PASK 2025-2026 Review

Topic #12: Evaluating risk assessments for intimate partner violence: A review of contemporary approaches.

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Intimate partner violence (IPV) is a profound public and social health problem with associated mental and physical health implications and risks. Risk assessments of such violence attempt to offer an empirical way to ascertain the degree to which an abuser poses a threat. A violence risk assessment is an instrument that gathers information about individuals making decisions with respect to their risk of perpetrating IPV (Kropp, Hart, and Belfrage, 2005). With respect to IPV, risk assessments for violence do not tend to include measures for psychological aggression since frequently psychological consequences, although potentially dire, are not included legally in definitions of assault (Nicholls et al., 2013). There are two major approaches to violence risk assessment, actuarial risk assessment and structured professional judgement. In contrast, structured professional judgements are characterized by an integration of clinician's (i.e., psychologist, social worker) judgement while drawing on prior research, theory, and empirical measurements to inform their approach, in which they typically characterize risk categorically as low, medium, or high.

This review is an update of a previous reviews conducted as part of the first "Partner Abuse State of Knowledge" originally published in 2012 (Nicholls et al., 2013). Leveraging a systematic review approach used in the previous PASK research into risk assessments and IPV were assessed.

The review summarizes the state of knowledge on risk assessment instruments of IPV through a systematic examination of all English peer reviewed publications from the U.S. from 2013 to 2023. Three search engines (*PsychInfo*, *Web of Science*, and *PubMed*) identified 1,161 entries. After removing duplicates, examining titles and abstracts, and removing articles that did not explicitly examine risk assessments of IPV, published in English, and conducted in the U.S., there were a total of 57 articles included in this review.

The review yielded studies that used a range of risk assessment instruments (i.e., Ontario Domestic Assault Risk Assessment, Brief Spousal Assault Risk Evaluation Form; Danger

Assessment Scale, B-SAFER, SARA) in the study of both the degree of threat an abuser poses and risk factors across demographic, contextual, and developmental domains for abusers and survivors (i.e., pregnancy, same-sex relationships, immigrant status, etc.). Since the prior PASK, research has both used the actuarial risk assessment measures and structured professional judgement instruments evaluated previously (i.e., ODARA) and have begun to assess the relative effectiveness across these instruments. For example, Hilton et al. (2021) assessed the risk scores and reliability of the SARA, SARA-V3, B-SAFER, and ODARA instruments for IPV cases. They found SARA and B-SAFER had higher mean risk scores than other studies using these instruments, and that the risk scores were higher than policing samples suggesting these risk assessment instruments are important tools in assessing risk and referrals to support offenders likely to abuse again. Studies drawn from adult samples are summarized in Table 1, and those drawn from adolescent samples are summarized in Table 2.

This updated review on the partner abuse literature into IPV risk assessment instruments found that scholarship since the last review (2013) has followed suggestions of the previous authors in pursuing new avenues of research (see Nicholls et al., 2013). These include additional risk assessment instruments and research into demographics that were not previously considered such as pregnancy (D'Angelo et al., 2022), immigration (Messing et al., 2022), same-sex relationships (Gerstenberger et al., 2019), and trans and non-binary people (Sherman et al., 2023). For example, one study, using the revised Domestic Violence Screening Instrument (DVSI-R) in same-sex relationships, found male-to-male violence comprised close to 2% of cases and female-to-female violence accounted for 2.7% of cases in the dataset, but that women in same-sex relationships were more likely to be re-arrested compared to women with male partners (Gerstenberger et al., 2019). More research has investigated race as an independent variable (e.g., Cha & Masho, 2014; Kozhimannil et al., 2023), though it is still frequently understudied and cannot be divorced from issues like structural racism and differential policing.

More recent scholarship included in this review also investigated recidivism risk factors (e.g., Garner et al., 2021; Henning et al., 2021; Williams and Stansfield, 2017; Whitman et al., 2020; Radatz and Hilton, 2019; Anderson et al., 2022) as well as specific risk factors for adolescents (e.g., Tapp & Moor, 2016; Adhia et al., 2021; Brooks-Russell et al., 2013; Colins et al., 2015), which are both novel directions for the field. Findings were mixed with one longitudinal study finding that assessed risk was a moderating factor between risk management

strategies and IPV recidivism – particularly in the case of low-risk perpetrators who were worse off after a recommendation of probation time or jail (Williams and Stansfield, 2017).

One new instrument since the prior PASK review is the 11-item Lethality Assessment Program (LAP), which has different iterations in different places (Campbell et al., 2020; Richards et al., 2020; Messing et al., 2015). The Maryland version, for instance, was developed on prior research and is used by responding officers to every DV incident, which includes questions regarding if a partner has ever used a weapon against the other, threated to kill them, and perception of whether a partner would kill them (Campbell et al., 2020). The LAP may be useful tool for understanding seasonality, incidence severity, and child exposure to violence, but the tool itself was not evaluated in this study.

This updated review reveals a substantial body of research exists examining risk assessments and exploring risk factors for perpetrating and experiencing IPV. It is also clear from this review and the previous review that there is a significant gap between the extant research and both IPV policy and practice. We have known for decades that men who perpetrate IPV are not a homogenous group and that each of the different subtypes have their own, unique developmental pathways and motivations for using IPV in their relationships. And that research suggests that alternative interventions may lower IPV risk (Eckhardt et al., 2013). However, we still cling to legislative policies that mandate a "one-size fits all' intervention approach, despite a significant body of research evidence that suggests this is bad policy (e.g., Hamel et al., 2020; Cannon et al., 2016; Price & Rosenbaum, 2009). This poor fit between programming and batterer subtype could be a key factor in explaining some of the recidivism experienced in the studies cited here, though that variable remains unexplored. This is just one example where the research knowledge eclipses the current practice paradigm, even though the research is well established and readily accessible.

Future research directions should continue advancing on the novel directions of research reported here including investigating risk assessments and their relationship to risk factors associated with socio-demographic characteristics, specifically sexual and gender identities, race and ethnicity, and immigration status. Far too frequently, these characteristics are not included or are not included as explanatory variables. More recent scholarship has yet to fully engage with the context and setting in which risk assessments are administered and their potential impacts on outcomes (Messing &Thaler, 2013). Additionally, this review illustrates there has been some

progress examining recidivism risks yet more research is needed in this direction to assess and evaluate interventions and program implementation to improve services for victims and abusers. There is, however, still a wide gap between the research and practice, including batterer intervention programs (BIPs) – the predominant form of treatment for IPV abusers across the U.S. (see below). One advancement over the course of this review has been the revision of old and development of new risk assessment tools and the measurement of their reliability and validity. These new tools have been useful for measuring different kinds of risk in a range of contexts. Yet, there has perhaps been an over-emphasis on creating new tools to measure risk and not enough focus on implementation and assessment (Messing et al., 2022). Finally, there has been substantial research conducted that has been reviewed both here and in the previous PASK, yet this research has not reached the policymakers and service providers essential to making progress. It is vital that policymakers and practitioners can access and implement the insights gained from the extensive research already produced.

As Graham et al. (2021) argue, a lack of research into the feasibility of risk assessment instruments being administered by practitioners is concerning given the need for risk assessments to be useful for practitioners. Picking up these research lines is essential for advancing implementation and evaluation of programs and services to better address and reduce IPV. One advancement over the course of this review has been the revision of existing instruments and the development of new risk assessment tools, with data being provide on their psychometric properties. These new tools have been useful for measuring different kinds of risk in a range of contexts. Yet, there has perhaps been an over-emphasis on creating new tools to measure risk and not enough focus on implementation and assessment (Messing et al., 2022).

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NOTE: References organized according to most recent year published, and in each year are arranged alphabetically by author last name.

Table 1. Adult samples

Study (full reference)	N	Sample Size and Characteristics	Method and Design	Results
Kozhimannil, K. B., Lewis, V. A., Interrante, J. D., Chastain, P. L., & Admon, L. (2023). Screening for and Experiences of Intimate Partner Violence in the United States Before, During, and After Pregnancy, 2016-2019. *American Journal of Public Health, 113*(3), 297–305. https://doi.org/10.2105/AJPH.2022.307195	158,338	Surveyed at 2 and 6 months postpartum. Minimum response rate threshold: 55% in 2016–2017; 50% in 2018–2019. 3.5% reported physical violence.	Data from the Pregnancy Risk Assessment Monitoring System (PRAMS). Measure included experiencing IPV, screening for IPV at healthcare visits, urbanity, race and ethnicity, age, education, marital status. Used survey-weighted proportions with 95% confidence intervals. Among those experiencing physical violence, multivariate logistic regression was used to calculate adjusted predicted probabilities and percentage point risk differences.	Among respondents reporting physical violence, 58.7%, 26.9%, and 48.3% were not screened before, during, or after pregnancy, respectively. Statistically significant differences in screening emerged. Medicaid recipients and the uninsured, as well as Spanish-speaking Hispanic people, were at increased risk of not having an appointment at which to screen, For those that did have an appointment, the privately insured, rural residents, and non-Hispanic White people were at greater risk of going un-screened.
Sherman, A. D. F., Peitzmeier, S., Cimino, A. N., Balthazar, M., Klepper, M., Chand, A. T., Lawrence, C., Allure, K., Slink, G., & Campbell, J. C. (2023). Risks of Severe Assault and Intimate Partner Homicide among Transgender and Gender Diverse Intimate Partner	13	Transgender and gender diverse adults who have experienced IPV. Average age: 28. 54% Black and assigned male at birth. 46% assigned female at birth (1 Black, 4 White, 1 Mexican).	Qualitative data from community listening sessions. Used a survey of demographic characteristics and experiences with IPV using an adapted version of the Revised Conflict Tactics Scale (CTS-2) and the Transgender-related IPV (T-IPV) measure. Qualitative coding was used to elucidate	Themes included complex vulnerabilities, pervasive community violence, escalation, gender disclosure and stigma, and public violence. Gender disclosure and stigma play important roles in violence, consistent with existing literature.

Violence Survivors: Preliminary Findings from Community Listening Sessions. *Violence Against Women*, 10778012231172700. https://doi.org/10.1177/10778012231172700			themes, in addition to descriptive statistics of demographics and experiences.	
Anderson, K. L., Bryan, H., Martinez, A., & Huston, B. (2022). Examining the Relationship between the Lethality Assessment/Domestic Violence High-risk Team Monitoring (LAP/DVHRT) Program and Prosecution Outcomes. *Journal of Interpersonal Violence, 37*(19–20), NP17616–NP17639. https://doi.org/10.1177/08862605211028325	88	Data were collected from a county in Washington state, where 80% of residents are White. 37 male offenders (those accepted for monitoring between January 2014 and October 2016) were identified and compared with 51 unmatched comparison male offenders.	The Lethality Assessment Program (LAP), a shorter version of the Danger Assessment (DA) administered at a DV scene, was implemented in the study's jurisdiction. Prosecution outcomes were compared against whether the offender was monitored by the Domestic Violence High-Risk Monitoring Team (DVHRT). Coarsened Exact Matching was used to match offenders on criminal history and race for multivariate analysis.	For matched offenders, monitoring by the DVHRT may increase "offender accountability." Cases involving these offenders tended to result in greater punishment than unmonitored high-risk offenders. Offenders of color were more likely than White offenders to be monitored, suggesting a potential disparity in outcomes.
D'Angelo, D. V., Bombard, J. M., Lee, R. D., Kortsmit, K., Kapaya, M., & Fasula, A. (2022). Prevalence of experiencing physical, emotional, and sexual violence by a current intimate partner during pregnancy: Population-based estimates from the pregnancy risk assessment	15,592	Using Pregnancy Risk Assessment Monitoring System data from six states from 2016 to 2018, 5.7% reported emotional, physical, or sexual violence during pregnancy. 46% of these IPV-experiencing respondents were White, 58% were married, 60%	Cross-sectional survey data. Selected factors and attributes were chosen from the PRAMS questionnaire. Weighted data were used with weighted prevalence estimates to calculate sub-group differences.	IPV becomes more prevalent when considering sexual and emotional violence in addition to the physical. Despite recommendations for healthcare screenings, there are many women who do not report discussions. Racial disparities emerged in IPV, as did disparities in age group.

monitoring system. *Journal of Family Violence*. https://doi.org/10.1007/s10896-022-00356-y		were aged 25-34. 75% of these women reported discussions about violence with a prenatal care provider.		
Messing, J. T., Campbell, J., AbiNader, M. A., & Bolyard, R. (2022). Accounting for Multiple Nonfatal Strangulation in Intimate Partner Violence Risk Assessment. *Journal of Interpersonal Violence*, 37(11–12), NP8430–NP8453. https://doi.org/10.1177/0886260520975854	619 and 389	Two datasets were used. The Oklahoma Lethality Assessment (OK-LA) used the LAP from 2009-2013, identifying 1,526 women and retaining 619 for follow-up. The Risk Assessment Validation (RAVE) Study used four risk assessments between 2003-2003, retaining 400 for follow-up (389 ultimately included).	The data analysis was intended to examine the utility of including and scoring multiple strangulation and loss of consciousness due to strangulation as risk factors on the DA.	Adding multiple strangulation or loss of consciousness to the DA-I did not significantly increase predictive validity. On the whole, the updated DA is better at predicting near-fatal violence following up at 7-8 months than the original DA.
Messing, J., Wachter, K., AbiNader, M., Ward-Lasher, A., Njie-Carr, V., Sabri, B., Murray, S., Noor-Oshiro, A., & Campbell, J. (2022). "We Have to Build Trust": Intimate Partner Violence Risk Assessment with Immigrant and Refugee Survivors. *Social Work Research*, 46(1), 53–64. https://doi.org/10.1093/swr/svab030	57	Focus groups of five to nine helping professionals who work with refugees/immigrants were conducted across seven states. 93% of participants were female. 36.8% were Asian, 19.3% were Latinx, 38.6% were Black, and 3.5% were White. Just 17.6% were originally from North America (USA).	Nine focus groups were held and recorded. Codes were developed to reflect relationships with risk assessment. The research team grouped and analyzed codes.	Participants largely focused on implementation of risk assessment and its effects. Trust-building was a key theme, as was using carefully crafted language. In addition, participants pointed to education, safety planning, and referral. The study finds a gap in the literature surrounding implementation of risk assessments.
Palm Reed, K. M., Kline, N. K., Benz, M., Cabrera, K., & Hines, D. A. (2022). Measurement invariance in	338	Participants (n = 388) with ages ranged 18-59. 47.3% identified as straight/heterosexual,	This study analyzed for invariance in assessment of IPA among sexual minority and non-sexual minority	There was a meaningful difference in the assessment tool between sexual minority and non-sexual minority groups.

the assessment of intimate partner abuse among sexual minority and non-sexual minority individuals. *Partner Abuse*, 13(4), 456–474. https://doi.org/10.1891/PA-2022-0017		28.1% as bisexual, 10/1% as gay, 4.7% as lesbian, 3.0% as asexual, 3.8% as pansexual, and 3.0% as queer.	individuals using structural models.	
Spencer, C. M., Gimarc, C., & Durtschi, J. (2022). COVID-19 Specific Risk Markers for Intimate Partner Violence Perpetration. *Journal of Family Violence*, 37(6), 881–891. https://doi.org/10.1007/s10896-021-00335-9	365	Sample taken in August 2020 during COVID pandemic. 603 participants responded, and 365 were in a relationship and included. Average age was 45.77, ranging from 19 to 78. Gender was 49.3% male, 49.3% female, and 1.4% trans/nonbinary. 75.6% were White, 9.3% Black, 7.7% Asian, 3.6% Latinx, and 3.3% multiracial. 68.4% were married to the partner in question.	This exploratory study utilized an online survey about COVID beliefs, mental health outcomes, wellbeing outcomes, and relational outcomes. IPV was measured with the adapted Universal Violence Prevention Screening Protocol. Odds of IPV perpetration were identified using unadjusted logistic regression analysis.	Mental health and isolation were the strongest risk factors for IPV perpetration. This included loneliness, anxiety, stress, fear, boredom, and substance use. Increased financial struggle also lead to increase in IPV likelihood.
Adhia, A., Gordon, A. R., Roberts, A. L., Fitzmaurice, G. M., Hemenway, D., & Austin, S. B. (2021). Childhood Gender Nonconformity and Intimate Partner Violence in Adolescence and Young Adulthood. *Journal of Interpersonal Violence*,	7,641	In a 2007 wave of the Growing Up Today Study, 7,641 individuals responded. 4,997 were female and 2,644 were male. Average age of respondents, who were 20-27 was 22.8 years. 97% were White.	Researchers used the Abuse Assessment Screen, Childhood Trauma Questionnaire, Conflict Tactics Scale, Sexual Maltreatment Scale of the Parent-Child Conflict Tactics Scales, and Recalled Childhood Gender Identity/Gender Role	Consistent with prior research, individuals who stray from gender norms are vulnerable to violence and aggression. There was not partial mediation by childhood abuse, as was hypothesized.

36(5–6), NP3130–NP3152. https://doi.org/10.1177/0886260518770643			Questionnaire. Analysis explored the mediating effect of childhood abuse on the association between nonconformity and IPV.	
Cooper, L. M., Longmore, M. A., Manning, W. D., & Giordano, P. C. (2021). The Influence of Demographic, Relational, and Risk Asymmetries on the Frequency of Intimate Partner Violence in Young Adulthood. *Journal of Family Issues*, 42(1), 136–155. https://doi.org/10.1177/0192513X20916205	828	Using the Toledo Adolescent Relationship Study interviews of 2012, 62 schools in an Ohio county were included. Black and Hispanic students were oversampled. Those that reported a current or recent relationship were included, unless that relationship was same-sex (due to small sample size) or had unidentified partner ethnicities. 54% were female, and over two-thirds were White. Average age was 25.	IPV was measured with items from the Revised Conflict Tactics Scale, and referred to both perpetration and victimization. Asymmetries were identified for education, employment, race, age, investment, power, success, and antisocial behavior. OLS was used to determine the association between demographic, relationship, and behavioral asymmetries, and frequency of IPV.	Asymmetries in employment and race were associated with higher frequencies of IPV. Differences in investment, power, and external successes were also associated with greater IPV. More invested men tended to produce lower IPV. More successful women tended to produce greater IPV. Antisocial male partners also generated more IPV. Overall low frequencies of violence were reported, but significant differences emerged.
Garner, A. R., Johansson-Love, J., Romero, G., Grigorian, H. L., Florimbio, A. R., Brem, M. J., Wolford-Clevenger, C., & Stuart, G. L. (2021). Risk of Revocation Among Batterers: A Preliminary Analysis of Criminogenic, Intimate Partner Violence, and Mental Health Risks. *Violence Against Women*, 27(9), 1173–1190.	64	Batterers in a Texas felony domestic violence court were examined for criminogenic risk, domestic violence risk, and mental health diagnosis. Probation files from January 2014 and March 2018 were used to obtain a sample. Average age was 10pprox.. 32 years. 72% were Black. Most were unemployed.	The Texas Risk Assessment System was used to measure criminogenic risk. Forensic psychological evaluation was used to determine mental health status. Probationers were placed in the program based on the Danger Assessment. Binary logistic regression analysis was used.	Probation revocation (the TRAS and only the TRAS) was significantly predicted by criminogenic risk measurement. The Danger Assessment was not predictive of revocation. A more general recidivism measure is supported by this study.

https://doi.org/10.1177/1077801220923737		Average prior DV arrests were 1.72.		
Henning, K., Campbell, C. M., Stewart, G., & Johnson, J. (2021). Prioritizing Police Investigations of Intimate Partner Violence Using Actuarial Risk Assessment. *Journal of Police and Criminal Psychology*, 36(4), 667–678. https://doi.org/10.1007/s11896-021-09466-7	2,670	Domestic-related criminal incidents were extracted from a large de-identified dataset in Portland, OR. Most suspects (85%) were male and White (55.1%), and averaged an age of about 37. Victims were largely female (85%) and White (65%), and average an age of about 36.	Using both bivariate and multivariate analysis, researchers assessed the relationship between police-reported abuse, recidivism, and National Incident Based Reporting System data.	Criminal history best predicted DV recidivism. Only violation of protective orders failed to show positive association at the bivariate level. Authors conclude that a simple actuarial static risk scale built from data can predict DV recidivism.
Hilton, N. Z., Pham, A. T., Jung, S., Nunes, K., & Ennis, L. (2021). Risk scores and reliability of the SARA, SARA-V3, B-SAFER, and ODARA among Intimate Partner Violence (IPV) cases referred for threat assessment. *Police Practice and Research*, 22(1), 157–172. https://doi.org/10.1080/15614263.2020.1798235	238	Of 258 men charged with a violent offense against a female partner assessed between 2010 and 2015, 20 were excluded for lack of information. The remaining 238 were 67% White, and average aged 35.	Researchers compared the Spousal Assault Risk Assessment Guide (SARA) and its revision, the Brief Spousal Assault Risk Evaluation Form, and the Ontario Domestic Assault Risk Assessment form. Threat assessment case files were scored and coded. Internal consistency was measured along with inter-rater reliability.	The sample of threat assessments was at a higher risk of IPV recidivism compared to routine police records. SARA and B-Safer featured higher mean risk scores than previously published samples. Mental health items could not be consistently and accurately coded with currently available records.
Katerndahl, D., Burge, S. K., Ferrer, R. L., Becho, J., & Wood, R. (2021). Complex Relationship Between Daily Partner Violence and Alcohol Use Among Violent	30 15 couples	Couples were interviewed in English or Spanish. 20 couples were identified and 15 completed the study. 6 participants were White and 23 were Hispanic.	The Danger Assessment was used to determine safety of enrollment. The Conflict Tactic Scale was used to assess violence. Longitudinal daily assessments of male partner alcohol use and	Alcohol use was more consistent than violence, but there was significant couple-to-couple variance. In the sample, there was not a consistent unidirectional alcohol-violence relationship. Each couple appeared to have a unique individual alcohol-violence relationship.

Heterosexual Men. *Journal of Interpersonal Violence*, 36(23–24), 10912–10937. https://doi.org/10.1177/0886260519897324		Mean age for men was 49 and women 45.	violent events was used to analyze (using linear and nonlinear analysis) alcohol-violence relationship.	
Kaye, M. P., Saathoff-Wells, T., Ferrara, A. M., Morgan, N. R., & Perkins, D. F. (2021). Exploratory structural equation modeling analysis and validity of the Family Needs Screener. *Journal of Interpersonal Violence*, 36(21–22), NP11264–NP11290. https://doi.org/10.1177/0886260519888517	18,159	Army families were screened between 2009 and 2013. 56% of respondents were White. 10,695 were spouses of active duty service members. Participants were an average of 26 years old.	Partners provided separate daily telephone reports about alcohol and violence, as well as stressors. The Family Needs Screener was used to screen for IPV and child maltreatment. Army databases were used to collect and match secondary data. ESEM was used to perform analysis and examine predictive validity of the FNS.	Relationship issues were predictive of IPV. Invariance across genders of the ESEM was found. Findings on the whole supported the use of FNS to assess risk, but also that the FNS could probably be shortened to include only key pertinent points.
Messing, J. T., AbiNader, M. A., Pizarro, J. M., Campbell, J. C., Brown, M. L., & Pelletier, K. R. (2021). The Arizona intimate partner homicide (AZIPH) study: A step toward updating and expanding risk factors for intimate partner homicide. *Journal of Family Violence*. https://doi.org/10.1007/s10896-021-00254-9	808	151 deaths were classified as intimate partner homicide, 95 as intimate partner related, 459 as unknown relationship, and 103 unclear relationship.	Medical examiner data on violent deaths was contextualized using police department data. Researchers are striving for an accurate count of intimate partner homicides, as well as a list of risk factors for homicide.	Research is ongoing, but can serve as a model for other states.
Wheeler, N. J., Carlson, R. G., Sami, W. Y., & Hipp, C. (2021). Adverse childhood experiences as predictors of differences in intimate	332	Adults who were enrolled in a community-based relationship education program were included. 52.7% were	ACE scores were analyzed as mediators for power, control, and equity in intimate relationships. The Continuum of Conflict and	In terms of mediation effects, psychological distress was a full mediator between ACE and physical/reactive aggression. Psychological distress also partially

justice, conflict, control, and power in intimate relationships. *Journal of Family Violence*. https://doi.org/10.1007/s10896-021-00288-z		Hispanic, 80.7% female, and 44.3% unemployed.	Control-Relationship Scale measured relationship conflict and control behaviors. The Intimate Justice Scale assessed relationship dynamics. Lastly, the Outcomes Questionnaire 45.2 was used for psychological distress.	mediated ACE, psychological control, aggression, conflict, caring, and power.
Campbell, A. M., Hicks, R. A., Thompson, S. L., & Wiehe, S. E. (2020). Characteristics of Intimate Partner Violence Incidents and the Environments in Which They Occur: Victim Reports to Responding Law Enforcement Officers. *Journal of Interpersonal Violence*, 35(13–14), 2583–2606. https://doi.org/10.1177/0886260517704230	4,383	Domestic violence incidents were analyzed between December 2012 to December 2015. Marion County, Indiana was used. 88% of victims were female, and 88% of suspects male. 44% of victims were 20-29, as were 41% of suspects. A majority of witnesses (56%), victims (51%), and suspects (59% were Black in a 26% Black county.	Officer information sheets were collected and analyzed, largely based on the Lethality Assessment Program. Demographics, seasonality, and context were examined.	Females aged 20 to 39 years, unmarried adults, and African Americans were disproportionately represented as victims of IPV in this study. Summertime and weekends saw significantly increased IPV incidents.
Dinwiddie, K., Zawadzki, S., Ristau, K., Luneburg, A. F., Earley, T. A., Ruiz, M., Talley, D., Iaccino, J., & Coker, K. L. (2020). A Sample of Predominately African American Domestic Violence Victims' Responses to Objective Risk Assessments. *Violence Against Women*, 26(8), 870–888.	57	Women living in a DV shelter in a large Midwestern city. 89.5% were Black. Same-sex couples were excluded. Age ranged from 18-57.	The Danger Assessment and Ontario Domestic Assault Risk Assessment were employed. Age, residency, and pregnancy status were compared against these tools. Researchers used bivariate regression to determine how much of the variance of the DA scores was accounted for by the ODARA scores.	The DA and ODARA were moderately-to-strongly correlated. In relation to ODARA, offender age, habitation, and pregnancy were unrelated to perception of risk of future abuse by the victim.

https://doi.org/10.1177/1077801219848485				
Li, Y., Bloom, T., Herbell, K., & Bullock, L. F. C. (2020). Prevalence and risk factors of intimate partner violence among Chinese immigrant women. *Journal of Advanced Nursing*, 76(10), 2559–2571. https://doi.org/10.1111/jan.14458	475	Chinese immigrant women (Mandarin-speakers born in China and residing in the U.S.) who have been in an intimate relationship in the past year were recruited online. Average age was 33 years. 40% earned $20,000/year or less. Partners were an average of 35 years old, and 80% were Chinese or Chinese-American.	Researchers measured past year intimate partner violence, sociodemographic, relationship-related and immigration-related factors, religion, social support, acculturation, adverse childhood experiences, and gender role beliefs. A Chinese version of the Abuse Assessment Screen was employed. The Interpersonal Support Evaluation list measured social support. The Marín and Marín Acculturation Scale measured acculturation. The ACE Questionnaire was also employed, as was the Attitudes Towards Women Scale.	21% of respondents experienced IPV in the last year. Younger age, having a cohabiting relationship, lower levels of relationship satisfaction and social support, older age at arrival, longer length of stay, religious belief, and adverse childhood experiences were all associated with intimate partner violence occurring.
McFarlane, J., Maddoux, J., Paulson, R., Symes, L., & Jouriles, E. N. (2020). An Evidence-Based Assessment Tool for Estimating Future Post-Traumatic Stress Disorder: A 7-Year Follow-Up Study. *Journal of Women's Health*, 29(4), 520–523. https://doi.org/10.1089/jwh.2019.7699	271	300 women were recruited who sought IPV services for the first time between 2011 and 2012. 271 completed a seven-year follow-up.	A seven-item screen for the presence or absence of clinically significant PTSD symptoms and the first assessment screening tool for post-traumatic stress disorder (FAST-PTSD) were given. Binary logistic regression was used to determine validity of the PTSD screening tool.	More than 25% reported PTSD at the seven-year follow-up. Moderate to high risk scores on the screener were strongly significantly associated with PTSD later on. The FAST-PTSD was valid as an indicator at seven years, and can be used to triage with preventative intervention.

Messing, J. T., Campbell, J., Dunne, K., & Dubus, S. (2020). Development and testing of the Danger Assessment for Law Enforcement (DA-LE). *Social Work Research*, 44(3), 143–156. https://doi.org/10.1093/swr/svaa005	570	Of 3,159 referrals of women by police, 570 were contacted, consented, retained, and included. Survivors completing a follow-up were older, more educated, and more likely to be employed.	Demographic and relationship variables were recorded. The Danger Assessment was given, along with additional questions for potential inclusion in the Danger Assessment for Law Enforcement (DA-LE). Self-reported near-fatal violence was reported at 7-8 month follow-up. Another data set (n=379) was used to test predictive validity.	Despite significant differences in survivor race and ethnicity, the DA-LE did not have significant differences in predictive validity by race/ethnicity. The DA-LE predicted attempted homicide with medium to high effect size.
Richards, T. N., Gillespie, L. K., Kafonek, K., & Johnson, M. (2020). An examination of the Lethality Assessment Program (LAP): Perspectives on implementation, help-seeking, and victim empowerment. *Violence Against Women*, 26(12–13), 1517–1537.	141	Between May 2015 and 2016, 220 female clients were served by a legal aid center. 64% agreed to participate in this study, with particpants being more likely to be White, more educated, and living without their partner. 47% had previously received the LAP. Average age was 34 years. Participants were majority White (54%) and 35% Black.	The Revised Conflict Tactics Scale was used to determine past-year experience with DV and sexual coercion. Self-protective actions were measured by the Safety Promoting Behavior Checklist. Empowerment was measured by the Personal Progress Scale-Revised.	Participants who had received the LAP did not report significantly higher rates of self-protective actions compared to participants who had not received the LAP. Participants in the LAP group reported greater rates of safety planning service utilization and applications for previous protection/restraining orders.
Straus, H. E., Guonjian, E. H., Christian, E., & Roberts, R. R. (2020). Assessment of intimate partner violence abuse ratings by recently abused and never abused women. *BMC Women's Health*, 20(1), 181.	62	Women were identified in an urban hospital emergency department. Those reporting abuse had an average age of 33.4 years, while those not reporting abuse were an average of 50.4 years.	The Abuse Assessment Screen was used to identify women abused within a year. Follow-up took place at 1 month and 3 months. Demographics and scores were recorded and analyzed for statistically significant	Abuse was rated severely by both groups of women. Abused women rated non-physical abuse as more severe than non-abused women.

https://doi.org/10.1186/s12905-020-01043-0		Among recently abused women, 67% were Black, while among the never abused 94% were Black. Those not abused more closely reflected the ED's makeup.	differences in ratings of abuse severity between the abused and not abused.	
Whitman, M. R., Burchett, D. L., Tarescavage, A. M., Ben-Porath, Y. S., & Sellbom, M. (2020). Predictive Validity of Minnesota Multiphasic Personality Inventory-2-Restructured Form Scale Scores in an Intimate Partner Violence Intervention Program. *Criminal Justice and Behavior*, 47(8), 978–995. https://doi.org/10.1177/0093854820918003	478	Participants were men in first-time court-mandated IPV treatment in Northeastern Ohio between 1997 and 1998. 118 were excluded, mostly for non-content-based invalid responding. 48.3% were Black and 40.8% White.	The Minnesota Multiphasic Personality Inventory-2-Restructured Form Scale was used to score personality and psychopathology. Intake interviews were conducted for historical data. Treatment dismissal was also considered, along with recidivism data. Researchers investigated the association between treatment dismissal and new arrest, and the validity of the inventory form scale.	The scale scores did not significantly improve beyond dismissal, although some scored incremented intake variables and treatment dismissal for predicting new arrests and general recidivism. Treatment dismissal and re-offense was more likely for those with elevated scores on relevant scales.
Albright, D. L., Fletcher, K. L., McDaniel, J., Thomas, K. H., Godfrey, K., Grohowski, M., & Dane, J. (2019). Intimate partner violence among postsecondary students with military experience. *Traumatology*, 25(1), 58–65. https://doi.org/10.1037/trm0000172	114,816	62 colleges/universities were included. 2,658 indicated military experience. Students with military experience were more likely to be older, male, heterosexual, a graduate student, White, in a cohabiting relationship, and not single compared to those without military experience. They were also less likely to be	The 2011-2014 National College Health Assessment II was used to obtain secondary data for this cross-sectional study. Demographics, IPV, mental health outcomes, physical health outcomes, and health behavior outcomes were examined.	Those with military experience reported more physical and emotional abuse. A number of demographic factors impacted experiences of abuse, including age, grades, ethnicity, and more. These experiences lead to worsened health outcomes of many varieties.

		involved in Greek life and possess an A average. Students with military experience were, on average, around 8 years older than their non-military counterparts.		
Gerstenberger, C., Stansfield, R., & Williams, K. R. (2019). Intimate Partner Violence in Same-Sex Relationships: An Analysis of Risk and Rearrest. *Criminal Justice and Behavior*, 46(11), 1515–1527. https://doi.org/10.1177/0093854819871984	6,711	IPV arrests in Connecticut between July and December 2014 were used. 332 defendants were in same-sex relationships. 69.9% of cases were male-to-female violence, and 25.2% were female-to-male. Make-male (2.2%) and female-female (2.8%) made up the remainder. 31% were Black, 24% Latinx, and 44% White.	Follow-up data was collected at 18 months after initial arrest. Rearrest was measured, along with risk. Risk assessment was conducted with the Revised Domestic Violence Screening Instrument (DSVI-R). Relationship type and demographics were also recorded. Analysis was conducted to compare mean scores by relationship. Then, effects of gender and relationship were determined in regards to rearrest and assessed risk.	Rearrest for IPV was nearly as common among female-female perpetrators as male-female perpetrators. Rearrest risk, but not risk assessment, increased in female-female perpetrators compared to female-male perpetrators. Researchers find that power dynamics are a stronger risk factor for future offending than simple gendered relationship dynamics.
Halpern-Meekin, S., Costanzo, M., Ehrenthal, D., & Rhoades, G. (2019). Intimate partner violence screening in the prenatal period: Variation by state, insurance, and patient characteristics. *Maternal and Child Health Journal*, 23(6), 756–767.	28,581	Data from PRAMS in 24 states and New York City. Hispanic (59.8%), Black (62.8%) and Native (63.9%) women were more likely to be screened than White (43.7%) and Asian (41.4%) women.	Researchers sought to determine whether IPV screening was given. IPV exposure was measured along with screening to determine missed IPV. Demographic covariates were included.	Around half of women went unscreened for IPV. Those with characteristics of disadvantage were more likely to be screened. Certain women were more likely to be screened; screening was not random.

https://doi.org/10.1007/s10995-018-2692-x				
Radatz, D. L., & Hilton, N. Z. (2019). Determining Batterer Intervention Program Treatment Intensities: An Illustration Using the Ontario Domestic Assault Risk Assessment. *Partner Abuse*, 10(3), 269–282. https://doi.org/10.1891/1946-6560.10.3.269	970	This study utilized a sample size of 970 participants in a batterer intervention program (BIPs) to demonstrate how BIPs can use risk assessment (i.e., Ontario Domestic Risk Assault Assessment, ODARA) to evaluate program effectiveness.	Three categories, low, medium, and high on the ODARA can inform program intensity decisions	Risk assessment tools can be used to inform program intensity based on risk likelihood to evaluate and improve intervention effectiveness.
Randell, K., Stallbaumer-Rouyer, J., Adams, T., Ramaswamy, M., & Dowd, M. (2019). Risk of Intimate Partner Homicide Among Caregivers in an Urban Children's Hospital. *JAMA Pediatrics*, 173(1). https://doi.org/10.1001/jamapediatrics.2018.3222	150	Caregivers disclosing IPV were identified at a hospital in Kansas City, MO. 106 participants gave information about race, 59.4% were White, 34% were Black, 30.8% were Hispanic. 127 participants completed the LAP, and 85.8% had high risk of intimate partner homicide.	Advocates assessed risk using the LAP and four additional questions. Demographic data was also provided. Researchers used $\chi 2$ and Fisher exact tests for exploratory analysis between subgroups.	High levels of risk for IPH were reported for most participants. Risk was not significantly associated with demographics, nor healthcare location/unit.
Garthe, R. C., Hidalgo, M. A., Hereth, J., Garofalo, R., Reisner, S. L., Mimiaga, M. J., & Kuhns, L. (2018). Prevalence and risk correlates of intimate partner violence among a multisite cohort of young transgender women. *LGBT Health*, 5(6), 333–340.	204	204 transgender women aged 16-29 years from Chicago, IL and Boston, MA were identified by researchers. 41% were heterosexual, 23% gay/homosexual, 6% lesbian, 21% bisexual, and 9% had another sexual identity. 47% were Black, 25% White,	Data was collected at baseline and 4-month follow-up. IPV was measured with five items from the Transgender Youth Research Project. Chilldhood abuse was measured with items from the National Longitudinal Study of Adolescent to Adult Health. Pilkington and D'Augelli's	42% experienced IPV among the sample. Many experienced distinct forms of IPV based on gender identity. Childhood abuse and daily stressors were associated with higher risk of IPV.

https://doi.org/10.1089/lgbt.2018.0034		and 13% Hispanic/Latinx.	Victimization Scale was used to measure transgender-related victimization. 9 items were developed to assess unfair daily ttreatment.	
Gerbrandij, J., Rosenfeld, B., Nijdam-Jones, A., & Galietta, M. (2018). Evaluating risk assessment instruments for intimate partner stalking and intimate partner violence. *Journal of Threat Assessment and Management*, 5(2), 103–118. https://doi.org/10.1037/tam0000101	158	This study examined low-risk male offenders charged with crimes targeting an intimate partner in a court-ordered treatment program. Participants were included if they were English speakers, adults, and did not have extreme psychosis or risk of serious violence to others. 55 were intimate partner stalking offenders, 51 were intimate partner violence offenders, and 52 were both. Average age was 34. 36.1% were Black, 25.3% Hispanic, and 21.5% White.	The Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) and the Guidelines for Stalking Assessment and Management (SAM) were employed. Follow-up ranged one to 8.5 years. The two screens were compared for accurate prediction of reoffending.	The two assessments had little difference in prediction of stalking/violence. Neither had predictive validity for follow-up violence. Distress and violation of court-ordered supervision were the strongest predictors of renewed stalking behavior.
Portnoy, G. A., Haskell, S. G., King, M. W., Maskin, R., Gerber, M. R., & Iverson, K. M. (2018). Accuracy and Acceptability of a Screening Tool for Identifying Intimate Partner Violence Perpetration among Women Veterans: A Pre-Implementation	187	Women veterans were identified in a national online survey in 2016. 16.6% were IPV perpetrators in the last 6 months. Of IPV perpetrators, 54.8% were White, while among non-perpetrators 75.7% were White.	The Revised Conflict Tactics Scales (CTS-2) and Extended-Hurt/Insult/Threaten/Scream (Modified E-HITS) were employed, and demographics were examined.	The Modified E-HITS was relatively accurate, and seen as acceptable by participants. A majority said they would answer screener questions honestly. The burden of this tool is relatively low.

Evaluation. *Women's Health Issues*, 28(5), 439–445. https://doi.org/10.1016/j.whi.2018.04.003				
Shorey, R. C., Haynes, E., Brem, M., Florimbio, A. R., Grigorian, H., & Stuart, G. L. (2018). Marijuana use is associated with intimate partner violence perpetration among men arrested for domestic violence. *Translational Issues in Psychological Science*, 4(1), 108–118. https://doi.org/10.1037/tps0000140	269	Court-referred DV arrestees in batterer intervention programs were examined. Average age was 32 years. Most were White (63.2%). 68.1% were in an intimate relationship.	Controlling for alcohol use, antisocial personality, and relationship satisfaction, researches sought the effects of marijuana use on IPV.	Marijuana use was positively and significantly associated with of all kinds, even after controlling for other variables. Sexual IPV was predicted by an interaction of alcohol use and marijuana use; marijuana use was associated with sexual IPV at high levels of alcohol use.
Brignone, L., & Gomez, A. M. (2017). Double jeopardy: Predictors of elevated lethality risk among intimate partner violence victims seen in emergency departments. *Preventive Medicine*, 103, 20–25. https://doi.org/10.1016/j.ypmed.2017.06.035	263	327 female patients aged 16 and older were seen at an ED for injuries caused by IPV February 2015-August 2015. The ED in question serves a racially diverse low-income population. 263 were included in the study. 38% had children at home, 14% were pregnant, and 65% were abused by a dating partner (vs. 13% by a spouse and 22% by an ex).	Domestic Violence Report and Referral (DVRR) was employed. Danger Assessment score was also analyzed. Other measures included presence of children at home, pregnancy, age, and abuser-victim relationship. Multiple linear regression models were used.	Increased age, presence of children, and having a dating partner or ex-partner were significantly associated with increased DA scores. One-third of respondents had very high DA scores.
Messing, J. T., Campbell, J. C., & Snider, C. (2017).	1,081	Between 2009 and 2013, 1,081 women were	CTS-2 and RAVE questions were adapted for structured	The DA-5 was validated by this study, predicting severe/near-lethal violence with

Validation and adaptation of the danger assessment-5: A brief intimate partner violence risk assessment. *Journal of Advanced Nursing*, 73(12), 3220–3230. https://doi.org/10.1111/jan.13459		recruited by police and interviewed after a DV call. 619 were contacted and re-interviewed an average of 7 months later. Women who completed the second interview were older, more educated, and more likely to be employed, but with no significant difference in DA score. 41.8% at the baseline were White and 29.4% were Black.	telephone interviews. Demographic and relationship characteristics were collected at the baseline, along with risk factors from the DA. At the follow-up, near lethal violence was measured using the DA.	medium effect. Strangulation's inclusion added strength to screening.
Messing, J. T., Campbell, J., Sullivan Wilson, J., Brown, S., & Patchell, B. (2017). The Lethality Screen: The Predictive Validity of an Intimate Partner Violence Risk Assessment for Use by First Responders. *Journal of Interpersonal Violence*, 32(2), 205–226. https://doi.org/10.1177/0886260515585540	254	Participants were recruited by police at IPV incident scenes. They were primarily White (40%) or Black (34%). Average age was 33.7 years. 60% were single. 16.1% lived with an intimate partner.	Officers on-scene were recommended to use the Lethality Screen. Referents were interviewed by the research team. Demographic and relationship characteristics were measured, along with the Lethality Screen and the Danger Assessment. Participants were asked their own assessment of risk as well. At follow-up IPV was measured with the Conflict Tactics Scale (CTS-2). Predictive validity was tested and the Lethality Screen and DA were compared.	81% of those completing the follow up were high danger. The Lethality Screen had high sensitivity. The DA was accurate, slightly more so with multiple strangulation added.
Williams, K. R., & Stansfield, R. (2017). Disentangling the risk	2,520	This sample included IPV perpetrators in CT arrested between March	This longitudinal study used recidivism at follow-up to assess the DVSI-R and	Jail time and probation time each significantly mediated the relation between DVSI-R risk level and frequency of

assessment and intimate partner violence relation: Estimating mediating and moderating effects. *Law and Human Behavior*, 41(4), 344–353. https://doi.org/10.1037/lhb0000249		2013 and June 2015. 72.3% were male and 27.7% were female. 66.6% of cases were male-to-female, 24.8% were female-to-male, and the remainder involved same-sex relationships.	mediating factors. Time of jail sentence and probation was also recorded. Mediation and moderation were considered.	reoffending. Assessed risk moderated the relation between risk management strategies and IPV recidivism.
Messing, J. T., Mendoza, N. S., & Campbell, J. C. (2016). Alcohol use and latent profiles of intimate partner violence. *Journal of Social Work Practice in the Addictions*, 16(1–2), 160–175. https://doi.org/10.1080/1533256X.2016.1164058	1,045	For four years, Oklahoma police referred over 3,00 women at DV scenes to researchers. 1,081 were contacted and agreed to participate, and 1,045 completed the study. 43.4% of survivors were White and 29.1% Black. 80% did not live with their partner, and over 66% had children in the household.	Race/ethnicity was self-reported, and interviews were given. Drinking frequency of partners was an item measured. The revised Conflict Tactics Scale (CTS-2) was used to measure physical violence. Psychological impact was measured with items from the Women's Experience of Battering scale. Stalking and harassment were measured with the HARASS instrument. The DA measured homicide risk. Latent profile analysis was employed.	Frequent alcohol use was associated with severe IPV perpetration. This included not only violence but harassment and stalking. Risk for severe effects was increased in these circumstances for female intimate partners.
Messing, J. T., Campbell, J. C., Ward-Lasher, A., Brown, S., Patchell, B., & Wilson, J. S. (2016). The lethality assessment program Which survivors of intimate partner violence are most likely to participate? *Policing-An International Journal of*	648	Police referrals led to 938 eligible victim-survivors being contacted. 657 participated, and duplicates were removed leaving 648. 87% were high risk on the Lethality Screen/officer referral. 44.5% were White and 28.1% Black. 65.2% had	Logistic regression was utilized to examine what factors impacted implementation of the LAP. High risk women who did and did not speak to hotline advocates were compared.	61.6% of women spoke to a hotline advocate, and this was affected by physical violence types/severity. Race did not affect engagement. Interventions were used differently based on jurisdiction, severity of violence, perpetrator weapon use, PTSD presence, and women's prior protective actions.

Police Strategies & Management, 39(1), 64–77. https://doi.org/10.1108/PIJPSM-08-2015-0094		children in the home and 62.5% were single. 18.1% lived with their partner.		
Stith, S. M., Milner, J. S., Fleming, M., Robichaux, R. J., & Travis, W. J. (2016). Intimate partner physical injury risk assessment in a military sample. *Psychology of Violence*, 6(4), 529–541. https://doi.org/10.1037/a0039969	199	Victims were identified from reports to the DOD, USAF, and USA FAP. 58.5% were White, and 27.9% were Black. 87% of victims were female. Average age was 28 years.	The 68-item Spouse Physical Abuse survey was employed to assess individuals, who then called an automated hotline to report subsequent IPV.	77% of victims who had contact with their previous abusers reported subsequent IPV. 15 of 58 items had predictive validity, successfully predicting risk. Gender did not moderate the effect. Three sub-categories (Low-moderate, high, and very high) of risk emerged.
Symes, L., Maddoux, J., McFarlane, J., & Pennings, J. (2016). A risk assessment tool to predict sustained PTSD symptoms among women reporting abuse. *Journal of Women's Health*, 25(4), 340–347. https://doi.org/10.1089/jwh.2015.5287	300	English and Spanish speaking mothers of children aged 18 months - 15 years seeking first-time IPV justice support were eligible. 330 were identified, and 300 completed the study. 61% were Hispanic, and 36% identified as immigrants. Average age of participants was 31, and their children were an average age of 7.	In a series of interviews (a baseline, 8 months, and 16 months), mothers were measured for mental health functioning, child behavioral functioning, resiliency factors, and severity of abuse and danger. A safety behavior checklist was administered, as well as a marginality index, self-efficacy scale, social support questionnaire, the DA, ACEs, and a severity of violence against women scale.	The resultant PTSD predictor tool was validated over time, accurately predicting long-term PTSD symptoms. Predictors utilized are in line with expert recommendations.
Black, B. M., Weisz, A. N., Mengo, C. W., & Lucero, J. L. (2015). Accountability and Risk Assessment: Members' and Leaders' Perspectives about Psychoeducational	80	116 men were recruited for group intervention programming for 24 weeks. 80 men were surveyed at the baseline, but only 20 remained by week 18. At baseline,	Group members were asked about accountability and risk biweekly. They assessed their own risk of committing IPV, and used prompts to assess accountability. Group leaders also assessed	Negative correlation between group leader risk assessment and accountability scores suggested leaders believed treatment was working. Group members, however, failed to establish such a correlation in self-assessment. Participants ranked their own risk lower than group leaders did.

Batterers' Group. *Social Work with Groups*, 38(2), 136–151. https://doi.org/10.1080/01609513.2014.923363		average age was 36.3. 46.3% of men were Black. 43% were never married. Many men were required to attend via court order.	participants. Change of these factors over time was analyzed, along with the extent of group-level clustering.	
Colins, O. F., Andershed, H., & Pardini, D. A. (2015). Psychopathic traits as predictors of future criminality, intimate partner aggression, and substance use in young adult men. *Law and Human Behavior*, 39(6), 547–558. https://doi.org/10.1037/lhb0000148.supp	425	Pittsburgh youth involved in a study cohort were used for this sample. Participants were an average age of 25.6. 53% were Black and 43% were White. Non-participants in the follow up were more likely to be Black.	This longitudinal study involved interviews of young men. The Youth Psychopathic Traits Inventory (YPI) was the main predictor. Outcomes measured included official criminal charges, self-reported crime, alcohol and marijuana use, and IPV (using the CTS). Researches controlled for prior charges, prior self-reported crime, prior IPV, frequency of past substance use, peer delinquency, unemployment and undereducation, age, race, socioeconomic status, marital status, and incarceration.	YPI was significantly related to self-reported crime, but was not a significant predictor thereof. The YPI total score was significantly related to relational aggression but not to physical aggression against intimate partners. This relationship was even stronger of a predictor than simple past aggression.
Messing, J. T., Campbell, J., Webster, D. W., Brown, S., Patchell, B., & Wilson, J. S. (2015). The Oklahoma Lethality Assessment Study: A quasi-experimental evaluation of the lethality assessment program. *Social Service Review*, 89(3), 499–530.	780	For the comparison group, between July 2009 and October 2010, 1,137 women were referred. 440 participated in the baseline interview, with repeats, leaving 433 baseline comparison participants. For the intervention group,	This quasi-experimental field trial used a historical comparison group receiving standard police response, and an intervention group who received LAP response. Interviews were conducted as baseline and a follow-up to measure demographics, relationship characteristics,	The LAP is associated with increased protective actions and decreased IPV severity and frequency. Comparison group survivors were more likely to experience repeat IPV.

https://doi.org/10.1086/683194		between October 2010, and February 2013, 2,022 women were referred 347 women ended up being included as high-risk.	protective actions, IPV, and the DA.	
Bianchi, A. L., McFarlane, J., Nava, A., Gilroy, H., Maddoux, J., & Cesario, S. (2014). Rapid Assessment to Identify and Quantify the Risk of Intimate Partner Violence During Pregnancy. Birth, 41(1), 88–92. https://doi.org/10.1111/birt.12091	50	150 abused women were seeking shelter service, and 150 were seeking protective orders. Of the 300, 50 were pregnant in the past 4 months. Half reported being "beaten." 50% were Hispanic, and 32% were Black. Only 26% were in a current relationship.	A 7-year naturalistic study was undertaken to compare shelter-seeking pregnant women to pregnant women seeking protective order. The DA was used along with the Severity of Violence Against Women Scale.	There were not significant demographic differences. Abuse during pregnancy was associated with greater risk for further abuse and severe risk for murder.
Cha, S., & Masho, S. W. (2014). Discussions about intimate partner violence during prenatal care in the United States: The role of race/ethnicity and insurance status. Maternal and *Child Health Journal*, 18(6), 1413–1422. https://doi.org/10.1007/s10995-013-1381-z	195,687	Sampled from the 2004-2008 PRAMS. 62.9% were married for the full sample, while victims of both prenatal and preconception IPV were married just 25% of the time. 61.5% of the sample was White, 16.4% Hispanic, and 15.6% Black. 50.6% of all women had an IPV discussion with a care provider.	The main outcome of interest was discussion with a healthcare worker about IPV. Demographic, psychosocial, and medical factors were also considered. Weighted percentages were obtained.	Women reporting prenatal IPV were unlikely to have discussions about IPV with prenatal care providers. Among racial minority women, preconception IPV victims were less likely to have IPV discussions in prenatal care.
McFarlane, J., Pennings, J., Symes, L., Maddoux, J., & Paulson, R. (2014). Predicting abused women with children who return to the abuser: Development of	294	150 abused women were seeking shelter service, and 150 were seeking protective orders. 294 had data available at the 24-month follow-up.	A prospective cohort was established with measures every four months. A safety behavior checklist, community agency use form, the Severity of Violence	The developed risk assessment tool was highly predictive of abused women returning to abusers. Younger age, lower education levels, longer time in relationship with abuser, sexual abuse, low community agency use, PTSD, worse physical health,

a risk assessment tool. *Journal of Threat Assessment and Management*, 1(4), 274–290. https://doi.org/10.1037/tam0000025		Average age was 30.7. 45.7% of women were Hispanic, and 26% were Black.	Against Women Scale, the DA, a PTSD screen, the General Self-Efficacy Scale, a social support instrument, a marginality index, and a pain inventory were employed.	and less emotional support had 83% predictive accuracy.
Messing, J. T., Campbell, J. C., Brown, S., Patchell, B., Androff, D. K., & Wilson, J. S. (2014). The association between protective actions and homicide risk: Findings from the Oklahoma Lethality Assessment study. *Violence and Victims*, 29(4), 543–563. https://doi.org/10.1891/0886-6708.VV-D-13-00013	432	Police-involved IPV victims were identified (1,137) and interviewed (432). Average age was 32.5 years. 42.1% were White, 30.8% were Black. 57.6% were unmarried. 67.8% have children in the household.	The DA was used along with 13 protective action items. Victim characteristics, family/relationship characteristics, IPV (using CTS-2), The Women's Experience of Battering Scale, and mental health outcomes were also measured.	The average number of protective actions was 3.81. High-risk women were more likely to have used protective actions, except in the case of formal DV services.
Sabri, B., Stockman, J. K., Campbell, J. C., O'Brien, S., Campbell, D., Callwood, G. B., Bertrand, D., Sutton, L. W., & Hart-Hyndman, G. (2014). Factors associated with increased risk for lethal violence in intimate partner relationships among ethnically diverse Black women. *Violence and Victims*, 29(5), 719–741. https://doi.org/10.1891/0886-6708.VV-D-13-00018	456	Black women who had experienced abuse were recruited from clinic in MD (n=134) and USVI (n=322). Participants had to be in a relationship within the past two years. Average age was 29.2 years. Average abusive partner age was 36 years.	This cross-sectional study measured risk for lethal violence using the DA, sociodemographic characteristics, relationship characteristics, items from Women's Experiences of Battering and Severity of Violence Against Women Scale, mental health, substance use, and use of community resources. Analyses were conducted to determine whether women at high risk for LV differed significantly from women at low risk for LV with respect	Younger age in MD was associated with increased risk. Higher risk of lethal violence (after controlling for socio-demographics and other variables) was related to severe PTSD symptoms. Extreme fear was related to extreme risk.

			to victims' and abusive partners' characteristics.	
Stansfield, R., & Williams, K. R. (2014). Predicting Family Violence Recidivism Using the DVSI-R: Integrating Survival Analysis and Perpetrator Characteristics. *Criminal Justice and Behavior*, 41(2), 163–180. https://doi.org/10.1177/0093854813500776	29,317	2010 arrestees for family violence in CT in 2010 comprised this sample. Average ag was 34 years. 49.3% were White, and 50.7% were minority. 64.2% of victims of family violence were partners.	After arrest, counselors administered the DVSI-R. After coding, a computerized system scored the interviews with victims and perpetrators, as well as criminal records, police reports, and protective orders. An 18-month follow-up was matched with data on new family violence and violation of orders.	Evidence supported the predictive validity of the DVSI-R. Men and ethnic/racial minority members were more likely to be rearrested for violating orders or recommitting family violence. Th first 200 days after intake saw the greatest risk for re-offense and violation.
Crowe, T. V. (2013). Intimate partner violence in the deaf community. *Journal of the American Deafness and Rehabilitation Association*, 46(2), 71–84.	167	Deaf and hard of hearing people were surveyed about past relationships. 77.5% of respondents were women. 88.4% were culturally deaf and 15.6% were hard of hearing.	A 27-item questionnaire asked about demographics, disability, relationship characteristics, and help-seeking. The Woman Abuse Screening Tool - Short version was employed, as was the HITS scale.	7% reported DV in current relationships and 44% in the past. Non-disables partners and relationship tension predicted abuse. Ease of communication was needed to seek services.
Gilliard-Matthews, S., Nolan, J. J. I., & Haas, S. M. (2013). Assessing the risk of nonsexual and sexual victimization using incident-based police reports. *Victims & Offenders*, 8(1), 23–41. https://doi.org/10.1080/15564886.2012.738627	23,430	West Virginia data of 23,430 reported nonsexual and sexual assaults from 2009. Of these assaults, women reported 12,991 nonsexual assaults and 920 sexual assaults. Men reported 9,337 nonsexual assaults and 182 sexual assaults. Additionally, Black individuals reported 1,824 nonsexual and sexual assaults while	Using a cumulative probability models with Poisson distribution, this study estimated the lifetime risk of violence for the average person living in West Virginia.	Results suggest Black women living in West Virginia have the highest greatest likelihood of experiencing nonsexual and sexual victimization and the greatest likelihood of experiencing multiple victimizations over the life course.

		white people reported 21,428 nonsexual and sexual assaults.		
Messing, J. T., Amanor-Boadu, Y., Cavanaugh, C. E., Glass, N. E., & Campbell, J. C. (2013). Culturally Competent Intimate Partner Violence Risk Assessment: Adapting the Danger Assessment for Immigrant Women. *Social Work Research*, 37(3), 263–275. https://doi.org/10.1093/swr/svt019	148	Spanish and English speakers were interviewed in New York and Los Angeles, recruited from family courts, DV shelters/offices, and public hospitals from DV calls to police. Eligibility was based on experiencing IPV in the last 6 months and being born outside the U.S. 67% were Latina. Average age was 34.5 years. 60.1% were married, and 81.2% had children at home.	The Risk Assessment Validation (RAVE) study was used. A baseline and 6-12 month follow-up was interviewed. IPV was measured with the CTS-2. The DA was used to assess risk, along with additional items, including some from the HARASS scale. Self-perceived risk was measured, along with participants and relationship characteristics.	Immigrant women experiencing IPV had different and specific risk assessment needs. Some DA items were not usable in the immigrant DA (DA-I), and several items were added. Conception of risk for this population may be different than for the general or normative population,.

Table 2: Adolescent samples

Study (full reference)	N	Sample Size and Characteristics	Method and Design	Results
Smith, C. A., Greenman, S. J., Thornberry, T. P., Henry, K. L., & Ireland, T. O. (2015). Adolescent risk for intimate partner violence perpetration. *Prevention Science*, 16(6), 862–872. https://doi.org/10.1007/s11121-015-0560-0	1,000	Data originated from the Rochester Youth Development Study; 1000 participants were sampled in a 2-decade study. Interviews started at age 14-18. 68% were Black, 17% Hispanic, and 15% White.	A developmental psychopathology framework was used to assess self-reported IPV perpetration on the CTS. Adolescent risk factors were compared to emerging and early adulthood IPV. Gender was considered as a moderator.	Gender did not create a large difference in risk factors. Problem behaviors (both internalized and externalized) and early relationships were relevant to IPV perpetration. Cumulative risk across developmental domains increased risk of IPV perpetration.
Brooks-Russell, A., Foshee, V. A., & Ennett, S. T.	2,566	8^{th} through 12^{th} graders in two rural communities	This multi-wave longitudinal study measured victimization	Different patterns of dating violence developed in girls and boys. For girls,

(2013). Predictors of latent trajectory classes of physical dating violence victimization. Journal of Youth and Adolescence, 42(4), 566–580. https://doi.org/10.1007/s10964-012-9876-2		were sampled. 51.9% were female. 44.3% were White and 55.7% were Black or another race. Average age at wave one was 14.6 years. Special education students and non-English speakers were excluded.	and perpetration using Safe Dates. Researchers also measured alcohol use, marijuana use, low parental monitoring, anxiety, depression, body image, peer victimization, family conflict, and demographics.	alcohol use and anxiety were associated with victimization. For boys and girls, victimization by peers was a predictor of dating violence throughout adolescence. Timing of victimization patterns varied by gender.
Volpe, E. M., Hardie, T. L., Cerulli, C., Sommers, M. S., & Morrison-Beedy, D. (2013). What's age got to do with it? Partner age difference, power, intimate partner violence, and sexual risk in urban adolescents. *Journal of Interpersonal Violence*, 28(10), 2068–2087. https://doi.org/10.1177/0886260512471082	155	Urban adolescent girls (14-8 years old) were sampled in a large public high school. Participants were 75% Black, and 81% low-income. 36% reported some form of physical IPV, and 47% reported at least minor psychological IPV. Participant average age was 16.1 years.	A self-interview survey was administered electronically to examine partner and relationship factors' effect on consistent condom use. The CTS-short form was used to measure IPV. Descriptive, correlation, and multiple mediation analyses were conducted.	IPV was not a statistically significant effect on condom use; IPV did not relate to inconsistent condom use. Partner age difference was negatively associated with condom use.

Table 3: Reviews

Corey, J., Duggan, M., & Travers, Á. (2023). Risk and Protective Factors for Intimate Partner Violence Against Bisexual Victims: A Systematic Scoping Review. *Trauma, Violence & Abuse, 24*(4), 2130–2142. https://doi.org/10.1177/15248380221084749	9 articles	8 articles were quantitative and one qualitative. 8 were cross-sectional. 5 studies measured IPV dichotomously, and 2 used the CTS. 7 articles measured IPV prevalence among multiple sexual identities. The other 2 examined bisexual-	5 databases were searched for IPV and bisexuality, as well as 14 websites for LGBTQ+ advocacy, returning over 3,000 initial articles. Articles were included if they included analysis of risk/protective factors for IPV against adult bisexual people, were in English, and were published	Sexuality-specific risk factors among bisexual individuals did emerge. Identifying with the bisexual label appears to have an even greater effect than having relationships with both men and women. Bisexual women with male partners may be particularly at-risk.

		identifying individuals only.	as peer-reviewed, book chapters, or technical reports.	
Graham, L. M., Sahay, K. M., Rizo, C. F., Messing, J. T., & Macy, R. J. (2021). The Validity and Reliability of Available Intimate Partner Homicide and Reassault Risk Assessment Tools: A Systematic Review. *Trauma, Violence, & Abuse*, 22(1), 18–40. https://doi.org/10.1177/1524838018821952	42 articles	18 distinct IPH/IPV tools were identified. 26 studies focused primarily on male perpetration. 18 studies featured people inmixed-sex relationships, but often did not report perpetrator/victim gender.	Researchers systematically extracted, analyzed, and synthesized data on tools studied, sample details, data collection location, study design, analysis methods, validity, reliability, and feasibility of use. Database searches were conducted, before backwards citing was attempted.	ODARA, DA, SARA, DVSI-R, and SVRA-I were the most studied instruments. The DA, DVSIR, K-SID, ODARA, and SARA are the only instruments with information regarding internal consistency and interrater reliability, as well as predictive validity. Around half of studies used retrospective/reviewing analysis as opposed to real-time service provider evaluation.
Svalin, K., & Levander, S. (2020). The Predictive Validity of Intimate Partner Violence Risk Assessments Conducted by Practitioners in Different Settings—A Review of the Literature. *Journal of Police and Criminal Psychology*, 35(2), 115–130. https://doi.org/10.1007/s11896-019-09343-4	11 articles	932 studies were initially identified. 10 articles were conducted in criminal justice settings. Samples ranged between 65 and 1465 participants. 9 studies were about male perpetrators, 1 was mixed, and 1 was unidentified regarding gender. Eight studies measured the role of treatment.	Conducted in 2017 with no early cut-off, only articles and dissertations were included, and predictive validity had to be mentioned in the abstract.	Limited research was found about accuracy of IPV risk assessment. Predictive accuracy ranged low to medium.
Gomez-Fernandez, M. A., Goberna-Tricas, J., & Paya-Sanchez, M. (2019). Characteristics and clinical applicability of the validated scales and tools for screening, evaluating and measuring the risk of	63 articles	536 articles were initially identified, with 63 being included. Dissertations were excluded. These articles represented 39 tools. 10 tools were IPV risk assessments. The	7 databased were searched for articles and grey literature published 2003-2017. Tools for screening had to be present, along with screening, evaluation, measurement, and validation.	Based on the myriad tools available, researchers recommended comparison, adaptation, and improvement of existing tools over development of new ones. The psychometric properties of tools was a strength, suggesting applications may be expanded. Lastly, the researchers

intimate partner violence. Systematic literature review (2003-2017). *Aggression and Violent Behavior*, 44, 57–66. https://doi.org/10.1016/j.avb.2018.11.006		average tool had 22.9 items.		recommend translating the best tools into more languages.
Van Deinse, T. B., Macy, R. J., Cuddeback, G. S., & Allman, A. J. (2019). Intimate partner violence and sexual assault among women with serious mental illness: A review of prevalence and risk factors. *Journal of Social Work*, 19(6), 789–828. https://doi.org/10.1177/1468017318766425	10 articles	From 737 initial publications, 168 studies were covered in 10 systematic reviews covering risk of IPV/SA for women with serious mental illness. Reviews sampled between 11 and 42 studies. All 10 systematic reviews examined the prevalence of victimization among women with SMI.	7 databases were searched in January 2015. Systematic reviews and meta-analyses of empirical studies evaluating the prevalence of IPV and SA victimization among women with SMI were identified.	The reviews featured wide variation in rates of IPV prevalence. Key concepts were not consistent across studies, including in inclusion criteria, disability type, and victimization severity. Only half the studies focused on risk factors for violent victimization.
van der Put, C. E., Gubbels, J., & Assink, M. (2019). Predicting domestic violence: A meta-analysis on the predictive validity of risk assessment tools. *Aggression and Violent Behavior*, 47, 100–116. https://doi.org/10.1016/j.avb.2019.03.008	50 articles	39 tools were identified in 50 studies. 68,855 participants were included across all studies. Sample sizes ranged from 26 to 29,317. Median publishing year was 2009. 205 effect sizes were extracted.	Meta-analysis was used to examine predictive validity of risk assessments and their characteristics. Moderating effects of individual instruments were measured, along with instrument length and assessment focus. Sample construction was also compared, including follow-up characteristics.	Risk assessment tools overall had a significant medium effect. Actuarial tools outperformed clinical judgement tools.
Tapp, J., & Moore, E. (2016). Risk assessments for dating violence in mid to late adolescence and early	5 articles	970 initial studies were identified. Studies that focused on dating risk for people aged 15-30	Risk assessments were evaluated for predictive validity, accuracy, and inter-rater reliability.	Earlier experience of violence appears to increase risk of encountering dating violence. Limited coping skills and peer

adulthood. *Criminal Behaviour and Mental Health*, 26(4), 278–292. https://doi.org/10.1002/cbm.2013		years were included. Marital violence was excluded.	Development and/or evaluation had to be described for inclusion.	influence reinforce offense-supportive attitudes.
Messing, J. T., & Thaller, J. (2013). The Average Predictive Validity of Intimate Partner Violence Risk Assessment Instruments. *Journal of Interpersonal Violence*, 28(7), 1537–1558. https://doi.org/10.1177/0886260512468250	25 articles	Reports and articles examined predictive validity of at least one standalone risk assessment tool. Outcome measures varied. Full samples were used over sub-samples when possible.	5 tools were measured, and average predictive validity was measured with Receiver Operating Characteristic Area Under the Curve (AUC).	Lack of standardization made comparison difficult. ODARA had a medium effect size, all others were small. Access, intended setting, outcome, and assessor skills all must be considered. Authors recommend removal of ambiguous recidivists for clarity and utilizing more nuanced outcome measures.