

RIViR Paper #1. Prevalence and Experiences: Intimate Partner Violence Prevalence and Experiences Among Healthy Relationship Program Target Populations

April 2016

OPRE Report 2016-40

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Why Is IPV a Critical Consideration in Healthy Relationship Programming?

Definitions of Intimate Partner Violence and Teen Dating Violence. Intimate partner violence (IPV) can be defined as physical, sexual, or psychological harm or reproductive coercion by a spouse, partner, or former partner.¹ The term “teen dating violence (TDV)” refers to similar abuses when they occur in the context of youth dating experiences, typically among middle and high school aged youth.^{2,3} Both are very common: About a third of U.S. adults (36% of women and 29% of men) has ever experienced IPV, and two thirds of adolescents who have dated also report having experienced abuse from a dating partner.⁴ For many who experience it (81% of women and 35% of men), such abuse has serious consequences, including injury and effects on physical and mental health.⁵

Significance of IPV and TDV in Healthy Relationship Programs. In healthy relationship programs, a participant who is being abused by a partner may not receive the same benefits from healthy relationship programming as someone who is not—and indeed, could be inadvertently harmed. Considering IPV and TDV is therefore crucial to protecting the safety of program participants and facilitating

Project Overview

The purpose of the Responding to Intimate Violence in Relationship programs (RIViR) project is to understand how to best identify and address intimate partner violence (IPV) in the context of healthy relationship programming. The project takes a comprehensive approach by considering:

- actions to be taken prior to IPV identification;
- strategies and tools to identify IPV at initial assessment and throughout the program; and
- recommended protocols for when individuals disclose IPV, such as linking individuals to appropriate resources and referrals.

The project focuses on research evidence and supplements this information with expert input where evidence is lacking, so that technical assistance providers and practitioners can understand the current knowledge base as they develop specific guidance and program approaches.

The project will develop a series of papers for research and practice audiences and other stakeholders on five core topics:

Paper #1. Prevalence and Experiences: IPV prevalence and experiences among healthy relationship program target populations

Paper #2. Current Approaches: Current approaches to addressing IPV in healthy relationship programs

Paper #3. Frameworks: Proposed frameworks for understanding how healthy relationship programs can influence IPV

Paper #4. State of the Evidence: Evidence on recognizing and addressing IPV in healthy relationship programs and key research gaps

Paper #5. Screeners and Protocols Assessment: An assessment of whether different approaches to IPV disclosure opportunities reliably identify IPV and result in appropriate assistance to victims.

The project team partners with a range of IPV advocates and healthy relationship program practitioners, to ensure the project is relevant to healthy relationship program contexts and safely and appropriately addresses IPV. All papers are vetted with these experts, and will be released beginning in 2016.

¹ Intimate Partner Violence: Definitions. (2014, November 25). Retrieved February 22, 2015, from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

² Centers for Disease Control and Prevention: National Center for Injury Prevention and Control (2014). *Understanding Teen Dating Violence*. Retrieved from: <http://www.cdc.gov/violenceprevention/pdf/teen-dating-violence-factsheet-a.pdf>

³ Teen dating violence is also referred to as Adolescent Relationship Abuse (ARA), to emphasize the fact that abuse between teens does not always occur in the context of “dating”. *Appendix B: Glossary* provides definitions of other relevant terms.

⁴ Taylor, B.G. & Mumford, E.A. (2014). A national descriptive portrait of adolescent relationship abuse: Results from the National Survey on Teen Relationships and Intimate Violence (STRiV). *Journal of Interpersonal Violence*, DOI 10.1177/0886260514564070

⁵ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

appropriate service delivery through referrals.⁶ *This paper summarizes research on IPV in adult healthy relationship program target populations to support practitioners in informing participants about domestic violence and dating violence programs that can assist with safety planning, connecting them to community-based services, and supporting their knowledge that violence and abuse are not a part of a healthy relationship.*

What Do Federal Healthy Relationship Programs Do?

Healthy Relationship Program Funding, Target Populations, and Activities. Since 2006, the federal Administration for Children and Families (ACF) has administered roughly \$75-\$100 million per year⁷ in hundreds of grantee programs to support healthy relationships and marriage for moderate- and low-income couples and individuals, both youth and adults. Grantees serve diverse populations, such as incarcerated and formerly incarcerated persons, couples expecting a child, employment program participants, religiously affiliated participants, and high school students. Most programs offer relationship education, accompanied by parenting classes, mentoring, case management, or other services to support family stability. More recent programs increasingly emphasize case management, employment assistance, and trauma-informed service delivery.

Achieving Healthy Relationship Program Goals. Across the diversity of program approaches and target populations, healthy relationship programs generally share a focus on improving relationship quality and stability. For most programs, addressing IPV or TDV is not a primary goal. Some programs do focus on IPV or TDV as an outcome, and some include specific IPV-related activities or curriculum content.⁸ Regardless of whether IPV is an explicit program focus, however, ACF requires a comprehensive approach to addressing IPV and consultation with local domestic violence programs, and it is important that programs protect participant safety by making participants aware of domestic violence and dating violence programs that can assist with safety planning and facilitating connections to community-based services. Such efforts can support programs in realizing their other intended outcomes.⁹

IPV-Related Requirements in Healthy Relationship Program Funding Announcements
All three cohorts of federally-funded healthy relationship program grantees (funded in 2006, 2011, and 2015) have been required by ACF to take certain steps to address IPV. Current ACF healthy relationship grantees, funded in 2015, were required to show evidence in their grant applications of consultation with a local domestic violence program or coalition and to take a “comprehensive approach to addressing domestic violence.” The funding announcement outlines an example of such an approach, which includes training for staff and a memorandum of understanding with a local domestic violence program.

How Common Is IPV in Healthy Relationship Program Target Populations?

Lack of Prior Research on IPV and TDV in Healthy Relationship Program Target Populations. Estimates of IPV from healthy relationship program local evaluations suggest that it may be a common experience among adult program participants; however, these evaluations have defined and measured IPV in many different ways, and results are difficult to interpret.^{10,11,12}

⁶ Menard, A., & Williams, O. (2006). *It's not healthy if it's not safe: Responding to domestic violence issues within healthy marriage programs*. Presentation at Fall Conference of the Association for Public Policy Analysis and Management (APPAM). Washington, DC. <http://research.policyarchive.org/17961.pdf>

⁷ Funding for federal programs to promote healthy relationships and marriage was authorized by the Deficit Reduction Act of 2005 and re-authorized under the Claims Resolution Act of 2010.

⁸ More information on how healthy relationship program grantees currently address IPV and TDV can be found in “RiViR Current Approaches: Current approaches to addressing IPV in healthy relationship programs,” available at (insert hyperlink once released).

⁹ Menard, A., & Williams, O. (2006). *It's not healthy if it's not safe: Responding to domestic violence issues within healthy marriage programs*. Presentation at Fall Conference of the Association for Public Policy Analysis and Management (APPAM). Washington, DC. <http://research.policyarchive.org/17961.pdf>

¹⁰ Hawkins, A., & Erickson, S. (2014). Unpublished estimates of IPV obtained from healthy relationship programs, 2006-2011.

¹¹ Heyman, R. E., & Slep, A. M. S. (2011). "Couple CARE for Parents" for Low-income, Unwed Families. (unpublished data)

¹² Heyman, R. E., Slep, A. M. S., Lorber, M. F., Xu, S., Mitnick, D. M., Samad, N. & Niolon, P. H. (2014). Relationship Impacts of a Prevention Program for Perinatal Couples. (Manuscript submitted for publication.)

To date, no estimates of TDV among youth served by healthy relationship programs have been published.

To better understand IPV in healthy relationship program target populations, ACF's Responding to Intimate Violence in Relationship programs (RIViR) project analyzed data on IPV from four large-scale studies of adult healthy relationship program populations.¹³ (An analysis of TDV was not possible due to the lack of data on youth in these large-scale studies.) Research questions and analytic approach for this work are described in *Appendix A: Methods*.

Limitations of IPV Measurement in Healthy Relationship Program Impact Studies. The four studies used for this analysis assessed the impact of healthy relationship programs on adults, and did not specifically focus on understanding IPV in depth. Each involved a different program model and population.¹⁴

- The Community Healthy Marriage Initiative (CHMI) study focused on men and women in **urban community healthy marriage initiative** target populations.
- The Supporting Healthy Marriage (SHM) study focused on **married couples**.
- The Building Strong Families (BSF) study focused on **unmarried new parents**.
- The Multi-site Family Study on Incarceration, Parenting, and Partnering (MFS-IP) focused on **justice-involved couples**.

Although they represent the best-available sources of data on IPV in healthy relationship program populations, these studies are subject to significant limitations. They focus only on adults in heterosexual relationships, and they were conducted with the populations targeted by previous healthy relationship programs as opposed to those served by currently funded programs. The surveys asked about different time periods (from “past 3 months” to “past year”), used different survey items to ask about IPV, and were given in different modes (e.g., asked directly by an interviewer versus by computer). Finally, the IPV-related survey items used in these studies do not allow an examination of gender differences in the context or motivation for use of violence, and allow only limited examination of gender differences in the impact of violence.¹⁵ (Prior research has established that female IPV victims experience significantly greater physical and psychological consequences of violence compared to male victims.¹⁶) With these limitations in mind, the following sections present findings from RIViR analyses of these data.

¹³ IPV was measured by research interviewers as part of program impact evaluation efforts. Many programs also screened potential participants for IPV, but program IPV screening practices are not the focus of this brief.

¹⁴ Study samples and the program models being evaluated by each study are described in detail in Appendix A. The choice of sample for the RIViR project secondary analyses of each impact study dataset (whether intervention group, control/comparison group, or both) were study-specific and took into account the timing and content of survey items on IPV and the desire to maximize available sample. For this reason, the term “healthy relationship program target population” is used rather than simply “program population” or “program participants”.

¹⁵ Hamby, S. (2014). Self-report measures that do not produce gender parity in intimate partner violence: A multi-study investigation. *Psychology of Violence* (October 27, 2014): 1-13; Hamby, S. (2005). Measuring gender differences in partner violence: Implications from research on other forms of violent and socially undesirable behavior. *Sex Roles*, 52: 725–742.

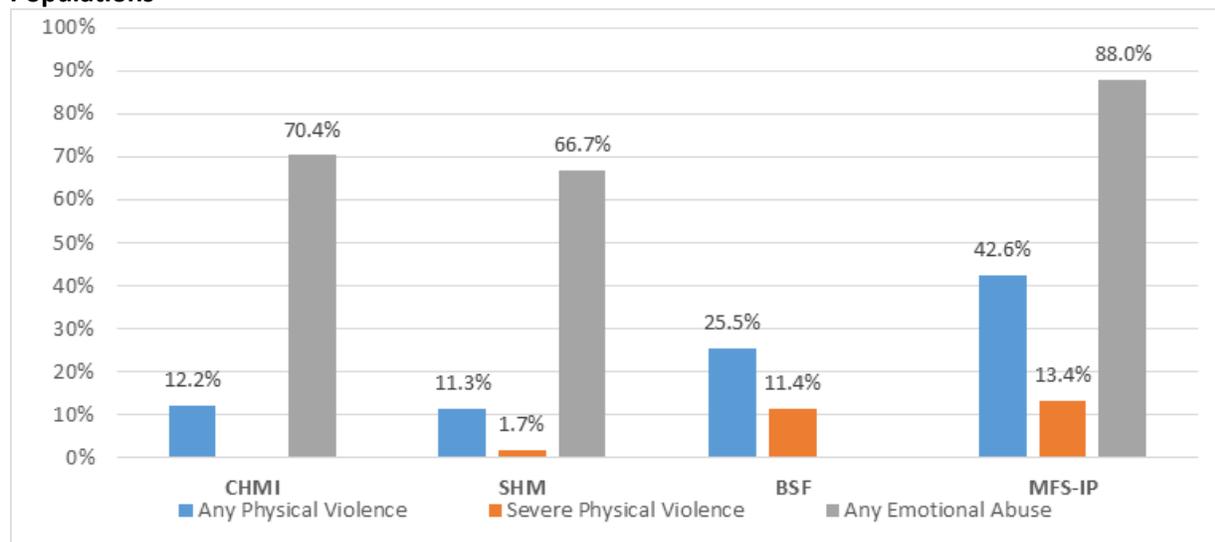
¹⁶ Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report—Executive Summary*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Differences in IPV Measurement in Four Healthy Relationship Program Impact Studies

- **Reference period:** The BSF and CHMI surveys asked about IPV experiences in the past year, while SHM asked about the prior 3 months and MFS-IP asked about a 6-month period. Estimates of frequency (how many incidents victims experienced) are adjusted here to address this difference in reference periods, but estimates of prevalence (how common IPV was in the target population) cannot be reliably adjusted.
- **Choice of forms of IPV.** The four studies captured information about different forms of IPV. For instance, while SHM and CHMI did not measure sexual assault, BSF and MFS-IP did.
- **Choice of survey items.** The studies also used different survey items to measure the forms of IPV. For instance, though BSF and MFS-IP both measured sexual assault, they did so in different ways. The BSF survey item asked about the use of force *and* the use of threats to make a respondent have sex or engage in sexual behaviors, while the MFS-IP item on sexual assault asked only about the use of force.
- **Mode:** How a survey is given, such as whether questions are asked directly by an interviewer or by computer, can impact people’s willingness to reveal sensitive information, including IPV experiences. MFS-IP and CHMI surveys were given by interviewers in a private, computerized mode; SHM respondents were asked to tell the interviewer if they preferred to answer relationship questions in private.
- **Focal relationship:** The CHMI survey asked independent groups of men and women about IPV in any relationship. The BSF survey asked couple members about IPV in any relationship and in the current relationship. The SHM and MFS surveys asked couples about IPV in a single focal relationship over time (even if their relationship status had changed).

High Rates of IPV in Adult Healthy Relationship Program Target Populations. RIViR analyses reveal that physical partner violence was prevalent in all four healthy relationship program target populations studied.^{17,18} As shown in Exhibit 1, rates of physical violence ranged from 11% in the SHM (married couple) population to 43% in the MFS-IP (justice-involved couple) population. Severe physical partner violence¹⁹ was most common in the MFS-IP (justice-involved couple) and BSF (unmarried new parent) populations, reported by 11-13% of respondents. IPV rates in the CHMI (urban community healthy marriage initiative) and SHM (married couple) populations tended to be lower than in the other two program populations.

Exhibit 1. Physical Violence and Emotional Abuse Prevalence in Healthy Relationship Program Populations



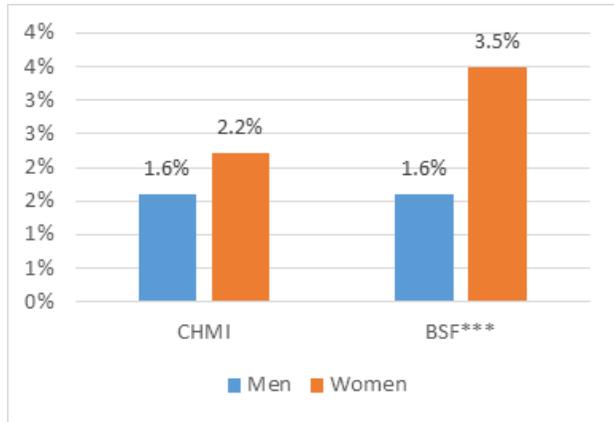
¹⁷ The CHMI survey did not ask respondents about different types of physical violence, so frequencies for severe and less-severe physical abuse could not be calculated for this population.

¹⁸ The reference period for IPV was 3 months in SHM, 12 months in BSF, 6 months in MFS, and 12 months in CHMI. SHM and MFS data capture the occurrence of IPV within the focal study couple only, while BSF and CHMI capture IPV victimization by any partner (BSF data on within-couple victimization is used in exhibit 6 only).

¹⁹ “Severe violence” includes any violence involving the use of a weapon, choking, slamming into a wall, punching, kicking, burning, or beating up; “less-severe violence” included throwing something, pushing, shoving, hitting, slapping, grabbing, or twisting arm or hair (CTS measures Y-Z). All studies grouped hitting with other less-severe violence in the survey questions except for BSF which asked respondents if they had been “punched or hit” in a single survey question – responses to this question for the BSF target population were grouped with severe physical violence.

²⁰ Niolon, P.H., Vivolo-Kantor, A.M., Latzman. N.E., Valle, L.A., Kuoh, H., Burton, T., Taylor, B.G., & Tharp, A.T. (2015). Prevalence of teen dating violence and co-occurring risk factors among middle school youth in high-risk urban communities. *Journal of Adolescent Health, 56*:S5-S13.

Exhibit 2. Physical Injury as a Result of IPV



As shown in Exhibit 1, across the three studies that measured emotional abuse,²¹ most respondents (67-88%) reported at least one incident of emotional abuse victimization.

Gender Differences in Experiences of Injury. Nationally, 42% of female IPV victims experience injury as a result of the abuse, compared to 14% of male victims.²² Among the four healthy relationship program impact studies, two (CHMI and BSF) asked about experiences of injury due to IPV. Being injured due to IPV was more common for women than men in the BSF (unmarried new parent) population ($p < .001$). Men’s and

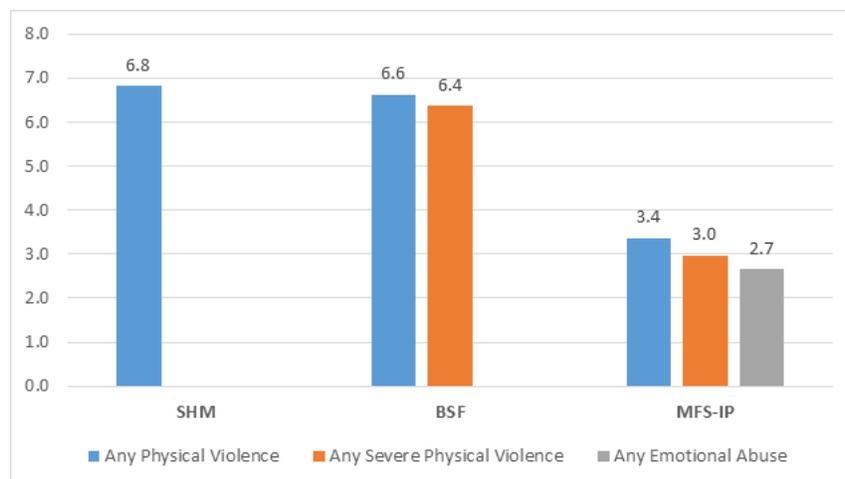
women’s rates of physical injury as a result of IPV are shown in Exhibit 2.

Limited Evidence on Prevalence of TDV in Healthy Relationship Program Populations
 No studies of TDV among youth in healthy relationship programs have been published, but TDV is common among target populations for similar programs. Among 1,673 dating middle schoolers surveyed for the evaluation of CDC’s Dating Matters, a school-based TDV prevention program, 77% had perpetrated emotional abuse and 32% had perpetrated physical violence.¹⁹ (Estimates cannot be directly compared with national rates [p.1], which are for TDV victimization.)

What Do IPV Victims Experience?

Abusive Incidents Are Typically Repeated. Among adults in healthy relationship program populations who are victims of IPV, abuse can occur multiple times. Exhibit 3 shows how often, on average, victims experienced various forms of IPV (standardized to show occurrences of IPV for a one-year period in the three studies that measured it). For example, victims of physical violence experienced an average of three (in the MFS-IP justice-involved couple population) to seven (in the SHM married couple population) violent acts by their intimate partners over a one-year period.

Exhibit 3: Average Annual Frequency of IPV in Healthy Relationship Program Populations



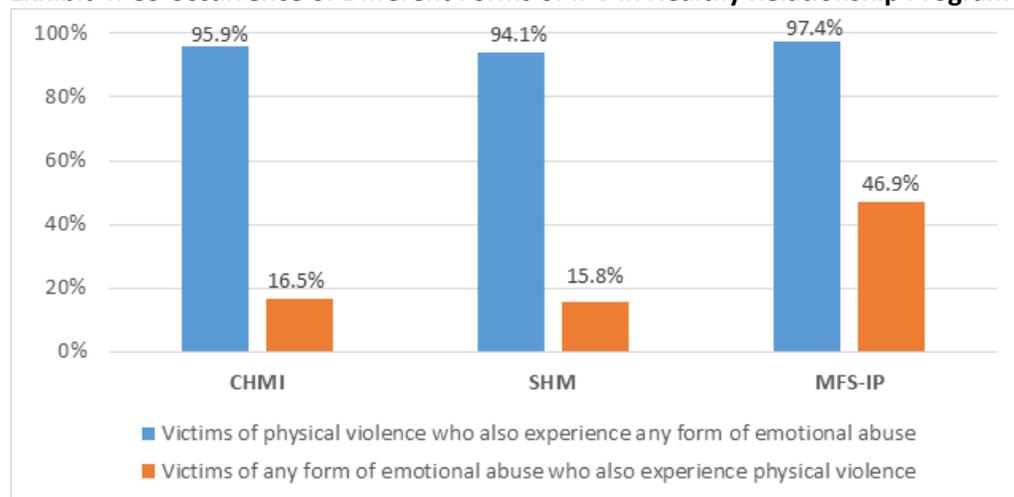
Victims Often Experience Multiple Forms of IPV. People in adult healthy relationship program target populations who experience one form of IPV often experience others as well. As shown

²¹ The BSF study did not measure emotional abuse.

²² Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

in Exhibit 4, almost all (94-97%) members of healthy relationship program target populations who experienced physical violence also experienced emotional abuse. Rates of physical violence victimization were substantially higher among victims of emotional abuse than members of the general program target populations.

Exhibit 4: Co-occurrence of Different Forms of IPV in Healthy Relationship Program Populations



Limited Evidence on Nature of TDV Victims' Experiences

No studies have measured how often TDV victims in healthy relationship program target populations experience incidents of abuse, nor how common it is for youth in these populations to experience more than one form of TDV (such as both physical violence and emotional abuse).

What Do Healthy Relationship Program Staff Need to Understand about Domestic Violence and Dating Violence?

Defining Domestic Violence and Dating Violence.

The numbers presented in this paper describe experiences of IPV, including physical violence and emotional abuse. Healthy relationship program staff should also be familiar with the Department of Justice definitions of **domestic violence** and **dating violence** (Table 1), which are specific dynamics of IPV that local domestic violence programs are expected to be expert at identifying and addressing.

Table 1. Legal Definitions of Domestic Violence and Dating Violence

Form of Abuse	Legal Definition ²³
Domestic violence	Domestic violence is a pattern of abusive behavior that is used by an intimate partner to gain or maintain power and control over the other intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.
Dating violence	Dating violence is violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. Whether two people are in such a relationship is determined based on the length and type of the relationship as well as the frequency of interaction.

²³ These legal definitions of domestic violence and dating violence are from the U.S. Department of Justice, Office on Violence Against Women (<http://www.justice.gov/sites/default/files/ovw/legacy/2011/07/08/about-ovw-factsheet.pdf>).

Although it is not known how many healthy relationship program participants are affected by domestic violence and dating violence as they are defined above, RIViR analyses of IPV experiences do suggest that domestic violence and dating violence may be very common in healthy relationship program target populations. No form or amount of IPV or TDV is consistent with a healthy relationship or marriage. It is the responsibility of healthy relationship program staff to make available linkages to those with experience and expertise in domestic violence service provision whenever they identify an instance of abuse. The domestic violence coalition working with programs in your community can be found at: <http://www.vawnet.org/links/state-coalitions.php>.

Recognizing the Complexity of Domestic Violence and Dating Violence. Domestic violence and dating violence experiences can come to the attention of healthy relationship program staff in a variety of ways, and are often complex. For example:

- *An adult woman arrives at a community-based relationship education class with visible bruising. When the facilitator approaches her privately, she says that she and her partner were in an argument the night before, and things “just got a little out of hand.” Although the participant minimizes the experience as a one-time incident and doesn’t seem to want help, the facilitator remains concerned for her safety and unsure of the best way to support her.*
- *During a couples-based program activity, an adult man jokes to the group that he doesn’t let his partner out of the house without permission. The healthy relationship program staff member encourages an open atmosphere in the group activities and doesn’t want to overreact to what may have been “only” a bad joke. But, she wonders whether the statement could also indicate a pattern of power and control in the relationship that might put his partner in danger, particularly as they participate in a series of group discussions about their relationship during the healthy relationship program. She is unsure of how best to talk to the man or his partner about the incident, since they always attend the program activities together.*
- *A young woman participating in a high school-based relationship education class comments during a group discussion that “Sometimes, boyfriends are scary.” When the instructor asks to speak to her privately after class, she says she received some “dumb texts” from her older boyfriend, but doesn’t provide any specifics. The instructor is left wondering whether the “scary” communications are simply about risk-taking behavior on the part of the boyfriend that does not directly affect the program participant (for example, street racing), or whether they might contain threats to harm her. He doesn’t want to let her comment go, but he worries that if he asks the participant for more information and triggers his mandatory reporting responsibilities, he will lose the trust of the participant and her classmates.*

In the face of complex situations like these, healthy relationship program staff—who are expert at relationship education, but do not usually have clinical or practical experience serving victims and perpetrators of domestic violence and dating violence—may feel overwhelmed or unsure of how to proceed.

Close coordination with local domestic violence professionals, who bring years of expertise in working with people who experience domestic violence and dating violence, is crucial to accurately understand what program participants are experiencing and how best to respond. This is reflected in ACF’s requirements of federally-funded healthy relationship grantees to show evidence of consultation with a local domestic violence program. Domestic violence professionals are trained to invite victims to share what they are experiencing, to support them in defining what they want and need, and then to help them access the resources that will best support their safety and self-determination.

Next Steps: Recognizing and Addressing IPV and TDV in Healthy Relationship Programs

This work has several implications for future healthy relationship program research and practice.

Healthy relationship program staff should expect that many program participants have experienced, or are experiencing, IPV. IPV was highly prevalent among all four of the previous healthy relationship program target populations studied. IPV victims in healthy relationship program populations often experienced repeated abusive events, and often experienced more than one form of abuse (for example, physical and emotional).

IPV and TDV are complex, and involvement from domestic violence professionals can enhance the capacity of healthy relationship programs to address them appropriately. The causes and effects of IPV and TDV vary, and situations in which one partner uses abusive behavior to control the other may require a different response than situations in which abuse arises in the context of escalating conflict, without a pattern of control. In fulfilling ACF's requirements for consultation with local domestic violence organizations and a comprehensive approach to domestic violence, healthy relationship programs may want to consider providing training and protocols for procedures such as a "warm handoff" referral to a local domestic violence program that can assist with safety planning and connections to community-based services. (Local programs can be identified by reaching out to the state domestic violence coalition, found at <http://www.vawnet.org/links/state-coalitions.php>.)

What Guidelines for Addressing IPV Are Currently Available to Healthy Relationship Programs?

This brief summarizes research on the prevalence and nature of IPV in healthy relationship program target populations. A variety of resources are available to support healthy relationship programs in working with their local domestic violence and dating violence program partners to address IPV and TDV.

- "Promoting Safety: A Resource Packet for Marriage and Relationship Educators and Program Administrators." (Menard, 2008): <http://www.healthymarriageinfo.org/download.aspx?id=3062>.
- "Making Distinctions Among Different Types of Intimate Partner Violence: A Preliminary Guide" (Derrington et al. 2010): <http://www.healthymarriageinfo.org/resource-detail/index.aspx?rid=3368>.
- "Building Bridges between Healthy Marriage, Responsible Fatherhood, and Domestic Violence Programs" (Ooms et al., 2006): <http://www.clasp.org/resources-and-publications/archive/0208.pdf>.

Significant research gaps need to be addressed. Much remains unknown about the IPV and TDV experiences of healthy relationship program participants. Key gaps include documenting IPV experiences among youth, same-sex couples, transgender persons, and other communities served by currently funded healthy relationship programs; identifying how program participation and other factors might influence IPV among youth and adults who participate in healthy relationship programs²⁶; examining the implications of IPV and TDV typologies, and associated issues of safety and lethality, for healthy relationship program design, screening, and service delivery; assessing the effectiveness of IPV screening tools in program populations; examining gender differences in the context, motivation, and impact of IPV in healthy relationship program populations; examining details in design and implementation of collaborations with domestic violence programs and services; and evaluating the effectiveness of approaches to addressing IPV in healthy relationship programs.

²⁴ Zweig, J., Yahner, J., Dank, M., & Lachman, P. (2104). Can Johnson's typology of adult partner violence apply to teen dating violence? *Journal of Marriage and Family*, 76(1): 808–825.

²⁵ Mulford, C., & Giordano, P. M. (2008). Teen dating violence: A closer look at adolescent romantic relationships. *National Institute of Justice Journal*, 261. Retrieved from <http://www.nij.gov/journals/261/pages/teen-dating-violence.aspx>

²⁶ Existing evidence on how healthy marriage program participation influences IPV among adults is mixed. In the BSF study, across all sites severe physical assault was not influenced by program participation. However, in one site, the intervention increased reports by women of experiencing severe physical assault in the short term, though this effect disappeared by the long-term follow-up interview. In the SHM study, the intervention decreased psychological abuse at 12- and 30-month follow-ups. In the CHMI study, the interventions did not have an impact on IPV outcomes.

Future research is also needed to understand how experiences of marginalization and justice system involvement may shape IPV in healthy relationship program populations.

Programs that serve a highly justice-involved population or other marginalized groups might find that IPV is even more common among their participants. Theoretical work suggests that some communities may experience higher rates of IPV due to factors such as historical trauma, increased criminalization of communities of color, undermining of civil rights for marginalized communities, and systematic racism. Depending on healthy relationship programs' cultural competence and roots in the communities they serve, strategies for identifying and addressing the nexus of violence, trauma, and systemic oppression may require partnerships with culturally specific community-based organizations.

Suggested Citation

McKay, T., Cohen, J., Kan, M., Bir, A., Grove, L., & Cutbush, S. (2016). "Intimate partner violence prevalence and experiences among healthy relationship program target populations (RIViR Paper 1: Prevalence and Experiences)." Prepared for Administration for Children & Families, U.S. Department of Health and Human Services.

Acknowledgments

This brief was guided in its development by Seth Chamberlain and Samantha Illangasekare of ACF's Office of Research, Planning, and Evaluation; by Charisse Johnson and Millicent Crawford of the Office of Family Assistance; and by Shawndell Dawson and Marylouise Kelley of the Family Violence Prevention and Services program. We are also deeply grateful to our project partners and expert panel for their thoughtful input and guidance:

- Jennifer Acker, The Parenting Center
- Julie Baumgardner, First Things First
- Jacquelyn Boggess, Center for Family Policy and Practice
- Kay Bradford, Utah State University
- Michael Johnson, Penn State University
- Joe Jones, Center for Urban Families
- Benjamin Karney, University of California – Los Angeles
- Joanne Klevens, Centers for Disease Control and Prevention
- Lisa Larance, University of Michigan – Ann Arbor
- Roland Loudenburg, Mountain Plains Evaluation
- Sandra Martin, University of North Carolina at Chapel Hill
- Anne Menard, National Resource Center on Domestic Violence
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Contract #: HHSP23320095651WC

Appendix A: Methods

Study Aims and Research Questions

As part of the Responding to Intimate Violence in Relationship Programs (RIViR) project, the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services examined the prevalence and nature of intimate partner violence (IPV) in healthy relationship program target populations.

To accomplish these aims, OPRE and its contractor, RTI International (RTI), designed a secondary analysis to address the following research questions:

1. How common is IPV among healthy relationship program target populations?
2. Do certain forms of IPV occur more commonly than others in healthy relationship program target populations?
3. How prevalent is the co-occurrence of multiple forms of IPV victimization in healthy relationship program target populations?
4. How often do victims experience abusive events?

These research questions guided the identification of study data sources and the development of an analysis plan covering all aspects of their use. This appendix describes these data sources and the steps by which our analysis plan was executed to produce all findings reported in the brief.

Sources of Data

To identify the best sources of data to address the study research questions, we conducted a comprehensive inventory of available data on IPV in healthy relationship program target populations. We sought datasets from large-scale quantitative studies with youth or adult target populations served by ACF-funded healthy relationship program target populations that were publicly available from the Interuniversity Consortium for Political and Social Research (ICPSR) or directly available to OPRE and its contractor for this purpose. The four selected data sources are shown in the text box, “Key Data Sources.”

Key Data Sources: The Healthy Relationship Program Impact Studies

- **Supporting Healthy Marriage (SHM):** Targeted married couples; included group workshops based on structured relationship education curricula, supplemental educational and social activities, and family support services. Our analysis used data from the control group only at the 12-month follow-up. Final report available at http://www.mdrc.org/sites/default/files/shm_30_month_technical_supplement.pdf.
- **Building Strong Families (BSF):** Targeted unmarried new parents; included group relationship skills education and individualized work with a family coordinator. Our analysis used data from intervention and control groups combined at the 15-month follow-up. Final report available at http://www.mdrc.org/sites/default/files/BSF_36_month_impact_tr_0.pdf.
- **Community Healthy Marriage Initiatives (CHMI):** Targeted individuals and couples in low-income urban communities; included relationship skills classes and community-wide messaging. Our analysis used baseline data from the main sample intervention and control groups combined. Final report available at http://www.acf.hhs.gov/sites/default/files/opre/chmi_impact_analysis_tech.pdf.
- **Responsible Fatherhood, Healthy Marriage and Family Strengthening Grants for Incarcerated and Reentering Fathers and Their Partners (MFS-IP):** Targeted justice-involved fathers and their partners; offered relationship and marriage education and other family-strengthening services. Our analysis used baseline data from the intervention group only. Reports available at <http://aspe.hhs.gov/hsp/08/mfs-ip/>.

Data from large-scale quantitative studies with youth targeted by ACF-funded healthy relationship program populations were not available for this purpose. The absence of such data in these analyses constitutes an important limitation in the focus of this effort.

Published and unpublished findings from sources of IPV data on healthy relationship program populations that were not selected for inclusion in these analyses (due to sample size or unavailability of data for this purpose) are included in **Table 1** in the main brief and discussed in surrounding text.

Study Samples

Each of the four studies used a different survey instrument and thus produced a differently structured dataset. To carry out cross-study analyses given these differences, various adjustments and exceptions were required, which are described in the following sections. The distinctions in the four studies drove many aspects of the technical approach that follows. They are briefly described below and summarized in **Table A-1**, below.

1. Supporting Healthy Marriage (SHM)

The SHM program, evaluated by MDRC, offered group healthy marriage education and related services to low- and moderate-income married couples with children across 8 sites. The evaluation produced a baseline dataset, a 12-month survey dataset, and a 30-month survey dataset. The RIViR analyses used data only for control group participants at the first follow-up survey. This sample included 5,167 respondents (2,503 males and 2,664 females; 2,227 pairs had complete surveys for our couple-level analyses).

The SHM survey, fielded to men and women in study couples, asked about IPV experiences in the context of the focal relationship only. Analyses using SHM data therefore do not include IPV experiences with any other dating partners.

2. Building Strong Families (BSF)

The BSF program, evaluated by Mathematica Policy Research, targeted unmarried new parents and included group relationship skills education and individualized work with a family coordinator across 8 sites. The evaluation produced a baseline dataset, a 15-month survey dataset, and a 36-month survey dataset. The RIViR analyses used data from intervention and control groups combined at the first follow-up. This sample included a total of 7,923 respondents (3,685 males and 4,238 females).

The BSF survey, fielded to men and women in study couples, asked participants about their IPV experiences with any partner during the reference period and (except in one site) also asked specifically about IPV experiences with the study partner.

3. Multi-site Family Study on Incarceration, Parenting, and Partnering (MFS-IP)

The five-year MFS-IP program, currently being evaluated by RTI, targeted justice-involved fathers and their partners, providing relationship and marriage education and other family-strengthening and reentry-related services across 13 sites. For the RIViR analysis we used baseline data from the intervention group only. This sample included a total of 2,036 respondents (1,144 males and 892 females).

The MFS-IP survey, fielded to men and women in study couples, asked about IPV experiences in the context of the focal relationship only. Analyses using MFS-IP data therefore do not include IPV experiences with any other dating partners.

4. Community Healthy Marriage Initiative (CHMI)

The Community Healthy Marriage Initiative, evaluated by RTI, targeted individuals and couples in low-income urban communities and included community-wide messaging and healthy marriage and relationship skills classes in three communities. For the RIViR analysis we used baseline data from CHMI's main sample intervention and control groups in a single, combined dataset. This included a total of 2,985 respondents (1,118 males and 1,867 females). Since CHMI was a community-level intervention as opposed to an individual- or couple-level intervention, members of the CHMI intervention and control groups were distinguished from one another by residence in intervention or control communities. Not all members of the intervention group personally received relationship education services.

The CHMI survey, fielded to independent samples of men and women in the study communities, asked about IPV experiences in any relationship.

Identification of Available Measures

Measures of IPV victimization in each of four domains—physical (including severe and less severe behaviors), sexual, injury, and emotional—were identified in two or more of the four study datasets. We examined the study reports to identify the items that were used to measure each IPV domain in the original studies. In all cases, sexual abuse and injury were measured with a single item; physical violence and emotional abuse were measured with multiple items (with the exception that CHMI measured physical abuse with a single item). The original studies defined composite variables when multiple items were used to measure a domain. **Table A-1** indicates whether each study dataset included measures of each IPV domain.

Table A-1. Study Dataset Contents by IPV Domain

	SHM	BSF	MFS-IP	CHMI
Physical Violence Victimization				
<i>Prevalence (Binary Y/N)</i>	✓	✓	✓	✓
<i>Frequency (Number of Times)</i>	✓	✓	✓	✓ ¹
Severe Physical Violence Victimization				
<i>Prevalence</i>	✓	✓	✓	NA
<i>Frequency</i>	NA	✓	✓	NA
Less-Severe Physical Violence Victimization				
<i>Prevalence</i>	✓	✓	✓	NA
<i>Frequency</i>	✓	✓	✓	NA
Sexual Abuse Victimization				
<i>Prevalence</i>	NA ²	✓	✓	NA
<i>Frequency</i>	NA ²	✓	✓	NA
Injury Victimization				
<i>Prevalence</i>	NA	✓	NA	✓
<i>Frequency</i>	NA	✓	NA	✓
Psychological Abuse Victimization				
<i>Prevalence</i>	✓	NA	✓	✓
<i>Frequency</i>	✓ ¹	NA	✓	✓ ¹

Notes: (1) The survey provided participants with ordinal response options to the frequency questions (e.g., “never, rarely, sometimes, or often”); frequency data from these studies for these domains were therefore excluded from average frequency analyses. (2) Although sexual abuse was measured in the SHM study, this variable was not available in the analytic dataset.

Standardizing IPV Composites across Studies

We aimed to use the same measures in each IPV domain as the original studies, but the items included in each of the composite variables varied by study. To enable comparison of findings across studies, we examined the original survey questions to isolate the individual behaviors and build new, more standardized composites in the physical and psychological IPV domains. **Table A-2** illustrates the IPV items we included in our reconstructed IPV victimization composites.

Because the original MFS-IP “any physical violence” victimization composite included sexual abuse, we removed the sexual abuse item in re-creating this composite so that it included the same or similar behaviors as the “any physical violence” composite in the other studies. Similarly, because each of the emotional abuse victimization composites provided in the individual raw datasets included slightly different items from study to study, we created the sub-composites “emotional abuse 1” and “emotional abuse 2” to better align the items across studies.

The “any physical violence” and “any emotional abuse” composite variables we examined included all of the items that were included in the more specific sub-composites. The “any emotional abuse” composites for SHM and CHMI additionally included the item “blamed you for his/her problems” because those two studies included this common item, and the composite for SHM included the item “yelled or screamed at you” because it was part of the

item set in the questionnaire. We also selected a subset of controlling behaviors, which were consistently measured across studies, from the emotional abuse items.

Table A-2. IPV Items Included in Standardized Composite Variables by Study

Standardized Victimization Composite Variable	SHM	BSF	MFS-IP	CHMI
Physical Violence	Partner threw something at you, pushed, shoved, hit, slapped, or grabbed you; partner used a knife, gun, or weapon on you, or choked, slammed, kicked, burned, or beat you ¹	Partner ² threw an object, twisted arm/hair, pushed or shoved, grabbed, slapped, used knife/gun, punched or hit, choked, slammed against wall, kicked, beat up, or burned/scalded ³	Partner threw object, pushed or shoved, grabbed, slapped, hit; used a knife/gun/weapon, choked, slammed against wall, kicked, burned, or beat you up (Discarded: forced to have sex by hitting, holding down, or using a weapon)	Had fights in the past year that turned physical; or been hit, kicked, punched or otherwise hurt by your partner ³
Severe Physical Violence	Partner used a knife, gun, or weapon on you, or choked, slammed, kicked, burned, or beat you ^{1,4}	Partner ² used knife/gun, punched or hit, choked, slammed against wall, kicked, beat up, or burned/scalded ³	Partner used a knife/gun/weapon, choked, slammed against wall, kicked, burn, beat up (Discarded: forced to have sex by hitting, holding down, or using a weapon)	NA

Table A-2. IPV Items Included in Standardized Composite Variables by Study (continued)

Standardized Victimization Composite Variable	SHM	BSF	MFS-IP	CHMI
Less-Severe Physical Violence	Partner threw something at you, pushed, shoved, hit, slapped, or grabbed you	Partner ² threw an object, twisted arm/hair, pushed or shoved, grabbed, or slapped	Partner threw object, pushed or shoved, grabbed, slapped, or hit you	NA
Emotional Abuse ¹⁵	Partner tried to keep you from seeing or talking with your friends or family; kept money from you, made you ask for money, or took your money; or threatened to hurt you or the children (Discarded: blamed you for his/her problems; yelled or screamed at you)	NA	Partner threatened to hurt you; threatened to hurt your children, family members, or other loved ones; tried to keep you from seeing or talking with your friends or family; tried to keep money from you, make you ask for money, or take money from you	NA

Table A-2. IPV Items Included in Standardized Composite Variables by Study (continued)

Standardized Victimization Composite Variable	SHM	BSF	MFS-IP	CHMI
Emotional Abuse 2 ⁵	Partner accused you of having an affair; kept money from you, made you ask for money, or took your money; or made you feel stupid (Discarded: blamed you for his/her problems; yelled or screamed at you)	NA	Partner became jealous or possessive; made you feel inadequate; kept money from you, made you ask for money, or took money from you	Partner controls access to your money; becomes jealous or possessive; or makes you feel like you aren't good enough
Controlling Behavior	Partner tried to keep you from talking to friends or family; or kept money from you, made you ask for money, or took your money	NA	Partner became jealous or possessive; kept you from seeing or talking with friends or family; or kept money from you, made you ask for money, or took money from you	Partner controlled access to money; or became jealous or possessive

Notes: (1) The original composite for the SHM study additionally included a sexual abuse item, but this item was not available in the analytic dataset. (2) BSF participants were asked about any IPV experiences involving any partner, not just their study partner. (3) Composite is constructed identically as the study's original; values resulting from analysis involving this variable are equal to analyses involving the original composite. (4) Aggregated binary variable; no frequency value included in dataset. (5) Since no distinct cross-study patterns were demonstrated for the "emotional abuse 1" and "emotional abuse 2" composites, no findings involve those two created variables.

Analyses Conducted

The following analyses were carried out according to the analysis plan developed by RTI and OPRE for addressing the stated research questions. Analyses are presented here in the order in which they were carried out in our analysis plan, not the order in which the findings appear in the brief.

1. Prevalence of IPV Victimization and Perpetration

For each IPV domain, a prevalence variable was constructed as a binary “yes/no” indicator using the data contained in each of the corresponding items (outlined in **Table A-2**). If the respondent indicated that s/he experienced any of the included items during the reference period, the composite variable was set to 1. If a respondent indicated that s/he experienced none of the corresponding items during the reference period, the composite variable was set to 0. **The estimated prevalence is the total number of respondents whose resulting composite variable equaled 1 divided by the total number of survey respondents.**

Not all respondents answered all IPV-related survey items. Due to the missing data that resulted, the total number of survey respondents was recalculated for each composite variable. Regardless of whether or not the composite included some missing data, a case was included in the composite if the respondent indicated that s/he experienced *any* of the items included in the composite (see **Table A-2**). Respondents who did not report experiencing any of the items included in the composite were included in the denominator if at least half of the included items were non-missing values. (In other words, if a composite included seven IPV variables and a respondent did *not* indicate that they experienced any of the seven *but* had some missing data, s/he was still included in the denominator for that composite’s prevalence estimation if s/he had at least four non-missing responses.) This method was applied uniformly to each of our standardized composites.

As a result, it was possible for an individual to be counted in the denominator for the “any physical violence” composite *without* being counted in the denominator for either the “severe” or “less-severe physical violence” composites. This is the case with any physical violence and less-severe physical violence in the MFS sample, illustrated in **Exhibit 1** in the brief.

As indicated by **Table A-2**, we were unable to estimate standardized composites for some forms of IPV victimization given the absence of a corresponding survey question in the study instruments. These gaps are reflected in **Exhibit 1** in the brief.

Where available, the standardized composites were used in place of the original composite measures in our subsequent analyses.

2. Average Frequencies of IPV Victimization and Perpetration

The average frequency of victimization for each composite is calculated as the average frequency of each of the IPV items included in that composite (see Table A-2). If a respondent had missing frequencies for *more than half* of the included items, their average frequency for that composite was treated as missing and did not factor into the study’s estimated average frequency for that composite. For cases with missing data for half or fewer of the items in the composite, the average frequency for that composite was an average of their non-missing responses.

We calculated this variable both including and excluding respondents experiencing no IPV, though our brief displays only the resulting average frequencies among only those who did experience IPV because this is the finding believed to be more meaningful for a practitioner audience.

Each study survey had a slightly different frequency scale and reference period. We standardized the frequency scales and reference periods for MFS-IP and SHM by using a simple multiplier to adjust for the difference between the number of months included in the original study reference period (6 months for MFS-IP and 3 months for SHM) and the number of months included in the reference period for the other two studies (12 months).

CHMI data was excluded from the average frequency analyses because the survey only provided participants with ordinal response options to the frequency questions (i.e., “never, rarely, sometimes, or often”). Similarly, the SHM survey asked participants to indicate the frequency with which they experienced severe IPV and any psychological abuse on an ordinal scale (“never, hardly ever, sometimes, or often”). Based on these restrictions, in addition to those indicated by **Table A-1**, we were unable to estimate the average frequency of the following values:

- Severe physical violence victimization for the SHM sample,
- Any emotional abuse victimization for the SHM sample,
- Any emotional abuse victimization for the BSF sample (due to overall lack of emotional abuse items in the BSF survey), and
- Any IPV average frequency estimations for the CHMI sample.

These gaps are reflected in **Exhibit 3** in the brief.

Despite the unavailability of a frequency estimate for severe physical abuse victimization for the SHM sample, we decided to use the binary indicator variable as a proxy in our aggregated estimation of average frequency of *any* physical abuse victimization. For any respondent who indicated that s/he experienced severe physical abuse victimization, we included an estimated one occurrence in the three-month reference period in our mean frequency calculation.

3. Co-Occurrence of Different Forms of IPV Victimization

Co-occurrence of different forms of IPV victimization was estimated using the already calculated standardized prevalence estimates. ***The co-occurrence percentage is the total number of survey respondents experiencing one form of IPV (e.g., physical violence) divided by the total number of respondents experiencing another form of IPV (e.g., emotional abuse).*** This is shown in **Exhibit 4** in the brief. For each respondent, if each of the two domains’ indicator flags was equal to 1, that respondent was counted in both the numerator and denominator of the co-occurrence variable. Respondents with missing values for either of the two domains were excluded from the denominator in this analysis.

Appendix B: RIViR Project Glossary of Terms

This glossary provides definitions for terms that appear in RIViR project papers and briefs. (Not every term is used in any single paper or brief.)

1. **Administration for Children and Families (ACF):** The Administration for Children and Families is a division of the Department of Health & Human Services that promotes the economic and social well-being of families, children, individuals and communities with partnerships, funding, guidance, training, and technical assistance.¹
2. **Ceiling effect:** A ceiling effect occurs when a measure possesses an upper limit for responses, causing respondents to score at or near this limit.²
3. **Coercive control:** Coercive control includes behavior intended to monitor, threaten, or otherwise gain power over an intimate partner. Examples of coercive controlling behavior include limiting access to transportation, money, friends, and family; excessive monitoring of a person's whereabouts and communication; and making threats to harm oneself or a loved one.³
4. **Coercive controlling violence:** Also known as intimate terrorism, coercive controlling violence is distinguished by a pattern of emotionally abusive intimidation, coercion, and control coupled with physical violence against a partner.⁴
5. **Dating Matters:** Created by the Centers for Disease Control and Prevention (CDC), Dating Matters is a teen dating violence prevention initiative targeting 11-to 14-year-olds in high-risk, urban communities.⁵
6. **Dating violence:** Dating violence is violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. Whether two people are in such a relationship is determined based on the length and type of the relationship as well as the frequency of interaction.⁶
7. **Domestic violence:** Domestic violence is a pattern of abusive behavior that is used by an intimate partner to gain or maintain power and control over the other intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.⁷
8. **Domestic violence program:** Often referred to as “domestic violence agencies” or “domestic violence organizations,” domestic violence programs are community-based service organizations that provide a wide range of direct services for people experiencing IPV. Current ACF-funded healthy relationship grantees partner with local domestic violence programs to guide their IPV-related activities, such as domestic violence protocol development, staff training on IPV, and referring program participants to services.

¹ Definition from Administration for Children and Families website: <https://www.acf.hhs.gov/>

² Sage (2004). Entry: Ceiling effect. Retrieved from: <https://srmo.sagepub.com/view/the-sage-encyclopedia-of-social-science-research-methods/n102.xml>

³ CDC (2015). Intimate Partner Violence Surveillance. Retrieved from: <http://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf>

⁴ Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

⁵ CDC. (2015). Dating Matters Initiative. Retrieved from: <http://www.cdc.gov/violenceprevention/datingmatters/>

⁶ U.S. Department of Justice, Office on Violence Against Women (<http://www.justice.gov/sites/default/files/ovw/legacy/2011/07/08/about-ovw-factsheet.pdf>).

⁷ U.S. Department of Justice, Office on Violence Against Women (<http://www.justice.gov/sites/default/files/ovw/legacy/2011/07/08/about-ovw-factsheet.pdf>).

9. **Domestic violence protocol:** A domestic violence protocol outlines a program’s plan for identifying and responding to intimate partner violence and/or teen dating violence issues, including domestic violence and dating violence. Within the context of healthy relationship programs, a domestic violence protocol can help ensure that IPV issues are safely, routinely, and consistently identified and appropriately addressed. It is a tool to help make sure that adequate supports and safeguards are in place for families or individuals dealing with IPV. The protocol can be an important resource for anyone involved in a program, providing concrete guidance and clarifying roles and responsibilities for different program partners.⁸
10. **Gender norms:** A set of societal expectations, roles and behaviors that a given society attributes to men and women.⁹
11. **Healthy relationship program:** A healthy relationship program implements healthy marriage and relationship education and related activities. The federal Administration for Children and Families (ACF) is currently funding 60 grantees to carry out healthy relationship programs, but healthy relationship programs also exist outside of this funding initiative.
12. **Historical trauma:** Historical trauma refers to collective emotional and psychological injury, both over the life span and across generations, resulting from a history of genocide.¹⁰
13. **Impact study:** Impact studies measure the extent to which participation in a specific program or activity is associated with improvements in the outcomes that the program or activity was intended to affect. Impact studies typically include program participants (“treatment group”) along with a similar group of individuals who do not participate in the program (“control group” or “comparison group,” depending on the study method). The healthy relationship program impact studies are four studies (CHMI, SHM, BSF, and MFS-IP) used to assess the impact of healthy relationship programs on outcomes such as relationship quality and stability among adults. Each study focused on a different program model and target population.
14. **Intimate partner violence (IPV):** Intimate partner violence is physical, sexual, or emotional harm by a spouse, partner, or former partner.¹¹
15. **Intimate terrorism:** Also known as coercive controlling violence, intimate terrorism is distinguished by a pattern of emotionally abusive intimidation, coercion, and control coupled with physical violence against a partner.¹²
16. **Mediator:** A mediator is a variable that accounts for the relationship between the independent and dependent variable. (Also known as a mediating factor.)¹³
17. **Mode:** Mode describes the way in which a survey is completed by a respondent. Examples include paper and pencil, computer-assisted, interviewer-administered, and approaches that combine them.

⁸ National Healthy Marriage Resource Center (NHMRC). (2011). “Promoting Safety: A Resource Packet for Marriage and Relationship Educators and Program Administrators.” Oklahoma City: Author.

⁹ WHO (2015). Gender, women and health. Retrieved from: <https://web.archive.org/web/20150818074425/http://apps.who.int/gender/whatisgender/en/index.html>

¹⁰ Brave Heart, M.Y.H. (2000). Wakiksuyapi: Carrying the historical trauma of the Lakota. *Tulane Studies in Social Welfare*, 21-22: 245-266.

¹¹ Intimate Partner Violence: Definitions. (2014, November 25). Retrieved February 22, 2015, from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

¹² Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

¹³ Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of personality and social psychology*, 51(6), 1173.

18. **Moderator:** A moderator is a variable that affects the direction and/or strength of the relationship between the independent and dependent variables. (Also known as a moderating factor,)¹⁴
19. **Prevalence:** The proportion of a population that has a particular experience (disease, injury, other health condition, or attribute) at a specified point in time or during a specified period.¹⁵
20. **Psychological abuse:** Psychological abuse is verbal and non-verbal communication undertaken with the intent to harm or exert control over another person mentally or emotionally. (Also referred to as emotional abuse or psychological aggression.)¹⁶
21. **Reference period:** A reference period is the time frame for which survey respondents are asked to report on a particular experience, such as IPV.
22. **Reproductive coercion:** Involves one partner attempting to impregnate another against her wishes, controlling pregnancy outcomes, coercing another into unprotected sex, or directly interfering with birth control.¹⁷
23. **Separation-instigated violence:** Separation-instigated violence describes partner violence that is used when a relationship is ending by a partner who has not previously used violence.¹⁸
24. **Severe physical violence:** As defined for purposes of analyzing data on IPV, “severe physical violence” includes the use of a weapon, choking, slamming into a wall, punching, kicking, burning, or beating up.
25. **Situational couple violence:** Situational couple violence, sometimes referred to as “common couple violence,” is violence that is not connected to a general, one-sided pattern of power and control. Situational couple violence involves arguments that escalate to violence but show no relationship-wide evidence of an attempt by one partner to exert control over the other.¹⁹
26. **Systematic racism:** Systematic racism refers to the normalization and incorporation of racialized practices in social, economic, and criminal justice structures. These practices reinforce group inequity and discrimination. (Also known as structural racism.)
27. **Teen dating violence (TDV):** Also referred to as “adolescent relationship abuse,” teen dating violence is physical, sexual, psychological, or emotional harm within a teen relationship, including stalking.²⁰
28. **Trauma-informed services:** Trauma-informed services are those that are “influenced by an understanding of the impact of interpersonal violence and victimization on an individual’s life and development.”²¹

¹⁴ Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of personality and social psychology*, 51(6), 1173.

¹⁵ CDC (2015). Terms, Definitions, and Calculations Used in CDC HIV Surveillance Publications. Retrieved from <http://www.cdc.gov/hiv/statistics/surveillance/terms.html>

¹⁶ CDC (2015). Intimate Partner Violence: Definitions. Retrieved from: <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>.

¹⁷ Miller, E. “Reproductive Coercion, Partner Violence and Unintended Pregnancy Among Marginalized, Vulnerable Populations.” Presentation for the National Institute of Child Health and Development. https://www.nichd.nih.gov/about/meetings/2014/Documents/miller_healthequity_061114.pdf

¹⁸ Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

¹⁹ Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

²⁰ CDC definition: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html

²¹ Elliott, D.E., Bjelajac, P., FalLOT, R.D., Markoff, L.S., Reed, B.G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33(4): 461–477.

29. **Verbal relationship aggression:** Verbal relationship aggression is the use of verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.²²
30. **Violent resistance:** When victims of coercive controlling violence or intimate terrorism use violence in attempts to get their partner's abuse to stop, this is referred to as violent resistance.²³

²² CDC (2015). Intimate Partner Violence Surveillance. Retrieved from:

<http://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf>

²³ Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.