in this study and are shown in Table 1. These and other risk markers for severe violence do not necessarily mean that they apply to the prediction of homicide. They were derived largely from violence occurring during the relationship, whereas predictors of homicide, more likely to occur during separation (Wilson & Daly, 1993), may be different. There is evidence, for example, that the type of abuser most psychologically threatened by separation is not the type most likely to be severely violent during the relationship (Holtzworth-Munroe & Stuart, 1994). Those with antisocial traits seem to be the most severely violent during the relationship but do not seem to have the anxious attachment style of the borderline/dependent type, who may be at higher risk of homicide at the perceived or actual breakup of the relationship. Given these distinctions, it is important to emphasize that the focus of this study is on prediction of severe violence and not lethality per se.

There are several practical implications in improving the ability to predict severe violence by batterers (i.e., violence likely to result in injury or death). It could further assist battered women and battered women's advocates and counselors in making realistic safety plans, assist batterers treatment programs in selecting the amounts and types of treatment, and help judges and prosecutors decide which abusers require closer supervision. Despite claims by researchers and clinicians that they are unable to make accurate predictions, the courts insist that they attempt to do so (Monahan, 1996). The Tarasoff court decision, requiring a duty to protect potential victims, and several related court decisions since then are especially relevant to this field because they involved violence between intimates (McNeill, 1987).

The purpose of this study was to investigate whether the prediction of severe domestic violence could best be made by the survivors' general ratings of risk, a statistical approach using many risk factors, or a combination of the two. Using a secondary database of batterer program evaluation interviews from Adele Harrell (1991) and her associates at the Urban Institute, the authors examined the contribution of two actuarial approaches with many predictors compared with survivors' own assessments of risk. One of the actuarial methods consisted of many of the criteria used in Campbell's danger assessment measure (1986). The authors focused on this measure because it is widely used. Survivors might have used the same factors as those in the two actuarial lists but perhaps in an intuitive fashion. As in the

TABLE 1: Risk Factors From Literature

Risk Factor	*Source*	*Available in Data Set*
Increased frequency of physical violence in past year	Campbell, 1986	No
Increased severity of physical violence in past year	Campbell, 1986	No
Use or threat with weapon	Campbell, 1986	Yes
Choking or attempted choking	Campbell, 1986	Yes
Presence of gun in house	Campbell, 1986	No
Forced sex or attempted sex	Campbell, 1986	Yes
Abuser uses drugs	Campbell, 1986	Yes
Abuser threatened to kill or believed by survivor to be capable of killing her	Campbell, 1986	Yes
Abuser drunk almost daily	Campbell, 1986	Similar item
Abuser controls partner's daily activities	Campbell, 1986	Yes
Survivor beaten during pregnancy	Campbell, 1986	No
Abuser violently and constantly jealous	Campbell, 1986	Similar item
Survivor threatened or attempted suicide	Campbell, 1986	No
Abuser threatened or attempted suicide	Campbell, 1986	Yes
Abuser violent toward their children	Campbell, 1986	Similar item
Abuser violent outside the home	Campbell, 1986	Yes
Abuser violent toward pets	Elliott and Shepard, 1995	No
Marital status: separated or survivor tried to separate	Elliott and Shepard, 1995	Yes
Age	Demographic variable	Yes
Number of children	Demographic variable	Yes
She was treated for injuries from dispute with partner	Elliott and Shepard, 1995	Yes
Survivor protective of abuser, such as by wanting to drop charges	Elliott and Shepard, 1995	Similar item
Survivor has history of seeking outside help such as personal protection order (PPO), shelter	Elliott and Shepard, 1995	Yes
History of violence in abuser's family of origin	Elliott and Shepard, 1995	Yes
Batterer was physically abused by parents as a child	Saunders, 1995	Yes
Batterer under high stress due to loss of job, financial crisis	Elliott and Shepard, 1995	Similar item
Survivor has higher education or occupational status than abuser	Saunders, 1995	Similar item
Survivor isolated because of abuser control	Elliott and Shepard, 1995	Similar item

general field of violence prediction, the actuarial and intuitive approaches might work best when combined.

METHOD

Harrell and associates gathered the data analyzed for their study on the effectiveness of court-ordered batterers treatment (Harrell, 1991). The study included only offenders charged with misdemeanors who were found guilty, offered probation before judgment, or given deferred prosecution. It included men who were ordered into batterers treatment and a no-treatment comparison group. The median time between the focal incident that brought the offender into the study and case disposition was 17.5 weeks. The researchers interviewed the partners/victims of these abusers shortly after case disposition and 4 months later. During the initial interview, survivors were asked the following question: "How likely would you say it is that your partner will become violent with you during a dispute in the next year?" They were asked to rate the likelihood of violence during a dispute, using 0 to indicate that there was *no chance of this happening* through 10 meaning that they thought it was *sure to happen.* A limitation of this rating question is that the violence is placed in the context of a dispute that may exclude acts of violence that take place when there is no dispute occurring. This question was posed at the end of an interview that had asked women to thoroughly report on the history of abuse in the relationship. The interview also asked about the nature of the focal incident that led to the misdemeanor arrest that brought the abuser into the study.

Sample

The authors analyzed data on 177 women who completed the pretests and posttests. The total sample was 204 women, but the authors used the subsample of 177 women because of missing data. The mean age of the sample was 30.67 years. The ethnicity of the sample was as follows: European American, 126 (71.6%); African American, 49 (27.7%); Asian, 1 (0.6%); and missing, 1 (0.6%). Eighty-five (48%) were married and living with the abuser, 37 (20.9%) were married and separated, 3 (1.7%) were divorced, 23 (13%) were not married and living together, and 29 (16.4%) were not married and not living together. Of the women, 104 (58.5%) were employed full-time outside of the home, 24 (13.6%) were employed part-time, and 49 (27.7%) were not employed outside the home. Only 20 (11%) of the women said they had

talked to a shelter in the 4 months prior to the precipitating incident. Therefore, this sample is different from the frequently studied samples of women in shelters or leaving shelters. Fifty-four percent said they had talked to at least one source of formal help about problems with their partners during the 4 months before the incident. The sources of help were clergy, doctors, court assistants, hotlines, shelters, and counselors.

Definition of Violence

The authors used severe violence as an outcome variable because of the serious implications for victims. Severe violence, as defined here, is more likely to result in injury or death. The authors defined severe violence similarly to Straus (Straus & Gelles, 1990). The authors included threats to kill and threats with a knife or gun because both commonly precede or accompany injury or death (Straus, 1996). In addition, this focus of analysis adds to the growing body of knowledge on prediction of violence. The interviewers used an expanded version of the Conflict Tactics Scale to assess the level of violence in the relationship. The following items of severe violence were included:

- threatened to kill you;
- threatened you with a knife, gun, or other weapon;
- kicked, bit, or hit you with his fist;
- hit or tried to hit you with something;
- forced you to have sex;
- choked or strangled you;
- beat you up; and
- used a knife, gun, or other weapon against you.

The authors compiled a list of risk factors that several reviews report are associated with violence (see Table 1). To be as inclusive as possible, the authors included factors associated with violence, and not only recurrence of severe violence (Saunders, 1995). Several different sources were used, especially Campbell's compilation of items recognized by a majority of experts (Campbell, 1995). The authors selected the data primarily from the victim interviews and excluded questions from batterers' interviews about batterers' attitudes or beliefs. The authors also excluded an analysis of the effects of arrest and batterers' treatment because Harrell already completed that analysis, which showed no treatment effects (Harrell, 1991).

The analysis was limited to questions that Harrell had included in her questionnaire; thus, they sometimes had to choose items that closely

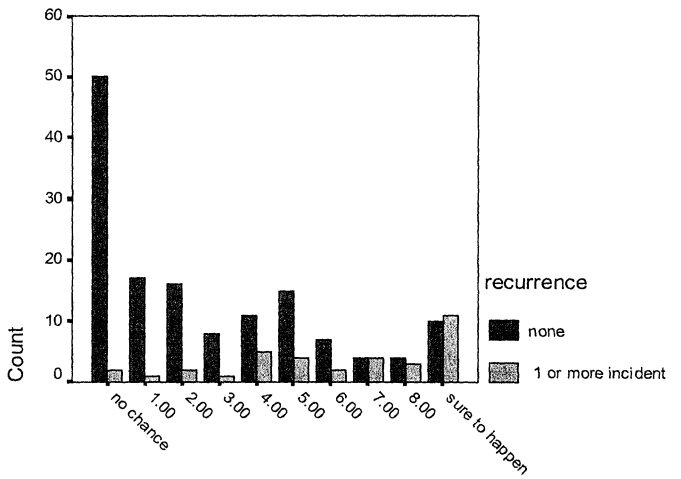

Figure 1: Survivors' Predictions and Severe Violence Within 4 Months

approximated risk indicators found in the literature. Some risk items were not found in the questionnaire at all.

The authors compared women's predictions to risk indicators using two different equations. For the first equation, the authors used items gleaned from several studies and reviews of risk indicators (see Table 1). For the second equation, the authors used indicators from Campbell's danger assessment instrument (Campbell, 1986). The authors analyzed the indicators from Campbell's scale separately because it is a widely accepted scale that uses survivors' reports. First, the authors tested for associations between predictors and any recurrence of severe violence. Then, they entered the variables with significant associations into multiple regression equations. This procedure allowed them to examine differences between bivariate and multivariate associations and to detect suppression effects.

RESULTS

Figure 1 presents women's predictions and the number of women in each prediction category who did experience subsequent severe violence. The figure shows that survivors who predicted no violence and those who strongly predicted subsequent violence were often likely to be correct for the 4-month

TABLE 2: Bivariate Associations With Severe Violence at Second Interview

Variable Name	*Correlation With Severe Violence at Second Interview (N = 177)*
Within 6 months before incident:	
Threatened her with weapon	−.02
Threatened to kill her	.09
Kicked, bit, or hit with fist	.15*
Hit or tried to hit her with something	.11
Forced her to have sex	.15*
Choked or strangled her	.17*
Beat her up	.09
Used weapon against her	.06
She got a personal protection order (PPO) ever before the focal incident	.15*
She was treated for injuries from dispute with partner ever before the focal incident	.16*
More violent disputes between focal incident and court date	.29**
He threatened her to get her to drop charges	.18*
He told her she could not leave or see certain people	.17*
He restricted her use of phone or car	.14*
He accused her of an affair	.14*
Survivor's prediction of violence in a dispute in next year	.42**
Survivor's age	−.05
Type of relationship with abuser	.07
Change in relationship with abuser	.03
Number of children	.11
Survivor's education status	.04
Survivor's work status	.01
Abuser's employment status	.04
Abuser drinking during focal incident	.03
Abuser drugging during focal incident	.01
Abuser ordered to substance abuse treatment for focal incident	.00

*$p < .05$. **$p < .001$.

follow-up period. A chi-square test of the association between survivors' predictions and any recurrence of severe violence within 4 months yielded a significant association, $\chi^2(9, N = 177) = 34.30$, $p = .000$.

Bivariate Analysis of Predictors

Bivariate analyses on each of the risk indicators determined which indicators were associated with any recurrence of severe violence (one or more

events). A bivariate analysis using the women's predictions was also performed. These analyses are summarized in Table 2. Eleven of the 26 correlations were significant. The items that were significantly correlated were: kicked, bit, or hit with fist; forced her to have sex; choked or strangled her; she obtained a PPO (personal protection order) ever before the focal incident; she was treated for injuries from dispute with partner ever before the focal incident; more violent disputes between focal incident and court date; he threatened her to get her to drop charges; he told her she could not leave or see certain people; he restricted her use of phone or car; he accused her of an affair; and survivors' prediction of violence in a dispute in next year.

Multivariate Analysis

Multiple regression and logistic regression analyses were then conducted using indicators that were found to be significant in the bivariate analyses. The authors also added as independent variables the items from the initial interview that had been defined as indicators of severe violence in the outcome variable. The outcome variable was victims' reports of any severe violence between the two interviews. Because the logistic regression supported the results of the linear regression, the authors are reporting on the multiple regression equation for ease of explanation (see Table 3). The equation included the following indicators: within 6 months before the focal incident, threatened her with weapon; within 6 months before the focal incident, threatened to kill her; within 6 months before the focal incident, kicked, bit, or hit with fist; within 6 months before the focal incident, hit or tried to hit her with something; within 6 months before the focal incident, he forced her to have sex; within 6 months before the focal incident, he choked or strangled her; within 6 months before the focal incident, beat her up; within 6 months before the focal incident, he used a weapon against her; she obtained a PPO ever before the focal incident; she was treated for injuries from a dispute with partner ever before the focal incident; more violent disputes between focal incident and court date; he threatened her to get her to drop charges; he restricted her use of phone or car; and he accused her of an affair. When entered on the first step, without survivors' predictions, the equation with these indicators yielded an R^2 of .15 ($F = 2.06$, $p < .05$). The only indicator that had a significant beta was the occurrence of more violent disputes between the incident leading to arrest and the court appearance ($\beta = .25$, $p < .05$).

When survivors' predictions of the likelihood of repeat violence in a dispute were added to the equation, the R^2 rose to .25 ($F = 3.56$, $p < .001$). The R^2

TABLE 3: Multiple Regression With Items From Bivariate Analysis

Variable Entered Step 1	*Step 1* β	*Step 2* β *With Survivors' Rating*
Within 6 months before incident, threatened her with weapon	.13	.10
Within 6 months before incident, threatened to kill her	–.02	–.02
Within 6 months before incident, kicked, bit, or hit with fist	.05	.05
Within 6 months before incident, hit or tried to hit her with something	–.04	–.07
Within 6 months before incident, he forced her to have sex	.02	.05
Within 6 months before incident, he choked or strangled her	.11	.09
Within 6 months before incident, beat her up	.00	–.02
Within 6 months before incident, used weapon against her	.09	.07
She got a personal protection order (PPO) ever before the focal incident	.04	.02
She was treated for injuries from dispute with partner ever before the focal incident	.10	.12
More violent disputes between focal incident and court date	.25*	.16*
He threatened her to get her to drop charges	.07	–.01
He restricted her use of phone or car	.00	–.03
He accused her of an affair	.05	–.02
R^2	.15	
F	2.06*	
Variable Entered Step 2		
Her prediction of likelihood of his becoming violent during dispute with her within 1 year		.37**
R^2		.25
F		3.56**
R^2 increase		.10
F of increase		20.85**

*$p < .05$. **$p < .001$.

increase between the two steps was .10 ($F = 20.85$, $p < .001$). Women's predictions had a significant beta (β = .37, $p < .001$), and new violence prior to the court date maintained its significant beta (β = .16, $p < .05$).

To consider potentially important indicators that were not significant in bivariate analyses, the second regression equation included all of the indicators from Campbell's Danger Assessment Scale (1986) that could be found in the Harrell questionnaire (see Table 4). The following indicators were

TABLE 4: Multiple Regression With Danger Assessment Items and Survivors' Predictions

Variables Entered Step 1	*Step 1* β	*Step 2* β *With Survivors' Rating*
Partner threatened children	–.12	–.13
He threatened to kill her	.01	–.02
He threatened her with weapon	–.14	–.08
He used weapon	.12	.07
He drank during focal incident	.03	.01
He used drugs during focal incident	–.02	–.02
He threatened suicide	–.06	–.05
He choked or strangled her	.14	.11
He forced her to have sex	.13	.14
He restricted her use of phone or car	.03	–.02
He accused her of an affair	.05	.01
He told her she could not leave/see people	.11	.02
R^2	.09	
F	1.39	
Variable Entered Step 2		
Her prediction of likelihood of his becoming violent during dispute with her within 1 year		.40**
R^2		.22
F		3.52**
R^2 increase		.13
F of increase		26.45**

**$p < .001$.

included: partner threatened children, he threatened to kill her, he threatened her with weapon, he used weapon, he drank during focal incident, he used drugs during focal incident, he threatened suicide, he choked or strangled her, he forced her to have sex, he restricted her use of phone or car, he accused her of an affair, and he told her she could not leave/see people. Table 1 also lists the indicators from the Danger Assessment scale that were not included in Harrell's questionnaire. Again, the authors used survivors' reports of severe violence at the second interview as the outcome variable and supported the multiple regression analysis with a logistic regression analysis that yielded very similar findings.

On the first step, the equation with the danger assessment indicators without survivors' predictions yielded an R^2 of .09, which was not significant. There were no significant betas for the first step.

When survivors' predictions of the likelihood of repeat violence in a dispute were added to the equation, the R^2 rose to .22 ($F = 3.52, p < .001$). The R^2 increase between the two steps was .13 ($F = 26.45, p < .001$). Women's predictions had a highly significant beta ($\beta = .40, p < .001$) and no other indicators had significant betas.

DISCUSSION

It is essential to fully explore promising methods for reducing risks to battered women. The literature on prediction of lethality and dangerousness has sometimes presented two different methods as mutually exclusive. These results support the use of both empirically derived risk variables and survivors' predictions in assessment of danger. The bivariate analyses found that a number of Time 1 risk variables significantly predicted severe violence at follow-up. These included several indicators of psychological abuse and severe physical violence. A history of repeat physical violence between the focal incident and the court date as well as of the woman's attempt to get a protective order were also associated with severe violence at follow-up. The bivariate analyses also indicated that survivors' predictions were strongly associated with subsequent violence. When survivors' predictions were added to multiple regression models that included risk factor variables, survivors' predictions significantly improved the models. This supports the use of survivors' predictions in addition to lists of risk factors.

The analysis lends statistical support to clinical wisdom that emphasizes the importance of women's assessment of batterers' dangerousness (Hart, 1994). The analysis does not explore the process of survivors' assessment and how they come to the predictions they make. Survivors may be consciously including other relevant risk factors beyond the risk markers derived from the literature, or they may have tacit knowledge of risk factors that increase their ability to make accurate predictions. As Dutton (1996) suggested, survivors may have a better understanding of the meanings of batterers' threats and violence. They may be aware of the whole context including resources that are available to help them stay away from batterers, batterers' use of alcohol, and whether the batterer is complying with treatment. Therefore, they may have a clearer understanding of what actions will best help them remain safe.

Whereas survivors' predictions in themselves were strongly associated with subsequent severe violence, not all survivors in the study made accurate predictions. Four percent of the women said the risk of abuse in the next year was relatively low (ratings < 2) but they experienced severe abuse within a 4-month period. Clearly, some survivors believe themselves to be safer than they are. Believing oneself to be relatively safe from future violence even if one is not may be a coping mechanism to deal with otherwise unmanageable anxiety and fear (Dutton, 1996). Such beliefs may also be a function of an abuser's behavior as he may disguise his intent to do further harm or mislead his partner into believing he has changed his previous abusive behavior. Further research into what differentiates accurate and inaccurate survivor predictions may be helpful in developing methods for increasing safety.

The findings suggest some implications for practice. Clearly, survivors' predictions should be incorporated into existing risk assessment models. In some risk assessment tools, this is the case (de Becker, 1997). Court systems are increasingly depending on risk assessment models to determine dispositions for offenders; for example, offenders with a high likelihood of reoffense may be given more restrictive dispositions (Healy, Smith, & O'Sullivan, 1998). The results suggest that when survivors predict danger, it must be taken seriously even when other markers fail to identify a risk. This highlights the importance of incorporating ongoing contact with survivors into settings that need to respond to the risk of batterers' reoffenses.

Knowing that survivors' predictions are often accurate can help minimize the potential for misuse of risk assessment instruments. It would be misleading to suggest that the risk assessment tool is more accurate than the survivor's own assessment. On the other hand, knowledge that risk factors indicate a high level of danger may be useful for survivors who otherwise believe themselves to be safe. In that case, a review of risk factors may help some women identify or acknowledge danger that they may not otherwise perceive. This review of risk factors to improve survivors' own assessments and to encourage safety planning is currently part of Campbell's Danger Assessment instrument (Campbell, 1995). It is important to note that in this study, survivors' predictions were made at the end of a detailed interview that included many questions about the history of abuse in the relationship and the nature of the focal incident. This review of their history might have assisted survivors in making accurate predictions. Therefore, a prediction made by a survivor without this review may be less accurate.

It is also important to note that the study examined the risk of repeat severe abuse and did not examine lethal violence. Predictions of lethality may differ from the prediction of serious but nonlethal assaults. An additional caution

must also be highlighted. Women in this study rated the possibility of violence occurring within the next year, but repeat violence was measured after a 4-month period. This means an undetermined number of women who rated themselves as safe and were not reassaulted in first 4 months may have experienced subsequent repeat severe assaults within the next year. These cases might be considered false positives in the study. On the other hand, some percentage of women who rated themselves as in danger might have experienced violence after the 4-month period. These cases could be considered false negatives.

An additional limitation is that the survivors provided their own risk predictions as well as most of the data on the other risk factors that were included in the equations. If any bias affected their prediction of future risk, it might have also affected the accuracy of their reports on the history of the batterer's behavior. Despite these limitations, this study provides important findings about prediction of recurrence of severe violence on a short-term basis, which is often the focus of risk assessment models.

This study suggests that in attempting to assess risk of repeat violence, it is better to use more than one source of data about risk factors. Survivors' predictions appear particularly important to include in the assessment. However, the models explain only a portion of the variance and, clearly, more work is needed to identify those factors that best predict repeat violence. Another fruitful direction for future study would be identification of factors associated with women's accurate and inaccurate predictions of violence.

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Arlene N. Weisz, Ph.D., is an assistant professor at the School of Social Work, Wayne State University, in Detroit. She teaches courses in substance abuse treatment, domestic violence, and family theory. She received her Ph.D. from the Jane Addams College of Social Work in 1995. Her research focuses on legal advocacy services for battered women and on prevention of sexual assault and dating violence.

Richard M. Tolman, Ph.D., is an associate professor at the University of Michigan, School of Social Work. His research focuses on the issue of men who use violence against women and children and on the effectiveness of interventions designed to change violent and abusive behavior. He is codirector of the Project for Research on Work, Welfare and Domestic Violence. His current research includes a study of domestic violence and other barriers to work for low-income single mothers. Tolman is on the editorial board of the Journal of Emotional Abuse.

Daniel G. Saunders, Ph.D., is an associate professor at the University of Michigan School of Social Work where he teaches courses on direct practice and domestic violence. His research on domestic violence focuses on abuser types and treatment, the traumatic aftermath of violence victimization, and the attitudes and responses of professionals. He was a postdoctoral research fellow at the Family Violence Research Program of the University of New Hampshire and a postdoctoral research fellow and associate scientist at the Department of Psychiatry at the University of Wisconsin–Madison. His professional publications have appeared in numerous journals and books.