

Assessing Dangerousness: Violence by Batterers and Child Abusers, Second Edition

Edited by Jacquelyn C. Campbell. New York: Springer Publishing Company, 2007. 165 pp. \$50.00.

Domestic violence has occurred across cultures and time and remains a contemporary problem. It would be difficult to imagine any forensic clinician who has not had to contend with a dilemma involving risks to a child or an adult in an intimate relationship marred by violence. The statistics cited in *Assessing Dangerousness: Violence by Batterers and Child Abusers* reflect the stark fact that domestic violence is commonplace. Nearly half a million female victims of domestic violence seek treatment for injuries each year in the United States, more than for any other cause of injury. Each year, approximately 3 million child maltreatment referrals are made to social service agencies in the United States.

Although the book's editor, Jacquelyn C. Campbell, is well known in the field of domestic violence, I suspect that the use of the term dangerousness in the title may be off-putting to some forensic clinicians for whom it may seem slightly anachronistic. Forensic clinicians who are steeped in the current terminology of violence risk assessment and averse to using the global terminology of dangerousness might be stopped from picking up this book. That would be a mistake. This concise and clinically oriented book neatly fills a niche in the range of information that all clinicians need. The approach adopted in this book seems specifically designed with the forensic clinician in mind. In the preface, Campbell sets out the laudable goal of incorporating research information in a user-friendly language and approach. In my view, this goal is amply met.

The book is laid out in seven chapters: an introduction to the prediction of interpersonal violence (Chapter 1), a discussion of prediction challenges for practitioners (Chapter 2), evaluation of perpetrators of physical child abuse (Chapter 3), evaluation of risk factors for fatal child abuse (Chapter 4), prediction of homicide of and by battered women (Chapter 5), an approach to assessing the risk of intimate partner violence (Chapter 6), and a review of a multi-site

case-control study examining risk factors for femicide-suicide in abusive relationships (Chapter 7).

This is a short book with succinct chapters. Despite multiple contributors, the language and tone are generally quite even and accessible. Each chapter is helpfully prefaced by an executive summary in a table of contents format that permits the reader to locate and go directly to the information sought.

An appealing aspect of this book is an explicitly clinical orientation in the presentation of information. Chapter 2, "Prediction Issues for Practitioners," helpfully sets out the legal, ethics-related, and statistical concerns that arise in making clinical predictions of risk of violence and addresses the points that should be considered when using a risk assessment instrument as part of an evaluation. The remainder of the chapters examine specific research relevant to different types of domestic violence risk. The chapters examining the most severe forms of domestic violence, fatal child abuse, and homicide contain information that would be difficult to find summarized elsewhere. Brevity is a strength of these chapters. The summaries of the research are brief but contain the relevant data that one needs to keep in mind in clinical encounters. The exception is chapter 7, which is a bit challenging to digest, as it is laid out in the format of a research paper rather than the clinically oriented summaries that were adopted in the rest of the book.

The appropriate caveats on the use of information for clinical purposes are present throughout the chapters. For example, the barriers encountered when examining research involving low-base-rate events such as fatal child abuse and homicide of and by battered women are highlighted. Despite these obstacles, the authors appear to have made a specific effort to describe available research findings in a manner that is clinically useful. For example, Chapter 6 on assessing risk of intimate partner violence differentiates and presents research findings from different risk scenarios: risk of assault in previously nonviolent couples, risk of repeated assault among wife abusers, and prediction of whether another assault will occur after treatment intervention.

Several risk assessment instruments that may be helpful in assessing domestic violence and the criteria by which to judge them are presented, including The Danger Assessment (Chapter 6), used to predict the risk of homicide in battered women, and the Ontario Domestic Assault Risk Assessment Instrument or

ODARA (Chapter 6), used to determine the risk of wife assault.

In summary, I recommend this book to any forensic clinician who is looking for an update on research in the area of domestic violence. It can be read in a few evenings, and the time would be well invested for both a seasoned forensic clinician to confirm and reinforce his knowledge base in the area and for a novice forensic clinician who needs a basic primer. The reader will gain knowledge about key risk considerations and assessment instruments that may help when faced with difficult assessment questions in domestic violence situations.

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Foundations of Forensic Mental Health Assessment

By Kirk Heilbrun, Thomas Grisso, and Alan M. Goldstein.
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\$35.00.

Foundations of Forensic Mental Health Assessment (FMHA) is the first in a series of 20 short and user-friendly books devoted to situations involving criminal, civil, juvenile, and family law that are encountered by forensic mental health clinicians and mental health law professionals. The series is authored by three respected forensic psychologists, who begin this introductory text by summarizing scientific and ethics-based developments in forensic mental health during the past quarter-century. The authors' stated goal is to identify an aspirational best practice paradigm for FMHA that satisfies scientific advancement, ethics and professional standards, and legal relevance. Despite this goal, they repeatedly acknowledge that the aspirational standard may not always be attainable.

This book, which contains five succinct chapters, serves as a starting point for the series. Readers are expected to seek additional information from any of the subsequent 19 books, based on their interests and needs. The book's introductory chapter is followed by a discussion of forensic mental health assessment, including basic definitions, and a review of the recent

history of forensic psychology and forensic psychiatry, which begins in the mid-20th century. As psychologists, the authors have a more intimate knowledge of the development of forensic psychology than forensic psychiatry. The book's omission of a discussion about the early history of the American Academy of Psychiatry and the Law (AAPL) is attributed to a purported lack of written materials on the early days of AAPL. There is a discussion about the beginnings of the American Psychology Law Society, which was founded within one year of AAPL. The authors attribute the beginnings of a national credentialing system for forensic psychiatry solely to AAPL, and do not cite the contributions of the American Academy of Forensic Sciences (AAFS) to the formation of the American Board of Forensic Psychiatry, which was the first organization to offer formal subspecialty certification in forensic psychiatry. Despite these shortcomings, the authors provide a succinct summary of the history of modern forensic mental health and capture the highlights of the past half-century, which include violence risk assessment, legal competencies, child custody, due process in delinquency cases, and legal admissibility of forensic mental health testimony.

The authors examine the components of their best practices standard in the third chapter. These include: law, knowledge based on the behavioral and medical sciences, professional ethics, and professional practice, which they broadly define to include theory, guidelines, recommendations, and regulation by professional organizations. Within this framework, the authors discuss a variety of topics, including who can be an expert witness; admissibility of testimony including use of third-party information; ultimate issue testimony, including whether the legal standard is met; and most significantly, the formulation of clinico-legal opinions. The authors propose a best practice standard for opinion-making, though this paradigm was articulated at the start of the modern era of forensic mental health by professionals, including Seymour Pollack, MD.

There is a discussion of forensic mental health training in the third chapter that is skewed toward training of forensic psychologists; comparatively little information is presented on forensic psychiatry training or training of other forensic mental health professionals.