The Partner Abuse State of Knowledge Project:

Grand Summary of the Research

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TABLE OF CONTENTS

Page

Introduction
John Hamel 3

Part One: The Prevalence, Characteristics, Dynamics, Causes, and Consequences of Intimate Partner Abuse (PASK Topics 1-8)
Jennifer Langhinrichsen-Rohling 5

Part Two: Legal Responses (PASK Topics 9-11)
Brenda Russell 34

Part Three: Mental Health Intervention (PASK Topics 12-14)
Clare Cannon 50

Part Four: Intimate Partner Abuse Worldwide (PASK Topic 15) 60
Esteban Esquivel-Santovena

Introduction

Scholarly research on intimate partner abuse (IPA), more commonly known to the general public as *domestic violence*, began in earnest in the late 1970s. Regardless of the term is used, it is meant to include all forms of abuse among intimate partners – physical, psychological and sexual – among individuals in married, cohabitating or dating relationships, as well as all types of sexual orientations. (Sometimes, as in this article, the term *intimate partner violence* is used in the broader sense, and sometimes to describe specifically physical assaults.) Over the years, this research has progressed in a less than optimum direction and become unnecessarily fragmented and politicized. It is also the case that most of it has never been available outside of academic institutions, except superficially in general interest publications, or through organizations with agendas that fail to prioritize sound research procedures. This has been a significant hindrance to the advancement of public policy and intervention strategies with which to effectively reduce IPA in our communities. The purpose of The Partner Abuse State of Knowledge Project (PASK) is to rectify this situation by bringing together in a rigorously evidence-based, transparent and methodical manner, a reliable, up-to-date and astonishingly large and wide-ranging IPA data base that can easily be accessed by research scholars and the general public.

Family violence scholars from the United States, Canada. Mexico and the U.K. were initially invited in 2010 to conduct an extensive and thorough review of the empirical literature, in the most important topic areas, including: prevalence rates, dynamics, risk factors, impact on victims and families, criminal justice policy, assessment, prevention, and treatment. They were asked to conduct a formal search for published, peer-reviewed studies on these topics through standard, widely used search programs, and then catalogue and summarize all known research studies relevant to each major topic and its sub-topics. In the interest of thoroughness and transparency, the researchers agreed to summarize all quantitative studies published in peer-reviewed journals after 1990, as well as any major studies published prior to that time, and to clearly specify exclusion criteria. The mass of included studies are organized in extended tables, each table containing summaries of studies relevant to its particular sub-topic.

In this unprecedented undertaking, dozens of scholars at 20 universities and research institutions spent two years or more researching their topics and writing the results. Approximately 12,000 studies were considered and more than 1,700 were summarized and organized into tables, made available for free online. The 17 literature reviews, which provide a

review of findings on each of the topics, for a total of 2,657 pages, appeared in 5 consecutive special issues of the peer-reviewed journal *Partner Abuse*, published in 2012-2013. Over a three-year period, the entire PASK database was then updated in 2025-2026, to include a review of the research published after 2012-2013. This update included a much-expanded review of intimate partner abuse worldwide, with separate investigations of IPA in Europe, Asia, the Middle East, Africa, and Asia

Altogether, the completed PASK project has involved 64 scholars and more than 100 research assistants who reviewed more than 25,000 journal articles, with nearly 4,000 summarized and organized in an updated set of tables. The tables have a twofold purpose: to provide additional information about the studies that could only be briefly mentioned in the published articles, given space limitations; and to provide greater transparency and consistency to a field that has historically been fraught with controversy. Literature reviews of this most recent research were published in five special issues of *Partner Abuse,* from January, 2025 - July, 2026. The entire PASK data base, including the published manuscripts and their online tables, consists of 4,608 pages.

How to Navigate PASK

The aggregated Partner Abuse State of Knowledge Project research findings, from 2012-2013 and 2025-2026, are now organized in 15 primary topics. These findings consist of the following:

1. The 17 initial literature reviews published in 2012-2013 in *Partner Abuse*
2. The 20 more recent literature reviews published in 2025-2026 in *Partner Abuse*
3. Extensive tables that summarize each study cited in the literature reviews, along with a brief introduction and guide to those tables

By clicking on the "Complete Findings" link on the left side of the homepage of the website www.domesticviolenceresearch.org, one is led to a menu that provides access to all of the PASK findings, organized by topic. All of the tables are available for free, as are the published literature reviews from 2012-2013. The 2025-2026 reviews are available at a discounted price through the Partner Abuse journal website. Which aspects of PASK one chooses to look at first depends on one's level of personal and/or professional interests. Ideally, one would read all of the published articles, or at least the most recent publication, and follow-up with the tables that accompany them. These tables provide essential information about each referenced study,

including authors and publication title, date and venue; number of subjects and sample characteristics, method and design, and study results. For most people, this is unnecessary. What follows is meant to provide an overall summary and commentary on PASK for the general public, but those with an interest in a particular topic may want to continue to the published article and online tables. Here is page one of a sample set of tables:

2025-2026 Review: Rates of Male and Female Physical Victimization and Perpetration in Intimate Relationships.

NOTE: References organized according to the most recent year published. Those published the same year are arranged alphabetically by author last name.

Table 1: Large Population Samples

Reference	N	Sample Characteristics	Method / Design	Results
Cavanaugh, C., & Nelson, T. (2022). A national study of the influence of adverse childhood experiences on depression among Black adults in the United States. *Journal of Affective Disorders, 311,* 523-529.	6,081; 4,059 women and 2,202 men	Black adults in the US	National Epidemiologic Survey on Alcohol and Related Conditions. Asked whether the participant had ever been physically attacked/ beaten//injured by a spouse or romantic partner.	Male victimization reported as 2.6% (58/2202) Female victimization reported as 12.5% (507/4059)
Devoto, A., Himelein-Wachowiak, M., Liu, T., & Curtis, B. (2022). Women's substance use and mental health during the COVID-19 pandemic. Women's health issues, 32(3), 235-240.	499 women	Women, 18 years or older, living in the US	National online survey through Qualtrics as part of a larger longitudinal study on mental health, substance use, and COVID-19. IPV was assessed by adapting screener questionnaires from Heron, Thompson, Jackson, and Kaslow (2003) and Feldhaus, Koziol-McLain, Amsbury, Lowenstein, and Abbott (1997).	4.2% reported IPV victimization (21/499)

On behalf of Springer Publishing and the journal Partner Abuse, as well as the Association of Domestic Violence Intervention Providers and all of the professionals and lay people involved in domestic violence policy and intervention, the PASK general editor would like to thank the dozens of men and women who dedicated much of their time and effort, without

compensation, to this endeavor.

Part One:
The Prevalence, Characteristics, Dynamics, Causes, and Consequences of Intimate Partner Abuse (PASK Topics 1-8)

Introduction

Nearly every paper in the most recent group of submissions (n = 9) to the Partner Abuse State of Knowledge Project (PASK), published in the journal Partner Abuse in 2025-2026, starts by acknowledging that intimate partner violence (IPV) is a problematic, deleterious behavior that is occurring at alarming rates worldwide. Furthermore, there is cross-paper agreement that effective efforts to prevent occurrences of IPV are likely to improve population health, given the numerous negative health impacts attributed to experiencing victimization or growing up in a home characterized by abusive parental conflict. As such, understanding and preventing IPV through the rigorous adoption of a public health framework is warranted. One such framework was offered by the Centers for Disease Control and Prevention (CDC) in 2024. According to the CDC, there are four primary steps to prevent a health problem in a population: (1) define the problem, (2) identify risk and protective factors, (3) develop and test aligned prevention strategies, and (4) assure widespread adoption of evidence-based prevention strategies (CDC, 2024).

The nine updated Partner Abuse State of Knowledge papers reviewed for Part One of this article have been organized into this framework. Aligned with Step One, three papers directly address issues related to defining and delineating the extent of the problem (Lysova et al., 2025a; Carney & Barner, 2025; Hanson & Lysova, 2026a; Hanson & Lysova, 2026b; Lysova et al., 2025b). Second, two additional papers highlight the importance of preventing this problem for population health. Specifically, one paper describes the health impacts that are related to experiencing various types of IPV (Lee et al., 2026) and a second considers the impact of having problematic parental conflict occur within families (Colton et al., 2025). Taken together, these papers firmly establish that IPV is a public health problem that warrants national and international prevention and intervention efforts due to its widespread occurrence and deleterious effects.

Next, consistent with Step Two of the CDC framework, two other papers within the updated PASK reviews identify risk and protective factors and potential motivations that underlie the perpetration of IPV (Kim et al., 2025; Langhinrichsen-Rohling & Leisring, 2025). These latter papers offer us ideas about what to address to reduce the risk of IPV perpetration (proximal, distal, and contextual factors), as well as possible mechanisms underlying the perpetration of IPV within intimate relationships. No papers from this group of nine directly map their findings onto existing prevention and intervention methods (CDC, step three), nor were they meant to do so. (The reader is directed to Part Two and Part Three of this article for a broad examination of legal and mental health IPV intervention methods and strategies.) Still, there is clearly a need for additional research that will further determine how to use these findings to enhance and develop new interventions that target the risk factors and motivations that have the highest likelihood of leading to IPV perpetration.

Adapting efficacious prevention strategies to the diverse cultures in which IPV occurs, both among ethnic minorities in the United States and around the world, will require even more effort as will rigorous efforts to determine the effectiveness, dissemination spread, and successful implementation of prevention and intervention efforts in multiple contexts (CDC, step four). These concerns are also not addressed in the nine PASK papers reviewed for this commentary but they emerge in the author recommendation section of this review. (Findings from the nine 2025-2026 PASK literature reviews discussed below draw from research conducted with English-speaking populations, mostly from the United States. A review of IPV prevalence rates, risk factors, and consequences worldwide can be found in Part Four of this article.)

The Prevalence of IPV for Men and Women, the Co-occurrence Among Forms of IPV, and the Extent to Which it Occurs Bi-Directionally

The PASK Update paper one by Lysova, Hanson, and Mackay (2025a) sought to determine the prevalence of physical IPV perpetration and victimization, by women and men (primarily in heterosexual relationships), residing in industrialized, English-speaking countries, and to compare that to the rates reported in the two original (2012-2013) PASK review papers by Desmarais and colleagues (Desmarais et al., 2012a; Desmarais et al., 2012b). The Lysova et al. (2025a) review included 246 recent studies that reported a total of 517 rates. Importantly, US-based studies were over-represented in this literature (n = 162, 65.9%). Furthermore, some

variation of the Conflict Tactics Scale II (CTS2, Straus et al., 1996) was used as the measurement device in the majority of included studies (n = 158, 64.2%). While this consistency improves our ability to compare findings across studies, it means that inherent concerns about the utility of Conflict Tactics Scale remain embedded in the field.

Key findings from the Lysova et al. (2025a) article include the conclusion that there has been a dramatic reduction in rates of IPV perpetration across time. Specifically, Lysova et al. (2025a) determined that there has been a 48% reduction in the rates of reported physical IPV perpetration across the past ten years. Largely based on studies using the CTS, they report an overall IPV perpetration prevalence of 12.9% in their newest review. They also note a convergence in the gender differences in rates across time. However, they still found that the physical IPV perpetration rates remained higher for women than for men across the included studies, such that 1 in 6 women (17.5%) versus 1 in 9 men (10.6%) had perpetrated physical IPV.

Similarly, Lysova et al. (2025a) reported a 38% reduction in rates of physical IPV victimization (i.e., the pooled prevalence dropped from 22.4% to 13.9% of the population). Lysova et al. (2025a) also note that rates of reported IPV victimization remain higher for women than men (14.6% versus 11.8%), but these gender differences in IPV victimization rates also appear to be converging. They conclude that similarities in the rate men and women experience IPV, as measured by the CTS, remain evident.

The dramatic drop in the rates of reported physical IPV perpetration and victimization demonstrated in the Lysova et al. (2025a) paper needs to be publicized widely and thoroughly investigated to determine potential mechanisms of change. For example, does this rate drop indicate success for current IPV prevention and/or early intervention efforts? If so, which efforts have been particularly effective and for whom? Alternatively, is it possible that the rate of IPV has remained more consistent than this review would suggest, but the form it takes has shifted (e.g., in-person physical IPV has shifted toward greater online or electronic IPV?; physical IPV perpetration and victimization has reduced but emotionally abusive and/or coercive control tactics are being employed at similar or perhaps even higher rates?). As it stands currently, the definition of IPV disseminated by Zhang and colleagues (2023-2024) through the CDC indicates that IPV includes multiple types of harmful behaviors, including physical violence, sexual violence, stalking, coercive control, and psychological aggression. Yet, the literature and

prevalence rates of each of these components of IPV are often treated separately, making it difficult to determine if the overall phenomenon is decreasing or if the form it is taking and its mode of expression is varying, or even evolving, across time and within subcultures.

In a separate paper, Hanson and Lysova (2026a) reported on the prevalence of IPV among LGBTQ populations, updating the original PASK review by West (2012), to include transgender individuals and non-physical forms of abuse. The latter review had found that many of these sexual minority populations evidenced higher IPV rates when compared to heterosexual counterparts. For example, estimated lifetime rates of physical assaults among lesbian and bisexual women were as high as 46%, considerably higher than the 20-30% range found among heterosexual women. In their updated PASK review, based on a substantially larger pool of subjects and across 740 prevalence estimates, Hanson and Lysova (2026a) arrived at a similar conclusion, finding 26.0% IPV victimization rates among LGBTQ individuals, twice as high as those found in Lysova et al., 2025a). Average reported rates of victimization varied considerably, depending on type of sample (highest among clinical populations compared to large population and adolescent samples), but were lowest overall among gay men (18.8%) and highest among transgender individuals (34.6% in large population samples and 38.6% in clinical samples). When comparing different types of abuse, the highest rates were found for coercive control (50.7%), followed by psychological/emotional abuse (36.1%), then physical (27.5%) and, finally, sexual at 15.0%. Overall, the review represents the most comprehensive comparative analysis on LGBTQ populations to date.

The current PASK review conducted by Carney and Barner (2025) expanded the intimate partner violence lens from an exclusive focus on physical IPV. They completed a ten-year retrospective study of the prevalence of various forms of non-physical IPV, highlighting the rates of occurrence of two harder to delineate IPV components: emotional abuse and coercive control. These two types of IPV were treated as related, as Carney and Barner (2025) concluded that emotional abuse is the most prevalent form of coercive control violence (CCV) and is common among partnered relationships that contain various forms of IPV. They argued that within the large group of bi-directionally violent couples, there is a critical group where one partner is primarily engaging in “intimate terrorism” which consists of deliberately and diabolically perpetrating numerous types of coercive and controlling behaviors, including stalking. Given the dangerousness poised by this group of perpetrators, Carney and Barner (2025) aimed to

determine the prevalence of emotional abuse and control, sexual coercion, and stalking when measured independently as well as when measured in ways to determine their co-occurrence with physical IPV.

At the outset, it should be noted that Carney and Barner's (2025) review focused on articles reporting prevalence rates that were published between 2012 and 2024. Their search terms included various types of intimate partner violence: stalking, partner abuse, domestic violence, sexual coercion and coercive control, and included articles that had male or female perpetrators. More than 450 articles were reviewed for inclusion. One take-away quickly emerges when reading this review, acknowledged by Carney and Barner (2026) and echoed throughout the nine current PASK papers, is the lack of conceptual clarity about what constitutes emotional abuse, psychological abuse, psychological victimization, and/or coercive control. For example, under the heading "Emotional/Psychological Abuse" Carney and Barner included a study that operationalized control via two questions related to economic control, as well as several studies that operationally defined psychological victimization to include controlling behavior, jealousy, name-calling, and/or isolation tactics (Carney & Barner, 2026).

Given the disparate definitions employed across the field for this construct (i.e., emotional/psychological abuse/coercive control) and the diverse methodologies used to assess it (Carney & Barner, 2026), it is perhaps unsurprising that prevalence rates varied substantially across studies (i.e., low rates of control found in studies utilizing a narrow definition and/or a low number of items to assess the construct; high rates found in studies with a broad definition of the construct and a robust measurement of various acts; Carney & Barner, 2026). Nonetheless, the authors conclude that emotional abuse, broadly defined, is the most common type of abuse. It is occurring in a variety of types of dating relationships and has been measured as occurring among individuals from many types of samples. It is perpetrated by both women and men and frequently co-occurs with many other types of violence.

Given that coercive control is a central piece of existing intervention strategies (Sotiroff et al., 2024) and preventing emotional abuse is a main tenet of healthy relationship interventions (Langhinrichsen-Rohling & Turner, 2012), continued disentanglement of these two constructs (emotional abuse versus coercive control) and more precise measurement strategies are a critical need for the field. Without better measurement, it will be difficult to track changes in the prevalence of these behaviors, let alone determine their co-occurrence with other types of

violence and/or gender differences in their expression over time. Intuitively, emotional abuse and coercive control, while related, are likely to be experienced differently by survivors and may vary in context, intensity, and underlying motivation. The need for control over one's partner is also likely to be influenced by societal scripts about gender, sexual orientation, and marriage. Understanding and preventing this type of IPV may require the application of an intersectional lens of psychology, gender, family structure, and culture.

As noted in this review, the field may also have an overreliance on assessing certain groups (i.e., those with low socioeconomic status, communities of color, male perpetrators, individuals in heterosexual relationships; Carney & Barner, 2026) making population prevalence rates even more difficult to ascertain. It is possible that there is some degree of emotional abuse that is quite common when partners are in conflict (e.g., yelling, name calling), and these strategies occur regardless of income, sexual orientation status, race, or gender (Carney & Barner, 2025). Even though these acts are also likely to be harmful to the parties involved, lack of interpersonal effectiveness and/or use of poor conflict management strategies may need to be understood and managed differently from other types of intimate partner violence, including coercive control or intimate terrorism. These later IPV strategies are employed by a psychopathic perpetrator who is enacting a calculated plan to isolate the partner while engaging in partner ego destruction (see Yakely, 2021 for a review of types of perpetrators and interventions). Distinguishing among the types of violence that are prevalent in a cultural group (skill deficit emotional abuse occurring during conflict - particularly in adolescent dating relationships, psychological abuse that emerges via emotional dysregulation, coercive control as an ongoing manipulation tactic enacted without remorse to support men's superiority over women) may lead to matched and more effective interventions.

A final conclusion that can be drawn from the Carney and Barner (2026) article is that although the definition of IPV has been broadened to include physical violence, emotional violence, coercive control, sexual assault, and stalking, the research literature addressing each of these behaviors remains largely siloed. For example, the stalking literature often starts with assessing behavior that may or may not constitute stalking (i.e., is it a pattern? Does it generate fear?) before determining what the relationship is between the stalker and the stalking victim (stranger, celebrity fan, co-worker, ex-partner). On the positive side, this strategy increased public awareness of the substantial prevalence of current, ex, or prospective partners among

stalking perpetrators and has also led to acknowledgement of the increased dangerousness of intimate partner stalking within relationships (Palarea et al., 1999). However, other types of intimate partner violence are often not systematically assessed in stalking studies, making the co-occurrence of all types of IPV behaviors difficult to determine. This is particularly unfortunate given that a recent meta-analysis also supports that stalking within an intimate relationship increases the odds of lethal IPV (Spencer & Stith, 2020).

The third paper in this group of PASK articles focused on the prevalence of a particularly controversial type of IPV, which has been variously referred to as bi-directional IPV, mutual violence, or co-occurring couple violence. The original 2012 review on this topic indicated that this is the most common IPV pattern within intimate partner relationships (57.5% of the couples; Langhinrichsen-Rohling et al., 2012). In the updated PASK review, conducted by Lysova, Hanson, and Mackay (2026), 64 articles published between 2012 and 2022 were found that directly ascertained the prevalence of bi-directional physical IPV. Across a variety of samples, the average amount of IPV that was bi-directional was 53% (ranging from 45% to almost 60% in university samples), which essentially replicates what was found previously by Langhinrichsen-Rohling et al. (2012). Lysova et al (2025) also replicated another controversial finding from the original Langhinrichsen-Rohling et al. (2012) review on bidirectional IPV. In all types of samples, the rate of female-perpetrated unidirectional violence was higher than the rate of male-perpetrated uni-directional violence. Notably this review adds to the literature by also assessing the concordance of reporting uni- versus bi-directional violence within the same couple. High concordance rates were obtained, providing support for the reliability of partner self-reports of IPV.

Several important conclusions can be drawn from the two decades of work on this topic. First, we must better understand the dynamics of bi-directionally violent relationships and determine the degree to which there is important variability even within this subgroup (Langhinrichsen-Rohling, 2005). Second, given the substantiated prevalence of uni-directional female-perpetrated IPV, there needs to be a greater effort to understand and prevent this type of violence, which may be inadvertently legitimized (as funny or as acceptable in response to jealousy) or condoned by society as immaterial or non-harmful (Abraham & Pearson, 2024; Babcock et al., 2003). Third, these findings highlight the need to address the stigma and lack of access to services faced by male IPV victims as well as female IPV victims (Russo et al., 2026).

We also need to specifically address IPV occurring in gender diverse or sexual minority relationships, IPV that may also be largely reciprocal (e.g., Cannon & Buttell, 2020). Finally, given the interplay of violence among both partners in intimate relationships, continued focus on public health efforts to foster healthy non-violent relationships across the lifespan is essential (Foshee et al., 2005; Langhinrichsen-Rohling & Turner, 2012c).

The Importance of Recognizing IPV as a Public Health Problem

Overall, the four updated 2025-2026 PASK prevalence papers reviewed above support the contention that IPV is a prevalent and often overlooked public health problem. This position is further supported by two additional papers in this group of nine (Colton et al., 2025; Lee et al., 2026); both papers focus on the impact of experiencing or witnessing IPV or destructive marital conflict.

First, Lee and colleagues (2026) faced the challenge of reviewing the literature on the impact of IPV on victims' mental, physical, and economic well-being. They located 159 quantitative studies published between 2012 and 2022 (from an initial pool of 4,006 non-duplicated articles to screen) in their attempt to replicate and update the original review on this topic conducted by Lawrence and colleagues (2012). Again, the conclusion was consistent across time as Lee et al's 2026 update largely supported what was found ten plus years ago. Namely, the experience of IPV victimization is typically found to be associated with a large array of long-lasting psychological difficulties including: post-traumatic stress disorder, depression, anxiety, substance use/abuse, and suicidality. IPV victimization is also consistently associated with poorer general health outcomes (chronic health conditions, poorer sexual health) and reduced economic well-being. Of note, for most effects, these deleterious impacts held for those experiencing either physical or psychological IPV. The broad consequences of IPV victimization were also demonstrated for male as well as female victims.

While these results substantiate the pervasive deleterious effect of IPV on victims, some important caveats to these findings need to be stated. First, the majority of IPV impact studies were cross-sectional in nature (85% in the Lee et al., 2026 review), which precludes the ability to draw causal conclusions. For example, it is possible that the probability of IPV is also increased within relationships containing psychologically, physically, or economically challenged individuals or that a third variable accounts for both the perpetration of IPV and the measured

impacts within relationships. Second, the vast majority of these studies assessed only uni-directional IPV (89%); yet prevalence studies indicate that bi-directional violence is common. Further longitudinal research is needed to disentangle impacts related to: 1) IPV perpetration, 2) IPV victimization (of all types separately and among survivors experiencing various co-occurring types - or polytype IPV), 3) difficult relationship interactions that include IPV perpetration and victimization by both parties, and/or 4) when IPV occurs in relationships in which individuals have pre-disposing risk factors for IPV which include psychopathology, personality disorders, emotional dysregulation, childhood trauma, job loss, financial strain, and the like (Norén et al., 2025).

Next, 60% of the studies included in the Lee et al. (2026) PASK review focused exclusively on female victims, making it more difficult to ascertain if there are gender-specific impacts and/or if certain types of violence are more likely to generate deleterious impacts for male versus female victims (e.g., sexual assault, stalking). Some studies included in the review did show gender-specific associations (e.g., the association between threats of violence and suicidal ideation was significant only for female, but not male IPV victims; Kim et al., 2022). Finally, some of the included studies simultaneously assessed for and controlled for the occurrence of childhood trauma or harm. While this was not a main feature of the Lee et al. (2026) review, some studies have shown that once child harm is added to the predictive equation, IPV no longer predicts post-traumatic stress disorder (Rivera et al., 2018). Theoretically, a focus on the independent and cumulative effect of betrayal traumas, in conjunction with relationship experiences that can include one or more types of IPV enacted across occasions, would be a valuable, albeit challenging, addition to the field, as would anchoring this research into theory on the cumulative effects of betrayal trauma (Freyd, 1996).

Fortunately, the review by Colton et al. (2025) adds another layer of understanding of the cumulative effects of IPV, as they reviewed the literature on the impact of parental conflict and interparental emotional abuse on children. This review utilized 206 recent empirical articles. The authors conclude that three domains of impact are central in the field: children's mental health; children's coping and reactivity, and destructive conflict leading to changed parenting and family processes. They note an important advance in the field, which is a focus on mediating processes or the potential pathways from experiencing parental conflict to poorer mental health in children. For example, they highlight that children's ability to cope, their degree of emotional reactivity,

or children's experience of changed parenting practices may be important mediating pathways between the experience of witnessing destructive parental conflict and poorer mental health.

This review paper did not focus on interparental physical violence or witnessed IPV directly, instead, Colton et al. (2025) considered the impact of interparental conflict which includes engagement in psychologically aggressive tactics such as yelling, name-calling, insulting, and sulking. Colton and colleagues (2025) highlight that these negative conflict tactics are common during couple conflict but vary in severity, frequency, and resolution. They also indicate that there has been "a decisive shift away from distinguishing between conflicts based on the sex of the parent engaging in the conflict." (p. 174). Instead, they point to the move toward distinguishing between destructive and constructive interparental conflict. Destructive interparental conflict is characterized by aggression, as well as prolonged hostility, anger and discord. Destructive interparental conflict was operationalized to include non-verbal and verbal displays of anger, hostility, disengagement/withdrawal, and/or emotional or psychological control, typically occurring at high frequency, but without physical violence.

Despite the lack of focus on physical intimate partner violence per se, there are several conclusions to highlight from the Colton et al. (2025) review. First, while they assert a relatively robust relationship between negative interparental conflict and poorer children's mental health (based on 50 studies), they also note that some of these studies have failed to find this effect or that the effects were modest in nature. The obtained variability in results across these studies is important because there are several possible explanations: some children may be more vulnerable to negative interparental conflict than others, due to temperament or psychophysiology; protective familial or parental factors might dampen some of the deleterious effects from exposure; unmeasured contextual factors might influence the strength of the relationship; and/or methodological variability might explain the divergent findings. To the extent possible, Colton et al. (2025) reviewed the evidence for these alternative explanations.

Consequently, the Colton et al. (2025) review has a notable strength as the authors summarized the existing studies from a theory-driven and developmentally informed lens. For example, they located thirty-four studies that considered the direct relationship between negative interparental conflict (IPC) and children's reactivity to stress. Many of these were explicitly testing tenets derived from either the emotional security theory (i.e., witnessing IPC undermines the emotional security and attachment of the child to the caregiver increasing the child's

reactivity to stress) or the cognitive-contextual framework (i.e., children who appraise their parent's negative conflict as threatening or occurring as a result of the child's behavior or personality will be more negatively affected than children who hold no self-blame or appraise the parental conflict as non-threatening; in short, perceptions of threat in IPC increase the child's reactivity to stress). Colton et al. (2025) found support for the contention that frequent and destructive interparental conflict predicts greater emotional insecurity in children, as postulated by the emotional security theory. Of interest, they also found support for the contention that frequent and destructive interparent conflict is associated with greater perceptions of threat and self-blame in witnessing children. Reducing the intergenerational effect of experiencing destructive interparental conflict is important.

To this end, the deleterious effects of destructive conflict appear to be reduced when children also witness constructive and cooperative approaches to interparental conflict. An additional conclusion in this review is that there appears to be a pathway from destructive interparental conflict to poorer parenting practices to greater mental health difficulties in children. In short, a focus on helping parents engage in constructive as opposed to destructive conflict resolution strategies, and to continue to parent effectively even in the face of marital difficulties, are ways to benefit children.

Risk Factors and Motivations for IPV

Many reviewers of the vast risk and protective factors literature have used the Centers for Disease Control's (CDC) adaptation of Bronfenbrenner's socio-ecological model (1977) as an organizing frame**.** The 2025 CDC model considers risk factors existing at the (1) individual, (2) relationship, (3) community, and (4) societal levels. In contrast, in the updated PASK, Kim et al. 2026 employed a dynamic developmental systems perspective to consider three buckets of risk factors: 1) contextual/demographic; 2) developmental (familial, peer, school, work, psychological, cognitive); 3) relational/dynamic. Kim et al. (2026) further built on the original 2012-2013 PASK review on this topic conducted by Capaldi et al. (2012) by expanding their reach to include both victims and perpetrators, technological forms of IPV, and IPV risk factors within sexual minority populations. After a rigorous process, Kim et al. (2026) located 156 peer-reviewed studies that fit their inclusion/exclusion criteria. They required that IPV be quantitatively measured as a continuous outcome with adequate variability, the paper had to

consider the association between one or more risk factors and IPV; and the paper had to be peer-reviewed and published in English. Caveats to the methodology of the included literature were immediately apparent. For example, approximately ⅔ of the included studies utilized a cross-sectional, rather than longitudinal design. As such, this team chose a rigorous approach. They started by synthesizing findings gleaned from longitudinal studies and followed that with consideration of insights drawn from cross-sectional studies. In their review paper, they highlighted both representative findings and studies with counter findings.

Two demographic findings stand out in the Kim et al. 2026 review. First, IPV experiences seem to gradually increase across adolescence, peaking at ages 16 and 17, and then gradually declining with age. This finding strongly supports a much greater focus on understanding "IPV cease" and "IPV persist" patterns as individuals enter, exit, and persist in romantic relationships across time. We also need to better understand the occurrence of IPV among younger adolescents as an emerging risk developmental period.

Second, Kim et al. (2026) highlight the consistent finding that female gender, as opposed to male gender, is associated with IPV perpetration across many developmental periods. Findings related to race/ethnicity, parental status, and religiosity were more nuanced (Kim et al., 2026), as were the effects for neighborhood unity, community cohesion, and collective efficacy functioning as protective factors against IPV perpetration. Across all risk factors, there is a need to conduct methodologically stronger research studies that include both partners. We also need to consider how IPV manifests within different ethnic, financial, sexual minority, military, and geographic groups across developmental periods (Cameranesi & Piotrowski, 2026).

Nonetheless, as found with other reviews included in the updated PASK, Kim et al. (2026) report a robust association between exposure to IPV in the family of origin and/or experiences of child abuse and later IPV perpetration or victimization; however, they note that the type of violence experienced in childhood, the frequency of exposure, and the gender of the violent parent and the victimized child appear to be important. As also reported in the review by Colton and Barney (2025), numerous mediators of this association are being studied, including harsh maternal parenting practices, poor parental attachment and safety, lack of parental closeness, care, or monitoring, and/or parental modeling of destructive communication or poor emotional regulation. While the parent-child relationship has received substantial focus, the review by Kim et al. 2026 also notes the potentially protective effects of positive peer

relationships, teacher support, and/or a positive caring work environment, which have been understudied.

A substantial portion of the Kim et al. (2026) review provides evidence that the associations between hostile attributions, anger, emotional dysregulation, impulsivity, a dysregulated personality disorder (e.g., antisocial, borderline), depression, high stress, academic challenges, alcohol/drug use, and experiencing post traumatic stress disorder continue to be risk factors for IPV perpetration and/or can interact with other risk factors to increase the probability of violence. These factors seem to be obvious targets for prevention and intervention efforts.

However, Kim et al. (2026) also focus on relationship-specific risk factors. They highlight the risk associated with destructive conflict that is frequent, involves misunderstandings, and is ineffectively resolved. If the disagreements were wide-ranging or jealousy-focused, IPV perpetration risk was elevated further. Kim et al. (2026) conclude that there is also a need to address the specific relationship dynamics or conflict-associated processes that lead to IPV perpetration if we are to improve prevention and intervention efforts. Teaching and modelling healthy relationship skills throughout the lifespan needs to be a public health imperative.

Hanson and Lysova (2026b) identified a very similar set of risk factors in their own review of the literature on LGBTQ populations, but which they categorized more closely with Bronfenbrenner's scheme in three primary groups: (1) individual-level risk factors (including race, ethnicity, and socioeconomic status; mental health and substance abuse; childhood victimization and internalized stigma); (2) relationship level risk factors (including communication, power dynamics, and trust; relationship satisfaction, self-esteem and fusion); and (3) community and societal risk factors (including discrimination, minority stress, and social support). The authors further disaggregated their findings by LGBTQ subgroup. Minority membership stress is a major risk factors among all subgroups, who face discrimination from the broader society as well as internalized homophobia and the potential of outing from within their own communities. Bisexual individuals face the added problem of *biphobia*, wherein they are marginalized by both LGBTQ and heterosexual communities. The authors also cite *identity-based abuse* as a major source of stress for transgender individuals, and relationship fusion and blurred interpersonal boundaries as predictors of higher relationship conflict and abuse among lesbians.

The Kim et al. 2026 paper feeds directly into the updated PASK review conducted by Langhinrichsen-Rohling and Leisring (2026). These latter authors sought to summarize the underlying motivations that are associated with IPV perpetration. Like Kim et al. (2026), they argue that a better understanding of the motivations, mechanisms, and risk factors for IPV perpetration will facilitate the creation and delivery of more effective prevention and intervention efforts. Several main points are discernible from the Langhinrichsen-Rohling and Leisring (2026) review. First, measurement of important constructs continues to be a challenge for the field; this lack of measurement rigor and consensus makes drawing conclusions across studies difficult. Second, many studies are measuring only one potential motive for perpetrating IPV (often coercive control or self-defense); yet, when there is an option for participants to endorse a larger array of motives, this happens. Many IPV perpetrators give multiple reasons to explain their violence. Importantly, the reasons they give map onto some of the risk factors identified in the Kim et al. 2026 article including: wanting power and control; self-defense; emotional dysregulation/anger; in retaliation; jealousy; poor communication; seeking love/attention; alcohol/substance abuse; sexual arousal; defense of children; and a desire to escape the situation.

The importance of considering multiple common motivations as well as universal motivations that drive perpetration of multiple types of IPV is highlighted when seeking a more efficacious or universal prevention or intervention strategy. This effort represents step three of the CDC public health problem prevention model. As is noted in the Langhinrichsen-Rohling and Leisring (2026) article, there is still on overreliance in the literature on assessing only two motives: coercive control – which has been postulated to be one of the main drivers of men's violence and is baked into state laws about allowable batterer intervention programs (Sotiroff, et al., 2025) and self-defense – which has been postulated as a way to explain women's violence but is poorly differentiated from retaliation (Leisring & Grigorian, 2016).

As is also pointed out by Langhinrichsen-Rohling and Leisring (2026), self-assessment of one's motivation is difficult, making this internal process hard to study validly. We also learn that the field has been limited by relatively infrequent use of established measures of IPV motivations and by an overfocus on motivations for physical IPV even though IPV has been defined to include emotional abuse, coercive control, stalking, and sexual violence. There is also a continued reluctance to measure motivations for both partners, which is essential in couples

with bi-directional violence, and few, if any efforts, to determine the stability of various motivations across a variety of relationships and contexts in which one might enact violence.

Importantly, relatively few studies included in the Langhinrichsen-Rohling and Leisring (2026) review found gender differences in endorsement of these motives. As an exception, Whitaker (2014) found that college men were more likely to endorse using violence to escape their partner than were college women. College men were also more likely than college women to endorse using violence in retaliation for experiencing either verbal or physical abuse. Conversely, college women were significantly more likely to endorse using IPV because of anger or emotional dysregulation. College women were also more likely than college men to endorse using IPV in order to make their partner listen or to get control. Importantly, using violence to get heard was a commonly endorsed motivation by both genders (58% of college men and 65.9% of college women who had perpetrated IPV). Helping people move from isolation to connection, through communication, may be a key prevention strategy for a range of public health behaviors, including violence. Furthermore, if gender and culture-specific treatments are being developed and disseminated (CDC strategy four), it would make sense to include within-intervention examples that map onto perpetrators' experiences of why they resort to violence in their close relationships, in order to increase the acceptability and face validity of the intervention materials. Across this review, it is also noteworthy how many motivations have an interactional function within the relationship (to be heard, to get away, to control the partner or the situation; Langhinrichsen-Rohling & Leisring, 2026). Skills to regulate emotions and have respectful non-avoidant communication about “hot” topics may be another universal prevention strategy we could employ to reduce the prevalence of IPV.

Finally, the Langhinrichsen-Rohling and Leisring (2026) review makes clear that the IPV motivation literature, like many others within the intimate partner violence field, has not progressed as far as would be anticipated in the decade since the last review. Few, if any, of the initial recommendations made by Langhinrichsen-Rohling and colleagues (2012b) have been systematically utilized within this literature in the past decade.

Where does all this leave the IPV field?

One is left wondering is Intimate Partner Violence the result of a distinct disorder, deficit, or concern, with specific and identifiable parameters to include emotional abuse, physical abuse,

stalking, and sexual violence (CDC, 2025), or is violence directed at one's partner a behavior that manifests as part of a variety of conditions, some of which are psychological and others of which are not? This question is critical as, within the US treatment system, the standard clinician needs to identify the presenting concern upon intake, and this concern then needs to be associated with a reimbursable diagnostic code. There is a further clinical push to treat the presenting concern with a matched evidence-based protocol that results in decreased risk for relapse or a reduction in the risk of recurrence of the presenting problem. The extent to which current treatment approaches address these concerns is further discussed in Part Three of this article, beginning on page 50. Traditional programs such as Duluth, that rely heavily on now-outdated socio-political theories to explain human behavior, have been found to be less effective overall compared to more innovative approaches that integrate findings from psychology on human development, cognition, relationship dynamics, aggression and motivation. However, as is evident from Part Three, the extent to which, and precisely how, any existing program draws on the general body of IPV research causes, dynamics, and consequences, is rarely articulated.

It is clear that intimate partner violence, while a prevalent problem that requires both effective intervention and prevention efforts, continues to fall outside of the treatable conditions recognized by the current Diagnostic and Statistical Manual (DSM-5-TR, American Psychiatric Association, 2022). There is also diversity among motivations, chosen IPV actions, frequency, severity, context, and impacts. This leads to myriad questions, including these: Who should be treating and preventing IPV? (e.g., professionals in the criminal justice system, mental health professionals, couples' therapists, sociologists, or religious personnel?); Can we identify IPV that tends to co-occur with existing diagnoses and recognize opportunities for violence prevention already existing within the DSM (i.e., borderline personality disorder, substance use disorders, PTSD, antisocial personality disorder, narcissistic personality disorder)?; Do we need a broad emotional dysregulation disorder as a diagnostic condition, as we have effective treatments for dysregulation (i.e., Dialectic Behavior Therapy or DBT), and these problems appear to be linked to a substantial amount of IPV perpetration?

Furthermore, given the high prevalence and the ubiquitous nature of IPV around the world, and across a variety of relationships, should the field continue to try to delineate among the types and severity of IPV in order to tailor and match prevention and intervention strategies? For example, do we focus on our effects on IPV that comes from particular motivations such as

anger or jealousy – as we have effective treatments for emotional dysregulation (e.g., DBT, cognitive behavior therapy or CBT), or do we delineate IPV that is associated with a childhood trauma history that promoted a hostile attribution bias or resulted in early maladaptive schema or rejection sensitivity as we also have treatments that target these pathways to IPV (e.g., schema therapy, Acceptance and Commitment Therapy)? Critically, how should IPV that occurs due to harmful cultural messaging, like that originating from the Red Pill movement or what has become known as the Manosphere[1] be addressed? These questions are a reflection of the existing gender-specific polarization in the field as well as the continuous evolution of intimate partner violence strategies and enactments. Existing frameworks, methodological designs, and measurement may not be adequate to address these gaps.

It might be time to collectively recognize that a substantial amount of IPV appears to stem from modifiable dyadic risk factors including marital conflict, dissatisfaction, and healthy conflict resolution skills, as these are all significant risk factors for perpetration (Stith et al., 2008). To address this type of IPV, greater efforts could be made to mandate mastering delivery of evidence-based couples treatment as a routine part of becoming a mental health professional (MA in Counseling, Masters in Marital and Family Therapy, Ph.D. or Psy. D. in Psychology, Master's in Social Work). This approach would require many to consider that IPV can be perpetrated by either gender, or by both partners, and to understand that it often occurs during an argument and among those with poor communication and conflict resolution skills. Additionally, collectively shifting from treatment models that address existing perpetration to models that are preventive and proactive is paramount, especially since the peak age for IPV is in the teens, at a time when relationship entrance and exit skills are being developed and deployed initially.

Evaluation of the effectiveness of any prevention or intervention strategies requires valid and reliable measurement of the phenomenon. Unfortunately, as the Carney and Barner (2026) review paper makes clear, there is still considerable difficulty "clearly capturing" the prevalence and co-occurrence of physical abuse, emotional abuse, control, sexual coercion, and stalking. First, and perhaps foremost, scholars disagree whether IPV can be best understood through a psychological, legal, feminist, criminologist, sociological, or anthropological lens, with each lens promoting a different definition and potential IPV assessment strategy. These unresolved definitional concerns then get enacted at the level of scholarship (e.g., in the decision of whether to study the perpetration of men or women or both in heterosexual or sexually diverse

relationships; in the use of qualitative versus quantitative measurement). Similarly, there is ongoing debate about what instrument should be used to determine prevalence of IPV. For example, is IPV best defined as a set of harmful behaviors or specific acts that are directed toward a potential, current, or past romantic partner? If so, is the CTS or its derivative adequate even though it is failing to capture all types of IPV and has not been been updated to capture emerging IPV strategies such as attachment weaponization (Lesiak & Gelsthorpe, 2025) or personalized gaslighting (Zapcic et al., 2024)?

Conversely, it might be better to consider the pattern by which these acts are displayed over time and the unfolding dynamic that ensues when these acts occur. This strategy has been reified into the definition of stalking (i.e., stalking acts must occur more than once and engender fear on the part of a reasonable person to be considered as meeting threshold). Conversely, others have argued that the IPV field has over-focused on the perpetrator's behavior. They argue that IPV should be defined by the lived experience of the survivor, an experience that often includes fear, harm, isolation, and/or lack of autonomy. However, fully adopting this strategy means the survivor would need to acknowledge and recognize being victimized. While this latter approach has intuitive appeal, it does little to address and prevent the continuation of IPV that is more covert in nature. It is also problematic for those who are unsure how to label their experience, a phenomenon that is commonly seen among posts made to online forums focused on domestic violence (Langhinrichsen-Rohling et al., 2026).

In spite of these ongoing conceptual debates and even lack of consistent labelling of the phenomenon (domestic violence, IPV, domestic abuse, relationship aggression), the field has functionally settled on measuring IPV with some variant of the act-based measure, the Conflict Tactics Scale (CTS) or the CTS-II (Straus et al., 1996). While the widespread use of this measure, as noted across these nine articles, makes cross-study and cross-field comparison possible, it moves the field away from routinely assessing appraisal of the acts, self-acknowledgement and disclosure of perceived victimization, motivations, and the pattern of abuse, impact, and fear, as manifesting in a particular violent context. Furthermore, while the CTS-II assesses the frequency of violence, it is on an act-by-act basis, which is not likely to be a determination made by most victims (i.e., are respondents able to add up disparate acts across multiple incidents? This determination is quite challenging cognitively).

Use of the CTS-II also provides recipients a shared context for the IPV, which is that these acts are taking place during an argument, disagreement, or conflict that is occurring between a couple. However, this context becomes limiting when one expands the definition of IPV to include control strategies (financial, social) and stalking, types of IPV that may be enacted in many non-conflictual contexts and as a result of potentially different motivations than are activated during a disagreement. For a broader review of current assessment instruments, the reader is directed to Part Three of this article.

Furthermore, any acts-based instrument is limited by the acts named in the measurement. Given the increase in use of social media, AI, and cybertechnology, acts of electronic monitoring, acts of emotional abuse through texting, posting, or altered images, a partner's non-consensual disclosures of a person's vulnerabilities or opinions,and/or non-consensual sexting are all potential types of intimate partner violence that should be included on any act-based measure. In short, the internet has fundamentally changed the context in which IPV can take place and the types of acts available to a potential IPV perpetrator. The use of the internet for IPV has also made IPV more challenging to prosecute, as it can be difficult to prove who was at the computer committing those acts. Online perpetration can also occur across state lines, which changes the dynamics of prosecuting and the laws under which it can be prosecuted. Finally, from a victim's perspective, cyber-abuse can potentially live in virtual spaces permanently, making it harder to assess the damages incurred and impossible to know when the abuse is over. Victims of cyber-abuse can have a lifetime fear of images resurfacing.

These cyber-abuse possibilities need to be incorporated into our standard measurement, as the paper by Carney and Barner (2026) clearly demonstrates that various types of abusive behaviors co-occur. These findings also highlight the question as to whether studying each of these behaviors separately (despite distinct laws for sexual violence, DV, stalking) makes the most sense. Identifying shared risk factors, motivations, and contexts for disparate types of IPV may be a pathway for a unified prevention or intervention protocol. Unfortunately, the initial focus on coercive control and the corresponding intervention arising from the Duluth model, has been shown to have limited, rather than broad success in curtailing all types of IPV perpetration (Babcock et al., 2024). Instead, new innovative interventions have been shown to hold promise with two novel interventions, namely Acceptance and Commitment Therapy and Circles of

Peace demonstrating the largest effect sizes in comparison to the traditional Duluth batterer intervention model (Babcock et al., 2024).

The push to improve the efficacy of our interventions is also reflected in the field's search for typologies of IPV perpetrators (e.g., for a review see Alexander & Johnson, 2023) or to describe subtypes of couples with IPV (Langhinrichsen-Rohling, 2010). These efforts are ways to personalize or match the intervention to the perpetrator. The broad acceptance of typology work indicates that many within the field recognize that a one size fits all approach to IPV perpetration has been inadequate given the diversity of acts, risk factors, motivations, and contexts in which IPV takes place.

Summarizing Key Takeaways

In summary, we offer 10 takeaways gleaned from this 7-paper review and literature integration.

1. According to these papers, IPV perpetration and victimization, as typically measured via the CTS, appears to have substantially declined in prevalence across the past decade. If this effect is valid, greater efforts are needed to understand the decreases in prevalence at the individual, familial, couple, cultural, and societal levels in order to continue and enhance effective prevention and intervention efforts.
2. However, it is quite possible that intimate partner violence is an evolving, multi-faceted phenomenon that is not being adequately captured by existing act-based measurements and any single theory or perspective. IPV is likely to be the outcome of diverse pathology and skill deficits, rather than a cohesive problem that can be addressed monolithically.
3. Along with the long-standing cultural norms that minimize female-perpetrated IPV, the Male Rights Movement and the emergence of the Manosphere have enabled advanced manipulation and psychologically abusive behaviors that may be increasingly normalized and encouraged for men to enact as essential strategies to establish and maintain 'healthy' intimate relationships (Barnes & Karim, 2026; Zapcic et al., 2024). Cultural upheaval related to re-activating and re-promoting traditional gender roles likely sets the stage for more IPV, rather than less.
4. Further research into newly identified IPV strategies (i.e., covert forms of coercive control such as attachment weaponization; Lesiak & Gelsthorpe, 2026) and the

frequency with which they are employed is needed. This will require revised measurement.

5. Yet, even using the CTS, many types of IPV have been identified. These types often co-occur, which suggests the possibility of shared mechanisms or reasons for perpetration. Two frequently occurring motivations that seem obvious to focus on are: a desire to be in control in the relationship and violence as a result of emotional dysregulation. A fuller understanding of these two mechanisms, and improving our ability to discriminate between them is likely to be beneficial. The field needs to address the diversity among perpetrators with paired prevention and intervention strategies, as was noted by CDC and discussed by Yakeley (2022) in her review of five interventions for IPV perpetrators. At least two different types of IPV perpetrators consistently emerge in the literature: 1) IPV perpetration due to a lack of emotional regulation skills; 3) IPV perpetration due to psychopathy and a coercive need for control.
6. As noted above, coercive control, while difficult to measure as a motivation for IPV, appears to be a central dynamic for some but not all types of IPV and in some, but not all, IPV situations. Individuals of both genders do appear willing to endorse this motivation for IPV perpetration, particularly when it is included among an array of motivations. It can be that a general desire to have one's relationship go the way one expects is normative. However, a deeply established pattern of using IPV strategies that are economic, social, and psychological to assert control over an intimate partner has its origin in specific cultural norms, sociological conditions, family of origin modeling and messaging, and individual psychology. As such, this type of IPV may be best understood via the socio-ecological model. Interventions for IPV that is characterized by coercive control need to continue to evolve to be culturally sensitive and gender-inclusive. Practitioners also need to be aware of and responsive to the particular stigma incurred by IPV victims of coercive control but not physical violence. Delivery of a coercive control IPV interventions needs to consider access, structural barriers, and institutional biases to disclosure of non-physical IPV victimization by men, women, and gender-diverse individuals.

7. Similarly, the distinction between retaliatory violence and self-defense remains murky. The determination should not be made solely on the basis of gender (i.e., women use violence in self-defense; men do not).
8. A full understanding of the role of IPV in a relationship must move beyond specific acts to understand precipitants, patterns, and perpetrator motives. While broadening the definition of IPV beyond the perpetration of physical violence has been a critical advance, moving across siloed fields concentrating on stalking, cyberabuse, psychological abuse, physical abuse, or sexual abuse to determine shared risk factors, overlapping patterns and motivations, or distinct differences among IPV types has lagged behind. We also do not have an established universal measurement device that captures all the critical dimensions of IPV (e.g., which types are enacted, family only versus other; emotionally dysregulated versus psychopathic perpetrator, injury producing, one time versus frequent, confined to conflict or enacting in non-conflictual contexts).
9. Finally, aggressive and violent responses within intimate relationships can be culturally supported or culturally prohibited. When these responses are activated in the context of an intimate relationship, many gender and sex-related societal scripts are potentially involved. Specific scripts can promote or diminish the likelihood of abuse occurring. Changing the narrative around the need for control in relationships, through greater tolerance of equality-minded scripts for relationship partners, while teaching individuals how to make bids for connection, and how to respond supportively to a partner's bids for connection will be important as will skills to tolerate uncertainty and rejection with psychological flexibility. Acceptance and commitment therapy might be a particularly helpful intervention for perpetrators because it works to change people's relationships with their thoughts (i.e., thoughts are viewed as experiences that can potentially hook us rather than as truths to be acted upon; there can be space between a stimulus or thought and a response such as violence and in that space lies better psychological health).
10. Helping everyone recognize and support human's universal desire to be seen, accepted, and listened to respectfully, even in the context of a disagreement or miscommunication, is also likely to facilitate better relationship and family dynamics

within and across generations, while reducing IPV. This type of intervention seems particularly well-suited to adolescents who are early in their development of relationship skills and who are testing their ability to attach securely and pick a healthy relationship partner.

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Part Two:
The Criminal Justice Response to Intimate Partner Violence
(PASK Topics 9-11)

More than a decade has passed since the original Partner Abuse State of Knowledge (PASK) project initially reviewed what was known about intimate partner violence (IPV). The PASK project brought together a large and often complicated body of literature on prevalence, risk factors, victim and offender characteristics, treatment, and criminal justice responses. Those reviews provided a useful foundation for examining what researchers knew at that time and, just as important, what they did not know. Since then, IPV literature has expanded a great deal. New laws and programs have been developed, researchers have examined populations that received less attention in earlier literature, and studies have considered legal responses that were not being examined to the same extent more than a decade ago.

This commentary draws on three PASK reviews, part of the 2025-2026 update to the original PASK reviews conducted in 2012-2013, examining law enforcement responses to IPV (Cox et al., 2025), legal decision-making associated with sex or gender, sexual orientation, and race or ethnicity (MacNeil et al., 2025), and protection orders (Russell et al., 2025). Although the reviews focus on different parts of the legal system, they are closely related. Police officers are often the first legal actors to respond to an IPV incident. Their decisions can affect whether an incident is documented, whether one or both parties are arrested, and whether a case enters the criminal justice system. Prosecutors, judges, and jurors make additional decisions that may determine whether an offender is charged, prosecuted, convicted, or sentenced. Protection orders (POs) provide another legal option through which victims may seek separation, restrictions on future behavior, and some immediate measure of safety.

The purpose of this section, Part Two, is not to repeat every result reported in the three reviews. Rather, the purpose is to examine what can be learned when the reviews are considered together and compared with the original PASK literature. When we examine these findings across different stages of the legal process, several issues become evident. Legal responses continue to be influenced by the circumstances of the incident, the characteristics of the people involved, and the policies and practices of a particular jurisdiction. Findings are frequently mixed, even when researchers examine similar questions. In addition, the existence of a law or

policy does not tell us whether it is implemented, whether legal actors understand it, or whether victims can use it in practice.

Some issues have changed considerably over the past decade, whereas others have changed very little. Researchers now give greater attention to sexual orientation, firearm dispossession, technology-facilitated abuse, diversion programs, language barriers, and differences in access to legal protection. At the same time, questions involving gender, race and ethnicity, arrest, legal discretion, PO issuance, and enforcement continue to receive attention. Many of the central questions remain the same as they were more than a decade ago, researchers have expanded the populations studied, the legal and social contexts examined, and the factors considered when evaluating criminal justice responses to IPV.

Law Enforcement Responses to IPV

Cox et al. (2025) reviewed 27 papers published from 2012 through 2023 concerning law enforcement responses to IPV. Four broad themes emerged from their review: characteristics of the offense, demographic characteristics of the IPV dyad, officer-specific characteristics, and diversion programs or alternatives to arrest. Consistent with the earlier literature, police officers continue to serve as important gatekeepers. Officers decide whether an incident will be documented, whether one or both parties will be arrested, whether a citation or referral will be used, and whether the case will move further into the criminal justice system. Therefore, the police response is not simply one outcome among many. It can influence nearly every legal decision that follows.

Characteristics of the incident continue to play an important role in police decision-making. Visible injury, use of a weapon, the seriousness of the reported behavior, prior incidents, and the existence or violation of a PO may increase the likelihood of formal action. These findings are not particularly surprising because such factors provide officers with evidence concerning immediate harm and legal seriousness. However, they do not operate in isolation. Similar incidents may result in different responses depending on state law, agency policy, departmental culture, officer discretion, and the resources available in the community. These differences help explain why studies of police response often reach different conclusions even when they appear to be examining the same behavior.

It is also important to consider what information an officer has on the scene. IPV incidents can involve conflicting accounts, no independent witnesses, injuries to both parties, a history of prior violence that is not immediately known, or allegations of self-defense. The absence of visible injury does not necessarily mean that the incident was minor, just as the presence of an injury does not by itself identify the primary aggressor. Officers may be required to decide within a short period of time using incomplete information. The quality of documentation, access to prior reports, and the ability to speak privately with both parties may therefore be as important as the formal arrest policy.

The victim's sex was one of the more consistent demographic factors identified in the Cox et al. (2025) review. Police generally responded more punitively in cases involving female victims. This pattern is consistent with the long-standing view of IPV as violence committed by men against women and with the expectation that a female victim is more likely to require legal protection. It is important, however, not to interpret this finding too broadly. Women experience more severe and lethal forms of IPV in many circumstances, and differences in injury, fear, or risk may explain some legal responses. In fact, as further discussed later in this section, when controlling for level of injury male perpetration suspects are more likely to be arrested than are female suspects. At the same time, male victims may be less likely to be viewed as credible victims or may be treated as possible offenders, particularly when the incident does not fit traditional expectations about IPV. The sex of the victim and offender should therefore be examined together with the seriousness and direction of the violence.

Findings concerning race and ethnicity were much less consistent. Some studies found more formal or punitive responses involving Black or other racial and ethnic minority couples. Other studies found less intervention or weaker legal responses when victims were members of historically marginalized groups. These findings may seem contradictory, but they can reflect different processes. Overcriminalization of minority communities and underprotection of minority victims can occur within the same legal system. It is also necessary to distinguish the race or ethnicity of the victim from that of the alleged offender, the racial composition of the couple, the seriousness of the incident, and the practices of the jurisdiction. Without considering these differences, it is difficult to draw one conclusion about race and police response.

Dual arrest and the identification of the primary aggressor also continue to be concerns. Mandatory arrest policies were intended to increase intervention and reduce the possibility that

police would dismiss IPV as a private family matter. However, these policies also contributed to unintended consequences, including the arrest of both parties when officers were unable and unwilling to determine who was primarily responsible. Primary-aggressor laws were developed in part to address this problem, but such laws are only useful when officers are properly trained to examine the history of violence, patterns of coercion, relative injury, fear, and self-defense. A policy that simply directs officers to choose one person without providing the information and training necessary to make that decision is unlikely to resolve the problem.

Same-sex couples may present additional difficulties when officers rely on traditional gender expectations to identify the victim and offender. Some studies suggest that same-sex IPV is more likely to result in informal action, uncertainty, or dual arrest. In contrast, other findings are less consistent after legal characteristics of the incident are considered. Sexual orientation alone does not explain the response. Rather, it may interact with officer beliefs, the perceived seriousness of the incident, departmental policy, and the absence of familiar gender cues. These results suggest the need for training that addresses IPV outside of the traditional male-offender/female-victim model without assuming that all same-sex incidents are mutual or less serious.

Cox et al. (2025) also reviewed studies on officer characteristics, training, citations, co-response models, and diversion programs. Alternatives to arrest may provide opportunities to connect victims and offenders with services and may reduce reliance on arrest in cases where another response is appropriate. However, programs differ considerably in their purpose, eligibility requirements, implementation, and evaluation. A diversion program designed for a first-time, low-risk offender is not the same as a co-response model involving police and a victim advocate. It is therefore difficult to compare one program with another or to determine which individuals are most likely to benefit when studies use different definitions and outcomes.

In summary, the Cox et al. review shows that law enforcement response cannot be evaluated only by asking whether an arrest occurred. We must also ask why a particular response was chosen, what information was available, whether the response was appropriate to the circumstances, and what happened after the police left the scene. Arrest may provide immediate separation and documentation, but it does not necessarily lead to prosecution, services, or long-term safety. Similarly, an alternative response should not be considered successful merely

because an arrest was avoided. The response should be evaluated in relation to victim safety, offender accountability, and the likelihood of additional violence.

Legal Decision-Making and Demographic Characteristics

MacNeil et al. (2025) reviewed 91 studies examining how sex or gender, sexual orientation, and race or ethnicity influenced the perceptions and decisions of police officers, prosecutors, judges, jurors, and other legal actors. One of the strengths of this review is that it recognizes a legal case as a process rather than a single decision. Police officers, prosecutors, judges, jurors, and civil courts all make decisions that can shape the outcome. An IPV incident may involve a police response, an arrest decision, charging and prosecutorial decisions, plea negotiations, adjudication, sentencing, and PO proceedings. Each stage is governed by different legal standards and involves different decision-makers. Consequently, a demographic characteristic may have one effect at the police stage and a different effect at a later stage.

One of the more interesting observations across this review is that findings remain mixed even when researchers examine similar topics. Studies differ in the type of decision being examined, the jurisdiction, the sample, and the research method. Some use police reports or court records, whereas others rely on interviews, surveys, mock-juror studies, or hypothetical scenarios. An experimental study may isolate the sex or race of a defendant, but it cannot reproduce the complexity of an actual case. In contrast, an archival study may provide greater realism, but official records may omit information concerning coercion, self-defense, prior abuse, fear, or the reasons a legal actor made a particular decision. These methodological differences are not minor because they influence the conclusions that can be drawn.

Despite these differences, MacNeil et al. (2025) identified one of the clearer patterns across the literature: legal responses were most consistent when the victim was a White, heterosexual woman and the alleged offender was a man. This finding does not mean that White female victims always receive adequate protection or that every study found the same result. Rather, cases that fit the familiar image of a male offender and female victim appear to be recognized and processed more consistently than cases that do not fit that image. The importance of this pattern becomes clearer when we consider male victims, female defendants, same-sex couples, and victims from racial and ethnic minority groups.

Gender remained the most frequently examined demographic characteristic. Many studies found stronger legal responses when the alleged offender was male or the victim was female.

Male victims of female-perpetrated IPV were more likely to report that their experiences had been minimized, disbelieved, or interpreted through assumptions about masculinity. However, women defendants could also receive harsher responses under some circumstances, particularly when their behavior violated expectations about women, motherhood, or appropriate female behavior. These findings demonstrate why it is not sufficient to ask whether men or women are treated more favorably. The sex of both parties, the direction and severity of the violence, the presence of injury, prior abuse, self-defense, and the legal decision must be considered.

Research involving sexual orientation remained more limited, particularly beyond the police stage. Some studies found that cases involving lesbian, gay, or bisexual individuals were viewed as less serious or were more likely to receive informal responses. Other studies found few differences after legal factors were considered. Individuals in same-sex relationships may also encounter statutes or procedures developed around heterosexual relationships and may anticipate bias or lack confidence that the legal system will respond appropriately. At this point in the literature, the available research does not support one simple conclusion. It does, however, demonstrate that traditional models of IPV do not adequately represent all victims and relationships.

The findings concerning race and ethnicity were also inconsistent. People of color were sometimes subjected to more aggressive intervention or punishment, while victims of color were sometimes less likely to receive vigorous legal protection. Again, these findings should not be viewed as mutually exclusive. A system can respond punitively toward a community while also failing to protect victims within that community. Mistrust of police, concern about the treatment of a partner, immigration issues, economic resources, access to counsel, and prior experiences with the criminal justice system may influence whether victims seek legal assistance and how cases are processed. These factors are often absent from official records even though they may have a substantial effect on the legal outcome.

It is also possible that demographic characteristics influence how legal evidence is interpreted. For example, the same evidence—such as fear, credibility, claims of self-defense, or the seriousness of an injury—may be interpreted differently depending on who is identified as the victim and who is identified as the offender. These differences may reflect expectations about gender, race or ethnicity, sexual orientation, or the nature of the relationship, rather than legal evidence alone. This is one reason experimental research remains valuable even though it cannot

reproduce the complexity of an actual case. Experimental studies can determine whether changing a single characteristic influences judgment, whereas archival studies help establish whether similar patterns occur in actual legal practice. Together, these approaches provide a more complete understanding than either method alone.

In summary, the MacNeil et al. review reinforces a conclusion that was evident in the original PASK literature: demographic differences are not straightforward. Sex or gender, sexual orientation, and race or ethnicity may influence legal decision-making, but their effects are embedded within the facts of the case and the legal setting. Broad statements that the system is uniformly biased or uniformly impartial are difficult to support. A more useful question is under what conditions demographic characteristics influence decisions, at what stage of the legal process those differences appear, and whether the differences remain after relevant case factors are considered.

Protection Orders and Court-Based Interventions

Russell et al. (2025) reviewed 43 studies published between 2013 and 2023 concerning IPV protection orders. The studies were organized around five themes: gun violence restraining orders and firearm dispossession; courts, evidence, and policy; age, gender, and race or ethnicity; technology, stalking, victim safety, and psychological well-being; and community and international studies. Protection orders continue to be one of the most common legal options available to victims because an order can restrict contact, remove an offender from a residence, prohibit harassment or stalking, address custody or other conditions, and, in some jurisdictions, prohibit firearm possession.

The earlier PASK review demonstrated that defining the effectiveness of a PO is not a simple matter (Russell, 2012). Effectiveness may refer to whether the order is violated, whether physical or psychological abuse decreases, whether the victim feels safer, whether psychological well-being improves, or whether the victim is satisfied with the legal process. The contemporary review shows that this problem remains. A PO may be violated and still provide the victim with legal documentation, access to services, or a basis for police intervention. In contrast, an order may be granted but provide little protection if it is not served, enforced, or accompanied by resources that allow the victim to remain safe. Therefore, issuance and effectiveness should not be treated as the same outcome.

One of the most notable findings was the continued lack of research focusing on men who seek POs. Men experience IPV at meaningful rates, yet few studies have examined their experiences as petitioners, their perceptions of the court process, or their psychological well-being after an order is requested or issued. Some studies found that women were more likely to receive POs or firearm-removal provisions, while men reported concerns involving gender bias, cross-filings, and barriers to being recognized as victims. These differences may be related in part to case circumstances and risk. However, the limited number of studies makes it difficult to determine when a difference reflects relevant legal factors and when it reflects gendered assumptions.

The absence of research focusing on LGBTQ+ petitioners was even more striking. Russell et al. (2025) did not identify studies specifically examining the experiences of LGBTQ+ individuals seeking or receiving POs. This is an important omission because the MacNeil et al. review indicates that same-sex IPV may be interpreted differently at other stages of the legal system. Without direct research, little is known about whether LGBTQ+ petitioners understand their eligibility, whether they encounter difficulties filing, how judges and court personnel respond, whether orders are served and enforced, and whether petitioners feel safer after the process. The absence of evidence should not be interpreted as evidence that these problems do not exist.

Race and ethnicity were related to both access and experience. Some studies found that victims of color were less likely to obtain temporary orders, whereas others documented anticipated bias, mistrust, and reluctance to seek assistance from formal systems. Language barriers and limited English proficiency can create additional problems. Court delays, inadequate interpretation, and the loss of important details in translation may affect how a petition is understood and whether a victim can fully participate in the hearing. Formal access to a PO does not necessarily mean that all victims have equal practical access to the process. Transportation, time away from work, childcare, legal representation, and knowledge of court procedures can all influence whether a victim is able to complete the process.

The role of advocates and legal representation is especially important. Several studies reviewed by Russell et al. found that the presence of counsel or an advocate was related to PO outcomes or to the petitioner's experience of the process. However, access to these resources is not evenly distributed. A victim in a well-resourced urban court may encounter a different

process than a victim in a rural jurisdiction with limited advocacy services, fewer transportation options, and greater difficulty serving the order. The 2012 review raised many of these same concerns. It is somewhat surprising that resource and service differences remain so central more than a decade later.

Firearm dispossession is one area in which contemporary literature has expanded a great deal. Researchers now examine whether firearm restrictions are included in orders, whether prohibited individuals surrender their firearms, how courts and law enforcement communicate, and whether compliance is verified. The distinction between a law and its implementation is especially important in this area. A statute may require or permit firearm removal, but the intended protection will not occur without clear surrender procedures, accurate records, timely service, communication among agencies, and consequences for failure to comply. In other words, firearm prohibition is only as useful as the system responsible for carrying it out.

The recent literature also demonstrates that judicial discretion remains important. Courts differ in whether judges are required to ask about firearms, whether surrender is mandatory or discretionary, and whether restrictions apply to temporary as well as final orders. Even when a restriction is included, the respondent may deny owning a firearm, the order may not be served, or no agency may be responsible for confirming surrender. These practical problems are not secondary to the law—they determine whether the law works as intended. Simply documenting that a firearm restriction was ordered does not tell us whether firearms were actually surrendered or whether the restriction was enforced.

Similar implementation concerns apply to POs more generally. Service of the order, police response to violations, access to legal representation, transportation, rural resources, immigration concerns, and the availability of advocacy services can affect the usefulness of the order. Technology has also changed the way abuse and stalking may occur. Electronic communication, location tracking, online harassment, and other forms of technology-facilitated abuse create conduct that may not be adequately addressed by an order written for more traditional forms of contact. Stalking was strongly related to PO violations in earlier literature, and contemporary technology provides offenders with additional ways to monitor, contact, and intimidate victims.

In summary, the protection-order review shows that the literature has moved beyond asking only whether POs work. Researchers are increasingly examining who can obtain an order,

what provisions are included, whether the order is implemented and enforced, and how the petitioner experiences the process. These questions are important because the value of a PO depends on more than the decision to grant it. Protection orders are only useful when victims can obtain them, respondents are served, prohibited behavior is clearly defined, violations are taken seriously, and the conditions of the order can be enforced in practice.

What Can Be Learned Across the Three Reviews?

When the three update PASK reviews are considered together, several conclusions emerge. First, criminal justice responses to IPV occur through a series of connected decisions. Police decide whether and how to intervene. Prosecutors decide whether a case will be charged and pursued. Judges and jurors evaluate evidence and impose legal consequences. Civil courts decide whether a PO will be issued and what the order will require. Law enforcement may then be responsible for serving and enforcing the order. A problem at one stage can influence every stage that follows. For example, poor documentation at the police stage may affect prosecution, while failure to serve a PO may make enforcement impossible.

Second, legal and extralegal factors often operate together. Injury, weapons, prior violence, self-defense, an existing PO, and the seriousness of the alleged conduct are case-related factors that should influence decision-making. Gender, race or ethnicity, and sexual orientation should not determine an outcome by themselves. In practice, however, these factors are difficult to separate. A decision-maker may interpret injury, fear, credibility, or responsibility through expectations about gender and relationships. This may help explain why the same demographic characteristic is sometimes associated with more intervention and sometimes with less intervention.

Third, policy adoption is not the same as policy implementation. Mandatory arrest laws, primary-aggressor statutes, specialized courts, diversion programs, firearm prohibitions, and PO procedures may appear clear in legislation or written policy. Their actual effects depend on training, resources, documentation, communication, service, eligibility requirements, enforcement, and accountability. A policy can be well intended and still produce unintended consequences when it is applied inconsistently or without sufficient attention to the circumstances of the incident. The first PASK literature raised similar concerns, particularly with

enforcement. The newer research provides more detail, but the central problem has not disappeared.

Fourth, the three reviews demonstrate the continued importance of the expected or credible victim. Legal responses were most consistent when the case involved the traditional image of a male offender and a female victim, particularly a White heterosexual female victim. Cases involving male victims, female offenders, LGBTQ individuals, cross-petitions, racial and ethnic minority groups, or bidirectional violence were more likely to produce uncertainty or inconsistent findings. This does not mean that conventional cases are always handled appropriately or that cases outside this pattern are always mishandled. It suggests that legal actors may rely on familiar expectations when the evidence is complicated or when the identities of the victim and offender do not fit the traditional IPV model.

Finally, the meaning of effectiveness differs across the three reviews. For police response, effectiveness may refer to immediate safety, accurate identification of the primary aggressor, appropriate arrest, referral to services, or reduced reoffending. For later legal decisions, effectiveness may involve fair charging, conviction, sentencing, and consistent treatment. For POs, it may involve issuance, service, enforcement, reduced abuse, or the petitioner's sense of safety. Researchers should be clear about which outcome they are examining. Otherwise, one study may conclude that a policy is effective while another concludes that it is not, even though the studies measured entirely different outcomes.

Methodological Issues and Mixed Findings

One of the more interesting observations across these reviews is that findings remain mixed despite a much larger research base. Inconsistency is sometimes viewed as a weakness in the body of literature. However, mixed findings may also show that legal responses depend heavily on context. State laws differ. Police departments and courts operate under different policies. Community resources are not evenly distributed. Researchers use different methods and measure different outcomes. Rather than expecting one conclusion to apply to every jurisdiction and population, it may be more useful to determine the conditions under which a legal response is helpful, ineffective, or harmful.

The source of data is particularly important. Official police and court records can document arrests, charges, dispositions, and orders, but they do not always include the history of

coercion, fear, self-defense, or reasons for a victim's decision. Victim interviews provide information that is often absent from official files, but self-reports may be affected by recall, current circumstances, or contact with several services at the same time. Mock-juror and experimental studies allow researchers to control variables, but a short scenario cannot reproduce the competing evidence and uncertainty of an actual case. It is important to note that these methods answer different questions. They should be considered together rather than treated as interchangeable.

Jurisdictional differences create an additional problem. Many studies examine one police agency, court, county, or state. Findings from a specialized domestic violence court with advocates and dedicated staff may not apply to a rural court that hears IPV matters along with many other cases. Similarly, arrest practices in a jurisdiction with a mandatory arrest law may differ from those in a jurisdiction that retain greater officer discretion. The existence of a state law may also conceal substantial local variation in training and enforcement. More multisite research is needed, but multisite studies should still record the differences among the participating jurisdictions rather than averaging them away.

Few studies follow a case across the entire legal process. Researchers may know whether an arrest occurred but not whether charges were filed. They may know that a PO was granted but not whether it was served, violated, or enforced. They may know that a victim reported feeling safer but not whether abuse decreased over a longer period. Future research would benefit from following cases from the initial police response through prosecution, PO proceedings, enforcement, and later victim safety. This is difficult research to conduct, but it may provide a more accurate understanding of how one decision influences the next.

In summary, Overall, variation across literature should encourage more focused questions rather than broad generalizations. Researchers should identify the legal setting, the population, the decision-maker, and the specific outcome being studied. A finding of no demographic difference should not automatically be interpreted as evidence that no difference exists. Small samples of men, LGBTQ+ individuals, and particular racial and ethnic groups may limit researchers' ability to detect meaningful differences, even when they are present. A conclusion that no difference was found may simply reflect the limitations of the available data.

Reflections on a Decade of Change

Looking back at the original PASK reviews and the contemporary updates shows both change and continuity. The literature is larger and includes topics that received far less attention in 2012. Firearm dispossession, technology-facilitated abuse, diversion, sexual orientation, language access, and the practical operation of court procedures are now more visible. Researchers have also become more attentive to the distinction between having a policy and implementing it. These are important developments because legal reforms cannot be evaluated from the wording of a statute alone.

Findings concerning race and ethnicity remain complicated and sometimes contradictory. Men and LGBTQ+ individuals continue to be underrepresented in important areas of the literature. Rural resources, service of orders, access to advocates, and enforcement remain problems. These continuities do not mean that no progress has occurred. Laws, training, specialized programs, public awareness, and research methods have changed. They do suggest that legal reform alone cannot resolve problems that are also organizational, cultural, and practical.

Perhaps the most significant change involves the questions researchers are asking. Earlier studies often focused on whether a particular legal response worked. Contemporary researchers still examine effectiveness, but they are more likely to ask why findings differ, who benefits, who encounters barriers, and what occurs between adoption and enforcement. We were not necessarily looking at these issues in quite the same way more than a decade ago. The newer questions do not replace the older ones. Instead, they show that an intervention cannot be called effective without considering access, implementation, and the experiences of the people expected to use it.

Another change involves the interpretation of inconsistency. Earlier reviews often treated mixed findings as a problem that prevented a firm conclusion. They still present a problem, particularly when methods are weak or samples are small. However, contemporary literature also suggests that inconsistency can reveal meaningful differences among jurisdictions, populations, and stages of the legal process. The task is not to explain every contradiction as context, but neither should context be ignored in the effort to reach one simple conclusion.

Public Policy and Directions for Future Research

The three reviews have several implications for public policy. First, training should extend beyond knowledge of written law. Police officers, judges, prosecutors, court staff, and advocates need information about how IPV may present across different relationships and how coercion, self-defense, stalking, and prior abuse can affect an incident. Training should also address male victims, female offenders, and LGBTQ+ relationships without minimizing the severe and lethal violence experienced by many women. A broader understanding of IPV does not diminish the importance of gender. Instead, it recognizes that legal responses must also account for the diverse experiences of victims, offenders, and relationships. It requires examining gender along with the circumstances of the case.

Second, agencies and courts should evaluate whether policies are actually carried out. For example, a jurisdiction may have a primary-aggressor law, but dual arrests may continue if officers are not trained or do not have access to prior incident information. A PO statute may prohibit firearm possession, but firearms may remain with the respondent if no one is responsible for surrender, recovery, or verification. A court may provide interpreters, but delays or inadequate interpretation may still prevent a petitioner from presenting important information. Implementation should therefore be measured directly rather than inferred from the existence of a policy.

Third, resources should be considered part of the legal response rather than an unrelated service issue. Transportation, childcare, legal counsel, advocacy, language access, housing, and rural service availability can determine whether a person is able to seek or complete a legal remedy. The original PASK review found that rural women often experienced greater obstacles in obtaining and enforcing POs. The contemporary review continues to identify access and community differences. Providing the same legal procedures across jurisdictions does not necessarily ensure equal access to protection. Greater funding and specialized assistance may be needed where victims face the greatest practical barriers.

Future research should include more direct study of men and LGBTQ+ individuals who interact with police, courts, and PO systems. It is no longer sufficient to include a small number of participants in a larger sample and then draw no conclusions about their experiences. Studies should examine whether these individuals seek help, how they are treated, why they do or do not continue with the legal process, and whether the intervention improves safety. Research should

also distinguish between LGBTQ+, and other populations when sample sizes allow, because their legal experiences may not be the same.

Additional research is needed on race and ethnicity that moves beyond including race as a control variable. Studies should examine how the race and ethnicity of both parties, community context, immigration concerns, economic resources, and prior legal system contact influence decisions. Qualitative research may be particularly useful for understanding why a person avoids the police or chooses not to pursue a PO. Archival data can show that a petition was dismissed, but it may not show whether the petitioner lacked transportation, feared the treatment of a partner, could not obtain childcare, or believed that the court would not help.

Finally, researchers should follow implementation and enforcement over time. Firearm dispossession, service of POs, response to violations, diversion outcomes, and reoffending require more than a record of the initial decision. A law or order is only the beginning of the intervention. The more difficult question is what happens afterward. Longitudinal and multisite studies that connect police, court, service, and victim data would provide a stronger basis for determining whether criminal justice responses reduce harm and improve safety.

Conclusion

The three updated PASK reviews provide a broad examination of how the criminal justice system responds to IPV from the first police contact through legal decision-making and PO proceedings. Cox et al. (2025) demonstrate that police response continues to be shaped by offense characteristics, demographic factors, agency policy, officer decision-making, and the availability of alternatives to arrest. MacNeil et al. (2025) show that legal decisions involving gender, sexual orientation, and race or ethnicity remain mixed and depend on both the stage of the legal process and the method used to study it. Russell et al. (2025) demonstrate that PO research has expanded to include firearms, technology, access, and implementation, while important gaps remain concerning men, LGBTQ+ individuals, marginalized racial and ethnic groups, and enforcement.

Perhaps the most important conclusion is that criminal justice responses to IPV cannot be understood through one policy, one demographic characteristic, or one legal outcome. The findings repeatedly demonstrate the importance of context. Legal interventions can provide safety, accountability, and recognition, but their value depends on who can access them, how

decisions are made, and whether policies are implemented and enforced as intended. A well-written law cannot provide protection when it is not understood, not resourced, not served, or not enforced.

Looking back at the original PASK reviews and the contemporary updates suggests that the literature has expanded a great deal, yet many of the central questions continue to receive attention today. This is not necessarily a failure of the field. IPV cases involve complicated relationships, different legal standards, and decisions made by many people across different systems. However, the persistence of the same concerns should remind researchers and policymakers that new laws and programs are not enough. Future progress will depend on determining how legal responses operate in practice and whether they provide fair and meaningful protection to the diverse individuals who experience IPV.

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Part Three: Mental Health Intervention (PASK Topics 12-14)

Introduction

Intimate partner violence (IPV) continues to be a public health and social problem of epidemic proportions. IPV is understood as physical and sexual violence, stalking, and psychological aggression (US CDC, 2026). It continues to cause mental and physical health problems, including depression, posttraumatic stress disorder, and cardiovascular disease, among others (Kim et al., 2025), as well as an estimated population economic burden of $3.6 trillion (2014 US$; Peterson et al., 2018). Thus, each paper (n = 3) from the updated Partner Abuse State of Knowledge Project (2025-2026 reviews) considered for this section, Part Three, takes as a starting place what is needed to address and reduce the instances of IPV in different ways – by evaluating risk assessments (Cannon et al., 2025a), assessing primary prevention programs (Cannon et al., 2025b), and examining treatment interventions for perpetrators and services for victims (Cannon et al., 2025c).

Individually, each paper provides an in-depth and well-considered review of the state of the field with distinct insights related to risk assessments, prevention and intervention programs to address IPV. To capture these insights, this paper is organized as follows. First, each paper is briefly summarized. Next, additional insights, emerging questions, and cross-cutting concerns are drawn when these papers are considered together. Finally, five overarching considerations for the field are raised.

Evaluating Risk Assessments for Intimate Partner Violence

In the first iteration of the PASK review documents published in 2012-2013, Cannon, Leahy, Buttell, and Ferreira (2025a) sought to evaluate research over the past decade into risk assessment instruments, including specific and general actuarial risk assessments, as an update to the first PASK project paper that evaluated such assessments (Nicholls et al., 2013). Actuarial risk assessment has a formal approach with explicit procedures that includes statistical models with prior research on risk factors and recidivism to generate probabilities of risks. Specific risk assessments assess the risk directly related to IPV, whereas general risk assessments tried to capture general measures of violence. The updated review found 57 articles, which included instruments such as the Spousal Assault Risk Assessment (SARA), Brief Spousal Assault Form

for the Evaluation of Risk (B-SAFER), and the Danger Assessment (DA) with variations, among others.

Key findings from the Cannon et al. (2025a) article include evaluating relative effectiveness of risk assessment instruments, including the notable performance of SARA and B-SAFER in assessing risk especially when compared to policing samples, as well as how well these instruments perform with diverse groups (e.g., across race, sexual and gender identity, immigration). Cannon et al. (2025a) also found that there were new avenues of research into risk assessment since the prior PASK review (Nicholls et al., 2013). These included a recidivism risk assessment and assessments for adolescents. Many papers in this review argued that less energy should be placed on developing new risk assessment instruments and that validated instruments should be used more widely and with different groups to ascertain their effectiveness across diverse populations.

At the same time, there remains a wide gap between research and practice, including in developing better assessment tools with which to deliver more effective intervention. The most prevalent intervention programs for perpetrators, commonly known as *batterer intervention programs* (BIPs), typically in the form of same-sex groups, have been traditionally hampered by a one-size-fits-all approach that fails to take into account the wide heterogeneity of the offender population, and the complexities of IPV dynamics. Though this gap occurs across the IPV field, the present gap related to practitioners using these kinds of risk assessments is vital to identifying and ameliorating risks of IPV. Doing so could advance not only research into the assessment instruments themselves but also lead to improved outcomes for participants.

Assessing Primary Prevention Programs for Intimate Partner Violence

The second PASK 2025-2026 update paper in this collection, Cannon et al. (2025b) sought to assess primary prevention programs, which is understood to solve a problem before it begins, for IPV through research systematically reviewed over the past decade and as an update to the original PASK project (Whitaker et al., 2013). In practice, many of the programs focus on adolescent and young adult populations to try to prevent IPV through socio-behavioral interventions. While the previous review (Whitaker et al., 2013) found no measurable effectiveness for prevention programs in school-based settings, they did find some success in

reducing IPV-behaviors in non-school settings (e.g., couple, family, community interventions), while there was a great deal of overlap in the prevention programs.

Key findings from the Cannon et al. (2025b) article, which included a total of 24 articles from 2012 through 2023 were the robust use of research designs with a focus on adolescent samples (n = 14). These included 16 that used an experimental design and 13 that used some form of randomized design. All the prevention programs utilized some kind of intervention, most of which were curriculum-based, that centered around skill development, help-seeking, conflict resolution, managing emotions (e.g., anger), and listening skills, among other topical areas. Research into race and ethnic differences was more prevalent in the updated Cannon et al. (2025b) review than in the prior one (Whitaker et al., 2013).

While the research was very robust, findings were mixed with some studies finding some effect with the prevention program but with some finding no effect. Though when there were gains, they typically lasted for 1 year after the prevention program. Prevention programs in addition to being adapted for specific groups may also be designed with those groups in mind. Doing so could help advance the cultural responsiveness to subgroups (e.g., minoritized racial and ethnic groups and lesbian, gay, bisexual, transgender, queer [LGBTQ]). Research reviewed suggests prevention programs should emphasize skills building related to social, emotional, and behavioral regulation.

Examining Intervention Programs for Perpetrators and Victims of Intimate Partner Violence

The third and final paper considered in this viewpoint, Cannon et al. (2025c) examined research into the effectiveness of perpetrator treatment programs and victim services. A total of 40 articles were included in this review of the research from 2012 through 2023, as an update to the first PASK review (Eckhardt et al., 2013). Key findings from Cannon et al.'s (2025c) review included that the majority of intervention programs are based either on socio-feminist theory (most prominently the Duluth model), Cognitive-Behavioral theory, or utilize some combination of the two, with only a handful of alternative intervention programs assessed for effectiveness. The recent studies also investigated important new areas of research. For example, whereas in the prior review (Eckhardt et al., 2013), all BIP studies drew exclusively on male samples and all

victim-survivor studies drew exclusively on female samples, this review includes studies that focused on women abusers in BIPs, and included male subjects from victim groups.

Following the prior PASK review by Eckhardt et al., 2013), the victim-survivor programs examined fell into two categories: those that provided brief counseling (three hours or less), and those that provided longer, more extended interventions. One change from the initial PASK review is that the programs assessed in the reviewed research were not exclusively for male perpetrators, while the victim services programs were not exclusively for female perpetrators, although no studies investigated program effectiveness with LGBTQ identified participants.

Generally, Cannon et al. (2025c) found that not all batterer intervention programs (BIPs), which typically use a same-sex psychoeducational group format and continues to be the predominant intervention modality for IPV perpetrators, are equally effective in reducing or eliminating IPV, at least in part due to the problem of poor attendance and low program completion rates. Studies yielded mixed results for the effectiveness of traditional as well as alternative BIPs. For traditional BIPs, while some research suggests violent implicit attitudes predicted recidivism and attrition, some suggests that male offenders who also identified as victims had reduced IPV behaviors after treatment (Crane et al., 2014). As well, brief alcohol interventions were found effective in reducing rates of IPV, and some studies into alternative BIPs indicate that while time-out strategies as a form of reducing IPV are not likely to be successful, mindfulness strategies (a key feature of Acceptance and Commitment Therapy), can be effective in lower rates of IPV regardless of the overall treatment model the BIP is using, As well, physiological soothing and reducing rumination, features of a cognitive-behavioral approach, have also been found to lower rates of IPV perpetration. The original PASK review (Whitaker et al., 2013) reported that programs utilizing a Motivational Interviewing component to be successful in both increasing treatment retention and reducing rates of recidivism. In the current review, however, one recent study found motivational enhancement therapy to not be particularly effective (Murphy et al., 2018).

The type of treatment model chosen by any particular BIP is limited not only by the availability, or unavailability, of reliable research, but also by agency or state-wide policy directives. While studies of the relationship between policies and treatment effectiveness remain elusive, there is research that offers evidence-based suggestions for domestic violence perpetrator programs (Babcock et al., 2016). In their review of state standards, Maiuro and

Eberle (2008) identify state standards written into legislation in 45 out of 50 states and how these standards inform BIP treatment modalities. In their comprehensive review, Babcock et al. (2016) argue there may be some small effect of BIPs in reducing IPV, but not enough evidence identifies which kinds of BIPs result in positive changes and for whom. Moreover, the authors suggest a series of recommendations for BIPs themselves, as well as for policies to better reflect insights garnered from research to inform perpetrator interventions. These include using treatment interventions being supported by the latest empirical evidence and that tailor, when possible, the type and modality of treatment to client needs; the need for programs to be administered by trained professionals; and the importance of utilizing a coordinated community response (Babcock et al., 2016, pp. 415-428). Given the effectiveness of Motivational Interviewing (MI) techniques, which prioritize the client-counselor relationship, one promising line of inquiry draws on a number of qualitative research studies, and builds on what is known about group treatment dynamics. Through structured interviews, BIP clients provide valuable insights into the characteristics of the group, as well as the group facilitator, that helps motivate them to learn and take responsibility for their actions (Hamel et al., 2021). Quantitative outcome research is needed to determine if findings from these studies translates into a measurable decrease in rates of domestic violence recidivism

Research into victim-survivor programs reviewed by Cannon et al. (2025c) yielded more promising results in both reducing IPV and ameliorating adverse mental health outcomes, such as depression or posttraumatic stress disorder), though it is unknown how long these gains last. Future research must consider how well perpetrator programs and victim services do across subgroups as the role of race and ethnicity, and LGBTQ identity in these spaces remains not well understood. While victim services may be more effective than BIPs, there are limitations to these kinds of programs including reliance on the "transformative property" whereby the intervention on abusers is mediated by the intervention for victim-survivors. State and federal policies must provide more funding, training, and responsiveness to new research to deliver improved benefits to victim-survivors. Furthermore, given the high prevalence of bi-directional IPV in both general and clinical populations and the overlap between perpetration and victimization (Langhinrichsen-Rohling et al., 2012), it is troubling that very few studies have examined this phenomenon (see Machado et al., 2024). Bi-directional abuse has its own dynamics, different from the various types of unidirectional IPV, and treatment effectiveness will

be limited unless it is properly understood. One under-research area of inquiry concerns the effectiveness of interventions that serve both abusers and victims primarily through couple-based interventions, some of which have been found to be both safe and effective in reducing rates of recidivism among low-moderate risk couples.

Insights from across the three PASK2025-2026 review articles

Taking these three review articles in concert with one another can yield additional insights into the field of IPV. There remain consistent gaps between practice and research and research and policy. These gaps are evident across risk assessments, primary prevention programs, and intervention and service treatments. Such divides limit not only the impact this body of research has on affecting change in the lifecycle of IPV but also limits the positive effects practitioners and policymakers may wield. While research suggests we have some valid and responsive risk assessment instruments, such as SARA and B-SAFER (among others), their use has not been widely adopted by practitioners making their effectiveness in understanding who is at risk and what they are risk for limited (Cannon et al., 2025a).

On the flip side, research reviewed by Cannon et al. (2025b) shows that the effectiveness of primary prevention programs, which focus on addressing problems before they begin lending itself to an emphasis on adolescent and young adult populations, is mixed. While research designs were robust (i.e., randomized, experimental designs), the effectiveness of curriculum-based interventions in school settings were negligible, while effectiveness of similar kinds of interventions in non-school settings proved more effective. At the same time, there is clearly a need to develop effective interventions for subgroups (e.g., racial and ethnic minorities, gender minorities, LGBTQ, immigrants) and to develop interventions specifically for these subgroups in light of the IPV prevalence rates for these groups. For example, it is estimated based on the updated PASK reviews that nearly 1 in 3 same-sex and bisexual individuals experience IPV on average, while more than 1 in 3 transgender individuals likely experience IPV, on average (Hanson and Lysova, 2026). Developing such programming can help to build cultural fluency and responsiveness that may improve effectiveness of primary preventions.

Additionally, such cultural fluency can be adapted for intervention treatments and victim services to ameliorate and address IPV. While some research suggests the importance of culturally rich and relevant curriculum in treatment interventions, there remains a gap between

research and policy (Cannon et al., 2025c). Much policy across the U.S. mandates feminist informed BIPS, which have yielded mixed results in effectiveness. Evidence-based policy could help be more responsive to the needs and trends in intervention treatments to realize more impactful outcomes. Part of this effort necessitates research into program completion to identify barriers and facilitators. Doing so could help further refine and assess the effectiveness of treatment interventions.

Taken together, research reviewed in the updated PASK reviews highlights the disconnect between risk assessments, primary prevention programs, and intervention treatment and services. These are three topics that are inherently related in understanding who is at risk and what the risk level is for IPV, how to prevent IPV before it starts by building up socio-emotional and relationship skills, and how to effectively treat IPV once it has occurred. Yet, there was no real engagement across these areas. Future research should consider holistic curriculums and programs that incorporate risk assessments, prevention and intervention programs. Doing so creates a rich, interdisciplinary space for research to advance novel insights that can help to drive impact and create more effective change when it comes to IPV.

Where does this leave the IPV field?

The articles included in this commentary have helped to assess the state of the field over the past decade since the first PASK project. While much of the research has focused on similar concerns – such as evaluating risk assessment instruments, assessing primary prevention programs, and examining treatment interventions – there have been some novel directions undertaken in the ensuing years. These directions center around advancing research into subgroups to better understand how well instruments and prevention programs function across minority groups. Much of this work may be in response to major societal shifts in the U.S. including the legalization of gay marriage, the COVID-19 pandemic, George Floyd protests, inflation, and post-pandemic uncertainties. It is necessary for the field to respond to ongoing cultural and societal shifts in order to not only better understand research subjects who also experience these shifts but also to better understand people in their own context.

At the same time with the rise in digital and online activity, there are more ways that IPV emerges, such as electronic-enabled stalking and cyber-abuse (Langhinrichsen-Rohling, 2026), and thus a need for new risk assessments, opportunities to develop new prevention programs

(Carney and Barner, 2026), and considerations for treatment services and interventions (Babcock et al., 2024). With the legalization of gambling and its widespread, frictionless availability across virtual spaces and devices and it is cultural ubiquity, we should expect to see a rise in IPV – necessitating additional risk assessments, prevention programs and interventions to address the co-morbidity.

Lastly, as more extensively in Part One of this article, the field must finally take seriously how to address the research-practice-policy gap – that is, how to appropriately consider what we now know about IPV prevalence rates, risk factors, dynamics, motivation, and consequences – to inform policymakers on the latest research-informed practice and how they might work directly with practitioners to implement research-driven insights. These efforts in turn must be studied and evaluated so that we can make meaningful progress in assessing risk, delivering prevention, and ensuring effective treatment to finally make a dent in the IPV epidemic.

Summarizing Key Takeaways

In summary, we offer 5 takeaways from this 3-paper review and research integration.

1. Many risk assessment instruments are effective (e.g., SARA, B-SAFER) with more emphasis needed on using and studying these instruments in different contexts and subgroups rather than developing new instruments.
2. According to these papers, IPV prevention programs have not been measured to be effective in school settings but have suggested greater effectiveness in non-school settings (e.g., couples, family, community interventions) and should focus on skill building.
3. There is a clear need to develop prevention programs for marginalized subgroups (e.g., race and ethnicity, gender and sexuality, immigrant status, etc.) to prevent IPV.
4. Research into treatment programs for IPV perpetration continue to show mixed effectiveness, especially those based on traditional Duluth-type models. Victim services seem to be more effective but has its own challenges, including relying on a transference property from victim to perpetrator which raises many important questions, including that of responsibility and relationship dynamics.
5. There remains a gap across the research-practice-policy nexus that needs to be bridged to ensure the latest available research is used to inform practice and policy related to IPV.

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Part Four: Intimate Partner Abuse Worldwide (PASK Topic 15)

Overview

This section synthesizes five systematic literature reviews examining partner abuse (PA) prevalence, risk factors, and outcomes across Africa, Asia, Latin America/Caribbean, Europe and the Middle East regions. Together, these reviews represent an updated analysis of 1,383 peer-reviewed studies published between 2013-2024, providing a comprehensive contemporary snapshot of partner abuse in developing countries and developed non-English speaking nations.

Partner abuse has been deemed a public health problem internationally (Breiding et al., 2015; Heise & Kotsadam, 2015; Langhinrichsen-Rowling et al., 2026), with a vast corpus of the scientific literature (e.g. Capaldi et al., 2012; Fulu et al., 2013; Kim et al., 2025) identifying it as a complex multifactorial phenomenon. To better understand findings within the five systematic reviews, this commentary presents regional findings of partner abuse and then provides ten overarching author-generated considerations for the field of partner abuse in these regions. These considerations are presented within a public health approach as the one used by the Centers for Disease Control and prevention (CDC, 2024), and within an integrated ecological model of risk factors of partner abuse (Dahlberg & Krug, 2006). The CDC (2024) proposes a four-step public health approach to research and solve health problems. These steps include: 1) identifying the problem (surveillance), 2) identifying risk and protective factors (cause), 3) developing and testing interventions (what works), and 4) implementing and evaluating (how to do it). An ecological model adapted to explain PA considers partner abuse (and other forms of violence), cannot be explained by single-factor solutions, but rather is the product of the complex interplay of individual, relationship, social, cultural and environmental factors. Understanding how these factors relate to partner abuse is an important part to prevent it (Dahlberg & Krug, 2006).

Partner abuse in Africa

Prevalence

Within this region extreme variability in prevalence rates was found for different types of partner abuse (physical violence: 6.2%–96.8%, sexual violence: 2.9%–86.6%, psychological violence: 7.7%–96.3%, controlling behaviors: 11.8%–84.3%). Only around 10% of all studies (352) in the region explicitly reported gender-specific prevalence rates

Risk Factors

Reported risk factors in Africa studies included alcohol abuse by male partners (most consistently reported), low educational attainment, particularly among women, poverty and unemployment, patriarchal cultural norms justifying violence against women, early marriage and large age gaps between partners, exposure to childhood violence, partner infidelity and jealousy Protective Factors in the region included education (particularly when attained by both partners), economic independence (context-dependent; may trigger backlash), social support networks and women's associations, urban residence, and shared decision-making. Linked outcomes to PA experiences include depression, anxiety, and suicidal ideation, adverse reproductive outcomes (preterm labor, low birth weight, stillbirth), behavioral and emotional problems in exposed children, substance abuse and poor physical health, economic productivity losses.

Key findings within this region indicate that ethnic, linguistic and cultural diversity appears to reflect wide variations in prevalence rates and risk factors in the region. Other important findings show higher rates of partner abuse in rural and conflict-affected populations, limited mental health infrastructure to address psychological consequences, and limited research on male victimization and LGBTQ+ experiences. A critical inquiry of this review is why does male dominance in decision-making, finances, and sexuality consistently predict increased physical and emotional violence, while previous global analyses did not find this association? The review suggests this reflects regional/cultural differences in gender norms and relationship structures, particularly in marital versus dating contexts.

Partner abuse in Asia

Prevalence

The magnitude of PA within this region varied widely independently from the timeframe reported (lifetime prevalence: 6%–60%, varies by type and region; previous-year physical/sexual PA ranged from 5% to 30%). Findings also indicate that female-to-male perpetration rates often equal to or exceed male-to-female, particularly in China, South Korea, Philippines, Taiwan, while bidirectional PA exceeds 50% in university and adolescent samples. High-risk subpopulations include pregnant women and economically insecure individuals.

Risk factors reported in this region include cultural norms and rigid gender roles, financial stress and economic disparity, attitudes toward gender equality, age disparities between partners, low perceived satisfaction with family and life, alcohol consumption (strongest evidence across genders), childhood trauma and exposure to violence, COVID-19 pandemic exacerbated risks through isolation and economic pressure.

Outcomes derived from PA experiences are related adverse mental health, namely issues such as anxiety, depression, and suicidal ideation (statistically significant association between physical IPV and suicidal ideation among women), social isolation and economic instability, adverse reproductive and birth outcomes, workplace-based aggression, elevated psychological distress among men who have sex with men (MSM)

Key findings in Asia revealed:

- A consistent heterogeneity across 12 Asian-Pacific nations studied
- Risk factors operate at multiple ecological levels
- Limited research on LGBTQ+ populations
- Predominantly community-based sampling rather than clinical samples
- Language barriers and limited indexing of non-English published journals affect evidence base

A critical inquiry of this review is how can health care-based interventions be effectively integrated when access to shelters and crisis services remains limited? The authors call for coordinated, multisectoral responses addressing the persistent links between PA and adverse mental, physical, and economic outcomes.

Partner abuse in Europe

Great variability in PA prevalence rates was also identified in this region. For example, physical violence varies by country and measurement approach; from 4.9% to 72% in police-detected cases. Emotional/psychological aggression fluctuates between 7.6% and 63% in general populations. Sexual violence and coercive control is substantial but inconsistently measured across studies. Intimate partner femicide is higher risk in first year after separation; and femicide rates elevate during weekend and winter months. A key finding in this review is the emphasis on severe outcomes of PA including femicide and femicide-suicide, representing violence escalation pathways requiring urgent attention.

Risk factors identified in this region include multiple ecological levels involved. For instance, at the individual level, these factors include psychiatric diagnosis (particularly psychopathy), substance abuse and alcohol use, criminal history, exposure to childhood abuse/violence, negative attitudes toward violence and traditional gender roles. At the relationship level, jealousy and suspicion of infidelity, lack of shared decision-making, communication problems, postpartum period transitions, relationship separation and reconciliation cycles have been documented. At a structural / community level, economic depression and poverty, gender discrimination, normalization of violence in family/community, weak institutional responses, and inadequate legislative protections have been identified.
On the other hand, identified protective factors of PA in this region include emotional intelligence, secure attachment style, self-employment and economic independence, non-married status, urban residence, educational attainment, and social support systems.

Health and social outcomes in Europe involve physical health concerns such as injuries requiring medical attention (particularly neck/upper body), gastrointestinal disorders and pelvic issues, sexually transmitted infections, chronic health complaints, and necessity of cesarean delivery. Adverse mental health outcomes in this region include depression and anxiety (more severe in women than men), PTSD and trauma symptoms, alexithymia (difficulty identifying emotions), panic attacks and emotional dysregulation, and suicidal ideation.

Partner abuse in Latin America and the Caribbean

In this region several findings become apparent regarding PA prevalence. For example, bidirectional PA is common in youth and university student samples (any female victimization ranging from 86% to 92%, while any male victimization ranges from 35% to 83%). Female victimization estimates vary enormously by study context. In general population and community samples, past-year prevalence spans from roughly 3.5% (Colombia) to 26% (Colombia), with Mexico occupying the mid-range near 16–20%. Lifetime general-population victimization runs from roughly 24% (El Salvador) to 71% (Colombia), anchored in the middle by Brazil (56%) and Chile (64%). The widespread estimates reflect differences in measurement instruments, the inclusion of psychological aggression, and the youth/relationship-formation dynamics captured in student samples. Dating and student samples reach 86–92% in Chile and Colombia when any act is counted.

Male victimization is documented most robustly in Brazil, Chile, and Argentina. University samples show high past-year rates, while general-population and healthcare samples cluster much lower. The elderly and adult-population studies reveal substantial lifetime exposure to psychological and minor physical aggression from partners. Male victimization ranges from about 27% (Argentina) to 42% (Chile) in past-year university samples; from 10% (Brazil) to 48% (Brazil elderly) in general, healthcare, and elderly samples; and from 35% (Argentina) to 83% (Chile) in dating, same-sex, and adult-population samples.

Most risk factors in the Latin American context include developmental, relational, and structural contexts, gender role expectations, and social norms supporting male dominance. Part of the outcomes related to PA involve multidimensional impacts extending across physical, psychological, and social domains.

Key findings in this region indicate that

- PA is deeply embedded in developmental and relational contexts,
- Dyadic dynamics must be reflected in research designs and interventions

A central inquiry in this review is how can research designs, interventions, and policies effectively reflect the dyadic dynamics of partner abuse to address this multidimensional, gender-complex phenomenon?

The review emphasizes that future efforts must ensure comprehensive and effective approaches by documenting how prevalence and severity differ across settings, providing actionable evidence for health systems, educational institutions, and social services.

Partner abuse in the Middle East

The Middle East systematic review reveals substantial heterogeneity in IPV prevalence across forms and populations. For example, physical violence spanned from 0.2% to 100%, with most community samples ranging 12-45% and clinical/high-risk samples exceeding 70-85%. Psychological aggression ranged from 6.5%-89%, frequently exceeding rates of physical violence and emerging as a dominant form of abuse. Sexual violence extended from 2.1% to 81% across studies, with notable variation by country. Controlling behaviors ranged from 6.5% to 80%+, particularly prominent in contexts with strong patriarchal norms. Altogether, psychological abuse and coercive control appear to represent central expressions of IPV in the

Middle Eastern context, often co-occurring with physical and sexual violence as integrated abuse systems.

Risk factors in the Middle East at the individual level include psychiatric illness and personality disorders, substance use and alcohol abuse, suicidal/homicidal ideation, and lack of empathy. At the relational level, factors such as patriarchal attitudes and gender role rigidity, perceiving the partner as property, having multiple sexual partners, communication breakdown and lack of negotiation. At a community level, identified risk factors involve cultural normalization of male dominance and female submissiveness, acceptance of "corrective" violence, gender inequality and power hierarchies, and early marriage (particularly for women). Protective factors of partner abuse include education (particularly when attained by both partners), economic independence and employment, social support networks and community ties, shared decision-making, and urban residence with access to progressive norms.

Partner abuse repercussions in the Middle East were identified in four areas: Mental health outcomes, that include depression, anxiety, and psychological distress, PTSD, and suicidal ideation. Reproductive health concerns such as unintended pregnancies, increased pregnancy terminations, preterm labor and low birth weight, miscarriage and stillbirth risk. Family and developmental impact includes children exhibiting behavioral problems, anxiety, and aggression, academic difficulties and impaired school functioning, and intergenerational transmission of violence. Finally, regarding substance use and social outcomes involve increased alcohol and drug consumption, social isolation, economic dependency and career disruption.

Intervention Programs

The reader will have seen from the above discussion a lack of focus on arrest or mental health intervention policies. These were not part of the review. However, the interested reader will find a full review of this topic by going to https://domesticviolenceintervention.net/research-articles/ where he or she will be able to access the presentation slides from the Association of Domestic Violence Intervention Providers (ADVIP) 5th, held on June 14, 2024. On the same web page, two articles can be found on the topic of intervention programs in Europe (Akoenski et al., 2012; Hamilton et al. (2012). These programs are all limited by the same research and policy problems as those in the United States, and generally to a larger extent.

Overarching Author-Generated Considerations for the Partner Abuse Field

1. ***Partner abuse defined as a multifactorial public health problem rather than a gender-exclusive phenomenon***

A consideration shared across all five reviews is that partner abuse should be reconceptualized as a multifactorial human and public health problem, aligning with the first step (Surveillance) of the CDC public health approach, defining the problem (CDC, 2024). Authors caution against gender-exclusive framings and instead advocate gender-inclusive research designs that assess both victimization and perpetration in women and men, while still recognizing that women disproportionately experience severe, sexual, and lethal forms of partner abuse (Chávez-Valdez et al., 2026; Esparza-Del Villar et al., 2026a; 2026b; Esquivel-Santoveña et al., 2026; Cervantes-Herrera & Mercado, 2026). The Asia review reinforces this convergence directly, conceptualizing partner abuse as violence "both perpetrated and experienced by women and men" and documenting bidirectional violence frequently exceeding 50% in university and adolescent samples, with male victimization rates in China, India, Thailand, and the Philippines sometimes equal to or higher than female victimization, particularly for psychological abuse (Chávez-Valdez et al., 2026). Such evidence supports the notion that partner abuse is best understood as embedded across all levels of the WHO ecological model rather than reducible to a single societal-level driver (Dahlberg & Krug, 2006; Heise & Kotsadam, 2015).

2. ***Standardized, culturally sensitive, and multidimensional measurement systems***

Results from the reviews converge on the concern that inconsistent definitions and measures, particularly in terms of psychological aggression and coercive control, obscure true prevalence and preclude cross-national comparisons, undermining problem-definition and surveillance functions (CDC, 2024). The Asia review illustrates this vividly, reporting lifetime IPV prevalence against women ranging from 6% to over 60% and attributing this heterogeneity to methodological differences, underreporting due to stigma, and cultural acceptance of IPV (Chávez-Valdez et al., 2026). The European and Latin American reviews emphasize the near-absence of nationally representative, dyadic, gender-inclusive surveys (Esquivel-Santoveña et al., 2026; Cervantes-Herrera & Mercado, 2026), while the Middle East and Africa reviews highlight the wide variability in prevalence attributable to differing sampling and measures (Esparza-Del

Villar et al., 2026a; 2026b). Strengthening standardized surveillance systems /measurements that capture emerging forms of partner abuse (e.g., cyber-abuse, coercive control) is essential for reliable data across the ecological continuum.

3. Risk and protective factors operate across all levels of the ecological model

Consistent with the CDC's second step (identifying risk and protective factors; CDC, 2024) findings collectively organize determinants across the individual, relational, community, and societal levels of the WHO ecological model (Dahlberg & Krug, 2006; Heise & Kotsadam, 2015). Convergent individual-level factors include childhood exposure to violence, substance misuse, mental health symptoms, and emotional dysregulation; relational factors include controlling behaviors, jealousy, and destructive conflict; community factors include poverty, weak institutions, and conflict/displacement; and societal factors include patriarchal norms and gender inequality (Esparza-Del Villar et al., 2026a; 2026b; Esquivel-Santoveña et al., 2026; Cervantes-Herrera & Mercado, 2026). The reviews jointly emphasize that these levels interact dynamically rather than operating in isolation.

4. Gender inequality and sociocultural norms are more salient societal determinants than national development alone

A cross-regional consideration is that macro-level economic development (e.g., Human Development Index) does not reliably predict partner abuse, whereas societal-level gender inequality and patriarchal norms do (Chavez-Valdez et al., 2026; Esparza-Del Villar et al., 2026a; Esquivel-Santoveña et al., 2026). The African and Middle Eastern reviews document substantial partner abuse even in high-development settings, reinforcing that structural advancement shifts the *expression* of violence rather than eliminating it (Esparza-Del Villar et al., 2026a). The Asia review strengthens this consideration, concluding that IPV is widespread across Asian regions regardless of the level of human development, with cultural and relational factors strongly influencing its prevalence. This aligns with the WHO ecological model's emphasis on the societal level and supports gender-transformative prevention consistent with the CDC's third step (developing and testing interventions; CDC, 2024; Heise & Kotsadam, 2015).

5. **The "empowerment backlash" phenomenon complicates protective-factor assumptions**

The Middle East, Africa, and Latin America reviews converge on the finding that women's empowerment (education, economic autonomy, decision-making) is generally protective but context-dependent, sometimes triggering backlash violence in rigidly patriarchal settings (Esparza-Del Villar et al., 2026a; Esquivel-Santoveña et al., 2026). The Asia review adds a complementary dimension to these findings, documenting that women's economic dependency can function as both a predictor and a mechanism of entrapment. The authors caution that economic empowerment interventions (microfinance, cash transfers) require built-in safeguards to prevent partner retaliation (Chávez-Valdez et al., 2026). Altogether, this consideration warns that individual and relational level interventions must be paired with community and societal level norm change to avoid inadvertently increasing risk. Such insight directly alludes to the CDC's requirement to develop, and test aligned prevention strategies (CDC, 2024).

6. ***Partner abuse produces cumulative, intergenerational, and multidomain harms***

Across all reviews, the documented consequences of partner abuse spanning to mental health (depression, anxiety, PTSD, suicidality), physical and reproductive health, economic well-being, and intergenerational transmission to children; firmly establish partner abuse as warranting national and international prevention efforts (Chávez-Valdez e al., 2026; Esparza-Del Villar et al., 2026a; Esquivel-Santoveña et al., 2026; Cervantes-Herrera & Mercado, 2026). The consideration that children exposed to destructive interparental conflict experience heightened risk of later victimization or perpetration underscores the ecological model's interconnected levels and supports lifespan, family-centered prevention (Heise & Kotsadam, 2015).

7. ***Prevention and intervention must be multilevel, tailored, and extended across the lifespan***

Findings in the PASK partner abuse worldwide updated reviews reflect the CDC's third and fourth steps—developing/testing strategies and assuring their widespread, culturally adapted adoption (CDC, 2024). The reviews collectively advocate multilevel interventions rather than one-size-fits-all approaches. Recommendations include trauma-informed and family-centered services, first responder and health system training, gender-transformative programming, and

early relationship skills education (Cervantes-Herrera & Mercado, 2026; Esparza-Del Villar et al., 2026b; Esquivel-Santoveña et al., 2026). Coordinated, multisectoral responses spanning economic empowerment, legal and institutional reform, community awareness campaigns engaging religious leaders, and integration of routine partner abuse screening and mental health services within the health sector is also advised (Chávez-Valdez et al., 2026).

8. Underserved and marginalized populations remain critically understudied

A shared consideration is the persistent invisibility of male victims, LGBTQ+ and gender-diverse individuals, ethnic and migrant minorities, rural and older populations, and people affected by conflict or displacement (Cervantes-Herrera & Mercado, 2026; Chávez-Valdez et al., 2026; Esparza-Del Villar et al., 2026a; 2026b; Esquivel-Santoveña et al., 2026). This gap impairs accurate problem definition (CDC step one), equitable prevention and reflects community and societal level barriers, stigma, institutional bias, and structural exclusion consistently important within the WHO ecological framework (Dahlberg & Krug, 2006).

9. Methodological advancement is needed to establish causality and track change

All reviews note the predominance of cross-sectional, non-probability designs, which limits causal inference and evaluation of prevention efforts (Esparza-Del Villar et al., 2026a; 2026b; Esquivel-Santoveña et al., 2026). One of the reviews particularly highlights the importance for longitudinal designs, intersectional analyses, and integration of clinical and community-based data to capture partner abuse severity gradients (Chávez-Valdez et al., 2026). The consideration that longitudinal, dyadic, and mixed-methods research is required directly serves the CDC's imperative to test prevention strategies and monitor whether reductions in prevalence reflect genuine change across ecological levels (CDC, 2024).

10. Emerging technological and cultural contexts are reshaping partner abuse

Finally, the reviews acknowledge that digital/cyber forms of abuse (e.g. electronic monitoring, image-based abuse, online coercive control) are shaping and / or adding to the context and enactment of partner abuse (Cervantes-Herrera & Mercado, 2026). This consideration, spanning community and societal ecological levels, requires updated measurement and surveillance (CDC

step one) and adaptation of prevention strategies to evolving relational environments (CDC, 2024; Heise & Kotsadam, 2015).

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