

## DETECTING INTIMATE PARTNER VIOLENCE IN FAMILY AND DIVORCE MEDIATION: A Randomized Trial of Intimate Partner Violence Screening

Robin H. Ballard,  
Amy Holtzworth-Munroe,  
and Amy G. Applegate  
Indiana University–Bloomington

Connie J. A. Beck  
University of Arizona

Handling mediation cases with a history of intimate partner violence (IPV) is one of the most controversial issues in the field of divorce mediation. Before deciding whether and how to mediate cases with IPV, mediators must first detect violence. Using random assignment of cases to an enhanced screening condition ( $n = 30$ ) and to a standard screening control condition ( $n = 31$ ), we compared information gathered from a brief, behaviorally specific IPV screening questionnaire to mediators' independent determination of the presence or absence of violence using standard mediation clinic screening procedures. Mediators did not label as violent about half of the cases reporting IPV on the screening questionnaire. Mediators were more likely to report IPV when fathers were reported (by mothers) to have engaged in a greater number of differing violent behaviors, but a score reflecting severity and frequency of party reported violence did not predict mediator detection of violence. In cases with two mediators, mediators did not always agree on whether or not the case involved IPV. Possible reasons for the differences in mediator and party reports of IPV are considered, and we emphasize the potential importance of using systematic methods to screen for violence in divorce mediation.

*Keywords:* intimate partner violence, divorce, divorce mediation, violence screening

Handling cases of intimate partner violence (IPV) in divorce and separation mediation has been a controversial issue for decades (Ver Steegh, 2003). An obvious concern is that the victim of abuse may be at risk for threats to physical safety during and after mediation if the abuser becomes angry or fearful (Grillo, 1991). In addition, advocates for victims of domestic violence have tended to take the position that cases with a history of IPV are inappropriate for mediation because the mediation parties have a relationship that is inherently unequal, given

---

This article was published Online First February 14, 2011.

Robin H. Ballard and Amy Holtzworth-Munroe, Department of Psychological and Brain Sciences, Indiana University–Bloomington, Bloomington, Indiana; Amy G. Applegate, Viola J. Taliaferro Family and Children Mediation Clinic, Maurer School of Law, Indiana University–Bloomington, Bloomington, Indiana; Connie J. A. Beck, Department of Psychology, University of Arizona, Tucson, Arizona.

The authors gratefully acknowledge the assistance of Colleen McPhearson of the Monroe County Family Court Project for allowing data collection at the County Clinic.

Correspondence concerning this article should be addressed to Amy Holtzworth-Munroe, Department of Psychological and Brain Sciences, Indiana University–Bloomington, 1101 E. 10th St., Bloomington, Indiana 47405. E-mail: holtzwor@indiana.edu

possible coercion and power imbalances in violent relationships.<sup>1</sup> The related concern is that inequality may mean that mediation cannot be a fair process, such that the victim may “lose” during negotiations, because of perpetrator coercion, and make agreements that do not protect the parties and their violence-exposed children from future abuse. Indeed, adding to these concerns, research suggests mediation agreements do not differ much between violent and nonviolent cases<sup>2</sup> on potentially important topics such as supervised visitation and physical custody (Beck, Walsh, & Weston, 2009; Holtzworth-Munroe et al., 2009; Johnson, Sacuzzo, & Koen, 2005; Mathis & Tanner, 1998).

Proponents of mediation counter that mediation offers unique, individually tailored safeguards to promote safety and consideration of children’s needs in agreements. Edwards, Baron, and Ferrick (2008) contend that automatically excluding victims of violence from mediation falsely assumes that all victims are not capable of promoting their interests and those of their children. Moreover, proponents are concerned about the loss of mediation’s benefits over adversarial litigation for families and question the appropriateness of screening out cases with IPV. Finally, proponents highlight the increasing incorporation of research findings into the development of safe mediation programs (Kelly & Johnson, 2008).

Given these debates, it is noteworthy that there is a great deal of variation in how cases with IPV are handled by mediators across different jurisdictions and programs. Some programs screen all violent couples out of mediation, others simply conduct mediation as usual, and some are not even allowed to exclude violent cases from mediation (Clemants & Gross, 2007; Thoennes, Salem, & Pearson, 1995). One state (Connecticut) has moved towards a triage system that evaluates the severity of IPV (along with other factors) to determine if mediation is an appropriate process for each divorcing family and diverts more conflicted cases to more intensive interventions, such as custody evaluations (Salem, Kulak, & Deutsch, 2007). Rather than relying on the behavioral history of the parties (i.e., was violence reported to have occurred or not), some commentators have suggested that a decision on the appropriateness of mediation should hinge on the degree to which the victim is intimidated at the time of mediation (Corcoran & Melamed, 1990).

In the last few years, advocates and mediators have begun to work together to discuss how to appropriately handle cases of IPV in mediation (Salem & Dunford-Jackson, 2008). For example, the Wingspread Conference on Domestic Violence and Family Courts (co-sponsored by the Association for Family and Conciliation Courts and the National Council of Juvenile and Family Court Judges) brought advocates, family court professionals, mediators and researchers together specifically to discuss this topic. As noted in Ver Steegh and Dalton (2008), the Wingspread Conference attendees generated a list of consensus points that included recognizing the necessity of screening for violence, the importance of differentiating varying forms and types of IPV, and a call for practitioners,

---

<sup>1</sup> Although most attention and research has focused on female victims of violence, concerns about power imbalances and safety may apply to any victim of abuse, whether male or female.

<sup>2</sup> We use the term “violent cases” to refer to mediation cases in which there is a report of a history of physical violence between the parents.

advocates and researchers to continue to work collaboratively. Indeed, as noted by this group, to appropriately safeguard the mediation process and outcomes for couples with a history of IPV, mediators must first detect the violence (if any) that has occurred.

### **Detection of IPV in Mediation**

Although detected rates of IPV vary, it is common to find reported violence rates as high as 50% to 60% in cases presenting for divorce or separation mediation (Pearson, 1997). Newmark, Harrell, and Salem (1995) found that 68% of women and 55% of men reported being the victim of physical violence from the other party. Mathis and Tanner (1998) found that 60% of the cases in their mediation sample had some violence, and half of the violent couples reported “extreme tactics” such as beating up or using weapons. In a third study, the definition of intimate partner abuse was expanded to include emotional abuse and coercive control (Beck, Walsh, Mechanic, & Taylor, 2010). With this broader definition, 85% of wives and 77% of husbands reported abuse, and only 10% of cases reported no abuse whatsoever by either party.

Many mediation programs report that they screen for violence, but there are concerns that screening protocols may not be adequate to reliably detect IPV. In a survey of 149 mediation programs, 70% reported that mediators received IPV training and 80% reported screening for IPV in some way (Thoennes et al., 1995). However, only 50% of these programs reported separate screening for each party and using screens that ask directly about violent behaviors. In a similar study focused on community mediation clinics, 60% of clinics reported IPV training and 69% reported some level of IPV screening (Clemants & Gross, 2007). However, only half of the clinics reporting screening used formal, standardized screening tools (either questionnaires or interviews). Questioning parties about violence in joint sessions is problematic; if one person is intimidated by the other, he or she may be hesitant to report accurately. Also, research has shown that behaviorally specific screening measures (e.g., the Conflict Tactics Scale, CTS; Straus, 1979) detect more violence than general questions about assault or victimization (Langhinrichsen-Rohling, 2005). Thus, relying on conjoint interviews or only on general questions to detect IPV may not be sensitive measures.

### **Detection of IPV in Other Fields**

Research raising the issue of inadequate screening in mediation programs is perhaps not surprising in light of similar research conducted in other fields. Such research has shown that detection of IPV is generally quite low until professionals are trained to screen for it in systematic ways. As two examples, this trend has been found in both medicine and marital therapy. For example, Hamberger, Saunders, and Hovey (1992) found that in a family medicine practice clinic, 22.7% of women reported being victims of violence in the past year (as assessed by the Conflict Tactics Scale administered by a research assistant, with confidentiality from the doctor), but only 1.7% of women had been asked about physical abuse by their physicians during their most recent doctor’s visit. In another study, 50% of physicians were found to believe that the prevalence of IPV among their

patients was less than 1%, while data suggest that figure actually ranges between 5% and 25% in primary care (Sugg, Thompson, Thompson, Maiuro, & Rivara, 1999).

The situation is similar among couples therapists, who were shown in the 1990s to be missing as many cases of partner reported violence as they detected (Aldarondo & Straus, 1994). Indeed, only 3.5% of surveyed therapists were screening their clients for IPV by assessing all couples, screening each individual separately, and using both interview and paper questionnaires so that clients may report on this sensitive information in a way that is most comfortable (Schacht, Dimidjian, George, & Berns, 2009). Research has shown that couples in marital therapy will be most likely to report IPV when asked about it directly; it cannot be assumed that they will volunteer such information. One study of couples seeking marital therapy found that while over 60% of the couples reported a history of IPV on a behaviorally specific IPV questionnaire, less than 10% of the sample had spontaneously reported the violence during verbal therapy intake interviews (Ehrensaft & Vivian, 1996). Similarly, in another study with marital therapy clients, disclosure of violence varied by assessment method (O'Leary, Vivian, & Malone, 1992). At initial intake, 6% of wives in marital therapy mentioned IPV during an intake self-report of major marital problems. When assessment of violence included direct questioning in separate interviews with each spouse, with the question "is there physical abuse/violence in your relationship?," the rate of wife reported IPV climbed to 44%. When the same couples completed the CTS, 53% of wives reported physical violence in the marriage. This study shows the increased sensitivity to reported IPV of separate assessments with behaviorally specific measures of violence.

### Current Study

Given the low rates of IPV detection in other fields, such as medicine and marital therapy, and considering the concerns about mediating cases with a history of IPV, we conducted the present study to examine the rates of IPV detection at a mediation clinic. The mediators at this clinic were trained to detect IPV in a variety of ways, such as searching civil and criminal records for the parties attending mediation, reading court records with communications between the court and the parties, asking questions about the history of conflict between the parties, and asking if the parties were comfortable sitting with each other in mediation. Mediators almost always spoke to parties individually, either by phone or in person, prior to the start of mediation. Although this screening process was considered quite thorough, in previous research at this mediation clinic, evidence of possible IPV was found in 35.7% of the case files reviewed (Ballard, Holtzworth-Munroe, Applegate & D'Onofrio, in press), a prevalence rate that was low relative to research in other mediation clinics (reviewed above).

Based on the knowledge that this clinic was not utilizing a behaviorally specific screening measure, our hypothesis was that mediators were not detecting some cases in which parties would report IPV if they completed a more systematic violence assessment. In addition, we hypothesized that completing an IPV screening measure (even when the results were not shown to mediators) would increase mediators' detection of IPV by increasing the likelihood of parents discussing

their history of IPV during the mediation because violent incidents may be more salient to parties who were asked to recall violent behaviors in detail. To test these hypotheses, half of the mediation cases in this study were randomly assigned to only participate in the clinic's standard screening procedure, while half were randomly assigned to additionally complete an enhanced, behaviorally specific screening measure. The results of the screening measure were not shared with the mediators, and mediating parties were informed of this fact. Independently of the screening methods, at the end of mediation, mediators reported whether or not they believed the case had a history of IPV, which allowed us to compare rates of IPV detected by the standard mediators' screening procedures to the rate reported by mediation parties on the enhanced, standardized questionnaire screen.

## Method

### Participants

**Mediation parties.** Participants in this study included 122 parents (61 cases, each with one mother and one father), in southern Indiana, who were referred to mediate issues relating to divorce or separation at the Monroe County Family Court Project Mediation Clinic (County Clinic). Cases are referred to the County Clinic by judges in Monroe County Circuit Courts. Based on caseload, the County Clinic director mediates some of these cases herself and refers other cases to the Indiana University Maurer School of Law Viola J. Taliaferro Family and Children Mediation Clinic (Law Clinic). In addition, the Law Clinic receives some referrals from the judge in a neighboring county (Owen County). The Clinics often serve families in need of pro bono services. Owen County is a primarily rural county of approximately 22,000 residents, while Monroe County has approximately 128,000 residents and includes rural areas, small towns, and a large state university with its associated college town.

Between February 2008 and February 2009, 77 mediation cases were approached for recruitment into this study at the Law Clinic. Between August 2008 and August 2009, 31 mediation cases were approached for recruitment into this study at the County Clinic. Each parent was approached individually in a private room and had a choice of whether to participate in the study or not. Mediation cases were excluded from the study if the mediation involved only property issues (e.g., the parties did not have children) or had children only over the age of 18 ( $n = 6$ ) or if the cases were guardianship cases between a third-party guardian and a parent ( $n = 4$ ). In 13 cases, one or both parents did not consent to the research, and these cases are not included in the study. In an additional 14 cases, only one parent consented and provided data; these cases were not included in the data analysis. In four cases, data were collected from one parent but the other parent did not show up for mediation; these cases are excluded from analysis.

**Mediators.** Mediators at both clinics were also participants in this research and consented to participate in the study. Of the 31 mediators approached to participate, only 1 declined. Mediator involvement was limited to completing a brief postmediation questionnaire after each mediation case was concluded. Because mediators at the Law Clinic were law students, their consent to participate in the study was kept confidential from the Director of the Clinic, so as not to influence their course grade in any way. Mediators were also consented

individually to keep their decision to participate private from the other mediators. At the Law School Clinic, most cases were mediated by two students, but some were mediated solo and in some mediation cases, one of the mediators may not have completed the postmediation questionnaire. Most cases at the County Clinic were mediated solo by the director of that clinic. Six cases were excluded from the analyses because the mediator's postmediation report was not completed for the case, so we had no way to determine whether or not the mediators believed the case involved IPV.

All mediators were registered with the State of Indiana, which requires completion of a 40-hr training course. As part of this training, mediators received instruction on IPV and its consideration in the context of mediation. Each semester, mediators received IPV training from both an IPV researcher who has been conducting research on IPV for approximately 25 years (author Holtzworth-Munroe) and a battered women's advocate from the local women's shelter. This training covered a wide range of topics and theories and did not emphasize any one approach (e.g., did not cover only feminist models of IPV; examined various types of IPV, including typologies and the controversies surrounding female perpetration of violence). At the clinics, mediators were not assessed for their pre-existing knowledge about IPV, nor were tests of the impact of the IPV training given. Thus, it is not known how much additional training or exposure to IPV issues mediators had had or what their attitudes and beliefs about IPV were.

**Cases included in analyses.** After all case exclusions, 61 cases with data collected from a mother, a father, and a mediator remained available for analyses. Forty-four of these cases were from the Law Clinic, and 17 were from the County Clinic.

## Measures

**Demographics and mediation information.** One research form completed by mediation participants gathered participants' self-reports of basic demographic information, including their age, marital status with other party, number of previous marriages, number of children, education, race/ethnicity, employment status, income, and whether each parent was represented by an attorney.

**Standard clinic IPV screening.** All cases were included in the usual clinic procedures and thus were subject to the standard clinic IPV screening procedures. As described in the introduction, these procedures included reviewing civil and criminal records for both parties, reading court records with communications between the court and the parties, asking questions about the history of conflict between the parties, and asking whether the parties were comfortable sitting with each other in the same room in mediation. Mediators also mediated the case, giving them additional interactions with the parties in which additional questions could have been asked or parties could have disclosed violence.

**Enhanced IPV screen.** As explained below, some parties were randomly assigned to complete a 24-item behaviorally specific IPV questionnaire: a brief version of the 41-item Relationship Behavior Rating Scale (RBRS; Beck, Menke, Brewster, & Figueredo, 2009), which assesses parent report of the partner's behavior (not their own behavior). The original RBRS has good psychometric properties (Cronbach's alphas on all subscales of the RBRS were between .94-.84

for women and between .92–.79 for men) and correlated highly ( $r > .90$ ) with the previously validated IPV measures from which it was drawn (Beck, Menke, et al., 2009). Given the time pressures of completing a study in a working clinic, for the present study, the original RBRS had to be shortened. To do so, a factor analysis of each subscale of the original RBRS was conducted and the items with the highest loadings on each subscale were retained for the shortened RBRS used in the present study. The factor analyses are unpublished, but are available from the authors. We then used present study data to examine the internal reliability of the shortened RBRS (data given below).

Because the original RBRS is copyrighted, the full list of items cannot be made available in this article, but example items are provided. For the present study, we derived scores on RBRS five subscales of violence and abuse.<sup>3</sup> The *emotional abuse* subscale consisted of three items (e.g., treated me like I was stupid or dumb; was mean or rude to me) and, in the present study, had alphas of .95 for mother's report of father emotional abuse and .94 for father's report of mother emotional abuse. The *coercive control* subscale also had three items (e.g., demanded I obey him/her; controlled my coming and going) and, in the present study, had alphas of .92 for mother's report of father coercive control and .89 for father's report of mother coercive control. The *physical violence* subscale was created from 10 items (e.g., pushed or shoved; hit or punched; kicked or stomped; used a weapon; tried to choke or strangle me; physically forced me to have sex).<sup>4</sup> In the present study, alphas for the physical violence subscale were .81 for mother's report of father violence and .78 for father's report of mother violence. The *stalking* subscale contained four items (e.g., followed me in harassing way; stood outside my home, school or workplace when I didn't want him/her to) and, in the present study, had an alpha of .90 for mother's report of father stalking and .85 for father's report of mother stalking. A single item asked about *fear* (i.e., "as a result of the other parent's behaviors listed above, I felt fearful, scared or afraid").<sup>5</sup> Each party reported only on the behavior of the other party, except for feelings of fear. On the shortened RBRS, parents were asked to report the frequency of each listed behavior over the past 12 months, on a 7 point scale from 0 ("none of the time") to 6 ("all of the time").

---

<sup>3</sup> The reported number of items on the RBRS subscales do not total to the 21 on the shortened RBRS, because we did not use every item. For example, once an item regarding physical sexual violence was placed on the physical violence subscale, only 1 item of sexual coercion remained and was not analyzed, because sexual coercion was not a major focus of the current study and 1 item scales may be less reliable than longer scales.

<sup>4</sup> The RBRS physical violence subscale included only one item that has been labeled as "minor" violence on similar IPV measures, such as the CTS; specifically, the RBRS item "pushed or shoved" has been considered as minor violence in previous research. The other RBRS physical violence items have, on previous scales, been labeled as moderate or severe violence. We reconducted all of the reported data analyses dropping the "pushed/shoved" item from the physical violence subscale, to examine only moderate and severe violence, but the overall pattern of findings remained the same. Readers who are interested in analyses dropping the "pushed/shoved" item from the RBRS may contact the authors.

<sup>5</sup> While 1 item scales may be unreliable, fear is an important variable in the debate about how mediators should handle cases with reported IPV. Thus, given the theoretical importance of fear, we included this one item subscale in the study.

Although it would have been optimal also to gather parents' self-reports of own violent behaviors, there was a concern that because these were referrals from open cases on court dockets, this information could be particularly damaging in the unlikely (but theoretically possible) event that the information were subpoenaed and required to be revealed (i.e., as an admission or self-incriminating evidence potentially discoverable in a separate criminal or other proceeding). Parties who were randomly assigned to complete the RBRS were informed that the RBRS was being gathered for research purposes only and would not be shared with the mediators. They were not given any instructions regarding whether to discuss the RBRS with their mediator or not.

**Mediator report of violence.** In all cases, when the mediation ended, mediators were asked to complete a brief postmediation questionnaire that included the question "Did you believe or suspect domestic violence was present in this case?" Mediators were asked to check one of three options: "Yes," "No," or "Unsure." In the cases where mediators reported being unsure, they were asked to explain why. The postmediation questionnaire completed by mediators was collected without mediators' names or other identifiers, and were never shown to the Director of the Law Clinic, to encourage honest reporting and ensure that mediator participation would not affect the law students' course grades. This measure was administered to gather mediator perceptions of the case for research purposes only, and the mediators' reports of IPV were not shared with the parties or the court.

To make their determination of violence, mediators had engaged in the clinic's standard IPV screening procedures (described above) and had mediated the case, which gave them additional interactions with the parties. Mediators were not shown the RBRS or other research measures.

## **Procedure**

Upon arriving at one of the Mediation Clinics, mediation parties (mother and father) were separated and approached by a research assistant individually and in a private room. If a case was included in the study, it was randomly assigned to one of two conditions: the standard clinic screening only control condition or the enhanced screening condition (screened with the brief RBRS in addition to the standard clinic IPV screening procedures). Of the 61 cases in these analyses, 30 were randomly assigned to the enhanced IPV screening condition and 31 were assigned to the standard screening control group.

After consenting to participate in the research study, each participant immediately completed the research forms (basic demographics and, if in the enhanced screening condition, the RBRS) and was compensated \$10 for participating. Completing the research forms, including some measures not included in the current study, took approximately 10 to 15 min. Data were collected from each party who consented, but as noted above, these analyses include only those cases where both parties consented to research. Participants were told that their information, including the RBRS, would be kept confidential from the mediators.



At the end of the mediation (generally the same day<sup>6</sup>), mediators completed the postmediation questionnaire on which they reported whether or not they thought the case had a history of violence. In cases with comediators, the mediators were instructed to complete the reports independently. Mediators were not compensated for their participation in the study. They did not identify themselves on the postmediation questionnaire, to protect their confidentiality from their supervisor/professor.

## Results

### Demographics

Demographic information about the sample can be found on Table 1. We compared the enhanced screening ( $n = 30$  families) and standard screening ( $n = 31$  families) groups on demographic variables. There were no statistically significant group differences between individuals in the enhanced screening group and standard screening control group for the following demographic variables: age, marital status with the other mediating party, previously married, number of children, education, race/ethnicity, and income. However, individuals in the enhanced screening group were significantly more likely to be unemployed (31.7%) than individuals in the standard screening control group (11.3%). Parties in the enhanced screening group were also significantly less likely to be represented by an attorney (8.3%) during the mediation than the standard screening control group parties (32.8%).<sup>7</sup>

Because the enhanced screening and standard screening groups differed in employment and attorney representation, it was important to test whether these differences were associated with mediator detection of IPV.  $\chi^2$  tests revealed that employment,  $\chi^2(10, N = 122) = 17.37, p = .067$ , and attorney representation,  $\chi^2(5, N = 121) = 2.55, p = .77$ , were not statistically significantly associated with mediator reports of violence in a case; in other words, the proportion of case which mediators reported as involving violence did not differ, to a statistically significant degree, from those that mediators reported as being nonviolent in terms of the proportion who were employed or who had attorney representation. Thus, it is unlikely that group differences (between the standard and enhanced IPV screening groups) in employment or attorney representation would account for

---

<sup>6</sup> Only four cases went to multiple mediation sessions, and those were split evenly across the standard screening and enhanced screening conditions.

<sup>7</sup> Mothers and fathers had similar demographic characteristics, with only two exceptions. Mothers had higher unemployment rates than fathers and made less money than fathers. At the Law Clinic, cases from Monroe County ( $n = 24$  families) and cases from Owen County ( $n = 17$  families) did not differ significantly on any demographic variables: age, marital status, number of previous marriages, number of children, education, race/ethnicity, employment, income, and attorney representation. We also compared cases at the Law ( $n = 44$  families) and County Clinics ( $n = 17$  families) on demographic variables. There were no significant differences in age, previous marriages, level of education, and employment. Parents in cases at the County Clinic were more likely to be never married, to have fewer children, to make \$20,000 to \$40,000 per year, and to be represented by an attorney; they also tended to be more likely to be non-White. All cases, from both counties and both clinics, were combined into one sample for the present study.

Table 1  
*Demographic Comparison Between Enhanced Screening and Standard Screening Groups*

	Enhanced screen ( <i>n</i> = 60)	Standard screen ( <i>n</i> = 62)	Groups different?
Age, <i>M</i> ( <i>SD</i> )	29.7 (6.78)	31.3 (8.01)	$F(1, 120) = 1.43, p = .24$
Marital status with other mediating party ( <i>n</i> , %)			
Never married	16 (26.7)	22 (35.5)	$\chi^2(1, N = 122) = 1.11, p = .29$
Married	44 (73.3)	40 (64.5)	
Previously married <sup>a</sup>	14 (24.1)	15 (24.6)	$\chi^2(1, N = 119) = 0.003, p = .95$
Number of children (mean, <i>SD</i> )	2.3 (1.20)	2.2 (1.09)	$F(1, 120) = 0.18, p = .67$
Education ( <i>n</i> , %)			
Did not finish high school	15 (25.0)	8 (12.9)	$\chi^2(3, N = 122) = 4.99, p = .17$
High school/GED	20 (33.3)	28 (45.2)	
Some college	21 (35.0)	18 (29.0)	
College 2-year degree or higher	4 (6.7)	8 (12.9)	
Race/ethnicity ( <i>n</i> , %)			
White	53 (88.3)	58 (93.5)	$\chi^2(4, N = 122) = 1.86, p = .76$
Hispanic/Latino(a)	1 (1.7)	1 (1.6)	
Black	4 (6.7)	2 (3.2)	
American Indian	1 (1.7)	0 (0.0)	
Biracial	1 (1.7)	1 (1.6)	
Employment ( <i>n</i> , %)			
Full-time	31 (51.7)	48 (77.4)	$\chi^2(2, N = 122) = 9.69, p = .008$
Part-time	10 (16.7)	7 (11.3)	
Unemployed	19 (31.7)	7 (11.3)	
Income per year ( <i>n</i> , %)			
Under \$10,000	24 (40.0)	12 (19.4)	$\chi^2(3, N = 122) = 6.26, p = .10$
\$10,000–\$20,000	12 (20.0)	17 (27.4)	
\$20,000–\$40,000	18 (30.0)	25 (40.3)	
Over \$40,000	6 (10.0)	8 (12.9)	
Represented by attorney ( <i>n</i> , %) <sup>b</sup>	5 (8.3)	20 (32.3)	$\chi^2(1, N = 121) = 11.03, p = .001$

<sup>a</sup> Data missing for 3 individuals. <sup>b</sup> Data missing for 1 individual.

any group differences that might be found in main study analyses of mediator detection of violence.

### IPV and Abuse Reports on RBRS and Overall Level of Mediator Detection of Violence

The RBRS yielded the one fear item and additional subscales (e.g., emotional abuse, coercive control, physical violence, and stalking). Table 2 shows a case level (i.e., abuse reported by either or both parents in a family) determination of whether or not there was any abuse or fear reported for each subscale, as well as whether mothers or fathers reported the abuse. Data were missing from one father

Table 2  
*Frequency of Intimate Partner Violence (IPV) for Each Relationship Behavior Rating Scale (RBRS) Subscale*

Item	<i>n</i> (%)			Significant difference between mothers and fathers? <sup>a</sup>
	Any report from either parent in the case? ( <i>n</i> = 30)	Mother report of father's behaviors ( <i>n</i> = 30)	Father report of mother's behaviors ( <i>n</i> = 29)	
Physical violence	20 (66.7)	11 (36.6)	17 (58.6)	$B = -.90, OR = .41, p = .09$
Emotional abuse	28 (93.3)	25 (83.3)	26 (89.7)	$B = -.29, OR = .75, p = .72$
Coercive control	26 (86.7)	19 (63.3)	23 (79.3)	$B = -.80, OR = .45, p = .18$
Stalking	18 (62.1)	14 (46.7)	9 (31.0)	$B = .67, OR = 1.94, p = .22$
Fear	14 (46.7)	14 (46.7)	3 (10.0)	$B = 2.03, OR = 7.58, p = .004$

*Note.* OR = odds ratio.

<sup>a</sup> Logistic regressions, predicting IPV from gender (with Bonferroni correction,  $p < .007$  is significant).

(who did not complete the RBRS in the requested manner), but the mother in the case reported that the father had engaged in emotional abuse, coercive control, physical violence and fear, so the column with report of abuse from either parent reflects the full number of 30 cases. In 66.7% of cases, at least one parent reported the occurrence of physical violence in the past 12 months. The proportions of mothers and fathers reporting abuse on the various RBRS subscales did not differ at statistically significant rates, with the exception of fear; more mothers than fathers reported feeling fear.

In contrast to the levels of violence reported on the RBRS, across all cases in the study (whether they completed the RBRS or were in the control group), mediators clearly reported “yes, there was violence” in 21.3% (13 of 61 cases). Including all cases where at least one mediator considered the case as possibly involving violence (i.e. a mediator reported “yes, there was violence” or was “unsure”) raises that percentage to 42.6% of the cases (26 of 61 cases).

### Mediator Detection of IPV in Standard vs. Enhanced Screening Groups

While RBRS data were not shared with mediators, we had hypothesized that rates of IPV detection would be higher in the enhanced screening condition than in the standard screening condition, as completing the RBRS might lead parties to report violence to their mediators. To test that hypothesis, rates of mediator reports of IPV were compared between the enhanced screening and standard screening control groups, as seen in Table 3. While more categories of mediator responses are shown in Table 3, the difference in violence detected by mediators between enhanced screening and standard screening control groups was tested by conducting a  $\chi^2$  test on the three main categories of mediator report: yes, no, or unsure. When mediators were discordant for report of violence, they were assigned to the more sensitive

Table 3

*Comparison of Intimate Partner Violence (IPV) Detection Between Enhanced Screening and Standard Screening Group*

Believe or suspect domestic violence?	<i>n</i> (%)	
	Enhanced screening group ( <i>n</i> = 30)	Standard screening group ( <i>n</i> = 31)
No	19 (63.3)	16 (51.6)
Yes	5 (16.7)	8 (25.8)
Unsure	2 (6.7)	4 (12.9)
1 unsure, 1 no	3 (10.0)	1 (3.2)
1 yes, 1 no	1 (3.3)	1 (3.2)
1 yes, 1 unsure	0 (0.0)	1 (3.2)

detection category (e.g. a report of “unsure” by one mediator and “no” by the comediator is considered “unsure” for this analysis). The test was not significant,  $\chi^2(2, N = 61) = 1.24, p = .54$ , failing to confirm our hypothesis. Mediators were no more likely to report violence in cases where parents had completed the RBRS than in cases where the parents did not.

### Comparing Mediator Detection to IPV Reported on the Enhanced Screen

To test our hypothesis that mediators using the standard clinic IPV screen would detect violence in fewer cases than would be detected by party reports on the behaviorally specific RBRS, within the 30 cases in the enhanced screening condition, mediator reports of the presence of IPV for each case was compared with the parties’ self-reports of the occurrence of partner violence and abuse within their relationship on the RBRS. To simplify the data, in the four instances in which mediators disagreed about violence, the mediator detection for that case was assigned to the more sensitive violence detection category (e.g., if one mediator said “yes” and the other said “unsure” or “no”, the case was placed in the “yes” category). Table 4 presents these data for each of the RBRS subscales and the fear item. For example, in the first two columns on Table 4, we present the cross-tabulation of data for cases in which any level of physical violence was reported on the RBRS screen versus no violence was reported on the RBRS screen with the mediator detection of violence.

Mediators did not report violence in 11 of the 20 cases (55%) in which parties had self-reported partner perpetration of IPV on the RBRS. When including only cases in which one or both mediators marked “yes, the case was violent” as mediator detection of violence, the mediators only clearly labeled as violent 6 of the 20 cases (30%) in which the parties self-reported any physical violence on the RBRS. Even when counting all cases in which mediators were unsure if there was violence, mediators reported violence in only 9 of 20 cases (45%) in which the parties reported having experienced any violence. Of the cases that were nonviolent according to parents’ reports on the RBRS screen, mediators also labeled the cases as nonviolent in 8 of 10 cases (80%); in the other two cases, mediators were unsure. Thus, relative to parties’ self-reports of IPV on the RBRS, mediators were unlikely to have

Table 4  
*Mediator Detection and Behavior Rating Scale (RBRS) Enhanced Screening*

Mediator detection	<i>n (%)</i>									
	Any physical violence per case		Emotional abuse per case		Coercive control per case		Stalking per case <sup>a</sup>		Fear per case	
	Some violence on screen ( <i>N</i> = 20)	No violence on screen ( <i>N</i> = 10)	Some emotional abuse on screen ( <i>N</i> = 28)	No emotional abuse on screen ( <i>N</i> = 2)	Some coercive control on screen ( <i>N</i> = 26)	No coercive control on screen ( <i>N</i> = 4)	Some stalking on screen ( <i>N</i> = 18)	No stalking on screen ( <i>N</i> = 11)	Some fear on screen ( <i>N</i> = 14)	No fear on screen ( <i>N</i> = 16)
No violence	11 (55.0)	8 (80.0)	18 (64.3)	1 (50.0)	16 (61.5)	3 (75.0)	10 (55.6)	8 (72.7)	7 (50.0)	12 (75.0)
Yes, case had violence	6 (30.0)	0 (0.0)	6 (21.4)	0 (0.0)	6 (23.1)	0 (0.0)	5 (27.8)	1 (9.1)	5 (35.7)	1 (6.3)
Unsure if case had violence	3 (15.0)	2 (20.0)	4 (14.3)	1 (50.0)	4 (15.4)	1 (25.0)	3 (16.7)	2 (18.2)	2 (14.3)	3 (18.8)

<sup>a</sup> Data missing on one case.

false positive reports of violence (i.e., to say there is violence when the parties didn't report violence), but were likely to have many false negatives (i.e., to say there was no violence when the parties did report violence). The remaining columns of Table 4 cross-tabulate mediators' reports that the case involved violence to the parties' reports, on the RBRS, of the occurrence of emotional abuse, coercive control, stalking, and fear, respectively.<sup>8</sup> In at least half the cases in which at least one party reported abuse, mediators reported that the case did not involve violence (ranging from 50% of the cases reporting fear on the RBRS being labeled as nonviolent by mediators to 64.3% of the cases reporting emotional abuse).<sup>9</sup>

To consider the possibility that mediators are most likely to detect violence when it is more frequent or severe, we conducted exploratory analyses among those couples who received the enhanced screen. First, a total RBRS Severity  $\times$  Frequency score for physical violence was created. To weight party reports of IPV for severity, each physical violence item on the RBRS was assigned a severity weight according to the severity weighting scheme used in the Conflict Tactics Scale (CTS; Straus, 1979) and RCTS (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). For example, "pushing or shoving" has a severity weight of 1, while "kicked or stomped" has a severity weight of 3, and "tried to choke or strangle me" has a severity weight of 5. In addition, each endorsed item for a party was assigned a frequency score based on reported frequency of occurrence. Frequency response options on the RBRS were "none of the time" = 0; "very rarely" = 1; "a little of the time" = 2; "some of the time" = 3; "a lot of the time" = 4; "most of the time" = 5; and "all of the time" = 6. Then, for each item reported to have occurred in the past 12 months, the severity weight of the item was multiplied by the reported frequency of that item (e.g., if a mother reported that her partner had "tried to choke or strangle" her "some of time," then the score for that item was the item severity weight of 5  $\times$  the frequency weight of 3 = 15). A total Severity  $\times$  Frequency score was created by adding these item level Severity  $\times$  Frequency scores across all 10 items on the physical violence subscale.<sup>10</sup> This method of scoring has been

---

<sup>8</sup> While our main interest was in whether mediators labeled cases as involving violence when one or both mediating parties reported physical violence, it also is possible that mediators would label a case as "violent" if they detected high levels of emotional abuse, coercive control, stalking, or fear. Thus, we present those data.

<sup>9</sup> For exploratory purposes, on each RBRS subscale we cross-tabulated the mediators' detection of violence with whether both parents or only the mother or only the father had reported abuse on the RBRS. Given small sample sizes in some cells, statistical analyses could not be performed. However, examining the data, no clear pattern emerged. For example, across the different types of abuse, mediators were not necessarily more likely to label a case as violent if both partners had reported violence on the RBRS than if only one partner had done so. Similarly, mediators were not necessarily more likely to label a case as violent if only the mother reported violence on the RBRS than if only the father did so.

<sup>10</sup> Conceptually, the Severity  $\times$  Frequency scores are designed to capture both severity and frequency of IPV and to thus measure the level of violence reported on the RBRS. As would be expected, the calculated Severity  $\times$  Frequency scores were highly correlated with other ways of measuring level of violence and thus, we do not present these many other ways of examining the extent of reported violence. Specifically, the Severity  $\times$  Frequency score was highly correlated with a frequency score calculated by adding the frequencies of each item without any severity weighting

used with the CTS in previous research (e.g., Holtzworth-Munroe et al., 2000; Straus, 1990). In the present study, for these new Severity  $\times$  Frequency scores, Cronbach's alpha for mothers reports of father violence was .74 and the alpha for fathers' reports of mother violence was .76. These scores for father violence (as reported by mothers) ranged from 0 to 75 ( $M = 7.80$ ,  $SD = 18.59$ ), while scores for mother violence (as reported by fathers) ranged from 0 to 80 ( $M = 9.55$ ,  $SD = 17.51$ ).

Once these scores were created, we then conducted two logistic regression analyses, with mediator detection of violence (i.e., yes/unsure vs. no) as the dependent variables. In one, Severity  $\times$  Frequency of mother violence (as reported by father) was the predictor variable. In the other analysis, Severity  $\times$  Frequency of father violence (as reported by mother) was the predictor variable. Neither regression was statistically significant (father report of mother violence:  $B = .05$ , odds ratio [OR] = 1.05,  $p = .14$ ; mother report of father violence:  $B = .07$ , OR = 1.07,  $p = .12$ ), indicating that increasing levels of partner violence (Severity  $\times$  Frequency), as self-reported by the parties on the RBRS, did not predict increasing likelihood of mediator reports of violence.

Another way to assess level of IPV is to use a variety score for violent behaviors, or a score that reflects a count of the number of different violent behaviors reported, not weighted by frequency or severity. Variety scores have been used previously in IPV research as an alternate method for aggregating violence data (e.g., Moffitt et al., 1997). Thus, for the present study, we computed variety scores of IPV (e.g., if three different physically violent behaviors, such as "pushed or shoved," "kicked or stomped," and "tried to choke or strangle me" were the only violent behavior reported on the RBRS as having occurred, then a violence variety score of 3 was assigned). Cronbach's alphas for the variety scores were acceptable (for mothers' reports of father violence = .77; for fathers' reports of mother violence = .86). Based on father report, variety scores for mother violence ranged from 0 to 9 ( $M = 1.38$ ,  $SD = 2.01$ ). Based on mother report, variety scores for father violence ranged from 0 to 5 ( $M = 0.90$ ,  $SD = 1.61$ ).

Two more logistic regression analyses were conducted, using these variety scores as a predictor of mediator detection of violence (yes/unsure vs. no). The father violence variety score (as reported by mothers) was a significant predictor of mediator detection of violence ( $B = 0.75$ , OR = 2.11,  $p = .029$ ), while mother violence variety score (as reported by fathers) was not a significant predictor ( $B = .375$ , OR = 1.46,  $p = .13$ ). This suggests that mediators are more likely to detect violence as the variety of father's violent behaviors increases, even though mediators did not have access to the enhanced screening information.

---

for items (i.e., the correlation between frequency scores and Severity  $\times$  Frequency scores was .99 for mother reports of father violence and .94 for father reports of mother violence). In addition, the Severity  $\times$  Frequency score was highly correlated with severity scores (adding the severity weights of each endorsed item without including the reported frequency of the behaviors); these correlations were .92 for mother reports of father violence and .72 for father reports of mother violence. For the sake of being thorough, we conducted additional logistic regressions, with mediator detection of violence as the dependent variable, using either the severity weighted scores or the frequency scores as predictors. The results were comparable to those, reported in the manuscript, using the Severity  $\times$  Frequency scores as the predictors.

### Mediator Disagreement and Being Unsure of IPV

Of the 61 cases available for analysis, data on mediator determination of IPV were gathered from two mediators in 29 cases and from only one mediator in 32 cases. In cases with two mediators reporting, mediators disagreed in 7 of 29 cases (24.1%). Rates of labeling a case as violent were not different between solo mediators and comediator teams,  $\chi^2(5, N = 61) = 8.97, p = .11$ .

As can be seen in Table 3, at least one mediator reported being unsure whether or not there was IPV in 11 cases. In 3 of these cases, only a single mediator had provided a postmediation report of IPV. In the other 8 cases, both mediators reported on violence. Of those 8 cases with two mediators' reports, in 3 cases both mediators reported being unsure. In 4 cases, one mediator was unsure and the other thought that there was no violence. In a single case, one mediator reported being unsure while the other mediator reported that there had been a history of violence.

When mediators were unsure whether or not to label the case as violent, they were asked to write why. The explanation was therefore available from all mediators who reported being unsure (14 instances) across these 11 cases. Our informal analyses of these reported reasons revealed three types of explanations for being unsure. In six instances, mediators cited knowledge of protective orders, either past protective orders or attempts to secure a protective order (e.g., "past threats were made and protective order was in place;" "possible emotional abuse, one party had attempted to get a protective order in the past—was unsuccessful," "there were previous protective orders in their court documents, but the order was suspended, so we didn't have pressing concerns about domestic violence."). In five cases, mediators had clear reports of violence from one or both parties ("he said no [violence], but she said he pushed her once so she punched him;" "she told us that when they were married he had hit her before"). In three cases, mediators had ambiguous reports of violence from one or both parties ("conflicting statements by parent;" "mother hinted that it might have occurred in past, didn't seem to be a pressing issue here"). Some of these statements suggest that while mediators sometimes suspected violence, they may have been unwilling to label the case as involving violence. There was also a suggestion that mediators did not want to label as case as involving violence if they did not believe that the violence was a current, "pressing" concern in the mediation case.

### Discussion

As hypothesized, despite premediation preparation and talking to the parties about their concerns during intake and mediation, mediators did not report the presence of IPV in more than half the cases in which the parties themselves reported physical violence on a short, behaviorally specific screening questionnaire. Among cases self-reporting physical violence on the RBRS, mediators affirmatively reported violence in 30% of those cases, reported no violence in 55% of the cases, and were either unsure or disagreed with each other in the remaining 15% of cases. Why did mediators not label as violent those cases in which the parties themselves reported violence, to researchers, on a behavioral screen?

One possibility is that the mediators' usual methods of assessing violence



were not sensitive enough. Prior research with a marital therapy sample suggests that behaviorally specific questions uncover more violence than general questions about abuse or violence, and the results of this study are consistent with that notion. The standard screening protocol that mediators used included general questions about conflict (“When you fought, how bad did your fighting get? What happened?”), but using such questions, mediators under-detected violence relative to the short enhanced behaviorally specific screen.

Another possibility is that mediators may have been aware of violence but do not view “minor” aggression as violence, yet would be more likely to label a case with more frequent and/or severe aggression as violent. However, the logistic regression analyses did not strongly support this notion, as mediator reporting of violence was not predicted by the severity  $\times$  frequency physical violence scores on the RBRS. Yet it also was true that RBRS father violence variety scores (as reported by mothers) were higher among cases labeled as violent by the mediators; this was true only for father, not mother, violence and despite the fact that mediators were not given the RBRS results. Thus, we are not sure what factors led mediators to be more likely to label a case as involving violence when fathers had engaged in more types of violent behaviors. Perhaps in such cases mothers were more likely to discuss violence with the mediators or other indicators of violence (e.g., court involvement) were more likely to be present in the clinic files. This issue remains to be addressed in future research.

While we were unable to directly examine this issue, it is also possible that mediators may be uncomfortable labeling a case as “violent” if they have stereotypes about relationship violence or the dynamics of IPV cases and the case does not conform to those expectations (e.g., a mediator might believe that a case should only be labeled as violent if the abuse is persistent and fits the classic batterer–victim relationship). However, the study findings did not change when we removed the one “minor” violence item (i.e., pushed or shoved) from the RBRS physical violence scale (see footnote 4), and the data did not suggest that mediators were more likely to label a case as violent if the only mother reported being a victim of violence than if only the father or both parties did so (see footnote 8). Nonetheless, it would be interesting to study if using alternate phrasing on our postmediation questionnaires, such as “do these parties have a history of physical aggression?” (rather than “violence”) would increase the rate at which mediators detected IPV. It also would be interesting to assess potentially relevant predictors of mediators’ labeling cases as violent, including mediator’s level of experience, their professional and personal experiences with IPV, their beliefs and attitudes about IPV, and the content of the IPV training they receive. Unfortunately, we were unable to examine such variables, as mediators did not identify themselves on the postmediation questionnaires (to protect their confidentiality) and no measures of such predictors were administered.

The mediators’ reports of why they were unsure about IPV suggest that at least some mediators do not know whether to believe parties’ reports of violence or other indicators of possible violence. For example, knowledge of protective orders is evidence suggesting that some kind of abuse has taken place, but is not necessarily indicative of physical violence, as the State of Indiana has a Civil Protection Order Act (I.C. 34-26-5) that allows orders of protection in cases of “an act of domestic or family violence” or “against a person who has committed

stalking. . . or a sex offense.” Direct, behaviorally specific IPV screening measures provide additional information. In addition, comediators sometimes reported differently on IPV within the same case. Mediator report of violence was inconsistent in almost one-quarter of the cases with two mediators reporting. This raises the question of how mediators developed different impressions of the presence or absence of IPV. In some cases, mediators may have heard or read the same information but interpreted it differently. In other cases, mediators may have been differentially informed, although it is the practice in the Law Clinic for the mediators generally to remain together. Mediators working in comediation teams should be careful to share any information that is communicated to a single mediator and to check with each other to be sure that each team member is interpreting that information the same way.

Contrary to our hypothesis that the act of completing the enhanced screening would lead to increased mediator detection of violence, mediators were not more likely to report violence among the group who had completed a questionnaire IPV screening measure (the RBRS) before beginning mediation than the group who did not. We had believed that asking participants to complete questions about a history of IPV in their relationship might make violence issues more salient to them and thus lead them to discuss these more in mediation. That appears to have not been the case. This finding suggests the importance of mediators administering or seeing the results of a screen directly. As found in research on marital therapy couples (O’Leary et al., 1992), parties cannot be counted on to spontaneously self-report violence. In the O’Leary et al. study, the three main reasons couples gave for not reporting IPV were that they did not perceive the violence to be a problem, the violence was irregular, and violence was not the chief problem for which they were seeking help.

Similarly, in the mediation setting, there may be reasons for parties to either over- or underreport their experiences with IPV. Parents may be tempted to report violence that did not actually occur to try to gain advantage during negotiations. In the present study, we believe this risk was minimal, for at least two reasons. First, if parties desired to make false or inflated allegations of partner violence to influence the mediation, then we would have expected them to tell mediators about as much, or more, IPV as they had reported to the research team. But that does not appear to have been the case. Instead, it appears that the mediation parties reported more violence to the researchers (on the RBRS) than they did to the mediators, even though they had been informed that the researchers would not share RBRS data with the mediators. Second, in Indiana, mediation is a confidential process and allegations of IPV revealed in mediation are not reported to the court. The court only receives notices of whether mediation parties reached a full, partial or no agreement and the content of any mediation agreements created. Parties are informed of this reporting process. Thus, telling mediators about alleged IPV is not an effective way for parties to convey that information to the court. Of course, parties may also under-report violence attributable to a variety of factors, including fear of retaliation from the abusive partner and embarrassment about IPV. Parties may also wish to put violent incidents in the past and, similar to some couples seeking marital therapy (Ehrensaft & Vivian, 1996), may not believe that violent acts have any relevance to the current mediation process. Parents may also misrecall, in either direction, negative events such as violence,

and therefore not accurately report because of memory failures (see, for example, research by Brainerd, Holliday, Reyna, Yang, & Toglia, 2010, on memory failures of highly arousing negative memories). In short, a brief, self-report screening instrument will not be able to uncover either false allegations of violence or under-reporting of violence. However, conducting such a screening will allow mediators to learn of party reports of violence and to then decide whether to gather more information, including evidence regarding the legitimacy of such reports.

Given the source of the data (i.e., parent report without independent verification), caution must be taken in interpreting the screening results as infallible. With that caveat in mind, rates of party reported violence were high in this study sample. Two-thirds of the cases reported at least some level of physical violence on the IPV screening questionnaire. Rates of party reported emotional abuse and coercive control were even higher (93.3% and 86.7%, respectively). Yet it should be noted that a previous study using the RBRS also found high rates of reported abuse among initial divorce mediation cases (Beck, Menke, et al., 2009), suggesting that our study findings were not an anomaly. In the present study, similar numbers of mothers and fathers were reported to have perpetrated violence, but mothers were more likely to report feeling fearful of their partner. Again, while findings differ somewhat across differing types of samples, these findings are consistent with some previous studies of IPV that have found similar prevalence rates of violence across men and women, but worse consequences for women such as higher rates of injury and more fear (Archer, 2000; O'Leary et al., 1989; Tjaden & Thoennes, 2000). In the present study, these high rates of violence and emotional abuse were reported even when using a brief screening measure that directed parents to consider only the last 12 months.

Given these rates of party reported IPV, we believe that cases potentially involving IPV warrant erring on the side of caution. Generally, unless and until disconfirming evidence is gathered, parties who report violence should be believed and accommodations within the mediation process (e.g. shuttle mediation, staggered arrival and departure times, support person present) should be considered as ways to keep each party safe and comfortable. The potential harms done by mediators believing false allegations would be an overly protective mediation process or the chance that a case would be considered not appropriate for mediation and sent to court instead. In the state where this research was conducted, the allegations of violence would not follow the case to court unless the parties themselves chose to allege violence to the judge. Thus, it may be the lesser of evils to slow down the mediation and make it less convenient than to put a party in danger. As Erickson and McKnight (1990, p. 382) suggest: "at the slightest inkling of abuse being an issue for either party, the mediator needs to begin addressing issues of protection, boundaries, communication procedures and safety." However, it is possible that these suggestions are part of the reason mediators are conservative in labeling a case as violent. If a mediator is not sure that a case involves violence but is concerned that identifying IPV in the case may slow the mediation process, change the mediation agreement, or potentially unfairly penalize the party being accused of violence (e.g., by requiring supervised visitation with children), then it would make sense to be cautious in identifying violence. Clearly, future research is needed on mediators' views about

the importance of detecting IPV and possible advantages and disadvantages of doing so.

The results of this study are limited by several factors. The sample size is fairly small. All cases were recruited from two mediation clinics in southern Indiana, and it is not clear whether these results would generalize to other areas of the country, other demographic groups, or other mediation programs. However, the potential generalizability of our results is enhanced by similar violence prevalence rates found across multiple studies at other family mediation clinics (Beck, Walsh, et al., 2010; Newmark et al., 1995) and the fact that our study was conducted at two clinics. In the interest of keeping the research measures short, a relatively brief IPV screening measure was used that is not a comprehensive assessment of all behaviors that could encompass IPV. The screen asked participants to report on behaviors in the last 12 months only, so the screen may have underestimated the prevalence of IPV over the course of the entire relationship. The measure of violence would have been stronger if we had been able to gather self-reports on perpetration of IPV, but the risk to participants if that information were disclosed (i.e., as an admission or self-incriminating evidence potentially discoverable in a separate criminal or other proceeding) was deemed to be too high to justify gathering it. The screening measure used in this study also did not assess potentially important risk factors recommended by other researchers (Jaffe, Johnston, Crooks, & Bala, 2008), such as the pattern of behaviors (e.g., is violence escalating) and who is the primary perpetrator.

This randomized assignment study has shown that a short, behaviorally-specific IPV screening questionnaire uncovered many instances of party reported IPV that were not detected by the mediators. The screening measure used in this study was only a single page and could generally be completed in just a few minutes, even when a party needed assistance by having questions read out loud. Whether or not a reported history of violence turns out to be an important factor in the mediation process or agreement, we submit that mediators should at least gather party reports of violence. Using a standardized IPV screen would also give comediators an opportunity to see the same information. Future researchers should investigate the best (most thorough, most efficient) measures for IPV screening, as well as party perception of screening efforts. Do mediating parties find IPV screening to be justified or helpful, or does it feel too intrusive? Also, assuming that mediators will not adopt a screening measure that is too complicated, time intensive or irrelevant to the mediation process, how are mediators most comfortable screening for violence?

Another important next step will be to learn more about how mediators use screening information to shape the mediation process and possibly the mediation agreement as well. It will be important to develop better guidelines about what levels or types of violence are cause for concern: Any violence? Only severe violence? Only violence coupled with fear? Violence occurring only in the last year? Violence that has continued after the separation or divorce? Some researchers have suggested that mediation can be appropriate with IPV cases, given appropriate precautions and accommodations (Ver Steegh, 2003). The necessary first step to ensuring the safety of mediating parties must therefore be detecting a history of IPV, and the present study suggests that we still have some way to go to ensure that occurs.

### References

- Aldarondo, E., & Straus, M. A. (1994). Screening for physical violence in couple therapy: Methodological, practical and ethical considerations. *Family Process, 33*, 425–439. doi:0014-7370/93/3304-0425
- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin, 126*, 651–680. doi:10.1037/0033-2909.126.5.651
- Ballard, R. H., Holtzworth-Munroe, A., Applegate, A. G., & D’Onofrio, B. (in press). Factors affecting the outcome of divorce and paternity mediations. *Family Court Review*.
- Beck, C. J. A., Menke, J. M., Brewster, K. O., & Figueredo, A. J. (2009). Validation of a measure of intimate partner abuse with couples participating in divorce mediation. *Journal of Divorce & Remarriage, 50*, 295–308. doi:10.1080/10502550902766399
- Beck, C. J. A., Walsh, M. E., Mechanic, M. B., & Taylor, C. S. (2010). Mediator assessment, documentation, and disposition of child custody cases involving intimate partner abuse: A naturalistic evaluation of one county’s practices. *Law and Human Behavior, 34*, 227–240. doi:10.1007/s10979-009-9181-0
- Beck, C. J. A., Walsh, M. E., & Weston, R. (2009). Analysis of mediation agreements of families reporting specific types of intimate partner abuse. *Family Court Review, 47*, 401–415. doi:10.1111/j.1744-1617.2009.01264.x
- Brainerd, C. J., Holliday, R. E., Reyna, V. F., Yang, Y., & Toglia, M. P. (2010). Developmental reversals in false memory: Effects of emotional valence and arousal. *Journal of Experimental Child Psychology, 107*, 137–154. doi:10.1016/j.jecp.2010.04.013
- Clements, E., & Gross, A. (2007). “Why aren’t we screening?” A survey examining domestic violence screening procedures and training protocol in community mediation centers. *Conflict Resolution Quarterly, 24*, 413–431. doi:10.1002/crq.182
- Corcoran, K. O., & Melamed, J. C. (1990). From coercion to empowerment: Spousal abuse and mediation. *Mediation Quarterly, 7*, 303–316. doi:10.1002/crq.3900070404
- Edwards, L., Baron, S., & Ferrick, G. (2008). A comment on William J. Howe and Hugh McIsaac’s article ‘Finding the Balance’ published in the January 2008 issue of Family Court Review. *Family Court Review, 46*, 586–591.
- Ehrensaft, M. K., & Vivian, D. (1996). Spouses’ reasons for not reporting existing marital aggression as a marital problem. *Journal of Family Psychology, 10*, 443–453. doi:0893-3200/96
- Erickson, S. K., & McKnight, M. S. (1990). Mediating spousal abuse divorces. *Mediation Quarterly, 7*, 377–388. doi:10.1002/crq.3900070409
- Grillo, T. (1991). The mediation alternative: Process dangers for women. *The Yale Law Journal, 100*, 1545–1610. doi:10.1111/j.174-1617.1992.tb00271.x
- Hamberger, L. K., Saunders, D. G., & Hovey, M. (1992). Prevalence of domestic violence in community practice and rate of physician inquiry. *Family Medicine, 24*, 283–287.
- Holtzworth-Munroe, A., Arany, J. G., Putz, J. W., Ballard, R. H., Applegate, A. G., & Beck, C. J. A. (2009, November). The impact of intimate partner violence on divorce mediation outcomes: Implications for children’s vulnerability. Paper presented at a symposium at the 43rd annual convention of the Association for Behavioral and Cognitive Therapy (ABCT). New York, New York.
- Holtzworth-Munroe, A., Meehan, J. C., Herron, K., Rehman, U., & Stuart, G. L. (2000). Testing the Holtzworth-Munroe and Stuart (1994) batterer typology. *Journal of Consulting and Clinical Psychology, 68*, 1000–1019. doi:10.1037/0022-006X.68.6.1000
- Jaffe, P. G., Johnston, J. R., Crooks, C. V., & Bala, N. (2008). Custody disputes involving

- allegations of domestic violence: Toward a differentiated approach to parenting plans. *Family Court Review*, 46, 500–522. doi:10.1111/j.1744-1617.2008.00216.x
- Johnson, N. E., Saccuzzo, D. P., & Koen, W. J. (2005). Child custody mediation in cases of domestic violence: Empirical evidence of a failure to protect. *Violence Against Women*, 11, 1022–1053. doi:10.1177/1077801205278043
- Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46, 476–499. doi:10.1111/j.1744-1617.2008.00215.x
- Langhinrichsen-Rohling, J. (2005). Top 10 greatest “hits”: Important findings and future directions for intimate partner violence research. *Journal of Interpersonal Violence*, 20, 108–118. doi:10.1177/0886260504268602
- Mathis, R. D., & Tanner, Z. (1998). Effects of unscreened spouse violence on mediated agreements. *American Journal of Family Therapy*, 26, 251–260. doi:0192-6187/98
- Moffitt, T. E., Caspi, A., Krueger, R. F., Magdol, L., Margolin, G., Silva, P. A., & Sydney, R. (1997). Do partners agree about abuse in their relationship? A psychometric evaluations of interpartner agreement. *Psychological Assessment*, 9, 47–56. doi:1040-3590/97
- Newmark, L., Harrell, A., & Salem, P. (1995). Domestic violence and empowerment in custody and visitation cases. *Family and Conciliation Courts Review*, 33, 30–62. doi:10.1111/j.174-1617.1995.tb00347.x
- O’Leary, D. K., Barling, J., Arias, I., Rosenbaum, A., Malone, J., & Tyree, A. (1989). Prevalence and stability of physical aggression between spouses: A longitudinal analysis. *Journal of Consulting and Clinical Psychology*, 57, 263–268. doi:0022-006X/89
- O’Leary, D. K., Vivian, D., & Malone, J. (1992). Assessment of physical aggression against women in marriage. *Behavioral Assessment*, 14, 5–14. doi:0191-5401/92
- Pearson, J. (1997). Mediating when domestic violence is a factor: Policies and practices in court-based divorce mediation programs. *Mediation Quarterly*, 14, 319–335. doi:10.1002/crq.3900140406
- Salem, P., & Dunford-Jackson, B. L. (2008). Beyond politics and positions: A call for collaboration between family court and domestic violence professionals. *Family Court Review*, 46, 437–453. doi:10.1111/j.1744-1617.2008.00213.x
- Salem, P., Kulak, D., & Deutsch, R. M. (2007). Triaging family court services: The Connecticut judicial branch’s family civil intake screen. *Pace Law Review*, 27, 101–146.
- Schacht, R. L., Dimidjian, S., George, W. H., & Berns, S. B. (2009). Domestic violence assessment procedures among couple therapists. *Journal of Marital and Family Therapy*, 35, 47–59. doi:10.1111/j.1752-0606.2008.00095.x
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and the Family*, 41, 75–88.
- Straus, M. A. (1990). New scoring methods for violence and new norms for the Conflict Tactics Scales. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction Publishers.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised conflict tactics scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*, 17, 283–316. doi:10.1177/019251396017003001
- Sugg, N. K., Thompson, R. S., Thompson, D. C., Maiuro, R., & Rivara, F. P. (1999). Domestic violence and primary care: Attitudes, practices, and beliefs. *Archives of Family Medicine*, 8, 301–306.
- Thoennes, N., Salem, P., & Pearson, J. (1995). Mediation and domestic violence: Current


policies and practices. *Family and Conciliation Courts Review*, 33, 6–29. doi: 10.1111/j.174-1617.1995.tb00346.x

Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the National Violence Against Women Survey. *Violence Against Women*, 6, 142–161. doi:10.1177/10778010022181769

Ver Steegh, N. (2003). Yes, no and maybe: Informed decision making about divorce mediation in the presence of domestic violence. *William and Mary Journal of Women and the Law*, 9, 145–206.

Ver Steegh, N., & Dalton, C. (2008). Report from the Wingspread Conference on domestic violence and family courts. *Family Court Review*, 46, 454–475. doi: 10.1111/j.1744-1617.2008.00214.x

Received July 23, 2010  
 Revision received November 4, 2010  
 Accepted November 5, 2010 ■

<h2>ORDER FORM</h2> <p>Start my 2011 subscription to <b><i>Psychology, Public Policy, and Law</i></b> ISSN: 1076-8971</p>		<input type="checkbox"/> <b>Check enclosed</b> (make payable to APA) <b>Charge my:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Cardholder Name _____ Card No. _____ Exp. Date _____ _____ Signature (Required for Charge) _____
___ \$55.00 <b>APA MEMBER/AFFILIATE</b> _____ ___ \$107.00 <b>INDIVIDUAL NONMEMBER</b> _____ ___ \$527.00 <b>INSTITUTION</b> _____ _____ In DC and MD add 6% sales tax <b>TOTAL AMOUNT DUE</b> \$ _____	<b>Billing Address</b> Street _____ City _____ State _____ Zip _____ Daytime Phone _____ E-mail _____	
<p><b>Subscription orders must be prepaid.</b> Subscriptions are on a calendar year basis only. Allow 4-6 weeks for delivery of the first issue. Call for international subscription rates.</p>		<b>Mail To</b> Name _____ Address _____ _____ City _____ State _____ Zip _____ APA Member # _____
 <p><b>SEND THIS ORDER FORM TO</b>                  American Psychological Association                  Subscriptions                  750 First Street, NE                  Washington, DC 20002-4242</p> <p>Call <b>800-374-2721</b> or 202-336-5600                  Fax <b>202-336-5568</b>; TDD/TTY <b>202-336-6123</b>                  For subscription information,                  e-mail: <a href="mailto:subscriptions@apa.org">subscriptions@apa.org</a></p>		LWA11