PASK Results in Brief

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The Partner Abuse State of Knowledge Project (PASK) is a 4,608-page encyclopedic review of the current empirical literature on intimate partner abuse, also known as domestic violence or intimate partner violence (IPV) researched and written by dozens of scholars from around the world. It proceeded in two phases, beginning in 2012 and then updated in 2025-2026. PASK encompasses the broad topics of domestic violence prevalence rates, dynamics, risk factors, motivation, impact on victims and families, criminal justice responses, assessment, prevention and treatment, as well as domestic violence worldwide. Much of this research is available for free at www.domesticviolenceresearch.org In the sections below, the Project Editor presents a very brief summary of this large body of findings. The interested reader may want to also read the longer Grand Summary and Analysis, available at the same website.

Prevalence Rates of Intimate Partner Violence (IPV)

Intimate partner abuse is defined as the use of physical, emotional and/or sexual abuse upon a dating, cohabitating or married intimate partner, and occurs across sex, culture, and sexual orientation.

There has been a substantial decline in IPV prevalence since the initial PASK reviews published in 2012. The current pooled prevalence estimates are 13.9% for victimization and 12.9% for perpetration, representing decreases of approximately 38% and 48%, respectively. Large, nationally representative samples tend to yield lower prevalence estimates (e.g., approximately 13.2% for victimization), whereas community samples show higher rates (e.g., 18.5% victimization and 22.2% perpetration), likely reflecting the concentration of risk factors within specific subpopulations. Justice/legal samples report the highest victimization rates (20.7%), particularly among women, while clinical samples – previously associated with very high prevalence – now show notably lower rates (e.g., 13.1% victimization and 9.1% perpetration).

This decline in clinical samples represents one of the most striking changes relative to the earlier literature and may reflect improved screening, intervention, or broader societal changes. The study confirms the continued presence of gender symmetry in IPV. Although women report slightly higher rates of victimization (14.8%) compared to men (11.8%), and somewhat higher rates of perpetration (15.5% vs. 10.6%), these differences are relatively small and have narrowed compared to earlier findings.

Current findings provide strong and consistent support for the central conclusion of the 2012 study: bidirectional violence remains the dominant pattern of IPV. Across all samples, the average proportion of IPV that was bidirectional is 52.8%, only slightly lower than the 57.5%

reported in the earlier review. Although unidirectional IPV accounts for 47.2% of violent relationships, it is not evenly distributed by gender. Across all samples, female-to-male (F-to-M) unidirectional violence (31.4%) is nearly twice as common as male-to-female (M-to-F) unidirectional violence (16.9%). This pattern is consistent with the 2012 review and persists across all sample types, including large population, community, and adolescent samples.

Emotional Abuse and Controlling Behaviors

Generally, emotional abuse includes jealousy, monitoring, name-calling, demands to know whereabouts, and restrictions on contact with friends and family. Data indicate that 90.7% of men and 83% of women experienced low levels of controlling behavior in their relationships. Inn contrast to large population studies, community and clinical samples consistently show higher prevalence rates, especially among individuals with co-occurring vulnerabilities like mental health issues or previous exposure to violence. Gender differences in reporting remain, with women more likely to report victimization, while victimized men are more likely to stay longer in emotionally abusive or controlling relationships.

Findings related to sexual coercion show consistent patterns over the past decade, with some differences across populations and contexts. Women report being victims at significantly higher rates, especially when physical force is involved; however, both men and women experience and engage in sexually coercive behaviors. In many cases, sexual coercion is linked with emotional manipulation and controlling behaviors, rather than standing alone as a form of abuse. Disparities among racial, ethnic, and sexual minority groups continue to be evident, with higher rates reported in several marginalized populations.

Women report overall higher victimization rates of stalking and related obsessive behaviors; however, men also experience stalking at significant and often underestimated levels. Across studies, stalking is most commonly carried out by individuals known to the victim, especially former intimate partners. A consistent finding in the literature is the strong link between prior partner abuse and later stalking behaviors, showing a connection between relationship-based abuse and post-relationship pursuit. Male victims, in particular, are more likely to be stalked by female perpetrators and may delay seeking help, which lowers the visibility of their experiences.

Technology-mediated stalking and cyberstalking have developed as extensions of these behaviors, allowing for continuous monitoring, harassment, and intrusion. These actions often occur alongside other forms of emotional abuse and coercive control. Reports indicate that 26% of women, compared to 7% of men aged 18 to 24, were cyberstalked. Increased prevalence was noted in college and university samples. Across all domains, findings highlight the interconnected and often overlapping nature of emotionally abusive, controlling, coercive, and physically violent behaviors.

The pooled IPV victimization rate for LGBTQ+ populations was 26.0%, nearly double the 13.9% rate documented among heterosexual individuals in the PASK review of general prevalence rates. Gay men reported the lowest overall rate among the main subgroups, at 18.8%, with psychological abuse the most common form (26.6%). HIV-status samples produced the lowest estimates (12.4%), while clinical samples produced the highest (22.5%). Lesbian women reported an overall rate of 26.8%, with controlling behavior the most prevalent form (46.3%). Bisexual men reported an overall rate of 21.6%, with lifetime rates more than double past-year rates (32.4% vs. 15.5%), though the data available were overwhelmingly drawn from North America.

Bisexual women had the highest overall rate of any subgroup, at 34.9%, with controlling behavior reaching 63.2%, the single highest average of any abuse type across all subgroups examined; data from the CDC's National Intimate Partner and Sexual Violence Survey (NISVS) alone averaged 48.6%. Transgender individuals had an overall rate of 31.9%;.
When examined by sample type, clinical samples showed dramatically elevated rates of psychological (89.6%) and controlling (72.7%) abuse, likely reflecting the fact that clinical populations are enriched for more severe, chronic victimization among those seeking help. HIV-status samples produced the lowest overall rates (15.8%).

Motivation

When study participants are given the option to endorse more than one motive for their behavior, they typically do so, suggesting that the motivations for IPV perpetration are complex. Rates of endorsement also vary by the item used to assess the motivation. For example, a number of different items have been used to assess the power and control motive, with findings going in both directions with women endorsing perpetrating IPV significantly more than men to “make them do what I wanted” and men endorsing perpetrating IPV significantly more than women “to show them who is boss.”

Consistent with the first PASK review published in 2012, statistically significant gender-of-perpetrator differences in endorsing the self-defense motive were only obtained in the largest sample and it was composed of college students. In the current study, men self-reported using IPV in self-defense more than women. Unfortunately, few of the included studies in this review conceptually distinguished among self-defense, retaliation, control/punishment, and anger. However, there was some support for the greater endorsement of anger, emotional dysregulation, jealousy, communication difficulties, and retaliation for emotional hurt, as motivations for women’s rather than men’s IPV perpetration. Men may receive more socialization about handling their anger non-violently than women.

Several other motives emerged as important to consider: same day substance use, because of sexual arousal, and due to other factors including a desire to escape, as part of playing or joking around, or because of motivations that were unknown to the perpetrator. No clear gender differences emerged in the endorsement of these motives and/or contextual factors. The current review also examined the use of violence to obtain attention or love, or to prove love or give attention. This was a surprisingly common motive endorsed by individuals in both college IPV perpetrator and offender samples; it was also endorsed by men and women.

Risk Factors

Evidence for most demographic factors and socioeconomic factors was somewhat mixed or weak. Some studies found that lower education, income, or family income were associated with greater IPV risk or injury-related victimization, whereas other studies reported no association between early childhood SES or concurrent SES and IPV. At the community level, strong social support mitigated IPV risk, while neighborhood violence and poverty exacerbated it.

IPV risk factors stemming from developmental characteristics encompass individual, family, peer, school, or work-related factors, as well as psychological, behavior, and cognitive characteristics. Family risk factors and a history of IPV, such as high levels of exposure to IPV in the family of origin, experience of child abuse, and high levels of involvement in IPV with previous partners, remained among the most robust IPV risk factors for both perpetration and victimization. Having deviant peers consistently associated with high levels of IPV, as were low levels of social and emotional support.

The domain of psychological, behavioral, and cognition risk factors encompasses the most diverse range of IPV risk factors. Conduct problems, antisocial behaviors, anger, hostility, personality disorders, depression or depressive symptoms, alcohol or drug use, and hostile attributions or beliefs continued to show robust associations with IPV perpetration. Newly emerged factors, including PTSD, stress, pornography use, weapon use, media usage, and coercive behavior were also associated with high levels of IPV perpetration. In contrast, high levels of emotion regulation appeared to act as a protective factor against IPV perpetration, while self-esteem was not associated with IPV.

Risk factors stemming from relational characteristics, such as longer relationships, high levels of relationship discord, and high levels of jealousy were significantly associated with IPV. The review indicates that jealousy was associated with greater conflict and higher likelihood of IPV, including physical IPV and Facebook-related jealousy in studies of young adults and dyadic samples. Some studies found no significant association after accounting for partner IPV or more proximal negative interaction factors, whereas other studies suggested that the association depended on moderating factors such as emotion regulation, parental stress, or avoidant

attachment. Additionally, the associations between attachment with a romantic partner and IPV varied depending on the attachment type. More specifically, the review indicates that anxious and avoidant attachment were the primary insecure attachment patterns linked to IPV perpetration and victimization.

Risk Factors for LGBTQ IPV Perpetration

Among this broad population, risk factors were identified across individual, relationship, and community/societal levels. Younger LGBTQ+ individuals face elevated risk; among men who have sex with men (MSM), those under 24 are three times more likely to report sexual violence than those 25 and older. LGBTQ+ people of color face compounded vulnerability at the intersection of racial and sexual/gender minority status, and housing instability is especially consequential, with unhoused individuals facing higher odds of physical IPV. Depression functions both as a risk factor for and a consequence of IPV, with MSM currently experiencing IPV showing far higher depression rates than those without such experience. Substance use was among the most heavily studied risk factors.

LGBTQ individuals report substantially higher rates of childhood maltreatment than heterosexual peers. Internalized homophobia, biphobia, and transphobia are consistently associated with both IPV victimization and perpetration, in part because these beliefs erode self-worth and can lead individuals to remain in abusive relationships. Finally, HIV-positive status is among the strongest predictors of IPV identified in the review, with a bidirectional relationship in which IPV also increases HIV risk by undermining safer-sex negotiation.

At the relationship level, negative communication patterns are strongly predictive of psychological aggression, and destructive conflict styles predict IPV across all abuse types. Power imbalances manifest in distinctly LGBTQ+-specific ways, including differences in outness between partners and threats to reveal a partner's sexual orientation or gender identity. While higher relationship satisfaction is protective, lower self-esteem increases vulnerability to abuse. Relationship fusion, characterized by extreme emotional enmeshment and blurred interpersonal boundaries, is a significant and often overlooked risk factor, particularly in relationships between women, functioning as a distance-regulating mechanism in which partners resort to violence to manage perceived threats to closeness.

At the community and societal level, discrimination based on sexual orientation or gender identity appeared in several studies and operates partly through internalized stigma. Legal and cultural context matter substantially, as higher IPV rates are documented in countries where same-sex relationships are criminalized or lack legal recognition, and within countries, more rural or socially conservative regions show higher IPV frequency. Social support consistently buffers against IPV, but bisexual individuals face uniquely complex challenges, experiencing

stigma from both heterosexual and LGBTQ+ communities, linked to feelings of exclusion from LGBTQ+ health services.

Transgender individuals face the most severe and multifaceted risks of any subgroup: transgender youth are approximately 2.5 times more likely to experience physical IPV and nearly four times more likely to experience sexual IPV than cisgender sexual minority youth. Bisexual individuals consistently face higher IPV risk than both heterosexual and gay/lesbian populations, with bisexual women three times more likely than heterosexual women to experience sexual assault by an intimate partner, a pattern attributed in part to double marginalization from both heterosexual and LGBTQ+ communities. Amongst gay men, there were strong links between IPV and HIV status, as well as substance use and involvement with the criminal justice system, with 40.7% experiencing current IPV reporting a lifetime history of incarceration compared to 23.2% of those without IPV experience. Lesbian women share many risk factors with heterosexual women but also face unique stigma and invisibility within mainstream services, with nearly 61% reporting lifetime IPV and relationship fusion emerging as a particularly salient risk dynamic.

The Impact of Domestic Violence

Findings from the most recent PASK review align with and further expand on those of from the 2012 review, which had established that IPV is associated with significant physical and psychological harm.. The current review examined a more expansive range of IPV victimization experiences, including sexual, emotional, psychological, coercive control, financial and economic abuse, and legal/administrative abuse, as well as additional mental health outcomes. Additionally, this review differentiates between physical and non-physical forms of IPV, allowing for examination of the independent and combined effects on victims' wellbeing, and examines bidirectional IPV. Another key expansion of this study is the examination of a more diverse sample, including men and individuals of sexual and gender minoritized groups.

Importantly, while both men and women experience significant mental health consequences of intimate partner abuse, physical IPV generally has a more pronounced impact on women's mental health outcomes, whereas gender differences in emotional and psychological abuse appear less distinct, though these patterns should be interpreted in light of the predominance of female-only samples in the reviewed studies. Severity and cumulative exposure to multiple forms of IPV were also associated with more pronounced mental health outcomes, particularly trauma-related symptoms such as PTSD/PTSS, as well as depression and anxiety.

The relationship between IPV and physical health consequences, including poorer general health, chronic conditions, sexual health concerns, and injury-related outcomes such as traumatic brain injury, was also widely documented. These findings align with evidence demonstrating that both

physical and non-physical forms of IPV contribute to adverse physical outcomes, either directly through injury or indirectly through stress-related physiological pathways. Some evidence suggests that physical IPV may have a more pronounced impact on women's mental and physical health outcomes, whereas gender differences in emotional and psychological abuse appear less distinct, though both men and women experience significant harm.

Additionally, IPV victimization was also found to be associated with significant disruptions in economic wellbeing, including reduced job stability, decreased productivity, and barriers to educational attainment. Financial and economic abuse, in particular, was found to be a critical mechanism through which IPV impacts victims' economic independence and long-term stability. These impacts highlight the pervasive and interconnected nature of IPV across areas.
Taken together, the cumulative body of research underscores that IPV, across its various forms, has pervasive and significant adverse consequences for victims' mental, physical, and economic wellbeing, while also highlighting the growing recognition of non-physical forms of IPV as critical and independent contributors to these outcomes.

Impact of Intimate Partner Violence and Conflict on Children

The research reviewed overwhelmingly suggests that children and adolescents exposed to bi-directional IPV are at risk for a wide range of detrimental outcomes, both in terms of internalizing (e.g., anxiety, depression) and externalizing (e.g., aggression towards family members and peers) domains of functioning, on health and cognitive outcomes as well as on youth's relationships with family, peers and romantic partners. These negative impacts of witnessing mutual IPV in childhood and adolescence have also been found to persist into adulthood.

With respect to unilateral IPV, its short-term impact on children were significantly higher among children exposed to IPV by either parent compared to children without such exposure. A particular impact was found for male-perpetrated IPV on internalizing symptoms, but female-perpetrated IPV was found to be associated with clinical levels of externalizing behavior on the Child Behavior Checklist (CBCL), along with greater aggression toward peers and romantic partners in adolescent girls, as well as greater aggression toward romantic partners in adolescent boys. In adulthood, dating violence was reported at high rates among females exposed to IPV as children, but rates of substance abuse were correlated among both adult males and females exposed to IPV in childhood.

There is considerable overlap between witnessing IPV and experiencing childhood, maltreatment, with statistics showing 30 to 60% of IPV perpetrators also abuse children within the household. The 2013 PASK study reported on the unique impact of experiencing both IPV and maltreatment compared to witnessing IPV only. Children, when exposed to both IPV and

childhood maltreatment have been described as being dealt a 'double whammy', as they are exposed to two forms of family violence, each individually found to result in significant negative outcomes both in the short and long-term.

Overall, there are mixed results as to whether there are significant additive effects of witnessing IPV and child maltreatment compared to witnessing IPV only. Compared to youth outcomes, less is known about the long-term impact of experiencing both childhood maltreatment and witnessing IPV on adult functioning. Witnessing IPV was significantly associated with negative outcomes related to adjustment (i.e. depression and trauma symptoms) in adulthood, however, it was experiencing child abuse specifically that was found to contribute to the intergenerational transmission of family violence.

Interparental conflict (IPC), also heightens children's risk for mental health problems. As with the 2013 review, the current PASK review defined IPC as partner conflict and emotional abuse consisting of nonverbal and verbal anger, hostility, disengagement or withdrawal, frequency of conflict, and emotional and psychological control within interparental relationships.

Overall, results generally found destructive forms of IPC to be associated with higher levels of mental health problems (e.g., internalizing, externalizing, and social problems) for children, as well as with higher levels of children's emotional insecurity, negative conflict appraisals (e.g., threat perceptions, self-blame), and more negative internal representations of themselves and family relationships. In contrast, constructive IPC was associated with decreases in threat appraisals and increases in constructive internal representations. Exposure to frequent, intense, and unresolved IPC increases children's vulnerability to mental health outcomes through its relations with higher child emotional insecurity and perceptions of threat and self-blame.

IPC was found to have an additional impact on parenting and family processes. Much of this work used family systems theory and the spillover hypothesis as a guide to understanding how the interparental relationship may shape other family relationships. In the last decade, research has shown that destructive forms (e.g., hostile, unresolved) of IPC predict numerous dimensions of parenting difficulties (e.g., harsh parenting), coparenting relationship problems, and multiple dimensions of parent-child dyad difficulties (e.g., conflict). Although it received far less attention, there is some work to suggest that IPC may also operate as a precursor of other family relationship difficulties (e.g., sibling hostility). Studies that examined the mediational role of parenting and family processes on the relation between parental conflict and children's developmental outcomes largely supported the premise that destructive IPC increases children's risk of mental health problems through parenting, parent-child, and family difficulties.

Criminal Justice Responses

Beginning in the 1960s and 1970s, many states formally criminalized intimate partner violence (IPV), subsequently shifting law enforcement responses to potential domestic violence calls. Some jurisdictions adopted mandatory arrest, dual arrest, and primary aggressor policies as well as diversion programs, with both positive results (e.g. holding perpetrators legally accountable, keeping victims safer), and unintended negative consequences (e.g., disregard for victim choices). The 2013 PASK review arrived at some disappointing conclusions about the effectiveness of criminal justice responses to IPV in general. These authors advocated for more methodologically sound research designs and called for additional inquiries on possible reasons for the inadequate law enforcement responses.

The present PASK reviews identified several studies finding enhanced law enforcement training and alternative approaches to arrest, such as diversion, with generally favorable results. However, similar to mental health and drug abuse diversion programs these alternatives are quite heterogeneous, and may not be sufficient for some communities who must tailor programs for their specific population and available resources.

Regarding the association between specific demographic characteristic of the IPV couple and officer decision to arrest, the most salient factor to emerge was sex of the alleged victim and aggressor, with police generally responding 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 female victims requiring legal protection. Over the years, policies mandating arrest of suspects had led to increases in arrest of women along with men, which in turn led to the proliferation of *predominant aggressor* guidelines, which aimed at preventing victims of long-standing prior abuse from being arrested, but which the research suggests are not always well thought-out or consistently enforced. Certainly, women experience more severe and lethal forms of IPV in many circumstances, and differences in injury, fear, or risk may explain some legal responses; however, the original PASK article published in 2012 had concluded that male suspects were more likely to face arrest compared to women even when they incurred comparable injuries. However, samples differed between the two PASK reviews in the extent to which they included same-sex couples, complicating a direct comparison.

The association between arrest and IPV and race was equivocal, with some studies finding Black couples substantially more likely to experience arrest compared to White couples, while others found no differences. with the exception of studies exploring dual arrests, which the authors noted typically reported higher rates of arrest for White couples.

Victim injury emerged as a salient factor in law enforcement decision to arrest. Mixed results were found for the impact of weapon presence, but stronger evidence was found for the presence of a minor in the home during an IPV call as impacting officer decisions. Witnesses to the

incident, and the presence of a restraining order have also been associated with an increase in the likelihood of arrest, particularly for women.

Regarding officer characteristics, perceptions of the "worthy victim" may be associated with decision making, but the findings regarding law enforcement training and years of experience remains equivocal. Further, although the studies examining alternatives to arrest and protection orders produced generally promising results, diversion programs remain as heterogenous as the communities adopting these strategies and generalizability is an area for additional research.

The present study also investigated the role of sex/gender, sexual orientation, and race/ethnicity in legal decision-making in IPV cases. Summarizing these findings proved difficult, as perhaps the strongest finding is the inconsistency across studies. Several study results conflict with one another, for example, whether Black couples are less likely to incur police response compared to White couples. However, holistically, a large portion of the reviewed literature supports a trend in which White, heterosexual female victims are constructed as those most worthy of legal pursuit in IPV cases. This pattern was apparent in decisions to arrest, prosecute, sentence, and grant protective orders. In general, police – and to a lesser degree, prosecutors, judges, and jurors – appear to use more traditional legal responses when responding to White male-perpetrated violence against a White female victim. Meanwhile, responses that may infer indifference, a lack of gravity, or confusion as to the primary aggressor (e.g., dual arrest, counseling recommendations) are more likely with male victims, POC couples, and same-sex couples.

Many studies found stronger legal responses when the alleged offender was male or the victim was female, echoing previous findings from some studies that men were more likely to be arrested and prosecuted even when controlling for level of injury. 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 (the victim displayed anger at officers.) 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 in context.

While some studies indicate individuals from historically marginalized groups (i.e., people of color [POC], lesbian, gay, and bisexual [LGB] folx) or female-to-male perpetrated IPV are disparately ignored by the legal system, others observe more aggressive legal action in these populations. For example, such opposite responses can be explained by the legal response tendency to avoid or minimize contact with LGBT and/or POC victims, but when IPV is attended to, responses are more retributive, thus, these couples face disparate treatment on both

ends of the spectrum. 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.

Finally, demographics and characteristics of legal personnel made up a large sect of studies, although they tended to predict decision-making less reliably. When significant findings did emerge, they trended in a direction such that those from historically underprivileged groups held more victim-centered attitudes or responses.

Protection Orders

Protection Orders (POs), ranging from temporary protection/ restraining orders (TPOs), domestic violence restraining orders (DVROs), and gun violence restraining orders (GVROs), aim to prevent further abuse, harassment, stalking, sexual assault, and in some cases intimate partner homicide (in which women represent 59% of victims). Research suggests that while POs do provide victims a sense of empowerment and can mitigate violence, they tend to work best in cases involving lesser degree of risk, and challenges persist in measuring their effectiveness, especially regarding violation rates and gender-based outcomes. For example, women have more reason to fear serious, injury-producing violence than are men, but male victims are less successful in obtaining POs, particularly in lower risk cases with comparable levels of threat. Furthermore, the implementation and efficacy of POs vary across jurisdictions and are often influenced by legal and procedural disparities.

Several studies examined factors influencing PO outcomes and survivor experience with the legal system, and identified the police and court dynamics in PO cases involved in the interaction of legal and extra-legal factors that affect PO outcomes and victims' experiences with the legal system. Legal representation and victim advocacy emerge as crucial factors in obtaining POs and length of POs, while the presence of children and evidence of severe abuse have also been found to influence PO decisions. However, challenges such as language barriers, demographic variables, and victims' knowledge gaps highlight the need for tailored interventions and improved support systems to ensure equitable outcomes and survivor empowerment.

Legislative reviews showed variations across states in how minors can be protected, in terms of eligibility criteria. With respect to sex differences, disparities were prevalent throughout this review. There appeared to be a severe lack of research on men’s experiences with POs, and there were no studies found on LGBTQ+ experiences with POs. Previous studies consistently found

that women were more likely to have their PO requests granted than men overall, and among older adults in particular. Similarly, there were racial/ethnic disparities found in obtaining POs that revealed systemic barriers and perceived biases within the legal system, with historically marginalized communities experiencing greater distrust of the legal system and difficulties accessing legal protection.

Intervention

The current PASK reviews on intervention examined the empirical research on risk assessment, prevention, victim services, and perpetrator treatment.

A violence risk assessment is an instrument that gathers information about individuals to help in determining their risk of perpetrating violence such as IPV. There are two major approaches to violence risk assessment – actuarial risk assessment and structured professional judgement (SPJ). The latter, which has become the preferred approach in the field, is characterized by an integration of clinician's (i.e., psychologist, social worker) judgement while drawing on prior research, theory, and empirical measurements to inform their approach, in which they typically characterize risk categorically as low, medium, or high.

As with the 2023 review, the current PASK review identified a range of IPV risk assessment instruments (i.e., Danger Assessment, Ontario Domestic Assault Risk Assessment, Brief Spousal Assault Risk Evaluation Form; Danger Assessment Scale, B-SAFER, SARA) that measure the degree of threat an abuser poses based on risk factors across demographic, contextual, and developmental domains for abusers and survivors (i.e., pregnancy, same-sex relationships, immigrant status, etc.). In the most recent studies, the SARA and B-SAFER evidenced higher mean risk scores than in previous studies. These scores were also higher than those from limited policing samples.

One study, using the revised Domestic Violence Screening Instrument (DVSI-R) to measure IPV risk in same-sex relationships, found male-to-male violence comprised close to 2% of cases and female-to-female violence accounted for 2.7% of cases in the dataset, but that women in same-sex relationships were more likely to be re-arrested compared to women with male partners. Additional research has investigated race as an independent variable, though it is still frequently understudied and cannot be divorced from issues like structural racism and differential policing.

Recent scholarship also investigated specific risk factors for adolescents. Findings were mixed, with one longitudinal study finding that assessed risk was a moderating factor between risk management strategies and IPV recidivism – particularly in the case of low-risk perpetrators who were worse off after a recommendation of probation time or jail.

It is clear from this and the prior review that there is a significant gap between the extant research and both IPV policy and practice. We have known for decades that men who perpetrate IPV are not a homogenous group and that each of the different subtypes have their own, unique developmental pathways and motivations for using IPV in their relationships; and that research suggests that alternative interventions may lower IPV risk. It is difficult, if not impossible, to take into account these realities without the use of sound assessment tools and procedures. However, legislative policies continue to mandate a "one-size fits all' intervention approach. This poor fit between programming and batterer subtype could be a key factor in explaining some of the recidivism experienced in the studies cited here, though that variable remains unexplored.

Prevention

The overwhelming majority of studies included in this review focused on adolescents and young adults (i.e., university samples) in school-based settings, with only two studies focusing on parents. Similar to the 2013 review, most of the studies used a robust experimental design (i.e., random control trial) to evaluate the interventions utilized.

Some effectiveness was found for the variety of interventions used in both adult and adolescent populations, reporting gains typically lasting at least 1-year post intervention. Though the majority of studies focused on IPV generally, several studies focused on specific kinds of victimization, including sexual IPV. Some focused on perpetration, some on victimization, and some on both. While interventions in most studies were knowledge-based (the idea being knowledge changes could lead to behavioral changes), several studies tested both knowledge-based and behavioral-based interventions, with mixed results. A few studies centered their interventions around social norms such as bystander interventions and skill development, and the promotion of help-seeking.

Findings from this review suggest the importance for adapting or creating prevention programs for specific subgroups at risk of IPV, such as sexual and gender minority communities, Arab American young adults, and other marginalized ethnic groups. Prevention programs designed specifically for marginalized groups may be more effective than simply adapting existing prevention programs commonly used in the field.

While the research found that knowledge increased through participation in prevention programs irrespective of which program was attended, the research into whether skills were subsequently developed was mixed. There is a need for the development of more effective prevention programs that emphasize skill-based interventions, including those related to social, emotional, and behavioral regulation. Such interventions would also need to be rigorously evaluated to determine efficacy for a wide range of subgroups.

And finally, as noted in the 2013 PASK review, the empirical literature offers little to no discussion about public policies that might prevent IPV in the first place, other than whether arrest can be a deterrent for potential perpetrators.

Victim Services and Perpetrator Treatment

The majority of perpetrator interventions examined in the current review were delivered (and continue to be delivered today) in the specific modality of psychoeducational groups known as batterer intervention programs (BIPs) that leverage either a feminist Duluth model of power and control, a form of Cognitive Behavioral Therapy (CBT), or both. The first PASK review on this topic, published in 2013, indicated that traditional BIPs were at best only minimally more effective than the no-treatment control at preventing IPV recidivism post-treatment, in particular feminist-inspired Duluth-type models. However, effective interventions sing alternative approaches (e.g., CBT, Motivational Interviewing, culturally specific curricula), demonstrated more promising results. These findings counter policy assumptions advanced by state anti-domestic violence coalitions that restrict funding to only traditional programs.

The 2013 review also found encouraging results survivor interventions. For example, research into extended interventions (more than 3 hours of contact), especially those that used counseling and structured therapy, resulted in an improvement in emotional regulation by reducing the negative effects of abuse, such as PTSD symptoms and depression. However, brief interventions (less than 3 hours of contact) yielded more mixed results, e.g., some finding an increase in victim safety behaviors while others did not.

The interventions identified in the current review remained overwhelmingly feminist in orientation, although many incorporate cognitive behavioral therapy (CBT) principles to inform their approach to treatment. A number of outcome studies used robust, randomized designs in investigating abuser interventions, many utilizing already validated and established scales such as the Revised Conflicts Tactics Scale (CTS-2) to measure IPV, as well as frequently used measures of recidivism (e.g., rearrest, convictions), and specific measures for no-shows, drop-outs, and program completion.

Mixed results were found for the effectiveness of traditional and alternative BIPs. For traditional BIPs, research suggests male offenders who also identified as victims had reduced IPV behaviors after treatment, while some research suggests violent implicit attitudes predicted recidivism and attrition. One study found that incorporating a Motivational Interviewing (MI) does not necessarily improve treatment outcomes. However, this is in contrast to findings from the original PASK review (Eckhardt et al., 2013), which reported that (MI), whether as a formal part of a program's approach or simply as an assessment tool, and regardless of the programs

theoretical model, both increases treatment retention and reduce rates of recidivism. The exact mechanism why MI might make a difference is not completely known, but qualitative research suggests it is at least partially due to the assumption that clients can be their own best change agents when, rather than be lectured at, are provided with the right tools, held accountable yet shown respect in a generally client-centered approach.

In the present review, some research into alternative BIPs suggest time-out strategies as a form of reducing IPV, although ubiquitous, are not always successful; however, core components of Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT), such mindfulness strategies and physiological soothing that reduce rumination and emotion intensity may help to reduce IPV perpetration. Various studies also investigated various co-morbidities (i.e., substance use, parenting) to assess their impacts on IPV, as well as additional curricula that seek to ameliorate contributing stressors. There is evidence that the use of brief MI can lead to a lower dropout rate and better attendance for binge alcohol drinkers, and randomized clinical trials have shown that the standard BIP intervention with a 90-min alcohol intervention improved substance abuse outcomes after the program, although this effect may dissipate over time (by 12 months) with no significant differences in IPV outcomes. Finally, while the research continues to be mixed on what programs are effective, there is certainly agreement that program retention and completion continue are a major problem.

The recent studies also investigated important new areas of research, including studies that focused on women abusers enrolled in BIPs, as well as male subjects from victim groups. Given the high prevalence of bi-directional IPV in both general and clinical populations and the overlap between perpetration and victimization, it is troubling that despite past research finding couples counseling to be safe and effective, very few studies have sought to determine why, or otherwise examined this phenomenon

While research into the efficacy of BIPs remains mixed, research into victim interventions offered more promising results for reducing IPV. Some research into brief victim-survivor interventions (3 hours or less of contact) found a decrease in dating violence, while several studies found they were feasible with high completion rates. The studies of extended victim interventions (more than 3 hours of contact) overall yielded positive results. Some research suggests the interventions improve mental health outcomes, including depression and posttraumatic stress disorder, and in some cases lead to a reduction in IPV, although such effects may be more pronounced for more at-risk victim-survivors.

Increased attendance and program completion have been found to correlate with treatment effectiveness. Whether through the use of Motivational Interviewing or other approaches, higher completion rates should lead to short- and long-term benefits in reducing IPV. However, regardless of how effective a particular treatment may be initially, it remains unclear how long

its impact may last – with most studies using follow up time periods of 6 months with 12 months the maximum time from treatment to assess recidivism. Clearly, additional outcome research would benefit from longer follow-ups.

A better understanding is needed on how interventions might be made more effective, including what kinds of intervention type, duration, and modality work and for whom. There remains a disconnect in the research between policies that inform or govern interventions, particularly for abusers, and the efficacy of these programs. While studies of the relationship between policies and treatment effectiveness remain elusive, most U.S. states have legislated standards for BIPs, but there is little evidence that they are based primarily on the empirical research evidence (as opposed to the needs of special interests). More information is needed to inform intervention policy, as to how BIPs can better incorporate evidence-based practice that would better reflect insights garnered from research to inform perpetrator interventions, including using treatment interventions supported by the latest empirical evidence and selected according to client needs, administered by trained professionals, and utilizing a coordinated community response.

Domestic Violence Worldwide

The five literature reviews from the updated 2025-2026 Partner Abuse State of Knowledge Project on the topic of IPV outside the United States and English-Speaking countries yield an immense amount of important research findings on prevalence rates of physical and non-physical abuse, its impact on victims and children, and the various risk factors that cause and maintain intimate partner abuse across the continents: Europe, Asia, the Middle East, Latin America and the Caribbean, and Africa. Readers seeking more specific details on these various topics are advised to read the PASK Grand Summary and Analysis at www.domesticviolenceresearch.org, or read the five literature reviews published in the journal *Partner Abuse*. Briefly, however, a number of general conclusions can be made from this wealth of empirical data.

Partner abuse should be defined as a multifactorial public health problem rather than a gender-exclusive phenomenon. Overall prevalence rates vary widely between and within the continents, with rates in some places much higher than in the United States and in some places significantly lower. Likewise, there is considerable variation in sex differences, with considerably higher female victimization rates in some regions, but surprisingly comparable rates across the sexes in many other regions, including in countries with strong patriarchal social norms. Partner abuse is best understood as embedded across all levels of the WHO (World Health Organization, 2021) ecological model rather than reducible to a single societal-level driver.

Standardized, culturally sensitive, and multidimensional measurement systems are needed. 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. 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.

Risk and protective factors operate across all levels of the ecological model. These include individual-level factors, emotional dysregulation; relational factors, community factors, and societal factors (include patriarchal norms and gender inequality) that interact dynamically rather than operating in isolation.

Gender inequality and sociocultural norms are more salient societal determinants than national development alone. Macro-level economic development (e.g., Human Development Index) does not reliably predict partner abuse, whereas societal-level gender inequality and patriarchal norms do, aligning with the WHO ecological model's emphasis on the societal level.

The "empowerment backlash" phenomenon complicates protective-factor assumptions. Reviews from the various regions 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, and that women's economic dependency can function as both a predictor and a mechanism of entrapment. This suggest that individual and relational level interventions must be paired with community and societal level norm change to avoid inadvertently increasing risk.

Partner abuse produces cumulative, intergenerational, and multidomain harms. The documented consequences of partner abuse affecting mental health, physical and reproductive health, economic well-being, and the intergenerational transmission to children, firmly establish partner abuse as warranting national and international prevention. Findings underscore the ecological model's interconnected levels and support lifespan, family-centered prevention.

Prevention and intervention must be multilevel, tailored, and extended across the lifespan. The recent PASK findings reflect the Center for Disease Control’s call for the development/ testing of strategies and assuring their widespread, culturally adapted adoption (CDC, 2024), and suggest multilevel interventions rather than one-size-fits-all approaches such as trauma-informed and family-centered services, first responder and health system training, gender-transformative programming, and early relationship skills. 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.

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. This gap impairs accurate problem definition, equitable prevention and reflects community and societal level barriers, stigma, institutional bias, and structural exclusion consistently important within the WHO ecological framework.

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. 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.

Emerging technological and cultural contexts are reshaping partner abuse. The reviews acknowledge that digital/cyber forms of abuse (e.g., online coercive control) are shaping and/or adding to the context and enactment of partner abuse This consideration, spanning community and societal ecological levels, requires updated measurement and surveillance and adaptation of prevention strategies to evolving relational environments.

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