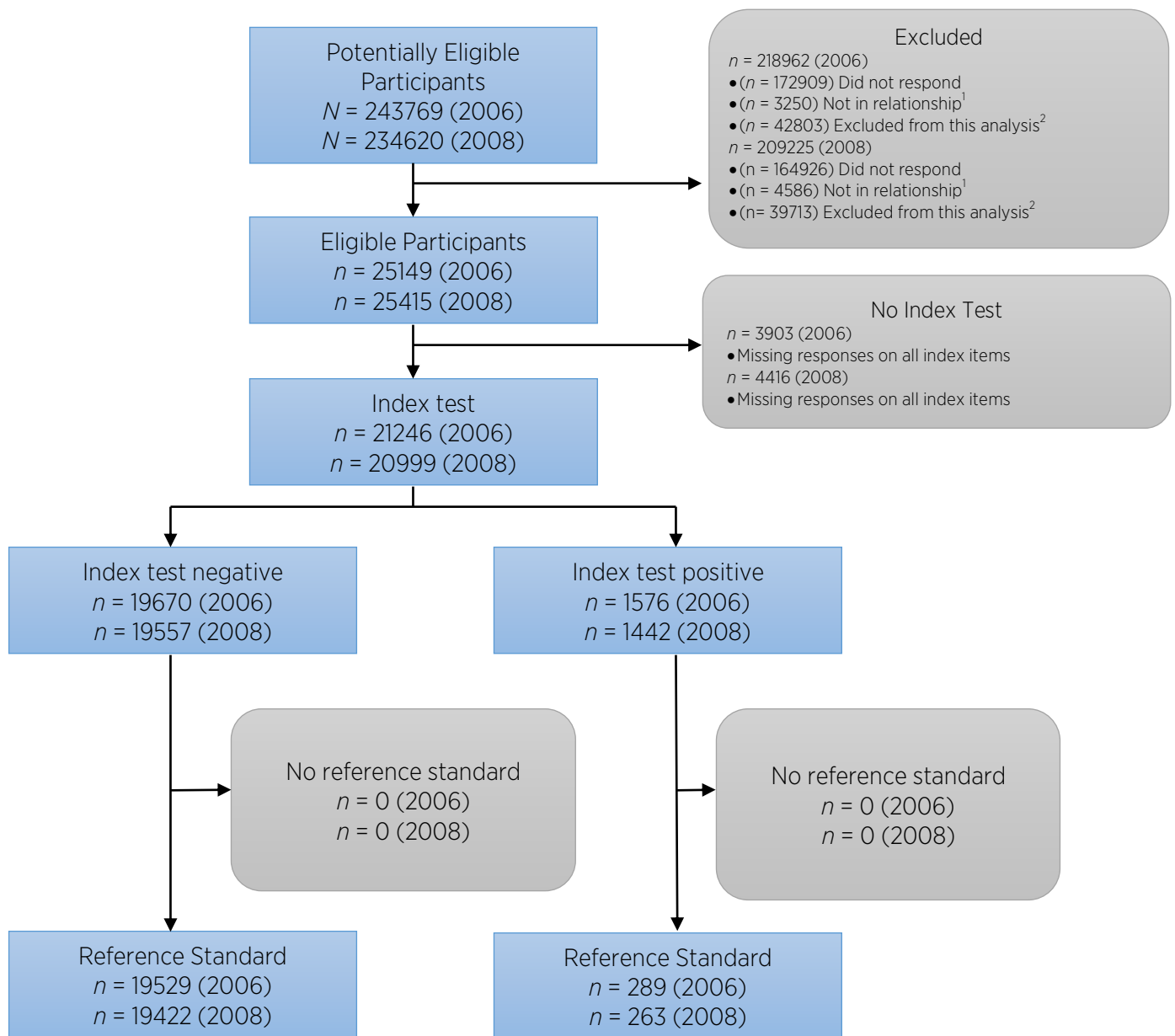


¹ Diagram for male respondents only; n represents males not in relationships

² Diagram for male respondents only; female respondents excluded from these analyses

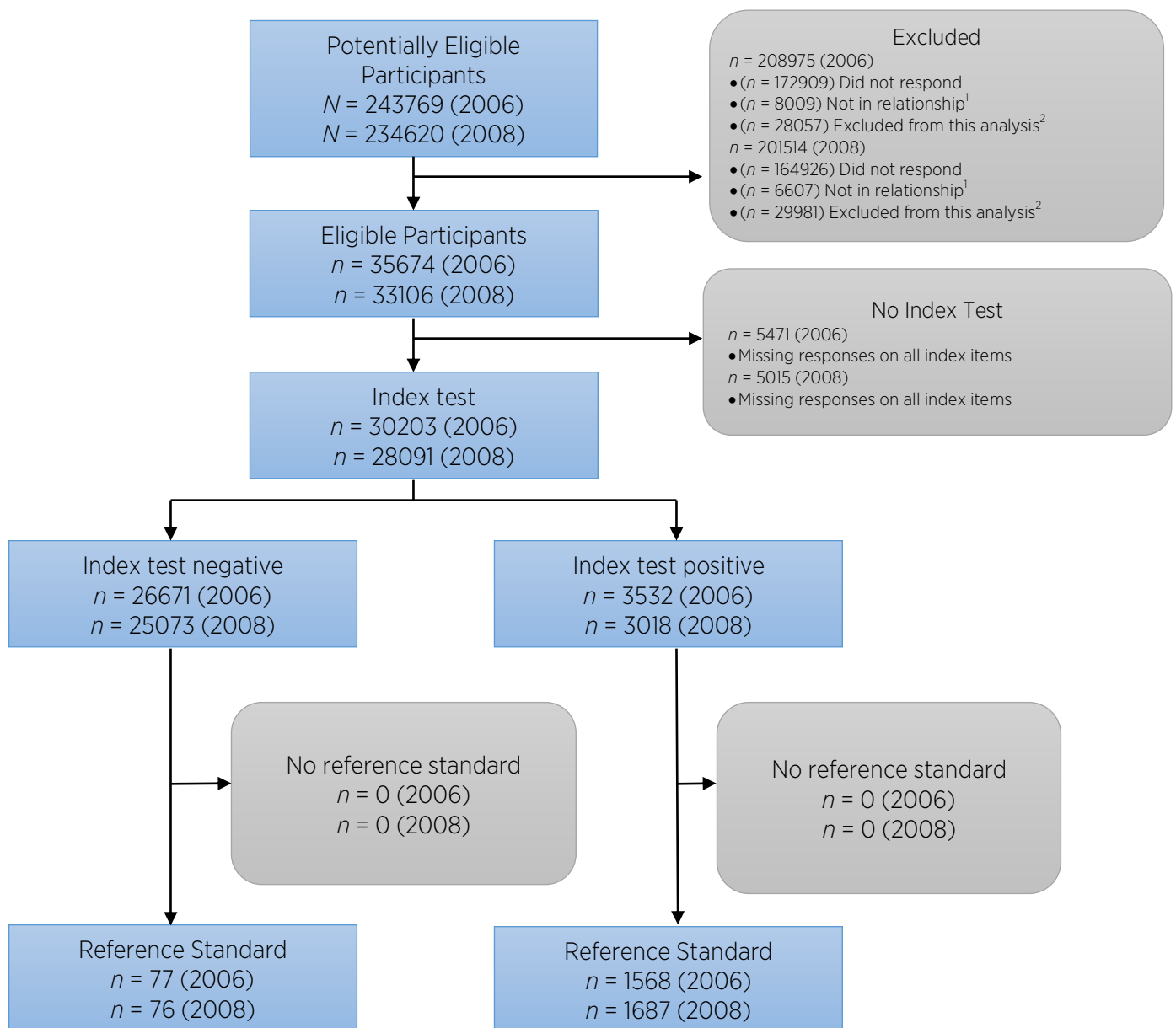
Online Figure 1. STARD diagram for Male's Report of Female-to-Male Clinically Significant Physical Intimate Partner Violence



¹ Diagram for female respondents only; *n* represents females not in relationships

² Diagram for female respondents only; male respondents excluded from these analyses

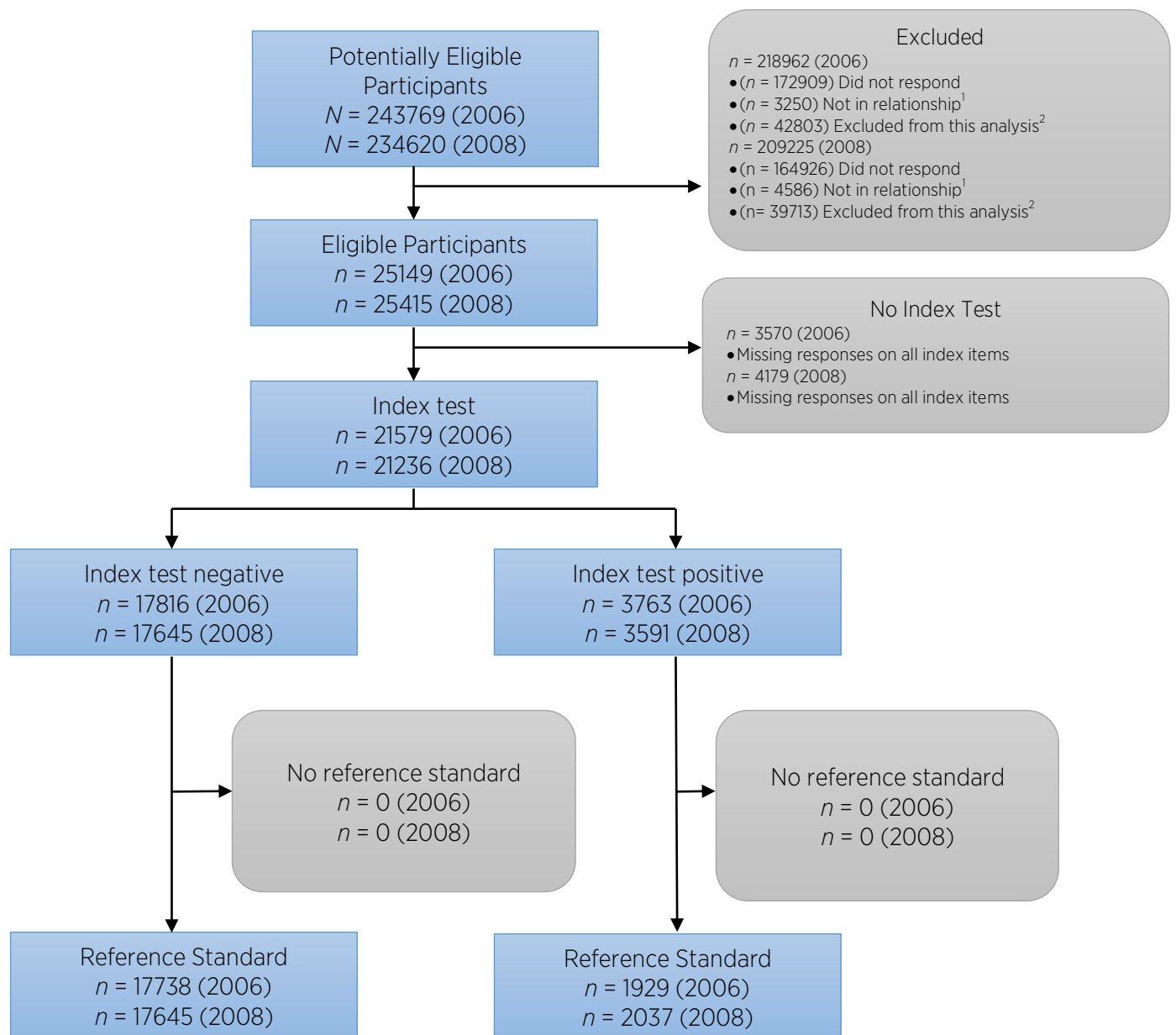
Online Figure 2. STARD diagram for Female's Report of Female-to-Male Clinically Significant Physical Intimate Partner Violence



¹ Diagram for male respondents only; n represents males not in relationships

² Diagram for male respondents only; female respondents excluded from these analyses

Online Figure 3. STARD diagram for Male's Report of Female-to-Male Clinically Significant Psychological Intimate Partner Violence



¹ Diagram for female respondents only; n represents females not in relationships

² Diagram for female respondents only; male respondents excluded from these analyses

Online Figure 4. STARD diagram for Female's Report of Male-to-Female Clinically Significant Physical Intimate Partner Violence

Online Supplement 1: Screeners for Clinically Significant IPV

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Screeners for Clinically Significant IPV — Physical

- Conflicts between partners are very common
 - A large percentage of people report that, at some point in their lives, their relationship conflicts have included physical behaviors like pushing, grabbing, or slapping
- The following are a list of behaviors that partners often use during conflicts.
- Please indicate how often these have happened IN THE PAST YEAR

How many times IN THE PAST YEAR:

1. Have you pushed or shoved your partner?
2. Has your partner pushed or shoved you?
3. Have you grabbed your partner?
4. Has your partner grabbed you?
5. Have you punched or hit your partner?
6. Has your partner punched or hit you?
7. Have you bitten your partner?
8. Has your partner bitten you?
9. Have you slapped your partner?
10. Has your partner slapped you?
11. Have you thrown something at your partner that could hurt?
12. Has your partner thrown something at you that could hurt?
13. Have you scratched your partner?
14. Has your partner scratched you?

1 time	2 times	3–5 times	6–10 times	More than 10 times	Never	Not this year, but has happened in the past
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>

Screener for Male-to-Female Clinically Significant IPV — Physical, Female Report

- Conflicts between partners are very common
 - A large percentage of people report that, at some point in their lives, their relationship conflicts have included physical behaviors like pushing, grabbing, or slapping
- The following are a list of behaviors that partners often use during conflicts.
- Please indicate how often these have happened IN THE PAST 12 MONTHS

How many times IN THE PAST 12 MONTHS:

- Has your partner pushed or shoved you?
- Has your partner grabbed you?
- Has your partner bitten you?
- Has your partner punched or hit you?

	1 time	2 times	3–5 times	6–10 times	More than 10 times	Never	Not this year, but has happened in the past
1. Has your partner pushed or shoved you?	1	2	3	4	5	0	<input type="checkbox"/>
2. Has your partner grabbed you?	1	2	3	4	5	0	<input type="checkbox"/>
3. Has your partner bitten you?	1	2	3	4	5	0	<input type="checkbox"/>
4. Has your partner punched or hit you?	1	2	3	4	5	0	<input type="checkbox"/>

Screener for Male-to-Female Clinically Significant IPV — Physical, Male Report

- Conflicts between partners are very common
 - A large percentage of people report that, at some point in their lives, their relationship conflicts have included physical behaviors like pushing, grabbing, or slapping
- The following are a list of behaviors that partners often use during conflicts.
- Please indicate how often these have happened IN THE PAST YEAR

How many times IN THE PAST YEAR:

1. Have you pushed or shoved your partner?
2. Has your partner pushed or shoved you?
3. Have you grabbed your partner?
4. Has your partner grabbed you?
5. Have you bitten your partner?
6. Has your partner bitten you?
7. Have you punched or hit your partner?
8. Has your partner punched or hit you?

1 time	2 times	3–5 times	6–10 times	More than 10 times	Never	Not this year, but has happened in the past
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>

Screener for Female-to-Male Clinically Significant IPV — Physical, Male Report

- Conflicts between partners are very common
 - A large percentage of people report that, at some point in their lives, their relationship conflicts have included physical behaviors like pushing, grabbing, or slapping
- The following are a list of behaviors that partners often use during conflicts.
- Please indicate how often these have happened IN THE PAST 12 MONTHS

How many times IN THE PAST 12 MONTHS:

1. Has your partner pushed or shoved you?
2. Has your partner scratched you?
3. Has your partner slapped you?
4. Has your partner thrown something at you that could hurt?
5. Has your partner punched or hit you?
6. Has your partner bitten you?

1 time	2 times	3-5 times	6-10 times	More than 10 times	Never	Not this year, but has happened in the past
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>

Screener for Female-to-Male Clinically Significant IPV — Physical, Female Report

- Conflicts between partners are very common
 - A large percentage of people report that, at some point in their lives, their relationship conflicts have included physical behaviors like pushing, grabbing, or slapping
- The following are a list of behaviors that partners often use during conflicts.
- Please indicate how often these have happened IN THE PAST 12 MONTHS

How many times IN THE PAST 12 MONTHS:

1. Have you pushed or shoved your partner?
2. Has your partner pushed or shoved you?
3. Have you scratched your partner?
4. Has your partner scratched you?
5. Have you slapped your partner?
6. Has your partner slapped you?
7. Have you thrown something at your partner that could hurt?
8. Has your partner thrown something at you that could hurt?
9. Have you punched or hit your partner?
10. Has your partner punched or hit you?
11. Have you bitten your partner?
12. Has your partner bitten you?

1 time	2 times	3-5 times	6-10 times	More than 10 times	Never	Not this year, but has happened in the past
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>
1	2	3	4	5	0	<input type="checkbox"/>

Screeners for Clinically Significant IPV — Psychological

1. During the past 12 months, were you ever so depressed or stressed that it affected you almost every day for two weeks?
☐ No
☐ Yes → (If yes) How much of your sadness/depression or stress was related to things your partner said or did? ☐ Almost All ☐ Most ☐ Some ☐ A little ☐ Almost none
2. During the past 12 months, how often did your partner insult or swear at you?
☐ More than 10 times
☐ 6-10 times
☐ 3-5 times
☐ Twice
☐ Once
☐ Never

Online Supplement 2: Family Maltreatment Measure portion of AF Community Assessment

[CLINICALLY SIGNIFICANT PSYCHOLOGICAL IPV — VICTIMIZATION].....	13
[ACTS]	13
[IMPACTS]	13
[CLINICALLY SIGNIFICANT PARTNER PSYCHOLOGICAL IPV — PERPETRATION].....	15
[ACTS]	15
[IMPACTS]	15
[CLINICALLY SIGNIFICANT PARTNER PHYSICAL IPV].....	16
[ACTS]	17
[IMPACTS]	18
<i>[Victimization]</i>	<i>18</i>
<i>[Perpetration]</i>	<i>18</i>

[Clinically Significant Psychological IPV — Victimization]

[Acts]

During the past 12 months,	Once	Twice	3 to 5 times	6 to 10 times	More than 10 times	Never
1. My partner wouldn't allow me to have my ID, driver's license, passport, or other similar important document	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My partner put me down or humiliated me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My partner kept me from seeing service providers (doctors, social workers, teachers/professors, other providers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My partner wouldn't allow me to see/talk to a family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My partner tried to make me think that I was crazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My partner insulted or swore at me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My partner wouldn't allow me to have money or access to money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My partner grilled or interrogated me about where I had been, what I had done, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My partner did another similar behavior not listed here. Please describe the behavior:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Impacts]

IF any Q1-Q9 ≠ "never"
THEN proceed, filling in behaviors ≠ "never" as in example below

You said that

- "My partner put me down or humiliated me"
- "My partner insulted or swore at me"

During the past 12 months, because of these behaviors,

- | | YES | NO |
|--|-----------------------|-----------------------|
| 10. I was so down or depressed that it affected me almost every day for two weeks | <input type="radio"/> | <input type="radio"/> |
| 11. I was so stressed that it affected me almost every day for two weeks | <input type="radio"/> | <input type="radio"/> |
| 12. I feared for my own safety | <input type="radio"/> | <input type="radio"/> |
| 13. I feared for the safety of someone that I cared about (family member, friend, pet) | <input type="radio"/> | <input type="radio"/> |

During the past 12 months, did fear of what your partner might say or do keep you from:

- | | Yes | No |
|--|-----------------------|-----------------------|
| 14. Working or pursuing your work goals? | <input type="radio"/> | <input type="radio"/> |
| 15. Going to school or pursuing your educational goals? | <input type="radio"/> | <input type="radio"/> |
| 16. Practicing your religion or spiritual beliefs? | <input type="radio"/> | <input type="radio"/> |
| 17. Getting necessary medical or mental health services? | <input type="radio"/> | <input type="radio"/> |
| 18. Contacting your family or friends? | <input type="radio"/> | <input type="radio"/> |

Clinically Significant Psychological IPV — Victimization Scoring

IF any Q1- Q9 ≠ "never"

AND

Any Q10-Q18 = YES

THEN Clinically Significant Psychological IPV Victimization = "Yes"

REDRAW SCREEN**[Clinically Significant Partner Psychological IPV — Perpetration]****[Acts]**

During the past 12 months,	Once	Twice	3 to 5 times	6 to 10 times	More than 10 times	Never
19. I wouldn't allow my partner to have his/her ID, driver's license, passport, or other similar important document	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I put my partner down or humiliated him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I kept my partner from seeing service providers (doctors, social workers, teachers/professors, other providers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I wouldn't allow my partner to see/talk to a family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I tried to make my partner think that she/he was crazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I insulted or swore at my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I wouldn't allow my partner have money or access to money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I grilled or interrogated my partner about where she/he had been, what she/he had done, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I did another similar behavior not listed here. Please describe the behavior:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Impacts]

IF any Q19-Q27 ≠ "never"

THEN proceed, filling in behaviors ≠ "never" as in example below

You said that

- ☐ "I put my partner down or humiliated him/her"
- ☐ "I insulted or swore at my partner"

During the past 12 months, because of these behaviors,

	YES	NO
28. My partner was so down or depressed that it affected them almost every day for two weeks	<input type="radio"/>	<input type="radio"/>
29. My partner was so stressed that it affected them almost every day for two weeks	<input type="radio"/>	<input type="radio"/>
30. My partner feared for their own safety	<input type="radio"/>	<input type="radio"/>
31. My partner feared for the safety of someone that they cared about (family member, friend, pet)	<input type="radio"/>	<input type="radio"/>

Clinically Significant Partner Psychological IPV — Perpetration

IF any Q19-Q27 ≠ "never"

AND

Any Q28-Q31 = YES

THEN Clinically Significant Partner Psychological IPV — Perpetration = "Yes"

[Clinically Significant Partner Physical IPV]

- Intense conflicts between partners are very common.
 - The majority of partners report that, at some point in their lives, their conflicts have included physical behaviors like pushing, grabbing, or slapping.
- The following questions will show you a list of behaviors that partners often use during conflicts.
- The time frame is the past 12 months.

[Acts]

During the 12 months,	Once	Twice	3 to 5 times	6 to 10 times	More than 10 times	Never
32. My partner pushed or shoved me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I pushed or shoved my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. My partner slapped me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I slapped my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My partner punched or hit me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I punched or hit my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. My partner scratched me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I scratched my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My partner bit me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I bit my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. My partner threw something at me that could hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I threw something that could hurt at my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. My partner grabbed me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. I grabbed my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. My partner did something similar not listed here. Please describe the behavior:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I did something similar not listed here. Please describe the behavior:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REDRAW SCREEN

[Impacts]

[Victimization]

IF any EVEN numbered items Q34-Q49 ≠ “never”
THEN proceed, filling in behaviors ≠ “never” as in example below

[EXAMPLE]

You said that your partner has done something physical toward you, like
“My partner grabbed me”

Which of the following happened as a result of ANY physical act toward you IN PAST 12 MONTHS?

	YES	NO
48. I felt pain at least 4 hours later	<input type="radio"/>	<input type="radio"/>
49. I had a bruise or scratch that broke the skin	<input type="radio"/>	<input type="radio"/>
50. I had a welt (raised red area)	<input type="radio"/>	<input type="radio"/>
51. I had a cut	<input type="radio"/>	<input type="radio"/>
52. I had a sprain	<input type="radio"/>	<input type="radio"/>
53. I passed out	<input type="radio"/>	<input type="radio"/>
54. I had a broken bone	<input type="radio"/>	<input type="radio"/>
55. I had a loosened or chipped tooth	<input type="radio"/>	<input type="radio"/>
56. I feared for my safety	<input type="radio"/>	<input type="radio"/>

[Perpetration]

IF any ODD numbered items Q32-Q47 ≠ “never”
THEN proceed, filling in behaviors ≠ “never” as in example below

You said that you did something physical toward your partner, like

- “I grabbed my partner”

Which of the following happened as a result of ANY physical behavior toward your partner IN PAST 12 MONTHS?

	YES	NO
57. My partner felt pain at least 4 hours later	<input type="radio"/>	<input type="radio"/>
58. My partner had a bruise or scratch that broke the skin	<input type="radio"/>	<input type="radio"/>
59. My partner had a welt (raised red area)	<input type="radio"/>	<input type="radio"/>
60. My partner had a cut	<input type="radio"/>	<input type="radio"/>
61. My partner had a sprain	<input type="radio"/>	<input type="radio"/>
62. My partner passed out	<input type="radio"/>	<input type="radio"/>
63. My partner had a broken bone	<input type="radio"/>	<input type="radio"/>
64. My partner had a loosened or chipped tooth	<input type="radio"/>	<input type="radio"/>
65. My partner feared for their safety	<input type="radio"/>	<input type="radio"/>

Scoring: Clinically Significant Partner Physical IPV

- Clinically Significant Partner Physical IPV Victimization
 - “Yes” = Q32-Q47 any Even NUMBERED items >Never AND
 - Q48-56 Any items = Yes
- Clinically Significant Partner Physical IPV Perpetration
 - “Yes” = Q32-Q47 any ODD NUMBERED items >Never AND
 - Q57-Q65 Any items = Yes

