Detecting Intimate Partner Violence in Family and Divorce Mediation: A Randomized Trial of Intimate Partner Violence Screening
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Citation
DETECTING INTIMATE PARTNER VIOLENCE IN FAMILY AND DIVORCE MEDIATION: A Randomized Trial of Intimate Partner Violence Screening

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

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

Handling cases of intimate partner violence (IPV) in divorce and separation mediation has been a controversial issue for decades (Ver Steegh, 2003). An obvious concern is that the victim of abuse may be at risk for threats to physical safety during and after mediation if the abuser becomes angry or fearful (Grillo, 1991). In addition, advocates for victims of domestic violence have tended to take the position that cases with a history of IPV are inappropriate for mediation because the mediation parties have a relationship that is inherently unequal, given
possible coercion and power imbalances in violent relationships.\textsuperscript{1} The related concern is that inequality may mean that mediation cannot be a fair process, such that the victim may “lose” during negotiations, because of perpetrator coercion, and make agreements that do not protect the parties and their violence-exposed children from future abuse. Indeed, adding to these concerns, research suggests mediation agreements do not differ much between violent and nonviolent cases\textsuperscript{2} on potentially important topics such as supervised visitation and physical custody (Beck, Walsh, & Weston, 2009; Holtzworth-Munroe et al., 2009; Johnson, Saccuzzo, & Koen, 2005; Mathis & Tanner, 1998).

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

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

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

\textsuperscript{1} Although most attention and research has focused on female victims of violence, concerns about power imbalances and safety may apply to any victim of abuse, whether male or female.

\textsuperscript{2} We use the term “violent cases” to refer to mediation cases in which there is a report of a history of physical violence between the parents.
advocates and researchers to continue to work collaboratively. Indeed, as noted by
this group, to appropriately safeguard the mediation process and outcomes for
couples with a history of IPV, mediators must first detect the violence (if any) that
has occurred.

Detection of IPV in Mediation

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

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

Detection of IPV in Other Fields

Research raising the issue of inadequate screening in mediation programs is
perhaps not surprising in light of similar research conducted in other fields. Such
research has shown that detection of IPV is generally quite low until professionals
are trained to screen for it in systematic ways. As two examples, this trend has
been found in both medicine and marital therapy. For example, Hamberger,
Saunders, and Hovey (1992) found that in a family medicine practice clinic,
22.7% of women reported being victims of violence in the past year (as assessed
by the Conflict Tactics Scale administered by a research assistant, with confiden-
tiality from the doctor), but only 1.7% of women had been asked about physical
abuse by their physicians during their most recent doctor’s visit. In another study,
50% of physicians were found to believe that the prevalence of IPV among their
patients was less than 1%, while data suggest that figure actually ranges between 5% and 25% in primary care (Sugg, Thompson, Thompson, Maiuro, & Rivara, 1999).

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

**Current Study**

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

Based on the knowledge that this clinic was not utilizing a behaviorally specific screening measure, our hypothesis was that mediators were not detecting some cases in which parties would report IPV if they completed a more systematic violence assessment. In addition, we hypothesized that completing an IPV screening measure (even when the results were not shown to mediators) would increase mediators’ detection of IPV by increasing the likelihood of parents discussing
their history of IPV during the mediation because violent incidents may be more salient to parties who were asked to recall violent behaviors in detail. To test these hypotheses, half of the mediation cases in this study were randomly assigned to only participate in the clinic’s standard screening procedure, while half were randomly assigned to additionally complete an enhanced, behaviorally specific screening measure. The results of the screening measure were not shared with the mediators, and mediating parties were informed of this fact. Independently of the screening methods, at the end of mediation, mediators reported whether or not they believed the case had a history of IPV, which allowed us to compare rates of IPV detected by the standard mediators’ screening procedures to the rate reported by mediation parties on the enhanced, standardized questionnaire screen.

Method

Participants

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

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

Mediators. Mediators at both clinics were also participants in this research and consented to participate in the study. Of the 31 mediators approached to participate, only 1 declined. Mediator involvement was limited to completing a brief postmediation questionnaire after each mediation case was concluded. Because mediators at the Law Clinic were law students, their consent to participate in the study was kept confidential from the Director of the Clinic, so as not to influence their course grade in any way. Mediators were also consented
individually to keep their decision to participate private from the other mediators. At the Law School Clinic, most cases were comediated by two students, but some were mediated solo and in some comediation cases, one of the mediators may not have completed the postmediation questionnaire. Most cases at the County Clinic were mediated solo by the director of that clinic. Six cases were excluded from the analyses because the mediator’s postmediation report was not completed for the case, so we had no way to determine whether or not the mediators believed the case involved IPV.

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

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

**Measures**

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

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

**Enhanced IPV screen.** As explained below, some parties were randomly assigned to complete a 24-item behaviorally specific IPV questionnaire: a brief version of the 41-item Relationship Behavior Rating Scale (RBRS; Beck, Menke, Brewster, & Figueredo, 2009), which assesses parent report of the partner’s behavior (not their own behavior). The original RBRS has good psychometric properties (Cronbach’s alphas on all subscales of the RBRS were between .94—.84
for women and between .92–.79 for men) and correlated highly ($r > .90$) with the previously validated IPV measures from which it was drawn (Beck, Menke, et al., 2009). Given the time pressures of completing a study in a working clinic, for the present study, the original RBRS had to be shortened. To do so, a factor analysis of each subscale of the original RBRS was conducted and the items with the highest loadings on each subscale were retained for the shortened RBRS used in the present study. The factor analyses are unpublished, but are available from the authors. We then used present study data to examine the internal reliability of the shortened RBRS (data given below).

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

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

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

5 While 1 item scales may be unreliable, fear is an important variable in the debate about how mediators should handle cases with reported IPV. Thus, given the theoretical importance of fear, we included this one item subscale in the study.
Although it would have been optimal also to gather parents’ self-reports of own violent behaviors, there was a concern that because these were referrals from open cases on court dockets, this information could be particularly damaging in the unlikely (but theoretically possible) event that the information were subpoenaed and required to be revealed (i.e., as an admission or self-incriminating evidence potentially discoverable in a separate criminal or other proceeding). Parties who were randomly assigned to complete the RBRS were informed that the RBRS was being gathered for research purposes only and would not be shared with the mediators. They were not given any instructions regarding whether to discuss the RBRS with their mediator or not.

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

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

**Procedure**

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

After consenting to participate in the research study, each participant immediately completed the research forms (basic demographics and, if in the enhanced screening condition, the RBRS) and was compensated $10 for participating. Completing the research forms, including some measures not included in the current study, took approximately 10 to 15 min. Data were collected from each party who consented, but as noted above, these analyses include only those cases where both parties consented to research. Participants were told that their information, including the RBRS, would be kept confidential from the mediators.
At the end of the mediation (generally the same day\(^6\)), mediators completed the postmediation questionnaire on which they reported whether or not they thought the case had a history of violence. In cases with co-mediators, the mediators were instructed to complete the reports independently. Mediators were not compensated for their participation in the study. They did not identify themselves on the postmediation questionnaire, to protect their confidentiality from their supervisor/professor.

**Results**

**Demographics**

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

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

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\(^6\) Only four cases went to multiple mediation sessions, and those were split evenly across the standard screening and enhanced screening conditions.

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

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

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

<table>
<thead>
<tr>
<th>Demographic Comparison Between Enhanced Screening and Standard Screening Groups</th>
<th>Enhanced screen (n = 60)</th>
<th>Standard screen (n = 62)</th>
<th>Groups different?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, M (SD)</td>
<td>29.7 (6.78)</td>
<td>31.3 (8.01)</td>
<td>F(1, 120) = 1.43, p = .24</td>
</tr>
<tr>
<td>Marital status with other mediating party (n, %)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>16 (26.7)</td>
<td>22 (35.5)</td>
<td>χ²(1, N = 122) = 1.11, p = .29</td>
</tr>
<tr>
<td>Married</td>
<td>44 (73.3)</td>
<td>40 (64.5)</td>
<td>χ²(1, N = 119) = 0.003, p = .95</td>
</tr>
<tr>
<td>Previously marrieda</td>
<td>14 (24.1)</td>
<td>15 (24.6)</td>
<td></td>
</tr>
<tr>
<td>Number of children (mean, SD)</td>
<td>2.3 (1.20)</td>
<td>2.2 (1.09)</td>
<td>F(1, 120) = 0.18, p = .67</td>
</tr>
<tr>
<td>Education (n, %)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not finish high school</td>
<td>15 (25.0)</td>
<td>8 (12.9)</td>
<td>χ²(3, N = 122) = 4.99, p = .17</td>
</tr>
<tr>
<td>High school/GED</td>
<td>20 (33.3)</td>
<td>28 (45.2)</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>21 (35.0)</td>
<td>18 (29.0)</td>
<td></td>
</tr>
<tr>
<td>College 2-year degree or higher</td>
<td>4 (6.7)</td>
<td>8 (12.9)</td>
<td></td>
</tr>
<tr>
<td>Race/ethnicity (n, %)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>53 (88.3)</td>
<td>58 (93.5)</td>
<td>χ²(4, N = 122) = 1.86, p = .76</td>
</tr>
<tr>
<td>Hispanic/Latino(a)</td>
<td>1 (1.7)</td>
<td>1 (1.6)</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>4 (6.7)</td>
<td>2 (3.2)</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>1 (1.7)</td>
<td>0 (0.0)</td>
<td></td>
</tr>
<tr>
<td>Biracial</td>
<td>1 (1.7)</td>
<td>1 (1.6)</td>
<td></td>
</tr>
<tr>
<td>Employment (n, %)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>31 (51.7)</td>
<td>48 (77.4)</td>
<td>χ²(2, N = 122) = 9.69, p = .008</td>
</tr>
<tr>
<td>Part-time</td>
<td>10 (16.7)</td>
<td>7 (11.3)</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>19 (31.7)</td>
<td>7 (11.3)</td>
<td></td>
</tr>
<tr>
<td>Income per year (n, %)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $10,000</td>
<td>24 (40.0)</td>
<td>12 (19.4)</td>
<td>χ²(3, N = 122) = 6.26, p = .10</td>
</tr>
<tr>
<td>$10,000–$20,000</td>
<td>12 (20.0)</td>
<td>17 (27.4)</td>
<td></td>
</tr>
<tr>
<td>$20,000–$40,000</td>
<td>18 (30.0)</td>
<td>25 (40.3)</td>
<td></td>
</tr>
<tr>
<td>Over $40,000</td>
<td>6 (10.0)</td>
<td>8 (12.9)</td>
<td></td>
</tr>
<tr>
<td>Represented by attorney (n, %)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 (8.3)</td>
<td>20 (32.3)</td>
<td>χ²(1, N = 121) = 11.03, p = .001</td>
</tr>
</tbody>
</table>

a Data missing for 3 individuals.  b Data missing for 1 individual.
(who did not complete the RBRS in the requested manner), but the mother in the case reported that the father had engaged in emotional abuse, coercive control, physical violence and fear, so the column with report of abuse from either parent reflects the full number of 30 cases. In 66.7% of cases, at least one parent reported the occurrence of physical violence in the past 12 months. The proportions of mothers and fathers reporting abuse on the various RBRS subscales did not differ at statistically significant rates, with the exception of fear; more mothers than fathers reported feeling fear.

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

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

While RBRS data were not shared with mediators, we had hypothesized that rates of IPV detection would be higher in the enhanced screening condition than in the standard screening condition, as completing the RBRS might lead parties to report violence to their mediators. To test that hypothesis, rates of mediator reports of IPV were compared between the enhanced screening and standard screening control groups, as seen in Table 3. While more categories of mediator responses are shown in Table 3, the difference in violence detected by mediators between enhanced screening and standard screening control groups was tested by conducting a $\chi^2$ test on the three main categories of mediator report: yes, no, or unsure. When mediators were discordant for report of violence, they were assigned to the more sensitive
detection category (e.g. a report of “unsure” by one mediator and “no” by the comediator is considered “unsure” for this analysis). The test was not significant, $\chi^2(2, N = 61) = 1.24, p = .54$, failing to confirm our hypothesis. Mediators were no more likely to report violence in cases where parents had completed the RBRS than in cases where the parents did not.

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

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

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

<table>
<thead>
<tr>
<th>Believe or suspect domestic violence?</th>
<th>Enhanced screening group ($n = 30$)</th>
<th>Standard screening group ($n = 31$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>19 (63.3)</td>
<td>16 (51.6)</td>
</tr>
<tr>
<td>Yes</td>
<td>5 (16.7)</td>
<td>8 (25.8)</td>
</tr>
<tr>
<td>Unsure</td>
<td>2 (6.7)</td>
<td>4 (12.9)</td>
</tr>
<tr>
<td>1 unsure, 1 no</td>
<td>3 (10.0)</td>
<td>1 (3.2)</td>
</tr>
<tr>
<td>1 yes, 1 no</td>
<td>1 (3.3)</td>
<td>1 (3.2)</td>
</tr>
<tr>
<td>1 yes, 1 unsure</td>
<td>0 (0.0)</td>
<td>1 (3.2)</td>
</tr>
<tr>
<td>Mediator detection</td>
<td>Any physical violence per case</td>
<td>Emotional abuse per case</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>n (%</td>
<td></td>
</tr>
<tr>
<td>No violence</td>
<td>Some violence on screen</td>
<td>11 (55.0)</td>
</tr>
<tr>
<td></td>
<td>No violence on screen</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td>Yes, case had</td>
<td>Some violence on screen</td>
<td>6 (30.0)</td>
</tr>
<tr>
<td>violence</td>
<td>No violence on screen</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Unsure if case</td>
<td>Some violence on screen</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>had violence</td>
<td>No violence on screen</td>
<td>2 (20.0)</td>
</tr>
</tbody>
</table>

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

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

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

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

10 Conceptually, the Severity × Frequency scores are designed to capture both severity and frequency of IPV and to thus measure the level of violence reported on the RBRS. As would be expected, the calculated Severity × Frequency scores were highly correlated with other ways of measuring level of violence and thus, we do not present these many other ways of examining the extent of reported violence. Specifically, the Severity × Frequency score was highly correlated with a frequency score calculated by adding the frequencies of each item without any severity weighting.
used with the CTS in previous research (e.g., Holtzworth-Munroe et al., 2000; Straus, 1990). In the present study, for these new Severity \times Frequency scores, Cronbach’s alpha for mothers reports of father violence was .74 and the alpha for fathers’ reports of mother violence was .76. These scores for father violence (as reported by mothers) ranged from 0 to 75 ($M = 7.80, SD = 18.59$), while scores for mother violence (as reported by fathers) ranged from 0 to 80 ($M = 9.55, SD = 17.51$).

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

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

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

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

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

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

Discussion

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

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

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

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

The mediators’ reports of why they were unsure about IPV suggest that at least some mediators do not know whether to believe parties’ reports of violence or other indicators of possible violence. For example, knowledge of protective orders is evidence suggesting that some kind of abuse has taken place, but is not necessarily indicative of physical violence, as the State of Indiana has a Civil Protection Order Act (I.C. 34-26-5) that allows orders of protection in cases of “an act of domestic or family violence” or “against a person who has committed
stalking... or a sex offense.” Direct, behaviorally specific IPV screening measures provide additional information. In addition, comediators sometimes reported differently on IPV within the same case. Mediator report of violence was inconsistent in almost one-quarter of the cases with two mediators reporting. This raises the question of how mediators developed different impressions of the presence or absence of IPV. In some cases, mediators may have heard or read the same information but interpreted it differently. In other cases, mediators may have been differentially informed, although it is the practice in the Law Clinic for the mediators generally to remain together. Mediators working in comediation teams should be careful to share any information that is communicated to a single mediator and to check with each other to be sure that each team member is interpreting that information the same way.

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

Similarly, in the mediation setting, there may be reasons for parties to either over- or underreport their experiences with IPV. Parents may be tempted to report violence that did not actually occur to try to gain advantage during negotiations. In the present study, we believe this risk was minimal, for at least two reasons. First, if parties desired to make false or inflated allegations of partner violence to influence the mediation, then we would have expected them to tell mediators about as much, or more, IPV as they had reported to the research team. But that does not appear to have been the case. Instead, it appears that the mediation parties reported more violence to the researchers (on the RBRS) than they did to the mediators, even though they had been informed that the researchers would not share RBRS data with the mediators. Second, in Indiana, mediation is a confidential process and allegations of IPV revealed in mediation are not reported to the court. The court only receives notices of whether mediation parties reached a full, partial or no agreement and the content of any mediation agreements created. Parties are informed of this reporting process. Thus, telling mediators about alleged IPV is not an effective way for parties to convey that information to the court. Of course, parties may also under-report violence attributable to a variety of factors, including fear of retaliation from the abusive partner and embarrassment about IPV. Parties may also wish to put violent incidents in the past and, similar to some couples seeking marital therapy (Ehrensaft & Vivian, 1996), may not believe that violent acts have any relevance to the current mediation process. Parents may also misrecall, in either direction, negative events such as violence,
and therefore not accurately report because of memory failures (see, for example, research by Brainerd, Holliday, Reyna, Yang, & Toglia, 2010, on memory failures of highly arousing negative memories). In short, a brief, self-report screening instrument will not be able to uncover either false allegations of violence or under-reporting of violence. However, conducting such a screening will allow mediators to learn of party reports of violence and to then decide whether to gather more information, including evidence regarding the legitimacy of such reports.

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

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

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

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

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


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Detection of Intimate Partner Violence and Recommendation for Joint Family Mediation: A Randomized Controlled Trial of Two Screening Measures

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CITATION
Detection of Intimate Partner Violence and Recommendation for Joint Family Mediation: A Randomized Controlled Trial of Two Screening Measures

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Given controversy about whether mediation is a safe option for parties with a history of intimate partner violence (IPV), there is agreement that staff should conduct systematic IPV screening prior to conducting family mediation sessions; yet, measures to do so are limited and new. The present study is a randomized controlled trial comparing use of a standardized, behaviorally specific screen (Mediator’s Assessment of Safety Issues and Concerns, MASIC) to a less specific mediation clinic IPV screen (Multi-Door screen) for rates of IPV detection. We also examined rates of recommendation to joint mediation resulting from use of the 2 screens. The sample was 741 divorcing or never married parties seeking mediation at the D.C. Superior Court’s Multi-Door Dispute Resolution Division. Results indicated that parties were at greater odds of reporting IPV and IPV-related risk factors (i.e., injury, fear) on the MASIC compared with the Multi-Door screen. However, overall, neither screen was more likely than the other to lead to a case not being recommended for joint mediation. Regardless of screen, cases identified as higher risk were less likely to be recommended for joint mediation, and relative to the Multi-Door screen, the MASIC identified more high risk cases. Thus, a greater percentage of high risk cases were not recommended for joint mediation when the MASIC was used. In exploratory analyses, findings suggest that type of IPV behavior reported, level of IPV and abuse victimization, and the recency of such behaviors significantly impact recommendation decisions.

Keywords: intimate partner violence, assessment, divorce mediation, mediation recommendation, joint mediation

Data suggest that divorce rates are significant, and there are an increasing number of children born to never married parents, with such parents at even higher risk for relationship dissolution (Goodwin, Mosher, & Chandra, 2010). Family mediation is a popular alternative dispute resolution method to help families settle parental separation issues such as child custody, parenting time, and financial arrangements (Beck, Walsh, Mechanic, & Taylor, 2010; Maxwell, 1999). Yet, over 50% of mediation cases report some level of intimate partner violence (IPV)1; Ballard, Holtzworth-Munroe, Applegate, & Beck, 2011; Beck, Walsh, Mechanic, Figueredo, & Chen, 2011; Beck, Walsh, & Weston, 2009; Mathis & Tanner, 1998; Tishler, Bartholomae, Katz, & Landry-Meyer, 2004), raising the concern of whether cases with a history of IPV should be given the option of settling family related issues using traditional joint mediation, where both parties sit in the same room and engage in negotiation processes facilitated by a mediator (Kelly & Johnson, 2008).

Numerous experts argue that joint mediation may not adequately protect IPV victims and their children. One concern is a risk of physical harm if the process or the arrangements agreed to in mediation anger the perpetrator (Dalton, 1999; Milne, 2004). Additionally, victims may be coerced or intimidated into agree-

1 We define IPV, for the current study, as the use of physically violent or aggressive behaviors (e.g., hitting, kicking, slapping) from one intimate partner towards another. Some definitions of IPV also include other forms of violence or abuse, such as psychological abuse or coercive control (CDC, 2014). However, the current study focuses on physically violent behaviors between intimate partners.
ments that do not adequately protect their needs and interests (Fischer, Vidmar, & Ellis, 1993; Tishler et al., 2004). Family arrangements that do not minimize risk of future violence may pose a future danger to IPV victims and their children (Holtzworth-Munroe, 2011; Putz, Ballard, Arany, Applegate, & Holtzworth-Munroe, 2012; Rossi, Holtzworth-Munroe, & Applegate, 2015), as perpetrators may continue to abuse victims through arrangements that allow parental contact (e.g., child exchanges in parents’ homes) and thus have potential for continuing conflict (Hardesty & Ganong, 2006; Tubbs & Williams, 2007).

In contrast, proponents of mediation suggest that parties reporting IPV should have the opportunity to experience the benefits associated with mediation (Edwards, Baron, & Ferrick, 2008). Specifically, mediation, relative to litigation, is assumed to result in reduced costs, greater efficiency of process, and the opportunity for parties to self-determine family related issues (Adkins, 2010; Edwards, Baron, & Ferrick, 2008; Welsh, 2004). Parents, relative to a judge, presumably know the arrangements that are best for their own children and through mediation are given the opportunity to formulate the arrangements that are in the best interests of their family (Emery, 2011). Further, mediation may be more effective than litigation, which can be an adversarial process, in helping decrease conflict between parties, although data supporting this idea were gathered in studies that excluded cases with a history of IPV (Emery, Laumann-Billings, Waldron, Sbarra, & Dillon, 2001).

The question of whether cases reporting IPV should be recommended for mediation has stirred an important and ongoing debate (Holtzworth-Munroe, 2011; Ver Steegh & Dalton, 2008). Evolving from this debate has been an agreement that screening for IPV in the mediation setting is a necessary first step for making recommendations to offer mediation to parties or not. But discussion continues regarding which assessment tools are most effective in detecting IPV and related issues, such as fear and injury, in the mediation context (Ballard et al., 2011; Holtzworth-Munroe, 2011; Ver Steegh & Dalton, 2008).

**IPV Screening in Mediation**

Up to 80% of mediation programs report that they assess for domestic violence (Pearson, 1997); however, there is wide variability in the methods used to do so. In a survey of 94 North American community mediation centers, 65 reported using some method of IPV screening (Clemants & Gross, 2007), but only 36 indicated formal procedures for the assessment of IPV, including a questionnaire or interview. The remaining 29 centers reported informal screening procedures that involved asking about IPV without a standard set of questions or simply by asking to signals suggesting IPV, without direct questioning (Clemants & Gross, 2007).

Only one previous randomized controlled trial study has compared IPV detection rates from different IPV screening procedures in the context of mediation. Ballard, Holtzworth-Munroe, Applegate, and Beck (2011) recruited a sample of 61 cases referred to mediate family related issues at a law school mediation clinic in a college town in south central Indiana. All cases were screened for IPV using the standard clinic procedures to detect IPV, which included an investigation of court and criminal records, asking questions about the history of conflict between parties, and asking if parties felt comfortable mediating. Half of the cases were also randomly assigned to complete a systematic and behaviorally specific IPV assessment which listed multiple behaviors (e.g., *Has the other partner hit or kicked you?*). The behaviorally specific screening findings were not shared with mediators but following mediation, the mediators were asked whether the case involved IPV. In the entire study sample, data indicated that 66.7% of cases reported partner physical violence on the behaviorally specific screen while mediators using the standard clinic screening procedures reported IPV in only 21.3% of the cases. Among the sub-sample of cases that completed both screening procedures, 20 cases reported IPV on the behaviorally specific IPV screen; of these 20 cases, mediators did not report having detected violence in 11 cases. This study provides initial evidence that, in a mediation clinic, systematic and behaviorally specific screening tools are more sensitive to IPV than general questions about conflict coupled with an investigation of records.

The Ballard et al. (2011) study raises the questions of whether results will generalize to different samples at other mediation clinics and whether the findings will be replicated when professional staff conduct the IPV screening rather than law student mediators. Thus, a goal of the current study is to compare the detection rates of a behaviorally specific IPV screen and a screen consisting of more general questions as administered by professional staff in a mediation center in a large metropolitan area. Informed by previous studies, we hypothesized that the more detailed screen would result in a greater likelihood of parties reporting IPV victimization and related issues, such as fear, injury, and use or display of weapons. We examine the reports of both males and females to facilitate comparison of our findings to previous studies of IPV in the mediation context, which generally have examined male and female reports of IPV victimization.

We also sought to examine how staff at mediation centers use information gathered from IPV assessments to form recommendations about joint mediation. Limited research has examined whether IPV screening information influences the decisions of mediation staff responsible for determining whether cases should be included in traditional joint mediation, and few empirical studies have examined the rate at which mediators screen cases out of mediation due to concerns about IPV. Tishler, Bartholomae, Katz, and Landry-Meyer (2004) studied 303 couples ordered to attend an assessment for mediation and found that mediators determined that 36% of 81 cases reporting domestic violence were unsuitable for mediation. Reports of domestic violence in this study were based on whether parties identified IPV as an issue prior to mediation, but the data do not reveal what information led to only 36% of violent cases being viewed as unsuitable (e.g., severity of violence, fear of the other party). A second study, by Beck, Walsh, Mechanic, Figueredo, and Chen (2011) similarly found that, among 965 divorcing couples, approximately 60% reported some level of physical violence on a behaviorally specific IPA screening measure, but only 7% of these couples were screened out of mediation. Across these studies, it is evident that a significant proportion of cases reporting IPV are being recommended for mediation, though why such cases are or are not recommended for mediation deserves further examination.

The current study seeks to provide additional data on the rates at which staff at a mediation program decide to not recommend joint mediation for cases reporting IPV, and is the first study to compare...
the rates resulting from two different IPV screening tools. We hypothesized that, compared with parties completing a more general IPV assessment tool, fewer parties completing a behaviorally specific assessment tool would be recommended for joint mediation, given that this tool is hypothesized to yield more reports of IPV victimization. We also conducted exploratory analyses to determine which factors (e.g., number of IPV-related risk factors, type of IPV behavior, level and recency of IPV victimization), regardless of the screen used, are related to recommendation decisions. We offer no hypotheses as no previous research has examined the factors related to decisions in recommending joint mediation.

Method

Participants

Participants were recruited at the Washington D.C. Superior Court’s Multi-Door Dispute Resolution Division. This program provides family mediation services to divorcing or never-married parties who have been court- or self-referred to the program to resolve family related disputes. Such services may be used to settle child custody and parenting time arrangements and other issues pertaining to an initial dissolution of relationship (e.g., division of property, financial arrangements) or a modification of these issues.

The initial pool of potential study participants consisted of 767 individuals, including 380 dyads or cases (i.e., both parties) and 87 individuals, who sought family mediation services. As illustrated in Figure 1, dyads who did not meet study eligibility criteria were excluded from the sample. For example, the study required the participation of cases involving romantic partners as our focus was on intimate partner violence. Same-sex couples were excluded (four cases) given the small sample size and insufficient statistical power to analyze this group separately. Additionally, parties who were missing data on more than 20% of the items on the IPV measure were dropped from analyses. The final subject pool was comprised of 741 individuals (i.e., 330 dyads and 81 individuals) randomly assigned to complete one of two IPV screening measures.

Measures

Intimate partner violence and abuse. Study participants were randomly assigned to be assessed using one of two IPV screening measures, the Mediator’s Assessment of Safety Issues and Concerns (MASIC; Holtzworth-Munroe, Beck, & Applegate, 2010) or the Multi-Door Domestic Violence Questionnaire (the Multi-Door screen). Both parties in a case completed the same IPV screen, as randomization to IPV screen was done at the case, not the individual, level. Both measures assess for party reported physical violence and related issues (e.g., fear) in the relationship between the parties. Items on the MASIC and Multi-Door screen ask individuals to report only on behaviors of the other party (i.e., victimization), not themselves (i.e., perpetration), to avoid possible self-incrimination in a legal setting.

The IPV screen was administered during the intake appointment prior to mediation, and each party was independently interviewed. Intake appointments were primarily conducted in person, although approximately one third of parties were interviewed over the phone. Intake interviews were conducted by dispute resolution specialists (DRSs), who are Multi-Door staff trained to conduct intake assessments, including how to administer and interpret the IPV screens; mediators did not conduct intake interviews. Training in the MASIC was provided by one of the MASIC developers (Applegate) in a day-long workshop. Training related to the Multi-Door screen was provided as part of the regular new employee training procedures. A total of eight DRSs administered IPV screens to participants in this study. Of these DRSs, 75% are female, 60% are African American, and 40% are Caucasian or Latino. DRS age range is 28–73 years. DRSs have varied backgrounds but all receive training and are certified before beginning work.

The MASIC and Multi-Door screen differ in many respects (see Table 1 for a comparison of the main items of interest on the two measures). The MASIC consists of 37 behaviorally specific items (e.g., Did your partner hit, kick, or slap you?) that assess various forms of IPV and abuse, including physical violence, coercive control, psychological abuse, stalking, sexual violence, severe physical violence, and threats of severe violence (see Holtzworth-Munroe et al., 2010 for a list of all MASIC questions). The MASIC assesses the occurrence of each behavior over the entire length of the relationship and in the past year and the frequency of each reported behavior in the past year. In additional questions, the MASIC assesses related issues such as injury from IPV, fear of the partner, and the partner’s use of weapons during IPV. Previous research provides initial evidence of the reliability and validity of the MASIC (see Pokman et al., 2014); the current study was not designed to further examine the reliability and validity of the MASIC but rather to explore the potential benefits of utilizing a behaviorally specific IPV screen. More detailed information about the MASIC (e.g., format, additional items, possible advantages over other IPV measures) is provided in Pokman et al. (2014).

2 We will refer to individuals as participants or parties. When discussing data from both parties in the same case, we will use the terms cases or dyads.
The Multi-Door screen is comprised of broader, less behaviorally specific questions about IPV (e.g., Has there been violence in your relationship?) and other related behaviors, such as display of weapon, injury, and fear. DRSs may ask nonstandardized follow-up questions. Unlike the MASIC, the Multi-Door screen assesses the occurrence of IPV or related issues only over the course of the entire relationship. It does not systematically ask about the frequency of behaviors in the past year. The reliability and validity of this measure have not been tested.

For the main study analyses, we directly compared the MASIC and Multi-Door screens using only a subset of MASIC items that are the closest approximations to constructs assessed on the Multi-Door screen, allowing for relatively direct comparisons between the two screens (see Table 1). Specifically, items analyzed on the MASIC assessed physically violent behaviors (10 items), use of a weapon (one item), fear of the other party (three items), and physical injury (four items). Note that the Multi-Door screen only assesses “serious” injury. In contrast, four MASIC items inquire about differing levels of physical injury, including mild, moderate, and severe. We chose to examine all levels of injury, not just severe, on the MASIC for two reasons. First, when the serious injury item on the Multi-Door screen is endorsed, DRSs may ask follow-up questions, but as there was no systematic recording of the reported injury, we could not consistently code the level of injury reported on the Multi-Door screen. Second, in cases where the DRS did record the reported injury on the Multi-Door screen, it was evident that parties reported differing levels of injury, ranging from mild to severe (e.g., broken heart, emotional injury, scratches, bruises, concussion), depending on the party’s personal definition of “serious” injury.

### Table 1
Comparison of Items on MASIC and Multi-Door Screen

<table>
<thead>
<tr>
<th>Multi-Door screen</th>
<th>MASIC</th>
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<tr>
<td><strong>IPV</strong></td>
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<tr>
<td>1. Has there been violence in your relationship?</td>
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<td>2. Have you been seriously injured by the other person?</td>
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<td>3. Are you afraid of the other parent? (three items)</td>
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<td>4. Has either of you displayed a weapon during the relationship?</td>
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<td><strong>Injury</strong></td>
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<td>23. Hold you down, pinning you in place?</td>
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<td>24. Push, shove, shake, or grab you?</td>
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<td>25. Scratch you, or pull your hair, or twist your arm, or bite you?</td>
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<td>26. Slap you?</td>
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<td>27. Hit or punch you?</td>
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<td>28. Kick or stomp on you?</td>
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<td>29. Choke or strangle you?</td>
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<td>30. Burn you with something?</td>
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<td>31. Use a weapon or something like a weapon against you?</td>
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<td>32. Hold you down, pinning you in place?</td>
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<td>38. Hold you down, pinning you in place?</td>
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<td>39. As a result of the other parent’s behaviors, did you ever feel fearful, scared, or afraid of physical harm to yourself or to others?</td>
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<td>40. Scratch, small bruise, swelling, or other mild injury?</td>
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<td>41. Fracture, small burn, cut, large bruise, or other moderate injury?</td>
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<td>42. Major wound, severe bleeding or burn, being knocked out, or other severe injury?</td>
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<td>43. Blindness, loss of hearing, disfigurement, chronic pain, or other permanent damage?</td>
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<tr>
<td><strong>Fear</strong></td>
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<td>100. Are you afraid of the other parent? (three items)</td>
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<tr>
<td><strong>Use or display of weapon</strong></td>
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Note. MASIC = Mediator’s Assessment of Safety Issues and Concerns; IPV = intimate partner violence.

**Recommendation for joint mediation.** Information on whether cases were recommended for joint mediation was extracted from Multi-Door case files. The process by which cases were accepted for joint mediation at Multi-Door is as follows: First, after completing the intake process, including an IPV screen, the DRS made an initial suggestion regarding whether the party just interviewed should be recommended for joint mediation or not, pending completion of the intake and IPV screen with the other party. Recommendations were based on the DRS’s clinical judgment of a variety of factors, including whether the party was competent to mediate and whether there were safety concerns regarding joint mediation with the case. After both parties completed the intake, the DRS who completed the second intake reviewed the information from both parties and made a recommendation for the case. If there was sufficient concern about IPV victimization, cases were not recommended to joint mediation.

DRS recommendations were subsequently reviewed by the Multi-Door program officer, who examined the intake information (including the IPV screen) from both parties in a case and then formulated his own recommendation at the case level. The program officer holds a Masters degree in Conflict Negotiations/Conflict Management and has over 14 years of experience working in mediation and with families and couples. Ideas regarding what information the program officer should consider when making such decisions were developed by the Multi-Door program staff in conjunction with the program branch chief, who previously worked as an attorney representing victims of domestic violence in his family law practice and provided legal advice to victims as a staff member of the DC Collation Against
Domestic Violence. The branch chief trained the program officer and provided regular consultation. Although the program officer made the final decision regarding recommendation to joint mediation, his decision was made in consultation, as needed, with other Multi-Door staff. The recommendation decisions across different staff member were reportedly usually in agreement. Indeed, in the current study, the program officer reached the same decision as the DRSs in 95.3% of cases.

Recommendation for or against joint mediation was noted by the DRSs in the case file and by the program officer on the Program Officer Recommendation Form. This study examines the recommendations made by both the DRSs and the program officer. We found it valuable to explore the recommendations for each case formulated by two different individuals, the DRS and the program officer, as doing so represents multiple reporters. Though having even more decision-makers would have been ideal (e.g., providing more comparisons of how such decisions are made), this study is representative of the decision-making process in a real-world setting, where even a single staff member may be responsible for formulating a final decision regarding whether a case is or is not appropriate to receive mediation services. Information on DRS’s and the program officer’s recommendations was available for only a subset of the sample (n = 255 cases) given several factors: (a) both parties had to complete the intake process for the DRS or program officer to make a mediation recommendation for the case; (b) cases may have been closed (e.g., parties reconcile) prior to reaching the recommendation decision stage (~18.2% of cases in the study); and (c) data collection errors occurred, as data were collected by the busy program staff themselves (~4.3% of cases in the study).

Demographic data. Demographic data on the parties were gathered, by DRSs, during the intake assessment and were extracted from clinic files for this study. Available data included salary, age, number and age of children, relationship of party to children, type of case (i.e., divorce or nonmarried parents, self-referred or court-referred), date of separation, and date of marriage. The demographic data available for the study were limited to information gathered during the standard Multi-Door intake procedures.

Procedure

Data were gathered by Multi-Door staff, de-identified, and then made available to the researchers for analysis; participants were thus not required to provide consent to participate. The research protocol was approved by the institutional review board at the researchers’ university. Participants included in the study followed Multi-Door procedures. Specifically, parties were asked to attend an intake appointment. A random assignment list was used to assign each case to be screened with either the MASIC or the Multi-Door screen; both parties in a case completed the same screen. IPV screens were administered separately to each party and recommendations for joint mediation were made by the DRS examining intake information from both parties, and then by the program officer after his review of information from both intakes.

Results

Descriptive Statistics

The full sample (N = 741) is comprised of participants with a mean age of 35.9 years (SD = 10.83; males M = 37.2, SD = 10.93; females M = 34.6, SD = 10.6) and an average annual income of approximately $33,000 (SD = $37,670; males M = $34,576, SD = $40,920; females M = $31,550, SD = $34,419). The majority of participants (95.5%) reported having at least one child with the other party, with a mean child age of 8.29 years (SD = 6.82). A significant portion of the participants (67.3%) were unmarried parents. On average, participants reported having been separated from the other party for 3.76 years (SD = 5.06). Of those who were married, the average length of marriage was 8.90 years (SD = 7.95). Most cases (84.7%) were court-referred, not self-referred, to mediation. Participants randomly assigned to complete the MASIC did not differ significantly on demographic variables from participants assigned to complete the Multi-Door screen.

Comparing IPV Screens

Reports of victimization and related risk factors. The MASIC assesses various forms of abuse not systematically assessed by the Multi-Door screen (e.g., stalking, coercive control) and thus, unsurprisingly, uncovered more reports of violence and abuse overall. Indeed, when considering all of the information gathered using the MASIC, 94.1% of participants reported some form of IPV or abuse victimization (87.8% reported psychological abuse; 84.6% reported coercive control; 55.4% reported physical violence; 34.4% reported severe physical violence; 11.8% reported sexual violence; 47.1% reported stalking; and 50.4% reported threats of severe physical violence) compared with only 38.8% of parties who reported IPV on the Multi-Door screen. However, our main interest was in comparing behaviorally specific versus broader questions regarding IPV in the mediation context by directly comparing the two measures on the constructs they both assess. Thus, for descriptive purposes, Table 2 presents data regarding the percentage of participants reporting IPV victimization and related risk factors (i.e., injury, fear, use or display of weapon) on the MASIC and Multi-Door screen. Such percentages are further divided by sex (i.e., percentage of males or females reporting on each variable), to ease comparison to previous studies of rates of IPV among couples seeking family mediation.

Binary logistic regressions were conducted to examine whether use of the MASIC or Multi-Door screen predicts parties’ reports of IPV, fear, injury, or use or display of weapon. We used a complex model type in Mplus5, which utilizes robust standard errors to adjust for the nonindependence of male and female parties in each case within the data. Results, illustrated in Table 3, supported our

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3 Additional information about reports of IPV victimization and other forms of abuse on the MASIC can be found in Pokman et al. (2014).

4 Additional exploratory analyses were conducted to compare reports of injury on the Multi-Door screen and the MASIC, given that the MASIC inquires about differing levels of injury while the Multi-Door screen only asks about serious injury. For example, we conducted analyses comparing reported injury on the Multi-Door screen with MASIC reports of moderate and severe injury, only severe injury, at least two differing levels of injury, etc. Across exploratory analyses, results generally indicated that a larger percentage of parties reported injury on the MASIC than on the Multi-Door screen. The only exception was when examining only reports of severe injury on the MASIC. This analysis indicated a larger portion of parties reporting injury on the Multi-Door screen. However, this may be due to the fact that serious injury on the Multi-Door screen, as noted earlier, was broadly defined by parties (e.g., included “a broken heart”), whereas the MASIC severe injury item includes specific examples of severe injuries, likely reducing differences in perceptions of “severe” across parties.
hypotheses and indicated that the type of screen used was a significant predictor of whether a party reported IPV, injury, and fear. Relative to when a participant was assessed with the Multi-Door screen, the odds of a participant reporting IPV when assessed with the MASIC were 1.52 times higher (2.27 times higher for report of injury; 2.03 times higher for report of fear). Inconsistent with our hypothesis, the screen used was not a significant predictor of whether a party reported use or display of a weapon.

Exploratory analyses were conducted to determine significant differences in males’ and females’ likelihood of reporting IPV, fear, injury, and use or display of weapon on each screen, though the focus of this study was not on sex differences. We conducted binary logistic regression models, accounting for the nonindependence of the data in dyads; the models included sex and screen as predictors of reports of IPV, injury, fear, and use or display of weapon. As illustrated in Table 4, when controlling for differences in IPV screen, the odds of reporting IPV are 0.63 times lower for males than females, the odds of reporting injury are 0.74 times lower for males than females, and the odds of reporting fear are 0.66 times lower for males than females.

**Risk level.** Risk level was calculated for research purposes, based on reports of IPV victimization, injury, fear, and weapons. These IPV-related issues represent four risk categories. For both screens, if one or both parties endorsed an item related to a particular risk category, then the case was considered to have reported that risk factor. Thus, for each case, overall level of IPV-related risk could range from 0 (none of the four risk factors endorsed by either party) to 4 (all four risk factors reported by one or both parties). We considered three or four risk factors to be high risk. This systematic consideration of these four risk factors was not a formal procedure used by Multi-Door staff, as their decisions regarding level of risk surrounding IPV were made using clinical judgment in response to information gathered on the IPV screen. Indeed, neither the MASIC nor the Multi-Door screen provided explicit scoring for level of IPV or risk, as there currently are no empirically derived guidelines for such scoring.

Table 5 presents descriptive data on the percentage of cases determined to have a 0, 1, 2, 3, or 4 IPV risk level according to information provided by parties on the MASIC or Multi-Door screen. Results indicated that among cases assessed using the MASIC, over half (53% or 62 of 117) were determined to have a risk level of 3 or 4, or a high risk level. In comparison, only 26% (34 of 131) of cases assessed using the Multi-Door screen had a risk level of 3 or 4. We conducted an ordinary least squares regression to further examine whether the IPV screen used to assess parties in a case predicted IPV risk level. Results indicated that risk level scores were significantly different for cases depend-

### Table 2

<table>
<thead>
<tr>
<th></th>
<th>Multi-Door screen (n = 362 parties)</th>
<th>MASIC (n = 379 parties)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has there been violence in your relationship?</td>
<td>10 items listing specific physically violent behaviors (e.g., hit, kick, slap)</td>
</tr>
<tr>
<td></td>
<td>Overall 38.80%</td>
<td>55.38%</td>
</tr>
<tr>
<td></td>
<td>Males (n = 360) 25.00%</td>
<td>51.08%</td>
</tr>
<tr>
<td></td>
<td>Females (n = 381) 52.15%</td>
<td>59.49%</td>
</tr>
<tr>
<td></td>
<td>Have you been seriously injured by the other person?</td>
<td>Four items listing specific examples of severe, moderate, and mild forms of injury (e.g., scratch, large bruise, blindness)</td>
</tr>
<tr>
<td></td>
<td>Overall 12.30%</td>
<td>36.41%</td>
</tr>
<tr>
<td></td>
<td>Males (n = 360) 7.78%</td>
<td>33.33%</td>
</tr>
<tr>
<td></td>
<td>Females (n = 381) 16.67%</td>
<td>39.38%</td>
</tr>
<tr>
<td></td>
<td>Are you afraid of other person?</td>
<td>Three items about ever feeling fearful, fear of harm during mediation, and being in danger</td>
</tr>
<tr>
<td></td>
<td>Overall 16.94%</td>
<td>39.95%</td>
</tr>
<tr>
<td></td>
<td>Males (n = 360) 12.78%</td>
<td>31.69%</td>
</tr>
<tr>
<td></td>
<td>Females (n = 381) 20.97%</td>
<td>48.11%</td>
</tr>
<tr>
<td></td>
<td>Displayed a weapon during relationship?</td>
<td>Used a weapon or something like a weapon against you?</td>
</tr>
<tr>
<td></td>
<td>Overall 10.38%</td>
<td>13.39%</td>
</tr>
<tr>
<td></td>
<td>Males (n = 360) 8.89%</td>
<td>17.74%</td>
</tr>
<tr>
<td></td>
<td>Females (n = 381) 11.83%</td>
<td>9.23%</td>
</tr>
</tbody>
</table>

**Note.** N = 741 participants. MASIC = Mediator’s Assessment of Safety Issues and Concerns; IPV = intimate partner violence.
Cases assessed using the MASIC have risk level scores that were 0.70 points higher (on a 0–4 scale) than those assessed using the Multi-Door screen. Type of screen also explained a significant amount of variance in risk level scores, $R^2 = .06, F(1, 248) = 15.96, p < .001$.

### Recommendation for Joint Mediation

**Program officer.** We first considered the program officer’s recommendations, as his was the final determination of whether or not a case would be offered joint mediation. The program officer did not recommend joint mediation for 63 of the 255 cases reviewed. Of these 63 cases, the program officer did not recommend joint mediation for only eight cases in which neither party had reported any IPV. Among those eight nonviolent cases, some of the reasons the program officer did not recommend joint mediation included child abuse and party unwillingness to mediate. Fifty-five of the cases not recommended for joint mediation involved reports of IPV victimization by one or both parties. Such cases could include additional reasons, not just IPV and IPV-related risk factors, for not recommending joint mediation, but the focus of our analyses are on the IPV-related risk factors.

Table 6 presents descriptive data on the percentage of cases not recommended for joint mediation by the program officer according to the differing levels of IPV-related risk level, from 0 to 4, for each screen. For both screens, cases demonstrating the highest risk were most often not recommended for joint mediation. The data suggested that, regardless of the IPV screen used, having a risk level that we characterized as 3 or 4 was most concerning to the program officer when making a recommendation decision. In addition, we conducted a binary logistic regression with screen and case risk level as predictors of the program officer’s recommendation for mediation. Results indicated that for every one unit increase in risk level, the odds of a case being recommended for joint mediation were 0.59 times lower than not being recommended for joint mediation ($b = -0.53, p < .01, CI [0.46, 0.75]$).

### Odds of Reporting IPV or IPV-Related Risk Factors According to Screen for Full Sample

<table>
<thead>
<tr>
<th>Report of behavior yes (1), no (0)</th>
<th>Assessed using the MASIC (1) vs. Assessed using Multi-Door screen (0)</th>
<th>$b$</th>
<th>Confidence interval</th>
<th>Odds ratio</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report of IPV</td>
<td></td>
<td>0.42**</td>
<td>[1.23, 1.86]</td>
<td>1.52</td>
<td>0.042</td>
</tr>
<tr>
<td>Report of injury</td>
<td></td>
<td>0.82**</td>
<td>[1.83, 2.84]</td>
<td>2.27</td>
<td>0.145</td>
</tr>
<tr>
<td>Report of fear</td>
<td></td>
<td>0.71**</td>
<td>[1.63, 2.53]</td>
<td>2.03</td>
<td>0.111</td>
</tr>
<tr>
<td>Report of use or display of weapon</td>
<td></td>
<td>0.15</td>
<td>[0.90, 1.51]</td>
<td>1.16</td>
<td>0.006</td>
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Note. $N = 741$ participants. IPV = intimate partner violence; MASIC = Mediator’s Assessment of Safety Issues and Concerns. ** $p < .01$.

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Note. $N = 741$ participants. IPV = intimate partner violence; MASIC = Mediator’s Assessment of Safety Issues and Concerns. ** $p < .01$.
Regardless of the screen used, having a risk level of 3 or 4 was most concerning to the DRSs when making a recommendation decision ($b = -0.59, p < .01, OR = 0.56, CI [0.44, 0.71])]. The odds of a DRS recommending a case to joint mediation when the MASIC was used were not significantly different than the odds when the Multi-Door screen was used ($b = 0.11, p = .74, OR = 1.11, CI [0.59, 2.09])]. However, as use of the MASIC results in greater identification of high risk cases, 22.22% of all cases screened with the MASIC had a 3 or 4 risk level and were not recommended to joint mediation by the DRSs, compared with only 12.98% of cases completing the Multi-Door screen.

Factors Related to Recommendation for Joint Mediation

IPV-related risk factors. In exploratory analyses, we examined which factors were related to the program officer’s and DRSs’ decisions regarding whether or not to recommend joint mediation. First, we examined whether reports of IPV or IPV-related behaviors by one or both parties in a case were significant predictors of the program officer’s decisions to recommend a case to joint mediation. Given multicollinearity between IPV, fear, injury, and use or display of weapon (e.g., reports of IPV and injury were significantly correlated, $r = .54$; reports of IPV and fear were significantly correlated, $r = .48$; reports of fear and injury were significantly correlated, $r = .47$), we could not examine all four risk factors simultaneously; instead, we examined each predictor separately by conducting multiple binary logistic regressions. In each of these regressions, we controlled for differences in IPV screen administered to parties. Results of these analyses, in Table 8, indicated that report of IPV, fear, injury, and use or display of weapon were significant predictors of program officer recommendation, even after controlling for differences in IPV screen. Specifically, the odds of a case reporting IPV and being recommended for joint mediation by the program officer are 0.32 times lower than the odds of a case reporting IPV and not being recommended for joint mediation (comparable figures for other risk factors: 0.35 times lower for report of injury, 0.25 times lower for report of fear, and 0.39 times lower for report of use or display of weapon). Next, we compared models to determine whether report of IPV, injury, fear, or use or display of weapon provided a better fit to the data. As the models are not nested, the Akaike information criteria (AIC) and Bayesian information criteria (BIC) were used as indicators of fit. Smaller AIC and BIC values indicate better model fit. Results suggest that parties’ report of fear of the other party best explains the program officer’s recommendations. Results of the DRSs’ recommendation decisions produced similar findings; see Table 9.6

Level and recency of IPV and abuse victimization (MASIC). We used data from the 124 cases where both parties were screened with the MASIC to explore whether additional factors, including level of IPV and abuse (IPV/A) victimization and recency of IPV/A victimization, influence recommendation decisions made by the program officer and DRSs. Only the MASIC, not the Multi-Door screen, allowed us to examine these predictors because only MASIC items: (a) inquire about the occurrence of IPV/A both ever in the history of the relationship and within the past year (i.e., recency); and (b) assess not just IPV occurrence overall (with one item) but rather multiple violent and abusive behaviors with multiple items (i.e., level of abuse). Two IPV/A scores were calculated for the analyses. One indicates the number of IPV/A behaviors ever reported in the relationship across both parties in a case, and the second indicates the number of IPV/A behaviors reported as having occurred within the past year across both parties in a case. Note that these IPV/A scores reflect a total of the varying types of violence and abuse assessed in the MASIC (i.e., psychological abuse, physical violence, severe physical violence, stalking, sexual violence, threats of severe physical violence, and coercive control). Binary logistic regressions were conducted, one set of analyses to examine number of IPV/A behaviors ever in the relationship and one set of analyses to examine number of IPV/A behaviors in the past year as predictors of recommendation to mediation. We examined ever and past year scores separately given multicollinearity between these variables, $r = .51$. We also log-transformed these variables to improve normality of the distribution.

Results indicated that these variables were significant predictors of program officer and DRS recommendation decisions (see Table 10). Regarding level of IPV/A, for every one unit increase in the level or number of violent and abusive behaviors reported by parties in a case, the odds of being recommended to joint mediation by the program officer are 0.48 times lower (for behaviors occurring ever in the relationship) and 0.50 times lower (for behaviors occurring within the past year); the DRS recommenda-

---

Table 5

| Percentage of Cases for Each IPV-Related Risk Level According to IPV Screen |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Risk level | MASIC ($n = 117$) | Multi-Door screen ($n = 131$) | | |
| % of cases | 0 ($n = 25$) | 1 ($n = 15$) | 2 ($n = 15$) | 3 ($n = 33$) | 4 ($n = 29$) | 0 ($n = 38$) | 1 ($n = 30$) | 2 ($n = 29$) | 3 ($n = 25$) | 4 ($n = 9$) |
| % of cases | 21.40% | 12.80% | 12.80% | 28.20% | 24.80% | 29% | 22.90% | 22.10% | 19.10% | 6.90% |

Note. $n = 248$ cases (seven cases lost when calculating risk level scores due to missing data); $n = 131$ cases assessed using Multi-Door screen; $n = 117$ cases assessed using MASIC. IPV = intimate partner violence; MASIC = Mediator’s Assessment of Safety Issues and Concerns.
tions demonstrated a similar pattern. Overall, cases reporting higher levels of IPV/A victimization, regardless of the time period in which the IPV/A behavior occurred, were less likely to be recommended to joint mediation.

To explore whether recency of IPV/A victimization influenced recommendation decisions, we compared the binary logistic regressions models described above to determine better fit to the data (see Table 10). As before, given that the models are not nested, the AIC and BIC were used as indicators of fit. Results demonstrated that, for the program officer recommendation data, IPV/A victimization occurring ever in the relationship was a better fit to the data than IPV victimization reported in the past year. In contrast, for the DRS recommendation data, IPV/A victimization reported in the past year was a better fit to the data than IPV/A victimization occurring at any point in the relationship.

Discussion

The appropriateness of family mediation for separating parents reporting a history of IPV has stirred significant debate and has led to initial efforts to explore the effectiveness of IPV screening measures in the mediation setting. Very little existing research has empirically compared the effectiveness of behaviorally specific versus more general IPV assessment tools in the context of mediation or examined the predictors of mediation staff’s mediation service recommendations for cases with reported IPV. Thus, in the present study, we compared the MASIC, a behaviorally specific IPV screening measure, with the Multi-Door screen, a less specific IPV screen comprised of general questions about IPV victimization. We did so in a randomized controlled trial in which cases seeking family mediation were randomly assigned to be assessed with one of the two IPV screening measures.

Results supported our hypothesis that participants would be more likely to report IPV victimization on the MASIC than on the Multi-Door screen. While Ballard et al. (2011) used different IPV screening measures than those examined in the present study, consistent with that study’s findings, over half of participants in our current sample reported physical violence victimization (55.38%) using the more detailed and behaviorally specific MASIC screening measure, while only 38.80% of parties reported IPV victimization on the Multi-Door screen. Across studies, findings demonstrate that behaviorally specific, detailed screens, with more items inquiring about different violent behaviors, uncover more cases of party reported IPV victimization than broader, less specific screens with fewer items. It is possible that broader, less specific screens elicit fewer reports of IPV victimization due to potential differences in how parties define violence or abuse. Victims of IPV may minimize or demonstrate an inability to recognize violence or abuse and its level of severity as a result of denial, shame, or changes in perceptions of what is normal (Bingham, Beldin, & Dendinger, 2014).

Similarly, and as predicted, more parties reported injury inflicted by the other party and fear of the other party on the MASIC than on the Multi-Door screen. While not predicted, the present study finding of a nonsignificant difference between screens in the likelihood that individuals reported weapons may not be surprising; it is consistent with our overall conclusion, as both screens include only one question about weapons. Further research is needed to examine when parties decide to report

Table 6

<table>
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<tr>
<th>Risk level</th>
<th>MASIC (n = 117)</th>
<th>Multi-Door screen (n = 131)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not recommended for joint mediation</td>
<td>0 (n = 3)</td>
<td>0 (n = 5)</td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>13.16%</td>
</tr>
<tr>
<td>1 (n = 2)</td>
<td>13.33%</td>
<td>13.33%</td>
</tr>
<tr>
<td>2 (n = 2)</td>
<td>13.33%</td>
<td>17.74%</td>
</tr>
<tr>
<td>3 (n = 13)</td>
<td>39.39%</td>
<td>36%</td>
</tr>
<tr>
<td>4 (n = 12)</td>
<td>41.38%</td>
<td>66.67%</td>
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</tbody>
</table>

Note. n = 248 cases (seven cases lost when calculating risk level scores due to missing data); n = 131 cases assessed using Multi-Door screen; n = 117 cases assessed using MASIC. IPV = intimate partner violence; MASIC = Mediator’s Assessment of Safety Issues and Concerns.

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<td>44%</td>
</tr>
<tr>
<td>4 (n = 13)</td>
<td>44%</td>
<td>66.67%</td>
</tr>
</tbody>
</table>

Note. n = 248 cases (seven cases lost when calculating risk level scores due to missing data); n = 131 cases assessed using Multi-Door screen; n = 117 cases assessed using MASIC. IPV = intimate partner violence; DRSs = dispute resolution specialists; MASIC = Mediator’s Assessment of Safety Issues and Concerns.

*a n = number of cases not recommended for joint mediation according to each risk level.
We consider weapons as the MASIC and Multi-Door screen questions differed in two ways. First, the Multi-Door screen asks about both partners, while the MASIC only asks the participant about the other party. Second, the Multi-Door screen asks about “displaying” a weapon, whereas the MASIC asks about “use” of a weapon.

Although we examined the MASIC, which was designed for use in a mediation setting, our goal was not to consider the MASIC as the only or even the optimal IPV screen in such settings. Other behaviorally specific screens are likely to be similarly effective in assessing for IPV, but to date, no researchers have compared the MASIC with other well-known IPV screening tools that were not designed for the mediation setting, such as the Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Such work is needed, as is an exploration of how formatting of IPV screens in the current study, we encourage mediation center staff to use all of the MASIC items to assess various forms of violence and abuse. Our findings indicated a notable percentage of parties reporting any type of violence and abuse on the MASIC (94.1%). Assessment of different types of abuse, such as coercive controlling behaviors, may provide critical information for the mediation context.

Given hypotheses that the MASIC would uncover more IPV victimization than the Multi-Door screen, it was also anticipated that differences in recommendation rates for joint mediation would emerge according to the IPV measure administered. Results indicated no overall significant differences in the odds of recommending a case for joint mediation services depending on whether the MASIC or the Multi-Door screen was used. Instead, across both screens, cases identified as being at higher risk were more likely to not be recommended for joint mediation, and as the MASIC detected a greater number of high risk cases, due to the increased odds of parties reporting IPV risk factors, almost twice as many females were more likely than males to report IPV victimization, injury, and fear although there were differences in reported use or display of weapons. While we primarily focused on only a subset of MASIC items, to allow for direct comparisons between the two IPV screens in the current study, we encourage mediation center staff to use all of the MASIC items to assess various forms of violence and abuse. Our findings indicated a notable percentage of parties reporting any type of violence and abuse on the MASIC (94.1%). Assessment of different types of abuse, such as coercive controlling behaviors, may provide critical information for the mediation context.

Table 8
Odds of the Program Officer Recommending or Not Recommending Cases to Joint Mediation According to the IPV or IPV-Related Behavior Reported in a Case

<table>
<thead>
<tr>
<th>One or both parties report of behavior yes (1), no (0)</th>
<th>b</th>
<th>Constant</th>
<th>Confidence interval</th>
<th>Odds ratio</th>
<th>AIC</th>
<th>BIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report of IPV</td>
<td>−1.15**</td>
<td>−2.09</td>
<td>[0.15, 0.66]</td>
<td>0.32</td>
<td>279.29</td>
<td>289.92</td>
</tr>
<tr>
<td>Screen</td>
<td>−0.25</td>
<td>[0.44, 1.40]</td>
<td>0.78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report of injury</td>
<td>−1.06**</td>
<td>−1.63</td>
<td>[0.19, 0.64]</td>
<td>0.35</td>
<td>278.07</td>
<td>288.69</td>
</tr>
<tr>
<td>Screen</td>
<td>−0.03</td>
<td>[0.53, 1.78]</td>
<td>0.97</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report of fear</td>
<td>−1.34**</td>
<td>−1.84</td>
<td>[0.13, 0.50]</td>
<td>0.25</td>
<td>264.68</td>
<td>275.22</td>
</tr>
<tr>
<td>Screen</td>
<td>0.20</td>
<td>[0.64, 2.32]</td>
<td>1.22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report of use or display of weapon</td>
<td>−0.94**</td>
<td>−1.52</td>
<td>[0.21, 0.72]</td>
<td>0.39</td>
<td>281.44</td>
<td>292.07</td>
</tr>
<tr>
<td>Screen</td>
<td>−0.26</td>
<td>[0.43, 1.37]</td>
<td>0.77</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. n = 255 cases (131 cases assessed using the Multi-Door screen; 124 cases assessed using the MASIC). IPV = intimate partner violence; MASIC = Mediator’s Assessment of Safety Issues and Concerns; AIC = Akaike information criteria; BIC = Bayesian information criteria.

** p < .01.

Table 9
Odds of DRSs Recommending or not Recommending Cases to Joint Mediation According to the IPV or IPV-Related Behavior Reported in a Case

<table>
<thead>
<tr>
<th>One or both parties report of behavior yes (1), no (0)</th>
<th>b</th>
<th>Constant</th>
<th>Confidence interval</th>
<th>Odds ratio</th>
<th>AIC</th>
<th>BIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report of IPV</td>
<td>−1.12**</td>
<td>−2.02</td>
<td>[0.16, 0.67]</td>
<td>0.33</td>
<td>287.23</td>
<td>297.85</td>
</tr>
<tr>
<td>Screen</td>
<td>−0.33</td>
<td>[0.41, 1.28]</td>
<td>0.72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report of injury</td>
<td>−1.12**</td>
<td>−1.61</td>
<td>[0.18, 0.59]</td>
<td>0.33</td>
<td>284.11</td>
<td>294.74</td>
</tr>
<tr>
<td>Screen</td>
<td>−0.09</td>
<td>[0.50, 1.65]</td>
<td>0.91</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report of fear</td>
<td>−1.60**</td>
<td>−1.90</td>
<td>[0.10, 0.40]</td>
<td>0.20</td>
<td>264.85</td>
<td>275.39</td>
</tr>
<tr>
<td>Screen</td>
<td>0.23</td>
<td>[0.67, 2.40]</td>
<td>1.26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report of use or display of weapon</td>
<td>−1.10**</td>
<td>−1.53</td>
<td>[0.18, 0.61]</td>
<td>0.33</td>
<td>285.71</td>
<td>296.34</td>
</tr>
<tr>
<td>Screen</td>
<td>−0.34</td>
<td>[0.40, 1.26]</td>
<td>0.71</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. n = 255 cases (131 cases assessed using the Multi-Door screen; 124 cases assessed using the MASIC). DRSs = dispute resolution specialists; IPV = intimate partner violence; MASIC = Mediator’s Assessment of Safety Issues and Concerns; AIC = Akaike information criteria; BIC = Bayesian information criteria.

** p < .01.
cases were both high risk and screened out of joint mediation when using the MASIC as when using the Multi-Door screen. This pattern of findings was true for both the program officer and DRS recommendations. Thus, in the context of family mediation, using a behaviorally specific screen, such as the MASIC, will likely lead to the appropriateness of joint mediation being carefully considered in more cases.

Results of this study also indirectly provide preliminary information on the threshold at which cases are considered of greatest concern to participate in joint mediation. There has been a debate in the field regarding what standards or guidelines should be used to determine whether a case is screened out of joint mediation. Mediation staff generally use clinical judgment to make recommendation decisions, but little previous research has examined the characteristics of such judgments. The present study is the first to provide evidence that, on either IPV screen, reports of higher numbers of IPV-related risk factors appear to engender significantly greater concern than reports of fewer IPV-related risk factors. Further, exploratory analyses indicated that regardless of the screening measure used, the program officer and DRSs are considering parties’ reports of IPV, injury, fear, and use or display of weapon when making recommendations to joint mediation, with reports of fear being most related to not recommending joint mediation. Interestingly, sex of the party reporting IPV (male or female) did not predict recommendations in exploratory analyses. Cases reporting a greater number of IPV/A behaviors ever in the relationship and within the past year were less likely to be recommended to joint mediation by the program officer and DRSs, although findings suggest that the program officer gave greater consideration to behaviors that occurred at any point in the relationship while the DRSs gave greater consideration to behaviors that occurred in the past year. This difference among staff in the decision-making process further suggests the need for standardized criteria for making recommendations to joint mediation. The absence of such guidelines may result in variable and unreliable recommendation decisions across staff members both within a mediation program and across programs. However, as discussed below, such guidelines ideally should be based on empirical data regarding the outcome of the cases.

A limitation of the present study is that our scoring of the IPV screens resulted in consideration of level of IPV and IPV-risk factors as continuous variables and focused on only IPV. But this is not to suggest that other characteristics of IPV, and even other non-IPV case characteristics, are less important when trying to determine if mediation is appropriate for a case with a history of IPV. The factors we examined are critically important but are only one facet of the risk assessment and evaluation process. As already noted, a more extensive assessment could investigate other types of abuse, such as coercive control and psychological abuse. It also may be critical to consider the pattern of abusive behaviors between intimate partners (e.g., abuse that is persistent and severe over time, abuse that is triggered only during escalating arguments), the victim’s judgment of risk, and other risk measures (e.g., the danger assessment, Campbell, 1986). Researchers have identified various typologies of IPV and some suggest that persistent coercive controlling patterns of abuse, which may or may not include acts of physical violence, might have significant implications for the mediation process (Beck, Anderson, O’Hara, & Benjamini, 2013; Kelly & Johnson, 2008). For example, controlling behaviors may create a power disparity between parties that hinders IPV victims from advocating for their needs and interests in joint mediation (Beck & Frost, 2006). Even non-IPV characteristics (e.g., perpetrator substance abuse) may provide mediation staff with useful information.

Such questions may be related to the fact that, consistent with data from previous studies (Beck et al., 2011; Tishler et al., 2004), the current findings demonstrate that a large majority of cases reporting IPV and IPV-related risk factors are still being recommended for joint mediation services. The full basis of those recommendations is not clear and awaits future research on additional dimensions of an evaluation process, not just IPV. However, in the absence of a thorough evaluation of all relevant variables, one must consider that not only understanding of IPV but also policy and value judgments may play a critical role in the decision-making process of mediation staff. Studies have identified benefits of mediation for families seeking to resolve separation or divorce related issues, including reduced costs and an opportunity to determine family outcomes (Adkins, 2010; Edwards, Baron, & Ferrick, 2008; Welsh, 2004). Yet, it is unclear whether the potential harms of mediation for IPV cases outweigh the benefits; thus, mediation staff may struggle to determine the costs of a Type I or Type II error in judgment.

Although results of the present study begin to inform our understanding of the mediation recommendation process for IPV cases, it is important to note that the present study findings reflect the decision-making of one program officer and a relatively small

### Table 10

<table>
<thead>
<tr>
<th>Dependent variable</th>
<th>Recommended for mediation (0) vs. Not recommended for mediation (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
</tr>
<tr>
<td>Number of IPV behaviors ever reported</td>
<td>−0.74**</td>
</tr>
<tr>
<td>Number of IPV behaviors reported in past year</td>
<td>−0.70**</td>
</tr>
<tr>
<td>DRS recommendation</td>
<td></td>
</tr>
<tr>
<td>Number of IPV behaviors ever reported</td>
<td>−0.70**</td>
</tr>
<tr>
<td>Number of IPV behaviors reported in past year</td>
<td>−0.82**</td>
</tr>
</tbody>
</table>

Note. n = 124 cases assessed using the MASIC. IPV = intimate partner violence; AIC = Akaike information criteria; BIC = Bayesian information criteria; MASIC = Mediator’s Assessment of Safety Issues and Concerns.

** p < .01.

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sample of intake staff, or DRSs, at just one mediation program. While this decision-making process is representative of the intake and decision process at many mediation clinics, it is still a major study limitation. However, the sample of current study participants is relatively large and recruited from a demographically diverse metropolitan location. Also, the current study findings are consistent with those gathered in a very different mediation clinic setting (i.e., law students in southern Indiana) in the only previous randomized controlled trial comparing different IPV screens (Ballard et al., 2011).

We recommend that researchers continue to examine the decision-making process of mediators or mediation staff; ideally, however, recommendation to mediation would be based on empirical data regarding the outcomes of cases with a history of IPV in mediation. Information is needed regarding whether excluding IPV cases from mediation is actually a favorable outcome for these families. It is necessary for future researchers to study cases with a history of reported IPV, observing the interaction of parties during mediation and whether procedural accommodations were needed (e.g., staggering arrival and departure times, conducting shuttle mediation, etc.). Future researchers should examine whether the parties in cases with differing levels of reported IPV and IPV-related risk factors are able to safely complete mediation, feel safe in mediation, and make mediation agreements that protect victim and child safety. In this latter category, researchers should examine whether family arrangements developed in mediation adequately protect the safety of victims and children after separation or relationship dissolution, or whether traditional court proceedings instead offer greater benefits to such families.

Although there is speculation in the literature about the possible risks of allowing IPV cases to complete joint mediation, empirical investigation of these issues is imperative. Little is known about the potential benefits or harm of mediation versus court-based litigation for IPV cases, and identifying the risk factors that could predict such outcomes will require extensive work but is an important goal. Moving in that direction, the current authors and their collaborators have begun a randomized controlled trial comparing different IPV screens (Ballard et al., 2011).

References


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Screening for intimate partner violence and/or abuse (IPV/A) in family mediation is important, perhaps particularly among cases without attorney representation. While most mediators agree that it is ideal to consider IPV/A in case planning, there is less agreement regarding the need to universally and systematically screen for IPV/A among all cases. Such attitudes are of concern, given research in other fields (e.g., medicine, couples therapy) and our own research in a family mediation clinic, which documents that the lack of consistent and formal IPV/A assessment results in underdetection of IPV/A. While a variety of IPV/A screening measures exist, each has shortcomings. Thus, our research and clinical experience led us to develop a new IPV/A screening measure, the Mediator’s Assessment of Safety Issues and Concerns (MASIC). We discuss features of the MASIC and provide the full measure in the Appendix. The MASIC is a behaviorally specific IPV/A screen that assesses various types of abuse (e.g., coercive control, stalking, physical violence) over the course of the relationship and in the past year. It is administered as an interview to build rapport and assesses lethality indicators and offers optional recommendations for procedural changes in mediation based on IPV/A. Although we have begun relevant research, it is important to note that the MASIC has not yet been validated. Nonetheless, we recommend the use of systematic IPV/A screens in family mediation and suggest that such measures may prove especially important in providing unrepresented parties a safe and appropriate environment for mediation.

**Keywords:** intimate partner violence; divorce and separation mediation; violence screening instrument; intake interview

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**I. INTRODUCTION**

Many professionals working with families involved in mediation agree that there must be adequate screening measures for intimate partner violence and/or abuse (IPV/A) in such settings (Beck & Sales, 2001; Ellis, 2008; Kelly & Johnson, 2008; Mathis & Tanner, 1998; Salem & Dunford-Jackson, 2008; Ver Steegh & Dalton, 2008). Unfortunately, however, this view is not universally held. Though most seem to agree that IPV/A is an important issue to consider in mediation, resistance to universal screening often appears to be based on the perception of many mediators that IPV/A is not a frequently occurring problem among the couples they see in mediation. This assumption is applied to mediation parties regardless of whether either or both are represented by counsel or are self-represented (pro se), regardless of whether they are seeking private mediation or were ordered to court-connected mediation, and regardless of whether the mediator is trained in law or mental health disciplines. Indeed, we have heard mediators argue that they simply do not believe, based on experience with clients, that many of the parties they work with have experienced IPV/A.

Yet, past research has demonstrated that professionals in many other fields held the same belief until they began systematically screening for IPV/A using specific, behavioral questions; when such screenings were conducted, detected rates of IPV/A were often quite high. For example, in a study of women seeking health care at a family practice clinic, 23% had been physically assaulted by their partner in the past year (39% in their lifetime), but only 1.7% reported that their physician had ever asked them about violence (Hamberger, Saunders, & Hovey, 1992). The situation is similar among family therapists, who were found to underestimate the severity of family violence in many cases (Hansen, Harway, & Cervantes, 1991). Among a sample of couples seeking marital therapy, Ehrensaft...
and Vivian (1996) found that, while over 60% had a history of IPV/A, less than 10% spontaneously reported the IPV/A during therapy intake interviews, demonstrating the need for direct assessment of IPV/A.

Although failure to detect and consider IPV/A in any mediation setting is of concern, it is especially concerning when a mediation party, particularly a party who has been abused, is self-represented. As observed in another article in this special issue, the self-represented litigant is

the single most important issue facing family courts today... and the second most frequently cited problem by judges and court staff who process divorce cases. ...The number of these cases is substantial, though it varies across jurisdictions and types of proceedings. Studies have indicated that the range of family court cases that have at least one pro se client is 55 to 90 percent... (Beck, Walsh, Ballard, Holtzworth-Munroe, Applegate, & Putz, 2010, p. 632).

Despite these statistics,

there is almost no research concerning the number of pro se litigants with IPV/A in mediation..., the types of IPV/A among pro se cases, and the possible correlations between type of IPV/A and the types of agreements reached, if any. These data are critically important for mediators working with clients to protect the safety of the victim of IPV/A and the IPV/A-exposed children (Beck et al., 2010, p. 633).

In a series of studies designed to examine varying IPV/A screening methods at the Indiana University Maurer School of Law Viola J. Taliaferro Family and Children Mediation Clinic, we have found that, just as in the fields of medicine and couples therapy, mediators who do not use systematic screening methods may underdetect IPV/A among families entering mediation. While more detailed study findings will be presented in upcoming publications, a brief overview is provided here.

At the Indiana University law school clinic, mediators are second- and third-year law students registered as domestic relations mediators in Indiana. The clinic provides pro bono family law mediation services to low-income and indigent families in south central Indiana. Many of the clients in clinic cases are unrepresented, based primarily on financial constraints rather than voluntary choice. Indeed, there are no attorneys in approximately two thirds of the clinic cases, and in many of the remaining third, only one party has legal representation. Given the nature of these cases, the clinic mediators were particularly concerned about detecting IPV/A.

When we began conducting research at the clinic, the mediators there were using IPV/A screening procedures instituted before the clinic director (author Applegate) started actively collaborating with the other authors of this article (both of whom are psychologists with research and clinical experience in the area of IPV/A). At the time, the clinic director and mediators believed that they were adequately screening for IPV/A and were detecting most cases involving IPV/A. Indeed, they were conducting what was considered substantial screening for IPV/A in the mediation community. Specifically, mediators at the clinic received training on IPV/A issues and assessment. Through the training, mediators were taught to obtain IPV/A screening information in multiple ways, including directly from the court, searching court records for criminal and protective order cases, calling parties in advance of mediation to check on issues that might affect the mediation process, and conducting intakes asking about comfort with mediation, concerns about mediation, and how relationship conflict is handled. As part of clinic procedures, clinic mediators discussed IPV/A discovered at any point with the director of the clinic.

In our first study, we examined rates of IPV/A detection among existing clinic case files. These prevalence rates were low (less than 40%), relative to other studies of couples entering mediation where rates of IPV/A are over 50% (Beck, Walsh, Mechanic, & Taylor, 2009; Beck, Walsh, & Weston, 2009; Kelly & Johnson, 2008; Pearson, 1997). This finding suggested that mediators were underdectecting IPV/A (see Ballard, Holtzworth-Munroe, Applegate, & D’Onofrio, in press).
We thus conducted a second study, in which we randomly assigned some mediation cases to receive an enhanced IPV/A screening using a standardized, behaviorally specific questionnaire measure of IPV/A, the Relationships Behavior Rating Scale (RBRS; Beck, Menke, O’Hara Brewster, & Figueredo, 2009), as part of a research protocol. The RBRS questionnaire results were not shared with the mediators, and mediation parties were not given any instructions regarding whether or not to discuss concerns assessed on the RBRS with their mediators. Following mediation, we asked mediators whether the case involved IPV/A. Mediators did not detect IPV/A in approximately half the cases reporting IPV/A on the RBRS (see Putz, Ballard, Holtzworth-Munroe, Applegate, & Beck, 2009).

Such findings suggest the need for more systematic screening of IPV/A in mediation cases. Thus, it is fortunate that court-connected mediation programs have begun screening for IPV/A and developing their own in-house screening measures. In 2006, the Michigan Supreme Court developed a protocol for domestic violence (and child abuse) screening in matters referred to domestic relations mediation (http://courts.michigan.gov/scao/resources/standards/odr/dvprotocol.pdf). The California Administrative Office of the Courts has also developed a violence screening tool for use in court mediation programs in that state (http://www.courtinfo.ca.gov/courtadmin/aoc/). There are currently several additional instruments for doing so (e.g., Erickson & McKnight, 1990; Neilson & Guravich, 1999); only some are listed here. The Conflict Assessment Protocol (CAP) was an early screening tool developed for parties who are disputing divorce-related issues (Girdner, 1990). Newmark and colleagues (1995) created an instrument using several existing measures including the Conflict Tactics Scale (CTS) (Straus, 1979), the Procedural Justice Scale (Roehl, 1988), and the Marital Power and Decision-Making Scale (Blood & Wolfe, 1960). The Domestic Violence Evaluation (DOVE) is a 19-item instrument designed to assess and manage risks for couples both before and after divorce (Ellis & Stuckless, 2006). The P5 is a guideline (not a specific screening measure) outlining a comprehensive set of screening dimensions for IPV/A that are relevant to custody and access planning (e.g., potency of violence, patterns of violence, primary perpetrator of violence, parenting problems, and perspective of the child; Johnston, Roseby, & Kuehnle, 2009). The RBRS, used in our research, is a recently validated instrument used in the court-connected mediation context (Beck et al., 2009).

To further examine the feasibility and ease of use of different available screening measures, in a third study at the Indiana University clinic, we compared two IPV/A screens—a revised version of the RBRS (RBRS-R) and the DOVE. Both were administered to all mediation parties by clinic mediators. The two measures differed in many ways. For example, the DOVE is an interview, while the RBRS-R is a questionnaire. The DOVE asks broader questions (e.g., have you been “physically assaulted”), while the RBRS-R asks behaviorally specific questions (e.g., has your partner choked or strangled you). The DOVE assessed IPV/A over the entire course of the relationship (ever), while the RBRS-R assessed IPV/A in the past 12 months. Some of the study findings included: mediators strongly preferred the interview format; some mediation parties asked for definitions of items such as “physically assaulted” or “sexually assaulted” on the DOVE (which were provided on a separate sheet); asking about any IPV/A over the entire course of the relationship led to higher reports of IPV/A than assessing IPV/A in only the past year; and perhaps as a result of the time frame assessed, the DOVE led to higher female reports of male IPV/A (see Putz et al., 2009). The mediators found the scoring process on both screens complicated and onerous, and they resisted being told what should be included in mediation agreements (as contrary to the key concept of party self determination in mediation).

As suggested by our third study, no one IPV/A measure is perfect and each of the currently available measures presents certain limitations or concerns. For example, some have a relatively limited scope of questions (e.g., CTS, CAP) or only assess certain types of abuse (e.g., physical violence but not coercive control). Others do not include behaviorally specific or detailed questions (e.g., DOVE, P5). In addition, some of these measures require hours of specialized training to use (e.g., DOVE) or are copyrighted and must be purchased to use (e.g., RBRS, RBRS-R), making them less easily accessible to mediators.
II. DEVELOPMENT OF A NEW MEASURE

Based on concerns about the existing IPV/A screening measures, we wished to combine the best features of some of the measures, particularly the two we had piloted in our research (i.e., the RBRS-R and the DOVE). Unfortunately, the RBRS and RBRS-R are copyrighted measures. Further, the DOVE requires specialized workshop training to administer and was not as behaviorally specific as we desired, given research in other areas (e.g., medicine, couples therapy) suggesting that behaviorally specific questions increase rates of detection of IPV/A. Thus, we chose to develop a new measure that would not be copyrighted and would not require extensive training to use, and which thus could be widely disseminated.

The result is a new screening measure for IPV/A: the Mediator’s Assessment of Safety Issues and Concerns (MASIC), provided in the Appendix to this article. As already noted, it is not copyrighted and is freely available to others to use. The MASIC is intended to be a detailed and extensive screening tool for mediators. The MASIC was derived from previous IPV/A screens that have been standardized, have good psychometric data (e.g., reliability figures), and have been validated. That said, however, the MASIC is a new screening instrument that has not been proven reliable or validated at this time.

The MASIC is Designed to be Given as an Interview. In our third study, we learned that the mediators preferred to conduct an interview (as opposed to giving a client a written questionnaire) as it helped to build rapport with mediation parties and led to a more thorough understanding of any reported IPV/A. Also, an interview measure is necessary with parties who have difficulty reading.

The MASIC Assesses Each Mediation Party’s Report of the Other Party’s IPV/A Perpetration. From the research perspective, obtaining both self- and partnerreports of IPV/A perpetration is considered the optimal way to screen for IPV/A (i.e., two reporters). From the practice perspective, however, we are uncomfortable asking mediation parties to provide information about their own perpetration of IPV/A, which could result in statements of self-incrimination that under Indiana law are potentially discoverable in another proceeding (e.g., a criminal case). Thus, to protect mediation parties from possible self-incrimination, the MASIC only asks parties to report on their partner’s perpetration of IPV/A.

The MASIC Assesses Multiple Types of IPV/A. Psychological abuse, coercive control, physical violence and extreme physical violence, sexual assault/abuse, stalking, and fear are all assessed on the MASIC. Recent research demonstrates important differences across varying types of abuse in mediation (Beck et al., 2009; Beck et al., 2009; Kelly & Johnson, 2008). Issues such as coercive control and stalking, while not involving physical contact, may impact the parties’ levels of concerns and fears when entering mediation and thus deserve attention. Recent research found that, if mediators focused only on physical violence when deciding whether a case has IPV/A, they risked missing the majority of victims of sexual forms of assault and coercive control (Beck & Raghavan, in press), as not all victims of these latter forms of IPV/A were also victims of physical forms of IPV/A.

The MASIC Aspects Whether or Not Each of the Listed IPV/A Behaviors Has Occurred Over Two Time Periods. Some IPV/A screening instruments phrase questions in a manner that assumes such behaviors have occurred (e.g., “who has been sexually abused in your family?”), on the belief that normalizing the occurrence of IPV/A may lead to increased reports of IPV/A. However, in the settings
where we work, mediators were not comfortable asking questions in this manner, believing that such
an approach was accusatory and often upsetting to parties who have not experienced any IPV/A.

Thus, using a response format modeled on the CTS and other measures, the MASIC assesses
IPV/A over two time periods: (1) ever (i.e., during the entire history of the couple’s relationship)
(answered yes or no) and (2) in the past 12 months (more specific frequency response options
given—see MASIC). Gathering reports of IPV/A over both time frames is informative for the
mediator. In some cases, past IPV/A, particularly if severe, may continue to impact the relationship
even though it is not currently ongoing. For example, the victim may still be afraid of, and thus easily
coerced by, the previously abusive partner. In other cases, parties have reported that their past
relationship IPV/A is irrelevant to their current situation; they believe they have emotionally moved
on, are not intimidated by their partner, and are not worried about the possible occurrence of future
IPV/A. In all cases, it is important to assess for more recently occurring IPV/A, both because such
behaviors may have a current impact on the relationship dynamics and because recent behavior is the
best predictor of future behavior. Indeed, there is particular concern about any IPV/A that has occurred
since the parties separated, as such information suggests that physical separation alone has not stopped
the abuse.

Thus, the MASIC also asks how long the parties have been separated, allowing the mediator to
consider the occurrence of IPV/A during the period of separation as a risk factor for continued IPV/A
following legal separation or divorce. It is important to note, however, that while the best predictor of
future IPV/A is past IPV/A, no screening instrument can be relied upon as an accurate predictor of
future IPV/A. Instead, the MASIC assesses past IPV/A that may have impacted the parties’ relation-
ship and thus be relevant to mediation and which may indicate increased risk of future IPV/A.

The MASIC Includes Other Questions that are Relevant for Determining Levels of IPV/A and
Potential Danger. The MASIC includes questions directly related to IPV/A risk levels (e.g., weapon
accessibility, threats of suicide). In addition, many of the questions in the MASIC address potential
predictors of lethality (e.g., reason for leaving the relationship, children living in the home from a
previous marriage, access to weapons). Indeed, a checklist at the end of the MASIC allows the
mediator to consider lethality indicators derived from existing research on predictors of femicide by
male intimate partners (Campbell et al., 2003; Dobash, Dobash, Cavanagh, & Medina-Ariza, 2007;
Glass, Laughon, Rutto, Bevacqua, & Campbell, 2008).

The MASIC Provides Options for the Mediator’s Consideration. The last page of the MASIC
provides space for the mediator to consider whether the case is appropriate for mediation and, if not,
to indicate their reasoning. This is important as the mediator, or a colleague in the clinic, might see the
couple again. In addition, there is a final section on procedural accommodations for the mediator to
consider in light of the screening results. Previous research has investigated procedural changes and
accommodations provided to mediation clients who wanted them or were found to need them in the
course of the mediation (Beck et al., 2009). Based on this work, in the MASIC, we included options
for accommodations as a list; the mediator can indicate which, if any, were chosen. These options are
jurisdiction specific and may be changed to meet the needs of a particular jurisdiction.

The MASIC Has Become Part of the Intake Process at the Indiana University Law School
Clinic. Intakes are conducted separately from negotiation sessions. At intake, mediators explain the
mediation process, administer the screen, and have the parties complete a separate written intake form
to provide information about themselves, their families, and the issues to be mediated. This intake
proceeds for all parties and, in our area, even in cases where one or both parties have legal counsel,
though the attorneys often waive their appearance for the intake.

Our preliminary observation of mediators’ use of the MASIC is that, although the MASIC requires
mediators to ask sensitive questions that may sometimes be uncomfortable or distressing for the
parties, the screen is very helpful to the mediators in determining whether a case can safely or
appropriately be mediated and, if so, how to structure the environment for the mediation. To date, clinic mediators using the MASIC have provided positive feedback, including the following quotes, which have been slightly edited for ease of reading:

- Proper framing of the measure prior to beginning the MASIC is essential. I have found that making an analogy to the forms one fills out at the doctor’s office is effective because that is a universal experience people can relate to, and it prepares them for potentially invasive questions.
- I find the MASIC a helpful tool for initiating a discussion about potential IPV/A. The screen is very thorough—nearly any type of violence you can think of has been included. However, even where the MASIC questions do not quite fit the particular circumstances for a particular couple, it often prompts the clients to think and talk about their relationship in a new light. Sadly, I have found that some clients have been victims of IPV/A without even realizing it; they get so accustomed to conflict that they begin to think it is “normal.” The MASIC helps these people to “recalibrate” and recognize violence for what it is.
- It can definitely be uncomfortable asking our clients some of the MASIC questions, but in my experiences, they appreciated the fact that we took the time to look into these issues.
- The MASIC allows mediators to ask questions and get a clear idea of what types of abuse parties have experienced. For example, was it emotional, coercive control, or physical abuse? In addition, rather than telling mediators whether or not the parties are appropriate for mediation, the MASIC gives more general guidelines as to considerations that might be useful or important in the mediation.
- I really appreciate the format of asking if the abusive behaviors EVER happened and then asking if they have happened in the last twelve months. Some other abuse screening measures call for alarm when the participant simply checks that something has happened, but the MASIC keeps things in perspective. I think the MASIC is also good in ensuring that the frequency of behaviors is clarified, so that a relatively clear picture of how much danger currently exists can be created.
- On other IPV/A screens, I was often frustrated by “results” that suggested parties with a violent history were inappropriate for mediation. I prefer to have safety considerations that can be discussed with the parties during the mediation rather than a clear mandate that mediation should not proceed. The MASIC provides such considerations.

We are now beginning research to test the reliability and validity of the MASIC in Indiana and Australia. By administering the MASIC to many mediation cases in different jurisdictions, with represented and self-represented parties who are in private and court-sponsored mediation programs, we will be able to gather psychometric data (e.g., reliability and validity figures) on the MASIC. We also can examine rates of male and female violence and other forms of abuse (e.g., stalking, coercive control) among couples seeking mediation. We can examine demographic correlates of these IPV/A rates, as we are gathering demographic information.

An eventual goal of our work is to conduct research on how the presence of IPV/A relates to the mediation process and outcome. By identifying cases involving IPV/A, we can gather information on the mediation experiences of such couples relative to the experiences of nonviolent couples; some examples are provided here. Regarding mediation processes, we can examine whether (and how) mediators change their procedures to deal with parties experiencing IPV/A (e.g., do they separate the parents and conduct “shuttle” mediation). We can also examine party satisfaction and feelings about the mediation; do parties reporting IPV/A feel safe in mediation and are they satisfied with the mediation process and the outcome of their mediation? Regarding mediation outcomes, do parents experiencing IPV/A reach agreements that differ from those of nonviolent couples (e.g., are the agreements of parties reporting IPV/A more likely to include supervised exchanges of children, to minimize the potential of interparental IPV/A)? And, how do cases involving IPV/A fare if they return to court following mediation?
With large enough study samples, the MASIC will also allow examination of more detailed questions about varying forms and types of IPV/A. For example, are mediators more likely to implement safety procedures in the mediation process in response to female or male reports of IPV/A victimization? Regarding outcome, are reports of particular forms of abuse on the MASIC related to the inclusion of related safety precautions in mediation agreements? For example, do reports of stalking lead to agreements limiting contact between the parties? Such descriptive work will provide a better understanding of how mediators actually use information on IPV/A in their practices. Such findings would ideally lead mediators to examine their practices and consider whether to make further changes in their handling of cases involving IPV/A.

III. CONCLUSION

Research in other fields, such as medicine and couples therapy, suggests that, regardless of training, professionals consistently underestimate the prevalence of IPV/A among their clients until they begin to systematically screen for IPV/A using behaviorally specific and direct questions. Our own research leads to the same conclusion for mediators. Thus, it is important for mediators to choose a systematic IPV/A screen, using behaviorally specific questions, and to ask every mediating party to complete it. It is particularly important if the clients are self-represented. It may be the only time these clients are asked about IPV/A and provided with information and options for resolving their disputed issues in a safe and/or appropriate environment.

Several IPV/A screening measures already exist and using any of them would help mediators detect IPV/A. Yet given our own research, we believed that it would be useful to develop a new measure of IPV/A that includes measures of lethality, stalking, and sexual abuse/violence. We believed that a broad-based, behaviorally specific measure assessing multiple forms of abuse would be useful.

One of our major goals was to design a measure that would be freely available, in the public domain, to all mediators and researchers. We thus introduce the MASIC and encourage its use. We welcome partnerships in data collection and analysis, reports, and comments from those who adopt the MASIC.

NOTES

* We wish to thank the graduate and law students who helped with the projects described in this article, with particular thanks to Robin Ballard and John Putz. We also thank Jenn McIntosh for her plans to pilot the MASIC in Australia. Requests for the MASIC should be sent to Amy Applegate (aga@indiana.edu), although readers are also free to use the MASIC provided in the Appendix.

1. Some mediators are also reluctant to ask any questions about IPV/A on the basis that it might appear to compromise their impartiality and serve to cause the parties to view the mediator as adopting an investigative, rather than neutral, role.

2. In Indiana, although mediation discussions are confidential (Rule 2.11 of the Indiana Rules of Alternative Dispute Resolution), in 1995 federal case, a mediator in an Indiana civil case was compelled to testify in a federal grand jury proceeding about negotiations during the civil mediation. In re March 1994—Special Grand Jury, 897 F. Supp. 1170 (S.D. Ind. 1995). Although this reported case involved a federal criminal proceeding, the local child support prosecutor has taken the position that statements made by a party during mediation, while protected from disclosure to the court in the family law case, could be used against that party in an Indiana criminal proceeding. Despite the fact that representatives of the prosecutor’s office do not typically participate in mediations and would presumably have no way of knowing of any incriminating statements made during mediation, theoretically at least, one mediation party might attempt to cause information obtained in the mediation process to be used against the other party in a criminal proceeding. To protect mediation parties from this potential risk, the clinic does not gather any data that could result in a party incriminating him or herself.

REFERENCES


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Amy Holtzworth-Munroe received her Ph.D. in clinical psychology from the University of Washington in 1988. She then joined the Department of Psychological and Brain Sciences at Indiana University–Bloomington, where she is a professor. She has been conducting research on the problem of relationship aggression since the mid-1980s, including examining the social skills deficits of violent husbands and research on the identification and comparison of subtypes of male batterers. She has led batterer treatment groups and worked with a local domestic violence taskforce to set up...
a new batterer-treatment program and evaluate treatment effectiveness. More recently, she has begun research with colleagues at the Indiana University Maurer School of Law, to study divorce mediation, examine intimate partner violence in mediation, and compare the efficacy of differing forms of mediation.

Connie J. A. Beck, Ph.D. is an associate professor in the Psychology, Policy and Law Program, Department of Psychology, University of Arizona, and is a licensed clinical psychologist in Arizona. Her research focuses on how the legal system can be adjusted to minimize psychological distress for those who use it. She is currently investigating short- and long-term outcomes for divorcing couples experiencing intimate partner violence and mediating their disputes. She is also conducting research concerning the effectiveness of parenting a coordinator program. She graduated from the University of Arizona with a dual degree in clinical psychology and psychology, policy and law and held a Postdoctoral Fellowship in Forensic Psychology at the Institute of Law, Psychiatry and Public Policy at the University of Virginia. She is a former board member of the Arizona Chapter of the Association of Family and Conciliation Courts.

Amy G. Applegate is a clinical professor of law and the director of the Viola J. Taliaferro Family and Children Mediation Clinic at the Indiana University Maurer School of Law–Bloomington (Law School). She teaches and supervises an interdisciplinary clinical program at the Law School, through which her students become registered domestic relations mediators in Indiana and then provide mediation services to indigent and low-income litigants in disputed custody, parenting-time, and other family law cases. She and her students also collaborate in research and training with faculty and graduate students from the Indiana University Department of Psychological and Brain Sciences in Bloomington, including how to uncover and address violence and abuse in family law settings as part of the mediation process and how to help parents in mediation decrease their conflict and reach parenting agreements that are good for their children. Among other activities, she is the chair of the Executive Committee of the American Association of Law Schools Section on Clinical Legal Education (2010–2011). She has also been extensively involved at the state and local level in the areas of delivery of pro bono services and mediation ethics, including serving as a member of the Indiana Pro Bono Commission (2003–2009) and co-chair of the Indiana State Bar Association Pro Bono Committee (2007–2009).
APPENDIX

Date:_______ Case Name(s):___________ Case Number:___________ Circle: Mother/Father

MEDIATOR’S ASSESSMENT OF SAFETY ISSUES AND CONCERNS (MASIC)
ADMINISTERED VERBALLY BY THE MEDIATOR IN FAMILY LAW CASES WITH CHILDREN

The authors of this instrument recommend that, if possible, the mediator should (a) obtain any court or police records that might address parties’ violent or abusive conduct before completing this Assessment, (b) complete this Assessment in intake session(s) separate from negotiation session(s), and (c) complete this Assessment with each party privately (i.e., separately from the other party).

[Read introduction and questions to each party:] In mediation, parents work together to try to make decisions in their children’s best interests outside of court. The mediators do not take sides and will not be making any decisions. Rather, the mediators assist both parents in exploring ways to resolve any disagreements in this confidential settlement process. Before the parents start negotiations, we ask parents to give us some background information and to complete a confidential intake form.ii

Please answer the following background questions to the best of your ability, keeping in mind that we will keep your answers to these questions private and confidential from the court and the other parent:

Section 1

1. What is your age: ________________ What is the other parent’s age: ________________
2. Are you employed? ☐ Yes ☐ No Is the other parent employed? ☐ Yes ☐ No
3. If you have ever lived/stayed with the other parent, when was the last time that you lived or stayed together? [Focus here on whether the parents are currently living or staying together.] __________
4. If you have ever lived/stayed with the other parent, for how long did you live/stay together?
5. Which parent left the relationship? ☐ You ☐ The other parent ☐ Both parents decided to end relationship
6. Why did [you/the other parent] leave the relationship? ______________________________
   ____________________________________________________________________________
7. Do you have any children from another marriage or relationship who live with you? ☐ Yes ☐ No
8. If yes, how does the other parent get along with your other child or children? __________
   ____________________________________________________________________________
9. Are you comfortable mediating with the other parent? ☐ Yes ☐ No

i Amy Holtzworth-Munroe, Connie J.A. Beck, and Amy G. Applegate, Mediator’s Assessment of Safety Issues and Concerns (MASIC) (2010). The questions in Section 2 of this assessment have been adapted from Marshall L.L., Development of the Severity of Violence Against Women Scale; Sullivan CM, Parisian JA, Davidson WS, Index of Psychological Abuse; and Tjaden P, Thoennes N, National Violence Against Women Survey. The Marshall, Sullivan, and Tjaden screens, in their entirety, have been validated; however, the adaptation and use of selected questions from validated screens does not validate this screen. The authors wish to acknowledge their law and psychology students who assisted, directly and indirectly, in the development of this Assessment.

ii To obtain a copy of the Confidential Intake Form used by mediators in the Viola J. Taliaferro Family and Children Mediation Clinic at the IU Maurer School of Law, contact Professor Amy G. Applegate at aga@indiana.edu.
10. If not, what makes you uncomfortable? ___________________________________________

________________________________________________________________________________

11. What, if anything, would make you feel more comfortable? ________________________

________________________________________________________________________________

12. Do you think there is any reason why you should not participate in this mediation?  □ Yes  □ No

13. If yes, please explain: _______________________________________________________

________________________________________________________________________________

14. Everyone fights or argues with family members and friends now and then. What happened when you fought or argued with the other parent involved in this mediation?

________________________________________________________________________________

________________________________________________________________________________

15. Which of the following statements most correctly describes how you and the other parent have made decisions in the past twelve (12) months? [If parents ask what kind of decisions, break out question into child/ren’s care/finances/other kinds of decisions – ask them to clarify.]

  □ Mother has made almost all decisions  
  □ Mother has made the majority of the decisions  
  □ We have shared equally in making decisions  
  □ Father has made the majority of the decisions  
  □ Father has made almost all of the decisions

16. How satisfied are you with your role in influencing and making decisions about your child/ren’s care?

  □ Very satisfied  
  □ Satisfied  
  □ Neutral/it varies  
  □ Unsatisfied  
  □ Very unsatisfied

17. Do you have any of the following concerns about the other parent?

  □ Overuse of alcohol or prescription medications  
  □ Illegal drug use  
  □ Mental health problems  
  □ Child abuse and/or neglect concerns  
  □ Any criminal history

If yes, please tell me about your concerns:

________________________________________________________________________________

________________________________________________________________________________

18. Do you think the other parent will say that s/he has any of the following concerns about you?

  □ Overuse of alcohol or prescription medications  
  □ Illegal drug use  
  □ Mental health problems  
  □ Child abuse and/or neglect concerns  
  □ Any criminal history

19. During the mediation, would you prefer to sit in the same room with the other parent or in a different room?

  □ Same room  □ Different room  □ No preference

20. If in a different room, why? _________________________________________________

________________________________________________________________________________

21. If in the same room, why? _________________________________________________

________________________________________________________________________________

22. Are there any current or past protective orders, restraining orders, or orders of protection issued against the other parent in this case?  □ Yes  □ No

23. If yes, please explain: _____________________________________________________

________________________________________________________________________________

________________________________________________________________________________
24. Does the other parent own or have access to any weapons?  □ Yes  □ No
25. If yes, what kind(s) of weapons?__________________________________________________

26. Do you own or have access to any weapons?  □ Yes  □ No
27. If yes, what kind(s) of weapons?__________________________________________________

28. If the Court ordered mediation, why do you believe that the Court ordered this matter to mediation?

29. What parenting plan or arrangements do you think would work best for your family?

Section 2

Now, I am going to ask you a series of questions about your relationship with NAME [the other parent]. I am interested in things that [NAME] may have done during a conflict, disagreement, fight, or in anger, or to scare you or hurt you.

First, I will ask if something ever happened, and you should answer yes or no.

Second, if you answer yes, then I will ask how often it happened within the past 12 months. Please tell me how often based on the sheet I just gave you [explain sheet and ensure it is in front of them when answering].

A = never, B = once or twice, C = three to six times (approx. once every few months), D = seven to twelve times (approx. every month or two), E = weekly, F = daily

<table>
<thead>
<tr>
<th>A. Did the other parent ever (whether living together or not)</th>
<th>B. How often did that happen in the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Call you names?</td>
<td>Yes No A B C D E F</td>
</tr>
<tr>
<td>2. Insult you or make you feel bad in front of others?</td>
<td>Yes No A B C D E F</td>
</tr>
<tr>
<td>3. Yell or scream at you?</td>
<td>Yes No A B C D E F</td>
</tr>
<tr>
<td>4. Forbid you to go out without him/her?</td>
<td>Yes No A B C D E F</td>
</tr>
<tr>
<td>5. Try to control how much money you had or spent?</td>
<td>Yes No A B C D E F</td>
</tr>
<tr>
<td>6. Try to control your activities in or outside the home?</td>
<td>Yes No A B C D E F</td>
</tr>
<tr>
<td>7. Try to control your contact with family and friends?</td>
<td>Yes No A B C D E F</td>
</tr>
<tr>
<td>8. Act extremely jealous, or frequently check up on where you’ve been or who you’ve been with?</td>
<td>Yes No A B C D E F</td>
</tr>
<tr>
<td>9. Demand that you obey him/her?</td>
<td>Yes No A B C D E F</td>
</tr>
<tr>
<td>10. Physically abuse or threaten to abuse pets to scare or hurt you, or when angry at you?</td>
<td>Yes No A B C D E F</td>
</tr>
<tr>
<td>11. Punish or deprive the children because he/she was angry at you?</td>
<td>Yes No A B C D E F</td>
</tr>
</tbody>
</table>
12. Make threatening gestures or faces at you or shake a fist at you? | Yes No | A B C D E F
13. Threaten to take or have the children taken away from you? | Yes No | A B C D E F
14. Destroy property, for example, hit or kick a wall, door, or furniture or throw, smash, or break an object? | Yes No | A B C D E F
15. Drive dangerously to scare you, or when angry at you? | Yes No | A B C D E F
16. Throw an object at you to scare or hurt you, or when angry at you? | Yes No | A B C D E F
17. Destroy or harm something you care about? | Yes No | A B C D E F
18. Threaten to hurt someone you care about?* (If yes, ask for details and write them here) | Yes No | A B C D E F
19. Threaten to hurt you?* (If yes, ask for details and write them here) | Yes No | A B C D E F
20. Threaten to kill him/herself?* (If yes, ask for details and write them here) | Yes No | A B C D E F
21. Threaten to kill you?* (If yes, ask for details and write them here) | Yes No | A B C D E F
22. Threaten you with a weapon or something like a weapon?* (If yes, ask for details, including, what kind(s) of weapon(s) or object(s); write details here) | Yes No | A B C D E F

I want to remind you that all my questions concern things that [NAME] may have done during a conflict, disagreement, or fight, or in anger, or to scare or hurt you.

23. Hold you down, pinning you in place? | Yes No | A B C D E F
24. Push, shove, shake or grab you? | Yes No | A B C D E F
25. Scratch you, or pull your hair, or twist your arm, or bite you? | Yes No | A B C D E F
26. Slap you? | Yes No | A B C D E F
27. Hit or punch you? | Yes No | A B C D E F
28. Kick or stomp on you? | Yes No | A B C D E F
29. Choke or strangle you? | Yes No | A B C D E F
30. Burn you with something? | Yes No | A B C D E F
31. Use a weapon or something like a weapon against you? If yes, what kind(s) of weapon(s) or object(s)? | Yes No | A B C D E F
32. Demand or insist that you engage in sexual activities against your will? | Yes No | A B C D E F
33. Physically force you to engage in sexual activities against your will? | Yes No | A B C D E F
34. Follow or spy on you in a way that made you feel frightened or harassed? | Yes No | A B C D E F
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<tr>
<td>35.</td>
<td>Try to contact you against your will or in a way that made you feel frightened or harassed, for example, by unsolicited written correspondence, phone calls, or other ways of communicating, like text messages, or on Facebook or My Space?</td>
<td>Yes</td>
<td>No</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>36.</td>
<td>Stand outside your home, school, workplace, or other places where he/she had no business being, and in a way that made you feel frightened or harassed?</td>
<td>Yes</td>
<td>No</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>37.</td>
<td>Leave items for you to find in a way that made you feel frightened or harassed?</td>
<td>Yes</td>
<td>No</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>38.</td>
<td>Do anything else similar to the kinds of behaviors we’ve been discussing? If yes, what kind(s) of behavior(s)?</td>
<td>Yes</td>
<td>No</td>
<td>A</td>
<td>B</td>
<td>C</td>
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**Now consider the things we’ve been discussing or similar kinds of things:**

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<tr>
<td>39.</td>
<td>[If the parent endorsed any of items 22–31, and 33 above]: You said that [NAME] [insert applicable behaviors, e.g., has slapped you and choked you] in the past 12 months. Have these types of behaviors been happening more often recently than before?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>40.</td>
<td>[If the parent endorsed any of items 22–31, and 33 above]: Have these types of behaviors been getting worse recently than before?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>41.</td>
<td>As a result of the other parent’s behaviors, did you feel fearful, scared or afraid of physical harm to yourself or to others?</td>
<td>Yes</td>
<td>No</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>42.</td>
<td>As a result of the other parent’s behaviors, have you ever had a physical injury? If yes, did you seek, or should you have sought medical attention?</td>
<td>Yes</td>
<td>No</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>43.</td>
<td>As a result of the other parent’s behaviors, did you ever call the police? When and what specifically prompted the call?</td>
<td>Yes</td>
<td>No</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>
Section 3

1. Is there anything else you would like to share with me/us [the mediator(s)]?

_________________________________________________________________________________

2. Is there anything else you think I/we [the mediator(s)] should know?

_________________________________________________________________________________

PRIVATE INSTRUCTION TO MEDIATORS

Review the information obtained from each parent (with your supervisor, if applicable) to consider whether this case is appropriate for mediation, and if so, whether any accommodations should be made to the process.

In some relationships one partner commits all or most of the abuse or violence; in other relationships the abuse or violence may be committed by both partners. Identify the victim(s):
☐ Mother  ☐ Father

Consider (and check) the different types of intimate partner abuse or violence that may be present:

___ psychological abuse (e.g., Items 1–3 in Section 2),
___ coercive control (e.g., Items 4–17 in Section 2),
___ threats of severe violence (e.g., Items 18–22 in Section 2),
___ physical violence (e.g., Items 23–27 in Section 2),
___ severe physical violence (e.g., Items 28–31, and 42 in Section 2),
___ sexual violence (e.g., Items 32–33 in Section 2), and/or
___ stalking (e.g., Items 34–37 in Section 2).

There are also differing degrees of abuse and violence, and differing degrees of risk from abuse or violence. Some family situations pose serious safety risks to a parent, child, or others, regardless of whether the person at risk recognizes the risk. Although as mediators we need to maintain our impartiality, in order to consider the risk in a given situation, it may be helpful to identify the apparent “victim” and “abuser” in a relationship. The research tells us that a victim of intimate partner abuse or violence is at risk of serious injury or death when some or all of the risk factors below are present.

Check all risk factors that apply:

___ victim expresses fear of abuser (Questions 9–12 in Section 1, Item 41 in Section 2)**
___ abuser is highly controlling (Question 15 in Section 1, Items 4–17 in Section 2)
___ abuser uses drugs and/or alcohol (Questions 17–18 in Section 1)
___ abuser has access to guns or other weapons (note that guns are of particular concern) (Question 24–27 in Section 1, Items 22 and 31 in Section 2)
___ abuser stalks victim (Items 34–37 in Section 2)
___ abuser threatens violence (Items 18–22 in Section 2) (note that threats of violence involving detailed plans are of particular concern)
___ abuser is physically violent towards victim, and the violence has been escalating in frequency and/or severity over the past 12 months (Items 22–31, 33, 39, 40 in Section 2)

Check the following additional risk factors which increase the risk to the victim:

___ victim is a woman of child-bearing age (up to age 50) (Question 1 in Section 1)
___ victim has children from another partner/spouse living with her (Question 7–8 in Section 1)
___ victim is leaving her abuser for a new relationship (Question 5–6 in Section 1)
___ abuser is currently unemployed (Question 2 in Section 1)
___ victim and the other parent are still living or staying together (Question 3 in Section 1)

**As mediators, we should always accommodate someone who expresses fear of the other parent (Questions 9 and 12 in Section 1 and Item 41 in Section 2). Accommodation will vary depending on
the circumstances, but a mediator should not insist that a party start or continue mediating when that party says that s/he does not want to mediate because of fear of the other party.

Some victims of intimate partner abuse or violence may not believe that they are at risk. Although we generally want to empower a victim of intimate partner abuse or violence who affirmatively wants to mediate, in making the decision whether or not to mediate we must also consider (a) the risks involved and (b) what accommodations to provide if we decide to mediate. In addition to safety risks, be sure to consider, among any other concerns presented in the specific situation, including balance of power issues, the possibility of coercion, the mediator’s ethical duty not to facilitate involuntary and/or unconscionable agreements, and the mediator’s ethical duty to remain impartial.

In considering the existence and effect of intimate partner abuse or violence in this case, please consider the questions below:

1) If you think the case is not appropriate for mediation, what are your concerns?
2) If you determine not to mediate or to terminate mediation because of concerns about intimate partner abuse or violence, are there any ethical constraints and/or any safety concerns in how you should communicate this decision with the parties and/or the court?
3) If you think the case may be mediated, should any of the following accommodations be implemented (check the ones you think should be implemented and indicate why)?
   ____ parents to be in separate rooms at all times (shuttle mediation)
   ____ parents to be in separate rooms if mediator not present (joint sessions possible, but only if the mediator is present with the parents)
   ____ staggered arrival and departure times for parents
   ____ support person necessary (for which parent(s)?)
   ____ attorney necessary (for which parent(s)?)
   ____ referral to DV program or shelter (e.g., Middle Way House in Bloomington, IN)
   ____ mediation at secure facility, passing through security, presence of armed guards (e.g., Justice Center in Bloomington, IN)
   ____ parent needs escort to/from car
   ____ parent needs way to leave the building without being seen by the other parent
   ____ parents to appear for mediation on separate days
   ____ telephone or on-line mediation
   ____ other accommodation?

iii Even with screening, there may be times when a mediator learns belatedly of intimate partner abuse or violence. If during the mediation, you become concerned about the possibility of intimate partner abuse or violence, take a break to consider how to proceed. Be sure to keep the parties separate while you determine the appropriate action to take.
ANSWER KEY

When responding to the questions, please use these choices for your answers about whether something EVER happened:

YES or NO

When responding to the questions, please use these choices for your answers about the PAST 12 MONTHS:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>A</td>
</tr>
<tr>
<td>Once or twice</td>
<td>B</td>
</tr>
<tr>
<td>3–6 times (approx. once every few months)</td>
<td>C</td>
</tr>
<tr>
<td>7–12 times (approx. every month or two)</td>
<td>D</td>
</tr>
<tr>
<td>Once per week</td>
<td>E</td>
</tr>
<tr>
<td>Daily</td>
<td>F</td>
</tr>
</tbody>
</table>
Instructions for Using the MASIC-4¹
As of January 9, 2020

I. General Training in Intimate Partner Violence and Abuse (IPV/A)

Before mediating family law cases, all mediators should have training in IPV/A issues. Some jurisdictions require this training for mediators; others do not. Jurisdictions that require this type of training vary in the content provided. Regardless of mandatory training requirements, at a minimum, mediators should be trained in the characteristics, dynamics, impact and consequences, and risks in differing types of IPV/A, and how IPV/A may affect the parties’ ability to present themselves, communicate, present information, and make important decisions in the mediation process.

II. Recommended Practices for the MASIC-4:

A. Before administering the MASIC-4, in general:

1) Read Holtzworth-Munroe, Beck, & Applegate, *The Mediator’s Assessment of Safety Issues and Concerns (MASIC): A Screening Interview for Intimate Partner Violence and Abuse Available in the Public Domain*, Family Court Review, Vol. 48 No. 4, October 2010, 646-662. This article explains how and why the MASIC was developed and gives some basic information about the MASIC and its administration.

2) Become familiar with the questions in the MASIC-4.

3) Practice using the MASIC-4 on colleagues before using it on mediation parties. You will learn how to administer the forms, but it is helpful to become familiar with the questions and the flow of the interview.

4) Read these Instructions, comparing the sections below with the MASIC-4 Party Evaluation and Case Evaluation, as applicable.

B. Before administering the MASIC-4 in a specific case:

1) Conduct background research on the parties: if possible, obtain any court or police records that might address parties’ violent or abusive conduct.

2) The MASIC-4 is intended for current or past intimate partner couples (whether married, no longer married, or never married) who are mediating a family law matter. It is not intended for other parties in the case (e.g., grandparents or other third parties). To the extent that the mediator believes that some of the questions in the MASIC-4 should be asked of other parties, then those questions should be culled out as relevant for a separate interview.

¹These Instructions were prepared by Amy G. Applegate, with input from Amy Holtzworth-Munroe and Connie J. Beck. Questions should be directed to Professor Applegate at aga@indiana.edu,
3) Schedule the MASIC-4 with DA for intake session(s) on separate day(s) from the negotiation session(s). It is preferable to administer the MASIC-4 at least a week before negotiations start.

4) Make arrangements to administer the MASIC-4 with each party in person and privately (i.e., separately from the other party), preferably with the female party first. Although males and females can be both victims and/or perpetrators of intimate partner violence or abuse, most research shows that female victims report more sexual victimization, fear, and serious physical injury. (See Winstok, Z., & Straus, M. A. (2016), *Journal of Family Violence, 31*(8), 933-935.) These sex differences in types of victimization are very important to know and consider in the mediation context. Thus, with male/female couples, we recommend screening the female party first, if possible, in the event the screening results indicate that mediation would not be appropriate. Screening the male party might then not be necessary or appropriate.

C. Administering the MASIC-4 Party Evaluation Form:

1) The MASIC-4 with DA is designed to be administered as an interview and NOT to be given to the parties to complete on their own.
   - Verbally administer the MASIC-4 to each party individually, in person, before conducting negotiations (if possible, interview the female first).
   - Explain the mediation process (opening statement).
   - It is usually helpful to elicit the party’s narrative of what brings them to mediation before asking the MASIC questions; this dialogue helps build trust and rapport.
   - Read the Introduction of the MASIC-4 to the party.
   - Review confidentiality requirements of your profession in your jurisdiction (versus any mandatory reporting duty).
   - Do not apologize for asking the MASIC-4 questions.
   - Do not say or volunteer that everyone is asked these questions. If a party enquires whether everyone is asked these questions, an appropriate response is: “We ask everyone a series of background questions. We ask the parties some of the same questions and some different questions. No matter what we ask, what you say will be kept confidential from the other party and the court.”

2) *Do not share one party's answers with the other party at any time.*
3) The mediator typically will complete a party evaluation form for each party (a total of two for the case). In an extremely violent and/or dangerous situation, however, the mediator may decide not to mediate after administering the first party’s party evaluation form. In that case, there may not be a need, or it may be inappropriate, to administer the other party’s party evaluation form. It is also possible that the mediator does not learn that it is an extremely violent and/or dangerous situation until administering the second party’s party evaluation form.

4) Regardless of when declining or terminating mediation, use care and caution in communications. Do not tell the more violent or abusive party that mediation is being declined or terminated because of what the other party disclosed. Consider saying something to the effect that, “It is not always possible for us to start [or finish] mediation. In this case we think it would be best if the court made the decision.” If pressed about why, consider saying, “Mediation does not work for all cases and we just think you and the other party would be best served by having your case heard by the court.”

5) The MASIC-4 assesses each party’s report of victimization by the other party. The MASIC-4 specifically does not ask questions about the parties’ own perpetration of these behaviors. This is to avoid asking parties to provide self-incriminating information, which might be discoverable in court.

6) The MASIC-4 assesses multiple types of Intimate Partner Violence and Abuse (“IPV/A”).
   - psychological abuse;
   - coercive control;
   - threats of severe violence;
   - physical violence and severe physical violence;
   - sexual violence;
   - stalking;
   - injury; and
   - fear

7) The MASIC-4 Party Evaluation Form includes questions that are relevant for determining levels of IPV/A and potential danger/inappropriateness of mediation:
   a. Section 1 questions (background and information needed to consider lethality)
   b. Section 2 questions (behaviorally specific IPV/A)
   c. Section 3 questions (other related matters not specifically asked in 1 and 2)

8) In Section 2, the behaviorally specific questions assess whether or not each of the listed IPV/A behaviors has occurred over two time periods: 1) ever and 2) in the past 12 months.

When you get to the list of behaviorally specific questions in Section 2:
   a. Make sure the parent understands that there will be two related questions for each behavior or issue. For example, the first question is: "Did [the other party] EVER call you names?" This is a YES or NO question, and it refers to conduct that
happened whether or not the parties were living together when it happened. The question relates to things that the other party may have done during a conflict, disagreement, fight, or in anger, or to scare you or hurt you, but NOT while joking around.

b. If the answer to the first question is NO, then move on to the next question.

c. If the answer to the first question is YES, then the follow-up question is, "Did that happen in the last 12 months?" Again, this refers to the same kind of conduct, and regardless of whether the parties have been living together. The party should respond using YES or NO.

D. Administering the separate MASIC-4 Mediator Case Evaluation Form:

1) Record each party’s reports of the other party’s abusive or violent behaviors, including lethality factors (use check marks or number of positive responses in each category).

2) Identify who should be identified as victim(s) (this is an objective determination based on party reports).

3) If you identify both parties as victims, determine which party (if either) should be identified as the primary victim (this is a subjective determination). In determining the primary victim, look particularly at the MASIC indicators of threats, coercive control, intimidation, injury, fear, and recent changes to frequency and severity of the behaviors.

4) Record your concerns as the mediator about the parties, considering the violence and abuse reported, and its impact on each party.

5) Determine whether mediation is appropriate:
   i. A party who has been victimized should not be required to mediate.
   ii. If mediation is declined or terminated, exercise caution in how you communicate this to the parties.

6) If you determine that mediation is appropriate, consider possible accommodation(s) to mediation procedures.

E. Ongoing Screening:

It is also important to continue to be alert for IVPA that was not disclosed in the screening process. This may become apparent after screening, during the negotiation process. Consider the parties’ conduct and/or reactions towards each other. It may be appropriate to re-ask some of the MASIC-4 questions (in a non-judgmental way) as more information is learned.
ADMINISTERED VERBALLY IN FAMILY LAW CASES WITH OR WITHOUT CHILDREN

The authors of this instrument make the following recommendations: (a) if possible, obtain any court or police records that might address parties’ violent or abusive conduct before completing this Assessment; (b) complete this Assessment in intake session(s) on separate days from negotiation session(s); and (c) complete this Assessment with each party privately (i.e., separately from the other party), preferably with the female party first.

The MASIC-4 may be completed by hand on a paper copies or by typing into the Yes/No boxes and text boxes throughout the document on a computer or tablet. It is generally preferable, when conducting the interview, to refer to the other party by his or her name (or Mom or Dad) in each of the questions below. The MASIC-4 has been set up to allow you to make a global change from NAME (which appear in brackets) to the other party’s first name (or Mom or Dad) throughout the document. Do not make other changes to the MASIC-4 without the permission of the authors.Bolded and italicized language in this document are instructions and not questions to be asked.

Before asking the questions in Section 1, first ask the party about what brings them to mediation and what they are hoping to accomplish through mediation: use this to get the party’s narrative and build rapport. Throughout the interview, remember to engage with the party you are interviewing and follow up on information that is unclear or may seem important (even if you are digressing at times from the outline). At the same time, be sure to obtain answers (if you can) to all the questions in the MASIC-4. They are there for a reason, which is to assess all types of violence, abuse, and controlling behaviors.

[Read introduction and questions to each party:] In mediation, parties work together to try to make good decisions for themselves [and, if applicable, for their children] outside of court. Mediators do not take sides and do not decide for the parties how to settle their case. Rather, mediators assist both parties in exploring ways to resolve any disagreements in this confidential settlement process. Before the parties start negotiations, we do an intake where we explain the mediation process and ask the parties to give us some background information and complete a confidential intake form. You may wonder about some of the questions I will be asking you now, but it is helpful to think of this like a visit to the doctor’s office. There, you are often asked questions that may not seem important to you or may not seem to apply to you, but are important to the doctor. The questions we ask are important to us in deciding what process would work best for you and [NAME]; we are not trying to make any decisions about your case. So please answer the following questions to the best of your ability, knowing that this will be helpful to us, and we will keep your answers to these questions private and confidential from the court and [NAME].

Section 1

1a. Do you and [NAME] have any children together? ☐ Yes OR ☐ No

1b. If yes, please list them:

<table>
<thead>
<tr>
<th>Boy or Girl?</th>
<th>Age?</th>
<th>Arrangements for this child to be discussed in Mediation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1
Research or Case Number:  
Name of interviewer:  
Party being interviewed:  □ 1st party: Male/Female/Nonbinary  □ 2nd party: Male/Female/Nonbinary  
Date of interview:  

☐ Yes  ☐ No  
☐ Yes  ☐ No  
☐ Yes  ☐ No  
☐ Yes  ☐ No  

2. Do you have any children from another marriage or relationship who live with you?  ☐ No (IF NO, SKIP TO QUESTION 4) OR ☐ Yes

3. How does [NAME] get along with your other child or children?

4a. Which of the following describe your main daily activities and/or responsibilities? You can tell me more than one.  
☐ Working: ☐ Full-Time or ☐ Part-Time  
☐ Retired  
☐ Unemployed or laid off or looking for work  
☐ Disabled or unable to work due to health issues  
☐ Full time home/family responsibilities (raising children, caring for family member, keeping house)  
☐ Student ☐ Full-Time or ☐ Part-Time

4b. Is [NAME] employed?  ☐ Yes OR ☐ No

5a. Are you and [NAME] currently or were you ever married?  ☐ No (IF NO, SKIP TO QUESTION 5d) OR ☐ Yes

5b. What is/was the length of the marriage between you and [NAME]? Answer should be in

Years: and/or months:

5c. Which of the following best describes your case?  
☐ Original divorce from [NAME]  
☐ Legal separation from [NAME]  
☐ Modification to a prior divorce from [NAME]

5d. If the parties were never married, ask: What kind of case is this? Stop me when I get to the correct answer.  
☐ Paternity  
☐ Guardianship/third party custody  
☐ Abuse or neglect  
☐ Termination of parental rights  
☐ Other (please explain)

6a. Has the relationship between you and [NAME] ended?  
☐ No (IF NO, SKIP TO QUESTION 7) OR  
☐ There never was a relationship (IF THERE NEVER WAS A RELATIONSHIP, SKIP TO QUESTION 9) OR  
☐ Yes, how long ago did it end? Answer should be in Years or Months

6b. Which of you ended the relationship?
□ You OR □ [NAME] (IF [NAME] ENDED THE RELATIONSHIP, SKIP TO QUESTION 7) OR
□ Both of us decided to end relationship

6c. Why did you / [NAME] end the relationship [or if both parties decided to end the relationship, why did the relationship end?]

If the party already answered that they ended the relationship for another relationship, just mark Yes in 6d and go to 6e. Otherwise, ask both 6d and 6e:

6d. Did you end the relationship for another relationship? □ Yes OR □ No

6e. Does [NAME] believe you ended the relationship for another relationship? □ Yes OR □ No

7a. If the parties were married, say: I assume you lived together and check Yes if the party agrees. Otherwise, ask:

Have you and [NAME] ever lived together? □ No (IF NO, SKIP TO QUESTION 9) OR □ Yes

7b. What is the total amount of time that you and [NAME] lived or have lived together? Answer should be in:

Years or Months

7c. Are you and [NAME] still living together? □ Yes (IF YES, SKIP TO QUESTION 9) OR □ No

7d. How long ago did you and [NAME] stop living together? Answer should be in:

Years or Months

8a. Since you stopped living with [NAME], have you and [NAME] spent any time together as a couple? I am not asking about time you spent exchanging the child(ren) or co-parenting the child(ren).

□ No (IF NO, SKIP TO QUESTION 9) OR □ Yes

8b. How long ago was it when you and [NAME] spent any together as a couple? Answer should be a number measured in one of the following: Days or Weeks or Months or Years

8c. What did you do together?

9. Everyone fights or argues with family members and friends now and then. What happened when you fought or argued with [NAME]?

10. Do you have any of the following concerns about [NAME]? If you have any of these concerns, I will be asking you for some details about your concerns.

□ Overuse of alcohol or prescription medications
□ Illegal drug use
□ Mental health problems
□ Child abuse and/or neglect concerns
□ Any criminal history

If party reports having any of the concerns listed above: Please tell me more about your concerns:
Research or Case Number: Name of interviewer:
Party being interviewed: □ 1st party: Male/Female/Nonbinary □ 2nd party: Male/Female/Nonbinary Date of interview:

11. Do you think [NAME] will say that he/she/they has/have any of the following concerns about you?

☐ Overuse of alcohol or prescription medications
☐ Illegal drug use
☐ Mental health problems
☐ Child abuse and/or neglect concerns
☐ Any criminal history

If party reports that the other party will have any of the concerns listed above: Please tell me what [NAME] will say about each of those concerns?

12. Have you ever been involved with the Department of Child Services (Child Protective Services)?
   □ Yes OR □ No

13. If yes, please explain (be sure to ask any appropriate follow up here):

14. Has [NAME] ever been involved with the Department of Child Services (Child Protective Services)?
   □ Yes OR □ No

15. If Yes, please explain (be sure to ask any appropriate follow up here):

16. Are there any current or past protective orders, restraining orders, or orders of protection issued against [NAME]?
   □ Yes OR □ No

17. If Yes, please explain (be sure to ask any appropriate follow up here):

18. Are there any current or past protective orders, restraining orders, or orders of protection issued against you?
   □ Yes OR □ No

19. If Yes, please explain (be sure to ask any appropriate follow up here):

20. Does [NAME] own or have access to any weapons, for example, guns or knives? □ Yes □ No

21. If Yes, what kind(s) of weapons?

22. Do you own or have access to any weapons, for example, guns or knives? □ Yes □ No

23. If Yes, what kind(s) of weapons?

24a. Are you in mediation because:
   □ you and [NAME] decided on your own to mediate, or
   □ the Court referred you and [NAME] to mediation?

24b. Is this mediation:
   □ the first time you and [NAME] are mediating or
   □ a return to mediation?
Section 2

Now, I am going to ask you a series of questions about your relationship with [NAME]. I am interested in things that [NAME] may have done during a conflict, disagreement, fight, or in anger, or to scare you or hurt you, but NOT while joking around. If any of these questions make you feel uncomfortable or upset, we can take a break. Just let me know.

First, I will ask if something ever happened, and you should answer Yes or No. If you answer Yes, then I will ask if it happened within the past 12 months; again answer Yes or No.

<table>
<thead>
<tr>
<th>A. Did [NAME] ever (whether living together or not)</th>
<th>B. Did that happen in the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Call you names?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>2. Insult you or make you feel bad in front of others?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>3. Forbid you to go out without him/her/them?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>4. Try to control how much money you had or spent?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>5. Be secretive or kept you in the dark about financial matters?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>6. Try to control your activities, including work?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>7. Try to control your contact with family and friends?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>8. Act extremely jealous, or frequently check up on where you’ve been or who you’ve been with?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>9. Demand that you obey him/her/them?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>10. Physically abuse or threaten to abuse pets to scare or hurt you, or when angry at you?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>11. Punish or deprive the children because he/she/they was/were angry at you? [If no children, N/A: ☐]</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>12. Make threatening gestures or faces at you or shake a fist at you?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>13. Spit on you?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>14. Threaten to take or have the children taken away from you? [If no children, N/A: ☐]</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>15. Destroy property, for example, hit or kick a wall, door, or furniture or throw, smash, or break an object?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>16. Drive dangerously to scare you, or when angry at you?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>17. Throw an object at you to scare or hurt you, or when angry at you?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----</td>
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<tr>
<td>18. Destroy or harm something you care about?</td>
<td></td>
</tr>
<tr>
<td>19. Make false accusations to the authorities that you physically or</td>
<td></td>
</tr>
<tr>
<td>sexually abused [NAME] or the children?</td>
<td></td>
</tr>
<tr>
<td>20. Ruin your reputation at work or in a community that you care about</td>
<td></td>
</tr>
<tr>
<td>21. Threaten you with criminal or immigration action against you?</td>
<td></td>
</tr>
<tr>
<td>22. Threaten to hurt you?</td>
<td></td>
</tr>
<tr>
<td>If Yes, ask for details and record them here:</td>
<td></td>
</tr>
<tr>
<td>23. Threaten to hurt someone you care about?</td>
<td></td>
</tr>
<tr>
<td>If Yes, ask for details and record them here:</td>
<td></td>
</tr>
<tr>
<td>24. Threaten to kill him/her/themself?</td>
<td></td>
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<tr>
<td>If Yes, ask for details and record them here:</td>
<td></td>
</tr>
<tr>
<td>25. Threaten to kill you?</td>
<td></td>
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<tr>
<td>If Yes, ask for details and record them here:</td>
<td></td>
</tr>
<tr>
<td>26. Threaten you with, or use, a weapon or something like a weapon</td>
<td></td>
</tr>
<tr>
<td>against you?</td>
<td></td>
</tr>
<tr>
<td>If Yes, ask for details (including whether threat or actual use, and</td>
<td></td>
</tr>
<tr>
<td>what kind(s) of weapon(s) or object(s) and record them here:</td>
<td></td>
</tr>
<tr>
<td>27. Hold you down, pinning you in place?</td>
<td></td>
</tr>
<tr>
<td>28. Push, shove, shake or grab you?</td>
<td></td>
</tr>
<tr>
<td>29. Scratch you, or pull your hair, or twist your arm, or bite you?</td>
<td></td>
</tr>
<tr>
<td>30. Slap you?</td>
<td></td>
</tr>
<tr>
<td>31. Hit or punch you?</td>
<td></td>
</tr>
<tr>
<td>32. Kick or stomp on you?</td>
<td></td>
</tr>
<tr>
<td>33. Try to choke or strangle you or cut off your breathing?</td>
<td></td>
</tr>
</tbody>
</table>

I want to remind you that all my questions concern things that [NAME] may have done during a conflict, disagreement, or fight, or in anger, or to scare or hurt you, but NOT while joking around.
34. Burn you with something? | Yes ☐ No ☐ | Yes ☐ No ☐ |
35. Demand or insist that you engage in sexual activities against your will? | Yes ☐ No ☐ | Yes ☐ No ☐ |
36. Physically force you to engage in sexual activities against your will? | Yes ☐ No ☐ | Yes ☐ No ☐ |
37. Follow or spy on you in a way that made you feel frightened or harassed? | Yes ☐ No ☐ | Yes ☐ No ☐ |
38. Try to contact you against your will or communicate in a way that made you feel frightened or harassed, for example, by phone calls, leaving you messages on your voicemail, text messages, mail, or through social media contacts or posting? | Yes ☐ No ☐ | Yes ☐ No ☐ |
39. Stand outside your home, school, workplace, or places where he/she/they had no business being, and in a way that made you feel frightened or harassed? | Yes ☐ No ☐ | Yes ☐ No ☐ |
40. Leave items for you to find in a way that made you feel frightened or harassed? | Yes ☐ No ☐ | Yes ☐ No ☐ |
41. Do anything else similar to the kinds of behaviors we’ve been discussing? If yes, ask for details and record them here: | Yes ☐ No ☐ | Yes ☐ No ☐ |

Now consider the things we’ve been discussing or similar kinds of things:

42. As a result of [NAME]’s behaviors, did you ever feel fearful, scared or afraid of physical harm to yourself or to others? If Yes, ask for whom the party has felt fearful, scared or afraid of physical harm and record here: | Yes ☐ No ☐ | Yes ☐ No ☐ |
43. I’d also like to know about [NAME]’s family members and friends. Did they do any of the things I’ve been asking about to you? If Yes, ask for details and record them here: | Yes ☐ No ☐ | Yes ☒ No ☐ |
44. As a result of [NAME]’s behaviors, have you ever received any physical injury, even a scratch, small bruise or swelling? If Yes, ask Questions 45 to 48 below. If No, skip those Questions and go to Question 49. | Yes ☐ No ☐ | Yes ☐ No ☐ |
### For questions 45-48 relating to injuries, ask: Did you ever receive any:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>45. Scratch, small bruise, swelling, or other mild injury?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If Yes, ask for details and record them here:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. Fracture, small burn, cut, large bruise, or other moderate injury?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If Yes, ask for details and record them here:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>47. Major wound, severe bleeding or burn, being knocked out, or other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>severe injury?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>If Yes, ask for details and record them here:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. Blindness, loss of hearing, disfigurement, chronic pain, or other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>permanent damage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>If Yes, ask for details and record them here:</td>
<td></td>
<td></td>
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</tbody>
</table>

### These final Section 2 questions are for all parties regardless of whether they say they suffered any physical injuries.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>49. Did you seek, or should you have sought medical attention for any</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>physical injury caused by [NAME]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, ask for details and record them here:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Did you seek, or should you have sought, mental health or medical</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>assistance as a result of any of [NAME]’s behaviors? (This is different</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>than what I asked about physical injury.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, ask for details and record them here:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. As a result of [NAME]’s behaviors, did you or someone else ever</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>call the police?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>If Yes, ask for details about who called the police, and when and what</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>specifically prompted the call, and record them here:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 3

If the party reported that the other party engaged in any of the behaviors in Section 2 above in the past 12 months, ask Questions 1-2; if not, to Question 5:

1. You said that [NAME] did some of the things I asked you about in the past 12 months. Have these types of behaviors been happening more often recently?
   □ Yes  OR  □ No

   If Yes, which behaviors:

2. Have these types of behaviors been getting worse or more serious recently?
   □ Yes  OR  □ No

   If Yes, which behaviors:

If the party answered Yes to 1 and/or 2 above, and reported that they stopped living with the other party less than 12 months ago [from Question 7d in Section 1], ask Questions 3-4; if not, skip to Question 5.

3. You said that you and [NAME] stopped living together months ago. Since you and [NAME] stopped living together, have any of these behaviors been happening more frequently?
   □ Yes  □ No

   If Yes, which behaviors:

4. Have these types of behaviors been getting worse or more serious you and [NAME] stopped living together?
   □ Yes  □ No

   If Yes, which behaviors:

For ALL parties, regardless of their answers to questions 1 through 4 above, ask the following questions:

5a. Are you comfortable mediating with [NAME]  □ Yes (IF YES, SKIP TO QUESTION 6)  OR  □ No

5b. What makes you uncomfortable?

5c. What, if anything, would make you feel more comfortable?

6a. Do you think there is any reason why you should not participate in this mediation?
   □ No (IF NO, SKIP TO QUESTION 7)  OR  □ Yes

6b. If Yes, please explain:

7a. During the mediation, would you prefer to sit in the same room with [NAME] or in a different room?
   □ Same room  □ Different room  □ No preference

7b. If in a different room, why?

7c. If in the same room, why?

7d. If no preference, why?
8. Are you afraid that [NAME] will harm you during the mediation or after you leave because of what you say or do in mediation?  ☐ Yes  ☐ No

9. If yes, please explain:

10. Do you believe that you are in physical danger from [NAME] at this time?  ☐ Yes  ☐ No

11. If yes, please explain:

12. Is there anything else you think I/we [the mediator(s)] should know?

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Although males and females can be both victims and/or perpetrators of intimate partner violence or abuse, most research shows that female victims report more sexual victimization, fear, and serious physical injury. See, e.g., Winstok, Z., & Straus, M. A. (2016), Journal of Family Violence, 31(8), 933-935. This is very important to know and consider in the mediation context. Thus, with male/female couples, we recommend screening the female party first if possible in the event the screening results indicate that mediation would not be appropriate. Screening the male party might then not be necessary or appropriate.

To obtain a copy of the Confidential Intake Form used by mediators in the Viola J. Taliaferro Family and Children Mediation Clinic at the IU Maurer School of Law, contact Professor Amy G. Applegate at aga@indiana.edu.

The authors also recommend: (a) do not apologize for asking these questions; (b) do not say or volunteer that everyone was asked these questions; and (c) if a party enquires whether everyone is asked these questions, an appropriate response is: “We ask everyone a series of background questions. We ask the parties some of the same questions and some different questions. No matter what we ask, what you say will be kept confidential from the other parent and the court.”
MASIC-4 MEDIATOR CASE EVALUATION as of January 9, 2020

Review the information obtained from each party (with your supervisor, if applicable) to consider whether this case is appropriate for mediation, and if so, whether any accommodations should be made to the process.

Consider (and check) the different types of intimate partner abuse or violence that may be present:

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Female’s report of Male’s behavior</th>
<th>Male’s report of Female’s behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>psychological abuse (Items 1-2 in Section 2)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>coercive control (Items 3-21 in Section 2)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>threats of severe violence (Items 22-26 in Section 2)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>physical violence (Items 27-30 in Section 2)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>severe physical violence and injury (Items 27, 31-34, and 44-49 in Section 2)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>sexual violence (Items 35-36 in Section 2)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>stalking (Items 37-40 in Section 2)</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

The research tells us that a female victim of intimate partner abuse or violence is at risk of serious injury or death when some or all of the risk factors below are present:

IF THE VICTIM IS A FEMALE, check the following additional risk factors:
- □ victim is a woman of child-bearing age (up to age 50) (From other intake forms)
- □ victim has children from another partner/spouse living with her (Questions 2-3 in Section 1)
- □ victim is leaving her abuser for a new relationship (Question 6 in Section 1)
- □ abuser is currently unemployed (Question 4 in Section 1)
- □ victim and the other party are still living or staying together (Questions 7-8 in Section 1)

Check all risk factors validated for FEMALES, but also indicate if reported against females by MALES:

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Female’s report of Male’s behavior</th>
<th>Male’s report of Female’s behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>victim expresses fear of abuser (Item 42 in Section 2; and Questions 5-11 in Section 3)**</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>abuser is highly controlling (Items 3-21 in Section 2)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>abuser uses drugs and/or alcohol (Questions 10-11 in Section 1)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>abuser has access to guns or other weapons (note that guns are of particular concern) (Question 20-23 in Section 1; and Item 26 in Section 2)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>abuser stalks victim (Items 37-40 in Section 2)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>abuser threatens violence (Items 22-26 in Section 2) (note that threats of violence involving detailed plans are of particular concern)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>abuser is physically violent towards victim, and the violence has been escalating in frequency and/or severity over the past 12 months and/or since the parties stopped living together (Items 1-4 in Section 3)</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
In some relationships one partner commits all or most of the abuse or violence; in other relationships the abuse or violence may be committed by both partners.

**Based on each party’s report, identify the victim(s):**

- ☐ First party. If Yes, is the party ☐ Male or ☐ Female or ☐ Nonbinary
- ☐ Second party. If Yes, is the party ☐ Male or ☐ Female or ☐ Nonbinary
- ☐ Neither party.

**If you have identified both parties as victims, considering what each party reported (and the severity of what was reported), do you, as the mediator, subjectively identify one of the parties as the primary victim?**  ☐ Yes  ☐ No

This subjective designation (of primary victim) should be based on the interview and the mediator’s clinical judgment, considering especially threats, coercive controlling behaviors, intimidation, injury, fear, and recent changes to frequency and severity of the behaviors.

**If Yes, who:  ☐ First party  ☐ Second party**

**INSTRUCTIONS FOR ALL CASES**

*Consider the information above in deciding whether to mediate and if yes, how to mediate.*

**As mediators, we should always accommodate someone who expresses fear of the other party.** Accommodation will vary depending on the circumstances, but a mediator should not insist that a party start or continue mediating when that party says that they do not want to mediate because of fear of the other party. It is also not appropriate to require or force a party who self-identifies or who you identify as a victim of intimate partner violence or abuse to participate in the mediation process.

Some victims of IPV/A may not believe that they are at risk. Although we generally want to empower a victim who affirmatively wants to mediate, in making the decision whether or not to mediate we must also consider: (a) the risks involved and (b) what accommodations to provide if we decide to mediate. In addition to safety risks, be sure to consider any other concerns presented in the specific situation, including balance of power issues, the possibility of coercion, the mediator’s ethical duty not to facilitate involuntary and/or unconscionable agreements, and the mediator’s ethical duty to remain impartial.

It is also important to continue to be alert for IPV/A that was not disclosed in the screening process. This may become apparent after screening, during the negotiation process. Consider the parties’ conduct and/or reactions towards each other.

**In considering the existence and effect of IPV/A in this case, please consider the questions below:**

1)  Do you believe the case is appropriate for mediation?  ☐ Yes  ☐ No

   **If your answer is Yes, then skip to Question 2.**
   **If your answer is No, then answer Questions 1a, 1b, and 1c as applicable; you will not be answering Question 2.**

1a)  If you think the case is not appropriate for mediation, record your concerns here, considering the violence and abuse reported, and its impact on each party:
1b) If you determine not to mediate or to terminate mediation because of concerns about intimate partner abuse or violence, are there any ethical constraints and/or any safety concerns in how you should communicate this decision to the parties and/or the court? Record these concerns here:

1c) If you determine not to mediate immediately after completing the first party’s MASIC (typically the female), consider whether it would be safe or appropriate to conduct all or part of an intake with the other party, including and especially the MASIC interview with the other party. Again, consider the ethical constraints and/or safety concerns in how you communicate this decision to the parties and/or the court. Record these concerns here:

2) Are any of the following accommodations necessary in order to help ensure a safe, voluntary, and appropriate mediation process?

**Separation of Parties (check all that are needed):**
- ☐ Parties to be in separate rooms at all times (shuttle mediation)
- ☐ Videoconferencing, telephone, or online mediation with parties in separate rooms or locations (specify details):
- ☐ Staggered arrival and departure times for parties (with the victim, or in the case of two victims, the primary victim, arriving second and leaving first):
- ☐ Party needs escort to/from car (for which party/ies):
- ☐ Party needs way to leave the building without being seen by the other party (for which party/ies):
- ☐ Parties to be in separate rooms if mediator not present, i.e., joint sessions possible, but only if the mediator is present at all times in the room with both parties (note that this is not an option encouraged by the authors and should only be considered by mediators experienced in mediating cases with high levels of intimate partner violence or abuse in conjunction with other accommodations listed, e.g., mediation at secure facility):
- ☐ Parties to appear for mediation on separate days

**Security:**
- ☐ Mediation at secure facility, passing through security, presence of armed guards, etc.

**Referrals/Representation/Support (check all that are needed):**
- ☐ Referral to DV program or shelter (for which party/ies):
- ☐ DV advocate (for which party/ies):
- ☐ Attorney necessary (for which party/ies):
- ☐ Support person necessary (for which party/ies):

**Other:**
- ☐ Other accommodation (specify):

**No Accommodations:**
- ☐ No accommodations necessary

In this situation, the mediator may consider conducting joint mediation (i.e., the parties mediate in the same room with the mediator) for the negotiation process. For some
mediators, this is their preferred process. Nevertheless, as a matter of cautious practice, the authors recommend meeting separately with the parties for at least some part of the process before finalizing any mediation agreement, especially if the parties are not represented by legal counsel.

3) Even with screening before the start of negotiations, there may be times when a mediator learns belatedly of intimate partner abuse or violence. If during the mediation, you become concerned about the possibility of intimate partner abuse or violence, take a break to consider how to proceed. Be sure to keep the parties separate while you determine the appropriate action to take.

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