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Evaluating the Need for a Gender Specific Risk Assessment for Female Intimate Partner Violence Offenders

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EVALUATING THE NEED FOR A GENDER SPECIFIC RISK TOOL

FOR FEMALE INTIMATE PARTNER VIOLENCE OFFENDERS

by

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Abstract

Risk assessments are considered to be "best practice" in many states for assisting in sentencing decisions, bail conditions, and probation/parole requirements for intimate partner violence (IPV) offenders. However, most risk assessment tools that are currently being used were created using research on risk factors for recidivism in male IPV offenders. This is problematic given the percentage of females arrested for IPV-related crimes has increased substantially over the past decade. The purpose of this study was to examine the efficacy of a risk assessment tool developed for use specifically for female IPV offenders in predicting recidivism in comparison to a risk assessment tool that was created for male IPV offenders. The risk assessment tool developed for women was developed using available research regarding risk factors for female IPV offenders and included the following factors: age, education level, employment stability, family of origin dysfunction, juvenile conduct problems, mental health history, past acts of physical aggression towards a non-intimate partner, prior history of IPV, prior termination of relationship at the offense, probability of Substance Use Disorder, and severity of the index offense. The newly developed risk assessment was applied to case files for 110 women who were previously assessed using a risk assessment tool that was created for male offenders. The sample was comprised of 88 % African-American women and 12% Caucasian women. The analysis used for this study was Simple Linear Regression. Results of the study found that there was not a significant difference between the two risk assessment tools in predicting recidivism for female offenders regarding IPV-related offenses or other criminal offenses. The findings suggest that risk factors for recidivism do not differ greatly between male and female IPV offenders and that current risk assessments may predict recidivism well for both genders. *Keywords:* risk assessment, intimate partner violence, female offenders

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Introduction

Background of the study

Intimate partner violence (IPV) is a pervasive issue that impacts approximately one in four women and one in seven men in the Unites States according to the 2018 National Intimate Partner and Sexual Violence Survey (NISVS). IPV is defined by Giardino and Giardino (2010) as "a pattern of coercive behaviors including repeated battering and injury, psychological abuse, sexual assault, progressive isolation, deprivation, and intimidation" (p.1). Research has historically focused on understanding the risk factors related to men who commit abuse towards their female partners. This is problematic given the increasing prevalence of females being arrested for IPV-related crimes following changes in statewide arrest policies (Hirschel, 2008). Many states have adopted mandatory arrest or pre-arrest policies which led to increased arrests for IPV-related crimes overall for both male and female offenders (p. 7). Therefore, an imperative topic for research is understanding the dynamics involved in female perpetrated IPV.

The body of research in this area has expanded greatly in the past decade; however, there is still a great deal of controversy in the way that researchers view female perpetrated IPV. Research findings are equivocal. A primary question of dissent is whether women are as aggressive as their male counterparts and whether the reasons for female initiated violence differ significantly from violence initiated by men towards their partner. There are two philosophical perspectives on the matter: the family violence researchers' perspective and the feminist researchers' perspective.

The perspective of feminist researchers is that intimate partner violence is a gendered crime with men committing the majority of the offenses (Henning, Renauer, & Holdford, 2006). Therefore, these researchers attribute female violence to self-defense or a reaction to the man's violence in most cases (p. 3). Some feminist researchers argue that the much lower probability of female recidivating should be taken into account when making decisions regarding the criminal justice process (Renauer & Henning, 2005). Family violence researchers take the view that intimate partner violence emerges from dynamics occurring in the relationship and that men and women are similarly inclined to use violence within the course of conflicts. These researchers believe that men and women are more alike than different in the prevalence and reasons for using violence against a partner (Cho, 2012; Tillyer & Wright, 2014). Research has not offered a definitive answer regarding which theoretical camp is correct in its thinking.

Risk assessments for female offenders

Another topic that has been hotly debated is whether the risk factors related to IPV recidivating are the same for women as they are for men. Risk assessments are considered "best practice" in many states for assisting in sentencing decisions, bail conditions, and probation/parole requirements (Viljoen, Cochrane, & Johnson, 2018). However, the current practice in most states is to utilize the same risk assessments that were created for male IPV offenders on female defendants despite the fact that most of these instruments have not been validated for use with women. This is problematic given that some research suggests that women re-offend at a dramatically smaller rate than male offenders (Gerstenberger & Williams, 2013; Renauer & Henning, 2005).

Another reason it may be problematic is that some research suggests that risk factors for general recidivating and IPV recidivating differ for men and women (Gass, Stein, Williams, &

Seedat, 2011; Henning, Jones, & Holdford, 2003; Henning, Martinsson, & Holdford, 2009; McKeown, 2010; Menard, Anderson, & Godboldt, 2009; Stewart, Gabora, Allegri, & Slavin-Stewart, 2014; Van Voorhis, Salisbury, Wright, & Bauman, 2008). Van Voorhis, et al. (2008) sought to determine whether adding gender-specific questions to a previously gender-neutral risk assessment would improve predictive validity for general criminal recidivism. In this study a new risk assessment for general female offenders using eight different sample populations (three prison samples, three probation samples, and two pre-release samples) was created and validated. They created two different assessments, with one being a supplement to a pre-existing gender-neutral risk assessment and one being a full, "stand-alone" assessment. Independent variables evaluated in this study included criminal history, antisocial associates, criminal attitudes, education, family conflict, substance abuse, housing safety, mental health history, current depression/psychosis, abuse/trauma history, relationship dysfunction, parental issues, anger, self-efficacy, and family support. Factors from the gender-neutral risk assessment that were still found to be predictive in women included substance abuse, anger, antisocial associates, criminal history, and limited education, employment, and financial stability. This study found that the addition of gender-responsive scales to a gender-neutral tool increased the predictive validity of the scale (probability values .001-.007).

Another similar study looked at the suitability of an existing general violence risk assessment, the HCR-20, for use with female offenders. Findings of this review indicated that abuse, substance abuse, and mental health problems contribute significantly to females becoming involved in the criminal justice system. This differs from male offenders. These findings indicated that HRC-20 scores are more predictive for males than females (McKeown, 2010).

There has also been some research looking at measurement properties for existing risk assessment tools in relation to female IPV offenders. Allen, Swan, Maas, and Barber (2015) found evidence for the reliability and internal validity of the Propensity for Abusiveness Scale (PAS) in use with female IPV offenders. However, this study also found that women scored significantly higher on levels of negative treatment from a female caregiver, greater affective lability/anger expression, and higher trauma symptoms indicated on the PAS than male offenders. This suggests that these characteristics may be risk factors specific to female recidivism. Despite the findings of some research that suggest significant differences between male and female IPV offenders, there have been no risk assessment tools created and validated for use specifically with female IPV offenders.

Risk factors for female IPV offenders

Though research on IPV has historically been focused on male offenders, the body of research on female offenders has been rapidly expanding in the last decade. There are several studies which explore risk factors for IPV offending in populations that include men and women, as well as studies that focus primarily on risk factors for female offenders.

Education level. Buttell, Wong, and Powers (2012) examined characteristics of women who were court-ordered to complete a Batterer Intervention Program (BIP) in order to provide information regarding descriptive data on female batterers. Participants in this study included 485 women who were mandated to complete a BIP. This study found that women batterer's as a group tend to have lower education levels than general population. These findings are consistent with findings of Henning et al. (2006) and Gass et al. (2011) that female IPV offenders have a lower education level than the general population and that socio-economic status is a defining risk factor for female perpetrators.

Employment stability. This factor refers to the offender's history of being able to keep full-time or near full-time employment for extended periods of time as well as their current employment status. Stewart, et al. (2014) explored characteristics of female perpetrators of IPV that were incarcerated in the Correctional Service of Canada, specifically focusing on their motives for violence, the consequences of their behavior, and the context of their violence. Participants in this study included a random sample of 58 female IPV offenders. This study used the Spousal Assault Risk Assessment (SARA) tool that has been validated with men and found that the top three risk factors for women in this study included past physical assault against intimate partners (95%), substance abuse (88%), and recent employment problems (88%). Lack of employment stability has also been shown to be positively correlated with IPV recidivism in women in other studies (Henning & Feder, 2004; Henning, Martinsson, et al., 2009).

Family of origin dysfunction. This factor includes various forms of child maltreatment including, but not limited to, physical abuse, sexual abuse, neglect, emotional/psychological abuse, witnessing inter-parental IPV, and/or growing up in a home with someone with substance abuse issues or severe mental health concerns. Milaniak and Widom (2015) explored the relationship between experiencing childhood abuse and neglect and perpetration of criminal acts, child abuse, and intimate partner violence as an adult. They compared a group of 676 young adults who experienced child abuse and neglect at age 0-11 and a comparison group of 520 young adults who did not have a documented history of those experiences. The sample used was 49% female. They found that individuals who were victims of child abuse and neglect were significantly more likely to self-report acting violently towards an intimate partner (AOR = 1.54, 95% CI = 1.08-5.46, p = .001) indicating that childhood maltreatment is a risk factor for IPV offending in women and men. Several other studies corroborate the correlation between

childhood maltreatment and IPV recidivism (Ehrensaft, Moffitt, & Caspi, 2004; Gass et al., 2011; Henning, Martinsson, et al., 2009; Steel, Watkins, & DiLillo, 2017).

Juvenile conduct problems. This risk factors refers to conduct issues in adolescence including, but not limited to, getting in physical fights, juvenile arrests, multiple suspensions or explosions, self or other reported "anger" or "attitude" problems. This is positively correlated with IPV recidivism in women according to multiple studies (Henning, Martinsson, & Holdford, 2009; Henning, Renaur, & Holdford, 2006; Ehrensaft et al., 2004).

Mental health history. Mental health issues such as personality disorders, depressive symptoms, prior suicide attempts, and anxiety appear to be linked with IPV in women (Capaldi, Knoble, Shorrt, & Kim, 2012; Henning, Jones, et al., 2003; Walsh et al., 2010). One study examined demographic information, mental health histories, and adverse childhood experiences in men and women who had been convicted of a domestic violence-related crime. This sample included 2,254 men and 281 women who were arrested and convicted for assault against a partner of the opposite sex. An important finding from this article was that the women in the sample were more likely to have been treated with psychotropic medications, to have symptoms of a personality disorder, and to have attempted suicide than the male offenders in the study (Henning, Jones, et al., 2003). Capaldi, et al. (2012) compiled the results of many studies related to exploring risk factors for IPV. One finding was that there is relatively consistent evidence that internalizing behaviors, such as depressive symptoms and low self-esteem, are risk factors for women to perpetrate IPV but not for men.

Past acts of physical aggression towards a non-intimate partner. Prior arrests, self-reports, or victim reports indicating prior violence, aggression, or general negative temperament

against non-intimate partners are positively correlated with IPV recidivism in females according to studies (Ehrensaft et al., 2004; Tillyer & Wright, 2014).

Prior history of IPV. Prior arrests, self-reports, or victim reports indicating prior IPV are positively correlated with IPV recidivism in females according to Stewart et al. (2014). Their study found prior history of IPV to be one of the top three risk factors for women (95%).

Prior termination of relationship at the offense. Research indicates that if the victim and offender were already separated when the offense occurred, this increases the risk of IPV recidivism (Menard, et al., 2009). This study examined differences and similarities in risk factors for IPV recidivism for men and women who were identified as the offender in an IPV-related case. The sample included in this study included 80 women and 516 men who had IPV cases in Douglas County, Nebraska, from 2001 to 2005. This study found the following risk factors for female IPV recidivism: racial or ethnic minorities were more likely to recidivate, those who had previously ended their relationship with the victims were more likely to recidivate than those who were still involved with the victim at the time of the original offense, those who committed more severe assaults were more likely to recidivate, and those whose files contained evidence of drug use were more likely to recidivate. The study listed the order of significance for determining recidivism risk in female IPV offenders: prior termination of relationship, race, history of drug use, and finally, severity of original assault ($p < .05$, $R^2 = .36$).

Probability of a Substance Use Disorder. Crane, Ober Lietner, Devine, and Easton (2014) examined the relationship between alcohol, cocaine, cannabis, and opioid use diagnoses and committing IPV, as well as evaluated gender differences across this spectrum. Participants for this study, 1,290 men and 294 women, were individuals who were court-ordered to complete a substance abuse assessment. It was found that alcohol and cocaine, but not cannabis, use

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diagnoses were significantly correlated with IPV perpetration for both men and women. Multiple studies confirm that individuals with a high probability of abuse or dependency on alcohol or other drugs have a higher likelihood of IPV recidivism (Boden, Fergusson, & Horwood, 2013; Crane, Ober Lietner, Devine, & Easton, 2014; Gass et al., 2011; Menard, et al. 2009; Stewart, et al., 2014; Tillyer & Wright, 2014).

Severity of index offense. This refers to the intensity of the offense that led to the IPV-related arrest. More severe offenses include use of a weapon, beating up, or strangulation. Severity also refers to the injuries obtained by the victim. The severity of the index offense has been shown by previous research to be positively correlated with IPV recidivism in women (Henning & Feder, 2004; Menard, et al., 2009).

Age. Henning and Feder (2004) compared the criminal histories, demographic features, and prior domestic violence incidents of 5,578 men and 1,126 women arrested for domestic assaults involving a romantic partner. They found that the only three factors that women scored higher than their male counterparts on were severity of index offense, employment problems, and younger age.

Purpose of the current study

The purpose of this study was to examine the efficacy of a risk assessment tool developed for use specifically for female IPV offenders in predicting recidivism in comparison to a risk assessment tool that was created for male IPV offenders. This study will add to the current body of research given that there does not seem to be any risk assessment tools created specifically for female IPV offenders.

Selection of participants

      This study was a secondary analysis of existing data. The data was gathered through a domestic violence assessment center (DVAC) housed at a counseling center in an urban city in the southwest region of Tennessee. Data was collected for women who were arrested in that region for an IPV-related crime between 2013 and 2015 and were assessed by the center between 2013 and 2016. The only rule-out criteria were that all women assessed by the center were 18 years old or older at the time of their arrest. There were no rule-out criteria based upon race or ethnicity. Additionally, this study included women whose arrest incident involved a same-sex or opposite-sex partner. Approximately 344 women were court-ordered to complete an assessment with the center in this time period and, of those, 110 records were utilized for this study. Participants' records were chosen using non-probability stratified sampling. Records were stratified in order to ensure that both women who recidivated and women who did not recidivate were equally represented in the study. This was important given that the results of the study would be less meaningful if few women in the sample recidivated. The 344 women who were assessed by the center from 2013 to 2016 were divided into two lists: one list of women who hadn't yet recidivated with an IPV-related crime and one list of women who were arrested at least once since the index offense for an IPV-related crime. Given that there were significantly fewer women who recidivated than those who never recidivated, the researcher was not able to complete probability sampling from the population. The researcher drew the sample from the first 55 women on the never recidivated list and the first 55 women on the did recidivate list. The number 110 was chosen given that $N \geq 25$ is recommended for Simple Linear Regression (Jenkins & Quintana-Ascencio, 2020). Of the 110 women's records that were used for this

research, 88 % were African-American and 12 % were Caucasian. The ages of these women ranged between 19 and 61 with 57.2 % age range 19-29, 21.8% age range 30-39, 14.5% age range 40-49, 5.4% age range 50-59, and .9% age range 60+.

Instrumentation

All data collected in this study were secondary, archival data that was provided by the counseling center directly to the investigator. The investigator did not collect any data directly from participants. The only data that was shared with the researcher included the participants' scores on the 11 Domestic Violence Risk Assessment (DVRA) risk factors, the overall DVRA risk scale score, the scores on the 11 Women's Domestic Violence Risk Assessment (WDVRA) risk factors, the overall WDVRA score, and information regarding recidivism. DVAC staff used the same data that was previously utilized to rate the DVRA to rate the items and obtain an overall score on the newly created WDVRA.

The risk factors on the DVRA included prior violent offenses, prior nonviolent offenses, prior violation-related offenses, probability of a substance use disorder, lifestyle stability, probability of a personality disorder, prior history of IPV, family of origin dysfunction, age, attitudes condoning violence, criminality, or violence against women, and miscellaneous factors such as post arrests and antisocial peers. Prior violent offenses were measured as (0 = no history of arrest for a violent offense against non-intimate partners, 1 = one arrest for a mild to moderate violent offense against a non-intimate partner, 2 = one arrest for a serious violent offense or more than one arrest for mild-moderate violent offenses against a non-intimate partner). Prior nonviolent offenses were measured as (0 = no history of arrest for nonviolent offenses such as substance-related offenses, theft, disorderly conduct, etc., 1 = one prior arrest for a nonviolent offense, 2 = two or more arrests for nonviolent offenses). Prior violation-related offenses were

measured as (0 = no prior arrest for a violation-related offense, 2 = one or more arrest for a violation-related offense). Information that informs these first three items is gathered from local criminal history and self-reports on the Screening Questionnaire and/or the Clinical Interview.

Probability of a substance use disorder was measured as (0 = minimal probability of a substance-use disorder, 1 = mild to moderate probability of a substance-use disorder, 2 = significant probability of a substance use disorder). Information to inform this item is gathered from the Alcohol Use Disorders Identification Test (AUDIT), the Substance Abuse Subtle Screening Instrument (SASSI-IV), local criminal history, self-report on the clinical interview, and the victims report on the Danger Assessment Scale (DAS). Lifestyle stability was measured as (0 = stable employment and housing for the past year, 1 = mild to moderate instability in employment or housing in the past year, 2 = significant instability in employment or housing in the past year). Information informing this item is obtained through the Clinical Interview, the DAS, and the Screening Questionnaire. Probability of a personality disorder was measured as (0 = low probability of a personality disorder, 1 = moderate probability of a personality disorder, 2 = high probability of a personality disorder). This item looks at characteristics such as childhood conduct problems which is gathered on the Screening Questionnaire, attitudes that condone criminality which is gathered using the Criminal Sentiments Scale (CSS), impulsivity which is gathered from the Clinical Interview and the DAS, history of lifestyle instability, and extensive criminal history which is gathered from the local criminal history site.

Prior history of IPV was measured as (0 = no prior assaults reported, 1 = one less serious assault reported, 2 = one serious assault or two or more less serious assaults reported). Information informing this item includes self-reported on the Clinical Interview or the questions from the Conflict Tactics Scale (CTS) included on the Standard Questionnaire, local criminal

history, or the DAS. Exposure to family dysfunction during childhood was measured as (0 = minimal dysfunction in family of origin, 1 = mild to moderate dysfunction in family of origin, 2 = severe dysfunction in family of origin). This item looks at witnessing domestic violence as a child, being abused as a child, having a caregiver with problems with untreated mental health issues, substance abuse, or criminality, and being separated from a caregiver during childhood. This information is gathered on the Standard Questionnaire and in the Clinical Interview.

Age was measured as (0 = 41 or older at the time of the offense, 1 = age 29-40 at the time of the offense, and 2 = 29 or younger at the time of the offense). Attitudes condoning violence, IPV, or criminality were measured as (0 = minimal negative attitudes, 1 = moderately severe negative attitudes, 2 = extensive negative attitudes). This item is informed by scores on the CSS and information gathered in the Clinical Interview. Miscellaneous risk factors were measured as (0 = minimal other risk factors, 1 = moderate other risk factors, 2 = extensive other risk factors). This item looked at characteristics like antisocial peers, active psychotic features, and lower IQ. This information was gathered from the Clinical History, DAS, and Screening Questionnaire. All of the risk items had the option to be rated a 9 if there was not enough information to rate the item appropriately. When an item was rated 9, it was taken out of the overall risk assessment score.

Risk factors on the WDVRA included age, education level, employment stability, family of origin dysfunction, juvenile conduct problems, mental health history, past acts of physical aggression towards a non-intimate partner, prior history of IPV, prior termination of relationship at the offense, probability of Substance Use Disorder, and severity of the index offense. Items that were the same as the ones on the DVRA were rated in the same manner, using the same information. These items included age, family of origin dysfunction, prior history of IPV, and

probability of a Substance Use Disorder. Listed below is information about how the different items will be rated.

Education level was measured as (0 = High level of education, 1 = moderate level of education, 2 = low level of education). A high level of education was considered to be completed high school, a moderate level of education was considered to be completed some high school, and a low level of education was considered as not completing any high school. This information is gathered on the Screening Questionnaire. Employment stability was measured as (0 = stable employment and financial security, 1 = moderate instability in employment and financial security, 2 = significant instability in employment and financial security). This information was gathered on the Screening Questionnaire, the Clinical Interview, and the DAS. Juvenile conduct problems was measured as (0 = mild conduct issues in childhood/ adolescence, 1 = moderate conduct issues in childhood/adolescence, 2 = extensive conduct issues in childhood/adolescence). This item was informed by items on the Screening Questionnaire concerning fighting, suspensions and expulsions, juvenile arrests, etc.

Mental health history was measured as (0 = no mental health concerns, 1 = minor to moderate mental health concerns, 2 = severe mental health issues). This item was informed by information on the Clinical Interview, DAS, and Screening Questionnaire. Prior termination of relationship at the offense was measured as (0 = no, they were still together at the time of the offense or 2 = yes, they were already separated when the offense occurred).

Severity of index offense was measured as (0 = mild index offense such as pushing, shoving, slapping throwing items that aren't lethal or verbal only, 1 = moderate index offense such as hitting two to five times, kicking, hitting with a non-lethal weapon, 2 = severe index offense such as beating up even when person has fallen down, use of a weapon, strangulation). This

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information was gathered in the Clinical Interview and the DAS. Past acts of physical aggression towards non-intimate partners were measured slightly differently than on the DVRA because the DVRA only accounts for arrests. This item on the WDVRA also considered acts that did not result in an arrest and was measured as (0 = no prior non-IPV-related violent acts, 1 = one prior mild-moderate non-IPV-related violent act, 2 = one severe non-IPV-related violent act or two or more mild-moderate non-IPV-related violent acts). This information was gathered using the Clinical Interview, DAS, or local criminal history. Appendix item A includes information regarding the individual questionnaires and the interview that were used to complete the DVRA and WDVRA.

Data Collection

Data was collected through a domestic violence assessment center housed at a counseling center in an urban city in the southwest region of Tennessee. The data was collected when these individuals were court-ordered to receive an assessment with the center following an IPV-related arrest. The counseling center provided de-identified data to the researcher to analyze for the purpose of the study.

Data gathered in 2013 to 2016 was used to compile an overall risk assessment score for the women who participated in the assessment at that time. However, the risk assessment tool utilized at that time (the DVRA) was created for male IPV offenders using research regarding risk factors found for male IPV recidivism. DVAC staff retroactively used the data gathered from the multiple assessments and questionnaires, the clinical interview, and corroborative data to compile a new risk assessment score for those women based on risk factors recent literature suggests are related to female IPV recidivism (the WDVRA). The DVAC staff used only the hard copy of the file to gather information to complete the WDVRA to prevent a possible bias by

being able to see the previously completed DVRA. The newly developed risk assessment tool for

female offenders was completed by two clinicians to ensure inter-rater reliability. If the two

clinicians came up with different ratings, a third clinician was used to determine the most

appropriate score. All of the reviewers were licensed professional counselors with at least one

year of experience reviewing domestic violence risk assessment scales. The reviewers were

provided with training regarding the specific female IPV recidivism risk factors. This training

included a one-hour presentation from the researcher with time for questions regarding each risk

item. Additionally, a rubric for scoring the risk assessment tool was created by the researcher and

utilized by all reviewers.

Data Analysis

The data was analyzed using Simple Linear Regression (OLS) in IBM SPSS Statistics 26 to

assess the relationship between the two risk assessments and IPV-related recidivism and general

criminal recidivism. The researcher used an OLS model to first determine the predictive validity

of the DVRA measure with IPV-related recidivism and then with general criminal recidivism.

The researcher then completed an OLS to determine the predictive validity of the WDVRA in

relation to IPV-related recidivism and then with general criminal recidivism. These results were

then compared in order to determine whether a risk assessment tool developed for use with

female IPV offenders predicts IPV recidivism and general criminal recidivism more effectively

than a risk assessment tool that was created for male IPV offenders.

Results

Simple Linear Regressions (OLS) were used to compare the predictive validity of a risk

assessment created for male offenders and a risk assessment created specifically for female

offenders in predicating recidivism in females who had been arrested for IPV-related crimes. The assumptions of linearity, normality, and independence of errors were met. One case was dropped due to being an outlier (r > 2). The assumption of homoscedasticity was violated and thus was corrected using White's robust standard errors when running regressions to reduce bias.

The first OLS was conducted using the overall DVRA score as the predictor variable and recidivism with an IPV-related crime as the outcome variable. It was found that individuals with a higher DVRA score had a significantly higher number of IPV-related re-offenses (b = .15, 95% C.I. (.06, .25), p = .002). The results of the regressions suggested the overall DVRA score explained 12% of the variance in IPV-related recidivism, (R^2 = .12, F (1, 101) = 9.84, p = .002). The second OLS was conducted using the overall DVRA score as the predictor variable and recidivism with any other crime as the outcome variable. It was found that individuals with a higher DVRA score also had a significantly higher number of general criminal re-offenses (b = .17, 95% C.I. (.08, .27), p = .001). The results of the regressions suggested the overall DVRA score explained 16 % of the variance in general criminal recidivism, (R^2 = .16, F (1, 101) = 12.72, p < .001). The third OLS was conducted using the overall WDVRA score as the predictor variable and recidivism with an IPV-related crime as the outcome variable. It was found that individuals with a higher WDVRA score had a significantly higher number of IPV-related re-offenses (b = .12, 95% C.I. (.04, .20), p = .003). The results of the regressions suggested the overall DVRA score explained 9% of the variance in IPV-related recidivism, (R^2 = .09, F (1, 107) = 9.15, p = .003). The fourth OLS was conducted using the overall WDVRA score as the predictor variable and recidivism with any crime as the outcome variable. It was found that individuals with a higher WDVRA score also had a significantly higher number of general criminal re-offenses (b = .15, 95% C.I. (.07, .24), p = .001). The results of the regressions

suggested the overall DVRA score explained 14% of the variance in IPV-related recidivism, (R^2 = .14, F (1, 107) = 11.87, p < .001). Therefore, this study found that higher scores on both the DVRA and WDVRA totals are related to higher levels of recidivism for female offenders and that they do not differ significantly in their ability to predict recidivism.

Discussion

The hypothesis that a risk assessment created specifically for female offenders would be more accurate than a risk assessment that was created for male offenders in predicting general and IPV-related recidivism for female offenders was not proven in this study. Results of this study indicate that the DVRA and WDVRA are comparable in their ability to predict recidivism in female offenders for both IPV-related crimes and other types of crimes. This result seems to provide evidence for the family violence researchers' viewpoint that men and women don't differ significantly in their use of violence against partners, reasons for violence, or risk factors for offending (Cho, 2012; Tillyer & Wright, 2014).

However, it should be noted that there was a high level of correlation between the two risk assessments (r = .738, p = < .001). Four items on both scales were exactly the same (age, prior IPV, substance abuse, and history of adverse childhood experiences) and two items were similar though they were measured slightly differently on the scales (lifestyle instability and prior acts of violence towards non-intimate partners). It is possible that further research on the predictive value of each individual risk factor on the WDVRA would provide information regarding which items might be added to existing instruments to increase predictive power. Additionally, Stansfield and Williams (2014) found that among offenders who scored on the low risk range on the DVSI-R, men reoffended faster and more frequently regarding new family

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violence arrests than females; however, men and women scoring in the high risk range were more similar in their re-arrest rates for family violence. Therefore, the necessity of gender-specific instruments may depend on the level of risk of the offender. An area of future research would be to separate low and high risk female offenders to determine whether there are differences in the predictive validity of the DVRA and WDVRA for low risk females in particular.

Limitations

This study included several limitations. One limitation was that this study used only secondary data and, therefore, the clinicians completing the assessments were at times forced to make rating decisions on the risk assessment tool based on available information. Although the WDRVA was completed retroactively, the DVRA was completed at the time of the assessment using clinical interview questions directly related to the risk factors. Another limitation was that the recidivism information was limited only to incidents that resulted in an arrest. Though mandatory arrest policies are in place in the city where the research was conducted, it is possible that police may have elected not to make an arrest for an IPV report. Additionally, recidivism data was limited to IPV-related arrests that occurred in the county where the research was conducted. Another limitation of the study is that the sample included primarily African-American women with only a small portion of Caucasian women and no women of any other ethnicities. A more diverse sample would be beneficial in future studies. Finally, the most important limitation of the study is that both the WDVRA and DVRA only accounted for a small percentage of the variance in general criminal recidivism and IPV-related recidivism. It seems that both risk assessments are missing risk factors that contribute to the variance in recidivism

rates. This of concern given these assessments may be used to make decisions about sentencing, bail conditions, and probation/parole requirements.

Conclusion

This study did not find a significant difference between the predictive validity of an assessment that was created for male offenders and an assessment that was created specifically for female offenders for predicting IPV-related recidivism or recidivism with other types of crimes in women. This could mean that most current risk assessments being used to determine recidivism that were normed on men are still valid for female offenders. It is suggested that more research be completed to determine the predictive validity for each of the individual risk scale items and to determine if there is a difference in risk factors for low risk and high risk female offenders.

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Table 1

Descriptive Statistics

Variables	n	Min.	Max.	Mean	Std. Deviation
Overall DVRA Score	103	1	8	2.69	1.88
Overall WDVRA Score	109	1	8	3.00	1.99
Number of IPV-Related Re-offenses	109	0	3	.67	.82
Number of General Criminal Re-offenses	109	0	3	.50	.81

Table 2

Simple Linear Regression for Number of IPV-related Re-offenses (n = 103)

Variable	Unstandardized Coefficients		Standardized Coefficients		
	b	Robust Standard Error	Beta	T-test	Sig
DVRA Total Score	.15**	.05	.342	3.14	.002

***p < .001, **p < .01, *p < .05
F (1, 101) = 9.84**
Adjusted R^2 = .108

Table 2 reports the results of a simple linear regression model predicting number of IPV-related re-offenses (Adjusted R^2 = .108, *F* (1, 101) = 9.84, *p* = .002). As can be seen in Table 2, participants with a higher overall DVRA score had significantly more IPV-related re-offenses (*b* = .15, *p* = .002).

Table 3

Simple Linear Regression for Number of General Criminal Re-offenses (n = 103)

| Variable | Unstandardized Coefficients | | Standardized Coefficients | | |
	b	Robust Standard Error	Beta	T-test	Sig
DVRA Total Score	.17**	.05	.403	3.57	.001

***p < .001, **p < .01, *p < .05

F (1, 101) =12.72***

Adjusted R^2 = .154

Table 3 reports the results of a simple linear regression model predicting number of general criminal re-offenses (Adjusted R^2 = .154, F (1, 101) = 12.72, p < .001). As can be seen in Table 3, participants with a higher overall DVRA score had significantly more general criminal re-offenses (b = .17, p = .001).

Table 4

Simple Linear Regression for Number of IPV-related Re-offenses (n = 109)

| Variable | Unstandardized Coefficients | | Standardized Coefficients | | |
	b	Robust Standard Error	Beta	T-test	Sig
WDVRA Total Score	.12**	.04	.296	3.03	.003

***p < .001, **p < .01, *p < .05

F (1, 107) = 9.15**

Adjusted R^2 = .079

Table 4 reports the results of a simple linear regression model predicting number of IPV-related re-offenses (Adjusted R^2 = .079, F (1, 107) = 9.15, p = .003). As can be seen in Table 4, participants with a higher overall WDVRA score had significantly more IPV-related re-offenses (b = .12, p = .003).

Table 5

Simple Linear Regression for Number of General Criminal Re-offenses (n = 109)

| Variable | b | Unstandardized Coefficients | | Standardized Coefficients | | |
		Robust Standard Error	Beta	T-test	Sig
WDVRA Total Score	.15**	.04	.378	3.44	.001

***p < .001, **p < .01, *p < .05

F (1, 107) =11.87***

Adjusted R^2 = .135

Table 5 reports the results of a simple linear regression model predicting number of general criminal re-offenses (Adjusted R^2 = .135, *F* (1, 107) = 11.87, *p* < .001). As can be seen in Table 5, participants with a higher overall WDVRA score had significantly more general criminal re-offenses (*b* = .15, *p* = .001).