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

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

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

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

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

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[1] We define IPV, for the current study, as the use of physically violent or aggressive behaviors (e.g., hitting, kicking, slapping) from one intimate partner towards another. Some definitions of IPV also include other forms of violence or abuse, such as psychological abuse or coercive control (CDC, 2014). However, the current study focuses on physically violent behaviors between intimate partners.

ments that do not adequately protect their needs and interests (Fischer, Vidmar, & Ellis, 1993; Tishler et al., 2004). Family arrangements that do not minimize risk of future violence may pose a future danger to IPV victims and their children (Holtzworth-Munroe, 2011; Putz, Ballard, Arany, Applegate, & Holtzworth-Munroe, 2012; Rossi, Holtzworth-Munroe, & Applegate, 2015), as perpetrators may continue to abuse victims through arrangements that allow parental contact (e.g., child exchanges in parents' homes) and thus have potential for continuing conflict (Hardesty & Ganong, 2006; Tubbs & Williams, 2007).

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

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

IPV Screening in Mediation

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

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

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

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

The current study seeks to provide additional data on the rates at which staff at a mediation program decide to not recommend joint mediation for cases reporting IPV, and is the first study to compare

the rates resulting from two different IPV screening tools. We hypothesized that, compared with parties completing a more general IPV assessment tool, fewer parties completing a behaviorally specific assessment tool would be recommended for joint mediation, given that this tool is hypothesized to yield more reports of IPV victimization. We also conducted exploratory analyses to determine which factors (e.g., number of IPV-related risk factors, type of IPV behavior, level and recency of IPV victimization), regardless of the screen used, are related to recommendation decisions. We offer no hypotheses as no previous research has examined the factors related to decisions in recommending joint mediation.

Method

Participants

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

The initial pool of potential study participants consisted of 767 individuals,[2] including 380 dyads or cases (i.e., both parties) and 87 individuals, who sought family mediation services. As illustrated in Figure 1, dyads who did not meet study eligibility criteria were excluded from the sample. For example, the study required the participation of cases involving romantic partners as our focus was on *intimate partner* violence. Same-sex couples were excluded (four cases) given the small sample size and insufficient statistical power to analyze this group separately. Additionally, parties who were missing data on more than 20% of the items on the IPV measure were dropped from analyses. The final subject pool was comprised of 741 individuals (i.e., 330 dyads and 81 individuals) randomly assigned to complete one of two IPV screening measures.

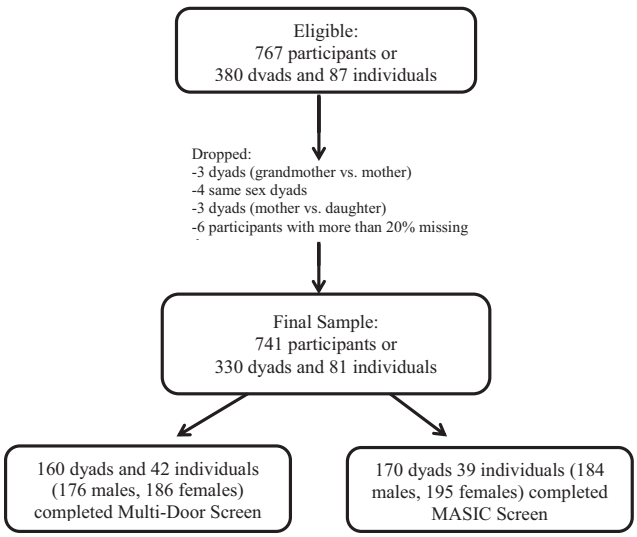

Figure 1. Participant flow chart.

Measures

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

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

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

[2] We will refer to individuals as participants or parties. When discussing data from both parties in the same case, we will use the terms cases or dyads.

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

Multi-Door screen	MASIC
	IPV
1. Has there been violence in your relationship?	23. Hold you down, pinning you in place? 24. Push, shove, shake, or grab you? 25. Scratch you, or pull your hair, or twist your arm, or bite you? 26. Slap you? 27. Hit or punch you? 28. Kick or stomp on you? 29. Choke or strangle you? 30. Burn you with something? 33. Physically force you to engage in sexual activities against your will?
	Injury
2. Have you been seriously injured by the other person?	40. Scratch, small bruise, swelling, or other mild injury? 41. Fracture, small burn, cut, large bruise, or other moderate injury? 42. Major wound, severe bleeding or burn, being knocked out, or other severe injury? 43. Blindness, loss of hearing, disfigurement, chronic pain, or other permanent damage?
	Fear
5. Are you afraid of the other person?	39. As a result of the other parent's behaviors, did you ever feel fearful, scared, or afraid of physical harm to yourself or to others? 3. Are you afraid that the other parent will harm you during the mediation or after you leave because of what you say or do in mediation? 5. Do you believe that you are in danger at this time?
	Use or display of weapon
4. Has either of you displayed a weapon during the relationship?	31. Use a weapon or something like a weapon against you?

Note. MASIC = Mediator's Assessment of Safety Issues and Concerns; IPV = intimate partner violence.

The Multi-Door screen is comprised of broader, less behaviorally specific questions about IPV (e.g., *Has there been violence in your relationship?*) and other related behaviors, such as display of weapon, injury, and fear. DRSs may ask nonstandardized follow-up questions. Unlike the MASIC, the Multi-Door screen assesses the occurrence of IPV or related issues only over the course of the entire relationship. It does not systematically ask about the frequency of behaviors in the past year. The reliability and validity of this measure have not been tested.

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

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

DRS recommendations were subsequently reviewed by the Multi-Door program officer, who examined the intake information (including the IPV screen) from both parties in a case and then formulated his own recommendation at the case level. The program officer holds a Masters degree in Conflict Negotiations/Conflict Management and has over 14 years of experience working in mediation and with families and couples. Ideas regarding what information the program officer should consider when making such decisions were developed by the Multi-Door program staff in conjunction with the program branch chief, who previously worked as an attorney representing victims of domestic violence in his family law practice and provided legal advice to victims as a staff member of the DC Collation Against

Domestic Violence. The branch chief trained the program officer and provided regular consultation. Although the program officer made the final decision regarding recommendation to joint mediation, his decision was made in consultation, as needed, with other Multi-Door staff. The recommendation decisions across different staff member were reportedly usually in agreement. Indeed, in the current study, the program officer reached the same decision as the DRSs in 95.3% of cases.

Recommendation for or against joint mediation was noted by the DRSs in the case file and by the program officer on the Program Officer Recommendation Form. This study examines the recommendations made by both the DRSs and the program officer. We found it valuable to explore the recommendations for each case formulated by two different individuals, the DRS and the program officer, as doing so represents multiple reporters. Though having even more decision-makers would have been ideal (e.g., providing more comparisons of how such decisions are made), this study is representative of the decision-making process in a real world setting, where even a single staff member may be responsible for formulating a final decision regarding whether a case is or is not appropriate to receive mediation services. Information on DRSs' and the program officer's recommendations was available for only a subset of the sample ($n = 255$ cases) given several factors: (a) both parties had to complete the intake process for the DRS or program officer to make a mediation recommendation for the case; (b) cases may have been closed (e.g., parties reconcile) prior to reaching the recommendation decision stage (~18.2% of cases in the study); and (c) data collection errors occurred, as data were collected by the busy program staff themselves (~4.5% of cases in the study).

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

Procedure

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

Results

Descriptive Statistics

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

Comparing IPV Screens

Reports of victimization and related risk factors. The MASIC assesses various forms of abuse not systematically assessed by the Multi-Door screen (e.g., stalking, coercive control) and thus, unsurprisingly, uncovered more reports of violence and abuse overall. Indeed, when considering all of the information gathered using the MASIC, 94.1% of participants reported some form of IPV or abuse victimization (87.8% reported psychological abuse; 84.6% reported coercive control; 55.4% reported physical violence; 34.4% reported severe physical violence; 11.8% reported sexual violence; 47.1% reported stalking; and 50.4% reported threats of severe physical violence) compared with only 38.8% of parties who reported IPV on the Multi-Door screen. However, our main interest was in comparing behaviorally specific versus broader questions regarding IPV in the mediation context by directly comparing the two measures on the constructs they both assess.[3] Thus, for descriptive purposes, Table 2 presents data regarding the percentage of participants reporting IPV victimization and related risk factors (i.e., injury, fear, use or display of weapon) on the MASIC and Multi-Door screen. Such percentages are further divided by sex (i.e., percentage of males or females reporting on each variable), to ease comparison to previous studies of rates of IPV among couples seeking family mediation.

Binary logistic regressions were conducted to examine whether use of the MASIC or Multi-Door screen predicts parties' reports of IPV, fear, injury,[4] or use or display of weapon. We used a complex model type in Mplus5, which utilizes robust standard errors to adjust for the nonindependence of male and female parties in each case within the data. Results, illustrated in Table 3, supported our

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

[4] Additional exploratory analyses were conducted to compare reports of injury on the Multi-Door screen and the MASIC, given that the MASIC inquires about differing levels of injury while the Multi-Door screen only asks about serious injury. For example, we conducted analyses comparing reported injury on the Multi-Door screen with MASIC reports of moderate and severe injury, only severe injury, at least two differing levels of injury, etc. Across exploratory analyses, results generally indicated that a larger percentage of parties reported injury on the MASIC than on the Multi-Door screen. The only exception was when examining only reports of severe injury on the MASIC. This analysis indicated a larger portion of parties reporting injury on the Multi-Door screen. However, this may be due to the fact that serious injury on the Multi-Door screen, as noted earlier, was broadly defined by parties (e.g., included "a broken heart"), whereas the MASIC severe injury item includes specific examples of severe injuries, likely reducing differences in perceptions of "severe" across parties.

Table 2
Percentage of Overall Sample, Males Only, and Females Only Reporting Victimization

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

Note. N = 741 participants. MASIC = Mediator's Assessment of Safety Issues and Concerns; IPV = intimate partner violence.

hypotheses and indicated that the type of screen used was a significant predictor of whether a party reported IPV, injury, and fear. Relative to when a participant was assessed with the Multi-Door screen, the odds of a participant reporting IPV when assessed with the MASIC were 1.52 times higher (2.27 times higher for report of injury; 2.03 times higher for report of fear). Inconsistent with our hypothesis, the screen used was not a significant predictor of whether a party reported use or display of a weapon.

Exploratory analyses were conducted to determine significant differences in males' and females' likelihood of reporting IPV, fear, injury, and use or display of weapon on each screen, though the focus of this study was not on sex differences.[5] We conducted binary logistic regression models, accounting for the nonindependence of the data in dyads; the models included sex and screen as predictors of reports of IPV, injury, fear, and use or display of weapon. As illustrated in Table 4, when controlling for differences in IPV screen, the odds of reporting IPV are 0.63 times lower for males than females, the odds of reporting injury are 0.74 times lower for males than females, and the odds of reporting fear are 0.66 times lower for males than females.

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

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

[5] For those interested in sex differences, additional information comparing male and female IPV victimization reports on the MASIC is reported in Pokman et al. (2014).

Table 3
Odds of Reporting IPV or IPV-Related Risk Factors According to Screen for Full Sample

	Assessed using the MASIC (1) vs. Assessed using Multi-Door screen (0)				
Report of behavior yes (1), no (0)	*b*	Constant	Confidence interval	Odds ratio	R^2
Report of IPV	0.42**	0.29	[1.23, 1.86]	1.52	0.042
Report of injury	0.82**	1.18	[1.83, 2.84]	2.27	0.145
Report of fear	0.71**	0.97	[1.63, 2.53]	2.03	0.111
Report of use or display of weapon	0.15	1.28	[0.90, 1.51]	1.16	0.006

Note. $N = 741$ participants. IPV = intimate partner violence; MASIC = Mediator's Assessment of Safety Issues and Concerns.
** $p < .01$.

ing on which screen was used, $b = 0.70$, $t(248) = 4.0$, $p < .001$. Cases assessed using the MASIC have risk level scores that were 0.70 points higher (on a 0–4 scale) than those assessed using the Multi-Door screen. Type of screen also explained a significant amount of variance in risk level scores, $R^2 = .06$, $F(1, 248) = 15.96$, $p < .001$.

Recommendation for Joint Mediation

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

Table 6 presents descriptive data on the percentage of cases not recommended for joint mediation by the program officer according to the differing levels of IPV-related risk level, from 0 to 4, for each screen. For both screens, cases demonstrating the highest risk were most often not recommended for joint mediation. The data suggested that, regardless of the IPV screen used, having a risk level that we characterized as 3 or 4 was most concerning to the program officer when making a recommendation decision. In addition, we conducted a binary logistic regression with screen and case risk level as predictors of the program officer's recommendation for mediation. Results indicated that for every one unit increase in risk level, the odds of a case being recommended for joint mediation were 0.59 times lower than not being recommended for joint mediation ($b = -0.53$, $p < .01$, CI [0.46, 0.75]). The odds of the program officer recommending a case to joint mediation when the MASIC was used were not significantly different than the odds of the program officer recommending a case to joint mediation when the Multi-Door screen was used ($b = 0.11$, $p = .73$, $OR = 1.12$, CI [0.59, 2.11]).

Given differences between the screens in the number of cases identified as being at high risk (a greater number of high risk cases was identified when the MASIC was used), there is a resulting difference in the number of high risk cases (three or four risk factors reported) not recommended for joint mediation. Specifically, 21.37% of all cases screened with the MASIC had a 3 or 4 risk level and were not recommended to joint mediation; in contrast, only 11.45% of all cases completing the Multi-Door screen had a risk level of 3 or 4 and were not recommended for joint mediation. Thus, almost twice as many cases were high risk and screened out of joint mediation when the MASIC was used than when the Multi-Door screen was used.

DRSs. We used the same analytic approach to examine DRS recommendations for joint mediation; given similar findings to those from the program officer, we minimize description of the DRS findings. DRSs did not recommend joint mediation for 64 of the 255 cases. Table 7 illustrates the percentage of cases not recommended for joint mediation by the DRSs according to the differing levels of IPV-related risk for each

Table 4
Likelihood of Reporting IPV or IPV-Related Behavior According to Screen and Sex for Full Sample

Report of behavior yes (1), no (0)	Independent variables MASIC (1), Multi-Door screen (0) male (1), female (0)	*b*	Confidence interval	Odds ratio	R^2
Report of IPV	Screen	0.43**	[1.25, 1.90]	1.54	0.093
	Sex	−0.47**	[0.54, 0.73]	0.63	
Report of injury	Screen	0.84**	[1.84, 2.92]	2.32	0.166
	Sex	−0.30**	[0.61, 0.90]	0.74	
Report of fear	Screen	0.73**	[1.65, 2.59]	2.07	0.148
	Sex	−0.42**	[0.55, 0.79]	0.66	
Report of use or display of weapon	Screen	0.15	[0.90, 1.51]	1.16	0.008
	Sex	0.10	[0.88, 1.39]	1.11	

Note. $N = 741$ participants. IPV = intimate partner violence; MASIC = Mediator's Assessment of Safety Issues and Concerns.
** $p < .01$.

Table 5
Percentage of Cases for Each IPV-Related Risk Level According to IPV Screen

	MASIC (n = 117)				
Risk level	0 (n = 25)	1 (n = 15)	2 (n = 15)	3 (n = 33)	4 (n = 29)
% of cases	21.40%	12.80%	12.80%	28.20%	24.80%
	Multi-Door screen (n = 131)				
Risk level	0 (n = 38)	1 (n = 30)	2 (n = 29)	3 (n = 25)	4 (n = 9)
% of cases	29%	22.90%	22.10%	19.10%	6.90%

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

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

Factors Related to Recommendation for Joint Mediation

IPV-related risk factors. In exploratory analyses, we examined which factors were related to the program officer's and DRSs' decisions regarding whether or not to recommend joint mediation. First, we examined whether reports of IPV or IPV-related behaviors by one or both parties in a case were significant predictors of the program officer's decisions to recommend a case to joint mediation. Given multicollinearity between IPV, fear, injury, and use or display of weapon (e.g., reports of IPV and injury were significantly correlated, $r = .54$; reports of IPV and fear were significantly correlated, $r = .48$; reports of fear and injury were significantly correlated, $r = .47$), we could not examine all four risk factors simultaneously; instead, we examined each predictor separately by conducting multiple binary logistic regressions. In each of these regressions, we controlled for differences in IPV screen administered to parties. Results of these analyses, in Table 8, indicated that report of IPV, fear, injury, and use or display of weapon were significant predictors of program officer recommendation, even after controlling for differences in IPV screen. Specifically, the odds of a case reporting IPV and being recommended for joint mediation by the program officer are 0.32 times lower than the odds of a case reporting IPV and not being recommended for joint mediation (comparable figures for other risk factors: 0.35 times lower for report of injury, 0.25 times lower for report of fear, and 0.39 times lower for report of use or display of weapon). Next, we compared models to determine whether report of IPV, injury, fear, or use or display of weapon provided a better fit to the data. As the models are not nested, the Akaike information criteria (AIC) and Bayesian information criteria (BIC) were used as indicators of fit. Smaller AIC and BIC values indicate better model fit. Results suggest that parties' report of fear of the other party best explains the program officer's recommendations. Results of the DRSs' recommendation decisions produced similar findings; see Table 9.[6]

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

Binary logistic regressions were conducted, one set of analyses to examine number of IPV/A behaviors ever in the relationship and one set of analyses to examine number of IPV/A behaviors in the past year as predictors of recommendation to mediation. We examined ever and past year scores separately given multicollinearity between these variables, $r = .51$. We also log-transformed these variables to improve normality of the distribution.

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

[6] For exploratory purposes, we examined whether reports of IPV, injury, weapons, and fear by males versus by females predicted recommendation decisions of the program officer and DRSs. We found that sex was not a significant predictor of recommendation decisions. Results of these analyses may be requested from the authors.

Table 6
Percentage of Cases, at Each Level of IPV-Related Risk Level, That the Program Officer Did Not Recommend for Joint Mediation

	MASIC (n = 117)				
Risk level	0 (n^a = 3)	1 (n = 2)	2 (n = 2)	3 (n = 13)	4 (n = 12)
Not recommended for joint mediation	12%	13.33%	13.33%	39.39%	41.38%
	Multi-Door screen (n = 131)				
Risk level	0 (n = 5)	1 (n = 4)	2 (n = 5)	3 (n = 9)	4 (n = 6)
Not recommended for joint mediation	13.16%	13.33%	17.74%	36%	66.67%

Note. n = 248 cases (seven cases lost when calculating risk level scores due to missing data); n = 131 cases assessed using Multi-Door screen; n = 117 cases assessed using MASIC. IPV = intimate partner violence; MASIC = Mediator's Assessment of Safety Issues and Concerns.
[a] n = number of cases not recommended for joint mediation according to each risk level.

tions demonstrated a similar pattern. Overall, cases reporting higher levels of IPV/A victimization, regardless of the time period in which the IPV/A behavior occurred, were less likely to be recommended to joint mediation.

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

Discussion

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

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

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

Table 7
Percentage of Cases, at Each Level of IPV-Related Risk Level, That the DRSs Did Not Recommend for Joint Mediation

	MASIC (n = 117)				
Risk level	0 (n^a = 3)	1 (n = 2)	2 (n = 3)	3 (n = 13)	4 (n = 13)
Not recommended for joint mediation	12%	13.33%	20%	39.39%	44.83%
	Multi-Door screen (n = 131)				
Risk level	0 (n = 5)	1 (n = 3)	2 (n = 5)	3 (n = 11)	4 (n = 6)
Not recommended for joint mediation	13.16%	10%	17.74%	44%	66.67%

Note. n = 248 cases (seven cases lost when calculating risk level scores due to missing data); n = 131 cases assessed using Multi-Door screen; n = 117 cases assessed using MASIC. IPV = intimate partner violence; DRSs = dispute resolution specialists; MASIC = Mediator's Assessment of Safety Issues and Concerns.
[a] n = number of cases not recommended for joint mediation according to each risk level.

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

	Not recommend to joint mediation (1) vs. Recommend to joint mediation (0)					
One or both parties report of behavior yes (1), no (0)	*b*	Constant	Confidence interval	Odds ratio	AIC	BIC
Report of IPV	−1.15**	−2.09	[0.15, 0.66]	0.32	279.29	289.92
Screen	−0.25		[0.44, 1.40]	0.78		
Report of injury	−1.06**	−1.63	[0.19, 0.64]	0.35	278.07	288.69
Screen	−0.03		[0.53, 1.78]	0.97		
Report of fear	−1.34**	−1.84	[0.13, 0.50]	0.25	264.68	275.22
Screen	0.20		[0.64, 2.32]	1.22		
Report of use or display of weapon	−0.94**	−1.52	[0.21, 0.72]	0.39	281.44	292.07
Screen	−0.26		[0.43, 1.37]	0.77		

Note. $n = 255$ cases (131 cases assessed using the Multi-Door screen; 124 cases assessed using the MASIC). IPV = intimate partner violence; MASIC = Mediator's Assessment of Safety Issues and Concerns; AIC = Akaike information criteria; BIC = Bayesian information criteria.
** $p < .01$.

weapons as the MASIC and Multi-Door screen questions differed in two ways. First, the Multi-Door screen asks about both partners, while the MASIC only asks the participant about the other party. Second, the Multi-Door screen asks about "displaying" a weapon, whereas the MASIC asks about "use" of a weapon.

Although we examined the MASIC, which was designed for use in a mediation setting, our goal was not to consider the MASIC as the only or even the optimal IPV screen in such settings. Other behaviorally specific screens are likely to be similarly effective in assessing for IPV, but to date, no researchers have compared the MASIC with other well-known IPV screening tools that were not designed for the mediation setting, such as the Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Such work is needed, as is an exploration of how formatting of IPV screens (e.g., interview, paper and pencil, or online administration) impacts IPV/A victimization reports in mediation settings. In addition, some have expressed concern that the nature of behaviorally specific IPV screens may lead to a conclusion of gender symmetry in IPV perpetration and victimization, a hotly debated topic in this research area (Hamby, 2014), but that was not the case in the present study. Instead, in exploratory analyses, we found that females were more likely than males to report IPV victimization, injury, and fear although there were differences in reported use or display of weapons. While we primarily focused on only a subset of MASIC items, to allow for direct comparisons between the two IPV screens in the current study, we encourage mediation center staff to use all of the MASIC items to assess various forms of violence and abuse. Our findings indicated a notable percentage of parties reporting any type of violence and abuse on the MASIC (94.1%). Assessment of different types of abuse, such as coercive controlling behaviors, may provide critical information for the mediation context.

Given hypotheses that the MASIC would uncover more IPV victimization than the Multi-Door screen, it was also anticipated that differences in recommendation rates for joint mediation would emerge according to the IPV measure administered. Results indicated no overall significant differences in the odds of recommending a case for joint mediation services depending on whether the MASIC or the Multi-Door screen was used. Instead, across both screens, cases identified as being at higher risk were more likely to not be recommended for joint mediation, and as the MASIC detected a greater number of high risk cases, due to the increased odds of parties reporting IPV risk factors, almost twice as many

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

	Not recommend to joint mediation (1) vs. Recommend to joint mediation (0)					
One or both parties report of behavior yes (1), no (0)	*b*	Constant	Confidence interval	Odds ratio	AIC	BIC
Report of IPV	−1.12**	−2.02	[0.16, 0.67]	0.33	287.23	297.85
Screen	−0.33		[0.41, 1.28]	0.72		
Report of injury	−1.12**	−1.61	[0.18, 0.59]	0.33	284.11	294.74
Screen	−0.09		[0.50, 1.65]	0.91		
Report of fear	−1.60**	−1.90	[0.10, 0.40]	0.20	264.85	275.39
Screen	0.23		[0.67, 2.40]	1.26		
Report of use or display of weapon	−1.10**	−1.53	[0.18, 0.61]	0.33	285.71	296.34
Screen	−0.34		[0.40, 1.26]	0.71		

Note. $n = 255$ cases (131 cases assessed using the Multi-Door screen; 124 cases assessed using the MASIC). DRSs = dispute resolution specialists; IPV = intimate partner violence; MASIC = Mediator's Assessment of Safety Issues and Concerns; AIC = Akaike information criteria; BIC = Bayesian information criteria.
** $p < .01$.

Table 10
Predicting Recommendation to Joint Mediation According to IPV Level and Recency

Dependent variable	Recommended for mediation (0) vs. Not recommended for mediation (1)					
Report of IPV victimization	*b*	Constant	Confidence interval	Odds ratio	AIC	BIC
Program officer recommendation						
Number of IPV behaviors ever reported	−0.74**	−2.04	[0.30, 0.76]	0.48	137.63	143.25
Number of IPV behaviors reported in past year	−0.70**	−1.43	[0.32, 0.78]	0.50	139.78	145.41
DRS recommendation						
Number of IPV behaviors ever reported	−0.70**	−1.84	[0.32, 0.77]	0.50	143.57	149.20
Number of IPV behaviors reported in past year	−0.82**	−1.39	[0.30, 0.69]	0.44	141.38	147.00

Note. $n = 124$ cases assessed using the MASIC. IPV = intimate partner violence; AIC = Akaike information criteria; BIC = Bayesian information criteria; MASIC = Mediator's Assessment of Safety Issues and Concerns.
** $p < .01$.

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

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

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

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

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

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

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

Although there is speculation in the literature about the possible risks of allowing IPV cases to complete joint mediation, empirical investigation of these issues is imperative. Little is known about the potential benefits or harm of mediation versus court-based litigation for IPV cases, and identifying the risk factors that could predict such outcomes will require extensive work but is an important goal. Moving in that direction, the current authors and their collaborators have begun a randomized controlled trial comparing outcomes for cases identified as having high levels of IPV in three conditions: in two modified forms of mediation (i.e., shuttle and videoconferencing) that have been proposed as safer mediation alternatives (to joint mediation) and in court-based litigation. We hope that such work will allow us to begin developing empirically based conclusions about the effectiveness of the IPV screens and to shed light on whether mediators or mediation staff are making recommendations that adequately protect the physical safety of parties and parties' ability to fully engage in self-determination within mediation. In the long term, it will be useful to develop empirically based guidelines and criteria for scoring IPV screens and using them to make recommendations to mediation.

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