Partner Abuse State of Knowledge Project
Findings At-a-Glance

Sponsored by the Journal *Partner Abuse*, John Hamel, LCSW, Editor-in-Chief


Editor’s Note: This is an abridged version of the Overview of Findings by the Authors document, which summarizes the results of the Partner Abuse State of Knowledge Project, a comprehensive, 2,657-page review of the domestic violence research literature. To access the 17 manuscripts and/or the free online summary tables, go to www.springerpub.com/pa. Under “Online Resources” click on: The Partner Abuse State of Knowledge Project Free Online Data Base.

Prevalence of Partner Abuse

Victimization

- Overall, 24% of individuals assaulted by a partner at least once in their lifetime (23% for females and 19.3% for males)
- Higher overall rates among dating students
- Higher victimization for male than female high school students
- Lifetime rates higher among women than men
- Past year rates somewhat higher among men
- Higher rates of intimate partner violence (IPV) among younger, dating populations “highlights the need for school-based IPV prevention and intervention efforts”

Perpetration

- Overall, 25.3% of individuals have perpetrated IPV
- Rates of female-perpetrated violence higher than male-perpetrated (28.3% vs. 21.6%)
- Wide range in perpetration rates: 1.0% to 61.6% for males; 2.4% to 68.9% for women,
- Range of findings due to variety of samples and operational definitions of PV

Emotional Abuse and Control

- 80% of individuals have perpetrated emotional abuse
- Emotional abuse categorized as either expressive (in response to a provocation) or coercive (intended to monitor, control and/or threaten)
- Across studies, 40% of women and 32% of men reported expressive abuse; 41% of women and 43% of men reported coercive abuse
- According to national samples, 0.2% of men and 4.5% of women have been forced to have sexual intercourse by a partner

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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.
• 4.1% to 8% of women and 0.5% to 2% of men report at least one incident of stalking during their lifetime
• Intimate stalkers comprise somewhere between one-third and one half of all stalkers.
• 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 physical stalking

Context

Bi-directional vs. Uni-directional
• Among large population samples, 57.9% of IPV reported was bi-directional, 42% unidirectional; 13.8% of the unidirectional violence was male to female (MFPV), 28.3% was female to male (FMPV)
• Among school and college samples, percentage of bidirectional violence was 51.9%; 16.2% was MFPV and 31.9% was FMPV
• Among respondents reporting IPV in legal or female-oriented clinical/treatment seeking samples not associated with the military, 72.3% was bi-directional; 13.3% was MFPV, 14.4% was FMPV
• Within military and male treatment samples, only 39% of IPV was bi-directional; 43.4% was MFPV and 17.3% FMPV
• Unweighted rates: bidirectional rates ranged from 49.2% (legal/female treatment) to 69.7% (legal/male treatment)
• Extent of bi-directionality in IPV comparable between heterosexual and LGBT populations
• 50.9% of IPV among Whites bilateral; 49% among Latinos; 61.8% among African-Americans

Motivation
• Male and female IPV perpetrated from similar motives – primarily to get back at a partner for emotionally hurting them, because of stress or jealousy, to express anger and other feelings that they could not put into words or communicate, and to get their partner’s attention.
• Eight studies directly compared men and women in the power/control motive and subjected their findings to statistical analyses. Three reported no significant gender differences and one had mixed findings. One paper found that women were more motivated to perpetrate violence as a result of power/control than were men, and three found that men were more motivated; however, gender differences were weak
• 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. Four papers did not find statistically significant gender differences, and one paper reported that men were more likely to report this motive than women. Authors point out that it might
be particularly difficult for highly masculine males to admit to perpetrating violence in self-defense, as this admission implies vulnerability.

- Self-defense was 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.
- None of the studies 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.
- Jealousy/partner cheating seems to be a motive to perpetrate violence for both men and women.

Risk Factors

- Demographic risk factors predictive of IPV: younger age, low income/unemployment, minority group membership
- Low to moderate correlations between childhood-of-origin exposure to abuse and IPV
- Protective factors against dating violence: Positive, involved parenting during adolescence, encouragement of nonviolent behavior; supportive peers
- Negative peer involvement predictive of teen dating violence
- Conduct disorder/anti-social personality risk factors for IPV
- Weak association between depression and IPV, strongest for women
- Weak association overall between alcohol and IPV, but stronger association for drug use
- Alcohol use more strongly associated with female-perpetrated than male-perpetrated IPV
- Married couples at lower risk than dating couples; separated women the most vulnerable
- Low relationship satisfaction and high conflict predictive of IPV, especially high conflict
- With few exception, IPV risk factors the same for men and women

Impact on Victims, Children and Families

Impact on Partners

- Victims of physical abuse experience more physical injuries, poorer physical functioning and health outcomes, higher rates of psychological symptoms and disorders, and poorer cognitive functioning compared to non-victims. These findings were consistent regardless of the nature of the sample, and, with some exceptions were generally greater for female victims compared to male victims.
- Physical abuse significantly decreases female victims’ psychological well-being, increases the probability of suffering from depression, anxiety, post-traumatic stress disorder (PTSD) and substance abuse; and victimized women more likely to report visits to mental health professionals and to take medications including painkillers and tranquilizers.
Few studies have examined the consequences of physical victimization in men, and the studies that have been conducted have focused primarily on sex differences in injury rates.

When severe aggression has been perpetrated (e.g., punching, kicking, using a weapon), rates of injury are much higher among female victims than male victims, and those injuries are more likely to be life-threatening and require a visit to an emergency room or hospital. However, when mild-to-moderate aggression is perpetrated (e.g., shoving, pushing, slapping), men and women tend to report similar rates of injury.

Physically abused women have been found to engage in poorer health behaviors and risky sexual behaviors. They are more likely to miss work, have fewer social and emotional support networks 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.

Psychological victimization is strongly associated with symptoms of depression and suicidal ideation, anxiety, self-reported fear and increased perceived stress, insomnia and poor self-esteem.

Psychological victimization is at least as strongly related as physical victimization to depression, PTSD, and alcohol use as is physical victimization, and effects of psychological victimization remain even after accounting for the effects of physical victimization.

Because research on the psychological consequences of abuse on male victims is very limited and has yielded mixed findings (some studies find comparable effects of psychological abuse across gender, while others do not) it is premature to draw any firm conclusions about this issue.

**Effects of Partner Violence and Conflict on Children**

- Significant correlation between witnessing mutual PV and both internalizing (e.g., anxiety, depression) and externalizing outcomes (e.g., school problems, aggression) for children and adolescents
- Exposure to male-perpetrated PV: Worse outcomes in internalizing and externalizing problems, including higher rates of aggression toward family members and dating partners, compared to no exposure
- Children and teens exposed to female-perpetrated PV significantly more likely to aggress against peers, family members and dating partners compared to those not so exposed
- Results mixed regarding additive effect of exposure to PV and experiencing direct child abuse
- Witnessing PV in childhood correlated with trauma symptoms and depression in adulthood
- Child abuse correlated with family violence perpetration in adulthood
- Children more impacted by exposure to conflict characterized by contempt, hostility and withdrawal compared to those characterized only by anger
- Greater impact when topic discussed concerns the child (e.g., disagreements over child rearing, blaming the child)
• High inter-parental conflict/emotional abuse leads to a decrease in parental sensitivity, warmth and consistent discipline; and an increase in harsh discipline and psychological control
• Neurobiological and physical functioning mediate relationship between inter-parental conflict and negative child outcomes
• Maternal behaviors somewhat more affected than paternal behaviors, but findings are equivocal, given difficulty in disaggregating male and female perpetrated conflict from couple level operationalizations
• Greater effects found for mother-child relationships and child outcomes through the toddler years; greater effects found for father-child relationships and child outcomes during the school-age years
• Family systems theory useful in understanding how discord in one part of the family can impact functioning in the family as a whole, even if it poses some methodological and explanatory challenges

Partner Abuse in Other Populations

Partner Abuse in Ethnic Minority and LGBT Populations
• African-Americans: Older studies found higher rates of male-to-female partner violence (MFPV); recent studies have found higher rates of female-to-male partner violence (FMPV)
• Psychological aggression reported at significantly higher rates than physical aggression
• As with White populations, minor/moderate aggression far more prevalent among Black couples than severe aggression
• In dating studies, no gender differences found in rates of physical or psychological victimization, but women reported higher rates of physical aggression than men
• Latinos: Mutual and minor/moderate PV most prevalent, but not as much as psychological aggression
• No gender differences for physical or psychological aggression, except among migrant farmworkers where MFPV was highest
• Asian Americans: The one general population study found percentage of mutual violence perpetration to be one-third of total
• Overall rates of PV comparable across gender in large population, community and dating samples
• Lowest rates found among Vietnamese, compared to respondents who identified as Filipino, Chinese or others of Asian descent
• Native Americans: Only three studies found; women reported higher rates of victimization than men, and reported higher levels of injuries incurred
• Risk factors for ethnic minority PV include: substance abuse, low SES, and violence exposure and victimization in childhood
• LGBT populations: Higher overall rates compared to heterosexual populations
Inconsistent findings regarding PV differences between same-sex subgroups
Risk factors for LGBT groups include discrimination and internalized homophobia

**Partner Abuse Worldwide**

- 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.
- A total of 40 articles (73 studies) in 49 countries contained data on both male and female IPV, with 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 made for sexual PV, rates were found to be higher for female perpetration /male victimization in 7 comparisons (37%).
- When only adult samples from large population and community surveys were considered, the overall percentage of partner abuse that was higher for female perpetration /male victimization compared to male perpetration/female victimization, or the same, was found to be 44% for adult IPV, although in many comparisons, the differences were slight.
- Studies reporting on female victimization only found the lowest rates for physical abuse victimization in a large population study in Georgia (2%, past year), and the highest in a community survey in Ethiopia (72.5% past year). On the higher end, rates of physical PV far exceed the average found in the United States.
- The lowest rates of psychological victimization were found in large population study in Haiti (10.8% past year); highest was 98.7% in Bangkok, Thailand (past year).
- 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 rates as low as 1% in Georgia (past year); highest rates were found in a study of secondary school students in Ethiopia (68%, lifetime).
- 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.
- 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.

- 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.

- In contrast to the U.S., 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.

- 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.

- 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.

- 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. Male dominance scores were not found to be predictive of male partner violence perpetration; however, female dominance scores explained 47% of the variance of female partner violence perpetration.

The Role of Law Enforcement and the Criminal Justice System

The Crime Control Effects of Criminal Sanctions

- Possible causal mechanisms for the effectiveness of arrest and prosecution: fear of sanctions and victim empowerment; however, because none of the reviewed studies adequately
measure such mechanisms, review assumes a general crime control effect that is neutral about causal mechanisms

- “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. 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.”

- Wide range of recidivism from 3.1% to 65.5%, due to high variability in measures of repeat offending (e.g., follow-up time frame)

- Studies unclear about then exact nature of the sentence imposed, and what constitutes a “prosecution” or “conviction”

- Diversity of analytic methods hinder analysis of effect sizes

- Sample selection bias: None of the studies address this issue; for instance, if a small number of low-risk cases are prosecuted, prosecuted offenders are more likely to re-offend compared to those not prosecuted, because of the selection process

- Missing data: Often leads to cases being dropped from a study, which in turns creates sample bias

**Gender and Racial/Ethnic Differences in Criminal Justice Decision Making**

- Female arrests affected by high SES, presence of weapons and witnesses

- Women more likely than men to be cited rather than be taken into custody, but the gender discrepancy is less when a decision is made on whether to file charges as misdemeanors or felonies

- Men are more likely than women to be convicted and to be given harsher sentences

- “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.”

- No conclusive evidence of discrimination against ethnic minority groups in either arrest, prosecution and sentencing

- Dual arrests were more likely in same-sex couples compared to heterosexual couples, perhaps due to incorrect assumption by police that same-sex couples more likely to engage in mutual violence.

- Protective orders far more likely to be granted, and with more restrictions to women than to men (particularly in cases involving less severe abuse histories)

- Mock juries more likely to assign blame responsibility to male perpetrators in contrast to female perpetrators, even when presented with identical scenarios

**Effectiveness, Victim Safety, Characteristics and Enforcement of Protective Orders**
A large percentage of women who are issued protective orders (POs) tend to be unemployed or under-employed as income ranged between $10,000 to $15,000, and almost 50% of women are financially dependent on their partners.

At least half of women obtaining POs are married, and married women are more likely to stay with their abusers and be pregnant.

Women who are issued POs tend to have more mental health issues (i.e., depression, PTSD) and rural women tend to experience more abuse and mental health issues than urban women.

Only a few studies have examined characteristics of men seeking a PO.

“Effectiveness” defined as violations of protective orders (POs) and/or re-victimization.

Some studies have found POs to reduce violence against victims, with an almost 80% reduction in violence reported to police.

Victims report feeling safer and having greater psychological well-being after obtaining a protective order; still, POs violated at a rate of between 44% to 70%.

Nearly 60% of women who had secured a PO reported to have subsequently been stalked.

Severity of criminal charges on the offender, as well as previous violations, best predictors of new PO violations.

Although there is no significant difference in the amount of abuse suffered by married and unmarried victims, married victims less likely to seek final protective orders, perhaps because they are more likely to be re-victimized.

Women granted POs at significantly higher rates than men, especially in cases involving lower level violence.

No gender differences in the enforcement of POs, and no differences in rates of recidivism.

**Assessment and Treatment**

**Risk Assessment**

- 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.
- Review yielded studies reporting on the validity and reliability of eight IPV specific actuarial instruments and three general actuarial risk assessment measures.
- Range of area under the curve (AUC) values reported for the validity of the Ontario Domestic Assault Risk Assessment (ODARA) predicting recidivism was good to excellent (0.64 – 0.77).
- The single study that reported on the Domestic Violence Risk Appraisal Guide (DVRAG) reported an AUC = 0.70 (p < .001). The inter-rater reliability for both instruments was excellent.
- The Domestic Violence Screening Inventory (DVSI) and Domestic Violence Screening Inventory – Revised (DVSI-R) 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) and Violence Risk Appraisal Guide (VRAG), 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) and Level of Service Inventory – Ontario Revision (LSI-OR) 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) and the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER). 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 Danger Assessment (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; 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.

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. 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.

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.
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.

Assessors need to be clear about the outcome of concern (verbal abuse, physical abuse, severe violence, stalking, femicide) and knowledgeable about relevant base rates.

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.

**Effectiveness of Primary Prevention Efforts**

- All studies incorporated a curriculum-based intervention, with the primary goal of lowering rates of PV.
- Schools provided the setting for two-thirds of the interventions; the rest were conducted in community settings.
- Of the five most methodologically-sound school based studies, only one, the Safe Dates Program, found a clear-cut positive outcome on PV behavior (emotional abuse, mild physical abuse and sexual coercion).
- In contrast, each of the five most methodologically-sound community-based studies was deemed effective in reducing PV; among them were two interventions targeting couples and one family-based intervention involving parents and their adolescent children.
- Although outcomes are mixed, especially for the school-based studies, and no studies were replicated, the authors suggest that “because prevention is generally cost-effective, programming is badly needed to prevent IPV before it begins.”

**Effectiveness of Intervention Programs for Perpetrators and Victims**

- Authors reviewed studies all utilized either a randomized or quasi-experimental design.
- Mixed evidence for the effectiveness of perpetrator interventions.
- Evidence that group or couple format can be effective, but many studies flawed.
- More promising results for programs with alternative content (e.g., programs that encourage a strong therapist-client relationship and group cohesion, use some form of Motivational Interviewing technique).
- Inconsistent effects for brief interventions.
- Structured interventions found to reduce rates of re-victimization compared to no-treatment controls when they include supportive advocacy.
- Cognitive-behavioral treatment (CBT) most effective in reducing the deleterious effects of PV on victims and enhancing their emotional functioning.
- Little evidence to indicate the superiority of one type of intervention over another. 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.
Full References for PASK Manuscripts


