

# Intimate Partner Violence (IPV) and Family Dispute Resolution: A Randomized Controlled Trial Comparing Shuttle Mediation, Videoconferencing Mediation, and Litigation

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This randomized controlled trial, involving parents seeking to resolve their separation- or divorce-related disputes and reporting high levels of intimate partner violence (IPV), compared return-to-court (traditional litigation,  $n = 67$  cases) to 2 mediation approaches designed to protect parent safety (i.e., shuttle,  $n = 64$  cases; videoconferencing,  $n = 65$  cases) at a court-annexed mediation division. We present immediate outcomes, which showed some favorable results for mediation. Both mediation approaches were perceived as safe by mediators, and parents felt safer in mediation than in traditional litigation. Parents in mediation were also more satisfied with the process than parents in traditional litigation. Return-to-court cases took 3 times as long to reach final resolution as mediation cases. Mediators tended to prefer shuttle over videoconferencing, and videoconferencing cases were half as likely to reach agreement as cases in shuttle. Through coding the content of the document that resolved case issues, we found no statistically significant group differences in legal custody, physical custody, or parenting time arrangements, and few differences in the likelihood of the document specifying a variety of arrangements (e.g., how to handle missed parenting time) or including safety provisions (e.g., supervised child exchanges). We conclude that in cases with parents reporting concerning levels of IPV, when both parents are independently willing to mediate, mediation designed with strong safety protocols and carried out in a protected environment by well-trained staff may be an appropriate alternative to court.

**Keywords:** intimate partner violence, domestic violence, family dispute resolution, family mediation, divorce and parental separation

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Additional regional and local conference presentations have been given and an overview of the study was discussed in the American Bar Association's *Dispute Resolution Magazine* (Spring 2019). The NIJ Final Technical Report has been submitted (Holtzworth-Munroe et al., 2019). In addition, data from this study are archived with the Inter-University Consortium for Political and Social Research (ICPSR): <https://www.icpsr.umich.edu/web/pages/index.html>; Project title: "Intimate Partner Violence and Custody Decisions: A Randomized Controlled Trial of Outcomes from Family Court, Shuttle Mediation, or Videoconferencing Mediation"; NIJ Grant: 2013-CS\_VA-0044; Project ID: NACJD\_NIJ-106123. This project was supported by Grant 2013-VA-CX-0044 awarded by the National Institute of Justice (NIJ), Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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## Intimate Partner Violence and Family Dispute Resolution: Immediate Outcomes From a Randomized Controlled Trial Comparing Shuttle Mediation, Videoconferencing Mediation, and Traditional Litigation

Intimate Partner Violence (IPV) and parental separation and divorce are major, often overlapping, problems. U.S. National surveys suggest lifetime rates of IPV of approximately one third for women and one quarter for men (Black et al., 2011) and at least 10% of children are exposed to family violence each year (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). In addition, 40–45% of U.S. marriages end in divorce, affecting 1 million children per year (CDC/NCHS National Vital Statistics System, 2016; Goodwin, Mosher, & Chandra, 2010). Further, over 40% of U.S. births are to unmarried mothers (Martin et al., 2011), and over two thirds of cohabiting unions are disrupted within 3 years (Goodwin et al., 2010), affecting more children. IPV and parental separation often are intertwined. IPV is a prominent reason for relationship dissolution (e.g., Amato & Previti, 2003), and more than half of cases of separating parents entering family mediation report physical IPV (e.g., Beck, Walsh, Mechanic, Figueredo, & Chen, 2011).

Both IPV and parental separation increase risk of negative outcomes for children. Children exposed to IPV may experience a host of psychological, social, and academic problems (Evans, Davies, & DiLillo, 2008; Vu, Jouriles, McDonald, & Rosenfield, 2016). Such risks may not be eliminated by parental separation, particularly as some perpetrators continue intruding in the IPV victims' lives, abusing the other parent (e.g., Hardesty, 2002; Hardesty et al., 2017; Tubbs & Williams, 2007; Wuest, Ford-Gilboe, Merritt-Gray, & Berman, 2003). Regarding parental separation, relative to children in intact families, children in divorced families have double the risk of psychological and behavioral problems and an increased risk of academic and social problems (e.g., Amato, 2000; Lansford, 2009).

Children's risks from parental separation are decreased when parents are able to effectively parent and maintain good parent-child relationships (e.g., Elam, Sandler, Wolchik, Tein, & Rogers, 2019; Sandler et al., 2020) and when there is less parental conflict and better coparenting following the separation (e.g., Emery, 2011; Lansford, 2009). Traditional, adversarial litigation approaches (e.g., a divorce trial) may work against such outcomes; for example, possibly increasing parental conflict (Emery, Sbarra, & Grover, 2005). In contrast, family mediation is an alternative dispute-resolution procedure hoped to better outcomes for children by decreasing parental conflict (Emery, 2011). Mediation is believed to empower parents by giving them increased self-determination over the outcomes of their separation (Welsh, 2004).

While mediation is widely used in the United States, only one methodologically strong randomized controlled trial (RCT) has directly compared mediation to litigation (Emery & Wyer, 1987). Relative to a litigation group, parents in mediation were more likely to reach a pretrial agreement and less likely to relitigate; fathers in mediation reported more satisfaction and less coparenting conflict. Importantly, however, this study did not measure IPV and excluded wives who had spent time at a battered women's shelter. Thus, a serious limitation of this study is we do not know if the study findings apply to cases with a history of IPV.

Some experts raise concerns about the safety and appropriateness of mediation for parents who report IPV (Ver Steegh, Davis, & Frederick, 2012). For mediation to succeed, the mediator should provide an environment that facilitates noncoercive negotiations, with both parents having adequate bargaining power, being capable of negotiating for themselves (or capable of directing their attorney to negotiate on their behalf), bargaining in good faith, and being able to reach an agreement that is safe and in the best interests of their children. It has been argued, however, that many mediators do not understand the dynamics of violent families, and victims and their children may suffer as a result (Hart, 1990; Ver Steegh et al., 2012). There is a potential risk of harm to victims following separation, including escalated, sometimes lethal, violence (e.g., Hardesty, 2002; Hotton, 2001). In addition, the victim's fear of the perpetrator and the perpetrator's use of coercion could lead the victim to give in to abuser demands, perhaps agreeing to unsafe provisions (Tishler, Bartholomae, Katz, & Landry-Meyer, 2004).

Proponents of mediation counter that mediation offers the opportunity to craft individually tailored provisions to promote safety and consider children's needs. Automatically excluding IPV victims from mediation may disempower victims and falsely assumes that all victims are incapable of promoting their interests and those of their children (Edwards, Baron, & Ferrick, 2008). Moreover, mediation proponents express concerns about the loss of mediation's potential benefits over adversarial litigation if mediation is denied to cases reporting IPV (Milne, 2004; Newmark, Harrell, & Salem, 1995; Ver Steegh, 2002).

Given such debate, "divorce mediation in the context of domestic violence is one of the most controversial issues in family law today" (Ver Steegh, 2002, p. 1). Concerns about mediating cases with a history of IPV seem particularly pronounced for traditional joint mediation, where parents are seated together with the mediator, usually all in the same room. Thus, experts have considered how to create mediation procedures that mitigate the concerns surrounding joint mediation with cases reporting IPV. Mediation procedures that keep parents physically separated have been recommended (e.g., Rossi et al., 2017). One form of mediation proposed as a safer alternative is shuttle mediation, which keeps parents physically separated in different locations. The mediator "shuttles" between the parents, clarifying issues for negotiation, carrying offers, and helping to finalize any agreement reached. The parents never need to see or hear one another directly. Similarly, videoconferencing mediation, a second potentially safer alternative to joint mediation, involves mediating with parents in separate locations, with the mediator in a third location. In the current study videoconferencing approach, all three individuals (i.e., mother, father, and mediator) were able to interact, via video camera and computer screens, with the others simultaneously.

For parents reporting IPV, shuttle and videoconferencing mediation, compared to joint mediation, may reduce the risk of physical harm and of experiencing psychological intimidation while still conveying advantages for parents (e.g., opportunity to express concerns and interests in a safe environment; increase willingness to bring a support person to mediation; Rossi et al., 2017). Despite possible advantages, mediators should proceed with caution as shuttle and videoconferencing mediation do not eliminate the possibility that parents may still subtly coerce one another (indeed, overt coercion could occur in videoconferencing) and parents may

still agree to family arrangements that do little to eliminate future opportunities for continued IPV (Rossi et al., 2017). While, theoretically, shuttle and videoconferencing mediation procedures should provide a safer mediation method for cases reporting IPV, we are unaware of prior research that has empirically assessed the impact of such procedures.

### Current Study and Hypotheses

We conducted this RCT to compare immediate and 1-year outcomes for three dispute-resolution processes (i.e., traditional court-based litigation, shuttle mediation, and videoconferencing mediation) for parents in family law cases seeking to resolve child-related issues and self-reporting a level of IPV victimization that would prohibit them from entering joint mediation at the study site. This report focuses on immediate outcomes assessed at the end of the mediation or court process. Our hypotheses primarily focus on differences between both forms of mediation versus traditional court-based litigation. We did not offer hypotheses regarding differences between shuttle and videoconferencing mediation as both of these special mediation procedures have been recommended for cases with a history of IPV and strong differences between them have not been proposed (Rossi et al., 2017).

On measures of parents' self-reported perceptions, we hypothesized that parents in cases assigned to mediation, compared to those in the return-to-court condition, would report: (a) greater feelings of safety (i.e., the two forms of mediation tested aim to provide a safe environment, while court may be intimidating); and (b) more satisfaction with the process used to resolve case issues and with the case outcomes (e.g., mediators may spend more time with parents than judges and mediation might result in resolution faster than court proceedings).

With respect to the content of the document resolving case issues (e.g., mediation agreement or court order), we hypothesized that the documents of cases assigned to mediation, compared to those of cases in the return-to-court condition, would: (a) not differ with regard to which parent is assigned legal and physical custody, as custody at the study site is governed by legal (though rebuttable) presumptions; and (b) be more likely to include arrangements that theoretically could help protect victim and child safety (i.e., more safety restrictions; more likely to explicitly address issues, which should decrease risk of conflict that may result from leaving issues to be resolved in the future, Rossi, Holtzworth-Munroe, & Applegate, 2015).

We also describe mediators' reports of their experiences in shuttle and videoconferencing mediation, to examine concerns such as whether mediators feel safe providing mediation to cases reporting high levels of IPV and possible differences in shuttle and videoconferencing mediation procedures (e.g., does shuttle take longer as the mediator has to shuttle between the parents).

## Method

### Study Site

The study was conducted at the Multi-Door Dispute Resolution Division of the Superior Court of the District of Columbia (Multi-

Door).<sup>1</sup> The court serves all cases in Washington, DC in which parents seek a divorce or separation or to resolve parenting issues. The court's practice is to refer cases to attempt mediation and offer their Multi-Door Division as a free option. All study cases were initiated in court and assigned a judge. We coded the judge involved in the final resolution of issues, which included 16 judges, each handling an average of 10.38 study cases ( $SD = 10.54$ ).

### Study Participants

See text Figure 1, a CONSORT flowchart of study participant recruitment, for details.

**Study participant eligibility.** Only cases referred to Multi-Door by the court were study-eligible, as court records were a study outcome measure. Cases were scheduled for a mediation intake interview at Multi-Door. Each parent was independently interviewed, but both parents had to complete an intake for a case to be study-eligible. The intake included an IPV screening measure, the Mediator's Assessment of Safety Issues and Concerns (MASIC; Holtzworth-Munroe, Beck, & Applegate, 2010).<sup>2</sup> The MASIC is a behaviorally specific measure, listing abusive behaviors on subscales (e.g., psychological abuse, physical violence, sexual violence, stalking) and consequences of abuse (e.g., fear, injury). Each item is assessed for occurrence twice—ever in the relationship and in the past year. Questions ask the parent about their victimization from the other parent in the case.

Dispute Resolution Specialists (DRSs) conducted the mediation intakes, including the MASIC. DRSs were not mediators, but include graduate-level trained social workers, attorneys, and others with experience in social services. Each DRS received 3 full days of training around dynamics of families reporting IPV, administering the MASIC, and recognizing IPV using the MASIC. They also were shadowed by more experienced staff for their first few intakes following training.

Based on parent responses to the MASIC, the DRSs identified cases as being potentially eligible for the study if the IPV reported by either or both parents was at a level that the case was considered inappropriate for joint mediation. No specific MASIC score was set for study eligibility. No previous empirical data are available to guide these decisions. Also, the DRSs were well trained, experienced, and wanted to use their clinical judgment in the real-world setting of the current study. However, in making this decision, for each MASIC interview, DRSs completed a "critical items" checklist, which drew their attention to occurrence and frequency of severe IPV, presence of risk factors empirically related to lethality (e.g., use of weapons), whether the IPV was escalating in frequency or severity, IPV-related severe injuries, and fear of the other party.

In addition, to be study eligible, both parents had to be the parents of children in the case, current or former intimate partners, and interested in resolving child-related issues. Both parents had to

<sup>1</sup> This study was approved by the university IRBs at Indiana University and the University of Arizona deferred to the Indiana University IRB. It also had the approval of the judges at the study site.

<sup>2</sup> Reliability and validity of the MASIC have been examined (Pokman et al., 2014), and the MASIC detects higher levels of reported IPV among parents seeking mediation than other methods of IPV screening (Rossi, Holtzworth-Munroe, Applegate, et al., 2015).



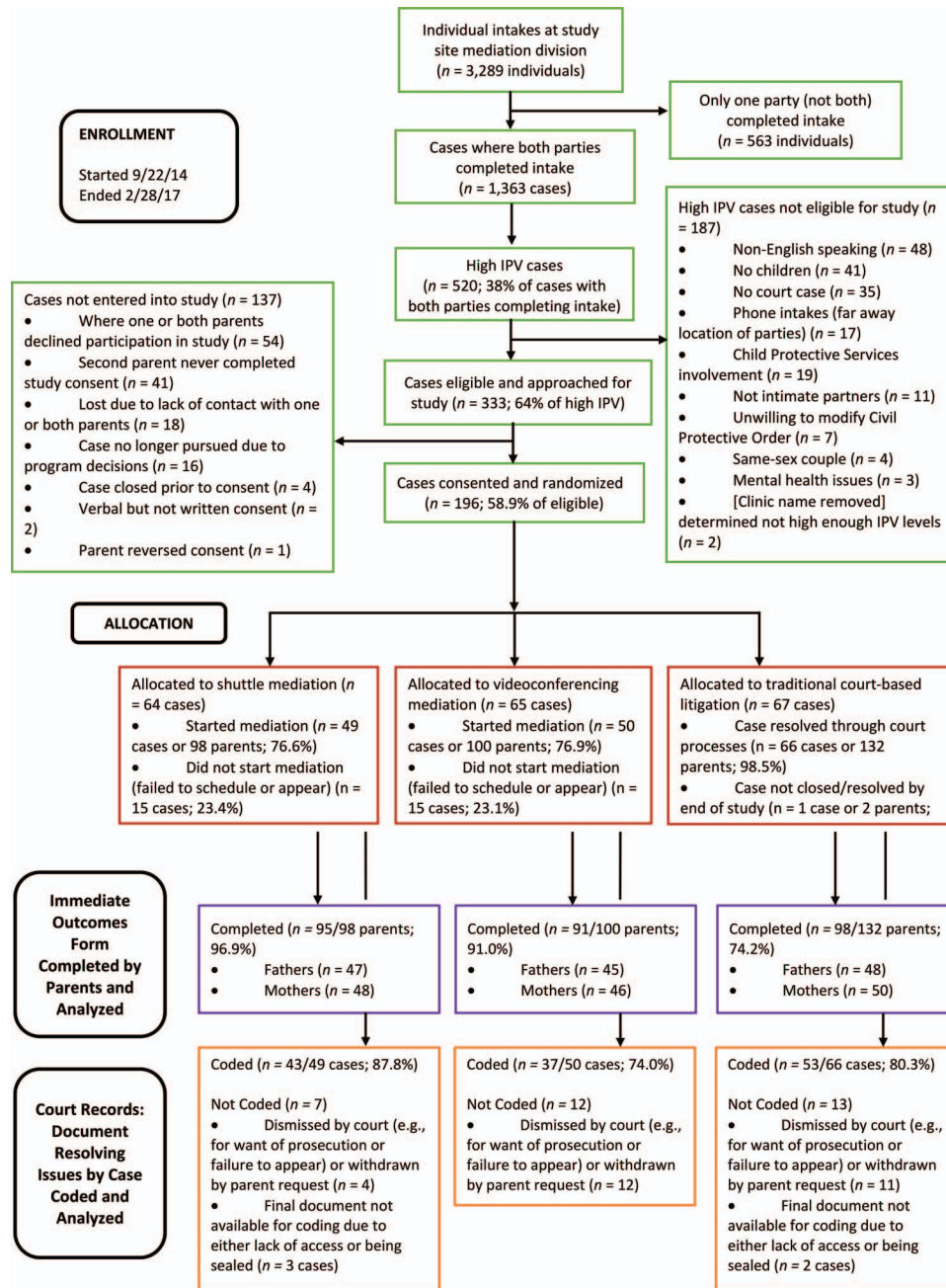


Figure 1. CONSORT Study participant recruitment and attrition flowchart. See the online article for the color version of this figure.

be comfortable speaking English (as most of the mediators were not bilingual) and 18 years of age or older. If there was a Civil Protection Order (CPO) between the parents, both parents and the judge had to be willing to temporarily modify the CPO only so that the parents could attend mediation if assigned to a mediation study condition. Cases were considered ineligible if: the case involved an open child abuse case or required other emergency interventions due to immediate danger; a parent lived too far away to participate in mediation in person, was deemed incompetent for mediation (e.g., acutely psychotic),

was incarcerated or had a pending criminal case that would interfere; or the parents were in a same-sex relationship (i.e., pilot work revealed that there were too few same-sex cases to appropriately consider these cases).

**Study participant recruitment.** If the case was eligible, the DRSs notified an onsite researcher who met, independently, with each parent. Only once both parents consented was the case entered into the study and randomly assigned to a study condition. Each parent was financially compensated for study assessments.

## Random Assignment

A computer-generated list was used to randomize study condition assignments and the university research team prepared sealed envelopes containing these random assignments. The list was maintained by the university lab, regularly checked to ensure correct implementation, and concealed from staff at Multi-Door. Once a case was entered into the study, a researcher at Multi-Door would pull the next numbered sealed envelope to find the assignment of the case to study condition.

## Three Study Conditions

**Return-to-court study condition (“treatment as usual”).** These cases were referred back to court, being handled in the manner in which all cases reporting high levels of IPV had been treated at the study site before the study.

**Mediation study conditions—Shuttle or videoconferencing.** These cases were scheduled for mediation. If, after repeated scheduling attempts, the parents never attended any mediation sessions, the case was closed and returned to court; such cases are not included in most of the study outcome analyses. Mediation at Multi-Door is designed to be approximately 2 hours per session and to take several sessions. To protect IPV victims, when sessions were scheduled, the father was given an earlier arrival time than the mother. Each parent was met at the building entrance and escorted to his or her room; thus, the father was in a room before the mother arrived. At the end of each session, the mother was dismissed first and escorted to the building exit before the father was dismissed. The building has security guards and entering individuals pass through a metal detector. All mediation rooms have a panic button for emergencies. All session breaks were arranged so that parents were never on break together.

In both shuttle and videoconferencing mediation, parents were separated into two rooms, in the same building but not near one another. In shuttle mediation, the mediator met in-person with each parent separately and shuttled back and forth between rooms. The parents never saw or spoke directly to each other; all communications were through the mediator. Mediators assigned to this condition had no discretion to change the process format. In videoconferencing mediation, the mediator was in a third room. Both parents and the mediator had access to a web camera and a computer screen and could see and hear each other on the screen. The mediators took regular breaks to, independently, check on each parent’s comfort with continuing or desire to end the video connection and move to either only audio (with other parent and mediator) or individual video meetings with the mediator. Mediators could make such changes if concerned about parent safety or emotional well-being, and parents could turn off the video equipment in their rooms at any point.

As mediation is a confidential process, we did not record the sessions for coding mediator adherence/competence to the mediation condition. However, at the end of each mediation case, the mediator answered questions regarding adherence. These reports were used to examine whether shuttle and videoconferencing mediation were conducted as designed. Following mediation, cases proceeded as usual to the Superior Court of the District of Columbia. If a mediation agreement was reached, it

was sent to the court for review and judicial approval. In cases where full agreement was not reached, the case was returned to court for further attempts to resolve remaining issues.

## Mediators

Fourteen mediators participated in the study. They were trained, and mediated study cases in, both shuttle and videoconferencing mediation, preventing the confounding of individual mediators with type of mediation. Each mediator mediated an average of 7.07 study cases ( $SD = 6.52$ ), 3.50 shuttle cases ( $SD = 3.86$ ) and 3.57 videoconferencing cases ( $SD = 3.39$ ).

All mediators at Multi-Door receive general training in family mediation; study mediators participated in an additional 2-day training regarding how to conduct shuttle and videoconferencing mediation of cases reporting high levels of IPV and using a manual written for the study. A portion of the training was provided by a local domestic violence crisis intervention agency. Once they began mediating study cases, mediators were encouraged to participate in a monthly phone meeting with each other, the study mediator trainer, and a research team member, to confirm that mediators were conducting mediation in a manner consistent with the study procedures and discuss how to handle difficult case issues.

## Study Measures

**Mediator’s Assessment of Safety Issues and Concerns (MASIC; Holtzworth-Munroe et al., 2010).** The MASIC was independently completed by parents during the mediation intake. The MASIC was used to identify cases as potentially eligible and provided baseline description of the level of IPV reported by parents. The two primary MASIC scores are variety scores of victimization (i.e., sum of the total number of 38 possible abusive behaviors reported to have occurred; scores range 0–38) for two time periods: ever in the relationship and in the past year. Additional questions assess consequences of IPV (e.g., fear, injury).

**General Information Form.** Study participants completed this form after signing the study consent form. It gathered baseline descriptive demographic information about the parent (e.g., age, education) and the case (e.g., length of separation). It also briefly assessed interparental conflict, and parent and child functioning. See Table S1<sup>3</sup> in the online supplemental materials for a list of the standardized measures from which we derived items for this form (e.g., Child Risk Index for Divorced or Separated Family, Tein, Sandler, Braver, & Wolchik, 2013; Patient Health Questionnaire-4, Kroenke, Spitzer, Williams, & Löwe, 2009). See Table S2 in the online supplemental materials for a list of the composite variables created from this baseline measure. Similarly, upon joining the study, mediators completed a General Information Form, which asked mediators about personal demographics (e.g., education) and mediation training and experience.

<sup>3</sup> Note that all tables in the online supplemental materials will either be available from the publisher or the authors. In addition, all materials in the supplemental tables will, in the future, be available in National Institute of Justice (NIJ) grant Final Technical Report (Holtzworth-Munroe et al., 2019).

**Parent Immediate Outcome Form.** Each parent was asked to complete a version of this questionnaire, designed for this study, as soon as their assigned study condition process ended. It gathered information about safety (e.g., How safe did you feel during the process?) and satisfaction (e.g., How satisfied were you overall with the process?) For parents assigned to mediation, questions asked about the mediation process, and parents completed this form at the end of their final mediation session, whether or not they reached agreement. Parents assigned to the return-to-court condition might have used various methods to resolve their case issues (e.g., court hearing, attorney negotiations). These parents were asked to identify which process had been the most helpful or important in resolving issues and to consider that process when answering questions. These parents completed this measure when their court case was closed. See Table 1 for a list of composite variables created for the Parent Immediate Outcome Form.

**Mediator Immediate Outcome form.** Each mediator completed an outcome form, regarding each study mediation case, following the closing of that case. This questionnaire, designed for the study, assessed how the mediator perceived the mediation process and outcomes (e.g., How safe do you think the parents felt during the mediation?). Some questions served as a fidelity check on the assigned mediation condition (e.g., In videoconferencing: Reasons for change in equipment set up?).

**Resolution rate and speed.** We gathered information on whether, and when, cases in mediation reached agreement and cases in the return-to-court condition reached final resolution of case issues (e.g., a court order).

**Family court records.** For each case, we gathered court records pertaining to the family law case that made them eligible for the study. A coding system was designed to extract relevant information, derived from similar coding systems (e.g., Beck et al., 2011; Putz, Ballard, Arany, Applegate, & Holtzworth-Munroe, 2012; Rossi et al., 2015) but modified to accommodate the court system at the study site. We coded the document that resolved the case (e.g., mediation agreement, court order) for information such as which parent was awarded legal and physical custody, parenting time arrangements, restrictions on parenting time, restrictions on parental communication and contact, and other safety related specifications.

Coding was conducted by 12 coders, mostly law students with relevant experience. With overlapping coding assignments for intercoder reliability checks, on average, each coder coded 27.67 cases ( $SD = 13.87$ ). For reliability cases, any discrepancies across coders were resolved through consensus. Interrater reliability was calculated by comparing each coder's codes for each variable analyzed (e.g., who received custody) to a master coder's codes for that variable, across the subset of 20 reliability cases that were coded by the master coder, and across the nine coders who had coded enough reliability cases to allow inclusion in the analyses. Intercoder reliability was calculated using Cohen's kappas for categorical codes, which were almost all of the codes, and averaged 0.85, across coders and codes. Reliability for each code is available in Table S3 in the online supplemental materials.

## Statistical Analytic Plan

For a majority of the study analyses, we used the lmerTest and lme4 statistical packages of R software (Kuznetsova, Brockhoff, &

Christensen, 2017; Bates, Mächler, Bolker, & Walker, 2015) in R (R Core Team, 2013) to perform linear mixed-effects models for continuous and ordinal variables and generalized logistic mixed-effects models for binary variables. For most analyses, the fixed effect condition involved all three study conditions (e.g., shuttle, videoconferencing, return-to-court), and orthogonal contrasts were tested using the MASS (Venables & Ripley, 2002) and multcomp (Hothorn, Bretz, & Westfall, 2008) statistical packages of R to compare, simultaneously in each model: (a) mediation (both shuttle and videoconferencing) to court, and (b) shuttle to videoconferencing mediation. We analyzed with only two contrasts to minimize Type I errors. By doing so, however, for most analyses, we did not directly compare the return-to-court condition to shuttle mediation or the return-to-court condition to videoconferencing mediation.

In our study design, depending on the variables analyzed, we could have both partial nesting and partial cross-classification. In the most complex case, fathers and mothers are nested within families, families are nested within mediators and judges, and mediators and judges are cross-classified (e.g., a mediator provided mediation to cases referred from different judges, and a judge could handle cases mediated by different mediators). For the majority of analyses of individual-level variables (e.g., parent satisfaction with case outcome), the model included sex (mothers vs. fathers) and condition (shuttle mediation, videoconferencing mediation, and return-to-court) as fixed effects, without interaction terms, and families (to control for the interdependence between parents in a family), mediators, and judges as random intercepts. For the majority of analyses of case-level variables (e.g., which parent was granted custody), the only fixed effect was condition (not sex), and mediator and judge were used as random intercepts. Unless noted, continuous variables were transformed to Z-scores. For some variables, less complicated statistical approaches were required. For example, analyses that only applied to mediation only compared cases in shuttle and videoconferencing mediation, and for categorical variables and simple percentage comparisons, we conducted chi-square analyses.

## Results

### Descriptors of Study Participants and Mediators

**Study participant descriptors.** To check on the success of randomization of cases to study condition, these analyses included all cases that entered the study, whether or not they attended mediation.<sup>4</sup> At the start of the study, study participants had not yet had contact with mediators nor a decision from a judge; thus, we did not account for mediator or judge in these analyses. Baseline data on individuals were analyzed with study condition and sex as

<sup>4</sup> As noted in Figure 1, 49 of the 64 cases assigned to shuttle mediation attended mediation, and 50 of the 65 cases assigned to videoconferencing mediation attended mediation. We compared cases in which parents attended mediation to those in which parents did not on 58 variables available at study baseline (i.e., General Information Form and MASIC). Only two statistically significant group differences were found: compared to parents who attended mediation, those who did not had been to court with the other party more times and were less likely to endorse that the other parent had concerns about their own overuse of alcohol and prescription drugs.

Table 1  
*Composite Variables for Party Immediate Outcome Form*

Composite scale	Items	Response scale (High and low anchors only)	Scoring	$\alpha$ , $r$ , or % agree	Required number of items for use in scale	$N$ parties ( $N = 332$ )
Safety	How safe did you feel during that process?	1 = <i>Not at all safe</i> ; 7 = <i>Very safe</i>		$\alpha = .86$	4 out of 5	284
	How fearful of the other parent did you feel during that process?	1 = <i>Not at all fearful</i> ; 7 = <i>Very fearful</i>	Reverse			
	How fearful for your own physical safety did you feel during that process?	1 = <i>Not at all fearful</i> ; 7 = <i>Very fearful</i>	Reverse			
	How frightened did you feel during that process?	1 = <i>Not at all frightened</i> ; 7 = <i>Very frightened</i>	Reverse			
Overall satisfaction with the process	Did the employees involved in the process take steps to protect your safety?	No; Yes	No = 2; Yes = 6	NA	1 out of 1	281
	How satisfied were you with the process?	1 = <i>Highly satisfied</i> ; 5 = <i>Strongly dissatisfied</i>	Reverse			
	Again, considering the process that was most helpful or important, do you believe that that process was appropriate for your case?	No; Yes	No = 0; Yes = 1			
	Belief that process was appropriate for their case					
Perceptions of positive aspects of the process	How comfortable were you during that process?	1 = <i>Not at all comfortable</i> ; 7 = <i>Very comfortable</i>		$\alpha = .91$	8 out of 9	280
	How able were you to express your feelings and concerns during that process?	1 = <i>Not at all able</i> ; 7 = <i>Very able</i>				
	How satisfied are you that your concerns were heard and understood during that process?	1 = <i>Not at all satisfied</i> ; 7 = <i>Very Satisfied</i>				
	How satisfied are you that the process was easy to understand and follow?	Same as above				
	How satisfied are you with the speed and efficiency of the process?	Same as above				
	How satisfied are you with the fairness of the process?	Same as above				
	How satisfied are you that the process required that both the other parent and you to be respectful to each other?	Same as above				

(table continues)

Table 1 (*continued*)

Composite scale	Items	Response scale (High and low anchors only)	Scoring	$\alpha$ , $r$ , or % agree	Required number of items for use in scale	$N$ parties ( $N = 332$ )
	How satisfied are you that the other parent was held accountable for their prior actions and behaviors toward the family members in the process?	Same as above				
	How satisfied are you that the law was followed in the process?	Same as above				
Upset during process	How upset did you feel during that process?	1 = <i>Not at all upset</i> ; 7 = <i>Very upset</i>			1 out of 1	283
Satisfaction with outcome	How satisfied were you with the outcome of the process? The process was helpful in resolving the issues of the dispute	1 = <i>Strongly agree</i> ; 5 = <i>Strongly disagree</i>	Reverse	$\alpha = .87$	2 out of 2	268
	Do you think the process will improve communication between you and the other parent?	1 = <i>Highly satisfied</i> ; 5 = <i>Strongly dissatisfied</i>	Reverse			
Process will result in positive family outcomes	Do you think the process will improve communication between you and the other parent?	1 = <i>Not at all</i> ; 7 = <i>Very much</i>		$\alpha = .94$	8 out of 9	280
	Do you think the process will lessen conflict, arguments, and fighting between you and the other parent?	Same as above				
	Do you think the process will improve relationships between family members?	Same as above				
	Do you think the process will result in safer arrangements for you?	Same as above				
	Do you think the process will result in safer arrangements for your child(ren)?	Same as above				
	Do you think the process will address the needs of your child(ren)?	Same as above				
	Do you think the process will help you to be a better parent?	Same as above				
	Do you think the process will help the other parent to be a better parent?	Same as above				
	Do you think the process helped you and the other parent to work better together as parents?	Same as above				



Table 1 (continued)

Composite scale	Items	Response scale (High and low anchors only)	Scoring	$\alpha$ , $r$ , or % agree	Required number of items for use in scale	$N$ parties ( $N = 332$ )
Process will result in positive financial outcomes	Do you think the process will provide you with adequate financial resources to meet your needs?	1 = <i>Not at all</i> ; 7 = <i>Very much</i>		$\alpha = .90$	4 out of 4	94 (Only parties in cases seeking to resolve financial issues in addition to child-related issues)
	Do you think the process will provide adequate financial resources to meet children's needs?	Same as above				
	Do you think the process will divide family assets and property fairly between you and the other parent?	Same as above				
	Do you think the process will divide family debts fairly between you and the other parent?	Same as above				
Satisfaction with final resolution	How satisfied are you with the final resolution?	1 = <i>Very satisfied</i> ; 5 = <i>Very unsatisfied</i>	Reverse	$\alpha = .81$	3 out of 3	168 (Only parties who reached final resolution)
	The final solution was fair	Same as above	Reverse			
	How well do you think the final resolution fits the specific needs of your family?	1 = <i>Not at all well</i> ; 7 = <i>Very well</i>	1-7 scale recoded to 1-5 scale			
Confidence that parties will follow resolution	I am confident that the parties will follow the terms of the final resolution	1 = <i>Strongly agree</i> ; 5 = <i>Strongly disagree</i>	Reverse	NA	1 out of 1	182 (Only parties who reached final resolution)
Satisfaction with not having reached final resolution	If you did not reach a final resolution/decision, how satisfied are you that you didn't reach a final resolution/decision?	1 = <i>Not at all satisfied</i> ; 7 = <i>Very satisfied</i>		NA	1 out of 1	94 (Only mediation parties who did not reach agreement)

fixed effects with random intercepts for families. Here, we provide information on demographics and parent reported IPV, from the General Information Form and MASIC. See Tables S4–S7 in the online supplemental materials for details and additional information. Across all variables, almost no statistically significant differences across study conditions emerged, suggesting that random assignment of study participants to the three study conditions was successful.

Fathers ( $M = 33.30$  years;  $SD = 8.23$ ) were older than mothers ( $M = 30.93$  years;  $SD = 7.12$ ),  $t(191.85) = 7.52$ ,  $p < .001$ . Based on self-identification, 85.8% of participants were Black. Mothers had completed more years of education ( $M = 13.69$ ;  $SD = 2.45$ ) than fathers ( $M = 13.17$ ;  $SD = 2.29$ ),  $t(192.84) = -2.98$ ,  $p < .005$ . Fathers (85.1%) were more likely to be employed, full or part time, than mothers (71.9%),  $z = 3.15$ ,  $p < .002$ . Average yearly salary for study participants was \$38,921. The majority, 73.2%, of cases involved unmarried parents. On average, participants had lived with the other parent in the case for 5.10 years ( $SD = 5.10$ ) and having ended that relationship 2.81 years ( $SD = 3.55$ ) previously. The parents shared an average of 1.47 children ( $SD = 0.83$ ), who averaged 4.99 years of age ( $SD = 4.24$ ), and 51% of whom were male. Most cases, 86.2%, were initial court cases; the rest were returning to court seeking modifications to prior arrangements. On average, parents had been to court with the other parent 2.09 times ( $SD = 4.29$ ), but 81% said this was the first time that they had tried mediation. There also were no statistically significant differences, across study conditions, on measures of parents' self-reported level of anxiety/depression (Kroenke et al., 2009), general functioning, parenting alliance, interparental conflict, relationship change in past year, or on a child risk index (Tein et al., 2013).

Examining MASIC variety scores, on average, parents reported having been a victim of 16.79 ( $SD = 7.54$ ) different partner-perpetrated abusive behaviors at some point in their relationship and of 10.92 ( $SD = 7.32$ ) such behaviors in the previous year, with no statistically significant sex differences. Regarding injury (range 0–4), mothers ( $M = 1.34$ ,  $SD = 1.25$ ) reported more injury than fathers ( $M = 1.02$ ,  $SD = 1.06$ ),  $t(194.51) = -3.35$ ,  $p < .001$ . Mothers were more likely than fathers to report that, as a result of the other parents' behaviors: they felt "fearful, scared, or afraid of physical harm" to themselves or others (mothers: 78.9%; fathers: 39.5%),  $t(194.51) = -3.35$ ,  $p < .001$ , they believed they were in danger "at this time" (30% of mothers; 11% of fathers),  $t(191.25) = -5.55$ ,  $p < .001$ , and on a rating scale of current risk of physical danger from the other parent (1, *not at all risky* to 9, *very risky*), they felt at greater risk (mothers  $M = 4.52$ ,  $SD = 2.86$ ; fathers  $M = 3.02$ ,  $SD = 2.63$ ),  $t(191.25) = -5.55$ ,  $p < .001$ . Mothers were more likely than fathers to report that the other parent had been arrested for violence against them (39% of mothers; 15% of fathers;  $z = -5.07$ ,  $p < .001$ ), and that they had filed an order of protection against the other parent (58% of mothers; 28% of fathers,  $z = -5.56$ ,  $p < .001$ ).

**Mediator descriptors.** There were six female and eight male mediators, with an average age of 48.31 years ( $SD = 14.34$ ). Most, 71.4%, self-identified as White and 28.6% as Black; one (7.1%) identified as Hispanic/Latino. All had at least a college degree; 35.7% had a master's degree, and 50% had a law degree. Their average years of experience conducting family mediation at Multi-Door was 5.10 ( $SD = 7.82$ ) and at other locations was 5.86 ( $SD = 5.37$ ). Regarding mediation style, 92.9% reported using a facilita-

tive style. In addition to the required study training workshop, mediators reported having had an average of 25.33 hr ( $SD = 30.61$ ) of IPV training. At the start of the study, from 1, *not much experience*, to 7, *lots of experience*, the mediators reported more experience with shuttle ( $M = 3.79$ ;  $SD = 2.05$ ) than videoconferencing ( $M = 1.62$ ;  $SD = 1.33$ ) mediation, paired sample  $t(12) = 2.90$ ,  $p < .02$ . On the same scale, they reported having moderate experience ( $M = 4.00$ ;  $SD = 1.83$ ) mediating cases involving reported IPV, and on a scale from 1, *not at all comfortable*, to 7, *very comfortable*, being relatively comfortable ( $M = 5.93$ ;  $SD = 0.83$ ) conducting mediation with cases involving IPV.

### Information on Mediation Process (Shuttle vs. Videoconferencing)

To compare the two mediation conditions, descriptions of mediation from the Mediator Immediate Outcome Form were analyzed with mediation condition (i.e., shuttle vs. videoconferencing) as the sole fixed effect. Data were at the case, not parent, level. In theory, mediator or judge effects may have influenced study mediators' reports of information; thus, the analyses used random intercepts for mediators and judges. On average, shuttle cases met for 2.37 sessions ( $SD = 1.22$ ), while videoconferencing cases met for 2.62 sessions ( $SD = 1.66$ ),  $t(92.78) = .71$ ,  $p = .48$ . The average length of each mediation session was 2.15 hr ( $SD = 0.39$ ) in shuttle and 2.02 hr ( $SD = 0.53$ ) in videoconferencing,  $t(89.83) = -1.28$ ,  $p = .30$ .

Mediators' ratings of how much they believed the mediation procedure they had just used with a case matched the description of that mediation approach in the study mediation manual and training (1, *did not match at all*, to 7, *matched perfectly*) was high in both conditions, but higher for shuttle ( $M = 6.71$ ,  $SD = 0.46$ ) than videoconferencing ( $M = 6.32$ ,  $SD = 0.84$ ) mediation,  $t(93.75) = -3.20$ ,  $p < .002$ . Only in videoconferencing cases were mediators asked to indicate if they had deviated from the manual in certain listed ways (yes/no) and for how much of the mediation time they used each modification (1 = *none* to 7 = *almost all*). In 41.3% of videoconferencing cases, mediators indicated having private, in-person meetings with one or both parents, with a mean of 2.17 ( $SD = 0.62$ ) on the scale of how much time they had done so. As allowed by the study protocol, mediators were most likely to hold such meetings to get forms (e.g., agreement to mediate) signed by the parents. In 71.7% of videoconferencing cases, mediators also reported holding private, individual video meetings with one or both parents, with a mean of 2.77 ( $SD = 1.13$ ) on the how much time scale. Mediators reported that these meetings took place to help the mediation process (e.g., when a parent was behaving inappropriately) or to help parents process what was happening.

### Mediators' Perceptions of the Mediation Process (Shuttle vs. Videoconferencing)

**Safety.** Rated from 1 = *not at all safe*, to 7 = *very safe*, mediators felt similarly safe during both shuttle ( $M = 6.82$ ,  $SD = 0.39$ ) and video ( $M = 6.84$ ,  $SD = 0.42$ ) mediation,  $t(93.08) = -.44$ ,  $p = .67$ . In addition, mediators did not view either mothers (shuttle:  $M = 6.67$ ,  $SD = 0.56$ ; videoconferencing:  $M = 6.34$ ,  $SD = 0.98$ ;  $t(94.67) = -1.89$ ,  $p < .06$ ) or fathers

(shuttle:  $M = 6.65$ ,  $SD = 0.63$ ; videoconferencing:  $M = 6.54$ ,  $SD = 0.81$ ;  $t(95.22) = -1.15$ ,  $p = .26$ ) as feeling significantly safer in one form of mediation versus the other. Also, no mediator ever reported using the available panic button during mediation.

**Comfort, satisfaction, and appropriateness.** Mediators were asked how “comfortable or satisfied” individuals were with the approach to mediation used in each case, from 1 = *not at all* to 7 = *very*. Their mean rating for themselves was marginally higher in shuttle, 6.16 ( $SD = 1.16$ ) than in videoconferencing, 5.54 ( $SD = 1.63$ ),  $t(95.54) = -1.98$ ,  $p = .05$ . Mediators did not view either mothers (shuttle:  $M = 5.73$ ,  $SD = 1.44$ ; videoconferencing:  $M = 5.35$ ,  $SD = 1.73$ ;  $t(94.0) = -1.15$ ,  $p = .26$ ) or fathers (shuttle:  $M = 5.83$ ,  $SD = 1.40$ ; videoconferencing:  $M = 5.36$ ,  $SD = 1.63$ ;  $t(89.5) = -1.46$ ,  $p = .15$ ) as being significantly more comfortable/satisfied in one form of mediation versus the other. When asked if they believed that the type of mediation provided to the case was appropriate for that case, in shuttle mediation cases, mediators responded “yes” for 90% of the cases and “unsure” for 10% of the cases (0% “no”). In videoconferencing cases, mediators responded “yes” for 78% of the cases, “no” for 6% of cases, and “unsure” for 16% of cases. Comparing “yes” or “no”, the difference did not reach statistical significance,  $\chi^2(1) = 3.26$ ,  $p < .08$ . When asked if the case should have been handled with a different approach, mediators were statistically significantly more likely to believe that cases in videoconferencing mediation (58%) should have been handled with a different approach than cases in shuttle mediation (34.7%),  $z = 3.32$ ,  $p < .02$ .

**Impact of the mediation on case outcome.** Mediators were asked how mediation affected case outcome, from 1, *very negative*, to 7, *very positive*. Their ratings for shuttle ( $M = 5.16$ ,  $SD = 1.21$ ) were higher,  $t(96.00) = -2.15$ ,  $p < .04$ , than for videoconferencing ( $M = 4.59$ ,  $SD = 1.41$ ). Using the same response scale, when asked “what impact do you believe the mediation had on the parents’ ability to reach an agreement”, mediators rated shuttle ( $M = 5.12$ ,  $SD = 1.13$ ) higher than videoconferencing ( $M = 4.37$ ,  $SD = 1.45$ ),  $t(95.84) = -2.90$ ,  $p < .005$ .

### Immediate Outcomes (Mediation vs. Return-to-Court)

**Agreement rates.** Reaching an agreement is a standard reported outcome in studies of mediation and of interest to the referring court, although not necessarily a positive outcome of mediation (e.g., during mediation, an IPV victim might prefer that the case proceed to court without an agreement if the other parent will not agree to safety precautions). Examining cases that began mediation, in shuttle mediation, 21 of the 49 cases (42.86%) reached a full or partial written agreement (16 full; 5 partial). In videoconferencing mediation, 11 of the 50 cases (22.00%) reached a full or partial written agreement (7 full; 4 partial). Cases in shuttle were more likely to reach a written agreement,  $\chi^2(1) = 4.07$ ,  $p < .05$ . To consider how the agreement rates for study cases reporting high IPV compare to the rates for nonstudy cases not reporting high levels of IPV, we examined the percentage of cases reaching full or partial written agreement in nonstudy Multi-Door family cases who started mediation during 1 year (2015) concurrent with a year in which the study was being conducted. Among nonstudy family cases, 184 of 394 cases (46.70%) reached an agreement. Multi-Door nonstudy cases were more likely to reach

agreement than study cases in videoconferencing mediation,  $\chi^2(1) = 10.99$ ,  $p < .002$ , but not more than cases in shuttle mediation,  $\chi^2(1) = 1.23$ ,  $p = .30$ .

Court cases should have a higher level of resolution than mediation cases, as courts almost always make decisions in cases. At the end of the study, 98.5% (66/67) of cases in the traditional litigation condition had a formal end to their court case; one was still ongoing. Eleven cases in the return-to-court condition did not have a final document resolving their issues (e.g., case dismissed due to want of prosecution or parents withdrew case). Thus, of the 66 closed cases, 55/66 (83.3%) had a document that resolved the case issues. Logistic mixed effects model analyses, using study condition as the sole fixed effect and mediators and judges as random intercepts, showed that the number of court case that reached final resolution was statistically significantly higher than the rate of reaching agreement in mediation ( $z = -5.98$ ,  $p < .001$ ).

**Time to resolution of issues.** We examined time from study entry until final resolution of the issues that brought the case to the court. Models included study condition as the sole fixed effect, and mediators and judges as random intercepts. This time-period averaged 70.69 days ( $SD = 43.14$ ) for cases in shuttle mediation and 79.32 days ( $SD = 52.73$ ) for cases in videoconferencing mediation,  $z = 0.57$ ,  $p = .81$ . These time estimates include both cases that reached agreement in mediation and cases that failed to reach agreement in mediation and returned to court. For cases in the study return-to-court condition, it took an average of 243.18 days ( $SD = 217.34$ ) to reach a final resolution. Cases in the traditional litigation condition took significantly longer to get a case resolution than cases in mediation,  $z = -3.03$ ,  $p < .005$ .

**Parents’ perceptions of the process and outcome.**<sup>5</sup> Parents in shuttle or videoconferencing mediation reported on the mediation process. Parents in the return-to-court condition answered questions regarding the process they identified as being most helpful or important to them in resolving the issues that brought their case to court. For that group, the most commonly cited helpful process was court (61%), and the next most common was the parents settling issues on their own (12%); see Table S8 in the online supplemental materials. In analyses, condition (e.g., shuttle mediation, videoconferencing mediation, and return-to-court) and sex (male or female) were fixed effects; family, mediators, and judges were random intercepts. See Table 2 for more detailed results.

**Parents’ perceptions of safety.** As hypothesized, on a composite scale of five items measuring parents’ feelings of safety or fear<sup>6</sup> during the process, relative to parents in the return-to-court condition ( $M = 5.28$ ,  $SD = 1.63$ ), parents in mediation ( $M = 6.16$ ,  $SD = 1.13$ ) reported feeling safer and less fearful,  $z = 3.00$ ,  $p < .005$ .

<sup>5</sup> As noted in Figure 1, not all parents completed the Parent Immediate Outcome Form. We compared cases in which parents did not complete the Immediate Outcome Form to those in which parents did so on 58 variables available at study baseline (i.e., General Information Form and MASIC). Only three significant group differences emerged: relative to parents who did not complete the Immediate Outcome Form, those who did had reported higher levels of interparental conflict, were more likely to endorse concerns about the other parent having a criminal record, and were more likely to be employed.

<sup>6</sup> Fear questions rescored so high scores reflect less fear.

.007. Parents in shuttle and videoconferencing mediation did not differ significantly. Fathers ( $M = 6.06$ ,  $SD = 1.39$ ) felt safer and less fearful than mothers ( $M = 5.65$ ,  $SD = 1.36$ ) across all study conditions,  $t(118.37) = 2.56$ ,  $p < .02$ .

**Parents' satisfaction with the process.** Findings regarding parent satisfaction with the process were generally consistent with study hypotheses. On a question assessing overall level of satisfaction with the process used to try to resolve the issues, parents in mediation ( $M = 3.71$ ;  $SD = 1.20$ ) were more satisfied than parents in the return-to-court condition ( $M = 3.18$ ,  $SD = 1.34$ ),  $z = 2.74$ ,  $p < .02$ . Parents in videoconferencing and shuttle mediation did not differ significantly; nor did fathers and mothers. Asked whether they believed the process used for their case was appropriate for their case, parents in mediation (87%) were significantly more likely to agree than were parents in the return-to-court condition (76%),  $z = 2.30$ ,  $p < .05$ . Parents in videoconferencing and shuttle mediation did not differ significantly; nor did fathers and mothers. On a composite of nine items assessing parents' perceptions of positive aspects of the process (e.g., felt heard, able to express feelings; the process was easy to understand, efficient, fair, held parents accountable), relative to parents in the return-to-court condition ( $M = 4.69$ ,  $SD = 1.78$ ), parents in mediation ( $M = 5.59$ ,  $SD = 1.34$ ) were more positive,  $z = 2.62$ ,  $p < .02$ . Shuttle and videoconferencing mediation did not differ significantly; nor did mothers and fathers. On a single item regarding how upset they were during the process, compared to parents in the return-to-court condition ( $M = 4.68$ ,  $SD = 2.34$ ), parents in mediation ( $M = 3.91$ ,  $SD = 2.10$ ) reported feeling less upset,  $z = -2.68$ ,  $p < .02$ . Parents in shuttle and videoconferencing mediation did not differ significantly. Fathers ( $M = 3.79$ ;  $SD = 2.17$ ) were less upset than mothers ( $M = 4.56$ ;  $SD = 2.20$ ) across study conditions,  $t(143.76) = -3.47$ ,  $p < .001$ .

**Parents' perceptions of possible results and outcome.** No statistically significant effects emerged in analyses of: a composite of two items which assessed satisfaction with the outcome of the process and with whether the process was helpful in resolving the issues; a composite of nine items measuring how much the process would result in positive family outcomes (e.g., improve family relationships, result in safer arrangements, help parenting); or a composite variable of four items regarding how the process would result in positive financial outcomes. Among the subsample of parents who reached a final resolution, a composite of three items regarding satisfaction with the resolution (e.g., fairness, how well it fits the needs of the family) revealed no statistically significant effects. Among this subsample, one item asked parents how confident they were that the terms of the resolution would be followed. Relative to parents in the return-to-court condition ( $M = 3.28$ ,  $SD = 1.56$ ), parents in mediation ( $M = 3.80$ ,  $SD = 1.27$ ) were more likely to believe the parents would follow the terms,  $z = 2.55$ ,  $p < .03$ . Parents in shuttle and videoconferencing mediation did not differ significantly; nor did fathers and mothers. Among a different subsample of cases that did not reach a final resolution, no statistically significant differences emerged on an item asking about level of satisfaction with having not reached a resolution. The general lack of consistent statistically significant study condition differences in parents' perceptions of outcomes was not predicted.

## Family Court Record Information: Final Resolution Document

Analyses of the documents are based on study condition, not type of document that resolved the case. For mediation cases that reached a written agreement, this was usually the agreement as entered into the court record once approved by the judge. For mediation cases that failed to reach a mediation agreement and for cases in the return-to-court study condition, this document was often a court order, but could include other documents (e.g., an agreement reached outside of Multi-Door or a previous court order); see Figure 1 for number of cases with final documents available for coding. Also, not every final document addressed all possible issues; thus, the number of cases included in analyses vary from code to code. Study condition was a fixed effect in linear and logistic mixed-effect models. For most analyses, there was no need to have a fixed effect for sex as data were at the case, not parent, level. Mediators and judges may have influenced the content of final resolutions; therefore, data were analyzed with condition as the fixed effect and random intercepts for mediators and judges. More detailed information is available in Table S9 in the online supplemental materials.

We found almost no statistically significant differences across study conditions in custody or parenting time arrangements, consistent with study hypotheses. The parents in 86% of cases were granted joint legal custody; among those with joint custody, 42% of the documents specified who had final say in cases of disagreement, with 64% of those cases specifying the mother. The parents in 53% of cases were granted joint physical custody without designating a primary parent, while 40% of cases listed the mother as the sole or primary (within joint custody) custodian. Examining hours of parenting time in a 28-day period, there were no statistically significant differences across the study conditions, but across groups, mothers ( $M = 443$  hr;  $SD = 154$ ) were awarded more parenting time than fathers ( $M = 229$  hr;  $SD = 155$ ),  $z = 9.84$ ,  $p < .001$ .

Inconsistent with hypotheses, very few statistically significant study condition differences emerged in the likelihood of specifying how related issues would be handled (e.g., missed parenting time), how modifications to arrangements would be handled (e.g., holidays), or whether mutual agreement would be used to settle future changes in arrangements. Among the 94% of cases that addressed parenting time, 75% specified how parenting time was to be determined. However, only 35% of documents addressing parenting time also addressed how to modify parenting time, and for 86% of those cases, parents were to do so through mutual agreement. Among the 62% of cases that addressed holidays in the final document, 66% specified how holidays would be handled, but only 22% addressed how to modify holidays and of those, 88% agreed that modifications would be made by mutual agreement. Only 4% of final documents addressed missed parenting time, and 80% of those said they would handle missed parenting through mutual agreement; none addressed how to modify missed parenting time. First option childcare was addressed in 15% of documents (mediation cases, 22%, were more likely than return-to-court cases; 4%, to address first option childcare,  $z = 2.31$ ,  $p < .05$ ), but none addressed how to modify first option childcare. Among the 75% of documents that addressed where child exchanges would take place; cases in mediation (44%) were more likely than cases in the



Table 2  
Immediate Outcomes Based on Party Perceptions: Party Immediate Outcome Form

Variable	Sex	Shuttle: Original score (z- score)	Video: Original score (z- score)	Court: Original score (z- score)	Total	Effects	$\beta$ estimate	SE	CI	$t$ (df), $p$ -value or $z$ , $p$ -value
Original score: 1–7, higher is greater safety	Mother	$M$ 6.02 (0.12)	6.05 (0.14)	4.92 (–0.68)	5.65 (–0.15)	Safety				
	$SD$	1.08 (0.78)	1.13 (0.81)	1.50 (1.08)	1.36 (0.98)	Condition (Contrasts)				
	$n$	48	46	50	144	Court vs Med	0.62	0.21	[0.21, 1.03]	$z = 3.00, p = .0060$
	Father	$M$ 6.42 (0.41)	6.13 (0.20)	5.65 (–0.15)	6.06 (0.15)	Shuttle vs Video	–0.09	0.14	[–0.36, 0.18]	$z = –0.62, p = .78$
	$SD$	1.00 (0.72)	1.29 (0.93)	1.69 (1.22)	1.39 (1.00)	Sex				
Original score: 1–5, higher is greater satisfaction	Total	$n$ 47	45	48	140	Mother vs Father	0.26	0.1	[0.09, 0.52]	$t(118.37) = 2.56, p = .012$
	$M$	6.22 (0.26)	6.09 (0.17)	5.28 (–0.42)	5.85 (0.00)					
	$SD$	1.05 (0.76)	1.20 (0.87)	1.63 (1.18)	1.39 (1.00)					
	$N$	95	91	98	284					
						Overall satisfaction with the process				
Original score: 1–7, higher is more positive	Mother	$M$ 3.78 (0.19)	3.52 (–0.003)	3.22 (–0.24)	3.50 (–0.02)	Condition	0.4	0.14	[0.13, 0.67]	$z = 2.74, p = .012$
	$SD$	1.24 (0.98)	1.21 (0.95)	1.3 (1.02)	1.26 (1.00)	Court vs Med				
	Father	$n$ 48	44	50	142	Shuttle vs Video	–0.04	0.16	[–0.35, 0.27]	$z = –0.27, p = .96$
	$M$	3.70 (0.14)	3.84 (0.25)	3.13 (–0.31)	3.55 (0.02)	Sex				
	$SD$	1.21 (0.96)	1.13 (0.89)	1.39 (1.10)	1.28 (1.01)	Mother vs Father	0.04	0.1	[–0.16, 0.24]	$t(137.15) = .42, p = .67$
Original score: 1–7, higher is more upset	Total	$n$ 47	45	47	139					
	$M$	3.74 (0.17)	3.69 (0.12)	3.18 (–0.28)	3.53 (0.00)					
	$SD$	1.22 (0.96)	1.17 (0.92)	1.34 (1.05)	1.27 (1.00)					
	$N$	95	89	97	281					
						Belief that process was appropriate for their case				
Original score: 1–7, higher is more upset	Mother	% yes 91.1	90.5	77.6	86	Condition				
	$n/n$	41/45	38/42	38/49	117/136	Court vs Med	0.76	0.33	[0.11, 1.41]	$z = 2.30, p = .043$
	Father	% yes 87	78.1	73.9	79.7	Shuttle vs Video	–0.42	0.45	[–1.30, 0.46]	$z = –0.92, p = .59$
	$n/n$	40/46	32/41	34/46	106/133	Sex				
	Total	% yes 89	84.3	75.8	82.9	Mother vs Father	–0.47	0.33	[0.32, 1.19]	$z = –1.43, p = .15$
Original score: 1–7, higher is more upset	$n/N$	81/91	70/83	72/95	223/269					
						Perceptions of positive aspects of the process				
	Mother	$M$ 5.65 (0.24)	5.68 (0.25)	4.96 (–0.20)	5.42 (0.09)	Condition	0.53	0.2	[0.14, 0.92]	$z = 2.62, p = .017$
	$SD$	1.32 (0.84)	1.27 (0.81)	1.55 (0.99)	1.42 (0.91)	Court vs Med	0.04	0.17	[–0.29, 0.37]	$z = .23, p = .97$
	Father	$n$ 46	46	49	141	Shuttle vs Video				
Original score: 1–7, higher is more upset	$M$	5.55 (0.17)	5.50 (0.14)	4.42 (–0.55)	5.14 (–0.09)	Sex				
	$SD$	1.34 (0.86)	1.46 (0.94)	1.96 (1.26)	1.69 (1.08)	Mother vs Father	–0.15	0.09	[–0.34, 0.02]	$t(123.73) = –1.71, p = .090$
	Total	$n$ 46	45	48	139					
	$M$	5.60 (0.20)	5.59 (0.20)	4.69 (–0.38)	5.28 (0.00)					
	$SD$	1.32 (0.85)	1.37 (0.87)	1.78 (1.14)	1.56 (1.00)					
Original score: 1–7, higher is more upset	$N$	92	91	97	280					
						Upset during process				
	Mother	$M$ 4.34 (0.07)	4.50 (0.15)	4.82 (0.29)	4.56 (0.17)	Condition	–0.37	0.14	[0.13, 0.67]	$z = –2.68, p = .015$
	$SD$	1.98 (0.89)	2.12 (0.96)	2.48 (1.12)	2.20 (0.99)	Court vs Med	0.04	0.16	[0.08, 0.70]	$z = .22, p = .97$
	Father	$n$ 47	46	50	143	Shuttle vs Video				
Original score: 1–7, higher is more upset	$M$	3.36 (–0.37)	3.42 (–0.34)	4.54 (0.16)	3.79 (–0.18)	Sex				
	$SD$	1.90 (0.86)	2.20 (0.99)	2.21 (1.00)	2.17 (0.98)	Mother vs Father	–0.33	0.1	[–0.53, –0.15]	$t(143.76) = –3.47, p = .00068$
	Total	$n$ 47	45	48	140					
	$M$	3.85 (–0.15)	3.97 (–0.09)	4.68 (0.23)	4.18 (0.00)					
	$SD$									

(table continues)

Table 2 (continued)

Variable	Sex	Shuttle: Original score (z- score)	Video: Original score (z- score)	Court: Original score (z- score)	Total	Effects	$\beta$ estimate	SE	CI	t (df), p-value or z, p-value
Original score: 1–5, higher is greater satisfaction	SD	2.00 (0.90)	2.21 (1.00)	2.34 (1.06)	2.21 (1.00)					
	N	94	91	98	283					
						Satisfaction with outcome				
	Mother	3.4 (0.12)	3.01 (–0.16)	3.27 (0.03)	3.23 (0.002)	Condition	–0.04	0.16	[–0.35, 0.27]	$z = -0.25, p = .96$
	SD	1.51 (1.10)	1.38 (1.01)	1.41 (1.03)	1.43 (1.05)	Court vs Med	–0.19	0.18	[–0.54, 0.16]	$z = -1.02, p = .52$
	n	45	42	49	136	Shuttle vs Video				
Father	M	3.26 (0.02)	3.28 (0.04)	3.15 (–0.06)	3.23 (–0.002)	Sex	0.02	0.09	[–0.17, 0.20]	$t(128.02) = .18, p = .85$
	SD	1.12 (0.82)	1.39 (1.01)	1.42 (1.04)	1.3 (0.95)	Mother vs Father				
	n	46	39	47	132					
	Total	3.33 (0.07)	3.14 (–0.06)	3.21 (–0.02)	3.23 (0.00)					
	SD	1.32 (0.97)	1.38 (1.01)	1.41 (1.03)	1.37 (1.00)					
	N	91	81	96	268					
Original score: 1–7, higher is greater positive family outcomes						Process will result in positive family outcomes				
	Mother	4.12 (–0.03)	3.85 (–0.16)	4.15 (–0.01)	4.04 (–0.07)	Condition	–0.02	0.16	[–0.33, 0.29]	$z = -0.15, p = .99$
	SD	2.24 (1.13)	2.09 (1.05)	1.83 (0.92)	2.05 (1.03)	Court vs Med	–0.19	0.18	[–0.54, 0.16]	$z = -1.08, p = .48$
	n	47	46	49	142	Shuttle vs Video				
	Father	4.69 (0.26)	4.11 (–0.03)	4.14 (–0.02)	4.31 (0.07)	Sex	0.12	0.09	[–0.05, 0.29]	$t(136.54) = 1.36, p = .18$
	SD	1.90 (0.95)	1.98 (1.00)	1.9 (0.96)	1.93 (0.97)	Mother vs Father				
Original score: 1–7, higher is greater positive financial outcomes	n	45	45	48	138					
	Total	4.4 (0.11)	3.98 (–0.10)	4.14 (–0.01)	4.17 (0.00)					
	SD	2.09 (1.05)	2.03 (1.02)	1.86 (0.93)	2.00 (1.00)					
	N	92	91	97	280					
						Process will result in positive financial outcomes				
	Mother	3.58 (0.03)	3.35 (–0.07)	4.31 (0.35)	3.62 (0.05)	Condition	–0.09	0.31	[–0.70, 0.52]	$z = -0.30, p = .95$
Father	SD	2.41 (1.06)	2.34 (1.03)	2.35 (1.03)	2.34 (1.03)	Court vs Med	0.001	0.24	[–0.47, 0.47]	$z = .004, p = 1$
	n	16	20	9	45	Shuttle vs Video				
	Total	3.53 (0.01)	3.51 (–0.001)	2.79 (–0.32)	3.41 (–0.04)	Sex	–0.06	0.18	[–0.43, 0.30]	$t(49.95) = -0.32, p = .75$
	SD	2.24 (0.98)	2.29 (1.01)	2.27 (1.00)	2.24 (0.98)	Mother vs Father				
	n	17	25	7	49					
	Total	3.55 (0.02)	3.44 (–0.03)	3.64 (0.06)	3.51 (0.00)					
Original score: 1–5, higher is greater satisfaction	SD	2.29 (1.00)	2.29 (1.00)	2.37 (1.04)	2.28 (1.00)					
	N	33	45	16	94					
						Satisfaction with final resolution				
	Mother	3.92 (0.24)	4.36 (0.58)	3.35 (–0.21)	3.69 (0.06)	Condition	0.44	0.3	[–0.15, 1.03]	$z = 1.47, p = .26$
	SD	0.92 (0.72)	0.76 (0.60)	1.56 (1.23)	1.33 (1.05)	Court vs Med	0.29	0.21	[–0.12, 0.70]	$z = 1.39, p = .30$
	n	25	15	46	86	Shuttle vs Video	–0.22	0.12	[–0.46, 0.04]	$t(60.48) = -1.74, p = .086$
Father	M	3.63 (0.02)	3.74 (0.10)	3.41 (–0.16)	3.54 (–0.06)	Sex				
	SD	0.82 (0.65)	0.78 (0.61)	1.47 (1.16)	1.20 (0.95)	Mother vs Father				
	n	24	15	43	82					
	Total	3.78 (0.13)	4.05 (0.34)	3.38 (–0.19)	3.62 (0.00)					
	SD	0.88 (0.69)	0.82 (0.65)	1.51 (1.19)	1.27 (1.00)					
	N	49	30	89	168					

Table 2 (continued)

Variable	Sex	Shuttle: Original score (z- score)	Video: Original score (z- score)	Court: Original score (z- score)	Total	Effects	$\beta$ estimate	SE	CI	$t$ (df), $p$ -value or $z$ , $p$ -value
Original score: 1–5, higher is greater confidence	Mother	$M$	3.86 (0.21)	3.74 (0.13)	3.13 (–0.29)	Confidence that parties will follow resolution Condition Court vs Med Shuttle vs Video Sex Mother vs Father				
		$SD$	1.24 (0.86)	1.41 (0.98)	1.65 (1.15)					
		$n$	28	19	45					
	Father	$M$	3.62 (0.05)	4.00 (0.31)	3.44 (–0.07)		0.39	0.15	[0.10, 0.68]	$z = 2.55, p = .022$
		$SD$	1.24 (0.86)	1.26 (0.88)	1.47 (1.02)		0.03	0.21	[–0.38, 0.44]	$z = .16, p = .98$
		$n$	26	21	43		0.08	0.14	[–0.19, 0.35]	$t(87.95) = .60, p = .55$
Original score: 1–7, higher is greater satisfaction	Mother	$M$	3.74 (0.13)	3.88 (0.23)	3.28 (–0.18)	Satisfaction with not having reached final resolution Condition Court vs Med Shuttle vs Video Sex Mother vs Father				
		$SD$	1.23 (0.86)	1.32 (0.92)	1.56 (1.09)					
		$N$	54	40	88					
	Father	$M$	1.94 (–0.12)	2.10 (–0.03)	2.00 (–0.09)					
		$SD$	1.61 (0.94)	1.57 (0.91)	1.73 (1.01)		0.38	0.44	[–0.48, 1.24]	$z = .86, p = .63$
		$n$	19	29	3		0.38	0.23	[–0.07, 0.83]	$z = 1.63, p = .20$
Total	Mother	$M$	2.00 (–0.09)	2.68 (0.31)	1.00 (–0.67)	Mother vs Father				
		$SD$	1.48 (0.86)	2.19 (1.28)	0.00 (0.00)		0.22	0.16	[–0.10, 0.53]	$t(46.79) = 1.36, p = .18$
		$n$	21	25	4					
	Father	$M$	1.98 (–0.10)	2.37 (0.13)	1.43 (–0.42)					
		$SD$	1.53 (0.89)	1.89 (1.10)	1.13 (0.66)					
		$N$	40	54	7					

Note. MODEL: Outcome variable = sex + condition + (1 | Family) + (1 | Mediator) + (1 | Judge), custom contrasts. Med = mediation.

return-to-court condition (9%) to agree to exchanges at the parents' home ( $z = 3.26, p < .003$ ). Only 20% of documents addressing child exchanges also addressed how to modify exchanges, and the most frequently coded method to do so was "by mutual agreement" (95% of those cases).

There were no significant differences across study conditions on many safety-related restrictions, which is inconsistent with our hypotheses. Only 5% of cases addressed physical custody restrictions or contingencies. Only 8% of documents specified supervised parenting time. Only 4% specified that child exchanges should take place at a supervised visitation center, and 19% specified that child exchanges should occur at a secure public location (e.g., police or fire station). Fewer than 1% of documents granted a parent a confidential address (e.g., to keep the victim's location protected from the perpetrator). Only 3% explicitly stated that the parents would not engage in violence, only 3% had limits on interparental contact in public, and fewer than 2% had limits on interparental contact in private. Only 14% of documents specified that parents would try to not fight verbally. Fewer than 5% involved referrals of any member of the family to counseling services. Regarding other restrictions on interparental communication, fewer than 2% of documents mentioned limits on amount (e.g., only send one e-mail per week), 13% mentioned limits on methods (e.g., only text or e-mail), and 10% mentioned limits on content (e.g., only discuss child related issues).

However, statistically significant differences across study conditions were found for some codes that might help decrease risk of violence; these differences tended to support our hypothesis that mediation would result in more details regarding issues related to possible safety. Specifically, final documents for cases that had mediation were more likely than final documents for cases in the return-to-court condition to: address interparental communication at all (56% in mediation vs. 31% in return-to-court,  $z = 2.68, p < .02$ ); agree to limit interparental disputes in the children's presence (44% for mediation vs. 14% for return-to-court,  $z = 3.34, p < .002$ ); include aspirational language about interparental communication (e.g., parents will try to have civil discussions; 38% for mediation vs. 8% for return-to-court,  $z = 3.25, p < .003$ ); and agree to limit parents' passing of messages to one another through the child (35% for mediation vs. 10% for return-to-court,  $z = 2.72, p < .02$ ).

We also coded whether the document contained any language regarding "violence" or "high conflict".<sup>7</sup> The three study conditions did not significantly differ on these variables. Only 21% mentioned violence, and only 21% mentioned high conflict; 60% of the documents using either term mentioned both, suggesting overlap in these terms.

## Discussion

The issue of whether mediation can be a safe and appropriate dispute resolution option for separating or divorcing parents reporting a history of high or concerning levels of IPV is controversial but, to our knowledge, had never previously been empirically investigated. The current study was an RCT comparing traditional litigation to two mediation approaches designed to protect parent safety in cases with IPV (i.e., shuttle and videoconferencing). The study was conducted in a court-annexed mediation division in a major metropolitan area.

Of utmost concern was the safety of the parents, and the findings suggest that the specialized mediation approaches tested are, in fact, perceived as safer than court by those involved. Mediators gave relatively high ratings of perceived safety, in both shuttle and videoconferencing mediation, for themselves and both parents. In addition, parents in mediation reported feeling safer, and less upset, than did parents in the return-to-court condition.

Many of the findings regarding parents' perspectives supported our hypotheses. There were a number of statistically significant differences between mediation and the return-to-court condition, and for all of them, mediation was viewed more favorably by parents. Indeed, there was not one finding favoring return-to-court. Thus, immediately following the dispute resolution process, parents reporting high levels of IPV preferred the process of mediation, relative to return-to-court. These findings emerge on parents' reported feelings of safety and being upset, and across measures of parents' satisfaction with the process overall and with specific aspects of the process. However, statistically significant differences on perceptions of case outcomes do not emerge between mediation and return-to-court.

Regarding objective immediate outcomes, cases reporting high levels of IPV in shuttle mediation were just as likely to reach agreement as cases with no or lower levels of reported IPV in joint mediation at the same dispute resolution center. In contrast, cases in videoconferencing mediation were about half as likely to reach agreement. The possible longer term implications of these different rates of agreement will be examined in the future using follow-up data. As expected, cases in the return-to-court condition were the most likely to reach a final resolution; however, cases in the return-to-court condition took almost 3 times as long to reach final resolution as cases in the mediation conditions. It is likely that courts and parents would favor quick resolution, so this finding may favor mediation.

Based on coding the content of the final document that resolved case issues, as predicted, we found no statistically significant group differences in legal custody, physical custody, or parenting time arrangements. Contrary to hypotheses, however, we also found few group differences in terms of likelihood of specifying a variety of arrangements (e.g., how to handle missed parenting time) and how to modify arrangements (e.g., modify holiday schedule using mutual agreement). Across study conditions, there were not high rates of specifying such issues, which may be worrisome, given the theoretical concern that for cases reporting IPV, unspecified issues and using mutual agreement to settle differences could lead to future "on the spot" conflict between parents (Rossi et al., 2015). Similarly, across study conditions, we found limited numbers of case resolutions that included safety provisions (e.g., child exchanges at supervised centers) and few statistically significant study condition differences regarding such provisions. Although there were no statistically significant study

<sup>7</sup> Such language might indicate either the person/people writing the document knew that the case involved IPV or wanted to explicitly acknowledge such concerns as possibly relevant to the arrangements. Mediators knew about the high levels of reported IPV detected during the mediation intake, but the parents, not the mediators, controlled the terms of the actual agreement, and further, not all mediation cases reached an agreement. In contrast, we do not know if the court conducted systematic IPV screening.



condition differences on many codes regarding interparental communication, when group differences did emerge, as predicted, mediation cases were more likely than those in traditional litigation to address these issues (e.g., address interparental communication at all, agree to limit interparental disputes in the children's presence, use aspirational language about interparental communication, and limit parents' passing of messages to one another through the child). However, cases in mediation also were more likely than return-to-court cases to agree to exchange children at the parents' houses, which may raise safety concerns. Thus, findings regarding the content of the final document resolving issues generally did not favor mediation over traditional litigation, with some exceptions regarding communication. It is also important to note that when analyzing the final document that resolved case issues, we chose to examine a wide range of issues that might be addressed, given a limited amount of previously available data on such issues. In doing so, however, we conducted a large number of statistical analyses (e.g., approximately 60 codes). The number of statistically significant study condition differences was low enough that they might be due to chance; they require replication.

In interpreting findings regarding how issues were resolved, it is important to note that mediators are not judicial officers. They cannot require that parents include specific restrictions or arrangements in their agreements, and any agreements reached in mediation must be reviewed and approved by the court. Also, given the study design focused on the randomly assigned study conditions, cases in the mediation groups included both cases that did and did not reach written agreement in mediation, so we were not directly comparing mediation agreements to other documents resolving issues. The lack of significant differences in the content of the final documents for cases that did or did not participate in mediation suggests that concern that mediation would lead to worse outcomes (e.g., less custody, fewer safety restrictions) for IPV victims were not supported. Nonetheless, the general lack of strong safety-related restrictions or specifications across all study conditions suggest that additional processes or policies might be helpful to assist parents reporting IPV and seeking to resolve child-related issues.

Overall, mediators showed some preferences for shuttle over videoconferencing mediation (e.g., more likely to believe videoconferencing cases should have been handled differently; viewed videoconferencing as less helpful in producing positive outcomes and helping parents reach agreement). These findings are consistent with the objective information that lower levels of agreement were reached in videoconferencing than in shuttle mediation. In contrast, parents' perspectives did not statistically significantly differ between shuttle and videoconferencing mediation, suggesting that at immediate outcome parents do not prefer one form of mediation over the other. It is important to note that this study addressed videoconferencing mediation in which direct video communications between the parents was prioritized. Thus, the findings do not provide information about other forms of videoconferencing mediation, such as having parents only communicate through video with the mediator, not the other parent.

## Study Limitations

Our study has limitations. One is sample size. Given the requirements that the case have reported high levels of IPV and that

both parents agree to study participation, fewer than 200 cases entered the study over 2.5 years of participant recruitment. Interestingly, almost 60% of the eligible cases consented to the study, suggesting that many parents reporting a history of IPV may be interested in mediation, at least a form of mediation that does not require parents to be in the same room. Despite limited statistical power, many findings did reach statistical significance and were mostly in the direction of our hypotheses. However, the issue of whether parties who declined to participate in the study differ in systematic ways (e.g., higher levels of IPV) awaits future investigation.

Another limitation was the lack of more extensive assessment of immediate outcomes using standardized measures. Given the real-world setting, our community partners asked us to minimize the length of research assessments. In addition, as the average mediation only involved two sessions, there was no strong justification for re-administering measures of psychological and relationship functioning at the immediate outcome. Thus, we focused the assessment of immediate outcomes on the self-reported perspectives of mediators and parents. However, we also gathered objective records (e.g., agreement rates, content of documents resolving the case issues). Another limitation of the current report is a lack of follow-up data. Such data will be presented in a future publication, allowing us to examine any differential impact of mediation versus traditional litigation 1 year later on subjective measures, objective measures, and more standardized measures for parent self-report.

Due to conducting the study in a real-world setting, it is important to note that the identification of cases as having high or concerning levels of IPV, and hence as being study eligible, was based on the judgment of the DRSs. We hope, in future work, to compare the levels of IPV reported by of study cases to the levels reported by Multi-Door cases that the DRSs did not view as study eligible, presumably due to lower levels of reported IPV. In the meantime, we remind the reader that the DRSs were well-trained and used a standardized measure of IPV and a critical items checklist to pay particular attention to items indicative of high or concerning levels of IPV (e.g., fear, use of a weapon). Also, data presented on [Tables S5–S7](#) in the online supplemental materials are consistent with a sample reporting concerning levels of IPV. Another study limitation with regards to IPV data is that, in this article, we did not compare parties identified as study eligible but who declined study participation to study cases, which would allow us to examine whether case characteristics (e.g., higher levels of IPV) were related to choosing not to enter the current study, knowing that there was a chance of being assigned to mediation. Such questions await future work.

The natural nested structures in the real-world setting of the current study also led to the necessity of using complex statistical analyses (e.g., hierarchical mixed effects models to account for nesting of individuals within families, mediators, and judges), possibly reducing statistical power. To avoid using an overly complicated model, and due to the number of mediators and judges, we were not able to fully investigate the effect of individual mediators or judges on the content of final documents. However, the fact that this study was conducted in a real-world court-annexed mediation center, using center staff and mediators and enrolling parents referred by the court, increases the external validity of the study and our ability to generalize findings to

similar settings in large metropolitan areas. Given the location, the study sample was low to middle income, mostly unmarried (>70%), and included participants in an often understudied group (85% Black). As such, the sample resembles the demographics of clients often accessing mediation at court-affiliated programs in many large metropolitan areas but not often included in RCTs of interventions. As our sample predominately self-identified as Black, it is important to note that systemic and institutionalized racism against Black people has long been documented in the U.S. criminal justice system (e.g., Arnold, Dobbie, & Yang, 2018; Rehavi & Starr, 2014; Welch, 2007), and family court decisions may be impacted by racial biases or be race-based (e.g., Eyer, 2014; Godsoe, 2013; Maldonado, 2017). Unsurprisingly, a majority of Black people in the United States believe that they are not treated as fairly as White people by the courts (Pew Research Center, 2013). It is possible that the Black families in our study were worried about disparate treatment by judges, particularly toward fathers who may have perpetrated IPV, and thus may have preferred mediation. Replication of this study, in other settings and with other samples, will be necessary to draw conclusions regarding the generalizability of our study findings.

Given our study design, staff at the study mediation site were given training in IPV. DRSs were trained to use a standardized, behaviorally specific IPV screen (i.e., MASIC) to detect party-reported IPV, and mediators were trained how to mediate cases reporting IPV. In contrast, we do not know if others involved in these cases (e.g., parties' attorneys, judges) conducted any IPV screening or were trained and sensitive to IPV issues. Thus, future researchers should expand the focus of the current study to examine whether others in family law, including attorneys and judges, benefit from participation in IPV training and, more importantly, if their clients benefit from their so doing.

## Implications

The current study findings do not definitively favor one specialized form of mediation over another (i.e., shuttle vs. videoconferencing). There are suggestions in the data that shuttle mediation might be preferable, as it was more likely to lead to agreement and mediators seemed to prefer it. Given the current COVID-19 pandemic, many mediators are moving to online mediation. Indeed, the need for remote methods during this health crisis has led to the consideration of videoconferencing methods for multiple forms of family law interventions (e.g., see a thoughtful consideration of videoconferencing for child custody evaluations in this journal; Dale & Smith, *in press*). Thus, one might consider whether the findings suggest that it is worth the risk of seeing parents reporting IPV in person (i.e., as in the current study shuttle approach) rather than using the videoconferencing approach of the current study (i.e., parents and mediators all able to interact). It is important to note that future researchers could more directly address this question by conducting work combining our two approaches, such as conducting shuttle mediation via video technology (i.e., each party only interacts with the mediator, not the other party). In the meantime, longer term outcomes and additional research are needed to more clearly understand if videoconferencing mediation, as structured in this study, is as safe and appropriate as shuttle mediation for cases reporting high levels of IPV.

Before this study, there were experts who argued that mediation for cases with high levels of IPV might be detrimental and harmful (e.g., Hart, 1990; Ver Steegh et al., 2012). The current findings do not support that position, at least with respect to immediate outcomes. Instead, they provide some empirical support for the option of alternative dispute resolution for cases reporting high levels of IPV, with several important caveats. Study participants, independently and without pressure from the other parent, consented to the study understanding that there was a two-thirds chance they would be assigned to mediation. Thus, parents were willing to try mediation. As such, our findings do not support any effort to mandate mediation for parents reporting high levels of IPV. In fact, this research in no way suggests that families with a history of IPV should be mandated to participate in mediation. Also, it is important to note that the types of mediation offered were designed to be safe for parents with high levels of IPV and were delivered in a setting that maximized safety. The interventions were designed by a team of experts on IPV, mediators received an additional 2 days of training in how to mediate cases reporting IPV, and that mediator training was conducted by a mediator and team well versed in IPV issues. In addition, the Multi-Door Division was part of the court, had security guards, required parents entering the building to go through a metal detector, and mediation was conducted in rooms with panic buttons. Thus, the current study findings may not be generalizable to other settings that do not provide these safe environments and/or whose mediators are less well trained in the dynamics of IPV. Importantly, the current study findings also say nothing at all about the option of joint mediation for cases reporting high levels of IPV. Again, special approaches were used, not joint mediation.

Future researchers will need to address such questions as whether mediation with cases reporting a history of IPV can be safely mandated, can be conducted in less secure settings, or can safely include joint mediation. For now, the current study demonstrates that in cases reporting concerning levels of IPV, when both parents are independently willing to try mediation and are not mandated to do so, and when that mediation is designed to protect safety and carried out in a safe environment by staff well trained in IPV issues, parents will feel safer in mediation than in court, will appreciate the process more than court, and will generally not have final arrangements that differ or are less safe than those obtained by parents sent back to court.

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