

Best practice guide for the forensic psychological risk assessment of intimate partner violence (IPV)

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**Colegio Oficial
de Psicólogos
de Madrid**



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*«Two things help you to advance: to go faster than the others
or to go in the right direction».*

Descartes

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INTRODUCTION: RATIONALE AND OBJECTIVES

This guide arises from the concerns of the College of Psychologists of Madrid regarding the risk assessment of violence, and in particular the risk assessment of **intimate partner violence (IPV)** given the magnitude of the social problem. The approach to assessment by certain sectors is of concern to the institution of forensic psychologists who have carried out these assessments for over 20 years. The knowledge base and experience of forensic psychologists would suggest that the complexities and intricacies of forensic assessments are being undermined by the publication of guides that fail to meet professional benchmarks.

These guides or protocols offer professional guidance on risk assessment by indicating which areas should be explored (risk/protective factors), and the need for a multi-method approach for evaluating the weight of each of these. However, there are no fixed rules for determining which risk factors can to a greater or lesser extent determine the risk of reoffending that is, no specific relationships have been established between factors and risk. Likewise, there are no rules for weighting each factor though some factors have been empirically associated to the risk of severe physical violence (e.g., the Prediction Scale of the Risk of Serious Intimate Partner Violence, PSRSIPV-R). Ultimately, training and experience should be the factors guiding the evaluator's decision-making.

Furthermore, these guides are often conceived as check lists to be used by a range of professionals such as prison wardens, police officers, doctors, social workers, educators, lawyers, criminologists, etc. Though many of the risk/protective factors are associated to the psychological makeup of a defendant, risk assessment procedures are not restricted to identifying these factors in specific instances, and the most complex task involves *interpreting the dynamic interaction between these factors*. Thus, the assessor must be a trained, specialized, and experienced criminal and forensic psychologists in order to avert erroneous predictions, and the serious consequences they entail for the parties involved in judicial proceedings (plaintiff/defendant).

The objective of this guide is common to all «best practice guides» i.e., to offer professional guidance on evidence-based practice, and the adherence to ethical and legal standards. This fresh perspective contributes to improving and standardizing professional practice given that these «best practices» are accepted and embraced by professional associations, and applied by social agents (Fernández- Ballesteros, et. al., 2010).

This guide is designed to offer guidance on forensic psychological assessment, and the drafting of forensic reports which are admissible as probative evidence influencing judicial judgement-making. Though the courts often request the assistance of a forensic psychologist for pressing advice, forensic psychological risk assessment of recidivism is a complex and critical task, and caution should be exercised in advancing behavioural prognoses, particularly since errors of judgement are vulnerable to criticism, and may have grave consequences for the parties involved in litigation and for the wider community. Besides **integrating the different risk/protective factors outlined in most standard guides** (which are primarily risk factors associated to imminent severe physical violence), this guide reviews other **factors that are**

essential for the understanding of violent IPV behaviour, and for assessing interactive dynamics in specific cases.

This guide purports to raise the awareness of an array of legal actors (judges, prosecutors and defence lawyers) that Criminal and Forensic Psychology can assist with scientific methods of investigation in the complex task of predicting the risk of IPV. However, there are certain limitations due to the nature and complexity of human behaviour, which entails a laborious and lengthy assessment process.

This guide is intended to assist forensic psychologists in undertaking forensic psychological risk assessment of IPV, and is an ongoing project open to feedback from colleagues and other professionals in the field to advance professional development and guarantee the public enjoy the highest professional standards.

Moreover, the authors would like to thank the College of Psychologists of Madrid for their sensitivity and unflinching support without which this project would have not come to fruition.

1. RISK ASSESSMENT IN FORENSIC PSYCHOLOGY

Forensic Psychology is the branch of Legal Psychology¹ whose knowledge and practice is ultimately intended to present findings and conclusions to a court of law in order to assist judges in judicial decision-making (Soria, 2006).

Thus, forensic psychologists are the only experts entitled to undertake psycho-legal assessments, and their primary mission is to issue forensic reports commissioned by judges that, in order to fully appraise the key issues of a trial, require the psychological analysis of the parties in litigation (*Best Practice Guide for Forensic Psychologists of the Community of Madrid*, 2007).

One of the outstanding demands voiced across the board from the domains of Law to Judicial Psychology is the prognosis of criminal recidivism, particularly in relation to violent crime as defined by the legal concept of *criminal dangerousness*. Forensic and prison psychologists have undertaken this task since their very first encounter with the justice system (Negredo, 2006; Gómez-Hermoso, 2009). Public confidence in the professional practice of forensic psychologists is due to two fundamental reasons. First, psychology is the science of human behaviour (be it normal or abnormal), thus it seeks to explain, predict, prevent, and treat behaviour; and violence is but one option among many in the behavioural repertoire of human beings, which is regulated by the same principles of acquisition and maintenance as any other behaviour. Second, several studies have reported that the individual psychological variables of an aggressor as protagonist of a criminal act (criminal motives) are the variables most weighted in the prediction of violent behaviour (Andrews & Bonta, 2010). Notwithstanding,

¹ Legal Psychology is a speciality within Psychology that undertakes research and develops methodology to enhance the application of the law in general and the intervention of the justice system in particular i.e., the Police Force, Administration of Justice, and Correctional Institutions (Muñoz et al., 2011).

this issue has been plagued with technical controversy due to the limited scope and nature of predictions, and the ethical dilemmas regarding fundamental restrictions on the rights and freedom of individuals (Jiménez, Sánchez, Merino, & Ampudia, 2010).

The forensic psychological assessment of criminal dangerousness is crucial for judicial sentencing (e.g., crimes carrying a term of imprisonment under two years, parole ...), the application of security measures, the adoption of victim protective measures, the progression and/or regression in prison grading, and the granting of temporary conditional release orders or parole.

From a social perspective, risk assessment is useful for managing scarce resources (e.g., evaluating the efficacy of treatment programmes for aggressors or protective measures for victims, etc.).

The developments in Criminal Psychology and Delinquency Psychology² have been paralleled by an evolution in the technical robustness of forensic psychological risk assessment of recidivism (see Table 1). Research on the criminal careers of offenders and risk/protective predictors has contributed to the development of *structured assessment protocols* (guide to clinically structured judgements) that are intended to curtail the practice of grounding decision-making on the evaluator's subjective impressions and intuitive criteria (an unreliable assessment based on highly questionable evidence of little probative value), enable the in-depth scrutiny of essential areas for examination, and the replication of the decision-making process of the evaluator (steps in the prediction process) (Quinsey, Harris, Rice, & Cormier, 1998; Esbec, 2003; Esbec & Fernández, 2003; Andrés-Pueyo & Echeburúa, 2010). In short, this methodology enhances the prognosis and raises the predictive power of a correct prognosis by 4 to 6 times (predictive validity) as well as improving inter-rater reliability (Torrubia, 2004; Andrés-Pueyo, 2009). Nonetheless, the complex network of interactions among the risk/protective factors hinders attempts to establish fixed rules for combining the different risk factors or for setting cut-offs for decision-making. Ultimately, the technical criteria for predicting the risk of recidivism should be based on the forensic psychologist's analysis of the *specific interaction* of an array of risk/protective factors in each specific case.

The risk/protective factor perspective has had a substantial effect on crime prevention strategies (risk management) in three fundamental ways: a) in effectively detecting individuals at great risk, and in the allocation of intervention resources; b) defining the intervention objectives and strategies on a personalised basis (criminal motives); and c) in assessing the efficacy of intervention programmes through a final risk assessment that provides feedback for future predictions (Garrido, López, López, & Molina, 2006).

Risk assessment of IPV is a complex task whereby a prediction error may have serious socio-legal consequences, either in terms of false positives (stigmatization and negative consequences for the defendant) or in terms of false negatives (criminal risk and negative

² Criminal Psychology or Delinquency Psychology is the branch of Legal Psychology responsible for the study of delinquent behaviour. Key areas and topics of interest are: a) explaining delinquent behaviour, b) prevention and treatment, c) study of the delinquents careers of offenders, and d) violence risk prediction (Redondo and Andrés-Pueyo, 2007).

TABLE 1: HISTORICAL OVERVIEW OF RISK ASSESSMENT PROCEDURES

CLINICAL MODEL OF PSYCHIATRIC GUIDANCE First Generation (up to the 80s)	STATISTICAL or ACTUARIAL MODEL Second Generation (90s)	MIXED MODEL: CLINICALLY STRUCTURED JUDGEMENT Third Generation (from the year 2000 onwards)
– Risk associated to the concept of mental illness (clinical taxonomies). Dispositional factors inherent to each individual. – Risk as a dichotomous variable, independent of time or circumstances. – Predictions based on the diagnosis, evolution, and treatment of the disorder. – Risk assessment based on an informal psychodiagnostic process (clinical status). Decision-making resting on considerable subjectivity, and vulnerable to bias (e.g., illusory correlations, fallacy of the conjunction, fundamental attribution error, etc.) – High error indexes (2 out of 3). Primarily false positives (over-diagnosed). – Most aggressors have no mental disorders. – Poor predictive validity of the doctor-categorical model. Considerable heterogeneity within the same diagnostic category.	– The focus is on characteristically static situational factors. – Risk as a continuous variable of probability that depends on matching the subject to the risk group. – Vast amounts of empirical data are gathered on risk factors statistically associated to violent outcomes. Indexes are obtained on the magnitude and significance of this association. – Risk assessments using standardized protocols derived from specific samples of subjects. – Decisions based on a formal, algorithmic and statistical procedure. Work with final scores that are associated to specific levels of recidivism for specific periods of time. – Superior predictive power in comparison to the clinical model of psychiatric guidelines, but generating significant errors. – The idiosyncratic factors for the potential violence of an individual are overlooked.	– Embraces a global perspective integrating the individual, not only a psychopathological vision (nosological condition). Importance of dynamic factors. – Risk as continuous variable of probability dependent on time and circumstances. – Combines weighing statistical factors (actuarial) and dynamic factors (individual and psychopathological variables) derived from empirical data. Focusing on a wide range of factors enhances precision in the prognosis. – Structured assessment that facilitates objective and reasoned decisions. Specialized training of the assessor is essential. – Assess the risk of different types of incidents of violent behaviour.

Data obtained from the review of Esbec, 2003; Garrido, 2003; López & Andrés-Pueyo, 2007.

consequences for the plaintiff), which underscore the need for specialized training of professionals who have a good working knowledge of criminal and forensic psychological assessment procedures. Failure to ensure the highest benchmarks in forensic psychology will undoubtedly expose individuals undergoing assessment to considerable judicial insecurity.

2. STUDY OF INTIMATE PARTNER VIOLENCE

The complexity of violent behaviour has hindered any consensus on the definition of violence itself among the scientific community. Moreover, the phenomenon has been approached from

an array of disciplines (Philosophy, Sociology, Law, Anthropology, Psychology, Medicine, etc.) that have generated different interpretations and definitions. The only area where there has been a general agreement is in defining violence as a social problem i.e., *a violation of human rights and a public health problem*. Most social agents and researchers agree that the complexity of the phenomenon requires an integrated multidisciplinary approach to enhance our understanding, and the efficacy of intervention programmes.

The distinction between the aetiology of aggression and violence is crucial for understanding the risk assessment of violence (Sanmartín, 2005). From this perspective, aggression is considered to be an essential survival adapting resource (i.e., a phylogenetic response that boosts the biological efficiency of an individual). Thus, this behaviour is exhibited in response to anything perceived as life-threatening (self-defensive or to satisfy basic needs).

In contrast, violence is a learnt response, intentionally exercised to control or hurt someone. It plays no role whatsoever in the natural evolutionary process in the selection or adaptation of human beings. Therefore, everybody has the *potential to behave violently*, but the probability of exhibiting this behaviour is not uniform throughout the population, and will vary according to the incidence and interaction of risk/protective factors at a given time and under specific circumstances.

The different definitions of violence include two main elements: the behaviour of the aggressor and the impact on the victim. Whereas the former is intentional or deliberate behaviour designed to achieve a goal, the latter is intended to cause pain or injury. In terms of the impact on the victim, the degree of injury or the potential for causing grievous bodily harm should be assessed. However, in defining violent behaviour the emphasis should be placed on evidence of the aggressor’s violent behaviour rather than on the injuries sustained by the victim (Aronson, 2007).

Currently, there is a general consensus on the definition of violence by the World Health Organization (WHO) as *“the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”* (Krug, Dahlberg, Mercy, & Zwi., 2002).

Traditionally, violence has been classified according to two types (Andreu, Martín, & Raine, 2006):

REACTIVE–HOSTILE–IMPULSIVE	PROACTIVE–INSTRUMENTAL–PLANNED
– Non–reflexive response. – No assessment of risk. – Inadequate emotional control (rage). – Mediated by erroneous interpretations regarding the behaviour of others (attributed to a sense of hostility towards the behaviour of others). – Socially these acts are easily identifiable as instances of violence which are not socially condoned.	– Premeditated response. – Calculated risk. – Habitual style of interpersonal relationships. – Cognitive distortions regarding the use of violence (justification of violence). – Includes socially legitimate or condoned behaviour which is difficult to define as violent behaviour.

This classification has been employed for the study of IPV to distinguish between different types of aggressors. Though there is certain unanimity regarding the individual differences between aggressors of IPV, there is no solid empirical data in the literature supporting any typology (Amor, Echeburúa & Loinaz, 2009). Nevertheless, it is widely accepted that the underlying personality structure modulates the expression of delinquent behaviour (González, 2011).

IPV has been approached from a variety of theoretical perspectives, which in turn has hindered attempts at arriving at any widely accepted definition, and a host of terms have been used to refer to the phenomenon (e.g., domestic violence, family violence, gender violence, intimate partner violence, etc.). The following are among the most prominent approaches:

APPROACH	FACTORS	EXPLANATION
CLINICAL	Individual factors	Aggressor's deficits/psychopathologies.
SYSTEMIC	Relational factors	Dysfunctional way of interacting with partner.
FEMINIST/GENDER	Social factors (structural violence)	Tradition of inequality between men and women.
ECOLOGICAL/INTERACCIONIST	Multicausal factors	Interaction between factors affecting the aggressor, victim, and dynamic relationship between both.

The different theoretical models generated by several studies have proposed several IPV risk factors. Each factor has proven to be useful in providing relevant and complementary data. Different meta-analysis (Riggs, Caulfield, & Street, 2000; Stith, Smith, Penn, Ward, & Tritt., 2004) have highlighted that an array of risk factors are involved in the expression of violent behaviour in intimate relationships yet none plays an overriding role, which underscores the multicausal nature of the phenomenon of delinquency (Andrés-Pueyo, 2009). The aetiology and evolution of IPV is linked to factors related to the aggressor, the victim, and the dynamic relationship itself (Dutton & Golant, 2006, O'Leary, Smith, & O'Lery, 2007; Stith & MacMonigle, 2009; Echeburúa and Redondo, 2010). Nevertheless, a key role has been assigned to sociocultural norms, and role expectations that subjugate women, perpetuate male violence as a means for modelling aggressive behaviour and relationships, and socially legitimize and condone violent behaviour (APA, 1999).

The common definitions used to refer to IPV provide insight into how risk prediction is contextualized:

The terms **gender violence**, **sexism or domestic violence** encompass a broad spectrum of types of violence exerted by men on women owing to gender roles, sexual violence, trafficking women, sexual exploitation, genital mutilation, mobbing at work, and in interpersonal relationship that victims maintain with their aggressors. Violence against women has been defined as a pressing social problem given the high incidence rates, the gravity of the consequences, and its invisibility as a social problem.

The term **family violence** refers to violence among members of the same family (family rela-

tionships), thus it includes not only violence against the spouse, but also violence between brothers, child abuse (violence by either parent against the children), ascendant violence, and ill-treatment to the elderly.

Domestic violence refers to violence among people sharing the same residence, regardless as to whether they are relatives or not.

Intimate partner violence (IPV) refers to, threats or real physical or sexual violence and psychological or emotional abuse of one partner against the other, be they current or ex-partners. The fundamental characteristic of this type of violence is the sentimental or intimate relationship between the victim and the aggressor, regardless of their marital status, sexual preferences or cohabitation status (Arias & Ikeda, 2008). IPV occurs in all types of partnerships (both heterosexual and homosexual), at different stages of an intimate relationship (dating, cohabitating, married, separated, divorced), and in younger age groups than before (adolescence and early youth) (Loinaz, Ortiz-Tallo, Sánchez, & Frerragut, 2011). The statistical data show the vast majority of victims are women and aggressors men, particularly in cases of severe assault, which has prompted an exponential increase in research focusing on IPV over the last two decades (Lila, 2010). Ever since the WHO agreed that IPV was a public health issue in 1996, member states have been required to evaluate the dimension of the phenomenon. Though it is difficult to precisely establish the prevalence of this problem (due to the difficulty in comparing studies using different definitions of IPV, and an array of analytical procedures), epidemiological surveillance studies have found it was a widespread social problem in all of the countries that were under study (OMS, 2005; Fontanil, Ezama, Fernández, Herrero, & Paz, 2005). Moreover, the statistics available are believed to underestimate the real magnitude of the problem (high level of «hidden» crime) (Medina, 2002).

In accordance with the Spanish Law on Integrated Protective Measures against Gender Violence (Ley Orgánica 1/2004, 28 December), IPV is defined in the Spanish legal context from a gender perspective³. Thus, from a technical-legal point of view, IPV and gender violence are synonymous under Spanish law, men being the active agents of aggression, and women the passive recipients.

However, in terms of the technical aspects of risk assessment, no explanatory theory is required of the phenomenon to be predicted, it suffices to empirically determine which predictive factors are associated, and the degree to which they are associated with the criterion under prognosis i.e., IPV (Andrés-Pueyo, 2009). The relationship between risk factors and the phenomena they are designed to predict is *not a causal relationship, but a probabilistic relationship*. That is, the risk factor describes a statistical relationships between two phenomena but does not explain the underlying cause. It is while searching for an explanation as to why this association occurs that explanatory theories are generated (Fernández & Gómez, 2004).

From a scientific point of view, the high rates of male aggressors and women victims in IPV

³ Art. 1. *Objective of the law*. This law aims to act against violence that, as a manifestation of discrimination and the inequality of power relationships of men over women, is exercised on women by those who have been their spouses or by partners who have had similar affective ties without having cohabitated.

has spurred research focusing on the detection and analysis of risk/protective factors associated to IPV. This scientific approach, and current Spanish legislation provide the framework for the present guide for predicting the risk of IPV, which is characterized by the following dynamics:

- a) An unequal relationship between the partners (social, economic, and emotional inequality) that fosters the abuse of power of men over women.
- b) Aggressive behaviour is aimed at controlling the partner. The partner's space, personal development or autonomy is not respected. Control over the partner can be achieved in a variety of ways (Boira, 2010; Corsi, 1995; Quinteros & Carbajosa, 2008):
 - 1. Manipulation. The controlling behaviour is insidious and initially the behaviour is disguised as expressing concern or worry about the partner.
 - 2. Use of isolation tactics (social, family, work...). Efforts by the partner to obtain a degree of autonomy are perceived by the aggressor as betraying love and a threat. The aggressor's dominance increases with the partner's greater isolation.
 - 3. Use of any type of violence in order to keep the partner under control.
- c) This controlling behaviour is persistent and frequent. The aggressor's behaviour may continue or even intensify after the break-up of the relationship.
- d) The dynamics of the relationships can produce clinically significant psychological disorders in women.

As stated above, IPV is a complex and multicausal phenomenon that, besides being vulnerable to the incidence of unforeseeable factors that complicate all behavioural predictions (Pervin, 2000), presents a series of specific characteristics that hinder the prognosis of recidivism such as the following:

- a) The affective ties between victim-aggressor and the chronicity of the exposure to violence. These characteristics facilitate the appearance of a *paradoxical adaptation* phenomena. The victim tries survive by adapting to a situation of suffering and may even identify with the aggressor, justifying and understanding their bad mood from a self-blaming perspective. This often entails distortions in the subject's perception of risk and their tendency to minimize the impact of aggressive behaviour. Under no circumstances should these victimological phenomena transfer the responsibility of violent behaviour onto women.

In the case of the aggressor, a breakdown in the daily dynamics of the relationship provokes intense emotional reactions that can trigger unexpected outbursts of severe violence.

- b) IPV may adopt a multitude of expressions: physical, psychological, sexual, depriving, abandoning, etc. The consensus and efficacy of research on the detection of risk factors asso-

ciated to severe violence (including homicide or attempted homicide) has been far greater than for psychological violence even though this type of violence is more frequent (Labrador, Paz, De Luis and Fernández-Velasco, 2004)⁴. Hence, psychological assessment is considered to be the most difficult task in the prediction of IPV (Andrés-Pueyo, 2009).

c) Most sentimental aggressors lack a delinquent profile i.e., in most cases they are socially normoadaptive individuals with no criminal record besides IPV as can be seen from data obtained from prison samples (Téllez & Serrano, 2001; Echeburúa & Fernández-Montalvo, 2009) and from parole samples (Expósito & Ruiz, 2010). Likewise, previous convictions for homicide are quite rare (Cerezo, 2000). However, as aggressors have a high risk of reoffending (Dutton & Kropp, 2000; Kingsnorth, 2006; Lin et al., 2009; Loinaz, Irueta, & Doménech, 2011), this influences the prediction of risk.

3. THE FORENSIC PSYCHOLOGICAL ASSESSMENT PROCESS: AN OVERVIEW

Forensic psychological assessment is a process governed by the same principles as any other scientific endeavour i.e., a structured process that can be replicated (transparency in the assessment process), involving formulating and contrasting hypotheses, and entailing a decision-making process in order to solve a problem under evaluation (Fernández-Ballesteros, 2007).

⁴ Psychological violence may be expressed in a myriad of ways which may explain why it is so difficult to predict (Labrador et al., 2004):

ECONOMIC ABUSE – Constantly harassing somebody about money. – Control the other partner's money. – Seize the other partner's wage or salary. – Block access to the money of the family. – Prevent the partner from finding or keeping a job	DENIAL, MINIMIZATION AND BLAMING OTHERS – Deny any abuse. – Admit to abuse but to deny it is serious. – Blaming partner for what is happening.
ISOLATION – Controlling who the partner's looks or speaks to, what they read, where they go, etc. – Hamper attempts to meet people other than household members or other relationships of the partner. – Use jealousy as a means of justifying ones actions.	USE OF THREATS – Threatening to inflict injury or physical harm. – Threatening to commit suicide. – Threatening to abandon or have an affair with another person. – Threatening to throw someone out of the house.
INTIMIDATION – Instilling fear by using gestures or actions. – Breaking things. – Destroy the partner's property. – Show weapons.	USE OF CHILDREN – Threatening to take away the custody of the children if the victim lodges a complaint. – Threatening to retaliate by harming the children if the victim lodges a complaint. – Using the children to send messages. – Using visits (in case of divorce or separation) to stalk or harass an ex- partner. – Attempt to abscond with the children.

The characteristics of the forensic context itself and the purpose of the psychologist's intervention determine the specific and differential characteristics of the forensic assessment process, which involves the following (Echeburúa, Muñoz, & Loinaz, 2011):

- a) The person undergoing court-ordered forensic psychologist assessment has no volition regarding the forensic examination, and any willingness to undergo examination may be in line with the defence lawyer's strategy (forensic reports supporting the defence).
- b) A trial in a court of law is a stressing experience, and a person may distort the data being explored. The forensic psychologist should be particularly cautious of the fundamental attribution error (primarily attributing behavioural deficits or poor performance during the examination to personality factors, and underestimating the incidence of situational factors).
- c) The secondary gains derived for the probative value of a forensic psychological report raises the probability that a person being evaluated will manipulate the data in order to obtain benefits and avert being punished. Thus, it is crucial that data obtained from individuals undergoing forensic psychological assessment should be contrasted with multiple sources of data. Moreover, the forensic psychologist should take care not to suggest responses or to bias other indicators that may distort the data.
- d) The object of forensic psychological examination is to comply with the requirements of court-ordered psycho-legal assessment. From a technical point of view, the intervention involves determining which psychological aspects should be explored according to the charge and reason for referral, translating judicial concepts into psychological terms, and a hands-on knowledge of forensic scientific research techniques and procedures to apply decision-making criteria based on empirical evidence.

The cornerstone of forensic psychological assessment is the forensic interview, mainly using a semi-structured format, an indirect way of gathering data. Besides providing a wealth of information, the interview is an interactive technique that guides the forensic psychologists as to what content should be evaluated using other instruments.

Though forensic psychologists have at their disposal a wide array of psychological tests for contrasting hypotheses, the drawback is that few tests have been specifically designed for forensic contexts.

Furthermore, the quality of the forensic psychological assessment process goes beyond merely vouching for the scientific instruments employed, and must also entail the use of different assessment methods for the same psychological dimension in a hypothesis contrasting process (multimethod, multidimensional perspective). The convergence indicators determine the quality of the forensic assessment beyond the reliability and validity indexes for each individual test (data convergence from different data sources).

4. BASIC PRINCIPLES FOR THE FORENSIC PSYCHOLOGICAL RISK ASSESSMENT OF INTIMATE PARTNER VIOLENCE (IPV)

Research in Criminal Psychology has identified several risk/protective factors associated to specific crimes (e.g., IPV, juvenile delinquency, sexual assault, mental illness crimes). A risk factor refers to any circumstance (individual, social or environmental) that increases the likelihood of delinquent behaviour. Some risk factors are common to a host of different criminal typologies. As for protective factors, studies have suggested it would be more accurate to speak in terms of protective functions rather than factors as they act as variables modulating between risk factors and the predicted behaviour (Garrido et al., 2006). In present-day risk assessment guides there is no weighting or integration of protective factors to reach a final decision (risk/protective factor compensation). It is worth noting that some models in the paradigm of Positive Psychology, which are primarily designed for the treatment of aggressors, focus on the assessment of the strengths of the delinquent (motivation, beliefs, values and skills) (Ward and Brown, 2004; Ward, Melser, & Yates, 2007). Thus, future research for risk prediction guides should focus on assessing individual strengths.

Different risk factors have different effects on the expression of delinquent behaviour depending on whether they are general or specific to a specific type of crime. Thus, a precocious and long-standing criminal career is a common risk factor for all types of delinquent behaviour, but jealousy is specific to IPV, but not so for juvenile delinquency (Andrés-Pueyo & Redondo, 2007).

The concept of risk should neither be interpreted as a causal aetiological agent of delinquent behaviour and even less as an independent variable that operates regardless of other influences (Costa & Morales, 1998). The properties of risk factors are by nature diverse, interrelated, interdependent, and in many cases concurrent (Sobral, Romero, Luengo, & Marzoa, 2000). Most risk factors alone are weakly correlated to future delinquency, and it is the complex network of interactions among them that determines the prognosis of risk. These relationships are not additive, but multiplicative or exponential i.e., the presence of several risk factors may have a much greater effect than the mere addition of the isolated effect of each factor (Garrido, 2005a).

The complex task of the forensic psychologist in this type of evaluation is to establish the *functional interactive dynamics* between risk/protective factors at a given point in time to finely adjust the prognosis of recidivism for each individual.

Risk/protective factors may have a prolonged or permanent influence or may be intermittent. As the risk of violence is specific and may fluctuate through time, decision-making should be gradually and intermittently re-evaluated for further prognosis of violence (Andrés-Pueyo & Echeburúa, 2010). Given that the accuracy of a prediction declines through time, the initial prognosis should be revised periodically.

Due to the complexity and multicausality of IPV, and the inherent constraints of forensic psychological assessment, forensic examination is often a complex and time consuming task. Evaluations based on multimethod-multidimensional forensic assessment of the aggressor

deal with large amounts of data that must be processed and contrasted. A review of collateral data is vital for the prognosis of the risk of violence. This should include the analysis of judicial data (statements, police incidence reports, previous forensic reports, criminal record, sentences, etc.), prison data (if the accused is in custody), clinical data (if there is diagnosis and treatment), interviews with significant others in the psychobiography of the person under evaluation (close family, children, friends, workmates and colleagues, etc.), and most importantly of all, interviewing the victim (besides the data contrast, there are victim vulnerable factors that are risk criteria) (see risk factors below).

Occasionally, the forensic psychologist is required to appraise the imminent risk of IPV. Given the restrictions on accessing data (temporal limitation), this undermines the reliability and predictive power of a prognosis (Echauri, Romero, & Rodríguez, 2005) that is often restricted to the assessment of risk factors which the forensic examination has correlated to *imminent severe physical violence* (see risk factors below) (Campell et al., 2003, Belfrage & Rying, 2004, Echeburúa, Amor, Loinaz, & De Corral, 2010). The risks arising from prediction errors underscore the need for stipulating the predictive limitations of an urgent assessment report, which should be followed up and supplemented by a further in-depth assessment. Urgent forensic reports on recidivism are mainly requested when the aggressor's behaviour (attempted or accomplished) may seriously threaten the physical wellbeing of the victim, when the aggressor is a reoffender or when there are obvious signs of risk (e.g., psychopathological disadjustment, illicit substance abuse, cases of previous GBH, stalking, etc.).

5. PROTOCOLIZING THE PROCESS FOR THE FORENSIC PSYCHOLOGICAL RISK ASSESSMENT OF INTIMATE PARTNER VIOLENCE (IPV)

The forensic psychological risk assessment of IPV may be defined as the techniques and procedures used by forensic psychologist to reach a prognosis on the risk of recidivism in violent behaviour, particularly severe physical violence against a partner. Thus, prospective assessments, and decisions concerning future outcomes are almost exclusively based on the frequency and appearance of phenomena associated to these: risk/protective factors. In reality, one never knows with absolute certainty if a person will exhibit a specific type of violent behaviour in the future (violence is essentially a matter of intention –to hurt- and intentions are mental activities that remain elusive to observation), only short-term estimates can be made on the risk of violent behaviour being triggered under certain circumstances (combination of risk/protective factors).

Therefore, the forensic IPV risk assessment technique should be expressed in probabilistic terms and subject to a margin of error. Nevertheless, the use of structured risk assessment procedures outlined in this guide raises the number of correct predictions (Hanson, Helmus, & Bourgon, 2007).

Once again, it is worth stressing that forensic psychological risk assessment of IPV should be undertaken by specialized and trained forensic psychologists who have undergone a period of supervised practice.

5.1. AREAS UNDER EXAMINATION: RISK/PROTECTIVE FACTORS

Research in Criminal Psychology and data obtained from professionals who evaluate IPV were the main data sources for making the list of IPV risk/protective factors. Following an extensive review of the data, and the current proposals for the risk assessment of IPV, this guide or protocol for the forensic psychological risk assessment of IPV proposes 55 risk factors subdivided into four groups (see Table 2):

- a) risk factors common to other violent behaviour (general risk factors);
- b) risk factors affecting the dynamic relationship between plaintiff-defendant;
- c) risk factors affecting the defendant;
- d) risk factors affecting the plaintiff.

Though most studies have focused on identifying factors that have an incidence on the violent behaviour of an aggressor and, in particular predict physical violence, Few studies have analysed the variables associated to victimization (López & Andrés-Pueyo, 2007).

In addition to the risk/protective factors, forensic psychologists must specify the methodology used for weighting the relevant criteria (assessment of defendant, data provided by plaintiff, interview with people who know the parties involved, collateral reports and psychological tests). The pooling of data derived from different methods/data sources is the cornerstone of forensic psychological risk assessment, and increases its reliability by estimating the *concurrent validity*. This innovative assessment procedure for each factor enriches considerably risk analysis and the evaluator’s decision-making by ensuring it is transparent (see APPENDIX and Table with encodings to facilitate the psychologist’s task).

The forensic psychological report should be grounded on strenuously rigorous forensic examination that includes multiple data sources, the application of different assessment methods, and evidence-based decision-making.

The factors marked in bold lettering have been correlated to a high risk of severe physical violence (critical items) by empirical research and forensic experience (Belfrage & Rying, 2004; O’Leary et al.; 2007, Echeburúa et al., 2010; Gómez-Hermoso, 2009), and are used in most of the risk prediction scales (Loinaz, Irureta, & Doménech, 2011⁵).

⁵ Cited in Loinaz, Irureta and Domenech, 2011:

Items associated to severe physical violence derived from the most prominent IPV risk prediction scales
– Previous IPV (ODARA, SARA, B-SAFER, EPV). – Previous undetected IPV (history of violent offence) (ODARA, SARA, EPV). – Rape (ODARA, SARA, EPV, B-SAFER). – Illicit drug abuse (ODARA, SARA, EPV, B-SAFER). – Mental disorders (B-SAFER, SARA, EPV). – Cognition fostering or justifying violence (B-SAFER, EPV). – Threats (ODARA, EPV, B-SAFER).

TABLE 2

GENERAL RISK FACTORS
1. Intelligence 2. Delinquent career of chronic offenders
RISK FACTORS AFFECTING THE DYNAMIC RELATIONSHIP BETWEEN PLAINTIFF-DEFENDANT
3. Chronic and intensifying violence 4. Degree of severity of violence 4.1. Physical violence or threats (firearms/weapons, cruelty) 4.2. Psychological violence (the degree to which the victim was humiliated) 4.3. Violence by leaving/depriving 5. Breaking-up or threatening to leave the relationships 6. The plaintiff's new intimate relationship 7. The outcome and legal implications of the break-up for the accused 8. Post separation stalking 9. Relationship with caregiver (stress of the caregiver) 10. Violation of previous restraining orders against the defendant
RISK FACTORS AFFECTING THE DEFENDANT
<u>Temperamental factors:</u> 11. Impulsiveness 12. Recklessness 13. Lack of empathy 14. Hostility-aggressiveness <u>Risk factors associated to socialization:</u> 15. Socialization in sexist culture (gender stereotypes) 16. Insecure attachment relationships with significant others. 17. Exposure to episodes of paternal violence against the mother. 18. Socialization in social settings that legitimize violence and condone it as a means of conflict resolution. <u>Factors affecting psychological functioning:</u> <u>Cognitive sphere:</u> 19. Cognitive bias regarding gender roles. 20. External locus of control. 21. Unable to establish a relationship between one's own behaviour and the defensive and protective response of victims. 22. Partner's behaviour is perceived as threatening and hostile. 23. Mulling of increasingly negative emotive thoughts (rage). 24. Cognitive distortions for justifying IPV (denial/minimizing) <u>Affective sphere:</u> 25. Difficulty in expressing emotions. 26. Poor self-concept, low self-esteem, and insecure attachment. 27. Poor and inadequate anger-management and low frustration tolerance levels. 28. Experiences exaggerated and uncontrollable jealousy. <u>Interpersonal sphere:</u> 29. Anxiety attachment relationship with partner. 30. Emotionally controlling behaviour on the partner 31. Deficient and inadequate conflict resolution strategies 32. Lacking assertiveness

TABLE 2 (cont.)

<u>Precipitating factors:</u> 33. Consumption of alcohol/illicit drugs 34. Dysphoric mood 35. Absence of social support 36. Delinquent opportunity (risk behaviour of woman) 37. Presence of psychosocial stressors Presence of psychopathology: 38. Delusional disorder-jealous type. 39. Paranoid schizophrenia 40. Bipolar disorder 41. Illicit drug abuse/dependence 42. Depression 43. Suicidal/homicidal tendency 44. Personality disorders: 44.1. Paranoid 44.2. Narcissist 44.3. Borderline 44.4. Antisocial 44.5. Psychopathic 44.6.- Dependency attachment disorder
RISK FACTORS AFFECTING THE PLAINTIFF
45. Degree of dependency (economic, social and emotional) on the aggressor 46. Attitudes condoning and justifying the defendant's behaviour 47. Lack of social support 48. Immigrants 49. Ethnic minorities 50. Pregnancy 51. Previous reconciliations and/or withdrawal of charges 52. Discrepancies between subjective perceptions of risk and the assessment findings 53. Physical/psychological/sensorial impairment 54. Grievous bodily harm (GBH) 55. Severe psychological injury

These factors must be appraised in an urgent court-ordered psychological risk assessment report.

RISK FACTORS

The following is a brief description of each factor, and an explanation of its underlying mechanism as a risk factor, which is intended to provide and to facilitate the quick appraisal by the forensic psychologist:

GENERAL RISK FACTORS

1. INTELLIGENCE

Among the many aspects encompassed by the concept of intelligence, forensic psychologists should assess the capacity for abstract reasoning.

Poor abstract reasoning correlates with cognitive rigidity (tendency to maintain a fixed idea in spite of being confronted with evidence to the contrary, conceptualizing new situations using previous points of view though they are inadequate or exclusively focus on aspects of reality that coincide or confirm personal expectations or convictions). Cognitive rigidity predisposes a person to reiterate the same behaviour in response to the inability to generate alternative perspectives, and inadequate stress-management.

Moreover, this deficit hinders the interiorizing of moral values, which in turn hampers the development of an individual's moral reasoning and understanding of social reality (Garrido, 2005b).

2. DELINQUENT CAREER OF CHRONIC OFFENDERS

The terms delinquent career refers to the series of crimes committed by a chronic offender during a given period of time (Garrido, Stangeland, & Redondo, 2006).

The variables to be assessed are as follows:

- age when first offence was committed: the younger the delinquent, the higher the risk, intensity, and stability of this behaviour.
- crime typology: in particular the career of delinquents convicted for violent crime: family violence, IPV, and violence against others.

To assess these factors, the forensic psychologist should refer to a subject's criminal record.

RISK FACTORS AFFECTING THE DYNAMIC RELATIONSHIP BETWEEN PLAINTIFF-DEFENDANT:

3. CHRONIC AND INTENSIFYING VIOLENCE

The chronic dynamics of violent behaviour of increasing intensity is a primary indicator predicting the risk of violent behaviour with increasing intensity. As other studies have consistently shown, the best factor for the prognoses of future behaviour is past behaviour (Redondo, 2008).

4. DEGREE OF SEVERITY OF VIOLENCE

The intensity, frequency, and type of violent episodes should be documented (physical, psycho-

logical, sexual and/or leaving/depriving). The defendant's intention to cause harm can be assessed by analysing these characteristics of violence e.g., the use of weapons/instruments, degree of cruelty, humiliation, the symbolic meaning and value of the behaviour on women, etc.

5. BREAKING-UP OR THREATENING TO LEAVE THE RELATIONSHIP

Once the plaintiff firmly decides to break-up with their partner (e.g., telling their partner they have a lawyer) or actually abandon, the risk of IPV increases as defendants attempt to intimidate their partners to continue the relationship.

6. THE PLAINTIFF BEGINS NEW INTIMATE RELATIONSHIP

The beginning of a new intimate relationship puts an end to any hopes of reconciliation, triggers jealousy, and engenders the feeling the aggressor is being abandoned and betrayed. This psychological condition predisposes the appearance of violent behaviour.

7. THE OUTCOME AND LEGAL IMPLICATIONS OF THE BREAK-UP FOR THE ACCUSED

Forensic psychologist should explore and advise the accused on the outcome and legal implications (both civil and criminal) of the charges: feeling unjustly wronged for being processed by the justice system, cognitive elaboration on the consequences on their lifestyle (i. e., conditions for starting a new life), the effect on their parent-child relationship, perceptions that the plaintiff has manipulated or profited from the accusation (secondary gains).

8. POSTSEPARATION STALKING

Stalking refers to a long-term pattern of obsessive harassment and intrusive communication and/or contact by one person toward another (Mullen, Pathé, & Purcell, 2001; Roberts, 2002). This factor has been identified in several studies as highly correlated to severe physical IPV, and is related to the appearance of serious psychological disorders affecting the victim (Bennett, Cho, & Botuck, 2011). Communication may involve unwanted telephone calls, letters, text messages, email, etc. The contact involves the pursuit and surveillance of the partner, and physical proximity may raise the risk of violent attacks, particularly when women are in hiding from an ex-partner (by changing address, neighbourhood, job, etc.) who has managed to find out the ex-partner's new location.

9. RELATIONSHIP WITH CAREGIVER (STRESS OF THE CAREGIVER)

Among elderly couples where men are the primary caregivers for dependent wives, the inability to cope with the stress of caring for their dependent partner may lead to what is commonly referred to as mercy killing i.e., the compassionate act of intentionally killing a partner who is suffering from an incurable terminal illness in order to relieve pain and suffering, which frequently occurs before the killer subsequently commits suicide (Echeburúa & Redondo, 2010).

10. THE DEFENDANT'S VIOLATION OF PREVIOUS NO-CONTACT RESTRAINING ORDERS

The number of times the aggressor approaches the victim in spite of no-contact restraining or protective orders should be recorded even if the victim had consented to the contact. Violations of court orders with previous partners should also be documented.

RISK FACTORS AFFECTING THE DEFENDANT

TEMPERAMENTAL FACTORS:

11. IMPULSIVENESS

The greater or lesser tendency of an organism to show no or little temporal latency in their behavioural response (motor) to a stimulus that normally provoke positive or negative emotions.

Impulsiveness is one of the main factors explaining reactive violence and other maladjusted behaviour associated to the risk of violence: alcoholism, suicide, and addictive behaviour.

12. RECKLESSNESS

The person shows no or minor physical signs of anxiety when exposed to stimuli that pose a threat to their own personal safety. This temperamental trait hinders socialization since this process depends on the acquisition of conditioned responses to the fear of breaching social norms. These individuals are insensitive to the consequences of their actions, punishment or authority figures.

13. LACK OF EMPATHY

It is the ability to understand and experience another person's emotions. Empathy is known to increase prosocial behaviour, and inhibit violent behaviour.

14. HOSTILITY-AGGRESSIVENESS

Aggressiveness is a biological adaptive variable, needed but not sufficient for violent behaviour.

The variable «Hostility» is the tendency to perceive to greater or lesser extent everyday personal and social situations as «threatening».

This temperamental factor describes a subject with a low reactivity threshold in response to environmental stimuli. Individuals who tend to react in anger, fury, rage, irritability, etc., tend to interpret personal and social situations as threatening.

RISK FACTORS ASSOCIATED TO SOCIALIZATION:

15. SOCIALIZATION IN A SEXIST CULTURE (GENDER STEREOTYPING)

Gender stereotypes are preconceived cognitive schemata concerning the expected behaviour of either sex according to what is considered to be adequate socially adapted behaviour. This implies that social judgements regarding what constitutes adequate behaviour do not depend on the behavioural characteristics or their consequences, but on the sex of the person who performs the act.

16. INSECURE ATTACHMENT TO SIGNIFICANT OTHERS.

The early relationship of a child with its primary caregiver conditions how the child will relate to others in later adult life. Insecure attachment of a child with its caregivers will generate a negative self-image and that of others as well as engendering a myriad of psychological disadjustment: a) lack of self-esteem; b) poor social skills; c) inadequate strategies for dealing with life stressors; d) poor anger management; and e) egoism, and no empathy (Echeburúa & Guerricaechevarría, 2005).

17. EXPOSURE TO EPISODES OF PATERNAL VIOLENCE AGAINST THE MOTHER

The exposure to episodes of paternal violence against the mother raises the risk the child will reenact this type of violence in adult life (intergenerational transmission of violence).

18. SOCIALIZATION IN SOCIAL SETTINGS THAT LEGITIMIZE VIOLENCE AND CONDONE IT AS A MEANS OF CONFLICT RESOLUTION.

During their upbringing, children constantly witness violence in their social surroundings (mainly family and peer group), to the point that this type of conflict management is assimilated into the repertoire of behaviour learnt by observational learning, and is acceptable and condoned in interpersonal relationships.

FACTORS AFFECTING PSYCHOLOGICAL FUNCTIONING:

COGNITIVE SPHERE:

19. COGNITIVE BIAS REGARDING GENDER ROLES

This dimension involves transferring the socialization dynamics of gender stereotyping to the cognitive sphere. The violent behaviour of men may be triggered by the frustration aroused by challenges to their superiority or dominant status (a gender mandate). Cognition of the physical and intellectual superiority of men over women, cognition of the secondary role of the needs of women in comparison to the needs of men, and cognition of the role of women as solely responsible for all of the household chores, caring for the sick and elderly, and good functioning of both their family and partner (Barberá, 2004).

The conditionants of gender vary according to the culture, religion, and social class where an individual was socialized (Ruiz, et. al., 2010). These parameters should be borne in mind in risk assessment particularly due to the multicultural makeup of current society.

20. THE EXTERNAL LOCUS OF CONTROL

People who refuses to accept responsibility for their behaviour adopt different cognitive distortions to justify their behaviour (see factor 24). This factor hinders the adoption of motives and interests for change (resistance to treatment).

These individuals tend to locate the motives for their behaviour externally, and obstruct the internalization of interests and motives for change.

21. INABILITY TO ESTABLISH A RELATIONSHIP BETWEEN ONE'S OWN BEHAVIOUR AND THE VICTIM'S DEFENSIVE AND PROTECTIVE RESPONSE.

Some authors have termed this phenomenon *selective blindness* (Corsi, 1995). In response to the attempts of women to protect themselves from this situation, violent men may exhibit two types of behaviour: a) even more severe violence or b) feeling depressed in response to the defensive behaviour of women (e.g., break-up of the relationship) with an increasing probability of a negative outcome in terms of the risk of violence.

This cognitive disadjustment essentially involves a lack of empathy.

22. PARTNER'S BEHAVIOUR IS PERCEIVED AS THREATENING AND HOSTILE.

Behind this attributional style there appears to be poor self-concept and low self-esteem. This sense of insecurity generates misguided interpretations about their partner's behaviour.

These thoughts usually intensify the break-up of the relationship, and blaming women for the break-up, which further intensifies feelings of hostility and anger which are the precursors of violent behaviour.

23. MULLING OVER INCREASINGLY NEGATIVE EMOTIVE THOUGHTS (RAGE).

People who organize their thoughts, codify and process information, and make recurrent, persistent, and circular attributions (cognitive style) eventually leading to distress that invades most of their cognitive sphere by focusing their attention on ideas that produce negative emotions. Increasing anxiety and distress can spark intense fury or rage. It may implicate thoughts, impulses or images.

24. COGNITIVE DISTORTIONS FOR JUSTIFYING IPV (DENYING/MINIMIZING)

The inability to accept responsibility for one's own behaviour (external locus of control) facilitates the appearance of cognitive distortions for justifying behaviour. These phenomena have

been detected in other delinquent typologies (e.g., sexual offenders). The range of cognitive distortions can be subdivided into the following groups (See Table below).

DENYING	MINIMIZING
COMPLETE DENIAL: – False accusation. – Erroneous interpretation of events («She slipped over»). – Loss of memory (feigning). PARTIAL DENIAL: – The woman is said to have not behaved correctly, and the partner is responsible for guiding her on to the right path. «What I did was right, and some day she will come back to thank me.» – Deny having a problem, shifting the responsibility to both parties involved («Yes, we have argued, but like any other couple, and both of us lost our nerves»).	MINIMIZING THE CRIME – In a patriarchal society, IPV is socially condoned behaviour, as opposed to the same behaviour being exhibited by an unknown person («<i>they should worry about arresting terrorists and rapists, because I'm no delinquent</i>»). MINIMIZING RESPONSABILITY – Claiming ignorance or not being aware of the offence («If I did something wrong I didn't realize»). – Blaming women for their violent outbursts. <i>She's the one who provokes and assaults</i>, justifying their behaviour by insinuating they are the real victims of violence. – Viewing their behaviour as intimate and insignificant in comparison to what is expected of their role as «head of the family» –Sexists attitudes and values– («If I were like the rest of us, I would have busted her head open, but I don't want to hit her»). – Referring to a traumatic socializing event to justify and manipulate the present circumstances. MINIMIZING THE DAMAGE OR HARM CAUSED («I only hit her once with my hand open»).

AFFECTIVE SPHERE:

25. DIFFICULTY IN EXPRESSING EMOTIONS

Difficulty in expressing emotional states, verbalizing affection, identifying and discriminating between different feelings. A patriarchal sexist socialization that facilitates the internalisation of this factor. These subjects have emotional needs, but their manifestation is subordinated to gender stereotyping (e.g., men should be strong/men who express their feelings are weak). This inability to identify, distinguish, and express emotions neither inhibits a person from feeling nor enables one to discriminate between emotional nuances, which may heighten the tendency to act aggressively in conflicting situations. In short, these subjects have difficulty in verbally expressing emotional states, and in differentiating affectionate gestures.

26. POOR SELF-CONCEPT, LOW SELF-ESTEEM, AND INSECURE ATTACHMENT

Self-concept or image of oneself is the first cognitive schema from which we interpret the world. Self-esteem is the evaluative component of self-concept (the degree of satisfaction with oneself which is constructed on the basis of social interaction). Both condition the emo-

tional response to different incidents and experiences; influencing the goals and plans for the future, favouring the adoption of behavioural strategies designed to validate one's own self-concept, maintaining a consistent and stable self-image, filtering and processing information which is consistent with one's self-concept, influences the way the person interprets the behaviour of others and, in turn, the way they react accordingly to drive their interpersonal relationships.

Some studies have related the development of the self-concept with the appearance of clinically significant disorders in the personality structure of adults (Geiger & Crick, 2001):

- a) Negative feelings of the I correlated with an evasive and dependent personality disorder.
- b) A blurred feeling of the I with a borderline personality disorder.
- c) An exaggerated I with narcissist, histrionic disorder.

27. POOR AND INADEQUATE ANGER-MANAGEMENT AND LOW FRUSTRATION TOLERANCE LEVELS.

Lacking adequate strategies to counter feelings of anger, rage, frustration, distress, and negative emotions resulting in aggressive or disproportionate behaviour intended to physically and/or psychologically inflict injury or harm. Behavioural expressions ranging from: verbal (insults, threats, screaming...) to physical (pushing, punching, kicking...). Aggressive behaviour can be directed towards anyone, and an ex-partner in particular. Anger in intimate relationships may be further exasperated by recollections of previous incidents and distressing experiences with the partner.

Frustration is the feeling that arises when goals are not achieved. According to the intensity of the frustration and other psychological aspects, a person may react to a given incident with distress, anxiety, depression, anguish, anger, etc. Essentially, it is not a matter of how much pain or frustration is felt, but the attitude adopted towards frustration. Low tolerance to frustration is related to two elements: an erroneous and exaggerated perception of the situation one is living, and the belief that it is horrible to live in bad conditions that one neither can nor wants to endure.

The role of gender stereotyping is clearly visible in cases of IPV i.e., men feel frustrated when they perceive their dominant status is threatened.

28. EXPERIENCE OF INTENSE AND UNCONTROLLABLE JEALOUSY.

Jealousy refers to feelings or negative emotions which are specific to a given culture. Intense feelings of jealousy usually surge in insecure and emotionally dependent individuals or in those who conceive of their relationship and partner in terms of possession, which is closely tied to the social construct of *unfaithfulness* and the associated connotations of personal insult and disrespect, and consequently to personal vilification and social disgrace (honour violence).

The jealous person suffers from intense anguish and enormous mental exhaustion from constant observation and surveillance, feigning behaviour, and from concealing anxiety. Exaggerated feelings of jealousy engross the person's life, their interpretation of reality, the decision-making process, and the assessment of the consequences of their behaviour which may be inadequate and give rise to violent behaviour (Echeburúa & Fernández-Montalvo, 2007).

INTERPERSONAL SPHERE:

29. ANXIETY ATTACHMENT RELATIONSHIP WITH PARTNER.

People with this type of attachment develop relationships of dependency with their partners, and continually demand confirmation of their partners' love. In general, they are insecure and unstable individuals who feel lonely and cannot live without a partner. The affective bond is so strong that any separation leads to emotional instability. Insecurity leads to jealousy and feelings of mistrust, and the incessant worry that they might be abandoned.

30. CONTROLLING BEHAVIOUR ON THE PARTNER

Behaviour aimed at controlling the partner (e.g., behaviour involving checking, accounting or inspecting) that insidiously takes root initially under the guise of being concerned and interested for the partner (manipulative behaviour). This behaviour isolates women from their surroundings and subjugates them to the aggressor's point of view of the world, which eventually eclipses their own personal perspectives with which to interpret reality. This controlling behaviour is aimed at neutralizing any initiative by women by sabotaging any attempts for autonomy in order to destroy their self-confidence, leaving them at the mercy of their aggressor.

31. DEFICIENT AND INADEQUATE CONFLICT RESOLUTION STRATEGIES

Deficient problem-solving skills leading to being overwhelmed by psychosocial stressors and high levels of anxiety that trigger IPV. These skills are closely related to assertiveness, self-esteem, and emotional intelligence which are in turn linked to the role of cognitive factors (our beliefs, values and ways of perceiving and evaluating reality) (Roca, 2003).

32. LACKS ASSERTIVENESS

Communicative behaviour where a person either assaults or is willing to obey another person without being able to express their own views and defend their rights. Assertiveness refers to a person's behaviour, but it is also a conscious, congruent, clear, direct, and balanced expression intended to communicate ideas and feelings or to defend legitimate rights without any desire to hurt or harm anyone, an internal expression of self-confidence in contrast to the limited emotiveness of those who are over anxious.

PRECIPITATING FACTORS:

33. ALCOHOL CONSUMPTION/ILLICIT DRUG ABUSE

The consumption of alcohol and other drugs has substantial disinhibitory effects that can neutralize factors inhibiting violence i.e., thwarting socializing values that condone violence. Drug abuse cannot entirely explain violent behaviour, but it may serve to activate previous harboured hostile attitudes.

Moreover, drug abuse may increase the risk of violence in the presence of psychopathology.

34. DYSPHORIC MOOD

An emotional state characterized by frequent and intense negative emotions such as anxiety, euphoria, sadness, anger, despair, and, grief.

35. LACK OF SOCIAL SUPPORT

Lacking or poor support from family, friends, associations, etc., due to temporal reasons (no stable support through time), inadequate support (social support condoning violent behaviour, and does not place responsibility on the shoulders of the accused), or due to the inexistence of a real original family, friends, support groups or social associations).

36. DELINQUENT OPPORTUNITY

Delinquent opportunities are those situations that raise the risk for the victim as the aggressor perceives the victim is vulnerable e.g., access to the victim's home or place of work or during leisure outings when there is no surveillance or the victim is isolated (unprotected victim).

37. PRESENCE OF PSYCHOSOCIAL STRESSORS

The concept of psychosocial stress encompasses major events (serious vital situations: loss of employment, death of a loved one, severe conflict with significant others...), minor events (daily stress or micro-events: arguments with the boss, getting stuck in traffic jams...), and chronic stress (e.g., no work satisfaction, overworked, caring for a dependent person...). These factors may precipitate uncontrolled behaviour towards a victim.

PRESENCE OF PSYCHOPATHOLOGY⁶:

38. DELUSIONAL DISORDER-JEALOUS TYPE.

The nucleus of this disorder are delirious ideas of jealousy or continuously thinking about the

⁶ The assessment of these criteria requires in-depth forensic psychopathological examination. The forensic psychologist should always be alert for potential feigning or feigning good. Mental disorders are not frequent among IPV aggressors (approximately 20%) (Echeburúa and Redondo, 2009). The diagnostic criteria are in accordance with the International Classifications of Mental Disorders (American Psychological Association –APA or World Health Organisation –WHO).

partner's unfaithfulness providing the background for violent reactions towards the partner. On the whole, this generates considerable insecurity in the jealous person, and a feeling of suspicion and mistrust concerning anything the partner does, particularly in interpersonal relationships.

In the forensic context, there is a general consensus in defining the disorder of delirious ideas (previously known as paranoia) as a clinical condition associated to a high risk of severe violence (particularly with delusions of jealousy, harm, and persecution) that may be further aggravated by the difficulty in detecting these patients (behaviour directly related to the delirious system or ideas –though normoadaptive individuals are totally understandable). The violent behaviour that characterizes this disorder are: delirious premeditation, progressive delinquency, stressful circumstances prior to the crime, committing the crime with full awareness, calmness, astuteness, and precision, a disproportionate but understandable character in psychopathological terms, justified crime, unavoidable, necessary, and even sublime (fulfilling a duty, a delinquent need), individualism (solitary delinquent), no repentance or regret, the person suffering from the delusions does not abscond, and frequently hands himself to the police, confesses, and justifies the crime with elaborate arguments (Esbec, 2006).

39. PARANOID SCHIZOPHRENIA

Holding on to delirious ideas or experiencing auditory hallucinations are the most common criteria for diagnosing paranoid schizophrenia. This risk factor of the defendant is considered to be a psychopathological element since delirious ideas or auditory hallucinations aggravate uncontrollable behaviour such as false beliefs and ideas seem real and may influence behaviour to the extent that the subject may exhibit uncontrollable violent behaviour.

In contrast to delusional disorder, schizophrenia is easier to detect (unsystematic absurd incomprehensible delusions and frequent sensory perceptual alterations). Schizophrenic crimes are characterized by unpredictability i.e., no previous history but laden with hostility and violence. Moreover, the perpetrator is affectively indifferent after committing the crime. Most of the violent acts committed by schizophrenics are related to the presence of positive psychotic symptoms that are more frequent during bouts of the disorder than during chronic episodes. The main risk for these patients occurs during the psychotic episode, particularly if the disorder has not been diagnosed. These bouts are often preceded by a period of instability and altered behaviour which is readily spotted by other people close to the patient. Normally, there are passive warning signs (isolation, incommunication, bottled up emotions, etc.), and active warning signs (strange behaviour, conflicts in the social settings, disorganized lifestyle, etc.) (Echeburúa & Loinaz, 2011). Criminal decompensation in diagnosed patients is often associated to a failure to adhere to treatment, concomitant consumption of toxic substances, and lack of social support (Esbec, 2006).

40. BIPOLAR DISORDER

A history of alternating shifts in manic and depressive moods can lead to losing self-control during periods of energetic activity (manic episodes) that may give rise to violent behaviour.

The intense activation in men in intimate partner relationships may provoke arguments, confrontation, and eventually violent behaviour against women. During the depressive phase the defendant may unexpectedly assault his partner.

The mood and activity levels are substantially altered in these patients. The violence associated to this disorder is usually impulsive resulting from the irritable mood that characterizes this clinical condition. This type of violence is related to altered serotonergic activity and can be partly controlled with medication. This may be accompanied by episodes of self-harm, and frequent attempted suicide with high levels of anger and impulsiveness. Moreover, comorbidity is common in bipolar patients (e.g., illicit drug abuse), which raises the risk of further episodes (Echeburúa & Loinaz, 2011).

41. ILLICIT DRUG ABUSE

The modulating effect of illicit drug abuse in the manifestation of violent behaviour has been well documented in the literature, and the pharmacokinetic effect of each substance, pattern of consumption, psychopathological manifestations associated to intoxication, chronic consumption and abstinence and possible psychopathological comorbidity are factors to be assessed.

Research has found the risk of violent behaviour is greater with mixed intoxications of alcohol and drugs (mainly stimulants) that trigger hallucinations and paranoia particularly with high alcohol intake in epileptics, individuals suffering from brain trauma, and in personality structures vulnerable to violence. In these cases violence may be sudden and without any prior warning (Echeburúa & Loinaz, 2011).

42. DEPRESSION

The loss of self-esteem, feelings of uselessness or guilt increase the probability of violent outbursts in individuals suffering from depression. Extended suicide, in which individuals not only kill themselves but also their loved ones is significant in these patients. The period of greatest risk is when the patient begins to improve: cognition and feelings evolve more slowly than in the psychomotor sphere, raising the capacity to behave violently (Echeburúa & Loinaz, 2011).

In IPV there is a high percentage of cases where after the homicide the aggressor tries to commit suicide (approximately 20% succeed, and 10% fail). This behaviour is more common among aggressor who are fully integrated both in the family and society as they fear their behaviour will have negative repercussions. Behaviour is not motivated by a psychopathological condition, but is intended to avoid social ostracism and the subsequent legal repercussions (Echeburúa & Redondo, 2010).

43. SUICIDAL/HOMICIDAL TENDENCY

The forensic psychologist shall be responsive to signs of self/hetero-aggression and the systematization/planning of these ideas as antecedents preceding the act. These signs should

be evaluated together with the experience of the break-up, self-efficacy in coping with the event and in reorganising one's own life (future plans), and the social support received.

The risk increases in subjects with past history of autolytic attempts, violent behaviour, psychopathology (particularly depression), illicit drug abuse, and impulsiveness.

Estimating the risk of suicide is a complex process due to the very nature of suicidal behaviour and the methodological difficulties underlying research in this field. Currently, there are no specific indicators of suicidal behaviour or risk factors for predicting it (Working Group of the Guide for the Prevention and Treatment of Suicidal Behaviour, 2010).

44. PERSONALITY DISORDERS:

Several studies have highlighted the relationships between personality disorders (PD) and the risk of violence; however, these studies have been more efficacious in predicting some of the components of a PD than the disorder itself. The dimensions of personality that are most correlated to violence are impulsiveness, lack of emotional regulation, narcissism, threats to oneself, and a paranoid personality (Esbec & Echeburúa, 2010).

44.1.- Paranoid personality disorder

Paranoid personality disorder is characterised by pervasive and ongoing suspiciousness and mistrust of others, hypersensitivity to criticism, the tendency to attribute malicious intentions to others, and harbouring grudges causing anger and hostility. Furthermore, there is a propensity for excessive cognitive rigidity, automatic thought, inability to cope with self-criticism, and the strict and stringent application of their own criteria. They are egocentric, have a high self-concept, and inhibited affectivity (Echeburúa & Loinaz, 2011).

Similar to delusional disorder, paranoid disorder is usually characterised by early warning signs with inconsequential attacks or threats which precede a serious violent assault (e.g., homicide) (Esbec & Echeburúa, 2010).

44.2.- Narcissist personality disorder

Similar to paranoid personality traits, a narcissist personality raises the risk of violent behaviour. Narcissist have a fixation on gaining admiration, are arrogant and highly sensitive to any form of rejection or disdain, but are incapable of identifying with the feelings of others. Different facets of narcissism such as authoritarianism and the exploitation of others are highly correlated to violence. Severe violent reactions often respond to any affronts to their ego (Esbec & Echeburúa, 2010).

44.3.- Borderline personality disorder (BPD)

Together with antisocial disorder, personality disorder is most frequently associated to violent

behaviour and comorbidity with drug abuse in homicidal mental patients (Echeburúa & Loinaz, 2011). Impulsiveness, a poor identity, emotional dysregulation, and drug abuse are often responsible for bouts of violent behaviour (Esbec & Echeburúa, 2010).

44.4.- Antisocial behaviour disorder

This is the personality disorder most commonly associated to delinquency in general and violent behaviour. The person has a delinquent life style characterized by contempt for the rule of law and violation of social norms derived from the drive for immediate satisfaction and the inability to defer gratification and tolerate frustration.

44.5.- Psychopathy or psychopathic disorder

Though this disorder is not listed in the International Classifications of Mental Disorders (WHO/APA), there is a wealth of empirical evidence endorsing this personality disorder as an independent diagnostic entity (Hare and Neumann, 2008).

The risk of reoffending is three times higher in psychopaths than for any other type of delinquent, and is twice as high for violent recidivism (Hare, 2000).

The assessment of psychopathy should be carried out using the Psychopathy Assessment Scale of Hare Revised (PCL-R) adapted for the Spanish population by TEA Editions (Torrubia, Poy, & Moltó, 2010)

44.6.- Dependency disorder

This disorder is particularly significant for IPV. A person with a dependent personality feels intense despair due to the break-up, and self or hetero-aggressive behaviour cannot be ruled out. The deep sense of insecurity and jealousy may provoke anger and rage that in turn may trigger severe violent behaviour followed by suicide (Esbec & Echeburúa, 2010).

RISK FACTORS AFFECTING THE PLAINTIFF:

45. DEGREE OF DEPENDENCY (ECONOMIC, SOCIAL AND EMOTIONAL) ON THE AGGRESSOR

The greater the degree of dependence (economic, social and emotional), the lesser the ability to react to battery, and the greater the aggressor's feeling of dominance over the partner.

46. ATTITUDES CONDONING AND JUSTIFYING THE DEFENDANT'S BEHAVIOUR

All of the plaintiff's attempts to justify (denying, minimizing and self-blaming), the behaviour of the accused are indicators of the degree of adaptation of women to incidents of violence which in turn raise the probability of renewing the relationship with the aggressor (situation of risk).

47. LACK OF SOCIAL SUPPORT

The plaintiff receives little support from family, friends or peer groups either because they do not reside in the same area or because they are unstable or due to deficiencies in the social structure.

The lack of social support hinders the decision to leave the violent environment.

48. IMMIGRANTS

Immigrant women are overrepresented in the figures on grievous bodily harm or murder i.e., immigrant women are 3.5 to 6 times more likely to be murdered by their partners than Spanish women (Echeburúa & Redondo, 2010).

Immigrant women are more vulnerable due to their precarious economic, legal, and affective circumstances or hampered by the language barrier. They usually have a limited social network and little family support. The risk is even greater for illegal immigrant women who are awaiting to be reunited with their families (Echeburúa & Redondo, 2010).

49. ETHNIC MINORITIES

Women from ethnic minorities usually live in closed endogamic social surroundings with fierce social control on its members which hampers attempts at leaving situations of violence (e.g., gypsies).

50. PREGNANCY

Pregnancy is a highly vulnerable period given that a woman's physique and metabolism, as well as their hormonal, postural, and nutritional functioning, and affective bonds are all undergoing alterations. This exposes women to psychological vulnerability due to their greater affective needs that in some cases may heighten a secondary behaviour of dependence and submission.

51. PREVIOUS RECONCILIATIONS AND/OR WITHDRAWAL OF CHARGES

This factor is an indicator of the degree of plaintiff-defendant dependence and may reveal attempts to renew relationships of attachment with the defendant. Thus, the evaluation of this criterion should be undertaken on the basis of information obtained from the plaintiff, and the detailed and comprehensive scrutiny of data derived from judicial and expert reports in relation to previous accusations.

52. DISCREPANCIES BETWEEN THE VICTIM'S PERCEPTIONS OF RISK AND THE FINDINGS OF THE ASSESSMENT

Affective ties between the victim and the aggressor and the chronic exposure to violence may

facilitate the paradoxical adaptation to violence (see above). The plaintiff normalizes suffering by interpreting their emotional distress from a self-blaming perspective. This gives rise to distorted subjective perceptions of risk and the tendency minimize violent behaviour which leads to victims neglecting professional risk assessment and self-protective measures.

53. PHYSICAL/PSYCHOLOGICAL/SENSORIAL IMPAIRMENT

Women with physiological and/or psychological impairment have to overcome numerous problems and a host of internal and external obstacles related to mobility, social integration and diversity (linguistic, functional, etc.) or inaccessibility to social institutions (justice system, support groups, centres, etc). Thus, women with disabilities are at a disadvantage in defending themselves from an aggressor given that they are often financially dependent and reliant on their partner.

54. GRIEVOUS BODILY HARM

The nature and extent of physical injuries is an indicator of the degree of the aggressor intention to cause harm (e.g., aggression directed to vital organs of the body). This criterion should be evaluated by resorting to forensic medical reports.

55. SEVERE PSYCHOLOGICAL INJURY

The forensic psychological report should examine the psychological wellbeing of the victim since incidents of violence cause psychopathological disadjustments in women that may shed light for profiling the aggressor (e.g., the extent and nature of humiliation on the victim).

Moreover, the psychological status of a women also serves as an indicator of their ability to counteract incidents of violence (psychological coping strategies, and vulnerability to manipulating strategies of the accused to stifle the decision to break-up the relationship).

A further critical aspect to bear in mind is the consumption of alcohol or illicit drugs as an inadequate coping strategy which may further exacerbate vulnerability (e.g., aggravate anxiety-depressive symptomatology, lower self-esteem, etc.).

5.2. THE FORENSIC PSYCHOLOGICAL IPV RISK ASSESSMENT PROCEDURE

The forensic psychological IPV risk assessment procedure can be subdivided into four stages (modified version from López & Andrés-Pueyo, 2007):

- 1. Data gathering and organization.** This is the most important stage in the assessment process since the quality of the data (fidelity of the data) determines the accuracy of the prognosis. This step entails certain difficulties as the forensic psychologist is conditioned by access to the data required for assessing the different risk/protective factors.

As previously mentioned, the forensic interview with the parties in litigation (plaintiff/defendant) is the cornerstone of the entire assessment process. It is advisable that all interviews should be recorded on audio and/or video. The objectives of the interviews are as follows:

- a) To obtain data on the dynamics of the relationship both prior to and after reporting the partner to the police. It is crucial to obtain both the defendant's and the plaintiff's point of view.
- b) To obtain data about the accused:
 - a. Criminal career.
 - b. Psycho-evolutionary development process.
 - c. Psychological functioning and possible presence of psychopathology with delinquent-violent implications (Functioning of mental disorders).
 - d. Present and future psychosocial circumstance (precipitating factors).
- c) To appraise data on victimization risk factors. Interviewing women is also an essential procedure for complementing and contrasting data concerning the accused. Besides being a further source of data on the aggressor, the forensic psychological assessment of psychological injury is valuable as probative evidence in criminal litigation.

The interview allows the forensic psychologist to contrast the data obtained from face-to-face interviews with both parties present at the same interview (assessment of the same issues at different moments of the interview) or to contrast pre-interview data. The interview will also serve to pinpoint which issues should undergo detailed examination to obtain further data. Moreover, individuals who are under court-ordered mental-health evaluation are given the opportunity to dispute to contradictions in their testimonies.

Once again, it is worth pointing out that the characteristics of forensic assessment itself increase the probability that data from individuals under evaluation will be manipulated and distorted. Thus, the appraisal of collateral data sources (police reports, reports from the social services, criminal background checks, prison reports, review of court papers and declarations, court convictions, clinical records, forensic medical reports, etc.) is a fundamental step in IPV risk assessment. A further productive data source is the interview with people who know the parties involved in litigation, either individually or as a couple. The more the collateral data, the more input into the process of forensic psychological IPV risk assessment.

The objectives of collateral data analysis are as follows (Torrubia et al., 2010): a) to facilitate the evaluation of the fidelity of data obtained from interviewees; b) to determine if the interactive behaviour of interviewees is truly representative of the real everyday behaviour; and c) to provide vital data for weighting certain risk/protective factors.

No prognosis of risk should be undertaken without taking into account collateral data. However, a prognosis of risk may be undertaken using only collateral data and/or an interview with the plaintiff when it is impossible to interview the accused. Not with standing, this undermines the reliability and validity which should be explicitly stated in the report i.e., the defendant was not personally examined, the findings are exclusively based on collateral data and/or the interview with the plaintiff, which entails certain limitations to the procedure.

In addition to collateral data, the forensic psychologist must apply a multimethod–multidimensional approach to forensic assessment, and seek the convergence of the different assessment methods for weighting an array of risk/protective factors using a wide spectrum of psychological/psychopathological tests which are currently available such as the tests outlined below, some of which have no Spanish adaptation. In these cases, one should be cautious in interpreting the results which are at best speculative in assessing self-reported behaviour of subjects undergoing evaluation):

PSYCHOLOGICAL SPHERE	INSTRUMENT
Capacity for abstract reasoning	– Raven's Progressive Matrices Test – Domino Test – TONI-2 – Rey-Osterrieth Complex Figure Test (ROCF)
Problem-solving skills	– Coping Response Inventory (CRI-A)
Conflict-management skills with partner	– Partner Conflict Resolution Tactics Scale – CTS2 (Loinaz, Echeburúa, Ortiz-Tallo & Amor, 2012). – Partner Assertiveness Assessment Questionnaire (ASPA)
Cognitive distortions	– Attribution of Responsibility Scale (Lila, Herrero, & Gracia, 2006) – Minimization Scale (Lila et al., 2006) – Inventory of Distorted Thoughts about Women and the use of violence (Echeburúa and Fernández-Montalvo, 1997)
Emotional balance	– State-Trait Anger Expression Inventory (STAXI-2) – Barratt Impulsiveness Scale (BIS) – Buss-Durkee Hostility Inventory – Impulsive Control Scale Ramón and Cajal (ECIRyC) – AQ Aggression Questionnaire – Constructive Thought Inventory (CTI)
Personality variables/style	– Situational Personality Questionnaire (SPQ) – Cognitive-Emotional Strategies Test (MOLDES) – Revised NEO Personality Inventory (NEO PI-R) – Cantoblanco's Scale for the assessment of socialization difficulties (SOC) – List of Adjectives for the Assessment of Self-concept – Cognitive and Affective Empathy Test (TECA) – Questionnaire for the assessment de adopting couples, caregivers, tutors, and mediators (CUIDA)
PSYCHOPATHOLOGY	– Personality Assessment Inventory (PAI) – Minnesota Multiphasic Personality Inventory-2 Restructured (MMPI-2-RF) – Millon Clinical Multiaxial Inventory-III – Hare Psychopathy Checklist-Revised (PCL-R) – State/Trait Anxiety Questionnaire (STAI)

(It continue)

(Continuation)

PSYCHOLOGICAL SPHERE	INSTRUMENT
	– State/Trait Anxiety Questionnaire (STAI) – Structured Clinical Interview for Axis I disorders DSM-IV (SCID-I) – Alcohol Use Disorders Identification Test (AUDIT) – Rorschach – House, Tree, Person (H-T-P) – Human Figure Test – Inventory of Reasons for Living (RFL) – Scale for Suicide Ideation (SSI-C) – Beck's Hopelessness Scale (BHS) – Suicidal Intent Scale (SIS)
Attachment Style	– Adult Attachment Questionnaire (Melero & Cantero, 2008)
Victimization	– IPV Assessment Inventory (APCM) (Matud, Carballeira, & Marrero., 2001) – Guidelines for Interviewing Victims of Domestic (Labrador & Rincón, 2002) – Risk Assessment Interview for Victims of IPV (De Luis, 2001)

2. The decision concerning the presence/absence of risk factors in each specific case.

Having gathered the data, the forensic psychologist must determine which factors are present or absent during the assessment of each specific case. This task requires an operative description of each factor in order to be able to accurately apply the assessment criteria which will in turn ensure the replication of the forensic psychologist's assessment process.

It is advisable that the assessment of risk/protective factors is presented using a (present/absent) dichotomy rather than a progressively incremental scale (0-1-2). The former system ensures greater inter-rater agreement and avoids the inadequate use of numerical scoring for assessing the risk of delinquency. Though experimental designs employ risk assessment cut-off points, this strategy proves to be inappropriate for forensic settings since there is no fixed decision rule for determining the number of risk factors required for assessing the risk of recidivism, that is, there is no fixed rule for establishing the number or relationship between risk factors or the precise weight that should be assigned to each factor. An assessment based on numerical scores derived from the sum of prevailing risk factors may give rise to confusion among professionals with little training and experience in this type of forensic assessment. Furthermore, it can create false expectations among the different legal actors who may be under the impression that this guide offers a series of standardized tests.

The assessment of factors empirically associated to the risk of severe physical violence is an essential step in forensic settings.

3. Estimating risk. This is the most complex ask given that the forensic psychologist must integrate the different risk/protective factors and interpret the specific interactive dynamics

among the factors in each specific case. The lack of any fixed rules nor quantitative weighting to guide the professional evaluation, underscores the key role of professionally trained and experienced forensic psychologists in undertaking this task. That is, the forensic psychologist may consider a person to be under the imminent threat of the risk of IPV if one risk factor alone is present, but the danger increases exponentially when more risk factors are present than protective factors. Special attention should be paid to factors associated to severe physical violence. The final risk assessment scores should be classified according to one of the following four levels:

- Low risk of IPV.
- Moderate risk of IPV.
- High risk of IPV.
- Imminent risk of IPV.

4. Submitting de results. The forensic psychologist shall submit the results of the forensic psychological risk assessment of IPV to the relevant legal actors commissioning the forensic psychological report. The next section deals with the organization of the forensic psychological IPV risk assessment report.

6. STRUCTURE OF THE FORENSIC PSYCHOLOGICAL IPV RISK ASSESSMENT REPORT

Guidance on the statutory requirements or prescribed standards regulating the criteria to be included in a forensic psychological report are somewhat cursory (basically restricted to the recommendations prescribed in article 478 of the Spanish Law on Criminal Proceedings (Ley de Enjuiciamiento Criminal-LECrim). Consequently, forensic practice itself has gradually developed the procedures and guidelines for designing the forensic report (Illescas, 2005).

The forensic report should begin with a TITLE identifying the exact charge and reason for referral by the court. FORENSIC PSYCHOLOGICAL REPORT.

Thereafter, the professional credentials of the forensic psychologist should be stated (name of the professional college of psychologist and membership number, the state-registration number, the qualifications, training, and experience in the field of forensic psychology, and details concerning the court-order and the court commissioning the report.

The purpose of the forensic examination will appear in the section entitled OBJECTIVES i.e., Indicating the exact charge and reason for referral by the court.

Under the section METHODOLOGY the instruments and methods for gathering, processing, and assessing data should be specified: a) interviews and observations; b) contact with other experts or professional; c) tests applied, and d) analysis of collateral data.

The next step is to proceed to the descriptive part of the report where the data obtained is presented and organized into different sections with their corresponding headings. Thus, the forensic IPV risk assessment report should contain the following sections and headings:

- DYNAMICS OF INTIMATE PARTNER RELATIONSHIPS
- PSYCHOBIOGRAPHIC DEVELOPMENT AND CURRENT SITUATION
- DELINQUENT CARREER
- FORENSIC PSYCHOPATHOLOGICAL EXAMINATION
- RESULTS OF TESTS
- SUBJECTIVE ASSESSMENT OF THE EVENTS BY THE DEFENDANT
- CURRENT SITUATION OF THE PLAINTIFF

The descriptive section should outline the data under analysis, and subsequently the technical discussion. A forensic report may be submitted to a wide range of professionals who select the data relevant to their own specific requirements.

Under the heading FORENSIC CONSIDERATIONS, the forensic psychologist must fulfil two technical requirements: a) integration and analysis of all the data outlined in the descriptive section of the report; and b) the forensic psychologist's decision-making. Forensic psychologists are required to motivate and reason their risk predictions using the Encoding Form to be found in the Appendix of this guide. In this section, any inconsistencies should be discussed. In short, the forensic psychologist should stipulate the degree of confidence in their predictions, outlining the different levels of inference, and explicitly stating the technical criterion used for reaching their conclusion. This will enhance the relevance and usefulness of the forensic report and the role of the psychologist as expert advisor in the justice system. The risk assessment should be concluded in probabilistic terms (see above).

The CONCLUSIONS of the report should be expounded in a clear, concise, and consistent manner. No data that has not been previously presented and analysed should be included. The conclusions should be addressed to the relevant judicial authority, and the following formulaic expressions may be used:

- I the undersigning forensic psychologist have drafted the contents of the present report to the best of my knowledge with impartiality.
- I pray to inform Your Honour.

Thereafter, the report will state the PLACE, DATE AND SIGNATURE. The forensic psychologist should sign the report, indicating clearly the forename, surname, professional college affiliation number, and the date of expedition to endorse temporal and contextual validity.

It is advisable to add a clause indicating the forensic assessment employed a multimethod and multidimensional approach, and the implications of the conclusions outlined in the report (forensic safeguards):

Note.- This mandated psychological assessment report is restricted to the specific purpose of referral by a court of law, and may not be used for any motive other than that for what it was

initially commissioned. Any significant modification to any of the circumstances under evaluation would require a new assessment report.

7. THE ETHICS AND DEONTOLOGY OF FORENSIC PSYCHOLOGY

The legal framework as the context for the professional practice of the forensic psychologist imposes specific deontological challenges which are significantly different to standard contexts of psychological assessment (EFPA, 2001; APA, 2011).

These specific deontological challenges in the forensic context revolve around three main aspects (Muñoz & Echeburúa, in press):

- a) the relationship between the forensic psychologist and the evaluatee
- b) the consequences of the forensic psychological report.
- c) the legal status of the psychological report in forensic contexts as probative evidence.

The relationship between the forensic psychologist and the evaluatee

In forensic contexts the subject under evaluation is not the person to have requested the intervention of the forensic psychologist. The person undergoing forensic evaluation is a litigating party (plaintiff/defendant), and the forensic psychologist report may be commissioned by any of the legal actors involved in legal proceedings (judges, prosecutors or defence lawyers). We should take into account that the ultimate goal of the forensic psychologist is to provide expert advice and guidance to legal actors i.e., to assist the decision-making of laypersons in the field of forensic psychology.

Unlike other psychological assessment settings, court-ordered forensic psychological assessment is exempt from the deontological principle of *confidentiality* (art. 40 of the Código Deontológico del Psicólogo – CD [*Spanish Deontological Code of Psychologists*], which may be detrimental to the interests of the person undergoing assessment (Echeburúa, 2002). Thus, it is mandatory to obtain the *informed consent* of the person under evaluation prior to commencing the assessment (art. 39, of the CD).

To avoid incurring in scenarios of possible *judicial insecurity* that may entail serious consequences for the person under evaluation, the forensic psychologist should brief the person being assessed as to the role of the psychologist prior to beginning the assessment in line with arts. 25 and 42 of the CD.

The conflict of interests between the person being evaluated and the court, should not contaminate the forensic psychologists' intervention nor alter any treatment of subjects undergoing assessment regardless of their legal status (art. 15 of the CD). Thus, as an expert advisor to the justice system, the forensic psychologist should avoid any action that facilitates secondary victimization.

The consequences of the forensic psychological report

Forensic psychological reports are used by judges as expert testimony for deciding on key issues that have a critical impact on the lives of the people involved in judicial proceedings (e.g., restrictions on fundamental rights, compensation for injury, regulation of parental relationship, etc.), and impose an added *responsibility* on the intervention of the forensic psychologist who must comply with the highest professional and ethical standards (European Federation of Psychologists' Associations-EFPA, 2001).

Thus, specialized training and continuous professional development in this speciality of Applied Psychology is a fundamental requisite to ensure skilled practitioners comply with the highest professional benchmarks (art. 17 of the CD).

Forensic psychological practice highlights the need for resting the intervention on data derived from empirical evidence, regardless of the training and theoretical background of the forensic psychologist (art. 18 of the CD), and to inform legal actors of the limitations and conclusions of the forensic report (art. 48 of the CD). Forensic psychologists must not create false expectations among the different judicial actors regarding their interventions (art. 32 of the CD).

The legal status of the psychological report in forensic contexts as probative evidence.

The forensic psychological report is a legal document (legally admissible probative evidence) incorporating the principles of publicity, contradiction, intermediation, and oral that safeguard the constitutional rights in the criminal justice system (art. 24CE).

A further deontological issue involves the *principle of contradiction* i.e., any of the legal actors, particularly lawyers representing either of the litigating parties, may raise objections to the findings of the forensic psychological report and rebuke it with a counter-report. This possibility is contemplated in art. 347 LEC to safeguard the legal rights of persons under forensic assessment. Hence, the forensic psychologists should be willing and able to respond to any objections raised by either of the parties in litigation (EFPA, 2001).

A counter-report is a technical meta-analysis of previous reports from other professionals. The essential characteristic of the counter-report is to rigorously contrast scientific, technical, and methodological concerns on a metapsychological level. Under no circumstances shall the counter-report assess a person evaluated in a previous report nor the professional who issued the initial report (Official College of Psychologists of Madrid, 2009). Regarding this last aspect, art. 22 of the CD establishes the rules and scope for resolving technical disputes between professionals.

Furthermore, given the legal status of the forensic report as probative evidence, access to the data contained in the report should be strictly restricted in compliance with the reason for referral and the provisions stipulated by the court (art. 39 CD).

As psycho-technical concepts and terms (e.g., psychopathological labelling, psychometric in-

terpretations, etc.) are often over-rated or misinterpreted in forensic contexts, the forensic psychologists should be cautious with the terminology used in their reports (art. 12 CD).

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APPENDIX

**TABLE ENCODING IPV
RISK FACTORS**

RISK FACTORS	ASSESSMENT METHOD CRITERION				
	PLAINTIFF	DEFENDANT	SIGNIFICANT PERSON	SUPPLEMENTARY/ COLLATERAL	PSYCHOLOGICAL REPORTS TESTS
GENERAL RISK FACTORS					
1. Intelligence					
2. Delinquent career of chronic offenders					
RISK FACTORS AFFECTING THE DYNAMIC PLAINTIFF-DEFENDANT RELATIONSHIP					
3. Chronic and intensifying violence					
4. Degree of severity of violence					
4.1. Physical violence or threats (firearms/weapons, cruelty)					
4.2. Psychological violence (the degree of humiliation of the victim)					
4.3. Violence by leaving/depriving					
5. Breaking-up or threatening to leave the relationships					
6. The plaintiff new intimate relationship					
7. The outcome and legal implications of the break-up for the accused					
8. Post separation stalking					
9. Relationship with caregiver (stress of the caregiver)					
10. Violation of previous restraining orders against the defendant					
RISK FACTORS AFFECTING THE DEFENDANT					
11. Impulsiveness					
12. Recklessness					
13. Lacking empathy					
14. Hostility-aggressiveness					
15. Socialization in sexist culture (gender stereotypes)					
16. Insecure attachment relationships with peers/significant others.					
17. Exposure to episodes of paternal violence against the mother.					
18. Socialization in environments that legitimize or condone violence as a means of solving conflict					
19. Cognitive bias towards gender roles.					
20. External locus of control.					
21. Inability to establish a relationship between one's own behaviour and the defensive and protective response of victims.					
22. Partner's behaviour is perceived as threatening and hostile.					
23. Arousal of increasingly negative emotive thoughts (rage).					

RISK FACTORS	ASSESSMENT METHOD CRITERION				
	PLAINTIFF	DEFENDANT	SIGNIFICANT PERSON	SUPPLEMENTARY/ COLLATERAL	PSYCHOLOGICAL REPORTS TESTS
24. Cognitive distortions to justify IPV (denying/minimizing)					
25. Difficulty in expressing emotions.					
26. Poor self-concept, low self-esteem, and insecure attachment.					
27. Poor and inadequate anger-management and low frustration tolerance levels.					
28. Experiences of exaggerated and uncontrollable jealousy.					
29. Anxiety attachment relationship with partner.					
30. Emotionally controlling behaviour on the partner					
31. Poor conflict management strategies					
32. Lacking assertiveness					
33. Consumption of alcohol/illicit drugs					
34. Dysphoric mood					
35. Lack of social support					
36. Delinquent opportunity (risk behaviour of woman)					
37. Presence of psychosocial stressors					
38. Delusional disorder-jealous type.					
39. Paranoid schizophrenia					
40. Bipolar disorder					
41. Illicit drug abuse/dependence					
42. Depression					
43. Suicidal ideation/homicide					
44. Personality disorders:					
44.1. Paranoid D.					
44.2. Narcissist D.					
44.3. Borderline D.					
44.4. Antisocial D.					
44.5. Psychopathic D.					
44.6. Dependency D.					
RISK FACTORS AFFECTING THE PLAINTIFF					
45. Degree of dependency (economic, social and emotional) on the aggressor					
46. Attitudes condoning and justifying the defendant's behaviour					
47. Lacking social support					
48. Immigrants					
49. Ethnic minorities					
50. Pregnancy					
51. Previous reconciliations and/or withdrawal of charges					
52. Discrepancies between their perceptions of risk and the assessment findings/technique					
53. Physical/psychological/sensorial impairment					
54. Grievous bodily harm (GBH)					
55. Severe psychological injury					





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