

RISK FACTORS ASSOCIATED WITH THE INTERVENTION OF PERPETRATORS OF DOMESTIC VIOLENCE

Marcel Londt, (PhD), Lecturer

Social Work, University of the Western Cape

Susan S. Terblanche, (DLitt et Phil), Associate Professor

Social Work, University of the Western Cape

Theunis Kotze, T (PhD), Professor, Statistics Consultant

Correspondence address:

Dr. M. Londt

Department of Social Work, University of the Western Cape

Private Bag x17, Bellville, 7535, South Africa

Email. mlondt@uwc.ac.za

Abstract

Introduction: South Africa has the highest incidence of violence against women and a woman is killed every six hours by an intimate partner. Furthermore, women in South Africa are more likely to be killed by an intimate partner than a stranger. It seems apparent that not much is known about the men who will continue to use violence in an intimate relationship or those who would kill their partners. International trends have indicated that intervention with either the survivor or the batterer in isolation is futile and greater recognition has been given to the development of comprehensive and co-ordinated responses. These co-ordinated responses must include community, social as well as criminal justice interventions. Yet, intervention programmes for batterers are in their infancy in Africa, with a special interest developing really only over the last five years. The initial development of any intervention for batterers emerged from the observation that the beatings or killings did not stop simply because the survivor received an intervention. Yet the batterer programmes that developed were not always in the best interest or safety of the women.

Methods: This study used the methodological framework of intervention research and design to develop a technology for intervening with the batterer himself. The different phases of this methodological framework was used to analyse the problem, gather and synthesize information through a literature review, study functional elements of successful batterer intervention programmes and then to design a risk-based assessment and intervention guidelines. The writer implemented an existing risk assessment guide, called the Spousal Assault Risk Assessment guide (*SARA*) to this end and the outcomes informed the design of the framework. The writer used purposive sampling to include the 53 male respondents and 47 female respondents in this study.

Results: The main findings of this study concur with the overall trends reflected in literature on domestic violence and the management of batterers. The implementation of the *SARA* guidelines further confirmed that treatment providers must assess batterers very thoroughly prior to the commencement of batterer intervention programmes. The identification of risk markers must clearly be taken into consideration when programmes are developed to manage the batterer as a means to stop ongoing domestic violence. Specific findings that emerged from the different phases of the research methodology are presented in greater detail in this final research report.

Conclusions: The findings of this study concur with the main trends detected in the literature regarding the risk markers for continued violence. Batterers who have a history of violence, were exposed to violence during childhood, are impulsive and present with poor anger management skills appear to continue using intimate violence. Those men who tend to ignore or violate protection orders and restraining orders also appear to be more committed to using continued intimate violence.

Introduction

Domestic violence is a serious public health problem in most countries and inevitably occurs within an intimate relationship where both the perpetrator and the victim are known to each other and have either been or are still in an intimate relationship of some sort (Ganley, 1995). Violence against women is a national priority in South Africa and the government recognized the fact that they have to respond to the brutal effects of all forms of violence against women and children. The government therefore suggested the implementation of effective strategies to deal with perpetrators (White Paper on Strategic Plan Policy, 2000, Department of Welfare).

The authors acknowledged that violence in an intimate relationship is not only limited to heterosexual relationships, as it may also occur in same sex relationships and be perpetrated by women, although, the overwhelming evidence substantiates that men are more prone to use battering in an intimate relationship. In this study domestic violence refer to the destructive behaviour by a male partner intended to control women and can be defined as "any means of establishing power and control over the victim by both physical and psychological methods of coercion" (Pence & Paymar, 1993:6; Shepard, 1992:169). Domestic violence usually increases in frequency and intensity and forms a progression from a minor incidence to major lethality and can include physical, economic, sexual, emotional and social abuse (Edleson & Tolman, 1992:6).

South Africa currently has the highest incidence of recorded femicide (8.8 / 100 000 females of \geq

14 years) in the world. It is estimated that about 40% of female murder victims in South Africa were committed by their intimate partners compared to the USA that has a rate of 33% (Matthews, Abrahams, Martin, Vetten, Van de Merwe & Jewkes, 2004); Sunday Times, March 22, 1998; Rennison, 2003:1). The national violence against women survey indicated that 22.1% of women and 7.4% of men experience some form of abuse from their partners (Morbidity and Mortality Weekly Report, 2005). Thus domestic violence is one of the most common forms of assault and it is estimated that one in four women in South Africa are subjected to violence from their intimate partners (Motsei, 1993). Perhaps the most complex aspect of this phenomenon is that perpetrators are mostly male family members or close, trusted people. It is ironic that those men from whom women are encouraged to seek love and protection, often pose the greatest risk to their safety and well-being.

Intervention programs for male batterers have been developed to address the rights and needs of battered women, but some abusive men do not respond to batterer intervention programs. It is known that men who have used violence in their intimate relationships do seek help, albeit after their partners have left them or threatened to seek a divorce. Current legislation in South Africa allows for the perpetrator to seek legal support and effective and accountable rehabilitation. The need for identifying risk markers for those who may or may not benefit from a batterer intervention program is needed. Courts now rely more heavily on professionals to provide guidance regarding risk assessment and management of the perpetrator.

Researchers need to develop an urgent curiosity about risk markers that will reduce the likelihood of continued violence and harm to the victim in order to provide sound guidance to the court. Various tools are available to assess risk for continued violence objectively. One of these instruments is the Spousal Abuse Risk Assessment guide (SARA) (Kropp, Hart, Webster & Eaves, 1995). Risk based intervention is one of the mechanism to address the problem of domestic violence in order to increase the accountability and responsibility of the perpetrators. The rationale for this study was to do a risk based assessment that could identify those perpetrators who may benefit from institutional rehabilitative initiatives. The researcher has used SARA to examine the factors associated with the risk of ongoing intimate violence in a South African context.

Objectives

This publication is part of a greater study that evaluated assessment and intervention strategies for domestic violence by focusing on perpetrator risk. The specific goal for this publication was to highlight risk markers that may impact on perpetrator intervention. It will illuminate those risk markers that predispose perpetrators to recidivism in an intimate relationship.

The objectives of this part of the research was to identify those risk markers that significantly correlates with continued violence.

Problem statement

Risk assessment for domestic violence has recently become a hot topic in the literature. Numerous controversies and questions still exist

regarding risk assessment practice. There is currently no risk based assessment in use in South Africa that will identify those perpetrators of domestic violence who are at high risk to continue to abuse their partners. This study aims to identify whether positive correlations exist between certain factors that may assist in identifying those perpetrators who will continue their abusive behavior.

Methods

Design

The overall framework of the larger research project has been informed by the work of Rothman and Thomas (1994) and is referred to as "Intervention Research: Design and Development." However for this publication the focus is directed at the results of an instrument called SARA used to identify the risk factors.

Sample population

All males who were referred to the below two organizations because of their violent behaviour were offered an opportunity to participate in the study. Fifty-three of the 71 that accessed the services and that met the eligibility criteria volunteered to participate in the study.

Eligibility criteria

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

Settings

Most of the data collection activities were undertaken at a non-profit organization as well as a private psychiatric clinic in the Cape Town that provide family and marital counselling. It should be noted that the participants who accessed these services appear to have resources at their disposal, all be it limited.

Intervention and data collection

The research instrument selected to identify risk for continuous abuse was the Spousal assault risk assessment guide (SARA). The intervention was administered to the 53 male participants and data was collected within a seven month time period. The author chose this guide, as the instrument is grounded on empirical validation and continuous scrutiny. The validity and reliability of the SARA instrument has been tested on a large population and found that the predictive value of the guide is accurate especially when used in conjunction with "SARA-informed clinical judgment guide" (Kropp & Hart: 2000; Goodman, Dutton & Bennet, 2000:65). The researcher was exposed to training in the use of this instrument prior to implementing it in South Africa.

SARA is a clinical guide of risk factors for spousal assault and comprises 20 individual items. It was constructed to capture traits, characteristics and incidents that were specific rather than isolated behavioral acts.

Statistical methods

Descriptive statistical methods were used to elucidate the information contained in the data collected. Proportions were calculated and recorded in percentages. The pair-wise associations were summarised by means of the

p-value of the Pearson Chi-squared test. The results were interpreted within the conceptual framework of the project.

Ethical consideration

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

Participants were informed of the scope of the study, what the intended outcomes were, and were given an opportunity to decline participation. Most of those interviewed consented to participation. Nine participants agreed to participate but declined to sign letters of consent, arguing that it was unnecessary since they were investing in other methods to address their problem of intimate violence.

The principle researcher (ML) was mindful of the fact that many of the male respondents who participated in this study presented with exaggerated feelings of shame, humiliation, embarrassment and resentment. Many of them were also desperate to be reunited with their partners or held hopeful ideas that the author would intervene positively in divorce or separation proceedings.

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

Polaschek and Reynolds (2004:13) states that the assessor of violent offenders may be involved in the 'selling' of the programme to the participants, where programme participation is not mandatory or a prerequisite for engaging in the research efforts. Yet, the researcher strived to use interviewing strategies that were typically helpful in gaining rapport with the offenders, developed a collaborative relationship, motivated behavioural change and improved the quality of self-disclosure by the offender.

The majority of the men were employed (47/53) and about half of them (26/53) were married or living with a partner. Twelve of the respondents were referred to attend the domestic violence programme for counselling, which implied that a protection order was issued against the respondent. Nine were asked by their partners to attend the domestic violence program as a condition to remain in the relationship. Seven of the men were referred for counselling as their partners were admitted to a psychiatric facility due to depression and anxiety related to the violence. Twenty-three were referred by professional workers and two volunteered themselves to attend the program (Table 1).

Results

Socio-demographic data

Table 1. Socio demographic data (N = 53)

	Married	Cohabitated	Separated	Divorced	Single
Marital status	22 (41.5%)	4 (7.5)	12 (22.6%)	10 (18.9%)	5 (9.4%)

	Professional	Practised skilled labour	Self-employed	Unskilled labourers	Unemployed
Occupation	16 (30.19%)	21 (39.63%)	8 (15%)	2 (3.8%)	6 (11.4%)

	Partners	Partner admission	Court	Professionals	Self
Source of referral	9 (16.7%)	7 (13.2%)	12 (22.6%)	23 (43.4%)	2 (3.8%)

Results of the SARA guide analyses

Results of whether the incident occurred as a critical item will be discussed. Critical items in the SARA refer to those factors that are identified as sufficient enough to warrant concerns about risk and that the perpetrator poses an imminent risk of harm. For the

purpose of this analysis we have analysed the data on whether the factor was present or not. The tool is not used to give a score, but to identify a risk of recidivistic behaviour.

Criminal history

This section addresses the past history of violence and the failure to abide by conditions imposed by the courts or criminal justice agencies. Three specific indicators of a past criminal record, namely; the past assault of other family members; the past assault of strangers or acquaintances; and the past violations of protection orders, bail or probation conditions fall under this category.

Table 2 shows that 42/53 (79.2%) respondents used violence against family members of origin or against his children. They have assaulted either, parents, in-laws, siblings or immediate family members of their primary victim and the assault either aggravated the relationship with the spouse or increased the risks of harm to the victim and others in the family. Thirty three (62.3%) respondents also assaulted friends or

casual acquaintances. A similar number of them, 34/53 (64.2%) demonstrated a lack of regard for mandatory restraints, supervision or conditions set out by a court of law in the past.

All 53 respondents had relationship problems. At the time that they participated in the research project only 17 (32.1%) of the men experienced "employment problems" or stated that employment issues impacted on their use of violence. Most of the respondents (83%) were exposed to family violence or witnessed violence in their childhood and that they felt that prior childhood exposure contributed to their current behaviour. Slightly more than half (56.6%) acknowledged that substance abuse and/or addiction was a problem in their life and contributed to the use of violence against their partners. The respondents who admitted to substance abuse and/or addiction largely used alcohol and drugs in their addictive behaviour. Three respondents mentioned pornography and/or prostitution as an addiction, although they denied that it contributed to their violent behaviour.

Table 2. Criminal history

Measurement Name	Abbreviation	Yes	No
Assaulted Other Family Members	ASLT FAM	42 (79.2%)	11 (20.8%)
Assault Friends / Acquaintances	ASLT FRDS	33 (62.3%)	20 (37.7%)
Violate Parole Order / Bail Conditions	VIOL P/O BL C	34 (64.2%)	19 (35.8%)

Table 3. Psychological adjustments

Measurement Name	Abbreviation	Yes	No
Relationship problems with spouse	RELTNSP PBLMS	53 (100%)	0 (0%)
Recent employment problems	EMPLT PBLMS	17 (32.1%)	36 (67.9%)
Victim or Witness to family violence as a child	VTIM/WMS FV/DV	44 (83%)	9 (17%)
Substance abuse and addiction	SUBST A/D	30 (56.6%)	23 (43.4%)
Suicide / Homicide Ideation	SUIC/HOM INT/IDA	35 (66%)	18 (34%)
Mental Health Problems	MENT PBLM	24 (45.3%)	29 (54.7)
Personality disorder / Impulse Disorder and anger management problem	PD IMPULS/ANG	47 (88.7%)	6 (11.3%)

Two thirds (66%) of the respondents admitted that they used suicide or death threats to intimidate their partners. This implies that they either made direct or veiled threats to kill their partners, the children or members of the extended family, or that they used suicide or attempted suicide as a means to intimidate their partners (Table 3).

Less than half 24/53 (45.3%) of the respondents had either received treatment or had been diagnosed with a mental disorder or condition. The one respondent had a diagnosis of multiple sclerosis, which is not a psychiatric condition, although depression occurred as a consequence of the damage caused by the Multiple Sclerosis. The majority admitted 47/53 (88.7%) of having problems with anger or impulse control disorders (Table 3).

The data in table 4 indicates that 47 respondents out of the 53 who participated in this study had a history of using physical assault against their

previous intimate partners. Nearly all 50/53 (94%) respondents did have a history of using sexual assault or showing sexual jealousy towards their partners. The use of sexual jealousy and sexual violence includes, but is not limited to, accusing their partners of being unfaithful or forcing them into having sex. Three quarter (75%) used death threats or weapons in their attacks on their intimate partners and all of them said that there was a recent escalation in the frequency or severity of the attacks. A large proportion (81%) had a history of violating protection orders or contravening a 'no contact' agreement with their partners and 94% chronically denied, minimized or rationalized their assault history by stating that they were not violent and that their partners either deserved the violence or that the partners had provoked them into using violence or controlling behaviours. A similar proportion of the men (92%) presented with attitudes that condone or support domestic violence (Table 4).

Table 4. History of previous assault

Measurement Name	Abbreviation	Yes	No
Physical assault previous partner	AOP	47 (88%)	6 (12%)
Past sexual assault	HAS/SJ	50 (94%)	3 (6%)
Past weapons/death threats	W/DT	40 (75%)	13 (25%)
Frequency escalated	F/SE	53 (100%)	0 (0%)
Past parole order violation	VPI/O/NC	43 (81%)	10 (19%)
Deny/minimize assault history	EM/D	50 (94%)	3 (6%)
Condone domestic violence	AVB	49 (92%)	4 (8%)

Table 5. Current offences

Measurement Name	Abbreviation	Yes	No
Physical Assault	PA	51 (91%)	2 (4%)
Severe and/or Sexual Assault	SA	31 (58%)	22 (42%)
Use of Weapons	UW	33 (62%)	20 (38%)
Death Threats	DT	33 (62%)	20 (38%)
Violate Parole Order or Bail Conditions	VI/PO	35 (66%)	18 (34%)

Most (91%) of the men acknowledged that they physically assaulted their current partners. Slightly more than half of the respondents (58%) stated that they assaulted others sexually or severely and used weapons (62%) or death threats (62%) in the current assaults. Sixty-six percent violated their parole order or bail conditions (Table 5).

We further investigated whether there was any relationship between the different SARA elements.

The following table (Table 6, overleaf) reflect the results of the pair-wise associations by means of the p-value of the Pearson Chi-squared test. If a value of less than 0.05 appeared in a cell, it implied that there was a significant relationship between the two measurements. This study has found a significant relation between the variables in Table 6.

Table 6. Significant association between markers (p < .05)

Measurement Name	Abbreviation	Significant Relation With
History of Assault Friends	ASLT FRDS	UW DT
History of Violate Parole Order / Bail Conditions	VIOL P/O BL C	SUBST A/D SA UW DT VI/PO
Substance Abuse	SUBST A/D	VIOL P/P BL C VI/PO
Suicide / Homicide Ideation	SUIC/HOM INT/IDA	UW DT
Current Severe and/or Sexual Assault	SA	VIOL P/O BL C
Use of Weapons	UW	ASLT FRDS VIOL P/O BL C SUIC/HOM INT/IDA
Death Threats	DT	ASLT FRDS VIOL P/O BL C SUIC/HOM INT/IDA
Current Violate Parole Order or Bail Conditions	VI/PO	VIOL P/O BL C SUBST A/D

From these analyses we can conclude that there were eight of the 20 markers of the SARA assessment that were highly associated with the other markers. Because of the association we can conclude that if these markers were present in the perpetrator, he was at a higher risk of repeating his violent behaviour. The use of weapons and death threats by the perpetrator were the two markers that significantly correlated

with six other high risk markers. Current violation of parole as well as a history of parole violations correlated significantly with five other high risk markers. Severe physical or sexual assault was associated with four other markers and suicide or homicide ideation, with three other markers. The history of assault on friends and substance abuses were only associated with two

other markers. None of the other 12 markers showed a significant correlation.

Discussion

Marital status was identified as one of the social demographic factors that were associated with domestic violence. Romans, Poore & Martin (2000:484) characterized perpetrators as men who were more likely to be young, unemployed and in casual relationships. McCauley, Kern, Kolodner, Dill, Schroeder, DeChant, Ryden, Bass and Derogatis (1995:737) stated that women who experienced domestic violence were more likely to be younger than 35 years, single, separated or divorced. Our results showed that more than half of the perpetrators were single separated or divorced.

Kyriacou, Anglin, Taliaferro, Stone, Tubb, Linden, Muelleman, Barton & Kraus (1999:1892) showed that men who were unemployed or intermittently employed were at an increased risk of inflicting injury to their partners. Our results do not fully support this finding, as only 32.1% stated that they experienced problems with employment and only 11.4% were unemployed. The majority was employed either in a professional occupation or as a skilled labourer.

Research has shown that men who have demonstrated assaultive behaviour in either past or current intimate relationships were at risk for future violence (Fagan et al., 1983; Sonkin, 1987). The results of past criminal history in our study showed that 79.2% of the men assaulted other family members previously and 62.3% assaulted friends.

Being abused as a child and / or the witness of violence as a child in their own families were markers that commonly occurred in men who committed domestic violence (Romans, et al. 2000:484; Stuart, 2004:216 & Gondolf, 2002:168). Kropp et al. (1995:10) state that the childhood history of the perpetrator (child abuse or witness of violence) is historical in nature and refers to maladjustment in the individual's family of origin. They claim that this marker is one of the most robust risk factors for spousal assault. Eighty three percent of the men in our study reported that they were a victim of child abuse or witnessed family violence.

Research has shown that the majority of men who commit domestic violence have alcohol problems. Alcohol and the use of drugs are some of the strongest predictors for acute injury from domestic violence and men who abuse alcohol or drugs are at high risk for violence recidivism (Gondolf, 2002:168; Kyriacou, McCabe, Anglin, Lapesarde & Winer, 1998:502; Kyriacou et al., 1999:1892; Grisso, Schwartz, Hirschinger, Sammel, Brensinger, Santanna, Lowe, Anderson, Shaw, Bethel & Teeple, 1999:1899, Stuart, 2005:388). A recent study on femicide by Matthews et al. (2004) showed that alcohol abuse is a significant factor in the cases of femicide in South Africa. It appears as if substance abuse and addiction was not that common among the perpetrators in our study, as only slightly more than half (56.6%) responded that they used drugs or abused alcohol.

Hilton, Harris and Rice 2001:409 claimed that perpetrators who use threats of homicide or suicide, and who had access to weapons, is bound to severely assault their partners. Nearly

two thirds of the men in this study did make use of suicide (66%) or homicide (62%) threats and 62% used weapons during the assault.

Psychological problems such as antisocial personality or impulsivity have been associated with physical domestic abuse (Gondolf, 2002:168; McBurnett, Kerrckhoff, Capasso, Pfiffner, Rathouz, McCord & Harris, 2001:491; Cohen, Brumm, Zawacki, Paul, Sweet & Rosenbaum, 2003:760).

Hare (1991) agreed that personality disorders are very common in domestic violence offender populations. Personality disorders are characterized by anger, impulsivity and behavioural instability. Saunders (1993) pointed out that a personality disorder is considered a "probable risk factor" and most husbands who assault while in treatment have elevated profiles on standard personality tests. The majority (88.7%) of perpetrators in our study admitted to having problems with anger or impulse control disorders.

Kropp et al. (1995:39) state that men who had sexually assaulted their partners had more elevated risks for violent recidivism. Nearly all (94%) the men responded that they had sexually assaulted their partners.

Perpetrators who had experienced problems with law enforcement, or who had been arrested before, or who have a history of violating conditions, imposed through protection orders or bail conditions have a higher propensity towards recidivating (Kropp et al., 1995:43; Gondolf, 2002:168; Andrews, 1989; Hart, Kropp & Hare, 1988). Our results showed that eighty one

percent had admitted that they had violated their past parole conditions and 66% admitted that they had violated their current parole or bail order.

Conclusion

The objective of the study was to highlight risk markers that may predispose perpetrators to recidivism or increase the likelihood of re-assault. We would like to conclude by making the following assumption:

Perpetrators who in the past;

- abused alcohol and drugs,
- continued to intimidate their partners with death threats related to suicide or homicide,
- severely physically or sexually assaulted their partners or assaulted friends,
- did not respect the law regarding parole or bail orders,

are at a high risk to recidivism in an intimate relationship. These markers should be crucial markers in any assessment program. Men who present with all these markers should be seen as high risk offenders and special programmes should be developed to alter their behaviour.

Implications for practice and research

Risk assessment instruments are only one of the methods to reduce domestic violence and should be used with all the other programs in place to reduce domestic violence. The benefit of a risk assessment instrument is to assist the criminal justice system to identify which offenders need closer supervision or who are at a higher risk for recidivism. If risk assessments are properly applied, including above markers, the practice of risk assessment can then serve as a paradigm

for effective case management of spousal assaulters.

Health professionals can break the cycle of domestic violence by providing effective risk assessment management tools where the actions of the perpetrator could be understood and appropriately addressed. Effective intervention may reduce the subsequent physical and emotional injury to the victim and may ultimately reduce the transgenerational transmission of violence.

Domestic violence has been part of human societies for ages. It is acknowledged that behaviour is difficult to change and relapse is common. The health professional needs to be fully informed of the destructive nature of domestic violence and needs to participate in the facilitation of change for perpetrators as well as research in effective assessment and treatment programs. The criminal justice system should rely on evidence that prevail from research, based on good clinical research.

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Potential conflict of interest

The first author was the principle investigator. She is a Clinical Social Worker and most of the respondents were her patients. The ethical issues have been discussed above.

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