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In Our Voice: Survivors' Recommendations for Change

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Abstract Seven focus groups with a diverse group of intimate partner violence (IPV) survivors ($n=39$) explored how to improve survivor satisfaction, empowerment, and safety related to their court-based experiences. These occurred in three jurisdictions which all supported community coordinated responses to IPV. This paper contributes to the literature by asking survivors about existing service gaps and how helping professionals might enhance court operations. Analysis was conducted using a framework approach based on the socio-ecological model. Findings suggest four areas worthy of improvement: Logistics, Emotional Enhancements, Society's Perception of IPV, and Court Procedures. The recommendations for change are neither expensive nor complicated; rather, modest changes may result in greater victim satisfaction with the courts.

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Intimate partner violence (IPV) is a public health problem affecting millions of women and men each year (Fishman, Bonomi, Anderson, Reid, and Rivara 2010; National Institute of Justice, Centers for Disease Control and Prevention, 2000; Rivara et al. 2009). Communities pay a significant cost in legal, medical, and mental health fees for IPV related issues (Arias and Corso 2005; Max, Rice, Finklestein, Bardwell, and Leadbetter 2004). Additionally, children who are exposed to IPV have a series of medical and mental health problems. The concept of community-coordinated response (CCR) to this violence emerged, wherein interdisciplinary agencies, such as law enforcement, courts, and medical and mental health professionals, came together to provide a uniform response in a community (Pence and Paymar 1993; Pence and McDonnell 1999).

The concept of CCR came from Duluth, Minnesota where police calls for service were utilized as the touchstone from which to begin interventions with both the perpetrator and the victim (Pence and Paymar 1993; Pence and McDonnell 1999). Perpetrator interventions included, but were not limited to: arrest, incarceration, probation, and batterer's intervention programs. Victim interventions included: shelter, safety planning, counseling, and support groups. The Duluth program was called the Domestic Abuse Intervention Project (DAIP), and was founded on eight key principles: creating a coherent philosophical approach centralizing victim safety; developing "best practice" policies and protocols for intervention agencies that are part of an integrated response; enhancing networking among service providers; building monitoring and

tracking into the system; ensuring a supportive community infrastructure for battered women; providing sanctions and rehabilitation opportunities for abusers; undoing the harm violence does to women and children; evaluating the coordinated community response from the standpoint of victim safety.

This concept of a CCR seemed to work in Duluth, Minnesota, with a small population of tightly knit service providers (Pence and McDonnell 1999). However, would it work in other communities?

To respond to this issue, and begin to build CCR, communities implemented law enforcement policies known as "mandatory arrest", following a well-known project called, "The Minneapolis Arrest Experiment" (Sherman and Berk 1984; Sherman 1991, 1992). The experiment documented that arrest had a deterrent effect on recidivism. However, decades later, researchers duplicated that experiment and results revealed arrest was most successful for certain perpetrators (primarily those who worked and were not of minority status), and also in communities that provided consequences to arrest (Johnson, Luna, and Stein 2003; Sherman 1992).

Often, survivors have the best insight from which to lend suggestions on how to improve systems (Houry, Bay, Maddox, and Kellermann 2005; Miller 2001). Thus, this paper sought to understand survivors' perceptions regarding the adjudication of their court cases in CCR communities almost two decades after the inception of a community-wide approach to stopping violence. The three cities that were studied varied in geography, size, and socio-demographic composition.

Background

Over the past 20 years, a number of studies have been conducted that tested the CCR concept (Clark, Burt, Schulte, and Maguire 1996; Syers 1992). A study from the early 1990s supported the use of CCR and found less recidivism in a community that utilized the approach of arrest, accountability, and victim services (Syers 1992). However, this study was conducted almost 20 years ago. Earlier studies have focused on aspects of CCR, such as arrest for both men and women (Dunford, Huizinga, and Elliot 1990; Houry, Bay, Maddox, and Kellermann 2005; Miller 2001), batterer treatment (Babcock, Green, and Robie 2004; Jewell and Wormith 2010; Stuart 2005), and victim services (Bennett, Riger, Schewe, Howard, and Wasco 2004; Bybee and Sullivan 2005). Few studies have focused on the overall system, with notable exceptions (Holt 2004; Holt, Kernic, Wolf, and Rivara 2003; Kothari, Cerulli, Marcus, and Rhodes 2009; Rhodes, Cerulli, Dichter, Kothari, and Barg 2010; Rhodes, Vieth, Kushner, Levy, and Asplin 2009).

Most recently, studies have been multisite, longitudinal studies that explore the far-reaching impact of CCR (Visher et al. 2008; Klevens et al. 2008). One particular study found that participants in communities with long-standing CCRs (6 years compared to 3 years) were less likely to report any type of aggression (Post et al. 2010). However, after controlling for a host of demographic information (age, gender, ethnicity, etc.), there were no differences in IPV risk or participants' knowledge, beliefs, or attitudes (Post et al. 2010).

In light of the recent passage of the Affordable Care Act (ACA) (Patient Protection and Affordable Care Act, 2010), the notion of cross-system responses for IPV are being revisited. The ACA allows for the screening, assessment, and referral for IPV, yet there is no financial mechanism to fund this. While the legislation is well intended, it will be difficult for medical settings (hospitals, primary care offices, obstetric clinics) to implement such initiatives without having increased resources to screen patients and a larger staff to respond to positive screens with important interventions such as safety planning. The Patient-Centered Outcomes Research Institute (PCORI) has recently funded a study to test the use of computer-based screening in a women's clinic, which includes questions about life's difficulties, including partner violence, and a computerized prioritization tool (PCORI, AD-12-11-4261). Such innovations may yield greater results than legislation that does not provide funding mechanisms for its intent. Likewise, the recent reauthorization of the Violence Against Women Act (Violence Against Women Reauthorization Act of 2013), which required much debate and political activism, raises questions about what communities have done over the past 2 years, and what system changes might be improved upon.

The present study was conducted to understand women's experiences in communities that utilize CCR. We selected three diverse communities, all forerunners in implementing CCR for responding to IPV, and employing best practices promulgated by the National Institute of Justice. The two New York communities established their consortiums approximately 20 years ago in order to have community-wide accountability to reduce the prevalence and severity of IPV. Throughout the years, the consortiums have worked on projects to enhance communication between agencies to better serve their clients. The Midwest community established its coordinated efforts around the same time, and also shares a mission of perpetrator accountability and victim safety.

All three communities have specialized victim service units, prosecution units, dedicated family court IPV processes, special probation supervision units, implement preferred arrest, and have IPV shelters that maintain active community presence with other community agencies. In addition, all three communities have received federal money to improve IPV response. The goal of this paper was to see if themes emerged from these groups, which are geographically and ethnically

different, that provide insight as to how to enhance court case processing. Given the proliferation of literature on what doesn't work, we wanted to focus on how system changes can promote greater satisfaction among survivors and perhaps reduce their traumatic experiences in court.

Method

This study was conducted using the principals of community-based participatory research (CBPR) and sought to obtain survivors' insights as to what interventions might improve the system (Holkup, Tripp-Reimer, Salois, and Weinert 2004; Israel, Enge, Schulz, Parker, and Becker 2001). The study design, implementation, analysis, and interpretation of the results also utilized CBPR principles as service providers and survivors participated in all stages of the study (Israel, Enge, Schulz, Parker, and Becker 2001). This project is a first step in a portfolio of research to create, implement, and test interventions that are victim-centered and empowering. For purposes of this paper, we refer to survivors who were in the focus group as participants, and victims who are post-abuse as survivors. This decision was based on consultation with our community advisors comprised of practitioners and survivors.

Participants

All the participants (*n*=39) were female IPV survivors with experiences in the court system, and ages ranged from 15 to 61. The sample was an ethnically diverse group with 45 % reporting their race as Non-Hispanic White; 24 % African-American; 21 % Hispanic White; and 11 % as "Other".

Procedure

Researchers held seven focus groups to explore victim satisfaction, empowerment, and safety related to court interventions and victim advocacy processes now in place in three midsize communities: three focus groups were in upstate New York and four were in the Midwest. We invited survivors who had experienced IPV and utilized the court system, to participate in three separate venues. One group was held in Spanish, utilizing a professional translator who was not a participant, but who was also a survivor of IPV. All documents utilized with that focus group were translated and back translated. All participants were recruited by a combination of support group email announcements, posted flyers, and newspaper notices. The recruiters who answered the phones were trained in understanding IPV. They explained the study and provided the date, time, and location of the focus group if the survivor agreed to attend. Focus groups were held at agencies with free

parking and secure entrances. All study participants were provided with a gift card. Three university Institutional Review Boards approved these partnered studies.

The same moderator, a former prosecutor and author (CC), conducted all seven focus groups, with a co-facilitator, an anthropologist, for the four Midwest groups. The focus groups relied on similar protocols that requested participants to: utilize only first names, offer their own experiences, speak one at a time, express themselves clearly, listen carefully to others, pause between speakers, and maintain confidentiality. The group sessions were digitally audiotaped and transcribed. Information about the local service provider was available if any of the questions or discussions caused a participant discomfort.

Analysis

After the tapes were transcribed and de-identified, the transcripts were loaded into qualitative software programs (Muhr, 1993–2010). The lead author (CC) was a member of both teams and participated in all coding sessions. All members of the two research locations met to read the transcriptions and disagreements were resolved through consensus. For this paper, we utilized a framework approach (Pope, Ziebland, and Mays 2000) informed by the socio-ecological model (Bronfenbrenner 1979; Carlson 1984; Heise 1998; Krug, Dahlberg, Mercy, Zwi, and Lozano 2002; Butchart, Phinney, Check, and Villaveces 2004) discussed more below. Coding proceeded until we reached saturation. More information regarding analysis is provided elsewhere (Dichter, Cerulli, Kothari, Barg, and Rhodes 2011; Rhodes, Cerulli, Dichter, Kothari, and Barg 2010).

Results

As noted, the socio-ecological model of IPV (adapted from Dozier et al. 2009) provided a framework for our findings. The participants suggested that change occurs at many levels: the individual level, the relationship level, the community level, and the society level. Clearly, change occurring on any one level in the absence of systematic change is likely to fail. Our findings suggest real solutions are available to help promote safety.

Individual Level Changes

Participants were quick to recognize that some of the changes needed to occur within themselves, largely around being educated about the resources available and the "next steps"

they would have to undertake. It was imperative that the participants had guidance:

> "But I just think that going there was difficult but there were occasions where I felt like I had to go because the more education I got either in talking the Investigator or talking to the ADA."
>
> "I mean just say here go read about it because. And again in overwhelming moments one of the things that overwhelmed me the most was my absolute inability to communicate."
>
> "The people who are going through those situations when they're asked to make a crack decision like that you don't know what the ramifications gonna be as a result of that. You don't have the education of going through the system, and so."

The participants also suggested improved resources for the victim's community. Having a court advocate, a support group, and a safe place to seek counsel was highly regarded by the participants as essential. Having the resources to become educated and supported was an important first step to being able to navigate the court system. For some women, having that sense of self they received from the group allowed them to take an active self-advocacy role:

> "And so what I did myself is I rewrote it myself, the report, because I was going next day for the order of protection. I rewrote the report and I attached my report to his report and brought that into the court."

Participants noted that not all victims are able to leave their homes to obtain education. Some individuals are home-bound because of child care needs or disabilities. Further, some might not have access to computer technology to reach out electronically. Participants suggested making the educational process as easy and accessible as possible, for example, by airing a program on a local television station.

Relationship Level Changes

Interestingly, participants did not discuss enhancing their relationships with their perpetrators or families as a means to improving their help-seeking. However, some women turned to their abusive partners' family members for help. They found these family members most often supportive and engaged in the helping process:

> "We went to his father's house; he was the only person I knew in town and he was always, up until he passed away recently, was very supportive of me. He knew that … leaving was the thing that needed to happen."

> "I actually called his sisters, they drove up … and brought me to the shelter here. I don't remember how I found out about the shelter here. I think they may have done that and then I came and stayed here… I stayed for 6 months and got myself on my feet. I got a job, got money put down on a house … and moved on."

Another key relationship discussed was with the IPV advocates who helped them through court processes and safety planning. One participant described comforting and helpful advocate relationships that were conducted mostly over the phone. Her advocates answered her questions, connected her with the right people, and got her locks changed.

Participants also considered their relationship and responsibility for their children as key. Regardless of decisions to stay or leave, participants expressed their desires that their children learn, in school or even at court, about violence and the ability to build healthy relationships:

> "I think that it would be great if whenever these cases went through the court system that one of the things that would happen is that the kids would at least have a couple of sessions with somebody … I really feel that if that's not dealt with at a young age or whatever age, that cycle continues."

Participants believed that their relationships with their children were important, and that there are missed opportunities for intervention when children are young. One participant even offered an example of a question that might be asked of young men to help them recognize how abuse starts: "As a teenage boy, do you feel like you need to control your girlfriend, do you feel like you get upset when she talks to other boys?" They seemed to prioritize their children's engagement in school and appeared supportive of improving the information and education that adolescents receive regarding relationships.

Community Level Changes

Participants clearly saw that change also needs to happen on a community and societal level for them to feel safe. Many focus group participants hailed the evolution of specialized domestic violence courts:

> "I think one thing that and I know the integrated domestic violence court permits this but for folks who don't go through that I think probably one of the most difficult things as a victim is trying to play the role of being your best advocate in the system."

However, because perpetrators are still able to cross jurisdictions, participants suggested the integrated courts have wider jurisdiction. A survivor may live in one community, work across town, and attend classes in another community. Some courts' current protocols require offenses to have occurred in the same jurisdiction, but that does not reflect the reality of victims' experiences:

"So to the extent that there can be some sort of compilation of what's going through one case so that you don't have to deal with multiple jurisdictions in trying to have everybody realize the comprehensive significance of one particular case versus having it diced up that that would save a lot of additional stress on a victim who's going through the system."

Another potential for change at the community level is to better engage legislation. Each site had stalking legislation and law enforcement had opportunities for training on the legislation. Participants reported that when their cases were handled as stalking cases, there was greater consistency with all the various charges, past conduct, and future threats enmeshed in a systematic fashion. Such comprehensiveness was critical for participants who had many violence experiences over the course of their relationships:

"And the big deal is that's only the one tiny piece that that one police officer saw at that one moment not having a clue that there were years of violence behind that."
"I just wanted them to understand that they weren't looking at an itty bitty little incident, that there was a whole big picture."

To promote better access to stalking cases and tracking perpetrators across systems and jurisdictions, the participants suggested a web-based tracking system or "swipe key" similar to what they use at a grocery store to track their purchases:

"I wondered about a web system if there's some sort of portal to the [police] or the district attorney's office where victims can log on say they're a victim and put their new phone number in."
"I have a silly idea now that we're talking about silly cheap ideas. Could people just get those little tags that you put on your keychain like a grocery card or something and just say here's my case number, go read about it?"

Participants discussed certain logistical challenges encountered in specialized IPV courts. For instance, women expressed that it was scary and intimidating to enter through the same door and metal detectors, park in the same lot, and see their perpetrators in the hall; these disconcerting situations could be addressed. Also, some court procedures that dehumanize the victim could be changed:

"I remember having one judge tell me, because there was a violation order, is the victim here. So I had to identify myself. I didn't want to do that."

Participants suggested what may be easy solutions, such as staggering arrival times, having escorts to and from the parking garage, and not having survivors in court unless it is necessary to testify.

The participants also suggested enhancing inter-agency communication, for example conveying a change of phone number to all agencies handling their case. They also emphasized the importance of supporting survivors to help them remain safe on their own; faith community relationships and employment assistance were two specific supportive options mentioned.

Given the economic restraints many survivors face, it is important for systems to include job training and work preparedness skills. Studies have shown that women who are employed are less likely to be victimized, have fewer mental health symptoms post-violence, and experience less danger (Cerulli, Lavigne, Richards, and Caine 2009):

"Workshops, if they can have job fairs and they can have workshops for teaching someone how to use a computer, if - I think if people want it, I think it should available."

Societal Level Changes

Participants had many recommendations that included changes in our culture, the way we portray IPV, and changing the name of domestic violence:

"I just when you're mentioning domestic violence it's just like hearing all terms for battered women, right? But I just wonder why we wouldn't coin something more along the lines of domestic terrorism or something like that because I think that more accurately encompasses what it is, you're getting terrorized by something. It doesn't mean you're actually getting beaten or something."

It is clear that participants want CCR. When provided, it works:

"The minute that I called for help I had like all these people like willing to help me. And within minutes I had a hope phone with a number that the DA has, my lawyer has, family court has so I am almost saying that I am so

grateful to [battered women's shelter] because everything that I had he destroyed when he abused me."

It is not necessarily the agencies involved in the CCR, but the attitude and support offered to the victim. This change in attitude for employees of helping agencies often arises due to the CCR approach. Training police and other helping professionals to be sensitive and mindful of the problem was discussed. When this training occurs, the participants noted how helpful it was:

"He said to me, you call us no matter what is happening, even if you are just in a verbal argument with him. We are here to try to help you."

In addition to providing additional training for the police, participants also recommended a surveillance system, similar to those employed to catch sex abusers and predators, to publicly identify IPV perpetrators:

"If you make it public and these are people who abuse women, you know, they not gonna want to be on that website so they not gonna abuse, you know? They don't want to think about like 'Ok, I don't want my daughter seeing me on this website for abusing my girlfriends' and stuff. 'I don't want my new girlfriend seeing me on here for abusing my last girlfriend,' you know, so they'll think about it, you know, be like 'I don't want to be on the website for it'."

Another participant discussed that IPV needs to be more publicly recognized. She noted some high profile cases, and discussed the need for more public recognition of the issue beyond individual cases involving famous athletes.

Participants explained that public recognition and repudiation could help with prevention. Despite having been through ordeals, the survivors in the study still revealed prevention is possible:

"Yeah, definitely, everything is preventable, you know, like sometimes people do what they see and do what they learn and like if they learn more about it then they won't do it, you know, if they don't see more of it then they won't do it. Like a little boy, if he grows up seeing his dad hitting on his mom all his life, then he gonna hit on the next woman 'cause that's what he thinks works, that's what he thinks is acceptable so like, classes and meetings, I think that it could change the whole person's outlook and mindset."

The participants also recognized that a homogeneous response to violence, like mandatory arrest and prosecution, may not be best. They revealed that there should be a spectrum of care that allows for perpetrator accountability as well as helping the perpetrator to stop the abusive behaviors:

"Yeah, I think, I don't know about, if everyone should be arrested and prosecuted. I don't know, I don't know what my opinion is about that, but I mean definitely more like counseling or anger management or stuff like that…I mean I'm sure some people should go to jail, but I mean if I would have pursued things then it would have been long and I'm not necessarily sure that I wanted him to go to jail, but definitely like some intensive anger management and counseling."

Discussion

Despite the passage of two major legislative initiatives, we must do more as a community. We must listen to survivors who have lived through violence and employed the systems we have put into place, to learn how to improve their experiences, and ultimately prevent future violence.

Many studies have been conducted regarding why victims stay with perpetrators, and the barriers women face in leaving violent relationships. We aimed to fill a gap in the literature by asking survivors what their experiences have taught them about cracks in the system and how helping professionals might close those cracks. As anticipated, findings reveal that changes are needed across the socio-ecological framework: the individual, relationship, community, and societal levels.

The need for improved education on understanding and addressing IPV surfaced across all domains. Survivors, family members, and professionals all need education to better respond to IPV. For providers, this education might include how to respond to the scene of an IPV call, the dynamics between the perpetrator and victim, and the research that demonstrates protection orders can be injury prevention mechanisms. In this manner, the responders may feel more compelled to follow policies and procedures believing that their efforts can have a public health benefit – not only reducing violence for the couple involved but also reducing the intergenerational transmission of violence.

Education for survivors might include this information as well, but additional job training may be warranted. Many social service agencies screen for IPV and allow extensions of benefit time and opt out provisions. However, these findings suggest that IPV survivors are eager to receive job training and perhaps a partnership between social services and the business industry can create opportunities for survivors that have yet to be explored.

Nationally, some communities have created interdisciplinary coalitions, which come together to share resources to provide on-going training. Given the high level of turnover in many agencies working on behalf of IPV victims due to low wages and burnout, such training initiatives must be regularly provided. Additionally, "higher order" trainings may assist

agencies in understanding the new scientific findings relative to IPV and how such findings might be translated into practice.

In this age of technology, it is possible to utilize the Internet to a greater extent for both linking survivors to care and providing education. Many resources are available on the internet and providing victims with this information would be invaluable. Information might include the dynamics of IPV, available local resources, the impact of IPV on children, and education about how the court system works. For communities that do not have CCR, or have access to it without the resources for a webmaster, national sites can be provided to survivors.

Likewise, participants felt there is a greater need for "connecting the dots," also suggesting the need for more technological advancements in the area of IPV. Service providers must be able to view IPV experiences in context. People often view any one incident in isolation, thus not understanding the reality of the victim's lived experience. For example, an officer may respond to a call for service that "flowers have been left" on a woman's car. Without the history, the responding officer may not understand that the flowers were sent following a threat such as, "When I send you flowers, they will be for your grave".

For such stories to be shared in full, in a timely manner, agencies must be able to communicate across systems. Enhanced communication was another theme that emerged across domains. Participants expressed a need and willingness to better communicate and advocate for themselves. On a community level, the cloak of the Health Insurance Portability and Accountability Act (HIPAA) and confidentiality often cause barriers that prevent IPV shelter providers from talking freely with attorneys and medical providers, and vice-versa. Some of the participants suggested integrating databases would allow for this cross fertilization of shared information to better view IPV involved families in their totality. An abuser who utilizes the court system repeatedly to harass his victim, known as "litigation strangulation", would be easily identified in such a situation, as the responding police and attorneys could access a profile of the party's legal and social service history. Police could better implement primary aggressor legislation, which are on the books in many states however underutilized. Education, coupled with access to information in real time, may allow an officer to better assess the totality of a situation upon responding to a call for service, during which emotions run high.

All three study sites, while having tremendous commitment to CCR, have yet to create or implement integrated data bases available to coalition members. It was apparent from the focus groups that information technology companies are not necessarily at the table for CCR initiatives. Some of the survivors worked for companies where technology was used to increase productivity, and they believed that there was a need to move IPV response into the computer generation. Law enforcement and other agencies must partner with information technology experts to understand how to integrate systems which often include public data to better provide care to victims.

CCR could be more effective for IPV-involved individuals if some of these findings were implemented. Since IPV survivors come from diverse ethnic, cultural, and educational backgrounds and have varying abuse histories, they have a rich breadth of knowledge and experience to share; it is essential to hear their stories and consider how to do things differently in order to provide them with better support and protection. Participants in this study were counselors, human resource professionals, teachers, social service employees, as well as stay-at-home mothers. They all used ingenuity in their daily routines to improve their lives, and the lived experiences of their families, neighbors, and colleagues.

In this study, their expertise provided a host of ideas for how to improve the court system. Findings cluster into four themes, changing society's perception of IPV, and the need for logistical, emotional, and procedural court improvements. While changing the time of court arrival, providing different access points and parking options seems simple, such innovations may provide relief to everyday obstacles survivors face. It will be important for court administrators as well as state and county legislators to partner on such changes. While there may be increased costs up front, such as additional guards and security systems, the overall costs could be reduced if more victims come to court and follow through with protection order procedures and criminal cases. Protection orders have been shown to reduce violence overall – so having victims drop charges due to logistical barriers may be costing communities more in the long run.

Likewise, having integrated databases is not an unreachable goal albeit there may be costs incurred, but rather one that will take diligence and time to create and implement. Enhancing early childhood and adolescent counseling and preventive education has been repeatedly suggested, yet attempts to create evidence-based curriculums targeting youth are only now beginning to take hold. Changing the name of domestic violence to better reflect the experiences of victims, and advocating for CCR, are some of the recommendations from our participants that would change how society views IPV. Although this innovative idea would take time to implement, and numerous statutes and policies would require redrafting, such time spent in reflection may result in other benefits to create the paradigm shift so badly needed. While the participants' ideas are modest in cost, many may produce productive results.

References

Arias, I., & Corso, P. (2005). Average cost per person victimized by an intimate partner of the opposite gender: a comparison of men and women. *Violence and Victims, 20*(4), 379–391.

Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? a meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23*(8), 1023–1053.

Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling, and shelter services for victims of domestic violence: a statewide evaluation. *Journal of Interpersonal Violence, 19*(7), 815–829. doi:10.1177/0886260504265687.

Bronfenbrenner, U. (1979). *The ecology of human development: experiments by nature and design*. Cambridge: Harvard University Press.

Butchart, A., Phinney, A., Check, P., & Villaveces, A. (2004). *Preventing violence: a guide to implementing the recommendations of the world report on violence and health. Department of injuries and violence prevention*. Geneva: World Health Organization.

Bybee, D., & Sullivan, C. M. (2005). Predicting re-victimization of battered women 3 years after exiting a shelter program. *American Journal of Community Psychology, 36*(1–2), 85–96. doi:10.1007/s10464-005-6234-5.

Carlson, B. (1984). Causes and maintenance of domestic violence: An ecological analysis. *Social Service Review, 58*(4), 569–587.

Cerulli, C., Lavigne, J., Richards, H., & Caine, E. (2009). Work productivity of women experiencing domestic violence. *Value in Health, The Journal of International Society for Pharmacoeconomics and Outcomes Research*, 12:3 A170.

Clark, S., Burt, M., Schulte, M., & Maguire, K. (1996). *Coordinated community responses to domestic violence in six communities: Beyond the justice system*. The Urban Institute: Full report.

Dichter, M., Cerulli, C., Kothari, C., Barg, F., & Rhodes, K. (2011). Engaging with the criminal prosecution: The victim's perspective. *Women and Criminal Justice, 21*(1), 21–37.

Dozier, A., Chin, N., & Widanka, H. (Nov 7–11, 2009). *Low income women: How they do, or do not, sustain breastfeeding*. Poster presentation at the 137th APHA annual meeting, Philadelphia, PA. Unpublished manuscript.

Dunford, F. W., Huizinga, D., & Elliot, D. (1990). The role of arrests in domestic assaults: Omaha police experiment. *Criminology, 28*, 183–206.

Fishman, P. A., Bonomi, A. E., Anderson, M. L., Reid, R. J., & Rivara, F. P. (2010). Changes in health care costs over time following the cessation of intimate partner violence. *Journal of General Internal Medicine, 25*(9), 920–925.

Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women, 4*(3), 262–290.

Holkup, P. A., Tripp-Reimer, T., Salois, E. M., & Weinert, C. (2004). Community-based participatory research: an approach to intervention research with a native american community. *ANS. Advances in Nursing Science, 27*(3), 162–175.

Holt, V. (2004). *Civil protection orders and subsequent intimate partner violence and injury* (No. NIJ 199722).

Holt, V. L., Kernic, M. A., Wolf, M. E., & Rivara, F. P. (2003). Do protection orders affect the likelihood of future partner violence and injury? *American Journal of Preventive Medicine, 24*(1), 16–21.

Houry, D., Bay, L., Maddox, J., & Kellermann, A. (2005). Arrests for intimate partner violence in female detention patients. *American Journal of Emergency Medicine, 23*(1), 96–97.

Israel, B., Enge, E., Schulz, A., Parker, E., & Becker, A. (2001). Community-based participatory research: policy recommendations for promoting a partnership approach in health research. *Education for Health, 14*(2), 182–197.

Jewell, L. M., & Wormith, J. S. (2010). Variables associated with attrition from domestic violence treatment programs targeting male batterers: a meta-analysis. *Criminal Justice and Behavior, 37*(10), 1086–1113.

Johnson, J. M., Luna, Y., & Stein, J. (2003). Victim protection orders and the stake in conformity thesis. *Journal of Family Violence, 18*(6), 317.

Klevens, J., Baker, C. K., Shelley, G. A., & Ingram, E. (2008). Exploring the links between components of coordinated community responses and their impact on contact with intimate partner violence services. *Violence Against Women, 14*, 346–358.

Kothari, C. L., Cerulli, C., Marcus, S., & Rhodes, K. V. (2009). Perinatal status and help-seeking for intimate partner violence. *Journal of Women's Health, 18*(10), 1639–1646.

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva: World Health Organization.

Max, W., Rice, D., Finklestein, E., Bardwell, R., & Leadbetter, S. (2004). The economic toll of intimate partner violence against women in the united states. *Violence and Victims, 19*(3), 259–272.

Miller, S. L. (2001). The paradox of women arrested for domestic violence. *Violence Against Women, 7*(12), 1339–1376.

Muhr, T. (1993–2010). Atlas.ti 6.0 scientific software development GmbH. Berlin. National Institute of Justice, Centers for Disease Control and Prevention. (2000). *Extent, nature, and consequences of intimate partner violence*. Washington, DC: US Department of Justice.

Patient Protection and Affordable Care Act, Pub. L. No. 111–48, 124 Stat. 119 (2010).

PCORI. Patient Priorities and Community Context: Navigation for Disadvantaged Women with Depression, Award# AD-12-11-4261 (PI: Ellen Poleshuck).

Pence, E. L., & McDonnell, C. (1999). Developing policies and protocols. In E. L. Pence & M. Shepard (Eds.), *Coordinated community responses to domestic violence: lessons from duluth and beyond*. Thousand Oaks: Sage.

Pence, E., & Paymar, M. (1993). *Education groups for men who batter: the daluth model*. New York: Springer.

Pope, C., Ziebland, S., & Mays, N. (2000). Analysing qualitative data. *BMJ, 320*(7227), 114–116. doi:10.1136/bmj.320.7227.114.

Post, L. A., Klevens, J., Maxwell, C. D., Shelley, G. A., & Ingram, E. (2010). An examination of whether coordinated community responses affect intimate partner violence. *Journal of Interpersonal Violence, 25*(1), 75–93.

Rhodes, K. V., Vieth, T. L., Kushner, H., Levy, H., & Asplin, B. R. (2009). Referral without access: For psychiatric services, wait for the beep. *Annals of Emergency Medicine, 54*(2), 272–278.

Rhodes, K. V., Cerulli, C., Dichter, M. E., Kothari, C. L., & Barg, F. K. (2010). "I didn't want to put them through that": The influence of children on victim decision-making in intimate partner violence cases. *Journal of Family Violence, 25*(5), 485–493.

Rivara, F. P., Anderson, M. L., Fishman, P., Reid, R. J., Bonomi, A. E., Carrell, D., & Thompson, R. S. (2009). Age, period, and cohort effects on intimate partner violence. *Violence and Victims, 24*(5), 627–638.

Sherman, L. (1991). From initial deterrence to long-term escalation: short-custody arrest for poverty ghetto domestic violence. *Criminology, 29*(4), 821–850.

Sherman, L. (1992). The variable effects of arrest on criminal careers: the Milwaukee domestic violence experiment. *Criminology, 83*(1), 137–145.

Sherman, L., & Berk, R. (1984). Police response to domestic violence incidents. *American Sociology Revue, 49*, 261–271.

Stuart, G. L. (2005). Improving violence intervention outcomes by integrating alcohol treatment. *Journal of Interpersonal Violence, 20*(4), 388–393.

Syers, M. M. (1992). The combined effects of coordinated criminal justice intervention in woman abuse. *Journal of Interpersonal Violence, 7*(4), 490–502.

Violence Against Women Reauthorization Act of 2013, Pub. L. No. 113–14, 127 Stat. 54 (2013).

Visher, C. A., Harrell, A., Newmark, L., & Yahner, J. (2008). Reducing intimate partner violence: An evaluation of a comprehensive justice system – community collaboration. *Criminology & Public Policy, 7*(4), 495–523.