



Intimate Partner Physical Injury Risk Assessment Tool

Expanded User Manual

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Intimate Partner Physical Injury

Risk Assessment Tool

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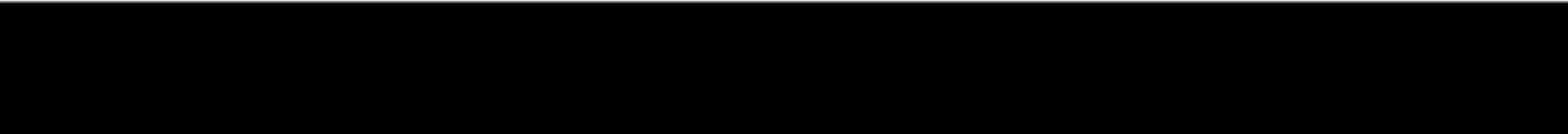
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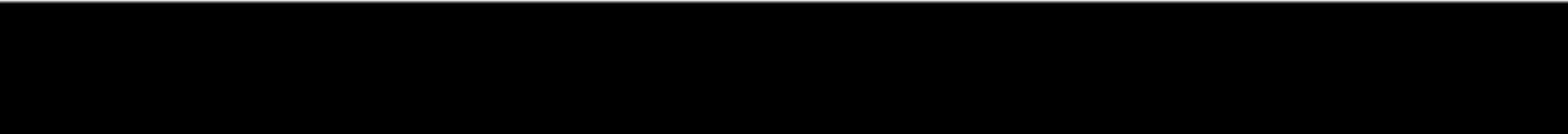
Introduction

The Intimate Partner Physical Injury-Risk Assessment Tool (IPPI-RAT) is an evidence-based tool used to predict the risk of domestic /intimate partner violence (IPV) with physical injury among individuals who have experienced an allegation of IPV. It is used with individuals with any IPV allegation, regardless of whether or not the initial allegation includes physical injury. The tool was developed through extensive research funded by the United States Department of Defense (DoD) Family Advocacy Program (FAP) in conjunction with the Military Services. It was designed to help predict and manage risk for future IPV resulting in physical injury among active duty military members and family members (both males and females) who have experienced at least one alleged incident of IPV. The tool was designed specifically for use by FAP providers as part of the comprehensive clinical assessment completed when an incident of IPV is reported. The tool is not a substitute for clinical skills and judgment. It is very important that all available sources of information be utilized when considering the risk for subsequent physical injury in an IPV allegation. The tool should not be completed until a detailed assessment has been conducted, all information has been collected and evaluated, and items appropriately coded as present or absent. When your clinical judgment assesses risk for physical injury to be higher or lower than the tool indicates, the reason for such a decision should be thoroughly documented in the FAP record.

The IPPI-RAT Expanded User Manual is intended as a supplement to the Technical Manual and includes a review of literature on each risk factor, history of the development of the tool, and case examples. The manual is not a substitute for either the IPPI-RAT Technical Manual which includes extensive information on the development and psychometric properties of the scale. The Brief User Manual provides an overview and guidance for FAP providers on the general use and interpretation of the IPPI-RAT. A one-page summary of the IPPI-RAT protocol is provided in the appendix; this should only be used as a reference guide following a thorough review of the manual.

Reminder

The IPPI-RAT is designed to supplement the current risk assessment procedure used by each branch of service. The tool measures risk for IPV leading to injury, but is not designed to assess risk of suicide, risk for child abuse, risk for lethal IPV, or risk for other types of IPV. The tool should always be administered in the context of a comprehensive risk assessment.



Chapter 1:

IPPI-RAT Item Definitions

For the purpose of this manual, terminology used to describe services and treatment professionals are broad and meant to encompass specific terms used within each branch of service.

Domestic Abuse: Domestic abuse is a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is a current or former spouse or an intimate partner.

(FAP) Provider: An employee of the Department of Defense or a civilian working under contract for the Department of Defense, who holds an independent license and is credentialed to provide clinical services to domestic abuse victims and offenders.

Offender Intervention/Treatment Program: Psycho-educational and support group-based programs designed for persons who use abusive and controlling behavior in intimate partner relationships; provides tools and knowledge to change abusive and controlling behaviors; reduce the risk of abusive behavior by helping offenders understand and take responsibility for their violent behavior.

Behavioral/Mental Health: Interdisciplinary counseling and health services that address mental, behavioral and addictive disorders through a continuum of services for individuals at risk of, or suffering from, mental, behavioral or addictive disorders.

Offender Items

Caused minor injury (not requiring medical care) in incident.

As a result of the current, identified incident, did the alleged offender cause the victim to sustain any physical injuries that did not require medical care?

Ever choked or strangled partner.

Has the alleged offender choked or attempted to strangle partner in any relationship conflict?

Denies incident occurred.

Does the alleged offender report that the current, identified incident did not occur or, refuse to acknowledge that a violent incident occurred?

Increased frequency or severity of violence toward partner.

Has the alleged offender become violent more frequently and/or used more dangerous types of violent behaviors toward partner during the past few months? Increased frequency or severity of violence is not indicated if this is the first physically violent incident.

Blames others for incident.

Does the alleged offender hold others (partner, boss, other family members, etc.) responsible for the occurrence of the present incident?

Attempts to control partner's access to friends/family/resources.

Does the alleged offender try to influence the time and the amount of time a partner spends with other family or friends? Does the alleged offender try to control availability of resources, such as money and automobiles?

Physically aggressive toward partner prior to incident.

Has the alleged offender been physically aggressive (shoved, slapped, punched, kicked, etc.) toward partner at any time prior to the current incident?

Feels desperate about relationship.

At the present time, does the alleged offender believe that the relationship is over, or that there are no longer any choices available, or worth trying, that would improve the state of his/her relationship with partner? Does the alleged offender indicate that he/she would do anything to preserve the relationship? Does the alleged offender indicate that if he/she can't have the partner, no one can? Does the alleged offender stalk the partner or appear extremely distraught about the potential loss of the partner?

Emotionally abusive towards partner.

Is the alleged offender routinely critical and/or verbally aggressive toward partner, and/or does the offender carry out actions which isolate and dominate partner?

Ever used or threatened to use weapons against partner.

During this incident or any previous violent incident, has the alleged offender ever used or threatened to use an instrument/weapon that could cause pain or injury?

Expresses ideas or opinions that justify violence towards partner.

Does the alleged offender express ideas or opinions that rationalize or excuse violence toward a partner?

Holds unrealistic expectations of partner.

Does the alleged offender have ideas regarding how his/her partner should act/ behave that are not reasonable given life circumstances?

Victim Items

Dissatisfied with military lifestyle.

Has the victim expressed discontent with how the unique rules and characteristics of the military (e.g., wages, supervisory control, emphasis on conformity, frequent moves) have affected his/her life?

Attempting to leave relationship.

Does the victim report attempting to leave the relationship through means such as relocating, cutting off contact with alleged offender, etc.?

Fears for self or children or pets.

Is the victim fearful that the alleged offender might harm him/her, children, and/or pets?

Chapter 2:

Literature Review Supporting Intimate Partner Physical Injury Risk Assessment Tool

This literature review is intended to inform FAP providers regarding the current research on the risk factors in the IPPI-RAT. A brief review of literature on male perpetration, female perpetration, and violence in same-sex relationships with regards to each risk factor is presented. As will become clear, most research is conducted on male-to-female violence, with less research available on female-to-male violence and the least amount available on the relationship between these risk factors and violence in same-sex relationships.

Each literature review summarizes the current findings on a particular risk factor and presents the effect sizes representing the strength of each risk factor for male and female alleged offenders that emerged from the current DoD Risk Assessment project. Effect sizes refer to a standardized statistical depiction of a relationship between two variables. The value of the effect size allows us to compare the strength and magnitude of the risk factor across different factors because it has been transformed into a standardized metric system (Stith et al., 2004).

The magnitude of effect sizes (i.e., r^2) should be interpreted based on this scale: 0.01 as small, 0.09 as moderate, and 0.25 as large (Osteen & Bright, 2010). It is important to consider the context of the study when interpreting effect sizes (Vacha-Haase & Thompson, 2004). For example, even a small effect size when considering IPV risk factors is important and relevant yet a larger effect size between two mundane variables may have less important implications.

Offender Risk Factors

Caused Minor Injury (Not Requiring Medical Care) in Incident

Victims of IPV frequently receive minor injury during violent incidents (Whitaker, 2007). Although the relationship between causing injury and IPV recidivism is frequently examined in the literature, few studies have specifically looked at minor injury (i.e., injury not requiring medical care) and its association with IPV recidivism. This may be because minor injury often occurs in the context of more severe injury (Mechanic, Weaver, & Resick, 2008). Most of the research examining this risk factor has been done in the context of male perpetrators and female victims. However, there is some research on women arrested for IPV that indicated there might be no gender difference between male and female offenders in causing injury during a previous fight as a risk factor for IPV (Henning & Feder, 2004). Despite the dearth of research on this topic, minor injury is an important risk factor to consider because it is the most common form of injury associated with IPV (Capaldi, Shortt, Kim, Wilson, Crosby, & Tucci, 2009).

Most research indicates that women are more likely to be injured in IPV incidents than are men. One study of young, at-risk couples found that minor injuries (as well as severe injuries) were more likely to be caused by men than women (Capaldi, et al., 2009). In a study of police reports, Duncan et al. (1999) found that 17.4% of the incidents resulted in injuries and of those injured, 90% were women and 10% were men. Furthermore, most of the injuries were minor and involved bruises, scratches, or pain, with other common injuries including swelling and redness. Severe injuries were relatively rare. Victims in same-sex relationships also experience injury as a result of IPV. For example, in their research with 52 battered gay men, Merrill and Wolfe (2000) found that 79% had suffered at least one injury in a previous IPV incident with their male partner.

Several studies have found that causing minor injury in an IPV incident increases the risk of IPV recidivism and that risk of IPV continues to increase with severity of the injuries (Mechanic et al., 2008; Woodin & O'Leary, 2006). For example, a study by Crandall, Nathens, Kernic, Holt, & Rivara (2004) found that 75.4% of 354 women who reported a current injury by a partner had been victims of minor injury 9 months prior.

Although IPV resulting in minor injury is considered to be a less severe form of physical violence than is IPV resulting in more severe injury (Woodin and O'Leary, 2006), victims of this type of violence tend to not only experience physical pain, but also have an increased risk of depression, substance abuse, chronic disease, anxiety, PTSD, low self-esteem, poor body image, and fear of intimacy than do victims who do not experience injury (VanMeter, 2011). Therefore, it is important to thoroughly assess all levels of past and present IPV injury when responding to IPV. Furthermore, the DoD sponsored Risk Assessment Study found an effect size of $r^2 = .065$ for the relationship between minor injury and subsequent IPV resulting in injury for male perpetrators and $r^2 = .294$ for female perpetrators. These findings suggest that while causing minor injury is a significant risk factor for both male (small-to-moderate effect size) and female (large effect size) perpetration of subsequent IPV-related injury, alleged female offenders who caused a minor injury in the initial incident were at more than 4 times greater risk than alleged male offenders, for later IPV perpetration resulting in injury if they had caused minor injury in the initial incident.

Ever Choked or Strangled Partner

Choking or non-fatal strangulation is a common form of IPV against women (Campbell, Glass, Sharps, Laughon, & Bloom, 2007). While non-fatal strangulation has not been extensively examined in relation to IPV, some research indicates that it is an important risk factor in predicting repeat female IPV victimization and homicide (Campbell et al., 2007; Glass et al, 2008; Weisz, Tolman, & Saunders, 2000). The Chicago Women's Health Risk Study found that, of the 494 female self-identified victims of IPV sampled from hospitals and clinics, 47.3% had experienced at least one incident in the past year in which her partner had tried to choke or strangle her, and 57.6% had experienced choking or strangulation by the abusive partner at least once in the past (Block et al., 2000 as cited in Glass et al, 2008). A study of attempted and completed homicide cases found that the risk of becoming a victim of attempted homicide increased by 7 times for women who had been strangled in the past by their partners (Glass et al., 2008).

Moreover, research indicates that strangulation is a form of severe physical violence that may not leave significant observable injury but has a serious impact on the physical and mental health of victims (Funk & Schuppel, 2003; Laughon, et al., 2008). One study found that 85% of female IPV strangulation victims reported experiencing physical symptoms such as sore throat, difficulty breathing and neurological symptoms and 83% of victims reported one or more psychiatric symptoms in the 2 weeks following the incident (Wilbur et al., 2001).

More recently, it has been shown that choking or strangulation can also be a severe form of violence perpetrated against male victims (Hines, Brown and Dunning, 2007). In a study of male callers to the Domestic Abuse Helpline for Men, 22.2% of men reported being choked by their female partners (Hines et al., 2007). Another study of men and women arrested for domestic assault found that while 32.2% of female arrestees had choked or used a weapon against their male partner, a significantly higher proportion of male arrestees had engaged in such serious physical assault against their partners (Henning & Feder, 2004). No research was found measuring this risk factor in same-sex relationships.

The findings of these studies indicate that choking or strangulation could be an important variable to assess among both male and female victims and could be an important risk factor for IPV recidivism (Glass et al, 2008). The DoD sponsored Risk Assessment Study, reported an effect size of $r^2 = .079$ for the relationship between strangulation and subsequent IPV resulting in injury for male perpetrators and $r^2 = .064$ for female perpetrators.

Denies Incident Occurred

Alleged and convicted IPV offenders often deny the occurrence of the incident (Henning & Holdford, 2006). Such denial has been commonly perceived as a risk factor for future IPV perpetration (Henning, Jones, & Holdford, 2005; Kropp, Hart, Webster, & Eaves, 1995). The majority of research on denial of IPV has studied male perpetrators and female victims. One study, however, found that approximately one out of five (21.0%) offenders (male and female) denied that any type of violent incident occurred before their arrest when court-ordered to complete a psychological assessment (Henning et al., 2005). Moreover, the authors found that men were more likely than women to indicate that the police report filed against them was untrue (Henning et al., 2005). No research was found measuring this risk factor in same-sex relationships.

Individuals who are in denial that they have perpetrated IPV may not believe they have a problem needing change and may be more resistant to engage in batterer intervention programs (Eckhardt, Holtzworth-Munroe, Norlander, Sibley, & Cahill, 2008; Henning & Holdford, 2006; Scott & Wolfe, 2003). It is commonly believed that for perpetrators to change their behaviors, they must take responsibility for their actions (Whiting, Oka, & Fife, 2012). Intervention programs for IPV generally seek to challenge statements of denial and increase awareness and accountability among offenders (Scott & Wolfe, 2003; Tolman & Edleson, 1995). Providers are encouraged to use appropriate measures to evaluate attributions of responsibility when determining suitable members for intervention programs (Lila, Herrero, & Gracia, 2008). Having a greater awareness of the offenders' tendency to deny the incident may inform providers of the need to engage in methods to reduce offenders' cognitive distortions (Eckhardt et al., 2008; Lila et al., 2008). Furthermore, assessments of denial and minimization may help determine appropriate treatment approaches to increase likelihood of involvement, compliance, and commitment to change. Prior research has acknowledged that denial of the incident is linked to recidivism, yet this relationship had not been previously empirically validated (Henning & Holdford, 2006). The DoD Risk Assessment Study reported an effect size r^2 of .103 (moderate) for the relationship between offender "denies incident occurred" and subsequent IPV resulting in injury for alleged male perpetrators and an r^2 of .064 (small-to-moderate) for alleged female perpetrators.

Increased Frequency or Severity of Violence Toward Partner

Escalation of violence is an important predictor of future IPV for female victims (Campbell, 1995; Campbell, Webster, Koziol-McLain, Block, Campbell, Curry, & Laughon, 2003; Krause, Kaltman, Goodman, & Dutton, 2006; Nicolaidis, Curry, Ulrich, Sharps, McFarlane, Campbell, Gary, Laughon, Glass, & Campbell, 2003; Stamp, & Sabourin, 1995; Weisz, Tolman, & Saunders, 2000; Wilson & Daly, 1993). Research has consistently found escalation of violence (i.e., increased frequency and severity) puts women at an increased risk for future violence (Krause et al. 2006) and for femicide (Campbell et al., 2003). Krause et al. (2006) found that women with a history of previous abuse were more likely to experience greater violence over the duration of the relationship, finding that 30% experienced an increase of frequency and severity of violence over the course of a year, from the initial event.

The majority of research on "increased frequency or severity of violence toward partner" has focused on male perpetration and female victimization. However, one study of female arrestees found that while a majority of the women did engage in moderate-to-severe physical aggression against their partners, most did not report an increase in frequency and severity of fights with partner prior to the index violent event (Henning, Renauer, & Holdford, 2006). Another study that examined risk factors for IPV among male and female offenders found that escalation of violence

was more frequently reported by victims of male IPV offenders than by victims of female IPV offenders (Henning & Feder, 2004). In their research of female same-sex relationships, Glass and colleagues (2008) found a 95% increase in the risk-reassault ratio for women in same-sex relationships who reported an increase in severity or frequency of violence by their female partners (RRR=1.95; 95% C.I. =0.84, 4.54) compared to those who did not indicate that their partner's violence had increased in severity or frequency of violence. The DoD Risk Assessment Study reported an effect size of $r^2 = .054$ for the relationship between "increased frequency or severity of violence toward partner" and subsequent IPV resulting in injury for male perpetrators and $r^2 = .080$ for female perpetrators.

Blames Others for Incident

Perpetrators of IPV frequently blame others or make external attributions for their own perpetration of violence (Cantos, Neidig, & O'Leary, 1993). A significant number of both male and female perpetrators of IPV tend to deny the occurrence of the violent incident or minimize its severity (Henning, Jones, & Holdford, 2005). It has also been found that when offenders do admit that the violent incident occurred, they tend to attribute greater blame to their spouse or partner than to themselves (Cantos et al., 1993; Henning et al., 2005). Further, perpetrators often blame their partners by suggesting that their act of violence was in self-defense (Flinck & Paavilainen, 2008; Henning & Holdford, 2006; Lila, Herrero, & Gracia, 2008).

Most research in this area has focused on partner blame among male perpetrators of IPV. There is also some mixed evidence to suggest that blaming is more strongly related to perpetration of IPV for men than for women. One study found that male college students were more likely to blame their partners for the occurrence of domestic abuse than were female college students (Bryant & Spencer, 2003). Another study of dating couples found that partner blame was as strongly associated with perpetration of IPV for female students as for their male counterparts (Scott & Straus, 2007). The authors proposed that this lack of gender difference in the strength of the relationship between partner blame and perpetration of IPV may be because mutual low-level aggression is common in dating relationships and partner blame may play a similar role in maintaining such aggression for both men and women (Scott & Straus, 2007). Similarly, other research has found that male and female convicted IPV offenders tend to blame the most recent offense on the characteristics of their partners and attribute the use of physical aggression most commonly to self-defense (Henning et al., 2005.) No research was found measuring this risk factor in same-sex relationships.

Overall, the research indicates that blaming others, especially victims, is a common phenomenon among perpetrators of IPV. Therefore, understanding perpetrators' attributions of responsibility for IPV is an important area for FAP providers to assess. With respect to treatment, researchers have also found that perpetrators who blame others are likely to be resistant and may respond better to collaborative rather than confrontational treatment approaches (Henning & Holdford, 2006; Murphy & Baxter, 1997; Taft, Murphy, King, Musser, & DeDeyn, 2003). These findings encourage clinicians to use interventions and approaches that minimize defensiveness from the perpetrator to increase understanding and effective change in minimizing risk of IPV recidivism. The current DoD Risk Assessment Study reported an effect size of $r^2 = .047$ for the relationship between "offender blames others for incident" and subsequent IPV resulting in injury for male perpetrators and $r^2 = .051$ for female perpetrators.

Attempts to Control Partner's Access to Friends/Family/Resources

Research has consistently found that attempting to control a partners' access to friends, family, and/or resources is significantly associated with perpetration of IPV (Archer & Graham-Kevan,

2003; Dutton & Goodman, 2005; Graham-Kevan & Archer, 2005; Murphy & Hoover, 1999; O'Leary, 1999; Riger, Ahrens & Blickenstaff, 2000; Sonis & Langer, 2008). Hamel, Desmarais, and Nicholls (2007) suggest that these behaviors are used in an effort to change the other individual's behavior through use of coercive controlling tactics. Perpetrators may feel a need to gain power in the relationship by asserting coercive control against his or her partner (Ehrensaft, Langhinrichsen-Rohling, Heyman, O'Leary & Lawrence, 1999). Moreover, perpetrators use coercive control to isolate and dominate their partner (Bennett et al., 2000; O'Leary, 1999) through limiting resources such as access to education or work, personal activities, social contacts, and economic resources (Dutton & Goodman, 2005; Murphy & Hoover, 1999; Riger et al., 2000). By depleting a partners' access to resources, abusers can reduce their partner's ability to resist control, thus, making him or her more susceptible to IPV (Dutton & Goodman, 2005). Although attempting to limit a partner's resources has been found to be associated with IPV, Murphy & Hoover (1999) suggest that controlling behaviors may take place even when there is no physical aggression within the relationship.

Studies have shown that both male and female IPV perpetrators use controlling tactics (Archer & Graham-Kevan, 2003; Ehrensaft et al., 1999; Ehrensaft & Vivian, 1999; Graham-Kevan & Archer, 2005; Hamel et al., 2007; Robertson & Murachver, 2011). Research furthermore suggests that psychological abuse (i.e., attempting to control, dominate, humiliate and degrade) of one's partner is especially harmful to the victims' mental and physical health (Bell, Cattaneo, Goodman & Dutton, 2008; Bennett, Goodman, & Dutton, 2000; Katz & Arias, 1999; Murphy & Hoover, 1999). Partners who attempt to control their partners' access to friends, family, and resources, are more likely to perpetrate IPV than are those who are not controlling (Archer & Graham-Kevan, 2003; Dutton & Goodman, 2005; Graham-Kevan & Archer, 2005; Murphy & Hoover, 1999; O'Leary, 1999; Riger, Ahrens & Blickenstaff, 2000; Sonis & Langer, 2008).

In his research with same-sex couples ($n = 14,182$) from a nationally representative sample, Messinger (2011) found a strong relationship between controlling behaviors and physical violence ($r = .59, p < .05$) in same-sex couples. In their study with battered gay men, Merrill and Wolfe (2000) reported that 94% of victims of IPV reported restricting or isolating behaviors by their partner. In their research with 226 women in same-sex relationships, Eaton and colleagues (2008) found lesbians who reported being in a relationship with a controlling partner were significantly more likely to experience IPV (OR = 4.13, 95% C.I. 2.07–8.23, $p < 0.001$), compared to those who did not report being with controlling partners. Similarly, in their research of female same-sex relationships, Glass and colleagues (2008) found that women in same-sex relationships who reported their partner controlling them by socially isolating them experienced a 224% increase in risk of experiencing IPV (RRR=3.24; 95% CI=0.50, 21.07), compared to women did not indicate their partner tried to isolate them socially.

The current DoD funded study suggests that coercive control is moderately associated with IPV perpetration for men ($r^2 = .034$) and highly associated with female perpetration ($r^2 = .170$). These findings indicate that signs of attempts to control partners should be taken seriously and thoroughly investigated in IPV assessments of both sexes.

Physically Aggressive toward Partner Prior to Incident

A substantiated history of abuse is a very important predictor of future IPV, but is rarely measured or addressed in studies of IPV (Bogat, Levendosky, Theran, Von Eye, & Davidson, 2003). However, there is a consensus in the research that past occurrences of IPV can be a predictor of future violent behavior (Kuijpers, van der Knaap, & Winkel, 2012; Schumacher & Leonard, 2005). IPV perpetration and victimization have been found to be stable or continue over time, suggesting

that a history of spouse/partner abuse is a strong risk factor in predicting IPV (Brewer, Fleming, Haggerty, & Catalano, 1998). In a meta-analysis examining risk factors for IPV, history of spousal abuse had a moderate effect size ($r = .24$) for current perpetration of male-to-female physical abuse (Stith, Penn, Ward, & Tritt, 2004).

Research on the relationship between history of abuse and subsequent IPV has tended to focus on female victims. However there is some research exploring this risk factor among male victims and female perpetrators. For example, a study of women convicted for IPV found that 63% had perpetrated physical aggression against their male partners prior to the offense they were arrested for (Henning, Renauer, & Holdford, 2006). They also found that 70% women reported being on the receiving end of similar physical aggression (Henning et al., 2006). In their study of a random sample of 284 gay and bisexual men, Bartholomew and colleagues (2008) found a strong correlation between having ever perpetrated physical abuse and perpetrating physical abuse in the past year ($r = .59$, $p < .01$).

Thus, this body of literature suggests that if an individual perpetrates violence against their partner, it is likely that he or she will perpetrate violence against their partner again in the future. A history of violence is an important factor to assess for in working with both victims and perpetrators of IPV. Awareness of previous incidents of abuse allows clinicians to provide specific resources and information to decrease likelihood of IPV recidivism. In the DoD Risk Assessment Study, being physically aggressive towards one's partner prior to the violent incident was a significant risk factor for male perpetrators with an effect size of $r^2 = .037$ and an effect size of $r^2 = .066$ for female perpetrators. These findings indicate that history of IPV should be taken seriously and thoroughly investigated in IPV assessments of both sexes.

Feels Desperate about Relationship

There is little research on the association between perpetration of IPV and feeling desperate about the relationship. There are numerous studies, however, on the link between IPV and factors related to feelings of desperation within a relationship (i.e., insecure attachment, jealousy, borderline personality characteristics, hopelessness, and stalking). Based on Bowlby's (1984) attachment perspective, when individuals become alarmed by perceived threats to the attachment relationship, they respond in ways to preserve the attachment system. Roberts and Noller (1998) found that anxiety over abandonment was related to both male and female perpetration of violence. Preoccupied or anxious attachment styles, specifically, have been found to be related to IPV perpetration (Dutton, Saunders, Starzomski, & Bartholomew, 1994; Henderson, Bartholomew, Trinke, & Kwong, 2005; Holtzworth-Munroe, Stuart, & Hutchinson, 1997). Hopelessness, another possible contributing factor to relationship desperation, was found to be related to IPV among batterers (Levesque, Velicer, Castle & Greene, 2008). The authors found that hopelessness, for batterers, seemed to represent an anxious recognition of barriers to change (Levesque et al., 2008).

Extreme jealousy of a partner seems a likely contributor to feelings of desperation within a relationship. Studies have shown that perpetrator jealousy is related to IPV (Dutton, Ginkel, & Landolt, 1996; Foran & O'Leary, 2008). Roberts (2005) found that perpetrator concerns about the victim's outside relationships were related to stalking violence, suggesting that stalking may be related to feelings of being desperate about the relationship. Moreover, some characteristics of borderline personality disorder appear to portray relationship desperation such as extreme reactions of panic, frantic reactions to abandonment, real or perceived, and intense and highly changeable moods. According to Beasley and Stoltenberg (1992) borderline personality constitutes a central feature in an abusive profile, supported by other findings of significant

correlations between abuse perpetration and borderline personality characteristics (Dukes Conrad & Stevens Morrow, 2000; Dutton & Starzomski, 1993). No research was found measuring this risk factor in same-sex relationships.

The current DoD-funded study suggests that “offender feels desperate about the relationship” is a small-to-moderate risk factor for IPV perpetration for men ($r^2 = .022$) and a strong risk factor for female perpetration ($r^2 = .230$). These findings indicate that perpetrators’ willingness to do anything to preserve the relationship, and apparent desperation should be taken seriously and thoroughly investigated in IPV assessments of both sexes.

Emotionally Abusive towards Partner

There is a well-established relationship between emotional abuse and IPV in heterosexual and same-sex couple relationships (Burrus & Cobb, 2011; Jacobson et al., 1994; Matte & Lafontaine, 2011; Outlaw, 2009; Rauer & El-Sheikh, 2012; Schumacher & Leonard, 2005). Emotional abuse most commonly refers to acts of recurring criticisms or verbal aggression and isolation and domination of one’s partner (O’Leary, 1999). Emotional abuse or verbal aggression is thought to be more common than physical IPV with 75% to 95% of spouses reporting at least one incident of emotional abuse in the past year (Burrus & Cobb, 2011). It also frequently co-occurs with physical IPV. One study indicated that 88% of those women who have ever experienced physical IPV also experienced emotional or psychological abuse (Coker et al., 2000). Further, other researchers have also found that verbal aggression predicts future perpetration and victimization of physical IPV (O’Leary, 1999; Schumacher & Leonard, 2005).

Among women, emotional abuse has been shown to be strongly associated with poor physical and mental health outcomes. Victims of emotional abuse displayed a significant increase in risk for developing a number of physical health conditions such as chronic neck or back pain, arthritis, and stammering or stuttering (Coker et al., 2000). While emotional or psychological abuse has been largely examined as a risk factor for IPV among male perpetrators, there is some research to indicate that psychological abuse is a common form of violence perpetrated by adult women against their partners (Williams, Ghandour & Kub, 2008). Estimates of prevalence of emotional abuse initiated by women in intimate relationships in the past year range from 81.0% to 88% (Williams et al., 2008). Moreover, a study that compared risk factors between male and female offenders of IPV found that both groups had similar scores on severity of psychological abuse as a risk factor for recidivism (Henning & Feder, 2004).

Several studies have also explored emotional abuse as a risk factor in same-sex relationships. In a study with 817 gay and bisexual men, Houston and McKirnan (2007) found that almost 21% of the men had been victims of verbal abuse in a current or past relationship, and 63% of those men who had experienced any type of abuse indicated they had experienced verbal abuse. In their study of violent male same-sex relationships, Bartholomew, Regan, White, and Oram (2008) found a strong relationship between perpetrating physical abuse and perpetrating psychological abuse ($r = .48, p < .05$). In their study with 306 individuals in a same-sex relationship, Chong, Mak, and Kwong (2013) also found a relationship between perpetrating physical abuse and psychological aggression ($r = .32, p < .01$).

This body of research suggests that emotional abuse is a salient risk factor for physical IPV and should be considered in the prevention of IPV recidivism. The current DoD funded study found that emotional abuse is associated with IPV in the future with a small effect size for male ($r^2 = .036$) and female ($r^2 = .019$) perpetrators. These findings indicate that emotional abuse be taken seriously and thoroughly investigated in IPV assessments of both sexes.

Ever Used or Threatened to Use Weapons Against Partner

The use of weapons is a major concern in IPV incidents due to possible consequences for the victim, such as increased likelihood of injury or death (Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Kernsmith & Craun, 2008; Sorenson & Wiebe, 2004). Weapons include, but are not limited to, guns, knives, and other household objects (Sorenson et al, 2004). The Danger Assessment Scale (DA; Campbell, Webster, & Glass, 2009) includes the use of weapons and ownership of a gun as risk factors for homicides committed against women in intimate partner relationships.

In a study of 114 battered women, 60% reported that their partner had threatened or used a weapon against them in at least one violent episode (Lee, Ju, & Lightfoot, 2010). In addition, the perpetrator's use of a weapon during an IPV incident was a significant factor contributing to an increased amount of injury to the victim (Lee et al., 2010). In another study, researchers found that male victims had a higher chance of having a weapon used against them compared to female victims (Kernsmith & Craun, 2008). Female perpetrators may be more likely to use a weapon due to having smaller physical sizes compared to their male counterparts (Kernsmith & Craun, 2008) or may use a weapon for self-defense. Sorenson et al. (2004) found that for women there was an overlap between using a gun in self-defense on one occasion and using it aggressively against their partner on other occasions (Sorenson et al, 2004).

Research with same-sex couples also report that being threatened with a weapon is a risk factor for IPV. In their research with 52 battered gay men, Merrill and Wolfe (2000) found that 62% reported that their perpetrator had threatened or assaulted them with weapons. In their research of female same-sex relationships, Glass and colleagues (2008) found that risk for future assault for women in same-sex relationships who reported that their partner had threatened them with a gun was 93% higher than for those who did not report that their partner had threatened them with a gun (RRR=1.93; 95% CI=0.79, 4.75).

In the DoD funded risk assessment study "threatening or using a weapon against one's partner" was associated with an increased likelihood of future physical injury with a small effect size ($r^2 = .008$) for male perpetrators and a large effect size ($r^2 = .255$) for female perpetrators. These findings suggest that female offenders of IPV are at a 3 times higher risk than male offenders of committing future physical injury when having threatened to or used a weapon in past violence incidents.

Expresses Ideas or Opinions that Justify Violence towards Partner.

The role of justification of violence is frequently studied in relation to perpetration of IPV. There is no consensus in the research literature, however, on the relationship between justification of violence and the actual perpetration of IPV. Some research has indicated that perpetrators of physical IPV are more likely to report positive attitudes towards use of violence in marriages than are non-perpetrators and such attitudes predict mens' abusiveness in marriages (Sugarman and Frankel, 1996). Further, sex-role egalitarianism and acceptance of marital violence have also been found to have direct and indirect effects on the perpetration of severe marital violence (Stith & Farley, 1993). Similarly, some studies have suggested that males' acceptance of violence might be more strongly associated with perpetration of IPV than other factors such as family of origin violence, alcohol use, marital status, power, social class (Russell and Hulson, 1992) and the immediacy of a situation (Stets & Pirog-Good, 1990).

On the other hand, other studies have found no relationship between acceptance of violence and perpetration of IPV (e.g., Cano et al., 1998; Hotaling & Sugarman, 1986). In one study, Kane,

Staiger, and Ricciardelli (2000) found that the men generally opposed violence against women and there were no significant differences between male perpetrators of IPV and men from the community on their attitudes towards the acceptability of IPV. A potential explanation, among many others, for the mixed findings could be the lack of consistency in the measures used for attitudes towards IPV (Cano et al., 1998).

One study has suggested that context and demographic characteristics influence whether or not participants reported approval of violence (Simon et al., 2001). This study found that both male and female participants were more accepting of women hitting men than they were of men hitting women and men were more accepting of IPV in the context of 'hitting after being hit first' than were women (Simon et al., 2001). While the acceptance of 'hitting to discipline or keep partner in line' was fairly low overall, it was more common among people who were non-White, had a household income of less than \$20,000 and did not have a high school education. Interestingly, there was no gender difference in the context of 'hitting to discipline the partner' (Simon et al., 2001.)

There is less empirical literature examining the role of this risk factor in female perpetration of IPV. A study that investigated the relationship between attitudes towards violence and perpetration of IPV found that female perpetrators of IPV did not differ significantly from their non-violent counterparts on acceptance of traditional gender role stereotypes, and male violence (Nabors & Jasinski, 2009). Similarly, another study exploring the correlates of violence among male and female arrestees, found that while perpetration of IPV was not significantly associated with attitudes accepting and justifying violence, male and female offenders and victims did not differ on attitudes linked to IPV (Robertson, & Murachver, 2007). No research was found measuring this risk factor in same-sex relationships.

Differing findings in the literature suggest that justification and acceptance of violence is an important yet complex factor to consider in the area of IPV. The current DoD-funded risk assessment study found that expressing ideas that justify violence was associated with subsequent physical injury in intimate relationships with a small effect size ($r^2 = .014$) for male perpetrators and ($r^2 = .156$) for female perpetrators. Taken together, the findings suggest that assessing individual partners' justification for the violent incident could inform the clinician about the likelihood of IPV recidivism with physical injury.

Holds Unrealistic Expectations of Partner

Cognitive risk factors have recently gained attention in the research literature on IPV. It has been found that not having expectations met can lead to anger and blaming in intimate relationships (Baucom, Epstein, Daiuto, Carels, Rankin, & Burnett, 1996). Holding unrealistic expectations also has the potential to lead to verbal and physical aggression. While the relationship between anger and IPV is well-established, the link between unrealistic expectations and IPV is yet to be sufficiently validated in empirical studies (Foran & Smith Slep, 2007; Norlander & Eckhardt, 2005). However, Eckhardt and Dye (2000) found that maritally violent men were more likely to hold rigid and demanding expectations of their partners when presented with hypothetical conflict scenarios. These findings are consistent with the cognitive model of IPV which suggests that perpetrators of IPV tend to hold unrealistic expectations of their partners' behavior which, when unfulfilled, lead to anger. The ensuing anger then predisposes them to initiate verbal and physical IPV (Meichenbaum, 1977, as cited in Foran et al., 2007).

Some research has indicated that having unrealistic expectations such as 'relationships should be conflict-free' or 'disagreement is destructive' is associated with greater marital distress and with IPV among violent men (Murphy, Vivian, O'Leary & Fincham, 1989 as cited in Holtzworth-Munroe and Stuart, 1994). One study found that men who were in discordant relationships

and held unrealistic expectations were significantly more likely to be severely physically and psychologically aggressive than were men in discordant relationships who did not hold unrealistic expectations. However, men who were satisfied with their relationships and held unrealistic expectations of their partners were equally as likely to be aggressive towards their partner as were men who were satisfied with their relationships without having unrealistic expectations (Foran & Smith Slep, 2007).

In contrast, other research has not found evidence for this risk factor. A study found that unrealistic expectations only distinguished between maritally distressed and non-distressed men and did not distinguish between aggressive and non-aggressive men (Holtzworth-Munroe and Stuart, 1994). Foran and Smith Slep (2007) found small-to-moderate effect sizes for the relationship between unrealistic expectations and IPV indicating that holding unrealistic expectations is a small but important factor explaining increased likelihood of IPV. Furthermore, women's relationship expectations of their partners were significantly correlated with their IPV perpetration ($r = .13$), but not with severe physical perpetration ($r = .07$), after controlling for parental expectations (Foran et al., 2007). No research was found measuring this risk factor in same-sex relationships.

The research remains unclear regarding whether or not partner expectations are a risk factor for IPV. Part of the problem may be the way that unrealistic expectations is being measured, which could be causing a difference in results (Foran et al., 2007). Overall, further research is needed. The current DoD-funded study suggests that when alleged offenders hold unrealistic expectations of their partners they are at risk for perpetrating IPV resulting in injury with an effect size of $r^2 = .008$ for men and $r^2 = .194$ for women.

Victim Risk Factors

Victim is Dissatisfied with Military Lifestyle

Focus groups held with Department of Defense FAP providers in the DoD sponsored Risk Assessment Project suggested that "victim dissatisfaction with military lifestyle" might be a risk marker for subsequent IPV. Military service poses potential stressors for the spouses of service members that are not as commonly experienced by civilians, such as prolonged periods of separation and frequent geographic relocation (Cozza, Chun, & Polo, 2005). There are additional stressors that are unique to the spouses of military members, including increased household and caregiver responsibilities during deployment (Lara-Cinisomo et al., 2012), reintegration following deployment (Kaplow, Layne, Saltzman, Cozza, & Pynoos, 2013), and grappling with the service member's exposure to danger during duty (Hoge et al., 2005; Tanielian et al., 2008) and risk of combat-injury and death (Cozza et al., 2005).

The "unprecedented operational tempo" (Lara-Cinisomo et al., 2012, p. 374) of the wars in Iraq and Afghanistan has led to the deployment of approximately 2 million military members since 2001. Thus, spouses of military members recently have been exposed to stress that is distinctively different from that experienced during previous conflicts (Lara-Cinisomo et al., 2012). It is likely that such stressors have influenced IPV victims' experiences of dissatisfaction with modern-day military lifestyle. However, since this is the first study to identify "victims' dissatisfaction with military lifestyle" as a risk factor for IPV additional research is needed to further explore this relationship. No research was found measuring this risk factor in same-sex or heterosexual relationships.

The DoD Risk Assessment Study found an effect size of $r^2 = .064$ for the relationship between "victim dissatisfied with military lifestyle" and subsequent IPV resulting in injury for male

perpetrators and $r^2 = .000$ for female perpetrators. Therefore, this is the only risk factor in the Risk Assessment Tool that is not significantly associated with subsequent risk for perpetrators of both sexes, but is only significant, as an individual factor for male offenders and female victims.

Victim is attempting to Leave Relationship.

Leaving or terminating a violent relationship has often been thought of as the best course of action for IPV victims (Bell, Goodman, & Dutton, 2007). However, empirical research on IPV does not support this popular notion that leaving improves the victim's safety. In fact, it has been found that a significant proportion of male and female victims report greater and more severe violence after separation as compared to before separation (Hotton, 2001). Among victims that reported violence after separation, 24% reported that the violence became more serious, 39% reported that the violence first began after separation, and 37% reported that while the violence did not become more severe, it continued even after separation. Thus, the research suggests that terminating a violent relationship does not necessarily end violence.

Further, a large body of research indicates that attempting or threatening to leave the relationship not only puts women at an elevated risk for further violence and life-threatening injuries but is also an important predictor of femicide (Campbell et al., 2003; Harding & Helweg-Larsen, 2009; Wilson & Daly, 1993; Johnson & Hotton, 2003). For example, Campbell et al (2003) found that women who attempted to leave a controlling relationship after cohabitation were at the greatest risk for femicide. Leaving the relationship for another partner was also found to be another significant risk factor for femicide. A qualitative study found that in 22 out of the 30 cases where there had been a femicide attempt, the attack occurred around the time of a major relationship change which was most commonly the woman attempting to leave (Nicolaidis et al., 2003). Another study found that in almost half of the femicides where a motive could be determined, the perpetrators' rage over actual or anticipated separation was the main motive for murder (Gartner, Dawson & Crawford, 1998).

Other research has suggested that the time right after separation is the most dangerous for women (Wilson & Daly, 1993). Among the women who were killed by estranged partners in Chicago and New South Wales, 50% were murdered within 2 months and 87% were murdered within one year of terminating the relationship (Wilson & Daly, 1993). It has also been shown that younger women are a greater risk for homicide after separation and that this risk declines with age for separated women (Hotton, 2001)

Most of the research on attempting to leave the relationship as a risk factor for IPV and femicide has been conducted with male perpetrators and female victims. However, the limited research that has been done with male victims of IPV indicated that men are not at an elevated risk for partner homicide following separation (Johnson & Hotton, 2003; Wilson & Daly, 1992). In the area of female perpetrated femicide, a qualitative study, with a sample of 9 women in same-sex relationships, found that attempting to leave and/or end the relationship was an antecedent in 78% of femicide or attempted femicide incidents (Glass, Koziol-McLain, Campbell, & Block, 2004). This body of research indicates that attempting to leave the relationship puts female victims at considerable risk for subsequent violence and thus is an important risk factor to assess when working with IPV.

The DoD Risk Assessment Study found an effect size of $r^2 = .028$ for the relationship between "attempting to leave relationship" and subsequent IPV resulting in injury for male perpetrators and female victims and $r^2 = .156$ for female perpetrators and male victims. Therefore, attempting to leave a relationship appears to be a risk factor for both male and female victims.

Victim Fears for Self or Children or Pets

Victims of IPV may not report the abusive incident or seek help for fear of the possible repercussions from their abuser (Wolf, Ly, Hobart, & Kernic, 2003; Zoellner, Feeny, Alvarez, Watlington, O'Neil, Zager, & Foa, 2000). In one study, the female victim's fear, measured as her prediction of her partner becoming violent again within the next year, was one of the strongest predictors of a subsequent violent incident (Weisz, Tolman, & Saunders, 2000). This demonstrates that the victim's fear can be an effective measure of IPV recidivism risk. Moreover, some victims of IPV not only fear for their own safety but also for their children and pets. Although the majority of studies on victim fear have examined experiences of fear among female victims (e.g., Koepsell, Kernic, & Holt, 2006; Wolf et al., 2003), those that have studied fear among both male and female victims have generally concluded that female victims report greater experiences of fear than do male victims (e.g., Cercone, Beach, & Arias, 2005; Follingstad, Wright, Lloyd, & Sebastian, 1991). However, studies have found that male IPV victims are also fearful of their partner's violence and the repercussions of reporting the violence (Hines et al., 2007; Tsui, Cheung, & Leung, 2010). Hines and colleagues (2007) concluded that "violence is a human problem, not a gender problem," (p. 64).

In their research with 52 battered gay men, Merrill and Wolfe (2000) found that 17% of respondents reported their perpetrator had physically abused a pet and 17% had physically abused a relative or friend—and for those participants who were parents, 50% reported that the perpetrator had abused their child(ren). In their research with female same-sex relationships, Glass and colleagues (2008) found that women in same-sex relationships who reported their partner had threatened to harm a pet or family member were at 53% higher risk for experiencing IPV than were women whose partners had not made those threats (RRR=1.53; 95% CI=0.84, 2.77).

Victim fear is an important risk factor that may predict subsequent abuse. The DoD Risk Assessment Study found a small effect size ($r^2 = .030$) for the relationship between "fears for self or children or pets" and subsequent IPV resulting in injury for male perpetrators and a moderate effect size ($r^2 = .180$) for female perpetrators.

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Chapter 3: *History of the Project*

Department of Defense (DoD) Family Advocacy Program (FAP) providers frequently are required to make predictions about the likelihood of future intimate partner violence by domestic violence offenders. Risk assessment, in the context of a broad-based assessment of the abusive situation, can help provide protection for victims, more appropriate treatment and sanctions for offenders, and better allocation of scarce resources (Roehl & Guertin, 1998).

In the Spring of 1999, a joint services (United States Air Force [USAF] and United States Army [USA]) FAP working group was convened to develop a risk assessment instrument, the Spouse Physical Abuse (SPA) survey designed to assess the risk of future maltreatment among clients being assessed by USAF and USA FAP for intimate partner maltreatment. The FAP working group included FAP headquarters leadership and FAP clinicians at the installation level from both services. First, the FAP working group discussed the criteria for a risk assessment tool. For example, to the extent possible, the group sought to develop a risk assessment tool that was reliable, valid, clinically relevant, user friendly, state of art, and legally defensible. The initial goal was to develop a large group of risk items (for later testing) that was relatively exhaustive with respect to theory, research, and practice wisdom - a common approach for test development recommended by others (e.g., Clark & Watson, 1995). The working group wanted to include risk factors unique to the offender, the victim, and the relationship. In addition, the working group sought to develop a risk assessment tool that considered military-specific risk factors and, if possible, to develop a single tool that could be used with both male and female offenders. They also sought to develop one tool that could be used by all military services.

Review of Risk Assessment Tools

The working group reviewed instruments (available at the time of the review) that were designed to assess dangerousness in domestic violence situations. These instruments included the Danger Assessment Scale (DA, Campbell, 1995), the Spousal Assault Risk Assessment (SARA) Guide (Kropp & Hart, 2000), the Domestic Violence (DV) Mosaic-20 by Gavin deBecker, and the Kingston Screening Instrument for Domestic Violence (K-SID, Gelles, 1998). Although, the working group concluded that the aforementioned risk assessment tools showed promise, they noted that only the DA scale had any reported predictive validity data. Further, the working group did not want a tool, like the DA, that relied on victim report only. Second, the working group wanted a tool that did not require participants to complete the tool. Instead, they wanted FAP clinicians to complete the tool using risk factor information gathered from all sources during their clinical assessment.

Review of Recidivism Risk Factors

In parallel to reviewing existing intimate partner risk assessment instruments, a review of risk factors that had been identified in both civilian and military literature as being related to recidivism for spousal maltreatment and spousal homicide was conducted. The working group examined risk factors identified in literature reviews that were developed through USAF-sponsored contracts with the State University of New York at Stony Brook (1999) and the University of New Hampshire (1998), and by the US Army Medical Research Unit-Europe (1997). Next, a meta-analytic review of the research literature on risk factors for spouse abuse was conducted specifically for this project (see subsequent published review, Stith, Smith, Penn, Ward, & Tritt, 2004) to assist in determining which risk factors should be included in the SPA survey.

Clinical Practice Wisdom

Another step in developing the initial SPA survey (which took place concurrently with the literature reviews) involved gaining clinical practice wisdom from USAF and USA FAP leadership and treatment providers. The working group first determined which factors they considered most relevant in predicting intimate partner maltreatment recidivism. A preliminary SPA survey consisting of 69 risk items was developed that included factors that were present in the review of literature and in the working group discussions.

After the preliminary SPA survey was developed, a focus group with USAF FAP personnel in San Antonio and a focus group with DoD FAP personnel in the National Capital region of Washington were conducted. In each of the focus groups, personnel were asked what they liked and disliked about the assessment procedures they were currently using and about their perception of the preliminary SPA survey. They were asked about variables that were not included in their current tools and in the preliminary SPA survey that they thought should be included. For example, providers in both services thought that the level of Command Support would be an important factor in determining whether or not an individual would be violent in the future. They also thought that characteristics of the victim should be considered in understanding the dangerousness of the situation. They highlighted victim issues, such as lack of social support, victim fear, and dissatisfaction with military environment as risk factors that they observed in their work that increased the level of risk for victims.

The working group then asked 26 USAF and USA FAP clinicians to complete surveys requiring them to list factors they used in assessing risk for recidivism in each of their next three spouse physical maltreatment referrals. In total, 66 surveys were returned (from 12 USAF clinicians and 14 USA clinicians). In the surveys, clinicians were asked to list all factors they considered in determining if the risk for another incident was high, the factors that they thought lowered the risk for another incident, and which factors were most important in their decision regarding safety planning. They also were asked if there were any other issues that should be considered as the SPA survey was developed. As a result of input from the field, a number of items related to the offender were added including: property destruction in incident, stalking, and a high level of anger. Items related to the victim were added including, victim fear, victim lacking social support, and victim having a high level of anger. Finally, items related to the situation were added, including items asking about financial stressors and if the Command was supportive of the initial safety plan.

Development of a 76-item SPA Survey

At a January 2000 meeting, the working group discussed the information obtained in the literature reviews as well as the information obtained in the focus groups and surveys from the practitioners. The working group made revisions to the preliminary SPA survey and developed definitions of the items in the tool. Based on the data derived from these diverse approaches, a 76-item version of the SPA survey was created.

Following development of the 76-item SPA survey, a research team trained clinicians to use the 76-item tool. Members of the research team traveled to the installations and reviewed the items and the definitions of the SPA survey items with service providers. As part of the training, two videotapes were shown in which a USAF clinician conducted separate risk assessment interviews with actors playing the roles of a potential male and female perpetrator and victim. Next, the clinicians attending the training had the opportunity to complete the 76-item SPA survey and to discuss their decisions with regards to completing the instrument.

Pre-Pilot Study

After the training protocol was implemented, a pre-pilot study was conducted for two months with clinicians at Andrews Air Force Base. Six clinicians participated in the pre-pilot study. They were asked for feedback regarding the training protocol and how difficult or easy it was to gain the needed information to complete the 76-item SPA survey. The clinicians at Andrews AFB reported that the training was helpful and that it was not difficult to gain the needed information to complete the SPA survey.

Phase I

Following the pre-pilot study, a pilot study (Phase I) was conducted to test the 76-item SPA instrument at four USAF installations (Wright-Patterson, Eglin, Keesler, and Hurlburt Field) and two USA installations (Ft. Knox and Ft. Campbell). A total of 350 SPA surveys were completed by clinicians who conducted spouse maltreatment risk assessments (Wright Patterson [$n = 28$], Eglin [$n = 40$], Keesler [$n = 34$], Hurlburt Field [$n = 18$], Ft. Knox [$n = 58$], Ft. Campbell [$n = 172$]). Data from the 350 76-item SPA surveys were analyzed.

Inter-item correlations were calculated for all of the 76 SPA survey items. Further, there was an expectation that FAP personnel would link case numbers with Central Registry data and that this data would be useful in determining which risk factors were most predictive of future intimate partner incidents. However, use of the Central Registry data was not practical for several reasons, including the fact that the number of new incidences of intimate partner maltreatment following a current investigation of an intimate partner report was small (e.g., approximately 9% repeat cases of spouse abuse were found in the Army Central Registry, according to McCarroll et al., 1999).

At the end of Phase I, a closeout meeting was held in February 2002. At this meeting separate focus groups were held with USAF and USA FAP clinicians to obtain feedback on the SPA survey and the SPA-related training. Based on this feedback, a number of changes were made in the SPA survey. The source of information (offender only; victim only; both partners) was added to the SPA survey and risk factors that the clinicians thought were missing were added to the SPA survey, such as "Victim witnessed/experienced abuse as a child," and "Offender expresses belief in traditional sex roles." Items with high inter-item correlations were combined. For example, "Offender has history of threatening harm to self" and "Offender threatened harm to self in current incident" were combined into one item. The items "Attitude that condones partner/spouse aggression," "Belief that intimate violence is acceptable," and "Belief that violence during current incident was acceptable" were replaced with one item, "Expresses ideas or opinions that justify violence toward partner." Collectively, as a result of the SPA changes, the number of items in the SPA survey was reduced from 76 items to 56 items.

Note. During Phase I of the project, the SPA survey had been evaluated by only the USAF and the USA FAP staff. Therefore, following Phase I of the project, FAP personnel from the United States Navy (USN) and the United States Marine Corps (USMC) joined the project to assist in subsequent phases of the SPA survey development.

Because of the aforementioned low rates of recidivism in the FAP Central Registries, there was no way of determining which factors were predictive of subsequent maltreatment. Consequently, a Repeat Incident Form was developed in which clinicians were asked (in Phase II) to track repeat incidents that they knew had occurred during treatment. Participants in the Phase I focus groups suggested that the inclusion of the Repeat Incident Form would increase the possibility of detecting recidivism. The Repeat Incident Form included the type of incident, date, gender of offender, and asked participants to describe the incident in as much detail as possible.

Phase II

In Phase II of the project, data were collected on the 56-item SPA survey. Specifically, from August, 2002 to July, 2003, FAP staff completed the 56-item SPA survey for 584 intimate partner maltreatment cases at 12 installations across four services: USAF SPAs, $N = 139$ (Eglin, $n = 42$; Hurlburt, $n = 28$; Hickam, $n = 11$; Wright-Patterson, $n = 50$; Tinker, $n = 6$; unknown, $n = 2$); USA SPAs, $N = 224$ (Fort Campbell, $n = 123$; Fort Knox, $n = 44$; Fort Drum, $n = 57$); USMC SPAs, $N = 131$ (Camp Lejeune, $n = 69$; Camp Pendleton, $n = 62$); and USN SPAs, $N = 90$ (Great Lakes, $n = 68$; Pearl Harbor, $n = 22$).

Data collection and analysis for Phase II of the project ended in the Fall of 2003. Data obtained in Phase II were used to determine the appropriateness of developing a single instrument to be used in all four services. Several conclusions were drawn from these analyses. First, offenders and victims appeared to be similar across services. For example, in Phase I (USAF and USA) 67.4% of the alleged offenders were male and in Phase II (Joint Services) 67.5% of the alleged offenders were male. The mean age of the alleged offenders in Phase I was 27.4 years and in Phase II it was 26.8 years. The mean victim age in Phase I was 26.8 years and in Phase II the mean victim age was 26.6 years. There was no difference in the number of children in the home (1.4) in Phase I and Phase II. The percentage of alleged offenders who were active duty (Phase I = 65.5%; Phase II = 63.8%), and the percentage of victims who were active duty (Phase I = 34.5%; Phase II 36.2) were similar. In addition, except in a few cases, the risk factors were present at similar rates in Phase I and Phase II. For example, 66.9% were rated as having an "ongoing pattern of marital discord" in Phase I and 77.1% in Phase II. Also, 53.7% of alleged offenders had been "physically aggressive in the past" in Phase I and 54.1% in Phase II. Only 4.0% of alleged offenders were rated as having "been physically abusive to a child" in Phase I and 3.6% in Phase II. Only 2.3% of alleged offenders were rated as having a "history of harming/threatening to harm pets" in Phase I and 3.1% in Phase II. Although there had been concerns that the tool might not be relevant for all services, Phase II of the project clarified that, in general, the risk factors did not appear to vary according to service. However, in Phase II, only a few Repeat Incident Forms were completed by the clinicians ($n = 17$). Thus, data were not able to estimate the predictive validity of the SPA survey items.

Phase III

Beginning in the fall of 2008, a prospective study was initiated to determine the extent to which items (individually and/or in a scale) on the 58 item SPA survey predicted future incidents of self-reported intimate partner physical injury (across a six month period) among all incidents of intimate partner maltreatment reported to the military Family Advocacy Program (FAP). When a decision was made to conduct Phase III of the project to test the predictive validity of the SPA items, several additional changes were made in the SPA survey by the working group. First, since the initial development of the SPA survey, the military environment had changed because of involvement in wars in Iraq and Afghanistan. Therefore, 4 items were added that were specific to combat experience: 1. "Experienced a traumatic event during deployment," 2. "Has a traumatic brain injury," 3. "Exhibits symptoms of PTSD," and 4. "Significant deployment-related stress in relationship." Items also were combined to reduce the number of items in the SPA survey. The earlier version included "Victim has access to firearms" and "Offender has access to firearms." In the revised version, these items were merged to "Presence of a firearm in the home." In addition, two victim items, "Doesn't have/won't use informal support system" and "Willing to use formal support system" were merged to "Dissatisfied with available social support." Thus, the final version of the SPA survey included 58 risk items. See Table 1 for a list of the 58 SPA survey risk items. This 58-item SPA survey was used in the Phase III predictive validity study to develop the IPPI-RAT. In addition, a new Repeat Incident Form that involved victim self-report (via a telephone

interview) of maltreatment following an initial incident report was developed for use in the Phase III predictive validity study. The overall goal of the Phase III predictive validity study was to determine the extent to which SPA items (alone and/or in some combination) could predict future physical injury in a group of reported incidents of intimate partner maltreatment.

A participant pool of 205 alleged victims of intimate partner maltreatment who had been reported to FAP volunteered to take part in the study. Participants were obtained from six USAF bases and USA bases, which included: Eglin AFB, Hurlburt AFB, and Andrews AFB, $n = 40$; Joint Base Elmendorf-Richardson, $n = 30$; and Fort Hood and Fort Riley, $n = 135$. However, 6 alleged victims were removed from the initial participant pool of 205 alleged victims because the research team was not provided with their SPA survey data (two participants with missing SPA data were from USAF bases [Eglin, Hurlburt, and Andrews] and four of the participants with missing SPA survey data were from USA bases [Fort Hood and Fort Riley]). Thus, there were 199 alleged victims where both SPA survey data and follow-up data (at least one self-report on the Repeat Incident Survey of whether or not subsequent intimate partner maltreatment occurred) were available. Details of Phase III of the project are available in the IPPI-RAT Technical Manual.

The Spouse Physical Abuse (SPA) Survey Risk Items

SPA items

Offender

1. Caused minor injury (not requiring medical care) in incident.
2. Caused severe injury (requiring medical care) in incident.
3. Denies incident occurred.
4. Blames others for incident.
5. Used substances during incident.
6. Physically aggressive toward partner prior to incident.
7. Increased frequency or severity of violence toward partner.
8. Ever used or threatened to use weapons against partner.
9. Emotionally abusive towards partner.
10. Ever forced or coerced sex with partner.
11. Ever choked or strangled partner.
12. Ever abused partner during partner's pregnancy.
13. Ever destroyed property during a conflict with partner.
14. Ever physically or emotionally abusive toward a child.
15. Ever physically or emotionally abusive toward a previous partner.
16. History of violence outside the family.
17. Ever harmed or threatened to harm pets.
18. Has had a traumatic brain injury.
19. Experienced a traumatic event during deployment.
20. Witnessed or experienced violence as a child.
21. Presence of multiple life stressors.
22. Exhibits symptoms of depression.
23. Exhibits symptoms of PTSD.
24. Exhibits symptoms of mental disorders other than depression or PTSD.
25. Current substance abuse problem.
26. Ever threatened to harm self.
27. Problems with jealousy.
28. Has hostility/anger toward partner.
29. Feels desperate about relationship.
30. Exhibits stalking behavior in this relationship.
31. Attempts to control partner's access to friends/family/resources.
32. Holds unrealistic expectations of partner.
33. Expresses ideas or opinions that justify violence towards partner.
34. Holds rigid beliefs in traditional sex roles.
35. Ever violated order of protection.
36. Has criminal history.
37. Feels career is over.
38. Dissatisfied with military lifestyle.

SPA items

Victim

- 39. Caused injury in incident.
- 40. Used substance(s) during incident.
- 41. Minimizes severity of incident.
- 42. Overlooks or easily forgives partner aggression.
- 43. Physically aggressive towards partner.
- 44. Ever used or threatened to use weapons against partner.
- 45. Has anger/hostility toward partner.
- 46. Fears for self or children or pets.
- 47. Exhibits symptoms of depression.
- 48. Attempting to leave relationship.
- 49. Dissatisfied with military lifestyle.
- 50. Dissatisfied with available social support.
- 51. Current problem with substance abuse.
- 52. Witnessed or experienced violence as a child.

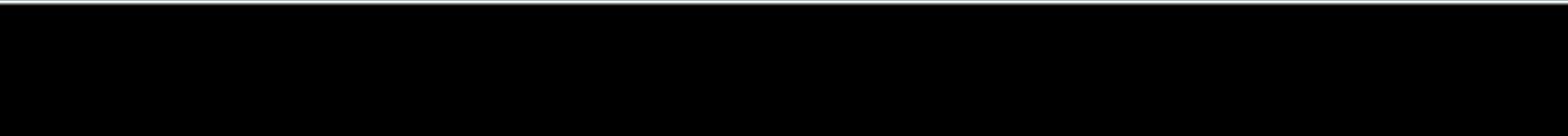
Relationship

- 53. Ongoing pattern of marital discord.
- 54. Significant deployment-related stress in relationship.
- 55. Male has child(ren) from previous relationship living in home.
- 56. Female has child(ren) from previous relationship living in home.
- 57. Presence of a firearm in the home.

Other

- 58. Unit/command does not support FAP recommendations.

To review the predictive accuracy of the IPPI-RAT tool compared with other measures, we conducted a ROC (Receiver Operating Characteristics) curve, otherwise known as an AUC (area under the curve) analysis. Tools with higher AUC scores are more accurate predictors of IPV risk than are tools with lower AUC scores. For more information on these findings, please review Appendix A of this manual.



Chapter 4:

Using the IPPI-RAT

The Intimate Partner Physical Injury-Risk Assessment Tool (IPPI-RAT) was designed to be used by Department of Defense FAP providers to assess the risk for an IPV incident with physical injury to occur among individuals who have experienced an allegation of partner maltreatment. The tool is designed to be part of a comprehensive assessment that FAP providers conduct whenever an alleged IPV incident is reported. It is very important that all available sources of information be utilized when considering the risk for subsequent physical injury in an IPV incident. The tool is designed to be an initial risk assessment instrument and should be completed as soon as possible after the initial referral. However, it should not be completed until a detailed assessment has been conducted, all information that is available within the assessment period has been collected and evaluated, and items coded as present or absent.

Risk Versus Severity

- This tool is designed to assess **risk** for physical injury as a result of IPV.
- The concepts of **risk** and **severity** are often coupled and confused in the field.
- To clarify, **risk assessment** is a dynamic, clinical process that drives action in an effort to address safety. A person's level of risk can change and fluctuate based on the ongoing and evolving circumstances of the individuals involved. This tool is used to assess **initial risk for an IPV incident with physical injury** with the understanding that risk may change and should be continually assessed.
- Rating **severity** is a static process occurring after an incident has been found to "meet criteria." It is determined only once, is tied to a specific "met criteria" incident, and does not change. A different tool is used to measure severity.
- The ratings provided by this assessment are intended to determine whether the victim or offender is at **risk** for another incident of physical injury.

Example 1: The severity rating of a specific incident is high due to visible injuries and use of weapon whereas the risk assessment is low-to-moderate because only one of the risk factors included in the IPPI-RAT are present.

Example 2: The severity rating of an incident is low because there was no injury and the impact was low, but the risk is high due to the victim's report of fearfulness and offender's blaming of others.

The IPPI-RAT administration procedure consists of six steps:

- Step 1** FAP providers gather and document thorough case information.
- Step 2** FAP providers code the presence or absence of the 15 specific risk factors.
- Step 3** FAP providers compute the total score by assigning one point to each factor that is present.
- Step 4** FAP providers determine the level of risk by comparing the total score with the recommended level of risk.
- Step 5** FAP providers recommend strategies for managing intimate partner physical injury risk based on the level of risk present in the case.
- Step 6** The findings of the IPPI-RAT are communicated to the victim, the alleged offender, the victim advocate, and the commander.

The steps are discussed in more detail below.

Step 1: Case Information

The accuracy of the IPPI-RAT in assessing risk of physical injury in a future IPV incident is based on the quality and quantity of the data gathered by the FAP provider. The tool was developed based on interviews with both victims and alleged offenders. The accuracy of the IPPI-RAT will be reduced if the victim is not interviewed. Every effort should be made to interview both the alleged offender and the victim in person or on the telephone. **Best practice suggests interviewing victims prior to offenders whenever possible.** However, if both partners are alleged offenders, you may interview them in either order and two assessment forms should be completed. These interviews should be conducted **INDIVIDUALLY** with each partner. The FAP provider should never interview the victim in the presence of the offender. Whenever possible, information should be obtained from the following sources:

- 1 An interview with the victim;
- 2 An interview with the alleged offender;
- 3 Interviews with collateral informants, including any children in the home who are old enough to interview, the Active Duty Member's Commander or First Sergeant, hospital personnel if the victim was seen in the hospital, witnesses to incident, etc.;
- 4 A review of collateral records, including Central Registry Data, law enforcement and background checks in DIBRS and DCII, medical/AHLTA records.

Reminders!

Risk may be under-evaluated if the victim is not interviewed.

Use caution in interpreting the results of the IPPI-RAT if only the alleged offender is interviewed.

If both partners are being assessed as alleged offenders, you will need to complete two IPPI-RATs.

To assist you in gathering information, we have developed a sample interview below. In some situations both partners are being assessed as potential offenders and in other instances only one partner is being assessed as an alleged offender. You should gather information about all of the risk factors from each individual, regardless of their role in the alleged incident. Of course, you will need to use clinical judgment in the way questions are asked so that victims do not experience your questions as blaming. In addition, you will need to adapt the questions to fit the unique context of the individual you are interviewing.

The first step of any routine interview is to build therapeutic rapport and to help the client feel comfortable. Although an overall discussion of the process used to gather risk assessment information is beyond the scope of this manual, it is very important that the IPPI-RAT not be used as a checklist to be given to victims or alleged offenders or asked in a routine way (e.g., did this happen?), but that the answers to the items on the tool be gathered in the context of a general assessment of an alleged IPV incident. Reference to the IPPI-RAT form during the interview can impede the therapeutic process. It is imperative that FAP providers conduct the clinical interview in such a way that the tool does not interfere with the development of rapport and the therapeutic relationship.

It also is important to recognize that the information gathered is likely to be sensitive in nature. FAP providers should make every effort to protect the confidentiality of victims in accordance with relevant law and policy. Every effort should be made to maintain confidentiality regarding any information that could jeopardize the victim's safety. In order to maintain family integrity and privacy, discretion should be used in sharing family information with command and other DoD agencies. Only information relevant to risk or safety of family members should be provided to Commanders, First Sergeants, or designated unit representatives.



Sample Partner

Physical Injury Risk Assessment Interview

The following list of questions has been developed to help providers develop a skill in asking the appropriate questions during assessment interviewing with clients. The interview should be used for the purpose of responding to the criteria set forth in the IPPI-RAT. This guide is not designed to take the place of the clinical skills and judgment needed to obtain a full assessment from clients. FAP providers should use this guide only to engage clients in follow-up questioning related to the criteria.

In order to complete the IPPI-RAT, the following types of information should be gathered to assess for future risk of physical injury:

Questions about Most Recent Incident

This section provides suggested questions to address the following risk factors:

- Offender caused minor injury (not requiring medical care) in incident.
- Offender blames others for current incident.
- Offender denies incident occurred.

Possible interview questions that the FAP provider can use to help them answer the questions above:

1. Tell me in your own words about the incident that brought you here for this assessment.

Follow up/Clarifying questions:

- a. If injuries occurred, how bad were they? Did anyone end up seeking medical help?
(If injuries requiring medical care occurred, you should indicate that injuries not requiring medical care also occurred on the IPPI-RAT.)
- b. Who do you think was responsible for the incident?
- c. Who do you think your partner believes was responsible for the incident?

Questions about history of violence

This section provides suggested questions to address the following risk factors:

- Offender - past incidence of physical abuse toward partner.
- Offender ever choked or strangled partner (or attempted to choke or strangle).
- Offender - increased frequency or severity of violence toward partner.
- Offender ever used or threatened to use weapons against partner.

Sample interview questions that the FAP provider can use to help them answer the questions above:

1. What kinds of things do you and your partner usually argue about?
2. What usually happens when you argue?
 - a. What usually happens when the argument becomes especially heated?
 - b. How often does it involve pushing, slapping, kicking, shoving, etc.? Who is most likely to be the aggressor? Are there times when you (or your partner) are also aggressive? Tell me about those times.
 - c. Have there been times when you (or your partner) strangled or attempted to strangle the other?
 - d. Have either of you used weapons (or objects that could be used as weapons) during arguments? Tell me about this. (What weapon? Were you or your partner injured?)
 - e. Have either you or your partner ever threatened to use weapons? Tell me about those times.
 - f. Do you think the incidents that involve physical contact have increased in frequency or dangerousness in the past few months? Tell me about this increase. When did things first start to escalate? Why do you think they escalated?

Questions about Military Experience

This section provides suggested questions to address the following risk factors:

- Victim dissatisfied with military lifestyle.

Sample interview questions that the FAP provider can use to help them answer the question above:

1. Tell me about your experience in the military. How has it been for you in general? Where do you see your or your partner's career going from here?
2. Tell me about your experience as a military family member? How do you feel about your lifestyle as a military family member?
3. How has your civilian partner adjusted to the military lifestyle? Do you think he/she likes it?
4. Do you think the military is a good fit for your spouse? Do you think he/she will stay in long enough to retire?
5. What are your thoughts on the value the military puts on families?

Questions about Overall Attitudes, Beliefs, and Behaviors

- Offender expresses ideas or opinions that justify violence towards partner.
- Offender is emotionally abusive toward partner.
- Offender attempts to control partner's access to friends/family/resources.
- Offender holds unrealistic expectations of partner.
- Offender feels desperate about relationship.
- Victim is attempting to leave relationship.

Sample interview questions that the FAP provider can use to help them answer the questions above:

1. Are there times when you think your violence or your partner's violence is justified?
 - a. Tell me about those times.
 - b. Do you think your partner believes his (or her) violence is justified? If so, explain.
2. Does it seem like your partner constantly criticizes you? Do you often feel humiliated by your partner because of the things he or she says or does? Does your partner call you names or insult you? If so, tell me about these times.
3. How does your partner react when you are with your friends and/or family?
 - a. How do you react when your partner is with friends and/or family?
4. Does your partner ever try to limit or control your access to money, the car, or other resources? Do you ever do this to your partner?
5. How are responsibilities in your relationships divided?
 - a. For example, who is responsible for planning dates or keeping the house clean or earning money?
 - b. How do you decide who is responsible for roles or duties in your family? For example, if you both have to work late, how do you decide who starts dinner or who picks up children?
 - c. Do you think your partner's expectations of you are reasonable?
 - d. Do you think your expectations of your partner are reasonable?
 - e. Do you have arguments with your partner about the expectations either of you have for the other?
6. How positive are you about your relationship with your partner? How positive is your partner about your relationship? How hopeful are you that you can improve your relationship with your partner? How hopeful do you think your partner is that things can get better between you?
7. Did you or your partner consider separating or attempt to separate before or after the incident that brought you here?
 - a. Have either of you attempted to separate before?
 - b. Have you ever considered separating from your partner, and if so, what concerns do you have about separating? Do you have any concerns about your partner's response if you decide to leave him/her?

Question about Victim Fear

This section provides suggested questions to address the following risk factor:

- Victim fears for self, children or pets.

Possible interview questions that the FAP provider can use to help them answer the questions above:

1. Are you ever fearful that your partner will seriously hurt you? What did your partner do or say that makes you fearful? Or "What leads you to be confident that your partner will never hurt you?"
2. Are you ever fearful that your partner might hurt your children? What did your partner do or say that makes you fearful that the children could get hurt? Or "What leads you to be confident that your partner will never hurt the children?"
3. Do you have any pets? How does your partner react when they cause problems (wet the carpet, etc.)? Do you ever fear that your partner might hurt them? What did your partner do or say that makes you fearful? Or "What leads you to be confident that your partner will never hurt your pets?"

Step 2: Code the Presence or Absence of the Risk Factors

After completing interviews with the alleged offender and victim, interviews with collateral contacts, and reviewing relevant records including the Central Registry data, the FAP provider should assess and resolve any inconsistencies between information sources. For example, it is not unusual for there to be discrepancies between partners' interviews. The FAP provider needs to recognize the possibility that an alleged offender may be engaging in impression management and/or a victim may be minimizing the risk. The provider has to assess the credibility of the sources of information, and seek additional information if possible. In making a final determination if a risk factor is present, the provider has to use clinical judgment to determine if the risk factor is present. For example, when the victim is asked about "fear for self, children or pets" and responds that she or he is not fearful, but later, during the same interview, the victim reports she or he would not consider going out with friends after work due to uncertainty about the partners' response the provider needs to probe and use judgment to determine if the victim is fearful. Relying only on the victim's or offender's response to a question about fear is not sufficient. Information is gathered about victim fear throughout the interview process.

Disclaimer

The presence or absence of risk is coded under the assumption that the FAP provider is using all available information to determine risk. However, given that the FAP provider must use his or her judgment regarding the presence or absence of a risk factor when inconsistencies are present in the data, it should be understood that the score is not definitive nor should the positive coding of any risk factor result in negative ramifications for the FAP provider should it be later determined that the factor was not present.

Step 3: *Compute the Total Score*

Using the form on the next page (or a different version provided by your Military service), indicate whether your response to the item is “yes,” “no,” or “don’t know.” If you are not sure, but your clinical judgment from all the information you gathered is “yes” or “no,” respond “yes” or “no” to the item. The response, “Don’t know” should be avoided whenever possible. For example, if the victim is clear and convincing when describing an incident in which a weapon was used and the alleged offender reports no weapon was used, use your clinical judgment to answer the question. Omitted risk factors will lead to a lower judgment of risk than is accurate. This is especially problematic when risk is considered to be low-to-moderate and it should be high or very high if all risk factors were assessed. A higher score on this tool means that more safety actions should be put in place for this family. The score on the measure should not be used in criminal justice proceedings.

Intimate Partner

Physical Injury Risk Assessment Tool

INITIAL ASSESSMENT ONLY, NOT FOR FOLLOW-UP ASSESSMENTS

This tool is designed to supplement, not replace, the risk assessment protocol used by each branch of service.

*Tool to be Completed by the Clinician after Completing the Risk Assessment.
The Tool is not to be Completed by Clients!*

Alleged Offender Name: _____

Victim Name: _____

OFFENDER	Yes	No	Don't Know
1. Caused minor injury (not requiring medical care) in incident. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Ever choked or strangled partner. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Denies incident occurred. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Increased frequency or severity of violence toward partner. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Blames others for incident. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Attempts to control partner's access to friends/family/resources. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Physically aggressive toward partner prior to incident. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Feels desperate about relationship. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Emotionally abusive towards partner. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Ever used or threatened to use weapons against partner. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Expresses ideas or opinions that justify violence towards partner. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Holds unrealistic expectations of partner. <i>Notes:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4: Determine the Level Of Risk

After calculating the total score, determine the level of risk. If the total score is 0 or 1, the risk is low-to-moderate. In research conducted to validate this tool, partners of 7.4% of the alleged offenders who scored 0 or 1 reported that they were injured in a partner maltreatment incident with their partner within six months of the initial assessment. If the total score is 2-7, the risk is high. In the validation research, partners of 35.2% of the alleged offenders who scored between 2 and 7 reported that they were injured in a partner maltreatment incident with their partner within six months of the initial assessment. If the total score is 8 or above, the risk is very high. In the validation research, partners of 61.4% of the alleged offenders who scored 8 or above reported that they were injured in a partner maltreatment incident with their partner within six months of the initial assessment.

Low-to-Moderate Risk: <i>0 -1 points</i>	High Risk: <i>2-7 points</i>	Very High Risk: <i>8 or more points</i>
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**See Appendix B for a printable graph summarizing recidivism risk based on the IPPI-RAT.*

Step 5: Risk Management Strategies

A variety of risk management strategies have been suggested in the literature (see Belfrage, Strand, Storey, Givas, Kropp, & Hart, 2012; Hamby, 2014; Hart, Douglas & Webster, 2003; Kropp, Hart, & Belfrage, 2005; Kropp, Hart, Webster, & Eaves, 1999.) In addition, risk management strategies have been suggested in formal guidance from each of the Services. These sources were used to develop the following list of potential risk management strategies. Higher levels of risk indicate that more strategies or more intensive strategies should be used. The strategies are divided into four categories based on guidance from Kropp, Hart and Belfrage (2005).

Monitoring/Surveillance

Monitoring strategies are used to evaluate changes in risk over time so that risk management strategies can be revised as needed.

- In those cases where the initial risk assessment suggests that an urgent response is warranted, more frequent risk assessments may be indicated. This process should include suicidal/homicidal risk assessment of all family members, as indicated.
- Regular contact (depending on level of risk) with victim, offender, therapists, law-enforcement officers, commander, etc. may be indicated. This contact may be face-to-face or via telephone calls.
- When the risk is high for a violent situation to occur, a coordinated response among key personnel is almost always indicated.
- The victim's or offender's command should be notified of initial risk assessment results and when any changes to the risk level are identified.
- High and Very High risk cases should be reviewed at least monthly in the Clinical Case staffing meeting and in consultations (Additional service-specific requirements may apply).

Control/Supervision

These types of risk management strategies restrict the rights or freedoms of individuals and are used to make it more difficult for the offender to re-offend.

- Encourage command or victim to institute a protective order (MPO or civilian).
- When immediate protection is required, law enforcement, Child Protection Services, and/or mental health services may be contacted.
- Encourage/advocate for removal of firearms from alleged offender's possession.

Assessment/Treatment

These types of strategies are used to help victims and offenders make changes that will enhance their likelihood to remain free of violence. These services should be targeted to the needs of the clients, both victims and offenders.

- Results of risk assessment should be discussed with offender and victim.
- Engage offender in an appropriate offender intervention program.
- Refer offender and/or victim to mental health evaluation/treatment, if applicable.
- Offer or refer couple to couples treatment if/when appropriate (couples treatment is not recommended until after the offender has completed an offender intervention program and/or other treatment recommendations).
- Refer offender and/or victim to substance abuse evaluation/treatment, if applicable.
- Refer offender and/or victim to prevention services, as appropriate. These programs may include but are not limited to the New Parent Support Program, parenting program, stress management program, anger management program, or relationship enhancement programming.
- Refer offender and/or victim to financial planning services.
- Refer offender and/or victim to legal services.
- Refer (civilian spouse) victim to vocational or career counseling services.

Victim Safety Planning

These strategies are designed to improve the victim's resources so that if the violence recurs, negative physical or psychological impact is reduced.

- Develop safety plan with victim.
- Encourage victim to meet with domestic abuse victim advocate (military or civilian).
- Encourage victim to meet with local shelter personnel to obtain targeted resources.
- Refer (civilian spouse) victim to vocational or career counseling services.
- Refer victim to financial planning services.
- Refer victim to legal services.

References

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- Hamby, S. (2014).** *Battered Women's Protective Strategies: Stronger Than You Know.* Oxford University Press, NY: NY.
- Hart, S.D., Douglas, K.S., & Webster, C.D. (2001).** *Risk management using the HCR-20: A general overview focusing on historical factors.* In K.S. Douglas, C.D. Webster, S.D. Hart, D. Eaves, & J.R. P. Ogloff (Eds.), *HCR-20 violence risk management companion guide* (pp. 13-25). Burnaby, British Columbia: Mental Health, Law, & Policy Institute. Simon Fraser University and Department of Mental Health Law and Policy, Florida Mental Health Institute, University of South Florida.
- Kropp, P. R., Hart, S.D., Belfrage, H. (2005)** *Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER): User Manual, Proactive solutions, Warroad, MN.*
- Kropp, P.R., Hart, S. D., Webster, C.D., Eaves, D. (1999).** *Spousal Assault Risk Assessment Guide: SARA: User's Manual, Multi-Health Systems, Inc., North Tonawanda, NY.*

Suicide and IPV

Previous research has found a strong and consistent association between IPV and suicidality. Furthermore, research conducted by the Army Behavioral Health Division in 2013 has identified a link between loss of relationship with one's partner and heightened risk for suicide. Two IPPI-RAT risk factors that may indicate an especially high suicide risk for alleged offenders are: "Offender feels desperate about relationship" and "Victim is attempting to leave relationship". The presence of these risk factors should flag the FAP provider to conduct an additional suicide assessment of the offender and to conduct an appropriate safety plan for suicide risk.

Step 6: Communicating Risk

The next three pages were developed to help providers communicate risk to commanders, victims, offenders, and victim advocates. These suggestions are not designed to take the place of the clinical judgment or information received during the assessment process. Recommendations in each scenario are presented as possible suggestions but are not applicable for each case. FAP providers should use their best clinical skills to communicate risk in an empathic and concerned manner.

Each heading refers to the target to which the provider is communicating risk and a general statement regarding the level of risk. Based on the determined level of risk in each case, the FAP provider should follow the guidelines differentially noted for "low-to-moderate," "high," and "very high" risk groups. Remember to consider other factors (i.e., suicide, drug/alcohol use) when communicating risk.

Communicating Risk to Victim Advocates

In addition to communicating risk to the alleged offender, victim, and the commanding officer, it is also important that level of risk be communicated to the victim advocate who may be providing support to the victim. You may use the chart on Appendix B to help them understand the level of risk. It may be helpful to provide an overview of the tool and the research to the victim advocate so that they understand the process you went through to determine the level of risk. If the victim advocate has further questions, it is appropriate to have a more in-depth discussion with the use of the following tables to guide you (i.e., tables on communicating risk to commanders and victims)

Commander

"Based on Mr./Ms.X's score on a risk assessment tool, I believe that s/he is at (low-to-moderate/high/ very high) risk for an incident of partner violence that leads to injury."

Low-to-Moderate

"This means that I do not foresee the need for intense intervention or surveillance of Mr./ Ms.X at this time. However, we know that repeat incidents typically occur within one week after the assessment, so I would strongly recommend that Mr. and Ms. X attend a follow up session in about a week. About 1 out of 10 of people at this level of risk do have subsequent incidents of violence that lead to injury, so I'd strongly encourage him/her to follow any recommendations from the Clinical Case Staffing Meeting (CCSM) and engage in treatment or prevention services to reduce the level of risk." Domestic Abuse Victim Advocacy (DAVA) services have been offered to the victim" (where available).

High

"Approximately 1 out of 3 who score in this range experience another violent incident that lead to injury. A Military Protection Order or separation of the couple might be advisable. We know that repeat incidents typically occur within a week after the assessment, so I would recommend that Mr./Ms. X engage in frequent contact with our office until the Clinical Case Staffing Meeting and a final intervention plan is developed."

If victim: "Mr./Ms. X has collaborated with me on developing a safety plan which they are asked to implement if they feel they are in danger. DAVA services have been offered (where available)"

If offender: "Mr./Ms. X has been advised not to engage in risky behaviors such as alcohol use and will be asked to participate in an intervention program."

Very High

"Two out of three individuals who score in this range experience another violent incident leading to injury. We suggest that Mr./Ms. X receive priority in attaining all available resources. A MPO or separation of the couple might be advisable. We know that repeat incidents typically occur within a week after the assessment, so I would strongly recommend that Mr./Ms. X begin implementing treatment recommendations immediately."

Caution: If risk of suicide is evident, it is important to communicate this to the commander since an ordered separation may increase likelihood of a suicidal attempt.

If victim: "We asked Mr./Ms. X to activate their safety plan and maintain frequent contact with a Victim Advocate or with a social worker from our office."

If offender: "Mr./Ms. X has been advised to remove him/herself from access to his/her partner. We are recommending that he/she begin implementing treatment recommendations immediately"

Victim

"Based on your score on our risk assessment tool, I believe you are at (low-to-moderate/high/very high) risk for experiencing an act of violence by your partner leading to injury."

Low-to-Moderate

"Your safety is very important to us and we want to make sure we are doing everything we can to reduce the level of risk. After an alleged incident is reported, 1 out of 10 individuals who score in this range experience an incident which leads to injury and this typically occurs within the first week. We want to do all that we can to prevent another incident from occurring so we ask that you follow up with us in about a week when we will evaluate risk again. Please be aware that a victim advocate and other resources are available to you at any time you feel they may be needed. We encourage you to contact us or law enforcement officials if you ever feel that you are in danger of experiencing violence from your partner."

High

"Your safety is very important to us and we want to make sure we are doing everything we can to reduce the level of risk. After an alleged incident is reported, 1 out of 3 individuals who score in this range experience an incident which leads to injury and this typically occurs within the first week. We want to help you develop a safety plan that you can follow when you feel you may be in danger. We encourage you to have frequent contact with us or the Victim Advocate until the allegation is resolved. Also, please be sure to make trusted others aware of your situation and concerns and how to best reach you."

Very High

"Your safety is extremely important to us. We want to be sure we are doing everything we can to reduce the level of risk. After an alleged incident is reported, two out of three individuals who score as very high risk experience a violent incident leading to injury. Because of the very high risk you are in, we want to make sure we are doing everything we can to reduce the level of risk for your safety. At this time, we are suggesting that a MPO be put in place. We suggest that you use all resources accessible to you, including working with the Victim Advocate and obtain a civilian protective order. We will be in contact with you frequently for support, risk management, and any needs you may have to ensure your safety."

Offender

"Based on your score on our risk assessment tool, I believe you are at (low-to-moderate/high/very high) risk for engaging in an act of violence against your partner leading to injury."

Low-to-Moderate

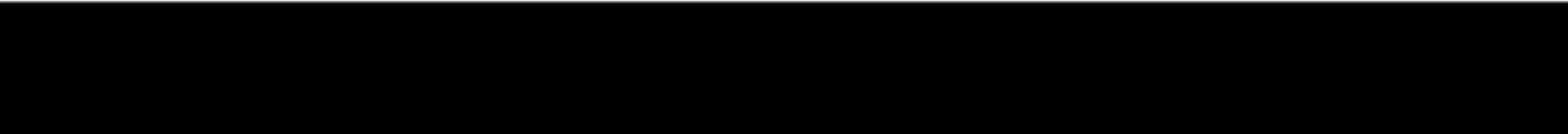
"We understand that this can be a distressing time while the allegation is being assessed. Your score means that there is no current need for intense intervention or monitoring. However, 1 out of 10 individuals who score in this range do have a repeat incident leading to violence and we know that repeat incidents typically occur shortly after the first alleged incident, so I would strongly recommend you use available resources and consider engaging in suggested intervention or prevention programs. In order to protect yourself and those around you, we want to do everything we can to make sure another allegation does not take place."

High

"This can be a disturbing situation but we want to ensure that we are doing what we can to prevent another incident from occurring. One out of three people who score in this range experience a violent incident leading to injury and most of these incidents occur within a week after the first incident. We strongly suggest that you seek support from trusted others and make an effort to avoid high risk situations. There are many resources available to you and we encourage you to utilize these services while the initial allegation is being reviewed."

Very High

"This score suggests that there is a very high likelihood of experiencing a violent incident leading to your partner's injury. In fact 2 out of 3 individuals who score this high have another violent incident that leads to injury, and most of these incidents occur within a week after the first incident. Because of this, we want to make sure you and your loved ones are safe. To ensure this to the best of our capabilities we are asking that you use all resources available to you. For the safety of your loved ones, we suggest that you refrain from contacting them and remove yourself from the home or place where they are staying until the review of the allegations is complete. We also encourage you to begin suggested intervention programs as soon as they are available. Please be aware that we are doing our best to enhance the safety of all those involved."



Case Examples

The following case examples are based on real cases of IPV reported to the Family Advocacy Program in the Air Force, Army or Navy. Names, places, and dates are changed to protect the anonymity of the individuals involved. Each example will begin with an overview of the incident leading to a report to the FAP. Next, the client interviews will be discussed in detail, delineating the individuals being interviewed and the information gathered during the assessment. Finally, the case example provides information on the assessment, risk management, and communication of risk for the particular case. The case example is followed by the completed IPPI-RAT tool based on information gathered in the interview.

For the purpose of this manual, terminology used to describe services and treatment professionals are broad and meant to encompass specific terms used within each branch of service. In the case examples, please note that although individuals may be introduced as belonging to a certain military branch, the case example reflects a general scenario meant to apply to all branches of service. As is the case throughout this manual, the specific treatment(s) offered reflect possible interventions, but not necessarily the option that best fits your service guidelines. Your service guidelines with regards to treatment should supersede the guidance in these scenarios.

Case Example One

Overview of Reported Incident

A police report was sent to the FAP provider with the following information about an incident occurring 2 nights previously. At a Christmas party, John, a soldier, drank approximately a fifth of Jack Daniels whiskey. John had told his spouse, Mary, that he wanted to leave the party. In a report to the FAP provider, Mary indicated that John grabbed her around the back of her neck and squeezed, saying, "We're going to leave right now." She pulled away and he threw her coat at her. She put the coat on and started saying good-bye to friends when John grabbed her arm and squeezed saying, "Now!" Mary indicated that she decided to leave quickly so there would not be a scene. When they were in the parking lot, John slapped and choked her, while threatening "I'm going to kill you, you fucking bitch."

Mary ran back into the building requesting someone call the police. John returned to the building demanding to talk alone with her. After a loud argument lasting several minutes, he left the building. Later on, John ran the car into a snow bank causing damage to the vehicle. It is unknown whether this was intentional or as a result of being inebriated.

Client Interviews

All family members were interviewed by the FAP provider following the incident. First, Mary, the victim, was interviewed. Mary reported that this was not the first time John has assaulted her, but this was the worst incident that had ever occurred. Mary reported that she was afraid John would have killed her if she got into the car with him. She believed John was so out of control he would have killed them both. The incident left Mary with bruises. She reported that in the past, John had called her names, humiliated her, withheld finances, and slapped her around. When asked if he had ever used or threatened to use a weapon against her, she reported "never." Mary reported that her family moved around a lot because her dad, like John, was also in the Army. She indicated that she is used to military life and has adjusted well, making friends that she can trust. Mary suggested that John is not around much but that she knew that would be the case before they got married. Although Mary indicated being well-adapted to this lifestyle, she indicated that she could no longer remain in a violent relationship. Mary also reported that she felt drained from constantly trying to keep up with John's demands of having a spotless house, caring for the

children, and performing sexual acts two times a day. Mary indicated that she had obtained a permanent restraining order and is currently proceeding with a divorce.

John, the alleged offender, was interviewed by the FAP provider next. John reported that he drank a large amount of alcohol, but was unsure how much. He denied overtly threatening his wife. He indicated that he insisted on leaving the party because he was aware he drank enough that he was “out of control.” He indicated that he said to Mary, “I’ve got to get home to get some sleep so I can get up to kill something.” He denied this was a threat towards Mary. John was arrested on the night of the incident and removed from the home. All weapons were also removed from the home. Later that night, John reported feeling remorse for the way he treated his wife. He indicated that he does not condone using violence, but is unable to control his temper sometimes. He reported that he would do anything to save his marriage.

John and Mary reported having two sons together. Their sons, Mike and Matt, ages 17 and 15, were also interviewed by the FAP provider. During these interviews, both sons denied ever witnessing physical abuse between their parents. Both, however, admitted to hearing their parents yelling and frequently having loud arguments in the evenings. Both denied any type of violence toward them by either of their parents.

Lastly, the FAP provider interviewed Jessica, a friend of Mary’s, who was also at the Christmas party and witnessed the incident between Mary and John. Jessica indicated that she and Mary were having a private conversation when John reached for Mary to make her leave. Jessica reported that John had grabbed Mary’s neck, consistent with the police report. Jessica recalled that Mary has often talked about being unhappy in her relationship with John and disliking how he spoke to her. Jessica indicated that the day following the incident she went to check on Mary. During their conversation, Jessica recalled Mary saying that John has “called a bunch of times begging for forgiveness.” Jessica indicated that this was “not surprising” and explained that “he always pleads like this after they get into a debacle.”

Assessment, Risk Management, and Communicating Risk

The FAP provider completed the IPPI-RAT assessment tool below. She made notes that were relevant according to the interviewee’s reports. According to the tool, this couple is at a very high risk of experiencing a future incident of IPV with a physical injury (with a score of 10 points). The FAP provider knew it would be important to communicate this information to John, Mary, and John’s commander.

First, the FAP provider explained to Mary that she was at a very high risk to have a subsequent incident with physical injury and gave Mary several options for risk management. She helped Mary develop a safety plan in the event that John tried to return to the home, introduced her to the local domestic violence advocate who would be meeting with her on a regular basis, set up a meeting for the next day with a local financial counselor, and encouraged Mary to check in with her if she needs anything. The FAP provider recommended that Mary schedule an appointment with a therapist for individual counseling. The FAP provider additionally recommended that Mary seek counseling for her children and provided a referral for a local therapist. She then scheduled a follow-up meeting in two weeks.

Second, after meeting with John, the FAP provider explained that “2 out of 3 individuals who score this high have another violent incident that leads to injury, and most of these incidents occur within a week after the first incident. Because of this, we want to make sure you and Mary are safe. We suggest that you refrain from contacting her and also encourage you to begin suggested intervention programs as soon as they are available.” The FAP provider ensured that John understood that regulation required that any incident involving alcohol had to be referred for

a mandatory substance abuse assessment and that he should expect a call from the substance abuse counselor. Furthermore, the FAP provider worked with John to get him enrolled in an appropriate offender intervention program.

Following her assessment, the FAP provider contacted John's commander with the following information: "Our assessment suggests that John should receive priority in attaining all available resources. His wife indicated that a restraining order is already in place. We know that repeat incidents typically occur within a week after the assessment, so I would strongly recommend that John begin implementing substance abuse treatment and appropriate offender intervention programs recommended to him immediately."

Intimate Partner

Physical Injury Risk Assessment Tool

INITIAL ASSESSMENT ONLY, NOT FOR FOLLOW-UP ASSESSMENTS

This tool is designed to supplement, not replace, the risk assessment protocol used by each branch of service.

*Tool to be Completed by the Clinician after Completing the Risk Assessment.
The Tool is not to be Completed by Clients!*

Alleged Offender Name: John X

Victim Name: Mary X

Offender	Yes	No	Don't Know
<p>1. Caused minor injury (not requiring medical care) in incident. <i>Notes: There were no serious injuries, but the incident did leave bruises.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>2. Ever choked or strangled partner. <i>Notes: Mary reported being choked during the most recent incident.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>3. Denies incident occurred. <i>Notes: Later that night, John did take responsibility for his actions.</i></p>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<p>4. Increased frequency or severity of violence toward partner. <i>Notes: Mary reported that this was not the first time that John has assaulted her and that this was the worst, or most severe, incident that has taken place.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>5. Blames others for incident. <i>Notes: John took responsibility for his actions and appeared remorseful upon reflection about the way he treated Mary in the incident.</i></p>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<p>6. Attempts to control partner's access to friends/family/resources. <i>Notes: Mary reported that John withheld finances from her.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>7. Physically aggressive toward partner prior to incident. <i>Notes: Mary reported that this was not the first time John has assaulted her.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>8. Feels desperate about relationship. <i>Notes: John reported that he would do anything to save his marriage. Jessica indicated that he often pleads for forgiveness following a fight with Mary.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>9. Emotionally abusive towards partner. <i>Notes: Mary indicated that, in the past, John has called her names and humiliated her in front of her friends.</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Ever used or threatened to use weapons against partner.
Notes: Mary reported that John has never used or threatened to use a weapon against her.
-
11. Expresses ideas or opinions that justify violence towards partner.
Notes: John indicated that he does not condone using violence, but is unable to control his temper sometimes.
-
12. Holds unrealistic expectations of partner.
Notes: According to Mary, John demands having a spotless house, expects her to solely care for the children, and expects to have sex twice a day.
-

Victim	Yes	No	Don't Know
13. Dissatisfied with military lifestyle. <i>Notes: Mary stated that she is well-adapted to a military lifestyle.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Attempting to leave relationship. <i>Notes: Mary reported having filed for a divorce and having a permanent restraining order in place.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fears for self or children or pets. <i>Notes: Mary reported that she was afraid John would have killed her if she got into the car with him.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Score (Number of Items Marked "Yes") = 10

Level of Risk: **Low-to-Moderate** (0-1) **High** (2-7) **Very High** (8 or more)

If both partners are alleged offenders, complete this form again (one per each offender).

Who was interviewed?	Yes	No	If no, why not:
Alleged offender	<input checked="" type="radio"/>	<input type="radio"/>	_____
Victim	<input checked="" type="radio"/>	<input type="radio"/>	_____
Child(ren) in Home	<input checked="" type="radio"/>	<input type="radio"/>	_____

Select additional sources of information used to complete this form: Command | Friend/Neighbor | Medical Personnel | Law Enforcement | Witness

Case Example Two

Overview of Reported Incident

Rita is a 27-year-old female Airman in the United States Air Force. An incident of physical injury was reported in which Rita was inebriated and scratched and slapped her husband across the face while attempting to gain entrance into their home. Tony, Rita's husband, was home when Rita was with her friends at a local club. Rita returned home at 2:00 am and knocked on their front door because she could not find her keys. When Tony went to answer the door, he verbally refused to let Rita in the house and blocked the entrance with his body. Reportedly, Rita slapped and scratched his face while yelling "let me in!!" Tony closed and locked the door, at which time Rita went to the trunk of her car, got a baseball bat and returned to bang on their front door with the bat. Tony indicated that he looked out the window and saw Rita waving the bat while yelling and cursing at him. Tony then contacted 911 and the civilian police officer took Rita to spend the night in jail. Two days after Rita returned home, she found Tony moving his things out. Tony is currently staying with a friend.

Client Interviews

The FAP provider first met with Tony. In the interview, Tony explained that he did not allow Rita to enter the house because every time she drinks, she becomes violent. When asked if violence has occurred previously in their relationship, Tony indicated that it had. Tony explained that the first incident occurred early in their marriage and that she would push and slap him when she was upset. He further reported that Rita would frequently berate and criticize him. He explained that she has also taken away his checkbook and credit cards, and has ridiculed him for not being able to find a job. The FAP provider asked if it had ever gotten to the point where Rita attempted to strangle him. Tony denied any choking or attempted strangulation. Tony indicated that he has long been frustrated with their relationship and further explained that he has tried to talk with her about being unhappy with the demands and hours the military requires of her and suggested that he feels that all they do is fight. He indicated that this had not resulted in any changes. Furthermore, Tony explained that Rita always expects him to answer her phone calls, regardless of what he is doing, which made it increasingly difficult for him to get anything done. Tony denied any physical altercations when he was moving out of the home. He indicated that Rita was "actually" being nice, pleading for me to stay, saying she's sorry." Tony explained that he had heard it before and did not listen to her because things always stayed the same.

Next, the FAP provider met with Rita. When asked what had happened, Rita explained that she had arrived home asking to be let in their house and her husband refused. Rita stated that, "if he would have just let me in, I would have never had to slap him." When asked if violence has occurred previously in their relationship, Rita also indicated that it had. Rita explained that Tony often argues with her and it upsets her because he won't listen to her until she does something like slap him. Rita also suggested that Tony is "irresponsible" and "can't get a job" so she has to take care of the finances, including monitoring his expenses. Rita denied ever attempting to strangle or use a weapon against Tony. When the FAP provider questioned the use of the bat in the reported incident, Rita explained that she had not intended to hurt Tony with it, that she just wanted him to open the door. The FAP provider asked "Are you hopeful that you can improve your relationship with Tony?" and the client responded "It's not like I haven't tried... I want to work things out and I even asked him to stay but he ignored me." The FAP provider noted that Rita then shrugged and indicated that "He'll probably come back once he realizes he doesn't feel better at Jay's house." Rita denied attempting to contact Tony after he left their home.

Finally, the FAP provider called a neighbor who had witnessed the incident. The neighbor was not available to meet in person but did explain that “they often fight like this, especially when she’s drunk.”

Assessment, Risk Management, and Communicating Risk

The FAP provider completed the IPPI-RAT assessment tool below. She made notes that were relevant according to the interviewee’s reports. According to the tool, this couple is at a very high risk of experiencing a future incident of IPV with a physical injury (with a score of 8 points). The FAP provider knew it would be important to communicate this information to Rita, Tony, and Rita’s commander.

First, the FAP provider explained to Tony that he was at a very high risk to be a victim of a subsequent incident with physical injury and gave him several options for risk management. She helped Tony set up a safety plan that enabled him to reflect on “warning signs” of a physical incident and provided him with resources including the local domestic violence advocate. Because Tony and Rita both appeared to maintain a commitment to the relationship, the FAP provider suggested that individual counseling may be beneficial to him. The FAP provider then scheduled a follow-up meeting with Tony in one week.

The FAP provider explained to Rita that “2 out of 3 individuals who score this high have another violent incident that leads to injury, and most of these incidents occur within a week after the first incident.” The FAP provider suggested that incidents of violence between them seem to occur when Rita has been drinking. The FAP provider explained to Rita that Air Force regulation requires that any incident involving alcohol had to be referred for a mandatory substance abuse assessment through ADAPT and that she should expect a call from the substance abuse counselor. Rita was then told that individual or group counseling may be beneficial to her and provided her with a follow-up individual session in one week.

Following her assessment, the FAP provider contacted Rita’s commander with the following information: “Our assessment suggests that Rita should receive priority in attaining all available resources. Tony is currently staying with a friend, but it is likely that another incident may occur after his return home. I have referred Rita to ADAPT for a substance abuse assessment and recommended she participate in individual or group counseling”.

Intimate Partner

Physical Injury Risk Assessment Tool

INITIAL ASSESSMENT ONLY, NOT FOR FOLLOW-UP ASSESSMENTS

****This tool is designed to supplement, not replace, the risk assessment protocol used by each branch of service.****

*Tool to be Completed by the Clinician after Completing the Risk Assessment.
The Tool is not to be Completed by Clients!*

Alleged Offender Name: Rita Y

Victim Name: Tony Y

Offender	Yes	No	Don't Know
1. Caused minor injury (not requiring medical care) in incident. <i>Notes: Visible scratches on Tony's face.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Ever choked or strangled partner. <i>Notes: Both partners denied incidents of choking or strangulation in past or present incidents.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Denies incident occurred. <i>Notes: Rita admitted to slapping her husband across the face.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Increased frequency or severity of violence toward partner. <i>Notes: Interviews with both partners suggested that the level of violence has been similar in the past.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Blames others for incident. <i>Notes: Rita admitted to slapping Tony but suggested that it was his fault when she reported "if he would have just let me in..."</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Attempts to control partner's access to friends/family/resources. <i>Notes: Tony reports that Rita monitors his finances and restricts his autonomy.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Physically aggressive toward partner prior to incident. <i>Notes: Both partners reported that similar incidents have occurred in the past. This was further supported in the phone call with the neighbor.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Feels desperate about relationship. <i>Notes: Neither partners demonstrated or reported acts of desperation regarding the relationship. In fact, both partners appeared at ease with the situation and confident about their reconvening the relationship. No attempts were made to contact each other after Tony left their home.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Emotionally abusive towards partner. <i>Notes: Tony reported frequent berating and criticism from Rita. Furthermore, Tony suggested that Rita often looks down upon him for not having a job.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Ever used or threatened to use weapons against partner.
Notes: Neither partners indicated the use of a weapon; however, upon interviewing both individuals about the incident, the presence of the bat in the allegation reflects the use of a weapon meant as a threat.
-
11. Expresses ideas or opinions that justify violence towards partner.
Notes: Rita appeared to justify the violence suggesting that Tony's refusal to open the door started the incident.
-
12. Holds unrealistic expectations of partner.
Notes: Neither partner suggested that Rita holds unrealistic expectations although it appears that Tony being unemployed has caused conflict regarding financial expectations in the relationship.
-

Victim	Yes	No	Don't Know
13. Dissatisfied with military lifestyle. <i>Notes: Tony had indicated frustration with Rita's work schedule.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Attempting to leave relationship. <i>Notes: Although Tony left the home, both partners seem to agree that this does not indicate a plan to terminate the relationship.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15. Fears for self or children or pets. <i>Notes: Neither partner suggested any experience of fear.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Total Score(Number of Items Marked“Yes”) = 8

Level of Risk:

Low-to-Moderate
(0-1)

High
(2-7)

Very High
(8 or more)

If both partners are alleged offenders, complete this form again (one per each offender).

Who was interviewed?	Yes	No	If no, why not:
Alleged offender	<input checked="" type="radio"/>	<input type="radio"/>	_____
Victim	<input checked="" type="radio"/>	<input type="radio"/>	_____
Child(ren) in Home	<input type="radio"/>	<input checked="" type="radio"/>	<i>Not applicable; no children present in the home.</i>

Select additional sources of information used to complete this form: Command | Friend/Neighbor |

Medical Personnel | Law Enforcement | Witness

Case Example Three

Overview of Reported Incident

Frank is a 27-year-old sailor in the United States Navy. Recently, his wife, Joanna, age 29, reported that Frank was physically abusive to her. According to the report, Frank was at his friend Curtis's house, working on repairing Curtis's computer. During this time, Joanna attempted to call Frank several times but was unable to reach him. Joanna decided not to set a place at the dinner table for Frank because she assumed he would not be joining them. Upon returning home, Frank saw that he did not have a setting on the table and became angry and slammed a fork on the table, leading to the breaking of a dish. He stated, "You should know that I'd be here for dinner!" Frank then went to get a plate from the kitchen and continued to argue with Joanna as he came back to the room. Frank began to slam other dishes down, rattling the silverware and shaking the table. The couple are parents to three children. The oldest, Christine, age 10, is Joanna's biological daughter from a previous relationship, but was adopted by Frank once they married 6 years ago. Sara and Brian, ages 5 and 3, are Frank and Christine's biological children. All three children were present at the table during the alleged incident. They became quiet as they saw their father was visibly angry. Joanna decided to take the children and leave the house. When grabbing her keys and cell phone, Joanna reported that Frank stopped her and asked where she was going, to which she replied "none of your business." She indicated that he then opened their front door and shoved her out. Joanna reported that she went to stay at her mother's. Upon arrival to her mother's home, Joanna reported the incident to the FAP program. That evening, Frank called Joanna and apologized, asking her to come back home.

Client Interviews

The FAP provider first met with Joanna. At the assessment, Joanna appeared distracted, evidenced by constantly checking her phone. Joanna explained that her mom was watching the kids in the waiting room and would need to call her if one of them became too rambunctious. When asked about what had happened during the incident, Joanna explained that she and Frank have been arguing a lot recently regarding his time away from home. Joanna explained that Frank has assumed the responsibilities for two men at work and is spread thin, leaving little time for his family. She indicated that they have verbal fights almost every other day because, when Frank is home, he is not present with the children or her, but often plays video games or watches television before going to bed. Joanna explained that she is exhausted caring for the children when she is home. Joanna reported that she works part time as a housekeeper while her mother watches the kids. She indicated that when she is not working, she is helping her kids with homework, taking them to activities, cooking, feeding and bathing the children, and caring for the house. Joanna indicated that she is "also spread thin and exhausted." When asked what their fights typically look like, Joanna indicated that it is typically "Not like this. This was scary." She explained that they typically have verbal arguments, yelling, sometimes even slamming doors but never has it gotten to the point where an object was broken or where they've laid a hand on one another. Joanna reported "I was afraid so I left, I didn't know what to do." Joanna became tearful and indicated that she does not "want to get another divorce. This was a good thing." When asked if she had thought about leaving Frank, Joanna shook her head, "No," and explained that "I just needed to get out of the house to make sure this did not happen again. I have children I need to protect and I can tell they were scared." Joanna mentioned that being married to a sailor has caused a lot of unexpected conflict between them and suggested that "This would all be easier if we could both have normal jobs and normal family lives."

Next, the FAP provider met with Frank. Frank appeared remorseful as demonstrated by his head hung low. When asked about the incident, Frank immediately reported that "Things got out of

control. It should have never gotten to that.” When asked for clarification, Frank explained that he “pushed her in the heat of the moment,” but would never want to do anything to scare or hurt his wife. Frank denied any previous incidents of physical violence and indicated that he has “never done anything that would purposefully harm or scare her.” Frank appeared desperate about the relationship when he asked the FAP provider, “Did she come in? Did she say anything about me? Are we going to be okay? Geez, I just want to talk to her, tell her I’m sorry.” Frank also reported that they have been fighting a lot about his work schedule. Frank indicated that he knows “Joanna does not like being a Navy wife and I know things aren’t easy. I just wish she would understand that I have no energy to do anything else when I get home at night. She cares for the kids, she knows how to do those things and it would just be more work for me to learn how she likes things done.”

Lastly, the couple’s oldest daughter, Christine, was interviewed. Christine reported observing her step-father “slamming the table and getting so mad he started pushing Mom around, then he came out the door and started pushing her some more.” Christine admitted that this incident was scary but denied any fear that Frank would do anything to hurt her mother or herself and her siblings.

Assessment, Risk Management, and Communicating Risk

The FAP provider completed the IPPI-RAT assessment tool below. She made notes that were relevant according to the interviewee’s reports. According to the tool, this couple is at a high risk of experiencing a future incident of IPV with a physical injury (with a score of 4 points). The FAP provider felt it would be important to communicate this information to Joanna, Frank, and Frank’s commander.

First, the FAP provider explained to Joanna that she was at high risk of experiencing another incident with physical injury. The FAP provider explained that “1 out of 3 individuals who score similarly on this assessment experience an incident leading to injury and most of these incidents occur within one week. We want to help you develop a safety plan that you can follow when you feel you may be in danger. Please contact a Victim Advocate if you are in need of any assistance.” The FAP provider additionally encouraged Joanna to develop a list of emergency contacts with whom she feels safe in the event that Frank demonstrates any violent behavior. The FAP provider then set a check in session with Joanna for a month from then and indicated that she would call Joanna in two weeks for a phone consult to check-in on any immediate needs. The FAP provider suggested that counseling may be beneficial for both Joanna and her children and provided her with contact information for a local therapist.

Next, the FAP provider met with Frank and explained that, “Until the case is resolved, I suggest that you seek support from trusted others and make an effort to avoid stressful or high conflict situations with Joanna or the use of any drugs or alcohol that may put you at higher risk of a repeat incident. There are many resources available to you and we encourage you to utilize these services while the initial allegation is being reviewed.” The FAP provider then provided Frank with a referral to behavioral health, highlighting information about appropriate offender intervention groups. She explained to Frank that there are additional resources that he may be able to utilize and that “we suggest that you utilize any available program and will be able to help you locate other resources at our meeting next month.”

Lastly, the FAP provider contacted Frank’s commander by phone and explained that “Frank has been advised not to engage in risky behaviors such as alcohol use and has been encouraged to participate in appropriate local offender intervention programs. Frank’s wife has been provided a safety plan which is to be implemented if Frank demonstrates any violent behavior.” The phone

call concluded with the FAP provider explaining that "We know that repeat incidents typically occur within a week after the assessment, so I would recommend that Frank stay in contact with our office until the Clinical Case Staffing Meeting and a final intervention plan is developed."

Intimate Partner

Physical Injury Risk Assessment Tool

INITIAL ASSESSMENT ONLY, NOT FOR FOLLOW-UP ASSESSMENTS

This tool is designed to supplement, not replace, the risk assessment protocol used by each branch of service.

*Tool to be Completed by the Clinician after Completing the Risk Assessment.
The Tool is not to be Completed by Clients!*

Alleged Offender Name: Frank O

Victim Name: Joanna O

Offender	Yes	No	Don't Know
1. Caused minor injury (not requiring medical care) in incident. <i>Notes: No injury was reported or visible.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Ever choked or strangled partner. <i>Notes: Both denied past or current choking or strangulation from either partners.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Denies incident occurred. <i>Notes: Frank admitted to pushing his wife.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Increased frequency or severity of violence toward partner. <i>Notes: Joanna reported that they've yelled in the past but this is the first time Frank has broken anything or became physical.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Blames others for incident. <i>Notes: Neither parties blamed outside persons or each other.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Attempts to control partner's access to friends/family/resources. <i>Notes: Neither partners reported controlling behaviors.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. Physically aggressive toward partner prior to incident. <i>Notes: Both have indicated previous verbal arguments, both denied any physical violence in the past.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. Feels desperate about relationship. <i>Notes: Frank appeared desperate and eager to hear from Joanna.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Emotionally abusive towards partner. <i>Notes: Both partners indicated verbal arguments but denied name calling or explicit criticisms.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Case Example Four

Overview of Reported Incident

Darrell and Maria have been married for 4 years. Maria is a 23-year-old enlisted Marine due to deploy within three months. Darrell is 29-years-old and is currently unemployed due to a medical condition. The couple has a 2 year old daughter, Sierra. The incident of physical aggression occurred when Darrell and Maria got into an argument after Maria returned home from dropping Sierra off at her mother's place. Darrell and Maria were about to leave for a trip to visit Darrell's family out of state. Maria brought up how expensive gas was and how much they would have to spend on their trip. Darrell became upset and demanded the keys from Maria. Maria could tell that Darrell was upset and insisted on knowing what had angered him so much. Darrell attempted to grab Maria's purse from her hands to get the keys and Maria pulled the purse back, yelling that he was "being crazy". At this time, Alice, Maria's sister, came downstairs and witnessed Darrell shoving Maria to the ground and taking the bag from her to retrieve the keys. Alice called the police to report the incident. The police arrested Darrell and suggested that they both contact the FAP to schedule an assessment.

Client Interviews

The FAP provider first met with Maria. Maria appeared tired but was cordial. Maria appeared worried as she initially inquired about what will happen to her family. The FAP provider asked about previous incidents of physical violence to which Maria reported that Darrell has slapped and pushed her before but has never knocked her to the ground. Maria denied any injuries. The FAP provider asked Maria if Darrell had ever used a weapon or object to threaten or hurt her. Maria indicated that this has never occurred and that "Darrell does not own any weapons." The FAP provider asked about Maria's upcoming deployment and her feelings about leaving. Maria responded that she's not looking forward to how much she will miss her daughter and how it may impact her relationship with Darrell. Next, the FAP provider asked Maria how she feels about being a Marine. Maria indicated that "it's hard to be away from family but I have a duty to perform, and I am happy to serve." Maria indicated that she is glad that Darrell had to spend a couple nights in jail because that was "not okay" but that she wants to work things out and get him help so that he does not get angry so easily. Maria reported that they have a "lot of built up resentment and unresolved issues". The FAP provider asked if their marital conflicts frighten her or make her fearful about its impact on Sierra. Maria denied any fear and said that they never fight in front of Sierra and that "Darrell would never do anything to scare our daughter."

The FAP provider then met with Darrell. He reported that the incident occurred when he was packing for their trip and Maria came in to complain about gas prices. Darrell explained that it seems that "Maria is always yelling at me or complaining about money she has to spend to take care of us." Darrell explained that he pushed Maria so that he could get the keys away from her. He indicated that he did not mean to push her that hard and did not intend to knock her to the ground. When asked if incidents like this have occurred before, Darrell indicated that they have argued and there was slapping but that it never "gets too extreme and I don't mean to let it get that far." Darrell admitted that the incident occurred because he was so frustrated he needed to leave the house. He explained that he recognizes that Maria is stressed and tired from work but that she sometimes makes him feel guilty about not being able to work. Darrell stated similar concerns to Maria about their marital issues and needing to work on their relationship.

Finally, the FAP provider met with Alice, Maria's sister. Alice indicated that she's been staying with her older sister because she was home for the summer from her first year of college and wanted to spend time with her niece. She explained that Maria and Darrell sometimes argue but they

always try to keep it in their room or at least out of Sierra's sight. Alice indicated that their yelling during the incident alarmed her and seeing Darrell shove her sister scared her so she called the police. Alice denied fearfulness for any of her family members but did indicate that "Darrell gets upset easily."

Assessment, Risk Management, and Communicating Risk

The FAP provider completed the IPPI-RAT assessment tool below. She made notes that were relevant according to the interviewee's reports. According to the tool, this couple is at a high risk of experiencing a future incident of IPV with a physical injury (with a score of 2 points). The FAP provider felt it would be important to communicate this information to Maria, Darrell, and Maria's commander.

First, the FAP provider explained to Maria that she was at high risk of experiencing an incident with physical injury as the assessment suggests that the increased severity of violence is a warning sign of future physical injury. The FAP provider suggested that it would be appropriate to develop a safety plan including warnings signs of Darrell's escalating anger. Last, the provider encouraged Maria to seek counseling and provided her with contact information for behavioral health. The FAP provider then suggested that they meet again in a few weeks to check in but informed Maria that she could call beforehand if she needed any assistance.

Next, the FAP provider met with Darrell and explained that he was at risk for a repeat incident of physical violence which would lead to injury. The FAP provider recommended a local offender intervention program to him and suggested that he might seek counseling to work through some concerns before Maria deploys which may help with the transition. Because Darrell was reluctant to admit to having an anger problem, the FAP provider began by providing him with a packet of brochures on healthy relationships and appropriate intervention programs, then suggested that there are individual mental health providers and also groups that work on more specific issues if he felt he would benefit from services. The FAP provider emphasized the importance of using services as they are available to him and suggested that working through these issues provides a more stable and healthy home for Sierra. The FAP provider encouraged Darrell to stay in contact with her, even through Maria's deployment.

Lastly, the FAP provider contacted Maria's commander by phone and explained that the assessment of the incident suggests that violence has escalated and that both partners should seek counseling and utilize behavioral health programs. The FAP provider additionally added that "because repeat incidents typically occur within a week after the assessment, I would recommend checking in with Maria within the next couple days and encourage her to schedule an appointment with us if she feels it is needed."

Intimate Partner

Physical Injury Risk Assessment Tool

INITIAL ASSESSMENT ONLY, NOT FOR FOLLOW-UP ASSESSMENTS

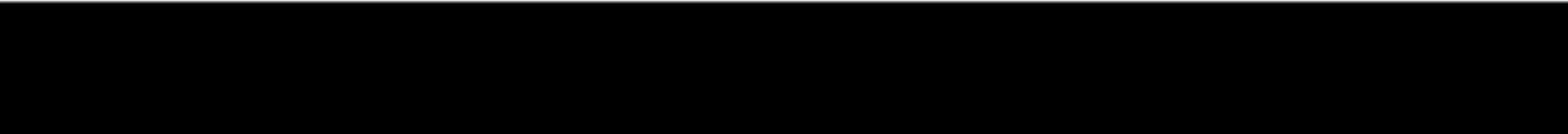
This tool is designed to supplement, not replace, the risk assessment protocol used by each branch of service.

*Tool to be Completed by the Clinician after Completing the Risk Assessment.
The Tool is not to be Completed by Clients!*

Alleged Offender Name: Darrell S

Victim Name: María S

Offender	Yes	No	Don't Know
1. Caused minor injury (not requiring medical care) in incident. <i>Notes: María denied any injuries.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Ever choked or strangled partner. <i>Notes: Both denied past or current choking or strangulation from their partner.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Denies incident occurred. <i>Notes: Darrell indicated that he pushed María but did not mean to shove her to the ground.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Increased frequency or severity of violence toward partner. <i>Notes: María indicated that there has been pushing and slapping but it had not gotten to the point where she's been pushed to the ground.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Blames others for incident. <i>Notes: Neither parties blamed outside persons for the incident.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Attempts to control partner's access to friends/family/resources. <i>Notes: Both partners appear to be family oriented and neither seemed to control visits or relationships with others or access to resources.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. Physically aggressive toward partner prior to incident. <i>Notes: Both have indicated slapping and pushing in the past.</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Feels desperate about relationship. <i>Notes: Neither appeared desperate yet both recognized concerns in the marital relationship.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Emotionally abusive towards partner. <i>Notes: Neither indicated experiences of emotional abuse.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



Appendix A: AUC Table

Table 2. IPV Risk Assessments Meta-Analysis Results				
IPV Assessment	k	Total N	AUC Value	95% CI
DA	6	3,339	.711	.602-.820
DVSI	3	3,076	.577	.523-.631
K-SID	2	1,281	.538	.486-.591
ODARA	6	1,194	.670	.637-.704
SARA	7	2,758	.629	.606-.652
B-SAFER	1	249	.700	.640-.760
IPPI-RAT*	1	142	.783	.707-.860

*Note. k = number of studies. DA = Danger Assessment; DVSI = Domestic Violence Screening Inventory; K-SID = Kingston Screening Instrument for Domestic Violence; ODARA = Ontario Domestic Assault Risk Assessment; SARA = Spousal Assault Risk Assessment; B-SAFER = Brief Spousal Form for the Evaluation of Risk; IPPI-RAT = Intimate Partner Physical Injury-Risk Assessment Tool. * = IPPI-RAT AUC value based on 99% Confidence Interval.*

The AUC value indicates the likelihood that a randomly selected member of the physical injury group would have a higher risk score than a randomly selected member of the other (i.e., comparison) group. Tools with higher AUC scores are more accurate predictors of IPV risk than are tools with lower AUC scores.

Appendix B: IPPI-RAT Recidivism Risk Categories

Low-to-Moderate

Approximately
1 out of 10
will experience
a subsequent incident
leading to physical injury

(0-1 points)

High

Approximately
1 out of 3
will experience a
subsequent incident
leading to physical injury

(2-7 points)

Very High

Approximately
2 out of 3
will experience a
subsequent incident
leading to physical injury

(8 or more points)

Low-to-Moderate

Approximately
1 out of 10
will experience
a subsequent incident
leading to physical injury

(0-1 points)

High

Approximately
1 out of 3
will experience a
subsequent incident
leading to physical injury

(2-7 points)

Very High

Approximately
2 out of 3
will experience a
subsequent incident
leading to physical injury

(8 or more points)

Appendix C: How to Use the IPPI-RAT

Step 1: Case Information

Conduct interviews with all available informants to gather case information

(victim, alleged offender, any additional informants including children, witnesses, commanders, law enforcement).

Assess for the risk factors in your interviews.

- These interviews should be conducted INDIVIDUALLY with each partner.
- The FAP provider should never interview the victim in the presence of the offender.

** If both partners are being assessed as alleged offenders, you will need to complete two IPPI-RATs.*

Step 2: Code the Presence or Absence of the Risk Factors

- Assess and resolve any inconsistencies between information sources.
- Seek necessary additional information from more sources
- In making a final determination if a risk factor is present, the provider has to use clinical judgment to determine if the risk factor is present.

Step 3: Compute the Total Score

- Using the IPPI-RAT form indicate whether your response to the item is “yes,” “no,” or “don’t know.”
- Avoid “Don’t know” whenever possible: Omitted risk factors will lead to a lower judgment of risk than is accurate.
- **You are to complete the tool, NOT the client.** The client does not see this form, their level of risk is communicated to them verbally in step 6.
- Add all the items that you marked “Yes” to. This is your total scale score.

Step 4: Determine the Level of Risk

- Use the total scale score to determine the level of risk.

Low-to-Moderate

1 out of 10
will experience
a subsequent incident
leading to physical injury

(0-1 points)

High

Approximately

Approximately
1 out of 3
will experience a
subsequent incident
leading to physical injury

(2-7 points)

Very High

Approximately
2 out of 3
will experience a
subsequent incident
leading to physical injury

(8 or more points)

Assess regarding offender:

- Caused minor injury (not requiring medical care) in incident.
- Ever choked or strangled partner.
- Denies incident occurred.
- Increased frequency or severity of violence toward partner.
- Blames others for incident.
- Attempts to control partner's access to friends/family/resources.
- Physically aggressive toward partner prior to incident.
- Feels desperate about relationship.
- Emotionally abusive towards partner.
- Ever used or threatened to use weapons against partner.
- Expresses ideas or opinions that justify violence towards partner.
- Holds unrealistic expectations of partner.

Assess regarding victim:

- Dissatisfied with military lifestyle.
- Attempting to leave relationship.
- Fears for self or children or pets

Step 5: Risk Management Strategies

[adapted from Kropp, Hart and Belfrage (2005)]

- After determining the level of risk, determine appropriate risk management strategies (higher levels of risk should result in greater number of risk management strategies). Each of these categories should be addressed. Refer to the brief user manual for a more detailed explanation.
 - Monitoring/Surveillance
 - Control/Supervision
 - Assessment/Treatment
 - Victim Safety Planning

Step 6: Communicating Risk

- Using the knowledge gained from the IPPI-RAT, communicate the level of risk for another incident of physical injury to the involved parties.
- It is appropriate to show individuals their overall scores, but not the individual items of the scale. Often times, this would elicit defensive reactions from involved parties.
 - Victim Advocate
 - Commander
 - Victim
 - Offender

***DISCLAIMER: This handout is meant to supplement this manual. This is not to be used in isolation, but as a reference tool after having reviewed the manuals.*



