

**The Partner Abuse State of Knowledge Project Manuscripts
and Online Data Base**

**Overview of Findings
by the Authors**

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Introduction

Over the years, research on partner abuse has become unnecessarily fragmented and politicized. The purpose of The Partner Abuse State of Knowledge Project (PASK) is to bring together in a rigorously evidence-based, transparent and methodical manner existing knowledge about partner abuse with reliable, up-to-date research that can easily be accessed both by researchers and the general public. In March, 2010, the Senior Editor of *Partner Abuse*¹ recruited family violence scholars from the United States, Canada and the U.K. to conduct an extensive and thorough review of the empirical literature, in 17 broad topic areas. Researchers were asked to conduct a formal search for published, peer-reviewed studies through standard, widely-used search programs, and then catalogue and summarize all known research studies relevant to each major topic and its sub-topics. In the interest of thoroughness and transparency, the researchers agreed to summarize all quantitative studies published in peer-reviewed journals after 1990, as well as any major studies published prior to that time, and to clearly specify exclusion criteria. Included studies are organized in extended tables, each table containing summaries of studies relevant to its particular sub-topic.

In this unprecedented undertaking, a total of 42 scholars and 70 research assistants at 20 universities and research institutions spent two years or more researching their topics and writing the results. Approximately 12,000 studies were considered and more than 1,700 were summarized and organized into tables. The 17 manuscripts, which provide a review of findings on each of the topics, for a total of 2,657 pages, appear in 5 consecutive special issues of *Partner Abuse* published between April, 2012 and April, 2013. All conclusions, including the extent to which the research evidence supports or undermines current theories, are based strictly on the data collected. In this article, key findings are summarized from each of the 17 topic areas. The reader, however, is encouraged to access the full manuscripts. To do so, please go to the *Partner Abuse* website, at www.springerpub.com/pa, and click on the “subscriptions” link.

Given the large volume of summarized studies, it was not possible for the published manuscripts to include tables containing the summarized studies. All of the tables, therefore, are available online. This online document is a unique contribution to domestic violence research, intervention and policy - providing the most comprehensive single data set on domestic violence available in one convenient location, free of charge to the public. To access it, you may go to the *Partner Abuse* website. On the home page, under “Online Resources,” click on “The Partner Abuse State of Knowledge Free Online Data Base”

¹ John Hamel, LCSW conceived and supervised the project. The journal’s former Associate Editors, Jennifer Langhinrichsen-Rohling, Ph.D., and Denise Hines, Ph.D., provided editorial assistance.

Overview of Findings

#1 Prevalence of Physical Violence in Intimate Relationships:

Part 1. Rates of Male and Female Victimization

Sarah L. Desmarais, Kim A. Reeves, Tonia L. Nicholls, Robin P. Telford, & Martin S. Fiebert
148 pages. *Full manuscript available in Partner Abuse Vol. 3, Issue no. 2 (2012), pp.140-169*

Studies were included in the current review if they met three broad inclusion criteria. First, they needed to present empirical data regarding the prevalence of physical IPV from the perspective of the victim (see *Part 2* for perpetration rates). Second, the IPV must have occurred within the context of a heterosexual intimate relationship. Third, articles were excluded if they reported the findings of studies in which participants were sampled from an identified population of IPV victims, such as women staying at a domestic violence shelter. Literature searches undertaken in three databases (PubMed, PsycINFO, and Web of Science) followed by screening of titles and abstracts, as well as elimination of replicates, led to retrieval of 750 articles published between 2000 and 2010 for further analysis. Data were extracted regarding measurement timeframe and instrument, and sample details. Results then were summarized by study and grouped according to sample type: population-based, community, university or college, middle or high school, clinical, and justice or legal samples. Unweighted prevalence estimates were calculated for female and male victimization overall and by sample type, country, measurement timeframe, and measurement approach, to the extent possible.

Our final sample included 249 articles that reported 543 rates of physical IPV victimization in our review: 158 articles reported 318 rates for women, six articles reported eight rates for men, and 85 articles reported 217 rates for both men and women. There were 52 population-based studies, 36 studies of community samples, 26 studies of university or college samples, 38 studies of middle or high school students, three studies of high school and university students, 80 studies of clinical samples, and 14 studies of justice or legal samples. The majority of articles (85.5%, $k = 213$) reported findings of studies conducted in the U.S. Sample sizes ranged widely from $N = 42$ to $N = 134,955$, with a mean of 4,308.24 ($SD = 14,912.49$), median of 791, and mode of 120 participants per study. Studies varied in their operational definition and measurement of IPV, though a majority (47.4%, $k = 118$) of studies reported prevalence rates measured using items or scales drawn from the Conflict Tactic Scale family of instruments.

Overall, results indicated that physical IPV victimization is prominent among men and women in heterosexual relationships. Across all studies included in this review, approximately one in four women (23.1%) and one in five men (19.3%) experienced physical violence in an intimate relationship, with an overall pooled prevalence estimate of 22.4%. However, for both men and women, prevalence rates ranged widely from 0% to 99%. Physical IPV victimization was reported by approximately one-third (33.6%) of individuals in their lifetime and one-fifth (19.2%) of individuals in the year prior to the study.

Whether prevalence estimates were higher for male or female physical IPV victimization fluctuated as a function of sample type, measurement timeframe, and study location. For example, in large population studies, studies of community samples, university or college samples, and clinical samples, pooled prevalence was higher among women than men, but across studies of middle or high school students and justice or legal samples, pooled prevalence was higher among men than women (though only one study examined male victimization in a justice or legal sample). Lifetime rates generally were higher among women than men, whereas past year prevalence was slightly higher among men than women. We also found differences by country. For instance, in studies conducted in the U.S. and Canada, pooled prevalence was higher among women than men whereas in studies conducted in the U.K., New Zealand, and South Africa, pooled prevalence rates were higher among men than women. Taken together, results add to a growing body of literature documenting symmetry in rates of IPV among men and women.

This comprehensive review of the current state of the field demonstrates the diversity of victims who experience physical IPV and documents the need for gender-inclusive responsiveness to this wide-ranging public health problem. In particular, there are currently few services for male victims and the high rates of violence experienced by women *and* men suggests a need for treatment and intervention strategies for victims of both sexes. Additionally, the high rates of physical IPV victimization among middle or high school students (or other similar age youth), as well as among university and college students, highlights the need for school-based IPV prevention and intervention efforts.

Instead of victim sex, the methodological differences across studies may be the most important sources of variability affecting estimates of prevalence. Though many studies used standardized assessment instruments, a considerable proportion used other, unvalidated approaches. Researchers also differed in whether sexual violence was included in their definition of IPV. Finally, many studies reported lifetime and past year prevalence rates, while others combined rates of current or past year victimization, or used different timeframes altogether. Thus, future research efforts need to be directed at standardizing the measurement of IPV so that data can be compared across studies, sample types and countries.

#2 Prevalence of Physical Violence in Intimate Relationships:

Part 2. Rates of Male and Female Perpetration

Sarah L. Desmarais, Kim A. Reeves, Tonia L. Nicholls, Robin P. Telford, & Martin S. Fiebert
96 pages. *Full manuscript available in Partner Abuse Vol. 3, Issue no. 2 (2012), pp. 170-198*

Our final sample included 111 articles that reported 272 rates of physical IPV perpetration: 25 articles reported 34 rates for male perpetration, 14 articles reported 24 rates for female perpetration, and 72 articles reported 214 rates for both men and women. There were 19 population-based studies, 24 studies of smaller community samples, 17 studies of middle and high school students or adolescents, 30 studies of university and college students or young

adults, and 21 studies of clinical samples. The majority of articles (85.6%, $k = 95$) reported findings of studies conducted in the United States. Sample sizes ranged widely from $N = 53$ to $N = 89,601$, with a mean of 2,340.91 ($SD = 8,748.44$), median of 670, and mode of 356 participants per study. Studies varied in their operational definition and measurement of IPV, though almost three-quarters of studies (73.0%, $k = 81$) reported prevalence rates measured using the CTS, CTS2, or items or scales drawn from the CTS instruments.

Findings underscore the pervasiveness of physical violence in heterosexual relationships. Across all studies included in this review, approximately one-quarter of participants (25.3%) reported perpetrating physical IPV. Physical IPV perpetration was reported by approximately one in four individuals both in their lifetime (24.2%) and in the year prior to the study (25.6%). Approximately one in five (22.9%) reported perpetrating physical IPV in their current or most recent relationship. Consistent with prior reviews, rates of physical IPV perpetrated by men and women generally were more similar than they were different, with slightly rates for women than for men (pooled prevalence for female perpetration = 28.3% and male perpetration = 21.6%). There also was considerable consistency in the rates of physical IPV perpetration across countries, ranging from a pooled estimate of 14.1% for studies conducted in Australia to 31.8% for studies conducted in New Zealand

Rates of physical IPV perpetration ranged widely across studies for both men (1.0% to 61.6%) and women (2.4% to 68.9%). Much of the variation can be attributed to the highly diverse sampling methods and study procedures. For instance, studies differed in their operational definitions of physical IPV perpetration and in their reporting of minor and/or severe IPV. Studies also varied in their measurement timeframes; some reported lifetime and/or past year prevalence rates, others reported rates for the current or most recent relationship, and still others used different reference periods altogether (e.g., past two months, past six months). Taken together, results add to a growing body of literature documenting symmetry in rates of physical IPV perpetration by men and women.

The present review represents a comprehensive summary of the current state of knowledge regarding physical IPV perpetration among heterosexual men and women in English-speaking, industrialized nations. With similar rates of physical IPV perpetrated by men and women, gendered explanations of IPV do not adequately account for our findings. Of note, however, results of the current review pertain only to the presence or absence, and not the severity or context, of perpetration. Thus, rather than perpetuating the debate regarding the comparability of physical IPV perpetrated by men and women, findings should be used to support the development and implementation of interventions that acknowledge the use of violence by women in intimate relationships but also recognize how participants' treatment needs may differ. Intervention strategies that are both gender-inclusive and gender-sensitive may have the greatest potential for reducing IPV.

Though most studies included in our review employed a measurement approach based on the CTS, researchers varied considerably in their sampling and study procedures, their operation definitions of IPV, and in their reporting of results by severity (e.g., minor vs. severe IPV) or

consequences (e.g., any physical IPV vs. IPV that resulted in injury). Future research synthesis efforts should include systematic coding and analysis across these variables. Moreover, we compared perpetration rates across rather than within studies; thus, future research should examine the degree to which there are similarities or differences in victimization *and* perpetration rates across *and* within samples. Finally, most studies were conducted in the United States, limiting cross-national comparisons; thus, future research efforts should focus on building evidence regarding the prevalence of physical IPV perpetrated by men and women in other English-speaking, industrialized countries.

#3 Rates of Bi-directional versus Uni-directional Intimate Partner Violence Across Samples, Sexual Orientations, and Race/Ethnicities: A Comprehensive Review

Jennifer Langhinrichsen-Rohling, Tiffany A. Misra,

Candice Selwyn & Martin L. Rohling

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In the current study, a comprehensive review of the literature was conducted and 50 studies ($n = 48$ empirical studies; $n = 1$ meta-analysis; $n = 1$ book chapter) that reported rates of bi-directional versus uni-directional violence were uncovered using a variety of search engines and key terms. Included studies were published in 1990 or later, appeared in peer-reviewed journals, and contained empirical data. These studies were then categorized by the nature of the sample they assessed as follows: large population samples, smaller community samples, University/school samples, treatment seeking samples, legal/criminal justice related samples, and samples assessing the relationships of gay, lesbian, and bi-sexual individuals (GLB). Each table contains the rates of bi-directional and uni-directional violence. As reported, among uni-directional violence rates, male-to-female (MFPV) and female-to-male (FMPV) percentages were included or were derived on the basis of data contained within the article. Also, in the corresponding publication, specific additional results were calculated to determine the overall rate of IPV in each sample type. These rates were then weighted by the sample sizes from which they were derived.

Among epidemiological/population samples, the average weighted rate of IPV reported was 16.3% (22.1% unweighted). Using weighted averages, among those reporting IPV, 57.9% of the IPV reported was bi-directional. Of the remaining 42.1% that was reported as uni-directional IPV, 13.8% was MFPV, 28.3% was FMPV, and the ratio of uni-directional FMPV to MFPV was 2.05 weighted (2.02 unweighted).

Among community samples, the average weighted rate of IPV reported was 47.0%. Using weighted averages, among those reporting IPV, 59.6% was bi-directional. Of the remaining 40.4% that was reported as uni-directional IPV, 17.5% was MFPV, 22.9% was FMPV, and the ratio of uni-directional FMPV to MFPV was 1.30 weighted (1.98 unweighted).

Among school and college samples, the average weighted rate of IPV reported was 39.2%. Using weighted averages, among those reporting IPV, 51.9% was bi-directional. Of the

remaining 48.1% that was reported as uni-directional IPV, 16.2% was MFPV, 31.9% was FMPV, and the ratio of uni-directional FMPV to MFPV was 1.96 weighted (2.18 unweighted).

Among legal or female-oriented clinical/treatment seeking samples that were not associated with the military, the average weighted rate of IPV reported was 70.6%. Using weighted averages, among those reporting IPV, 72.3% was bi-directional. Of the remaining 27.7% that was reported as uni-directional IPV, 13.3% was MFPV, 14.4% was FMPV, and the ratio of uni-directional FMPV to MFPV was 1.09 weighted (1.07 unweighted).

Finally, among IPV treatment samples within the U.S. Military and at-risk males samples, the average weighted rate of IPV reported was 99.9%. Using weighted averages, among those reporting IPV, 39.3% was bi-directional. Of the remaining 60.7% that was reported as uni-directional IPV, 43.4% was MFPV, 17.3% was FMPV, and the ratio of uni-directional FMPV to MFPV was .40 weighted (.33 unweighted).

When using unweighted overall rates of IPV, the samples differed significantly. Follow-up comparisons revealed that the overall rate of IPV in school samples did not differ significantly from large population and community samples. All other comparisons of overall rates of violence revealed significant differences with the epidemiological studies yielding the lowest reported rates of IPV and the legal/criminal justice samples yielding the highest rates. When examining rates of bi-directional versus unidirectional IPV, the unweighted bi-directional IPV rates ranged from 49.2% to 69.7% whereas the uni-directional rates ranged from 30.3% to 50.4%. Bi-directional IPV is a prevalent phenomenon. These findings held even though the prevalence of violence differed greatly among the samples studied. This robust result suggests that the role of women in violent relationships is important to consider, even if all aspects of women's perpetration of IPV are not symmetrical to men's perpetration of IPV. Moreover, bidirectional IPV was the most common type of violence for all sample types except the legal/treatment seeking samples of military or at-risk men. However, even among this sample type the uni-directional rate was only slightly higher as compared to the rate of bi-directional violence (50.4% vs. 49.2%, respectively). This again suggests that clinicians and researchers in all settings should be routinely assessing for both perpetration and victimization.

Furthermore, statistical analyses indicated that among the five sample types, the unweighted percentages of bi-directional as compared to uni-directional IPV did not differ significantly. Thus, rates of uni-directional and bi-directional IPV were similar across all five sample types. However, significant differences did emerge within the group of unidirectional IPV perpetrators, such that a significantly higher rate of uni-directional MFPV (38% unweighted) and a significantly lower rate of FMPV (12.4% unweighted) was found among the military treatment/legal samples of males as compared to all other sample types. Post hoc analyses revealed that these rates did not differ from the female-oriented treatment/legal samples. But, in female-oriented treatment/legal samples, the rate of FMPV (15.7% unweighted) was significantly lower as compared to the rate of FMPV in every other sample type. Thus, the ratio of uni-directional female-to-male (FMPV) compared to male-to-female (MFPV) IPV differed significantly among samples with higher rates of female-perpetrated unidirectional violence

found in four of the five sample types considered. A higher ratio of male-to-female unidirectional violence was only found in criminal justice/legal studies that relied on police reports of IPV perpetration and/or in samples drawn from the U.S. military. Competing explanations for the differing gender-based ratios were offered in the discussion section of the published manuscript. These considerations need to be systematically varied and tested empirically in order to fully understand differences in the reported expression of IPV across samples and settings.

In further exploratory analyses, differences in the extent of bi-directionality in the expression of IPV were not found across samples of gay, lesbian, or bi-sexual individuals; however, among a limited number of studies, rates of bi-directional violence were found to vary significantly by race/ethnicity. Specifically, only 50.9% of IPV was bi-directional according to White reporters, as compared to 49.0% among Hispanic reporters, and 61.8% among Black reporters. Significantly different ratios of FMPV to MFPV were also obtained across the ethnic groups such that the ratio was 2.27 for Black reporters, 2.26 for White reporters, and 1.34 for Hispanic reporters. However, it must be noted that these ratios differ dramatically from those reported above when the sample is drawn from the military (0.61 for Black reporters, 0.50 for White reporters, and 0.00 for Hispanic reporters). These findings warrant additional investigation.

In conclusion, our results demonstrate the amount of overall IPV differed significantly among samples, but the percent that was categorized as bi-directional did not. This indicates that bi-directional violence is a common IPV pattern and suggests that women play a larger role in the occurrence of IPV than previously thought. Such findings have considerable implications for assessment, legal, intervention, and preventive efforts. It is suggested that if one resolution of the gender symmetry/asymmetry debate is to argue that there are subtypes of male and female intimate partner violence perpetrators, or that there are different patterns of violence amongst relationships characterized by IPV (Johnson, 2005; Johnson, 2006), researchers and clinicians will need to work together to determine how to reliably and meaningfully make these determinations in ways that will facilitate our ability to effectively prevent and treat all types of IPV.

4 A Systematic Review of Risk Factors for Intimate Partner Violence

Deborah M. Capaldi, Naomi B. Knoble, Joann Wu Shortt, and Hyoun K. Kim

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From a dynamic developmental systems perspective, IPV in couples is conceptualized as an interactional behavior that is responsive to the conjoint developmental characteristics and behaviors of each partner, as well as contextual factors and relationship influences and processes. Guided by this perspective, risk factors were organized by: (a) contextual characteristics of partners such as demographic factors (age, gender, socioeconomic status, race/ethnicity, acculturation, stress), neighborhood and community factors, school context factors; (b)

developmental characteristics and behaviors of the partners such as family factors (family-of-origin exposure to IPV violence, experience of child abuse, parenting), peer associations and influences (association with deviant peers, social and emotional support), psychological and behavioral factors (conduct problems/antisocial behavior, anger, hostility, personality disorders, depression, suicide attempts, substance use), cognitive factors (hostile attributions, attitudes, and beliefs); and (c) relationship influences and interactional patterns (marital/relationship status, relationship discord, relationship satisfaction, attachment, negative emotionality, jealousy).

Study inclusion criteria were as follows: articles published in a peer-reviewed journal that examined one or more risk factors for partner aggression, recruitment of a representative community sample or a clinical sample with a control-group comparison and a response rate of 50% or greater, use of a physical or sexual violence outcome measure (not solely a psychological aggression measure), and control of confounding factors in the analyses. A total of 228 articles were included in the review – 170 articles with adult samples over age 18 years; and 58 articles with adolescent samples age 18 years or younger. The Conflict Tactics Scale persists as the primary form of IPV measurement across studies.

In the area of demographic risk factors, younger age, deprivation, including unemployment and low income, and minority group membership was predictive of IPV. For Hispanics, being born in the U.S. is a risk factor, but degree of acculturation is not predictive. Stress, including acculturation stress is predictive of IPV. Findings regarding risk from neighborhood/community and school context were mixed.

Exposure to violence between parents in the family of origin and experience of child abuse are still much researched risk factors that show evidence of low to moderate risk for IPV and of mediation by more proximal factors such as antisocial behavior and adult adjustment.

Studies of protective factors included parenting – particularly positive involvement in the adolescent's life (monitoring, support) and encouragement of nonviolent behavior, which were relatively robust low-to-moderate predictors of dating violence. In general social support and tangible help are protective for perpetration and victimization

In the realm of social and behavioral risk factors evident in adolescence, involvement with aggressive peers is a relatively strong predictor of involvement in dating aggression, whereas higher friendship quality is a protective factor. Regarding risk from psychopathology, conduct problems or antisocial behavior has emerged consistently as a substantial risk factor for later IPV involvement for men and women. In contrast, the findings for depressive symptoms indicate an association that is not robust in multivariate analyses. Depressive symptoms may be a stronger risk factor for IPV perpetration for women than for men.

Findings in the area of substance use were particularly interesting. Whereas some evidence was found for an association of alcohol use and IPV, it was of a low magnitude and not found consistently, especially when controlling for other factors. On the other hand, there was evidence that there could be a stronger association between drug use and IPV. There was some indication that alcohol use could be a stronger risk factor for women's than for men's perpetration of IPV.

Regarding relationship factors, relationship status (e.g., married, cohabiting, separated) is related to IPV, with married individuals being at lowest risk and separated women being particularly vulnerable. Low relationship satisfaction and high discord or conflict are proximal predictors of IPV, with high discord in particular being a robust predictor.

One notable finding of this review is that regardless of any differences in frequency and/or severity of engagement in IPV by girls/women and boys/men, overall there are more similarities than differences in risk factors. The main areas with indications of gender differences were in higher risk for women's perpetration of IPV associated with internalizing problems and alcohol use.

Eight implications for intervention and policy are drawn from the review. These include focusing on proven (particularly on malleable) risk factors; raising public awareness of the importance of risk factors for both men's and women's perpetration and victimization; awareness of risks from internalizing factors and alcohol use for women in particular; increased awareness of risk contexts such as relationship breakdown; addressing drug use as a risk factor; adding an IPV prevention component to youth interventions for associated problems such as substance use and conduct problems; improve couples' problem-solving and interaction skills to reduce conflict; start preventive interventions at an early age.

Twelve recommendations are made for future research including areas where increased understanding is needed, particularly how conflicts escalate to IPV, the interfaces among risk factors, the roles of drug use, deviant associations, and stress, further understanding of protective factors and the role of moderators of risk. Regarding study design issues, the need for more studies based on strong theoretical models, particularly models of dyadic behavior, is highlighted, along with the need to include both partners in more studies; the importance of examining the effects of changing partners (break up and re-partnering) on dyadic behavior and IPV, and the need for studies with stronger methodology within well-designed community or clinical control studies, including observational methodology. Finally, most studies are of male-female couples, and more well-designed studies of same-sex couples are needed.

#5 Prevalence of Partner Abuse: Rates of Emotional Abuse and Control

Michelle Mohr Carney and John R. Barner

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The effort within the social science research literature that seeks to preserve the duality of typifying IPV as a singular construct while simultaneously delineating behavioral variance has resulted in two broad, overlapping categorizations - clinical and relational. Clinical studies of IPV with a view towards psychopathological indicators, behavioral patterns, or genetic predispositions would tend toward a monolithic conception of IPV, with each sub-strata (e.g., stalking behavior, sexual coercion, or emotional aggression) being emblematic of a larger, internalized propensity to violence. Relational studies tend to view IPV sub-strata "more as a dysfunction of the interactional and relational processes of courtship and relationship evolution,

rather than a disorder of the individual's attachment system" (Spitzberg & Cupach, 2003, p. 348).

Researchers such as Johnson (2008) and Stark (2007) have advanced such typological delineation under the label of Controlling Coercive Violence (CCV). CCV, which as a model of both clinical traits and relational characteristics unites previously disparate sub-strata of violent or aggressive behaviors under a definitional "pattern of emotionally abusive intimidation, coercion, and control coupled with physical violence against partners" (Kelly & Johnson, 2008, p. 478).

Specifically included in this review are the findings from research relative to prevalence rates for emotional abuse/control, sexual coercion, stalking, combined physical assaults and emotional abuse/control, sexual coercion and stalking, and controlling/coercive violence or combined rates of physical and non-physical abuse, what Michael Johnson (2008) now calls "Controlling Coercive Violence" (CCV). Studies included rates for males and females and were all conducted in industrialized English speaking countries. A differential/deviant case relational organizing framework of emotional abuse/control, sexual coercion, and stalking behavior within Johnson's (2008) schema of CCV was used for summarizing the studies given that the assumptions of CCV are, ostensibly, that these occur WITHIN (and EVOLVE from) a once normative relational context, namely through increase in incidence or prevalence. A variety of search engines were used to identify empirical work including PsychINFO, WebofScience, ERIC, EBSCO (Social Work Abstracts; Criminal Justice Abstracts), ProQuest Research (Social Services Abstracts; Sociological Abstracts), and Google Scholar.

More than 300 studies were reviewed, 204 studies met the identified criteria and are included in the extensive tabular listing of the reviewed research that can be found on-line at the *Partner Abuse* journal website. Included in the summary tables is the full reference for the study (authors, year, title, and journal information), the sample size of the study, characteristics of the sample (e.g., gender, socio-demographic information, age range), study method and design, measures used, and resulting conclusions. Studies excluded from this review dealt with non-English speaking populations and had some translation as part of the methodology, were unrelated to the purview of the current manuscript (animal abuse relative to IPV, etc.), or covered in other Partner Abuse State of Knowledge summaries.

Notable findings derived from this review are reported for each of the three aspects of CCV. For emotional abuse, prevalence rates might average around 80%, with 40% of women and 32% of men reporting expressive aggression (i.e., verbal abuse or emotional violence in response to some agitating or aggravating circumstance), and 41% of women and 43% of men reporting some form of coercive control. For sexual coercion, national samples demonstrated the widest disparity by gender of victim, with 0.2% of men and 4.5% of women endorsing forced sexual intercourse by a partner. By far the largest selection of highly variable studies, stalking and obsessive behaviors showed a range from 4.1% to 8% of women and 0.5 to 2% of men in the United States have been stalked at some time in their life. Women were reported as having a significantly higher prevalence (7%) of stalking victimization than men (2%). For all types of

violence except being followed in a way that frightened them, strangers were the most common perpetrators, as reported in approximately 80% of cases. Overall, intimate stalkers seem to comprise somewhere between one-third and one half of all stalkers. In stalking involving obsessive following behaviors, women were most often victimized by men they knew, most frequently their current or former intimate partners. Among women who reported repeated unwanted contact, current (15.9%) and former (32.9%) intimate partners were the perpetrators in nearly half of the most recent incidents and the largest subdivision of reports came from college or university student samples. Within studies of stalking and obsessive behaviors, gender differences are much less when all types of obsessive pursuit behaviors are considered, but more skewed toward female victims when the focus is on stalking

Four broad conclusions can be drawn from this review.

1. As Johnson (2008) contends, there does seem to be two types of IPV, one which traditionally manifests in physical violence, and another, more nebulous, multifaceted, or perhaps stochastic type that comports with elements of power, control and coercion. This review demonstrates that the two types are not, however, altogether conterminous.
2. IPV and CCV behaviors are generally supported by international studies from other English-speaking nations. None of the CCV sub-strata under review showed marked variance in the U.K., Australia, Canada, or New Zealand studies contained as part of the literature reviewed.
3. Studies of IPV tend to vary, as Spitzberg and Cupach (2003) noted, in their perspective of combined coercive violence as having a clinical or relational locus. This can also be clearly evinced in the overlap of studies in this review from one aspect of CCV behavior and another (i.e., emotional abuse and stalking behavior). The data reported from single studies seemed to capture elements of both discrete CCV categories, which, while separately significant to the purposes of this review, complicates the ability to categorize a single study as capturing only one discrete form of IPV.
4. With regard to emotional and psychological abuse, sexual coercion, and stalking, studies which utilized the same or similar methodologies, instrumentation, and measurement reported a much higher variance, as seen with the community-based and clinical studies, than those which diversified the means of obtaining respondent data. In interview or mixed-methodological studies, variances in prevalence were often comparable and, in many cases, much higher.

This review highlights the need for increases in reportage, adjudication, and assessments of prevalence. With regard to policies, advocates, practitioners, and researchers alike must sound the call for uniform definitions, legislation, and law enforcement standards that specifically address emotional and psychological abuse, sexual coercion, and stalking behaviors. Uniform policies are the stable basis from which victim-appropriate, empirically rigorous and accurate prevalence studies are conducted, interventions designed, and programs initiated.

Research into the three facets of CCV in this review have uncovered several potential areas of interest for researchers and avenues for further development where only one or a few studies have been conducted to date, but which reported significant findings. Recommendations for further research are grouped in the manuscript according to the CCV category to which they apply.

#6: Partner Abuse in Ethnic Minority and LGBT Populations

Carolyn M. West, Ph.D.

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In the second decade of the 21st century, a growing percentage of the U.S. population has self-identified as Hispanic/Latino, African American/Black, Asian American, or American Indian/Alaska Native. In addition, there is a growing recognition of gay, lesbian, bisexual, and transgendered (GLBT) citizens and their relationships. Consequently, it is imperative that researchers continue to investigate the differences in the incidence and prevalence of IPV based on racial/ethnic background and sexual orientation of victims and perpetrators. Accordingly, the goal of this review is to 1) synthesize the current state of knowledge regarding gender differences in rates of physical and psychological IPV prevalence among the four largest ethnic/racial groups; 2) compare rates of physical and psychological IPV between sexual minorities and heterosexuals and among subgroups of sexual minorities (gay men, lesbians, bisexuals); 3) summarize correlates and risk factors that are associated with rates of IPV in both ethnic and sexual minorities.

Studies that were published after 1975, appeared in peer-review journals, and met the following criteria are included in this review: (1) present empirical data with statistical analyses regarding the prevalence of physical IPV and/or psychological aggression/control among African, Hispanic, Asian, Native Americans and LGBT populations; and (2) assessed and compared rates of both male-perpetrated and female-perpetrated IPV. Exclusion criteria included studies that examined gender differences between ethnic groups (e.g., only comparing rates of IPV between White and Black women or Hispanic and Black men).

A systematic search of the published literature was carried out using a variety of search engines including PubMed, PsycINFO, and Academic Search Complete. The review identified 55 studies that met the criteria (257 fell under the topic and were considered, but were determined to not meet criteria for inclusion). Included in the summary tables is the full reference for the study (author, year, title, journal information), the sample size, characteristics of the sample (e.g., sociodemographic information, age), study method and design, measures used, and results (gender differences in prevalence rates and correlates/risk factors). Most of the articles focused on African Americans, Hispanics, and sexual minorities.

Among African Americans, in earlier national studies researchers discovered higher rates of male perpetrated violence compared to violence perpetrated by females. In more recent surveys, psychological aggression was most frequently reported, followed by mutual physical

IPV. Unidirectional female-to-male partner violence (FMPV) was significantly higher than male-to-female partner violence (MFPV). Regardless of gender, Black couples most often inflicted and sustained minor or moderate aggression, such as throwing objects, pushing, grabbing, and shoving. Overall, there were no gender differences in rates of psychological and physical victimization among Black undergraduates; however, women tended to inflict more dating violence than men.

Among Hispanic Americans, in general population studies psychological aggression was most frequently reported, followed by mutual physical aggression. The overall rates of MFPV and FMPV and psychological aggression were comparable, and physical aggression primarily took the form of minor aggression. Physical victimization and perpetration, severe acts of physical aggression, and psychological aggression did not vary based on gender in a Hispanic college sample. Female migrant farm workers reported more IPV than their male counterparts, non-migratory farm workers and Mexican American community members.

Only one general population study in this sample focused on Asian Americans. Reciprocal violence, which accounted for one-third of the aggression, was most frequently reported and comparable rates of women and men reported minor physical victimization and perpetration. Vietnamese women and men reported the lowest rates of IPV. In contrast, a community sample found higher rates of IPV among Vietnamese women and men. However, overall, lifetime and past year rates of victimization did not vary by gender in community or college samples.

Three community samples focused on IPV among American Indians. Using a one-item measure of IPV, researchers discovered very low, nonsignificant rates of victimization. In a larger sample of six Native American tribes, women reported higher rates than men, almost one-half vs. one-third, respectively. In addition, another sample found that more Native American women required medical attention due to their injuries and were more likely to use weapons in self-defense against an abusive partner.

My second objective of this review was to compare rates of physical and psychological IPV between sexual minorities and heterosexuals and among subgroups of sexual minorities (gay men, lesbians, bisexual men and women). In most cases, respondents who reported a history of same-sex cohabitation and those who identified as sexual minorities reported higher rates of IPV than those who reported only a history of opposite-sex cohabitation and those who identified as heterosexual. Regarding sexual minority subgroup differences, the findings were inconsistent. Some studies found no significant differences across sexual orientation, while another study found that lesbians experienced higher rates of IPV than gay men. Bisexuals also appear to be at risk for IPV and rates of victimization among transgendered populations has largely been unexamined in the literature.

The final objective of this review was to identify correlates and risk factors of IPV among ethnic and sexual minorities. Substance abuse and use, marginalized socioeconomic status in the form of family and neighborhood poverty, exposure to violence during childhood as a witness or victim of violence in the family of origin are all factors that have been consistently linked to

elevated rates of intimate partner assaults. Associations also have been found between level of acculturation and minority stress in the form of internalized homophobia and frequency of discrimination based on sexual orientation. However, the complex association among these variables is less clear across racial groups and sexual orientation.

These findings should be understood in the context of some limitations. First, most of the studies in this review focused on African Americans and Hispanics, while the research on Asian Americans and Native Americans remain sparse. Second, prevalence rates and correlates/ risk factors of IPV were primarily based on two general population surveys. Although these studies were methodologically strong, the typical respondents were married individual and couples in their mid-40s, populations that are generally at lower risk of IPV. Third, the majority of the studies used the Conflict Tactics Scales. Therefore, there was limited information about frequency of aggression. Moreover, this review did not include prevalence of sexual aggression. Finally, the studies on sexual minorities should be interpreted with extreme caution. Several of the studies used non-standardized measures and there was not consistent definition of sexual orientation used across studies. These are methodological limitations that make it difficult to draw firm conclusions.

#7 The Combined and Independent Impact of Witnessed Intimate Partner Violence and Child Maltreatment

K. Watson MacDonell

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Seventy-three articles were included in the present review; all dissertations, book chapters, or articles not published in peer review journals were excluded. To be included, articles had to contain data; therefore, no theoretical papers were reviewed. Outcomes related to either witnessing IPV or experiencing childhood maltreatment and witnessing IPV had to be reported in order for the article to be reviewed. Each article was summarized in a table format into six subtopics. Articles that reported outcomes specific to multiple subtopics were listed in each corresponding table; however, entries only include relevant outcomes.

The research reviewed overwhelmingly suggests that children and adolescents exposed to mutual IPV are at risk for a wide range of detrimental outcomes. Negative consequences were reported in both the internalizing and externalizing domains of functioning, on health and cognitive outcomes as well as on youth's relationships with family, peers and romantic partners. These negative impacts of witnessing mutual IPV in childhood and adolescence have also been found to persist into adulthood. However, none of the reviewed studies explored the impact on health or intellectual outcomes in adulthood and as these outcomes were found in youth exposed to IPV, it is of interest to the field to assess whether these deficits are maintained long-term.

Few articles to date have explored the effect of perpetrator gender on exposure outcomes; however, articles that did find interesting differences. There are clear indications that outcomes can differ depending on the gender of the perpetrator as well as the gender of the witness. Worse

outcomes were found in youth exposed to male perpetrated IPV in internalizing and externalizing behavioral domains as well as regarding the use of aggression against family members and dating partners, compared to youth not exposed to violence. In adulthood, dating violence was reported at greater rates in females exposed in youth and higher rates of substance abuse were reported in exposed males and females. Outcomes related to exposure to female perpetrated IPV were only reported within childhood and adolescence in the articles reviewed. Again, higher rates of aggression towards peers, family members and dating partners were consistently reported in exposed youth, compared to non-exposed youth.

Children, when exposed to both IPV and childhood maltreatment have been described as being dealt a ‘double whammy’, as they are exposed to two forms of family violence, each individually found to result in significant negative outcomes both in the short and long-term. Overall, there are mixed results as to whether there are significant additive effects of witnessing IPV and child maltreatment compared to witnessing IPV only. With some studies finding more negative outcomes for ‘double whammy’ youth and others concluding that additive effects do not exist. Compared to youth outcomes, less is known about the long-term impact of experiencing both childhood maltreatment and witnessing IPV on adult functioning. It was consistently reported that witnessing IPV was significantly associated with negative outcomes related to adjustment (i.e. depression and trauma symptoms) in adulthood, however, it was experiencing child abuse specifically that was found to contribute to the intergenerational transmission of family violence.

Implications for intervention and policy include increased funding to programs that support parents leaving violent relationships, specifically to provide more intensive counseling for youth witnesses, as well as resources to help the parent get back on their feet. Also, it is suggested that similar supports be made available for fathers leaving violent situations with their children, as these do not exist. Prevention is imperative, as clear negative implications are related to exposure to family violence. The implementation of evidence-based programs aimed at reducing or preventing behavioral problems in children may aid in reducing familial violence as reductions in child maltreatment have been found as positive outcomes related to this programs and although it hasn’t been assessed, may reduce IPV as well.

Recommendations for future research include the continued use of the Child Behavioral Checklist/Youth Self Report as well as the Conflict Tactics Scale, as both were utilized very consistently across the literature allowing easy comparison across studies. Secondly, future research should focus on samples that are more representative of the general population as a heavy reliance on sampling from, for example battered women’s shelters, might lead to an over-representation of families of lower socio-economic status being assessed. Lastly, as with most research the reviewed literature primarily used cross-sectional designs. More emphasis on longitudinal designs is needed as cross-sectional designs fail to provide a comprehensive picture of the impact of experiencing family violence, especially with regards to these effects in adulthood.

#8 Impact of Parental Conflict and Emotional Abuse on Children and Families

Melissa L. Sturge-Apple, Michael A. Skibo, and Patrick T. Davies

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Four different subtopics are categorized and reviewed. These include the impact of mutual couple conflict, verbal, and emotional abuse/control on children; the impact of father perpetrated verbal, emotional abuse/control on children; the impact of mother perpetrated verbal, emotional abuse/control on children; and the impact of partner conflict on the family system including consideration of family stress, boundaries, alliances, and family structure

Studies which were published after 1990 and appeared in peer-reviewed journals are included in the review of research. We define “partner conflict” as the presence of conflictual interactions, non-verbal and verbal indicators of anger hostility, and emotional abuse/control within interparental relationships involving children. Thus, studies included within this topic include assessments of these dimensions of interparental conflict and emotional abuse and also include children in the family in the basis of analysis. Our review of the literature identified 105 studies which met the criteria listed above. There were also 56 studies which fell under the topics and were considered, but were determined to not meet criteria for inclusion.

As an organizing framework for summarizing studies within this subtopic we utilize family systems conceptualizations which underscore two primary pathways by which interparental conflict and abuse may convey risk to children’s development. First, the direct pathway hypothesis posits that interparental conflict has a direct impact on children’s functioning by virtue of their exposure to disagreements, disputes, hostility and anger between parents. Second, the indirect pathway hypothesis proposes that interparental conflict engenders difficulties in parenting and parent-child relationships which in turn put children at risk for perturbations in development.

Findings from studies examining both direct and indirect path hypotheses suggest some complexity in the pathways outlined within these models. Specifically, results from these studies suggest that the impact of interparental conflict on children through diminished parenting behaviors varies across the type of conflict and types of parenting behaviors examined and across the characteristics of the sample examined. First, across both direct and indirect pathway research, children evidence a host of problematic outcomes when living in household contexts characterized by high levels of marital hostility, contempt, and withdrawal. Studies show elevated levels of child depression, anxiety, aggression, deviancy, poor school adjustment, peer problems, insecure attachment, and lower self-esteem. It is clear that children are adversely impacted by interparental conflict. Second, with respect to findings for the direct path hypothesis, it appears that the nature and valence of the conflict has differential impacts on children’s outcomes, with conflict characterized by higher levels of contempt, withdrawal, and hostility having a greater impact upon children than conflict characterized solely by anger. In addition, the topic of the discussion matters for children with conflict topics germane to the

child, such as disagreements over child rearing or blame of the child having the most serious impact.

For findings with regard to the indirect path hypothesis, conflict appears to impact a broad range of parenting behaviors including parental sensitivity, warmth, consistency in discipline, harsh/hostile discipline, and psychological control. In addition, both maternal and paternal parenting behaviors appear to suffer from interparental conflict, with some results suggesting a greater impact upon mothers compared to fathers. However, there findings for parent gender differences at this point in time are somewhat equivocal. Finally, perturbations in parenting have an impact upon children, with greater effects for fathers than mothers. We discuss refinements in these two hypotheses by process-oriented research endeavors explicating potential mechanisms underlying how interparental conflict impacts child development. For example, recent research suggests that neurobiological and physiological functioning may be critical mediators of the relationships between interparental conflict and child problematic outcomes.

It is important to note that the bulk of the studies we identified in our review of the literature fell into the first subtopic. This is in turn reflected in the paucity of research on the second and third subtopic, father perpetrated verbal/emotional abuse and mother perpetrated verbal/emotional abuse on children. Findings from this small corpus of studies indicate the fathers and mothers are distinct actors in the impact of interpartner conflict on children and future research should work to better disentangle the unique role that they play in process models. For example, it appears that the differential impact of fathers vs mothers may depend upon the developmental age of the child, with greater effects found for mother-child relationships and child outcomes during infancy and toddler years, and conversely greater associations between father-child relationship functioning and child development during school-age years.

Finally, we identified studies which examined the impact of partner conflict on the family system as a whole. Interparental relationships exist within a larger family unit, and the utilization of family systems frameworks for research on interparental conflict and children provide important documentation of how discord within one subsystem may reverberate throughout the rest of the family unit. The primary utility of a family systems approach is in demarcating how patterns or typologies of family functioning in the wake of interparental conflict impact children's development. For example, enmeshed and disengaged family patterns have differential implications for children. Thus, the use of pattern-based analyses are useful for clinical endeavors with stressed families, however, assessing patterns of functioning at the level of the family also brings with it a host of methodological and interpretational difficulties. For example, according to the principle of holism in family systems theory, understanding the whole family dynamic requires quantification of the relationship structures, boundaries, power distributions, and communication patterns of the other family subsystems.

Implications of this research for public policy initiatives and intervention efforts suggest that targeting only the interparental dyad for services may not alleviate the effects of

interparental conflict on children, and that consideration of the whole family and processes within the family is necessary for the mental health and wellbeing of children in the family. In addition, this body of research emphasizes the criticality of contextualizing policy and clinical work within a developmental framework, as the nature of associations between interparental conflict and parent-child relationship difficulties depends to some extent upon the age of the children in the family. Finally, we offer several suggestions for future research including: (a) more precisely identify the multiple dimensions of family process in interparental conflict models, (b) explicating possible explanatory mechanisms underlying direct and indirect pathways, (c) examining possible moderating variables to determine for whom these family pathways may pose elevated risk or resilience, and (d) increasing the methodological rigor in empirical designs.

9 The Impact and Consequences of Partner Abuse on Partners

Erika Lawrence, Rosaura Orengo-Aguayo, Amie Langer & Rebecca Brock

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The purpose of the current study was to review and critique the existing literature on the psychological and physical consequences of psychological and physical abuse on partners. In the current study, a comprehensive review of the literature was conducted using a variety of search engines and key terms (e.g., abuse, aggression, violence; intimate partner, relationship, partner, spousal; psychological, emotional, physical). We included studies examining male and/or female abusers and we included studies examining male and/or female victims. Within our review of physical consequences, we included studies that examined victims' health behaviors (e.g., smoking) as a possible consequence of abuse.

We narrowed our review to studies published from 1989-2012, studies published in English, studies published in peer-reviewed journals, and studies containing empirical data. Consequently, we excluded book chapters that did not include empirical data and excluded doctoral dissertations. We also excluded studies examining the consequences of sexual abuse, as that type of abuse was reviewed in another section of this project. We also excluded studies examining the consequences of abuse on children or on parenting behaviors, as those consequences were reviewed in another section of this project. Finally, we did not include studies that focused exclusively on economic or social consequences for victims or society; however, we did include economic consequences to victims in our tables if those consequences were investigated as part of a study we were already including in our review.

The application of these inclusion and exclusion criteria resulted in 122 empirical articles and 10 review articles on this topic. The empirical articles were categorized by the nature of the abuse and the nature of the consequences as follows: psychological consequences of psychological abuse, psychological consequences of physical abuse, and physical consequences of physical and psychological abuse. Physical consequences of physical abuse and physical consequences of psychological abuse were combined into one table because these consequences

were almost always examined in the same study. Within each of these tables we also organized the studies by the nature of the sample they assessed as follows: large population samples, smaller community samples, university/school samples, treatment-seeking samples, and legal/criminal/justice-related samples. We also created a table of previously published review articles on this topic. For each review article, we listed the articles those authors reviewed and the main findings from those reviews. In our own review we included the relevant papers from those review articles as well. All studies included in this published review were entered into an on-line summary table that includes the full reference for the study, the sample size and its characteristics, the study method and design, the measures used, and the results relevant to the question of the psychological and physical consequences of psychological and physical abuse on victims.

Given that 10 review articles have been published in the last two decades on this topic, the current review was approached differently than the approaches taken in other manuscripts from the Partner Abuse State of Knowledge Project. Reporting prevalence rates, conducting additional analyses, or conducting a meta-analysis or other detailed review summarizing the findings in our 122 empirical studies would have been redundant with the existing published reviews on this topic. In brief, the multitude of basic research studies examining the impact of abuse on partners yields strong and consistent evidence of two facts. First, psychological and physical abuse have serious physical and psychological consequences for victims and the consequences are, with some exceptions, generally greater for female victims compared to male victims. Second, with regard to the physical consequences of physical abuse, injuries are similar across samples of female victims (e.g., community samples, clinical samples, shelter samples).

Physical victimization has both negative physical and psychological consequences on its victims. The most striking finding was the consistent and strong correlation between physical victimization and poorer physical health outcomes for female victims. Specifically, physical victimization was associated with increased chronic pain, gynecological problems (e.g., greater probability of cervical cancer, pelvic pain, UTIs, abdominal pain, menstrual cycle changes, child-birth delivery complications), gastrointestinal problems (e.g., Irritable Bowel Syndrome, stomach pain), cardiovascular problems, compromised immunological functioning (e.g., lower hemoglobin levels), vision and hearing difficulties, and nutritional deficits (e.g., low iron levels). Physically victimized women were more likely to suffer from longstanding illnesses and chronic diseases, to suffer physical injuries including potentially lethal injuries (e.g., burns, broken bones, gunshot or knife wounds, facial injuries, concussions, losses of consciousness, traumatic brain injury), to visit emergency rooms, and to be seen by physicians compared to women who were not victimized.

The psychological consequences of physical victimization have also been well documented in the literature. Experiencing physical abuse in a romantic relationship significantly decreases female victims' psychological well-being and increases the probability of suffering from depression, anxiety, post-traumatic stress disorder (PTSD), and alcohol or other substance abuse. Physical victimization is also associated with higher rates of suicidal ideation and

attempts and with more memory and other cognitive impairments. Finally, compared to non-victimized women, physically victimized women are more likely to report higher than normal levels of stress and more visits to mental health professionals, and are more likely to take medications to treat their depression and anxiety, including painkillers and tranquilizers.

Our review also demonstrated that psychological victimization leads to a variety of consequences for female victims' psychological health, physical functioning (e.g., migraine, stomach ulcers, indigestion, pelvic pain, chronic pain, chronic disease), and cognitive functioning. Higher levels of psychological victimization are strongly associated with current depressive and anxiety symptoms, insomnia, suicidal ideation, lower self-esteem, higher levels of self-reported fear, and increased perceived stress. Moreover, the evidence suggests that psychological victimization is at least as strongly related to depression, PTSD, and alcohol use as is physical victimization, and that the effects of psychological victimization remain even after accounting for the effects of physical victimization.

There was a relative dearth of research examining the consequences of physical and psychological victimization in men, and the studies that have been conducted have focused almost exclusively on sex differences in injury rates. When sex differences were examined, physical violence demonstrated more deleterious physical consequences for women than men. Women were more likely to suffer severe and potentially life threatening injuries, and to visit an emergency room or hospital as a result of intimate partner violence. However, the severity of the physical abuse seemed to moderate these sex differences in injury rates. When mild-to-moderate aggression is perpetrated (e.g., shoving, pushing, slapping), men and women tend to report similar rates of injury. When severe aggression has been perpetrated (e.g., punching, kicking, using a weapon), rates of injury are dramatically higher among women than men, and those injuries are more likely to be life-threatening. Relatedly, there is limited research on the psychological consequences of abuse on male victims, and the research that does exist has yielded mixed findings (some studies find comparable effects of psychological abuse across gender, while others do not.) As such, we believe it is premature to draw conclusions about the psychological consequences of violence for male victims.

In addition to the findings delineated above and in past reviews, we uncovered several findings that had not been discussed in past reviews. First, there is a small but critical group of studies examining the effects of abuse on health behaviors (as opposed to physical health itself). For example, researchers have examined the effects of abuse on diet, exercise, alcohol and other substance use, and smoking. Physically abused women have been found to engage in poorer health behaviors, including a greater likelihood of smoking, engaging in sexually risky behaviors, and having poor eating habits. Psychologically victimized women also have been found to engage in poorer health behaviors, including a greater likelihood of smoking and engaging in risky sexual behaviors. Second, in addition to the physical and psychological consequences, physical victimization has serious economic and social consequences for victims and society at large. Physically victimized women are more likely to miss work or be unemployed, have lower educational attainment, have lower marital or relationship satisfaction,

have fewer social and emotional support networks, be less involved in their communities, and experience more negative life events. They are also less likely to be able to take care of their children and perform household duties. Similarly, psychological victimization among women is significantly associated with poorer occupational functioning and social functioning. Third, all of the consequences found for victims of psychological and physical abuse are significantly worse for victims who are of low income, are ethnic minorities, and/or are unemployed.

Despite the multitude of studies examining the consequences of abuse for victims, a variety of conceptual and methodological limitations to existing research hinder our understanding of the consequences of abuse for victims. For example, with regard to the content of prior studies, the research has been limited largely to studies of main effects, there is a lack of basic research on the physical consequences of violence for male victims other than basic sex differences in injury rates, and there exists little research on (mal)adaptive coping mechanisms among victims, a potentially key point of intervention. In terms of conceptual limitations, basic research on the consequences of abuse for victims has been largely atheoretical, the construct of psychological aggression has been inconsistently and poorly defined, and the relation between psychological and physical aggression has rarely been taken into account. With regard to methodological limitations, we found an overreliance on self-report questionnaires, the use of psychological violence measures that suffer from poor discriminant validity, and a reliance on cross-sectional designs to investigate purported consequences of abuse. (Please see full published manuscript for a more detailed discussion of these issues.)

Given these limitations, we recommend that future research be framed within a temporally dynamic view of violence and its consequences, employing multi-wave longitudinal designs. We also encourage researchers seek to clarify mediating processes of the well-known main effects in order to guide interventions for victims. We call for an emphasis on low income, ethnic minority and/or unemployed victims given the uniformly stronger consequences for these victims. We also encourage researchers to integrate investigations of multiple types of violence (psychological, physical, sexual), multiple victims of violence (partners, children), and multiple factors (personality, relationship, situational) into their studies in order to elucidate the nature of family violence. Finally, we recommend that interventions targeting partner violence be based on acceptance and mindfulness techniques. Preliminary evidence from the authors' own research demonstrates the effectiveness of such techniques at reducing psychological and physical aggression among male perpetrators. We are confident that the field is ready to move into a new phase of basic research, one in which more nuanced questions can be answered and more effective interventions can be implemented.

**#10 Motivations for Men and Women's Intimate Partner Violence Perpetration:
A Comprehensive Review**

Jennifer Langhinrichsen-Rohling, Adrienne McCullars, & Tiffany Misra
168 pages. Full manuscript available in Partner Abuse Vol. 3, Issue no. 4 (2012).

The current review addresses two central questions: 1) What motivates partners to perpetrate IPV and 2) Whether such motivations differ between men and women? Delineating whether there are gender differences in motivations for perpetrating IPV has important clinical and policy implications. Specifically, if men's violence is enacted in order to subjugate women and keep them in a position of vulnerability and disempowerment, then the treatment of men's violence will best be understood in the context of societal inequities for women. Correspondingly, if women's violence is primarily enacted out of self-defense in response to their male partner's violence, they should not be considered "husband batterers". Furthermore, they are unlikely to benefit from being mandated to abuser/batterer treatment programs that were designed specifically for men. On the other hand, if both men's and women's violence is motivated by anger management concerns, lack of skills to communicate successfully with intimate partners, or because of jealousy perhaps resulting from an inability to securely attach to one's partner, different types of IPV interventions are likely to be necessary and these interventions may not need to be so gender-specific. Instead, less gender-specific interventions that take into account these latter types of motivations for violence may need to address perpetrator-specific psychological issues as well as relationship-specific concerns.

We collected and summarized all available papers that report empirical data related to men's and women's motivations for IPV ($n = 73$ empirical studies; $n = 1$ book chapter; 75 total samples). Included studies were published in 1990 or later, appeared in peer-reviewed journals, and contained empirical data. To facilitate direct gender comparisons, the motives reported in each obtained study were coded by the current authors into seven broad categories: (a) Power/Control, (b) Self-defense, (c) Expression of Negative Emotion (i.e., anger), (d) Communication Difficulties, (e) Retaliation, (f) Jealousy, and (g) Other. These studies were also coded by the nature of the sample they assessed as follows: large population samples, smaller community samples, university/schools, clinical samples, and justice/legal related samples. To facilitate a further understanding of gender differences or similarities in motivations for IPV perpetration, existing empirical studies were also coded for whether they measured motivations for men's physical violence, motivations for women's physical violence, or both. When gender comparisons were available, studies were further coded as to whether the study reported the correlations between violence perpetration and some measured motivational risk factor. Additionally, when gender comparisons were available, studies were then coded as to whether the study specifically compared the degree to which men and women self-reported the same motivations for their violence.

The existing heterogeneity in methodology, measurement, and construct development may reflect the inherent challenge of determining a person's motivation for committing violence. Motivations are internal experiences that may be difficult for even the perpetrator to discern. For example, when something like anger is self-reported as a motive for IPV, what might underlie that anger (hurt, jealousy, discomfort from lack of control, inability to communicate one's needs)? This specific difficulty is reflected in the studies included in this review as various researchers collapsed anger with retaliation (Kernsmith, 2005), jealousy (Harned, 2001), or other

emotional dysregulation problems. It is also possible to argue that anger is not a motive for violence; it is an emotional state that is the context in which violence often occurs. Differentiating motives, reasons, functions, justifications, and contexts is a challenge that faces researchers in this area.

Still other studies included in this review had difficulty distinguishing between violence committed in self-defense and violence committed as retaliation for pre-existing abuse of an emotional, physical, or sexual nature (Kernsmith, 2005). However, some authors have worked hard to correct this concern (Shorey et al., 2010); these authors created a motivations for self-defensive aggression scale. Moreover, very few of the currently published studies separated proximal from distal motives and fewer, if any, relied on multifactorial theories that integrate motives across time or understood changes in motives for perpetrating violence as a function of individual or relationship development. Finally, even when a perpetrator is able to accurately introspect about and subsequently identify their relevant motives; social desirability concerns may preclude admission of these motives on a self-report measure or via a face to face interview. Unfortunately, social desirability measures are not routinely included as part of the assessment strategy used in this field.

Individually, particular motives may be more acceptable to report than others; however, the acceptability of reporting specific motives may also vary by gender. For example, it might be particularly difficult for highly masculine males to admit to perpetrating violence in self-defense, as this admission implies vulnerability. Conversely, it may be more culturally sanctioned for women to admit to perpetrating violence as a result of jealousy related to their partner's infidelity than to admit to committing violence as a power and control strategy. A better understanding of gender socialization processes related to admission of motive would be helpful.

It is also possible that some motives may be more acceptable to report in particular settings. For example, individuals facing criminal charges may be more likely to invoke self-defense as a perpetration motive than individuals gathered in a university study, regardless of their gender or their experiences with IPV. This is important to consider as 36% ($n = 27$) of the study samples in this review were drawn from university/school settings and 34% ($n = 25$) were drawn from legal, criminal justice settings. Only 3% of the papers ($n = 2$) included in this review obtained data from a large population based sample. Overall, as a consequence of experiencing pressures that may differ as a function of individual differences, gender roles, and/or setting, the conclusions drawn about men and women's motives for perpetrating IPV must be viewed with great caution.

However, in spite of the challenges embedded within this field, several important findings can be gleaned from this review. First, there does seem to be consensus about the main motivations to consider as findings from the majority of the studies fit into the motive coding scheme developed by the current authors. Sixty-one percent of the samples included in this review assessed for motives of self-defense; 76% assessed for power/control motives. This not surprising as these two motives are the cornerstone of the main gender-sensitive theories regarding the perpetration of IPV by women versus men; they are also consistent with the Duluth

model of intervention for domestic violence (Pence & Paymar, 1993). Other common motives assessed across these studies were anger/expression of negative emotion (63%) and using violence to retaliate (60%). Common measurement of these motives is consistent with the other set of widely used interventions for perpetrators of IPV (e.g., anger control interventions; Rosenbaum & Leisring, 2001). It is worth noting that 47% of the studies measured communication difficulties as a motive for perpetrating IPV; similarly, 49% measured jealousy as a motivational precursor. These motives best fit with models that demonstrate that relationship dissatisfaction is an important risk factor for IPV and it is a risk factor that may be especially helpful when explaining the antecedents to what has become known as common couple violence (Langhinrichsen-Rohling, 2010).

Second, studies that considered the most frequent motivations for perpetration reported by men and women often generated similar motives. For example, Kernsmith (2005) reported that the most common reason that both men and women chose to use intimate partner violence was to get back at a partner for emotionally hurting them. Kernsmith also indicated that self-defense, anger, and stopping a partner from doing something were common motives for both men and women. Leisring (2011) reported that college women's most common motives for perpetration of minor physical violence were in retaliation for emotional hurt, anger, and because of stress or jealousy. Similarly, Shorey et al. (2010) concluded that, for both men and women, the most common motives for perpetrating violence to retaliate for emotional hurt, to express anger, to express feelings that they could not put into words or communicate, and to get their partner's attention.

Finally, one of the main purposes of this review was to address the question of whether or not there are gender differences in motivations for perpetrating IPV. This seemed possible given that 46 of the 75 study samples (61%) contained data from both men and women. Contrary to expectation, relatively few papers contained data from only one gender ($n = 24$, women only; $n = 6$, men only). It was unexpected that majority of the single gender papers focused on explaining women's perpetration of violence. Very few papers included only men's reports, perhaps suggesting that men's self-reports of their motivations were considered more suspect. Alternatively, some researchers in this area may have thought that men's motives for perpetrating violence were self-evident and thus not as worthy of extensive study.

Across this review, there were 18 study samples that provided a direct comparison of men and women's motives for perpetrating IPV. Some of the gender comparisons seemed more direct than others. For example, when the men and women are recruited in the same way from the same location, they are likely to be similar. In contrast, comparing male domestic violence (DV) perpetrators to women residing in a battered women's shelter is likely to be problematic (e.g., Barnett et al., 1997). Likewise, it may be that women who are mandated to DV perpetrator programs differ in some substantial ways as compared to men who are mandated to DV perpetrator programs. Therefore, it is important to note who the men and the women are in the studies that compare men and women's motivations for perpetration.

In spite of all of these limitations, it is worth noting that the hypothesis that men would report perpetrating violence as a means of power and control more frequently than women was only partially supported. While three of six correlational studies that included data related to this motive did report obtaining significant associations between power/control motivations for men but not women; the other three indicated that the findings for men and women did not differ. However, consistent with gender-specific theory, none of the obtained correlation studies reported stronger associations between power and control motives and perpetration for women as opposed to men.

With regard to the direct comparison studies, four of the 12 papers considering gender differences in the power/control motive did not subject their findings to statistical analyses. Of the remaining studies, three reported that there were no significant gender differences in being motivated by power/control to perpetrate violence. One paper found that women were more motivated to perpetrate violence as a result of power/control than were men. The remaining three papers found, as expected on the basis of gender-specific theory, that men endorsed more power/control motives for their violence than did women (Barnett et al., 1997; Ehrensaft et al., 1999; Shorey et al, 2010). The final direct comparison study had mixed findings (Makepeace, 1986).

In a methodological advance, Shorey and colleagues (2010) reported effect sizes for their obtained gender differences. Worth noting is that all the effect sizes for gender differences in men endorsing power/control motives more than women would be classified as small in size. This suggests that these gender differences are weak. However, the Shorey et al. (2010) study was also conducted with a college student sample. Thus, stronger effects might be obtained with a different type of sample but utilizing the same measurement strategy. Thus, only two papers report any evidence that this motive is stronger for women than men; however, there are few, if any, indications that there is a strong effect such that power and control is much more of a motive for men's as opposed to women's violence.

Warranting further consideration, while most relationship behaviors, including violence, can be understood as a way to influence, manipulate, and/or control one another, some perpetrators are likely to use this strategy exclusively and without remorse. Regardless of their gender, these perpetrators are likely to need different intervention strategies than those whose violence is more related to the emotional ups and downs that can be typical in less secure or unstable relationships (Johnson, 2005; Langhinrichsen-Rohling, 2010).

The notion that the self-defense motive is more common for women than men also received some empirical support. Of the ten papers containing gender-specific statistical analyses, five indicated that women were significantly more likely to report self-defense as a motive for perpetration than men. However, four papers did not find statistically significant gender differences. Only one paper reported that men were more likely to report this motive than women (Shorey et al., 2010). The degree to which this finding holds for women in all samples and settings, is consistent over time, and is relevant for women of different ages and ethnicities warrants additional consideration. Still, despite findings of gender differences in half of these

studies, it is important to point out that self-defense as a motive for violence is endorsed in most samples by only a minority of respondents, male and female. For non-perpetrator samples, the rates of self-defense reported by men ranged from 0% to 21%, and for women the range was 5% to 35%. The highest rates of reported self-defense motives (50% for men, 65.4% for women) came from samples of perpetrators, who may have reasons to overestimate this motive. In addition, further work needs to be done to distinguish between self-defense and retaliation for previously experience violence as these motives were difficult to separate in many of the papers included in this review.

None of the included papers in this review solely reported that anger/retaliation was significantly more of a motive for men than women's violence; instead, two papers indicated that anger was more likely to be a motive for women's violence as compared to men. This is important because within the United States' culture, it may be more acceptable for men to experience and express anger than women because of socialization processes or adherence to traditional gender roles (Fischer & Evers, 2011; Shields, 2002). Women who perpetrate violence may particularly need more productive ways to manage anger within their personal relationships (Goldhor-Lerner, 1985). However, making conclusions about gender differences related to the anger motive is particularly uncertain because many authors measured this motive in conjunction with something else (i.e., jealousy, retaliation) and a substantial subset of papers in this area did not subject their findings to statistical analyses (5 of 13 studies). A better and clearer understanding of how this motive influences the perpetration of IPV is warranted.

Finally, contrary to expectation, jealousy/partner cheating seems to be a motive to perpetrate violence for both men and women. This motive has been linked with an insecure attachment style in romantic relationships (Buunk, 1997; Guerrero, 1998; Hazan & Shaver, 1987; McCullars, 2012). Thus, it might be that less secure and stable relationships are more susceptible to IPV because they are unsure of the commitment and fidelity of their partner. However, given the extremely small number of papers that are summarized here, these findings should be considered preliminary.

Taken as a whole, however, the findings gleaned from this review suggest that this area of the IPV field is in its infancy. Researchers have employed different measurement tools, focused on different motives, reported findings in different ways, made use of different informants, differed in whether or not they measured both men and women, and utilized different samples. Moreover, this paper has exclusively focused on understanding the motives precipitating physical violence. Other motives are likely to be more relevant for the perpetration of psychological or sexual violence. Likewise, those who perpetrate across a variety of relationships or on multiple occasions are likely to use violence differently than individuals who have perpetrated a limited amount of violence in the context of one problematic relationship. As a consequence, making meaningful conclusions on the basis of the articles included in this review was not fully possible.

Nonetheless, it seems clear that both men and women perpetrate violence in response to a variety of motives. Violence can occur as a consequence of not knowing how to appropriately

manage anger, jealousy, and communication difficulties (Langhinrichsen-Rohling, 2010). The context in which the emotion occurs may also further motivate or inhibit violence (e.g., learning about a partner's infidelity after having a few drinks versus having a partner wear revealing clothes to a work function where one is trying to impress one's boss). A better understanding of what motivates individuals to stop using violence over time or to refrain from violence in a context in which violence has often been deemed culturally acceptable would also be valuable.

In summary, much work remains in order to understand the motives underlying both men and women's perpetration of IPV. The types of motives that are measured need to be theoretically based and consistent across samples to facilitate comparisons. Allowing perpetrators to endorse a variety of motives, as experienced across a range of contexts is likely to lead to a deeper, proximal/distal and multifactorial understanding of what underlies IPV. Integrating qualitative and quantitative methodologies is necessary. It may also be that there are individual, interpersonal, environmental, and societal motives that facilitate violence perpetration. Measuring the full array of these disparate motives in both men and women who are perpetrators will be essential. Developing a clearer picture of what motivates violence, for whom, and under what conditions will better inform violence prevention and intervention efforts. It may also facilitate theory development in the field of IPV.

11 The Crime Control Effects of Criminal Sanctions for Intimate Partner Violence
Christopher Maxwell and Joe Garner

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This research provides a systematic review of published studies that provide evidence regarding the crime control benefits from prosecution, conviction, and sentencing of IPV offenders, assesses the nature and quality of those studies, and summarizes the reported findings about the crime control effects of criminal sanctions. Unfortunately, the research on the effectiveness of criminal sanctions for IPV does not address the underlying causal mechanisms and typically does not collect information which could permit distinguishing the effects of fear of sanctions from victim empowerment or other potential mechanisms by which sanctions might affect future behavior. For this reason, we specify a generic crime control effect that is neutral about the mechanism by which sanctions affect future behavior. In addition, our specification considers that all types of sanctions may not have an effect that is consistent in size or direction. Therefore, we identify three hypotheses about the effects of criminal sanctions on IPV. We label these the prosecution hypothesis, the conviction hypothesis and the sanction severity hypothesis. This approach permits distinctions among three policy choices in criminal justice processing—the decision to charges, the decision to convict, and the type of sanction imposed upon convicted offenders.

Among the 135 publications used to estimate the amount of prosecution and conviction by Garner and Maxwell (2009), we have identified 30 that assess the relationship between the application of sanctions by the criminal courts and repeat offending. This review describes the

characteristics of each of the studies, summarizes the substantive findings reported and evaluates the research designs, measures and methods used. These 30 studies generated 143 statistical tests that inform one of these three crime prevention hypotheses. For each study and by each hypothesis, we present the number of reported statistical tests that show that criminal sanctions were significantly associated with less repeat offending, more repeat offending, or do not significantly affect repeat offending.

Based upon the analyses and conclusions produced by these studies, we find that the most frequent outcome reported is that sanctions that follow an arrest for IPV have no effect on the prevalence of subsequent offending. This finding holds for the prosecution, conviction and sanction severity hypotheses. However, among the minority of reported analyses that do report a statistically significant effect, two-thirds of the published findings show sanctions are associated with reductions in repeat offending and one third show sanctions are associated with increased repeat offending.

Our examination of the methods used by these studies identified seven common issues that suggest that, regardless of the substantive findings reported, the research designs used in these 30 reports are inadequate to assess the relevant public policies and criminological theories. Based upon our systematic assessment of the published studies, we conclude that the preponderance of the reported findings show no effect for criminal sanctions; however, the quality of the methods used in this body of research provides us with an insufficient basis to support a conclusion about the use of criminal prosecution and sentencing for IPV.

To address this gap, we recommend that the field undertake a well-funded, long-term program of research that will rigorously test these and other crime control hypotheses. This program must articulate the causal mechanisms under review, model when the effects begin and dissipate, use reliable and common outcome and sanction measures, distinguish selection effects from treatment effects, incorporate rigorous multivariate analyses, and meet contemporary standards for statistical power. The National Institute of Justice-sponsored Spouse Assault Replication Program is an example of such an approach. While imperfect, this program provided the rigorous, systematic evidence necessary to assess the crime control effects of arrest for IPV. We also recommend using existing data from these 30 studies to improve our understanding of this body of research and of the crime control effects of criminal sanctions through secondary data analyses.

**#12 Gender and Racial/Ethnic Differences in Criminal Justice
Decision Making in Intimate Partner Violence Cases
Stan Shernock and Brenda Russell**

133 pages. *Full manuscript available in Partner Abuse Vol. 3, Issue no. 4 (2012)*

Scholarly studies from 1985-2011 were located using a number of databases, including PSYCH-INFO, National Criminal Justice Reference Service, Criminal Justice Abstracts, Criminal Justice Periodicals, and Sociological Abstracts. This led to a total of about 2035

sources. After screening out irrelevant articles, a total of 16 were included for protective orders, 39 for arrest, 24 for prosecution, and 27 for jury decision making. An evaluation of the methodologies employed found that some studies have used one or multiple types of official data sources, such as police reports (incident forms, narratives or affidavits), court records, and criminal histories, while other studies have used interviews or surveys of victims or suspects; but few have used triangulation of both official sources and surveys or interviews. Almost all studies of differential decision making in jury verdicts have been experimental studies of simulated situations.

Most studies on differential treatment in arrest and prosecution have focused on gender and then race, while studies on differential decision making in the issuance of protective orders and jury decision making have focused primarily on gender. In the few studies that examined protective orders, judges were overwhelmingly more likely to issue them to women than to men seeking them (particularly in cases of less severe violence histories), to impose greater restrictions on male defendants, and to defer cases of male plaintiffs, and deny requests at 10-day hearings. The overwhelming number of studies that examined differential arrest by gender found that male suspects are more likely to be arrested than female suspects; however, the difference in arrest rates was mitigated by dual arrests, which contribute to a significant increase in the number and greater likelihood of arrests of women. Greater arrest rates for women also seem to be affected by higher SES, and the presence of weapons and witnesses (legal factors).

Many students of IPV have argued that when examining the context and history associated with the arrest of women, particularly in dual arrest incidents, that women were engaged in self-defense. However, when official action was taken against women, there was greater leniency by citing instead of taking them into custody or by charging them with less serious offenses. While a small number of studies have not found evidence of differential treatment by prosecutors regarding the gender of the offender or victim, most studies with smaller community samples, and some with larger samples, found that males were consistently treated more severely at every stage of the prosecution process, particularly regarding the decision to prosecute, even when controlling for other variables (e.g., the presence of physical injuries) and when examined under different conditions.

The gender discrepancy decreases somewhat with the decision to file felony or misdemeanor charges. In the few studies of gender differences in conviction and sentencing, most have found that male defendants are more likely to be convicted and to receive more severe sentences than female defendants. Subjects in experimental studies of jury decision making in IPV cases have stronger reactions to abuse committed against female victims and abuse committed by male perpetrators, with blame and responsibility often attributed to male perpetrators of assault at higher rates than female perpetrators.

In studies of IPV that simply look at arrest rates in both single and dual arrest cases, as well as the general police handling of IPV incidents, there appears to be little differential treatment against racial minorities. Mandatory arrest policies appear to reduce the importance of victim race to insignificance. Most studies of decisions to prosecute, as well as the few studies

on conviction and sentencing, have found that race and ethnicity were not statistically significant when specifying relevant conditions or controlling for other variables. Thus, in terms of the differential criminal justice response regarding demographic categories, it appears that the less favorable treatment of males regarding the issuance of protection orders, arrest, and prosecution is most salient. However, before recommending new policies, interview and survey studies of legal actors should be undertaken in order to better understand the differential treatment found in studies using official sources, as well as how the concepts of “probable cause” and “primary aggressor” are interpreted when applied.

Moreover, future research studies on differential criminal justice response based on demographic and SES factors should include greater specifications and distinctions in the variables examined and broaden the scope of the samples and methods employed. First, studies need to better define the specific types of criminal justice response and distinguish them from related types of responses. For instance, since arrest in IPV is supposed to stop the violence, it is important to distinguish between arrest, which involves taking a suspect into custody and lodging him/her, and citation, which requires appearance in court at a later date. In order to understand whether a differential response is isolated or systemic, it is also important to examine other related police and prosecutor decisions, such as the decision regarding what to charge the suspect.

Secondly, there is a need to specify the characteristics of those groups and both the situational and historic context where a differential criminal justice response has been found. Therefore, it is important to examine the interaction effects of other socio-demographic factors (particularly SES and age), relationship status, and situational conditions (e.g., presence of weapons or alcohol) with primary socio-demographic factors. Besides triangulating official sources with interviews and surveys in studies on protective orders, arrest, and prosecution, experimental studies of jury decision should be complemented by using focus groups to better understand the group dynamics of juries; and with court records to compare findings from simulations with actual cases. Finally, since community studies with small samples are not generalizable, there is a need for more multi-site or national studies.

#13 Effectiveness, victim safety, characteristics and enforcement of protective orders

Brenda Russell

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To provide an overview of the extant literature on the effectiveness of Protective Orders (POs), an examination of POs led to the identification of at least four research themes including: (1) victim safety and effectiveness (often measured by PO violations and re-victimization); (2) perceptions of victim satisfaction, safety, and psychological well-being as a function of the issuance of a PO; (3) predictors and characteristics of victims, perpetrators, and the granting of POs; and (4) the enforcement of POs. For inclusion in this review, the study had to be published after 1990 and peer reviewed. The review of PO literature revealed 370 articles

meeting the aforementioned criteria. Of those articles, 43 met the inclusion criteria for one of the four themes—5 of the articles were literature reviews, and 39 were empirical research studies. Studies meeting the criteria of one or more of the themes above can be found in the tables.

It is debatable how one defines PO ‘effectiveness’. For the purpose of this study, ‘effectiveness’ refers to violations of POs and/or re-victimization. Also, subsequent sub-topics associated with POs ‘effectiveness’ have been separately tabulated in order to summarize the studies. Research on victim safety and effectiveness implies that 44-70% of POs are violated. Approximately 40% of women obtaining permanent POs (Kaci, 1994) are less likely to report physical violence to police (Holt et al., 2002). Almost 60% of women reported they were stalked when they had a PO (Logan & Cole, 2007). Three studies found POs reduced incidents of violence, and others stated POs led to an 80% reduction in police reported physical violence. Although research evidence of PO effectiveness is mixed, greater evidence suggests POs are violated, and victims are re-victimized after POs are issued.

Studies on perceptions of victim safety, satisfaction, and psychological well-being show victim psychological well-being and safety appear to increase when POs are issued. Research on predictors and characteristics of victims and perpetrators and the granting of POs is less common. Studies inspecting different issues associated with victims and/or perpetrators of abuse, have found that while married and unmarried victims do not differ in abuse suffered, married victims are less likely to seek final orders. For instance, mothers who take out POs are more likely to be re-victimized, experiencing greater aggression and poorer health. One study (Mele, Roberts, & Wolfer, 2011) examined characteristics of men issued POs and found most men reported physical abuse as the reason they requested the PO and those who followed through with a final PO experienced more types of abuse and sought custody of their child. Less evidence exists on offender characteristics. The best evidence predictor of a PO violation is previous PO violations and the severity of criminal charges imposed. Clearly, from the four studies provided on PO issuance, females are more likely to be granted POs than males. Of the few studies on PO enforcement, results showed no gender differences in arrest of males versus females who violated POs, nor were there gender differences in recidivism. However, women were more likely sent to anger management, while men were more likely sent to batterer intervention programs.

Implications for public policy include determining acceptable rates of PO violation and re-victimization considered effective. Evidently, communities, the criminal justice system, and scholars need to deem PO violation rates and re-victimization as unacceptable, or acceptable. Moreover, a cost analysis of POs would assist in understanding effectiveness. Suggested future research might include: (1) the use of additional control groups; (2) a cost analysis of PO policies; (3) assessment of PO violations as they relate to arrest and sentencing decisions; (4) investigation of male victims, same-sex couples’ experience with the PO process, and female offenders who obtain POs; and (5) examination of potential differences among various types of POs.

#14 Partner Abuse Worldwide

Esteban Eugenio Esquivel-Santoveña, Teri Lambert, and John Hamel

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In most of the world, research on partner abuse has lagged behind the United States. Especially in Third World countries, attention has been on other problems (such as famine and war) and other crimes against women (e.g., honor killings, genital mutilation).

Purpose of Study and Method

The purpose of this study was twofold. First, we conducted a sweeping review of scholarly articles published in peer-reviewed journals and by government agencies outside of the United States and English-speaking developed nations that provided quantitative data on physical, psychological and sexual abuse of intimate partners, as well as consequences, risk factors and attitudes. Most of the studies reported on female victimization only, but 73 reported on both male and female victimization. Secondly, we conducted an analysis of data from large community and national surveys, including from one multi-country study of dating violence, to determine the relationship between prevalence of abuse, social factors and women's empowerment.

We sought to answer a few basic questions, as suggested by the body of research evidence, as well as current theories:

1. What are the rates of physical, psychological and sexual abuse and controlling behaviors between intimate partners higher in countries outside of the United States and other English-speaking developed nations?
2. How do these rates compare across gender?
3. What is the impact of partner abuse on victims and families?
4. What are the risk factors for partner abuse?
5. On a societal level, what is the association between a country's level of human development and rates of partner abuse?
6. What is the association between the status of women and their rates of partner abuse victimization?
7. On a relationship level, is dominance by one partner correlated with rates of partner violence against the other partner in the rest of the world, as it is in the United States?

Results of Literature Review

A total of 162 articles reporting on over 200 studies met the inclusion criteria and were summarized in the online tables for Asia, the Middle East, Africa, Latin America and the Caribbean, and Europe and the Caucasus.

Gender Inclusive Studies

Across all five world regions, we identified 40 articles (total of 73 studies) in 49 countries containing data on both male and female IPV. The majority of the studies (44) reported on results based on dating student, adolescent or clinical samples; 29 of the studies were based on large population or community samples.

There were a total of 117 direct comparisons across gender for physical PV. Rates of physical PV were higher for female perpetration /male victimization compared to male perpetration/female victimization, or were the same, in 73 of those comparisons, or 62%. There were 54 comparisons made for psychological abuse including controlling behaviors and dominance, with higher rates found for female perpetration /male victimization, in 36 comparisons (67%). Of the 19 direct comparisons were made for sexual PV, rates were found to be higher for female perpetration /male victimization in 7 comparisons (37%). Higher rates for any female perpetration /male victimization were found in only 2 of 8 comparisons (25%). In total, there were 198 direct comparisons across gender, for all types of partner abuse. The rates were higher for female perpetration /male victimization, or the same, in 118 comparisons, or 60%. A higher number of comparisons indicating greater female victimization/ male perpetration was found in 18 countries. Greater female perpetration/male victimization was found in 23 countries, and an equal number of comparisons was found in 8 countries.

Given that several of the IDVS studies were based on very small samples, the limitations of clinical samples, and the superiority of more representative community and large population samples, we also looked separately at the 44 large population and community samples that reported on adult, non-student abuse. Together, these yielded 81 direct comparisons across gender. The percentage of partner abuse that was higher for female perpetration /male victimization compared to male perpetration/female victimization, or were the same, were as follows: Physical abuse – 22/44 (50%); Psychological abuse/control/ dominance – 10/19 (53%); Sexual abuse – 4/13 (31%); Any abuse – 0/5 (0%). The overall percentage was 44% for adult IPV. However, it should be noted that in many comparisons, the differences were slight. For example, past year physical victimization rates in Namibia were 15% for men and 17% for women; lifetime physical abuse perpetration in South Africa was reported at 26.5% for men and 25.2% for women; and in Portugal wives reported insulting and humiliating partners at a rate of 16.2% compared to husbands at 18.6%). When these close percentages are taken into account, then the overall percentage of adult IPV that is symmetrical – comparable across gender, or higher in the direction of male victimization/female perpetration – constitutes the majority of IPV throughout the world. In 11 countries women were found to be predominantly victims and males were found to be primarily perpetrators. There were 14 countries in which rates of partner abuse from larger populations were found to be symmetrical across gender: China, Hong Kong, Philippines, Thailand, Botswana, Namibia, Swaziland, Zimbabwe, Barbados, Brazil, Jamaica, Trinidad/Tobago, Portugal and Ukraine.

Emerging research

The International Parenting Study (IPS), conducted by consortium of researchers with a total sample of 11,408 university students in 15 countries (mostly Europe, but also the U.S. and Canada, Hong Kong, Taiwan and Israel.) The students reporting on physical assaults between their parents when they were 10 years old. Preliminary results indicate that fathers assault mothers at a rate ranging from 0.3% in Norway to 9.9% in Slovenia, with a median rate of 3.8%; and mothers assault fathers at an overall higher rate (median = 8%), and ranging from 1.7%

(Spain) to 24.9% (Poland). However, the mean number of parental assaults was found to be higher for fathers.

Studies Reporting only Female IPV Victimization

Across the major regions of the world the lowest reported past year rates for physical abuse victimization reported in the female victimization-only studies were found in a large population study in Georgia (2%) and a community survey in Japan (3.1%). Lifetime rates were lowest again in Georgia (5%), and in a community survey in Nigeria (5.3%). The highest rates of physical IPV victimization were found in a community survey in Ethiopia (72.5% past year) and among a rural population in Bangladesh (67% lifetime). On the higher end, rates of physical PV far exceed the average found in the United States.

The lowest rates of past year psychological victimization were found in large population studies in Haiti (10.8%) and India (12%); lifetime rates were lowest again in Haiti (13.2%), as well as in large population studies in Columbia (11.5%) and Georgia (19%). The highest past year psychological abuse prevalence was 98.7% in Bangkok, Thailand (past year), and lifetime rates were the highest in a clinical population in Iran (82.6%) and in a Brazilian slum (80.2%). Unlike physical IPV, the highest rates of psychological abuse throughout the world are about the same as those found in the United States (80%).

Rates of sexual abuse victimization differed widely across regions, with past year rates as low as 1% in Georgia (large population) and 1.3% in Japan (urban community), and lifetime rates of 0.6% in Egypt (large population), 1% found in (large population) and 1.1% in Honduras (large population). In contrast, the rates for the past year were as high as 53.4% in Pakistan (community survey) and 58% in Ethiopia (large population). In Pakistan, lifetime rates were found to be 54.5% in a community survey, and the highest rates of all were found in a study of secondary school students in Ethiopia, at an astounding 68%.

Impact on victims

The various regions reported similar kinds of consequences for victims who have experienced IPV. Surprisingly, a relatively small number of studies focused on the physical consequences of partner violence. Those that did either did not specify the types of injuries, or identified bruises and broken bones. Physical injuries were compared across gender in two studies. As expected, abused women were found to experience higher rates of physical injuries compared to men both for the past year in a Chilean student population (15.9% vs. 6.98%) and since age 14 (19.5% vs. 13.3%), and in a large population study from Uganda (43% vs. 33%). Far more frequently mentioned were the psychological and behavioral effects of abuse, and these included PTSD symptomology, stress, depression, irritability, feelings of shame and guilt, poor self-esteem, flashbacks, sexual dissatisfaction and unwanted sexual behavior, changes in eating behavior, and aggression. Two studies compared mental health symptoms across gender. In Botswana, women were found to evidence significantly more of these than men; whereas in a clinical study in Pakistan male and female IPV victims suffered equally (60% of men and women reported depression, 67% anxiety.)

A variety of health-related outcomes were also found to be associated with IPV victimization, including overall poor physical health, more long-term illnesses, having to take a larger number of prescribed drugs, STDs, and disturbed sleeping patterns. Abused mothers experienced poorer reproductive health, respiratory infections, induced abortion and complications during pregnancy; and in a few studies their children were found to experience diarrhea, fever and prolonged coughing.

Risk factors

The most common risk factors found in this review of IPV in Asia, Africa, the Middle East, Latin America and Europe have also been found to be significant risk factors in the U.S. and other English-speaking industrialized nations. Most often cited are the risk factors related to low income household income and victim/perpetrator unemployment, at 36. An almost equally high number of studies (35) reported\ victim's low education level. Alcohol and substance abuse by the perpetrator was a risk factor in 26 studies. Family of origin abuse, whether directly experienced or witnessed, was cited in 18 studies. Victim's younger age was also a major risk factor, mentioned in 17 studies, and perpetrator's low education level was mentioned in 16. Less frequently mentioned were victim's substance abuse (8 studies), victim living in a rural environment (5 studies), and victim having married at a younger age and being HIV positive (4 studies each).

Attitudes about IPV

By 1994 approval in the U.S. of a husband slapping his wife for any reason was endorsed by only 10% of the population. In contrast, there is a much higher tolerance by both men and women for IPV in other parts of the world, with rates of approval depending on the country and the type of justification. Between 28% and 41% of men agreed that it is sometimes necessary for a man to beat his wife, and in Nigeria a remarkable 79% of women said that wife-beating is sometimes justified. Reasons given for why violence against wives might be justified include her infidelity, refusing him sex, arguing, burning his food, leaving without his permission and wasting money. Given the high rates of female-to-male abuse found in this review, it is noteworthy that none of the studies asked respondents about their views on husband-beating. Nonetheless, perpetrator pro-violent and gender-based beliefs are a serious problem, identified risk factors in 12 studies (mostly in Africa and Asia).

Results of Data Analysis

Regression analyses indicated that a country's level of human development (as measured by HDI) was not a significant predictor of male or female physical partner abuse perpetration, neither in studies using general population/large community samples nor in studies conducted with dating samples. Similarly, regression analyses did not find HDI level to be a significant predictor of female partner abuse victimization in studies that used population or large community samples.

Additional regression analyses indicated that a nation's gender inequality level, as measured by the Gender Inequality Index (GII), was not predictive of either male or female perpetrated physical partner abuse or female-only victimization in studies conducted with

general population or community samples. However, separate regression analyses on data from the IDVS with dating samples indicate that higher gender inequality levels significantly predict higher prevalence of male and female physical partner abuse perpetration. GII level explained the variance for 17% of male partner abuse and 19% of female partner abuse perpetration.

A final analysis examined the association between dominance by one partner and partner violence perpetrated against a partner in dating samples using data from the IDVS, because this was the only multi-country study to consistently provide data for men and women on dominance scores. Male dominance scores were not found to be predictive of male partner violence perpetration; however, female dominance scores were found to significantly predict scores of partner violence perpetration by women. Female dominance scores explained 47% of the variance of female partner violence perpetration.

Results of this review suggest that partner abuse can no longer be conceived as merely a gender problem, but also (and perhaps primarily) as a human and relational problem, and should be framed as such by everyone concerned.

#15 Risk Assessment In Intimate Partner Violence: A Review of Contemporary Approaches

Tonia Nicholls, Michelle Pritchard, Kim Reeves, and Edward Hilterman

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Intimate partner violence (IPV) has profound and widespread health and economic implications at an individual, familial, and societal level. Violence risk assessment measures offer an evidence-informed approach to ascertain the degree of threat an abuser poses. Risk assessments are an essential means of informing professionals and victims alike regarding the nature and intensity of services required to help keep a victim safe as well as a transparent and defensible indicator of the rationale for intervening with an abuser (e.g., sentencing, probation conditions, required treatment). Violence risk assessment measures have been in existence for several decades and there has been a proliferation of IPV specific measures developed. However, there is little agreement in the literature with regard to the most appropriate approach (actuarial, structured clinical judgment) nor which specific measure has the strongest empirical validation behind it, leaving clinicians and policy makers with little clear guidance.

The state of knowledge regarding risk assessment for IPV was summarized through a systematic examination of all English publications from westernized nations from 1990 to 2011. Three search engines (PsychINFO, Science Direct, and Social Science Index) identified 3361 potentially relevant articles. After dropping duplicates, examining titles and abstracts and removing articles that did not explicitly examine risk assessments for IPV we were left with a total of 39 articles. Our specific objectives were to: (a) identify all IPV risk assessment measures and relevant approaches (e.g., pilot tools; women's appraisals of their partner's risk, the application of non-IPV specific measures to IPV populations/risk); (b) describe briefly the purpose, development and use of the various risk assessment approaches; and (c) report the state

of the validation of the various measures and evaluate the psychometric properties of these diverse approaches (inter-rater reliability, convergent validity, predictive validity).

The review yielded studies reporting on the validity and reliability of eight IPV specific actuarial instruments and three general actuarial risk assessment measures. The range of area under the curve (AUC) values reported for the validity of the Ontario Domestic Assault Risk Assessment (ODARA; Hilton, et al., 2004) predicting recidivism was good to excellent (0.64 – 0.77). The single study that reported on the Domestic Violence Risk Appraisal Guide (DVRAG; Hilton, Harris, Rice, Houghton, & Eke, 2008) reported an AUC = 0.70 ($p < .001$). The inter-rater reliability for both instruments was excellent. The Domestic Violence Screening Inventory (DVSI, Williams & Houghton, 2004) and Domestic Violence Screening Inventory – Revised (DVSI-R; Williams & Grant, 2006) were found to be good predictors of new family violence incidents and IPV recurrence (AUC range 0.61 – 0.71). Three studies examined the Psychopathy Checklist – Revised (PCL-R; Hare, 1991, 2003) and Violence Risk Appraisal Guide (VRAG; Harris, Rice, & Quinsey, 1993; Quinsey, Harris, Rice, & Cormier, 2006), neither of which are IPV specific, reporting AUCs ranging from 0.66 – 0.71 and 0.67 - 0.75, respectively. The Level of Service Inventory – Revised (LSI-R; Andrews & Bonta, 1995, 2000, 2001) and Level of Service Inventory – Ontario Revision (LSI-OR; Andrews, Bonta, & Wormith, 1995) were discussed in four articles, reporting two AUC values of 0.50 and 0.73, both of which were predicting IPV recidivism.

Two structured professional judgment instruments were included in the review, the Spousal Assault Risk Assessment guide (SARA; Kropp, Hart, Webster, & Eaves, 1994, 1995, 1999, 2008) and the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER; Kropp, Hart, & Belfrage, 2005). The SARA research reports nine AUCs ranging from 0.52-0.65. The interrater reliability (IRR) for the SARA was excellent for total scores, good for the summary risk ratings, and poor for the critical items. Although neither of the articles examining the B-SAFER reported the predictive validity of the instrument one did report the IRR based on 12 cases with a mean interclass coefficient (ICC) of 0.57.

The current literature for the Danger Assessment (DA; Campbell, 1986; Campbell, Webster, & Glass, 2009) and unstructured Victim Appraisals do not provide a clear picture of the validity and reliability of these two approaches to ascertaining an abuser's future risk of IPV. The DA has the largest body of literature behind it, but there are limitations in the research that inhibit a clear determination of the psychometric properties of the measure, thus far. Victim appraisals of the risk of future IPV show some evidence of predictive accuracy, even exhibiting greater predictive validity than some risk assessment instruments (Heckert & Gondolf, 2004) and adding significantly to regression models (Weisz et al., 2000); however, further research is needed to determine the best means with which to collect the victim's reports and determining the conditions (e.g., stalking) and characteristics of victims that should be considered (e.g., PTSD, substance use).

Overall, the literature reveals moderate postdictive/predictive accuracy across measures with little evidence to support one as being highly superior to others, particularly given the

heterogeneity of perpetrators and victims, study limitations, and the small body of empirical literature to date. Although lethal assault (which might reflect femicide, filicide, and/or familicide) is of greatest concern, the necessary evidentiary basis for recommending a measure to assess for risk of lethal IPV violence is highly limited (also see Bowen, 2011; Guo & Harstall, 2008; Hart & Watt, 2008).

Several themes emerged when we examined the synthesized literature: (1) There is a relatively small body of empirical evidence evaluating IPV violence risk assessment measures. (2) The need for continued advancements in the methodological rigor of the research including prospective studies, research that compares multiple measures within single studies, and research that uses large samples and appropriate outcome indicators. Particularly challenging is studying the predictive validity of measures intended to predict femicide. There also is a need for increased consistency in adhering to measure guidelines in evaluation studies (i.e., coding the measures in the manner recommended), obtaining criterion data from multiple and reliable sources and using outcome data that matches the intended use of the risk assessment measures. (3) A need to extend the investigation of the validity and reliability beyond North American borders and expand the cross-validation research to diverse samples (e.g., Gay- Lesbian – Bisexual-Transgendered; male victims/female perpetrators). (4) A particularly exciting development in IPV risk assessment research is evidence that risk assessments can serve to reduce risk levels (Belfrage et al., 2011).

In terms of clinical implications, the review demonstrates the considerable promise of several IPV risk assessment measures but generally reveals modest postdictive/predictive accuracy for most measures. Limited evidence for the superiority of actuarial vs. SPJ measures was evident. Similarly, IPV-specific risk assessment measures were not found to consistently outperform general violence risk assessment measures; however, we would recommend considerable caution in interpreting this finding given the small number of studies examining non-IPV measures and the fact that only one of those studies actually used IPV recidivism as the outcome criterion. We would assert this may largely be a reflection of poor study designs and procedures (e.g., not using the SARA in the preferred manner), particularly given meta-analyses in the risk assessment field have found context/outcome specific measure to have an advantage over non-population/offence specific measures (Singh, Grann, & Fazel, 2011). Given the challenges in comparing across studies and the heterogeneity of partner abusers it seems premature to recommend one preferred assessment measure/approach to clinicians. Victim appraisals, while the research has a considerable ways to go, were found to have clinical relevance. However, preliminary evidence suggests that clinicians may want to be particularly cautious when working with some sub-groups when taking into account victims' perceptions (e.g., PTSD symptoms, substance use, stalking and severe abuse experienced) and supplement the woman's input with an additional structured assessment.

When clinicians and administrators are faced with the challenge of determining which measure(s) to use to assess risk of IPV they should carefully consider the purpose of the assessment (Heilbrun, 2009). Assessors also should take into account the context, setting, and

resources when evaluating which measure best suits their needs. For instance, some structured professional judgment measures (e.g., SARA and PCL-R) may be more resource intensive than most actuarial measures making them inappropriate for certain circumstances (e.g., police responders; also see Coid et al., 2009) . In addition, many of the measures considered here require extensive professional training and expertise of the evaluator (e.g., PCL-R). Finally, consideration must be given to the characteristics of the population to be assessed (e.g., age, gender, ethnicity, socio-economic status) and the extent to which a measure has been cross-validated in similar samples is required (Heilbrun,2009).When validation research and empirical evidence is limited evaluators should be particularly cautious in the interpretation of results and should make the limitations clearly evident to stakeholders in their risk assessment documentation and communications. It is also important that measures are used as intended (e.g. administering measures and conducting interviews, reviewing criminal records and clinical files); therefore, if the setting and context does not lend itself to accessing the required information and sufficient time to complete each recommended component of an assessment the measure may not yield accurate information. In particular, assessors want to be clear about the outcome of concern (verbal abuse, physical abuse, severe violence, stalking, femicide?) and knowledgeable about relevant base rates (Heilbrun, 2009).

This review is intended to provide both researchers and clinicians with a comprehensive review of the state of the IPV risk assessment field; as such we were inclusive of studies by not excluding published findings based on study quality but rather describing the limitations of available research. Reflecting that objective and the heterogeneous nature of the research available we have provided a narrative review and did not provide common effect sizes via a meta-analysis. We also included only studies published in English from Westernized nations, published in peer-reviewed journals thereby limiting the generalizability of our conclusions. Based on the available literature, we are also unable to provide guidance on the clinical relevance and utility of these instruments with female perpetrators, male victims, and in same-sex relationships due to the lack of studies using relevant populations. The field at present is limited by the small number of studies that have addressed each instrument and due to diverse methodological limitations. The extant literature lacks prospective, longitudinal studies, studies comparing multiple instruments, studies that reflect the intended outcome and/or that utilize multiple sources of data to code outcome criteria, and studies that code the measures in the manner intended/include all items, thereby making conclusions tentative. For instance many studies of the SARA relied on file reviews in the absence of an interview. Also, the criterion variables either did not match the intended use of the instrument (e.g. the Danger Assessment was used to measure re-abuse) or relied on criminal records or self report, but rarely both. In recognizing these limitations we hope to guide future research. For the same reason we did not perform a meta analysis of the heterogeneous literature.

In conclusion, there is considerable room for further IPV risk assessment research. In particular, studies examining the incremental validity of using IPV specific variables or measures once taking into account general risk predictors (incremental validity) , prospective studies, and

rigorous designs comparing multiple measures in single studies and using relevant criterion variables are required.

#16 Effectiveness of primary prevention efforts of intimate partner violence

**Daniel J. Whitaker, Christopher M. Murphy, Christopher I. Eckhardt,
Amanda E. Hodges and Melissa Cowart**

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In this review, we did not take a strict definition of primary prevention. Specifically, studies were included as primary prevention study if the intervention targeted IPV, and did not select a sample of known victims or perpetrators. Studies included may have delivered interventions universally to a population, and that population may have included some prior victims and perpetrators. Or, the studies included may have targeted high risk, or “selected” populations for intervention some of whom may have already been victims or perpetrators.

Electronic databases were searched for IPV prevention studies. Two reviewers identified 19 articles published between 1993 and 2012 that were included in this review. Studies included (1) contained one or more interventions targeting physical or sexual partner violence perpetration or victimization, (2) used a experimental or quasi-experimental design study design that included a comparison or control group, and (3) measured at least one outcome relevant to IPV including behavior, knowledge, attitude, belief, or another related construct.

Of the 19 studies, 15 used experimental designs, the strongest design for inferring causation. All but two studies tested a single intervention against a control group. One tested two interventions against a control group, and another tested a short versus long version of the same intervention. All studies used some form of a curriculum-based intervention to effect IPV outcomes. Curriculum approaches as IPV prevention change strategies included: focusing on IPV knowledge, attitudes, and beliefs from a feminist and/or cognitive behavioral perspective; using social norms to change behavior; promoting help seeking and peer support; promoting the development of specific relationship skills; and, focusing on the legal and judicial aspects of IPV. Several studies included important non-curriculum based activities (e.g., community activities, a microloan program), but no studies were designed to examine the different effects of curriculum vs. non-curriculum based activities. About two thirds (n = 13) of the interventions were conducted in school settings, and the rest were conducted in community settings. There was large variation in sample size with samples ranging from 37 to 2310 participants.

Of the 19 studies, 9 were determined to be methodologically strong in most aspects: use of randomized designs, acceptable retention rates, sufficient follow-up assessments, and use of valid measures of IPV behavior. Four of the studies were conducted in school settings, and five were conducted in non-school settings. Of the five school-based studies, only one found unqualified positive results on IPV behavior. Over four years, the Safe Dates program was shown to reduce IPV perpetration (psychological abuse, mild physical abuse, and sexual abuse)

and victimization (physical IPV). The program was equally effective for boys and girls, for all race/ethnicities included, and for teens who had experienced IPV and those who had not.

Of the five non-school based studies, each showed some positive effect on IPV behaviors. The five studies included two community-based interventions with group curricula and non-curriculum based activities (one set in Limpopo Kenya), two interventions that worked with couples (one in groups, one one-on-one), and one family-based intervention in which parents and teens discussed dating violence. Each of the five interventions found some reduction IPV following the intervention.

This review found several programs that were effective in preventing IPV. Community-based programs were particularly effective in this review. Although many research questions remain regarding prevention programming, it is not too early to consider implementing some programs broadly. Prevention activities have traditionally been underutilized compared to programs for identified perpetrators and victims. Because prevention is generally cost-effective, programming is badly needed to prevent IPV before it begins.

There are several areas of need for future work of IPV prevention studies. First, although several programs were found that affected IPV behavior, no studies were replicated. Second, several of the effective programs included multiple components (curriculum plus community activities) but no analyses were reported that determined which components accounted for the positive study findings. Third, future research will need to examine whether IPV prevention can be delivered with prevention programs that targeted other risk behaviors that emerge in adolescence such as risky sexual behavior, substance use, and peer violence. Last, if prevention programs will be implemented broadly, implementation and dissemination research is needed to understand how best to implement those programs with fidelity to maintain program effectiveness.

#17 The Effectiveness of Intervention Programs for Perpetrators and Victims of Intimate Partner Violence

**Christopher I. Eckhardt, Christopher M. Murphy, Daniel J. Whitaker,
Joel Sprunger, Rita Dykstra, & Kim Woodard**

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The review involved a detailed summary of all studies published primarily since 1990 using randomized or quasi-experimental designs that compared an active intervention program to a relevant comparison condition. These studies included 20 studies investigating the effectiveness of ‘traditional’ forms of batterer intervention programs (BIPs) aimed at perpetrators of IPV, 10 studies that investigated the effectiveness of alternative formats of BIPs, 16 studies of brief intervention programs for IPV victim-survivors, and 15 studies of more extended intervention programs for IPV victim-survivors.

Results indicated that interventions for IPV perpetrators showed mixed evidence of effectiveness regarding their ability to lower the risk of IPV, and available studies had many

methodological flaws that produced biased findings affected by various design and interpretive limitations. More recent investigations of novel programs with alternative content have shown more promising results in reducing IPV likelihood, although caution is in order given the limited scope of this research and challenges affecting whether these novel interventions can indeed be broadly implemented in criminal justice settings. Among interventions for victim-survivors of IPV, a range of therapeutic approaches have been shown to produce enhancements in emotional functioning, with the strongest support for CBT approaches in reducing negative symptomatic effects of IPV. Studies examining brief interventions for victim-survivors have reported inconsistent effects. Several studies have found significant increases in safety behaviors, but enhanced use of community resources is often not found. Overall, it remains unclear whether brief safety interventions produce longer-term reductions in IPV re-victimization. Among more structured interventions for survivor-victims, supportive advocacy in community settings has been shown to reduce the frequency of re-victimization relative to no-treatment controls, although rates of re-victimization remain alarmingly high in these studies.

The results of this review suggest at least two important recommendations regarding intervention programs for IPV perpetrators and victims. First, the accumulated findings suggest that some intervention programs for IPV perpetrators and victims are effective at reducing the likelihood of IPV and improving individuals' quality of life. However, the quality of research underlying these findings is not of consistently high quality, the breadth of findings is quite limited, and the strength of these effects varies considerably depending on the population studied. Nevertheless, if one asks the question of whether there is evidence indicating whether programs are indeed effective at preventing new episodes of violence and improving the lives of survivor-victims, then the answer appears to be a somewhat qualified 'yes.' This affirmative conclusion applies more directly to interventions for victim-survivors, whereas conclusions about interventions for perpetrators are far more equivocal.

Second, there is little evidence to indicate the superiority of one type of intervention over another. The available research suggests that a wide variety of interventions appear to reduce or eliminate IPV among perpetrators and victims. Thus, there is no empirical justification for agencies, state organizations, judges, mental health professionals, or others involved in improving the lives of those impacted by IPV to limit the type of services offered to clients, or to restrict the theoretical and ideological underpinnings of such methods. For example, some of the strongest IPV-preventive effects among BIPs were associated with alternative, non-traditional interventions that focus on constructs such as readiness to change or motivational enhancement methods. This suggests that practitioners and policymakers should consider and attempt to implement a variety of different intervention methods for both perpetrators and victims in order to reduce IPV.

The results of this review also indicate that the research base underlying this area of inquiry is severely limited. We were able to identify only 30 studies of BIPs and 31 studies of intervention for victim-survivors that met our inclusion criteria. This is a critically small number of intervention studies for an area of such public health significance. A variety of important

limitations were present among available studies. Most were conducted in the U.S., most presented the kinds of biased conclusions that follow from the use of non-randomized designs, most had significant design implementation problems, and there were few attempts at replication. Future researchers in this area would be wise to broaden the type of interventions under evaluation to extend beyond the typical and traditional intervention packages that currently exist, and to examine whether specific components of interventions are associated with behavior change. In addition, researchers should extend the types of outcomes assessed beyond measures of recidivism, and to study a wider range of perpetrators and victims (e.g., studying female perpetrators and/or male victims; examining treatment effectiveness in non-U.S. samples).

About the Authors

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Dr. Capaldi is currently on the editorial board of the *Journal of Family Psychology*, *Child Development*, *Journal of Marriage and Family* and the *Journal of Adolescence*. She has served on numerous grant review committees. She is the author of many journal articles and book chapters. In 1998 she was awarded the Boyd McCandless Award for scientific achievement in early career from American Psychological Association, Division 7. She is a member of a number of professional societies and a regular participant at meeting symposia, as well as speaking at NIH conferences. In October 2004, she was an invited speaker at the NIH State-of-the-Science Conference on Preventing Violence and Related Health-Risking Social Behaviors in Adolescents. In December 2007 she was co-chair of the conference on Teen Dating Violence: Developing a Research Agenda to Meet Practice Needs (NIH, NIJ, CDC), Arlington, VA.

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Dr. Desmarais' program of research examines issues related to mental illness, substance use, and violence in criminal justice and health care settings. She is currently focused on the development, validation, and implementation of evidence-based practices for the prevention of adverse outcomes among mentally disordered offenders and victims of partner violence. In 2008, Dr. Desmarais received the Alice Wilson Award from the Royal Society of Canada and the Postdoctoral Prize from the Social Sciences and Humanities Research Council of Canada for her research examining the effectiveness of partner violence interventions in improving health outcomes among pregnant women.

Dr. Desmarais is a trainer and co-author of the *Short-Term Assessment of Risk and Treatability* (START; Webster et al., 2004, 2009). With her START co-authors, Dr. Desmarais has trained mental health and legal professionals worldwide. She provides online consulting to researchers, clinicians, and administrators who have implemented START in their services and is first author of the *START Instructors' Guide and Workbook* (Desmarais et al., 2007). Dr. Desmarais is also actively engaged in community service, including serving on the Hillsborough County Domestic Violence Fatality Review Committee and the Family Justice Center of Hillsborough County's Child Welfare/Domestic Violence Policy Group's Steering Committee.

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Naomi Knoble is a doctoral student in Counseling Psychology at the University of Oregon. Ms. Knoble earned a M.Ed. in Couples and Family Therapy from the University of Oregon in 2005. She is currently a predoctoral research fellow (funded through NIMH) at the Child and Family Center at the University of Oregon. Her research focuses on risk and protective factors for violence in family and romantic relationships.

Amie Langer, M.A. is a predoctoral researcher at the University of Iowa. She earned her undergraduate degree in psychology from Iowa State University and her M.A. in clinical psychology from the University of Iowa. Ms. Langer’s research is focused on developing and testing empirically-supported interventions for emotional and behavioral dysregulation. With Dr. Lawrence and Ms. Orengo-Aguayo over past three years, Ms. Langer has been involved in developing an empirically-based intervention based on third-wave behavior therapies such as Acceptance and Commitment Therapy (ACT) aiming to reduce violent behaviors among men convicted of domestic assault.

Teri Lambert, M.A., is a member of the American Counselor’s Association and is currently the Mental Health Specialist for the Family Violence Council and the Southwestern Judicial District Court in Americus, Georgia. Ms. Lambert began her work in the field of violence against women in 1999 as a volunteer advisory board member and president for the domestic violence shelter in Yuma, Arizona. In 2001 she began working as the Domestic Violence Paralegal for the Yuma County Attorney’s Office. She completed her Bachelor’s Degree in Criminal Justice from Northern Arizona University – Yuma Branch Campus in 2003. While working with the prosecutor’s office, Ms. Lambert coordinated a Dating/Domestic and Sexual Violence Prevention Program for the local junior and senior high schools. She also provided training in domestic violence response to local law enforcement agencies. In 2008-2009, Ms. Lambert was the Coordinator for the Arizona Western College/Northern Arizona University-Yuma Branch Campus Violence Prevention Program. She then worked as Executive Director of the Arizona Sexual Assault Network. Ms. Lambert received her Master’s in Community Counseling from

NAU-Yuma in 2011, completing her practicum and internship at Catholic Community Services (CCS) emphasizing her studies in trauma counseling. Ms. Lambert was then hired as a counselor at CCS, counseling trauma victims and substance abuse clients. Through her experience, Ms. Lambert has established herself as an expert in the area of domestic and sexual violence, including abuse against Native American women for which she produced a training video. She has spoken locally and nationally on domestic violence, addressing audiences including law enforcement agents, advocates, prosecutors and educators.

Jennifer Langhinrichsen-Rohling, Ph.D., is a Psychology Professor at the University of South Alabama. She obtained her Bachelor's degree in Psychology from Brown University and her Master's and Ph.D. degrees in Clinical Psychology from the University of Oregon. She completed her clinical internship at the Palo Alto VA/Stanford Medical Center, and a two-year NIMH funded fellowship in marital violence at SUNY-Stony Brook. Her research focuses on gender, intimate partner violence, and at-risk adolescents. She has published over 70 empirical papers and book chapters on these topics in journals including *Violence and Victims*, *Journal of Family Violence*, *Journal of Interpersonal Violence*, *Journal of Family Psychology*, and *Psychology of Women*. For the past three years, she has been developing, implementing, and disseminating data on a domestic violence prevention/relationship enhancement program she designed called *Building a Lasting Love*. She has targeted the program toward high-risk pregnant teens and adjudicated male youth.

Erika Lawrence, Ph.D. is an Associate Professor in the Department of Psychology at the University of Iowa. For almost two decades, she has been conducting basic and applied research examining the nature, developmental course, predictors and consequences of intimate partner violence. Her interests are broad and comprehensive: she is interested in (a) both low-level aggression and battering violence, (b) in the context of aggression enacted by both men and women, (c) in the related trajectories and consequences of verbal, psychological/ emotional, physical and sexual aggression, and (d) in the impact of violence on perpetrators, victims, relationships, and children. Erika is in the process of developing a primary prevention program targeting intimate partner violence in young adults, and is revising the standard Batterers Education Program used across the state of Iowa.

Katie Watson MacDonell, M.A., completed her undergraduate degree in Psychology at the University of Guelph with a minor in Criminal Justice and Public Policy. She went on to complete her Master's degree in Forensic Psychology at John Jay College of Criminal Justice. Since December 2007 she has worked as a research assistant with Dr. Miriam Ehrensaft on the 'Building Blocks: Teens and Young Adults Project'. Data from the first wave of this project were utilized for her Master's thesis, which explored the relationship between exposure to an antisocial father figure and attitudes toward intimate partner violence in preteens followed up 10 years after enrollment in a childhood intervention to prevent conduct disorder. Presently, Ms.

Watson MacDonell works as a clinical interviewer on the Teens and Young Adults project as well as completing manuscripts and conference presentations as part of Dr. Ehrensaft's research lab.

In 2009, after completing her Master's degree, Ms. Watson MacDonell was hired as Dr. Cathy Spatz Widom's full-time research assistant, working on her longitudinal data set that explores the long term effects of childhood maltreatment. Ms. Watson MacDonell has worked on a variety of grant applications, manuscripts and presentations, as well as having the opportunity to complete her own research. She is currently working on a manuscript exploring resilience, based on 7 domains of functioning, across three assessments in middle adulthood utilizing Dr. Widom's sample. She recently presented this study at the American Society of Criminology in November 2010 and will submit the manuscript for publication this spring. Ms. Watson MacDonell recently applied to go back to school to complete her PhD in Clinical Psychology.

Christopher D. Maxwell, Ph.D. is Associate Dean for Research in the College of Social Science and Associate Professor in the School of Criminal Justice at Michigan State University (MSU), and he is Associate Research Scientist in the Inter-University Consortium for Political and Social Research at the University of Michigan. He holds bachelor's degrees in sociology, criminal justice and psychology from Indiana University-Bloomington, and a master's degree and Ph.D. in criminal justice from Rutgers University. Dr. Maxwell's research interests include testing for the benefits and costs of sanctions and therapeutic treatments for spouse abusers, the impacts of police and court services on victims of domestic violence, the epidemiology of violence against women by intimates, and the extent and correlates of sexual assault by and against adolescents. His current focus is assessing the extent to which intimate partner violence offenders are prosecuted and whether more prosecution and sanctions lead to less subsequently violence. He has published numerous articles in journals, including *Criminology*, *Criminology and Public Policy*, *Justice Quarterly*, and *Journal of Quantitative Criminology*.

Adrienne McCullars, M.S. received a Bachelor of Science in Psychology from the University of Alabama at Birmingham in 2008. After college, Ms. McCullars was employed as a Psychologist Assistant for the UAB Department of Neurology Division of Neuropsychology. In this position, Ms. McCullars was promoted to Program Coordinator of an NIH funded study titled, Medical Decision-Making Capacity in Traumatic Brain Injury (RECLAIMED). Ms. McCullars obtained her Master of Science degree in Applied Psychology from the University of South Alabama in May 2012. During her graduate training, Ms. McCullars served as a research assistant under the mentorship of Dr. Langhinrichsen-Rohling. Ms. McCullar's research interests include adjudicated juvenile youth, intimate partner violence, and suicide related behaviors (suicide ideation, suicide attempt, and non-suicidal self-harm). Ms. McCullars is currently a doctoral student in the Combined-Integrated Clinical Counseling Program at the University of South Alabama.

Tiffany Misra, M.S. is a 4th year doctoral student in the Combined-Integrated Clinical Counseling Program at the University of South Alabama and is expected to graduate in 2013. Ms. Misra earned her undergraduate degree from the University of Georgia and her M.S. in Applied Psychology from the University of South Alabama. Before pursuing graduate training, Ms. Misra worked in the public health field predominantly with non-profit mental health organizations. While Ms. Misra has worked on research projects that include a variety of topics, currently her specific research interests are in the areas of intimate partner violence, nonsuicidal self-injurious behaviors, and issues concerning social justice. Ms. Misra has been conducting research with Dr. Langhinrichsen-Rohling for 5 years. Ms and her Master's Thesis investigated the perceptions of dating violence by comparing attributions of responsibility within the context of victim-committed sexual versus emotional infidelity. For her dissertation, she is investigating the Interpersonal-Psychological Theory of Suicidal Behavior among self-injurers, specifically concentrating on the characteristics of self-injury that may increase an individual's acquired capability for suicide.

Christopher Murphy, Ph.D. is Professor and Director of Clinical Training in the Department of Psychology at the University of Maryland, Baltimore County. He received his B.A. in Psychology at the University of New Hampshire and his Ph.D. in Clinical Psychology at Stony Brook University. His research focuses on the efficacy of cognitive - behavioral and motivational treatments for perpetrators of intimate partner abuse, the role of alcohol and drugs in partner abuse, motivation to change abusive behavior, and psychological abuse in dating and marital relationships. Dr. Murphy directs the New Behaviors Program for partner violent men at the Domestic Violence Center of Howard County, Maryland, where he is actively involved in clinical training and supervision. Dr. Murphy has over 50 publications, including the 2005 book, *Treating the Abusive Partner: An Individualized, Cognitive-Behavioral Approach* (co-authored with Christopher Eckhardt).

Dr. Tonia Nicholls obtained a Ph.D. with a specialization in Law and Forensic Psychology from Simon Fraser University in 2002. She is Associate Professor, Department of Psychiatry, University of British Columbia and Senior Research Fellow at the Forensic Psychiatric Services Commission, BC Mental Health & Addiction Services. She currently holds operating grants from the Canadian Institutes of Health Research and the Mental Health Commission of Canada. Her scholarly work earned her three "Brain Star" awards from the Institute of Neurosciences, Mental Health, and Addictions (Canadian Institutes of Health Research), the American Psychological Association Award for Distinguished Professional Contributions, and the Canadian Psychological Association President's New Researcher Award. Dr. Nicholls' research examines the intersections of law and mental health related to the provision of services to marginalized populations (homeless mentally ill, forensic patients, persons in conflict with the law). She is particularly interested in the assessment and treatment of violence and criminality and the development and implementation of evidence-based practices that bridge the research-clinical practice chasm. Her publications have covered diverse topics including inpatient

aggression in psychiatric settings, women in conflict with the law, psychopathy, the potential contribution of protective factors to the violence risk assessment field, and intimate partner abuse. She has been particularly active in knowledge exchange, publishing several manuals to inform evidence-based practice and being actively engaged in large-scale implementations and evaluations including measures to inform: violence risk assessments (Short-Term Assessment of Risk and Treatability (START), Webster, Martin, Brink, Nicholls, & Middleton, 2004; Webster, Martin, Brink, Nicholls, & Desmarais, 2009; START: Adolescent Version abbreviated manual, Nicholls, Viljoen, Cruise, Desmarais, & Webster, 2010; START:AV full manual, Viljoen, Nicholls, Cruise, Desmarais, & Webster, in prep), mental health screening in correctional settings (Jail Screening Assessment Tool, Nicholls, Roesch, Olley, Ogloff, & Hemphill, 2005) and assessments and safety planning with women coping with or escaping intimate partner abuse (Decision-making In Abusive Relationships Interview, Nicholls, Hilterman, Tengstrom, 2010). In 2007, she received a Michael Smith Foundation for Health Research Career Scholar award (2007-2013). She also presently holds a Canadian Institutes of Health Research New Investigator salary award (2011-2016).

Rosaura Orengo-Aguayo, M.A., is a 3rd year doctoral student at the Clinical Psychology Program at the University of Iowa. Ms. Orengo-Aguayo earned her B.A. in Psychology from the University of Puerto Rico and her M.A. in Clinical Psychology from the University of Iowa. Before pursuing graduate studies, Ms. Orengo-Aguayo was funded by NIMH Career Opportunities in Undergraduate Research Program (COR) to conduct research on intimate partner violence among Latina women and on relationship dynamics among low-income minority couples. She has also been awarded the National Academy of Science Ford Fellowship and the National Science Foundation Graduate Research Fellowship to conduct research on relationship dynamics and intimate partner violence among low-income Hispanic and black couples. During the past three years, Ms. Orengo-Aguayo has been actively involved in developing an empirically-based intervention based on third-wave behavior therapies such as Acceptance and Commitment Therapy (ACT) aiming to reduce violent behaviors among men convicted of domestic assault. Ms. Orengo-Aguayo is passionate about translating basic research into interventions that can improve the quality of life of underserved populations and hopes to continue this work in the future.

Michelle M. Pritchard received her BSc in psychology from Portland State University in Portland, Oregon. Ms. Pritchard is currently completing a Masters in Public Health degree at Simon Fraser University, British Columbia, Canada. Her final Masters project is examining Intimate Partner Violence risk assessment instruments from a public health perspective. She is also a project coordinator with the Forensic Psychiatric Services Commission, BC Mental Health and Addiction Services in Port Coquitlam, BC as well as in the Department of Psychiatry, Faculty of Medicine, University of British Columbia, Vancouver, Canada

Kim A. Reeves is a doctoral student of Clinical Psychology with a specialization in Forensics at Simon Fraser University in Burnaby, British Columbia, Canada. Ms. Reeves received her BA in

Psychology with a minor in Criminal Justice from The College of New Jersey in Ewing, NJ. She then earned her Masters of Arts in Forensic Psychology from John Jay College of Criminal Justice. Ms. Reeves worked as the Research Coordinator at the Bellevue/NYU Program for Survivors of Torture for one and a half years. During that time, she was part of the research team who investigated the Expedited Removal and Asylum Seeking process under the mandate of the United States Commission on International Religious Freedom. She decided to continue with her education and received her Masters of Arts in Clinical Psychology at SFU where she is now pursuing her Doctoral degree.

Ms. Reeves has been involved in a variety of research pertaining to torture, PTSD, and policy both in the US and abroad. During her time at John Jay and now at SFU, Ms. Reeves has focused on the study of risk assessment especially in the context of intimate partner violence and stalking. She has received several grants to support her research including being one of the inaugural winners of the Social Sciences and Humanities Research Council of Canada Vanier Canada Graduate Scholarship.

While studying at SFU, Ms. Reeves completed a practicum at the Vancouver Police Department in the Domestic Violence and Criminal Harassment Unit. She consulted with the police and helped them implement risk assessments in their daily practice and assisted in developing management plans for offenders and safety plans for victims. This work has informed her research on risk assessment as she firmly believes in the scientist-practitioner model in psychology.

Martin Rohling, Ph.D. received his Ph.D. in Clinical Psychology from the University of Alabama. He is currently a full Professor of Psychology at the University of South Alabama and also is the Director of Clinical Training for USA's Clinical and Community Psychology Ph.D. programs. Dr. Rohling is an expert in brain functioning and behavior. He is a renowned neuropsychologist with numerous empirical publications. He contributed statistical expertise to the current project.

Brenda Russell, Ph.D., is an Associate Professor of Psychology at Penn State Berks. She received her B.A. and M.A. in psychology from Central Connecticut State University and her Ph.D. in psychology from Saint Louis University. Her scholarly and teaching interests include psychology and law, perceptions of victims and perpetrators of domestic violence, homicide defendants, and the social psychological and cognitive aspects of jury decision making. She is particularly interested in how gender and sexual orientation play a role in evaluating defendants in cases of domestic violence, rape, sexual coercion, bullying, and sexual harassment. Her research on domestic violence can be seen in her book entitled *Battered Woman Syndrome as a Legal Defense: History, Effectiveness, and Implications*. Dr. Russell also serves as consultant and program evaluator for various federal and state educational, law enforcement, justice, and treatment programs. Her teaching interests include introduction to psychology, social

psychology, psychology and the law (forensic psychology), research methods, social cognition, program evaluation, careers in psychology, senior capstone, psychology of gender, and criminal investigation.

Candice Selwyn, B.A. received her undergraduate degree in Psychology in 2010 from the University of South Alabama, where she is currently a second year student pursuing a Master of Science degree in Applied Psychology. Over the past three years, Candice has actively pursued research topics associated with her interest in aggressive behaviors. Specifically, she has been involved in research projects investigating issues such as intimate partner violence, psychopathy, non-suicidal self harm, suicide proneness, and suicidal behaviors. She is currently in the process of applying for doctoral programs in both Clinical and Counseling Psychology and ultimately aspires to obtain a career in academia.

Stan K. Shernock, Ph.D., is the Charles A. Dana Professor and chair of the Department of Justice Studies and Sociology at Norwich University. He received his B.A. in criminology from the University of California (Berkeley), his M.A. in sociology from Indiana University, and his Ph.D. in sociology from the University of Virginia. He has served as president of the North-eastern Association of Criminal Justice Sciences, as a member of different committees of the American Society of Criminology and Academy of Criminal Justice Sciences, as a consultant to the National Institute of Justice, as an editorial board member of five journals of criminal justice, and as book review editor of another. He has published numerous articles on policing topics, as well as on other aspects of criminal justice and sociology.

Joann Wu Shortt, Ph.D., is a Research Scientist at the Oregon Social Learning Center. She received her Ph.D. from the University of Washington. Shortt investigates how family and peer relationships including siblings and couples shape our development across the life span. Her research focuses on emotion processes such as emotion regulation, physiological functioning, and parent socialization of children's emotions. This work has involved observational methodology to understand interactional processes and mechanisms at work in predicting relationship outcomes, intimate partner violence, and child/adolescent/adult psychopathology. Shortt has been a co-investigator on the Oregon Youth Study-Couples Study for over 10 years. She is currently the Principal Investigator on a cross-site study developing an emotion-focused parenting intervention for high-risk mothers to promote emotion regulation and emotion-coaching skills.

Penny Shtull, Ph.D. is an associate professor of criminal justice at Norwich University in Vermont. She earned a Ph.D. and M.Phil. in Criminal Justice, as well as a M.A. in Forensic Psychology from John Jay College of Criminal Justice in New York City, and a B.S.W. from McGill University in Montreal.

In addition to her publications in police and criminological journals, Dr. Shtull has served as a consultant for various organizations, state agencies and consulting firms including the Police Foundation (Washington, D.C.); the New York City Police Department; the Vera Institute of Justice (N.Y.); the Criminal Justice Research Center (N.Y.); the Vermont Center for Justice Research; the Burlington Police Department (VT); the Vermont Department of Corrections; the Chittenden Unit for Special Investigations (CUSI); the Vermont Criminal Justice Training Council; the Vermont Children's Alliance and the Sexual Assault Nurse Examiner (SANE) Program; and Margolis, Healy and Associates. In addition, she has served on the Washington County, Vermont Sexual Assault Review Team, the Vermont Department of Corrections Reporative Probation Board, and the Educational Advisory Board at the Northwest State Correctional Center. Professor Shtull is a Past President of the Northeastern Association of Criminal Justice Sciences (NEACJS) and has served on its executive board in various capacities since 1997. In June 2009, she was the recipient of the Northeastern Association of Criminal Justice Sciences Association's Founders Award in recognition of her service and significant and outstanding contributions to the Association. Dr. Shtull is currently engaged in research that is focused on a multidisciplinary team approach to the investigation and response to child sexual abuse in VT

Michael A. Skibo earned his B.A. from Furman University in 2009 and is now a graduate student of Developmental Psychology in the Department of Clinical and Social Sciences in Psychology at the University of Rochester. Presently, he is supervising a NINR-funded longitudinal study of mother-child relationships, attachment, and physiological regulation. His research is concerned with the influence of family processes on children's emotion regulation and physiological regulation. In particular, he is interested in relationships between parenting and children's ability to self-regulate in the face of stress

Melissa Sturge-Apple, Ph.D., is an Assistant Professor in the Department of Clinical and Social Sciences in Psychology at the University of Rochester. Dr. Sturge-Apple earned a M.Ed. from Harvard University in the area of Risk and Prevention, and worked as a family counselor for five years. After this, she returned to school and received her Ph.D. in Developmental Psychology from the University of Notre Dame and served as a post-doctoral fellow at the Mt. Hope Family Center. Her research focuses on understanding family processes, child coping and adaptation to family contexts, and children's socio-emotional adjustment. She is an author on over 25 publications and is a recipient of the Reuben Hill Research and Theory Award from the National Council on Family Relations. Her research is currently funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the National Institute of Nursing Research.

Joel G. Sprunger, B.A. is a graduate student in the doctoral Clinical Psychology program at Purdue University, West Lafayette, IN. He received his B.A. in Psychology from Purdue

University at the Indiana University - Purdue University Fort Wayne campus. Joel's research interests include the examination of risk factors for intimate partner violence in terms of the processes through which these factors impact the likelihood of future abusive events and how this information may better inform treatment/prevention efforts.

Robin P. Telford, M.A., is a doctoral student in Public Health at the University of South Florida in the Department of Community and Family Health. Her specific area of study is behavioral health. She received her master's degree in forensic psychology from Marymount University. Her research interests include treatment of individuals in the criminal justice system and delivery of mental health services, with a specific focus on individuals with serious mental illness, especially schizophrenia spectrum disorders. She currently works as the project manager on a grant designed to improve reentry services for justice-involved adults with a serious mental illness in Miami-Dade County.

Carolyn West, Ph.D., is Associate Professor of Psychology at the University of Washington, where she teaches courses on Family Violence and Human Sexuality. She writes, trains, consults, and lectures internationally on interpersonal violence and sexual assault, with a special focus on African American women. She has developed culturally sensitive domestic violence/sexual assault training material for a variety of organizations, including the Supreme Court of Ohio and City of Seattle Human Services Division. Dr. West frequently delivers keynote addresses and workshops for State Coalitions Against Domestic Violence and Sexual Assault (California, Maryland, Oregon, Washington, Wisconsin). Dr. West has lectured internationally and conducted workshops and presented papers at more than 100 conferences, including those of the American Psychological Association. She has given invited presentations at universities around the country, including Harvard University, Howard University School of Divinity, and Columbia University Law School. Dr. West also has given television, radio, newspaper, and magazine interviews (*Essence*, *Washington Post*, National Public Radio). She has served as an expert witness in domestic violence cases involving victim-defendants (women who use violence in self-defense) and testified at Congressional Briefings in Washington, DC.

Dr. West has authored or co-authored more than 40 journal articles and book chapters. She is editor/contributor of *Violence in the Lives of Black Women: Battered, Black, and Blue* which was published by Haworth Press in 2002 (winner of the 2004 Carolyn Payton Early Career Award). In recognition of her scholarship, she received the *Outstanding Research Award in the Field of Domestic Violence in the African American Community* from the University of Minnesota's Institute on Domestic Violence in the African American Community (2000). In 2005, she was honored as the first holder of the Bartley Dobb Professorship for the Study and Prevention of Violence. Dr. West also is a Fellow of the American Psychological Association.

Zeev Winstok, Ph.D., an Associate Professor at the Faculty of Social Welfare & Health Sciences and a Research Fellow at the Center for the Study of Society at the University of Haifa, Israel, received a Ph.D. from the University of Haifa, Israel, followed by a post-doctoral fellowship at the Center for Research on Youth and Social Policy, School of Social Policy and Practice, University of Pennsylvania. His research focuses on a wide range of family violence, including partner violence, children's exposure to interparental violence, and parents' use of violence against their children. During the past decade, Professor Winstok won prestigious research grants, including a grant for a longitudinal study of the escalation of conflicts to violence among partners from the Israel Scientific Foundation, published dozens of articles in refereed journals in his field, such as *Interpersonal Violence*, *Violence Against Women*, and *Aggressive Behavior* and presented his work at numerous international conferences in his field. His book "Partner Violence: A New Paradigm for Understanding Conflict Escalation" is due for publication by Springer in late 2012 as part of The Springer Series on Human Exceptionality.

Daniel J. Whitaker, Ph.D., received his doctorate in Psychology from the University of Georgia in 1996. He worked as a research scientist at the Centers for Disease Control and Prevention from 1997 to 2007, and he was a Team Leader in the Division of Violence Prevention, leading a team in the prevention of partner violence and child maltreatment. In 2008, Dr. Whitaker became a Professor of Public Health at Georgia State University and the Director of the National SafeCare® Training and Research Center. Since then, his work has been funded by the Centers for Disease Control, the Department of Justice, the Doris Duke Charitable Foundation, and the Annie E. Casey foundation. Dr. Whitaker has published two books over 50 manuscripts and book chapters, including papers in the *American Journal of Public Health*, *Child Maltreatment*, and *Aggression and Violent Behavior*. He is on the editorial board for the journal *Child Maltreatment and Partner Violence*, and has served as the CDC advisor to the American Medical Association's National Advisory Committee on Violence and Abuse, and on the advisory board for Healthy Families Georgia and the National Family Preservation Network.

Kim Woodard received her BA in 2011 from the University of Maryland, Baltimore County, where she majored in Psychology as well as Gender and Women's Studies, and also minored in Sociology. Her undergraduate studies included internship placements at the American Psychological Association and the Domestic Violence Center of Howard County, Maryland. Ms. Woodard's research interests focus on relationship functioning and intimate partner violence.

Project Supervising Editor

John Hamel, LCSW, has a Masters in Social Welfare from U.C.L.A., and has conducted batterer intervention and parent programs in the San Francisco Bay Area since 1992. He is the author, editor or co-editor of several books on family violence, including *Gender-Inclusive Treatment of Intimate Partner Abuse* (Springer, 2005), *Family Interventions in Domestic*

Violence: A Handbook of Gender-Inclusive Theory and Treatment (Springer, 2007), and *Intimate Partner and Family Abuse: A Casebook of Gender Inclusive Therapy*, published by Springer in 2008. Mr. Hamel is Editor-in-Chief of the peer-reviewed professional journal, *Partner Abuse*, published quarterly by Springer Publishing. He regularly speaks at conferences on domestic violence theory, research and practice, and has provided consultation and training to mental health professionals, victim advocates and shelter workers, social service organizations, teachers, attorneys, judges and law enforcement officers. He also provides case consultation and expert witness testimony. Mr. Hamel can be contacted at johnmhamel@comcast.net, or www.johnhamel.net