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The Spousal Assault Risk Assessment Guide (SARA) among Belgian offenders and forensic inpatients

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Introduction

✓ Domestic violence becomes a priority for public health. This violence is considered as most serious given the physical injuries for victims, the complexity of motives, and its potential repetitive and risk nature. The term “*spousal assault*” refers to such violence. More specifically, spousal assault is best defined as “any actual, attempted, or threatened physical harm perpetrated by a man or a woman against someone with whom he or she has, or has had, an intimate, sexual relationship” (Kropp, Hart, Webster, & Eaves, 1999, p.1).

✓ Yet, no measure of domestic violence was hitherto implemented in Belgian. “the Spousal Assault Risk Assessment Guide (SARA) remains a popular risk assessment and case management tool for those working with perpetrators and victims of domestic violence” (Kropp, & Gibas, 2010, p227). This instrument helps criminal justice professionals predict the likelihood of domestic violence. The tool is a quality- control checklist that determines the extent to which a professional has assessed risk factors of crucial predictive importance according to clinical and empirical literature.

Objectives

✓ To implement SARA (Kropp, Hart, Webster, & Eaves, 1999) among Belgian male probationers offenders (N=29) and Belgian male forensic inpatients (N=10).

✓ To assess the convergent validity between SARA, PCL-R (Hare, 2003), HCR-20 (Webster, Douglas, Eaves, & Hart, 1997) and the VRAG (Harris, Rice, & Quinsey, 1993).

Method

Spousal Assault Risk Assessment (SARA)

✓ It includes 20 items derived from the research literature on domestic violence and from the clinical literature on male perpetrators of domestic violence. The items are grouped into five sections: criminal history; psychological adjustment; spouse abuse history; current offence characteristics; and other (e.g. stalking, torture). The evaluation of the SARA relies on multiple sources of information: Interviews with the perpetrators and victim(s); Standardized measures of physical and emotional abuse and of drug and alcohol use; A review of collateral records - e.g. police report, victim statements, criminal records; Other psychological assessment procedures. The presence of individual items is determined using a 3 point response format: 0= absent, 1= sub threshold, and 2=present. With the SARA, such summary risk rating is coded using a 3 point response format: 1=low, 2=moderate, and 3=high.

Data analysis

✓ Two independent sample test comparison (Mann-Whitney U) of the SARA total score between the groups. Probationers mean total IQ (WAIS-III, 2000) was 98 and mean age was 39 years. Forensic inpatients mean IQ total was 80 and mean age was 42 years. There was a significant difference concerning IQ (U=44,00; P=.001).

✓ Convergent validity between SARA, PCL-R, HCR-20 and VRAG scores were calculated with Spearman’s Correlations.

Comparison between SARA scores and the group variable

SARA (N=39)	Probationers (N=29)		Forensic inpatients (N=10)		Mann-Whitney U
	M	SD	M	SD	
Total score SARA	21,52	5,48	30,20	3,91	27,50*
Criminal History	1,66	1,76	4,20	0,79	36,50*
Past Assault Family Members	0,21	0,49	0,70	0,95	106,50
Past Assault of Strangers or Acquaintances	0,72	0,80	2,00	0,00	30,00*
Past Violence of Conditional Release or Community Supervision	0,72	0,88	1,90	0,32	46,50*

*p<.001

Spearman’s Correlations between SARA scores and PCL-R scores

PCL-R (N=39)	SARA	Total Score	Interpersonal factor	Antisocial factor	Interpersonal facet	Affective facet	Impulsive facet	Antisocial facet
		Total score SARA	0,57**	0,44**	0,43**	0,26	0,35*	0,42**
Criminal History		0,27	0,08	0,31	-0,10	-0,04	0,25	0,30
Psychosocial Adjustment		0,40*	0,29	0,34*	0,25	0,07	0,26	0,38*
Spousal Assault History		0,46**	0,54**	0,18	0,39*	0,47**	0,33*	0,10
Most Recent Offence		0,47**	0,47**	0,38*	0,27	0,41**	0,32*	0,34*

*p<.05; **p<.01

Spearman’s Correlations between SARA scores, VRAG and HCR-20 scores

SARA	VRAG HCR-20 (N=39)	VRAG total score	HCR-20 total score	Historical scale	Clinical scale	Risk Management scale
		Total score SARA	0,42**	0,70**	0,63**	0,70**
Criminal History		0,39*	0,54**	0,60**	0,43**	0,14
Psychosocial Adjustment		0,38*	0,60**	0,54**	0,47**	0,41**
Spousal Assault History		0,18	0,46**	0,36*	0,61**	0,27
Most Recent Offence		0,38*	0,50**	0,45**	0,56**	0,42**

*p<.05; **p<.01

Discussion

➤ Discriminate validity was obtained between total score SARA, Criminal History Factor SARA and Probationers/Forensic inpatients groups.

Probationers presented lower SARA scores than forensic inpatients. The differences were significant on general violence risk factors (e.g.: Criminality History). These results were expected as forensic inpatients are usually assigned to security facilities on the base of their general and violence criminality antecedents rather than on their spousal violence offence. According to the Cornell coding guide for violent incidents (Cornell, 1996), probationers presented frequently more (96%) minor violence than forensic inpatients (50%). Whereas, Forensic inpatients presented more rape (30%>3%) and homicide (20%>0%) offences than probationers.

➤ Convergent validity between SARA, PCL-R, HCR-20 and VRAG scores

▪ Convergent validity between SARA scores and PCL-R scores

The results highlight a positive correlation with large effect size (Cohen, 1992) between the SARA and the PCL-R total scores. Medium effect sizes were obtained between SARA *Psychosocial Adjustment* factor, SARA *Most Recent Offence* factor and PCL-R *Antisocial* facet. Other medium effect sizes were obtained between SARA *Spousal Assault History* factor and PCL-R *Interpersonal, Affective and Impulsive* facet. Among the SARA factors, Criminal History was the only non- correlated to PCL-R.

The results are congruent with the international literature (Hilton, Harris, Rice, Houghton, & Eke, 2008; Kropp, Hart, Webster, & Eaves, 1999). Indeed, Violence Spousal is related to interpersonal factor and to the affective facet, particularly.

▪ Convergent validity between SARA scores, VRAG and HCR-20 scores

The results highlight a positive correlation between VRAG and SARA total scores. The results are congruent to the literature (Hilton, Harris, Rice, Houghton, & Eke, 2008). We measured a large effect size between the SARA and the HCR-20 exists. SARA *Spousal Assault History* factor was strongly correlated to the HCR-20 *Clinical Scale* factor. These relations open therapeutic perspectives by targeting clearly defined objectives.

▪ Correlations between IQ, SARA, PCL-R, VRAG and HCR-20 scores

We obtained negative correlations between IQ, SARA, PCL-R, VRAG and HCR-20 total scores with a medium effect size between IQ, PCL-R and SARA total scores (respectively: $r_{s=-.43}$; $r_{s=-.38}$). Large effect sizes were obtained between IQ, HCR-20 and VRAG total scores (respectively: $r_{s=-.57}$; $r_{s=-.55}$). These results highlight the importance to control IQ. We couldn’t control IQ with partial correlations, as our data did not follow a normal distribution. The results remain relevant as the IQ correlated negatively with all risk assessment instruments.

Conclusion

These Belgian preliminary data are encouraging for the implementation of the SARA among French-speaking offenders population.

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