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Working the Front Lines of Intimate Partner Violence: Responders' Perceptions of Interrole Collaboration

Abstract

Intimate partner violence is an epidemic that requires collaboration among responding professionals. As such, community coordinated responses, which unite responders from multiple IPV-serving agencies, have been suggested as a best practice. Despite their use over the past several decades, there is a lack of concrete evidence for their success. Moreover, problems noted among responders decades ago, such as differing philosophical beliefs around IPV, are still noted in more recent literature. Using an instrument-development variant of a fixed, exploratory, sequential mixed-methods design, this dissertation aimed to gain a better understanding of the collaboration experiences of IPV responders.

The qualitative sequence involved semi-structured interviews with 15 responders in disparate locations in Florida, representing roles of victim advocates/victim service providers, law enforcement professionals, prosecutors, and batterer intervention program providers. Participants made five primary attributions for IPV: perpetrator's desire for power and control, intergenerational violence/learned behavior, societal or cultural perpetuation, perpetrator-specific personality traits, and substance use. Participants also shared their experiences collaborating within the IPV responder network, noting several elements of successful collaboration, including specific aspects of the relationships responders have with one another (i.e., communication, support, trust, networking) and individual responder characteristics (i.e., passion, openness). More often, participants spoke of the challenges to successful collaboration, which are best described in one of four ways: phenomenological (e.g., lack of IPV knowledge); practical (e.g., differing agency philosophies, lack of funding); political (e.g., territorialism); and personal (e.g., lack of understanding of other roles). Finally, participants shared their suggestions for improvement (i.e., networking, openness, more education and training, better understanding of one another's roles).

Based on the qualitative findings, the Intimate Partner Violence Responder Collaboration Scale was developed. After undergoing expert review, the Scale was piloted with a larger, purposive, parallel sample of responders from disparate areas of the United States ($N=113$). Following item and reliability analysis, a confirmatory factor analysis was conducted, which failed to produce a well-fitting model. Thus, an exploratory factor analysis was conducted, resulting in a 34-item scale consisting of five factors: *Non-territorialism*, *Competence*, *Leadership*, *Support*, and *Openness*. These factors corroborate both the qualitative findings and the extant literature on social services collaboration. Though additional research is needed to further validate the Scale, based on the present qualitative and quantitative findings, agency leadership should consider intensifying their support for responder collaboration through securing resources, providing increased networking and educational opportunities for their responders, and working to reduce territorial attitudes between agencies and their leaders.

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of the Requirements for the Degree

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by

Lisa N. Magruder

June 2017

Advisor: Dr. N. Eugene Walls

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Chapter One: Introduction

Intimate partner violence (IPV) is a common occurrence in the United States, with nearly one in three women and one in ten men reporting victimization by a partner in their lifetimes (Black et al., 2011). This form of violence cuts across demographics, such as race, age, sexual orientation, and gender identity, impacting not only victims (e.g., Wittenberg, Joshi, Thomas, & McCloskey, 2007), but also communities at large (Centers for Disease Control and Prevention [CDC], 2014). Service providers in numerous roles work to combat IPV, engaging with victims and perpetrators, as well as communities, to prevent IPV and intervene when it occurs. These “responders” represent various disciplines and respond to IPV in different ways, such as through advocacy, legal representation, law enforcement, intervention provision, healthcare, and social services. Often, these responders must work together as a function of their duties and, as such, best practices have been established for community-coordinated responses (CCRs) to IPV (Pence & Shepard, 1999). The present dissertation aims to better understand how responders collaborate with one another in practice.

This introductory chapter highlights the basic facts and concepts around IPV, illuminating its pervasiveness as a social problem and conveying a need for a well-coordinated systemic response. I discuss IPV prevalence, forms, perpetration,

consequences, and reporting to police before providing a brief history of the systemic response. An in-depth discussion of the systemic response and responder roles is included in chapter two. Finally, I end this chapter with an overview of the purpose of this dissertation.

IPV Defined and the Prevalence of Victimization

IPV is defined as “physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner” regardless of whether or not the two parties live together (Black et al., 2011, p. 37). As a note, throughout this paper, the author may use the terms “intimate partner violence” and “domestic violence” (DV) interchangeably, particularly where “domestic violence” is used in cited research and documents. Over five million IPV incidents against adult (>18 years of age) women occur each year (National Center for Injury Prevention and Control, 2003), with 5.6% of women reporting recent (i.e., past year) victimization (Okuda et al., 2011). Though approximately 29% of males experience IPV in their lifetimes (Black et al., 2011), research has steadily shown that females are disproportionately victimized by IPV, most often at the hands of their male partners (Catalano, 2007). For example, female victims accounted for 70% of the 2,340 IPV-related deaths in 2007 (CDC, 2014). Moreover, using data from 2001 to 2005, Catalano (2007) found that, on average, males perpetrated 96% of female victimizations. In addition to experiencing more IPV than males, females also tend to experience more varied types of IPV than males. While 92% of male victims report physical IPV

victimization only, over a third of females report multiple forms of IPV (e.g., rape, stalking, physical abuse) (Black et al., 2011).

IPV Among Marginalized Populations

Prevalence among Women of Color. A major criticism of IPV work is that it is too heavily rooted on the experiences of White women (e.g., Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). This is significant given that research has demonstrated racial and ethnic disparities within women's IPV experiences, with women of color, particularly Black women, reporting higher prevalence of IPV than White women (e.g., Cho, 2012, Lipsky, Caetano, & Roy-Burne, 2009). In Cho's (2012) examination of the nationally representative Collaborative Psychiatric Epidemiology Surveys ($N=2,316$), Black (Afro-Caribbean and non-Hispanic African Americans) women reported the highest prevalence of IPV (17.3%) followed by White (15.2%); Hispanic (Cuban, Puerto Rican, Mexican, and all other Latinos; 15.2%); and Asian (Vietnamese, Filipino, Chinese, and all other Asians; 10.3%) women. However, the only significant difference in victimization to emerge was that Asian women were at significantly lower risk for victimization than White women (Cho, 2012). In a large Dallas-based sample of police-reported IPV ($N=4,775$), Lipsky et al. (2009) found even higher rates of victimization for Black (46.2%) and Hispanic (37.7%) women, which were two and three times higher, respectively, than that of White women's victimization (16.2%). Not only are Black women reporting greater prevalence of IPV, but also when compared to White women, they are twice and four times as likely to be killed by a spouse or boyfriend/girlfriend, respectively (Catalano, 2007).

Notably missing from the above literature are American Indians/Alaska Natives, who typically experience high rates of violence generally (Perry, 2004). Tjaden and Thoennes' (2000) found that the American Indian/Alaska Native participants in the National Violence Against Women Survey ($n=88$) reported statistically significant higher rates of rape (34.1%), physical assault (61.4%), and stalking (17%) than White and African-American women, though the perpetrator in these instances was not specified as a partner. Limited research shows that American Indian/Alaska Native women do experience high rates of IPV, specifically. Between 2001 and 2005, American Indian females age 12 and older experienced nonfatal IPV at a rate of 11.1 per 1,000, higher than the rates for Black (5.0), White (4.0), and Asian (1.4) females (Catalano, 2007). However, in Catalano's (2012) more recent examination of IPV between 1993 and 2010, she found that non-Hispanic White, non-Hispanic Black, and Hispanic women experienced significantly more IPV than women of other races/ethnicities (i.e., American Indians, Alaska Natives, Asian, Native Hawaiians, other Pacific Islanders, bi- or multiracial). It is important to note that the latter research's collapsing of racial/ethnic identities may fail to identify significant nuances between identity categories, particularly given that several researchers have established comparatively low prevalence of IPV victimization among Asian women (Catalano, 2007; Cho, 2012).

Prevalence among LGBTQ persons. Though much of the research on IPV has been framed within a heteronormative narrative, more recent findings show that IPV is equally as prevalent among lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals (e.g., Ard & Makadon, 2011). Notably, when limited to female and male

genders, researchers still find that LGBTQ females are more often victimized than LGBTQ males. Results from the National Intimate Partner and Sexual Violence survey (NISVS) indicate that 43.8% of lesbian and 61.1% of bisexual women report having experienced rape, physical violence, or stalking by a partner, compared to 26% of gay and 37.3% of bisexual men (Walters, Chen, & Breiding, 2013). While the majority of lesbian (67.4%) and gay male (90.7%) victims reported same gender perpetrators, among bisexual individuals, females (89.5%) and males (78.5%) primarily reported opposite gender perpetrators (Walters et al., 2013).

Outside of the gender binary, research on the IPV victimization of transgender individuals is relatively lacking. However, initial findings have demonstrated that transgender persons experience more violence than their cisgender peers (e.g., Landers & Gilsanz, 2009). Results of the National Transgender Discrimination Survey indicate that 19% of transgender individuals experienced DV, though this could be inclusive of other family members beyond partners (Grant et al., 2011). Specific to IPV, Brown and Herman's (2015) review found that among transgender individuals, lifetime prevalence of IPV ranges from 31.1% to 50%. Given this, researchers suggest that IPV be reconceptualized to expand definitions outside the gender binary (Yerke & DeFeo, 2016). Though this author acknowledges the occurrence of IPV among all gender identities and sexual orientations, given that women are disproportionately affected by IPV, and that the majority of the qualitative sample focused solely on IPV within a heterosexual context, the remainder of the introduction and chapter two are framed in this way. Moreover, I

must acknowledge that the study itself does not include a compositionally diverse sample, which is described in more detail in chapter four.

Forms of IPV

IPV is commonly thought of as physical abuse, which can include such behaviors as scratching, biting, choking, burning, or use of a weapon (Breiding, Basile, Smith, Black, & Mahendra, 2015). While lifetime prevalence of IPV is as high as 54% (Bonami, Anderson, Rivara, & Thompson, 2007; Coker et al., 2002; Coker, Smith, Bethea, King, & McKeown, 2000a), it can take on many forms, including psychological abuse, stalking, and sexual abuse.

Lifetime estimates of psychological abuse, which can include recurrent acts of criticism, verbal aggression, isolation, humiliation, and domination of a partner (O'Leary, 1999; Pico-Alfonso, 2006), range from approximately 14% to 36% (Coker et al., 2000a; Coker et al., 2002; Thompson et al., 2006). Controlling tactics, as a form of psychological abuse, range from seven to 40% (Coker et al., 2002; Lloyd & Taluc, 1999; Thompson et al., 2006). Some evidence suggests that these forms of nonphysical abuse are more prevalent than physical forms, particularly for recent prevalence. In a study of 3,429 women, ages 18 to 64 years old, prevalence of lifetime (35.4%), five year (10.2%), and 12 month (5.1%) nonphysical abuse (i.e., threats/anger, controlling behavior) were slightly higher than physical abuse (i.e., physical, forced sex, sexual contact) lifetime (34.1%), five year (5.1%), and 12 month (1.6%) prevalence (Thompson et al., 2006).

According to the National Center for Victims of Crime (NCVC) (2007, p. 24), stalking refers to:

any person who purposefully engages in a course of conduct directed at a specific person and knows or should know that the course of conduct would cause a reasonable person to: a) fear for his or her safety or the safety of a third person; or b) suffer other emotional distress.

Perpetration of stalking can include such behaviors as lingering near the victim, making unsolicited contact, or vandalizing the victim's property (Fleming, Newton, Fernandez-Botran, Miller, & Burns, 2012). Though all 50 states have had anti-stalking laws since 1993 (Tjaden, 2009), it remains a significant problem, with one in six women reporting victimization in their lifetime, and two thirds of those perpetrated by a current or former partner (Black et al., 2011). These numbers could be even higher, as one study found that, for both men and women, when participants were able to self-define stalking, as opposed to only meeting the legal definition of stalking, prevalence rates of victimization increased (Tjaden, Thoennes, & Allison, 2000). For adult women ($N=8,000$), 12.1% affirmed they had been stalked in their lifetime, but only 8.1% endorsed specific stalking behaviors assessed based on a legal definition (Tjaden et al., 2000).

Sexual forms of IPV, such as use of force to engage in a sexual act or unwanted, intentional sexual touching of another person (Breiding et al., 2015), is typically the least frequently reported form of partner abuse, with approximately one in ten women having experienced it (Breiding, Black, & Ryan, 2008; Lloyd & Taluc, 1999; Thompson et al., 2006). Moreover, sexual IPV is rarely experienced in isolation. Bonami et al. (2007) found that, of the 1,591 women in their sample ($N=3,429$) who experienced IPV, 28.5% experienced sexual IPV, either alone (8.3%) or in conjunction with physical IPV (20.2%). Though this provides some evidence that forms of abuse can occur in isolation, more often they do not. For example, Basile and Hall's (2011) study of men participating in

court ordered batterer intervention programs (BIPs) following IPV perpetration against a female partner ($N=340$) found that 97% reported perpetrating physical, sexual, and psychological abuse, as well as stalking.

IPV Perpetration

In a review of 111 studies of heterosexual IPV perpetration, Desmarais, Reeves, Nicholls, Telford, & Fiebert (2012) found that approximately one-fourth of participants reported physical IPV perpetration in their lifetime (24.2%) and in the last 12 months (25.6%), with 22.9% reporting perpetration in their current relationship. Given the predominant narrative that men perpetrate violence against women, much of the perpetration literature has historically focused on men, with estimated prevalence varying widely between four to 78%, depending on study methodology and type of abuse measured (Cunradi, 2009; Hove, Parkhill, Neighbors, McConchie, & Fossos, 2010; Lipsky & Caetano, 2011; McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2009; Peek-Asa et al., 2005; Rhodes, et al., 2009; Taft, Schumm, Orazem, Meis, & Pinto, 2010). However, similar prevalence has been found for female perpetration, between approximately 11% and 43% (Desmarais et al., 2012; Friend Langhinrichsen-Rohling, & Eichold II, 2011; Orcutt, Garcia, & Pickett, 2005). To assess recent perpetration Roberts, McLaughlin, Conron, and Koenen (2011) used data from the second wave of the nationally representative National Epidemiologic Survey on Alcohol and Related Conditions ($N=34,653$) and found that, among participants with a partner in the past year, 7% of women and 4.2% of men self-reported IPV perpetration in the last 12-months.

Risk factors. Over the years, researchers have attempted to identify the various biosychosocial factors that contribute to IPV perpetration. Among male perpetrators, attitudinal variables such as jealousy (Foran & O’Leary, 2008; Hanson, Cadsky, Harris, & Lalonde, 1997) and hostile attitudes toward women (Feder & Dugan, 2002) are prevalent. Among both males and females, personality disorders (e.g., Hanson et al., 1997; Henning & Klesges, 2003; Peek-Asa et al., 2005), substance use (e.g., Friend et al., 2011); and violence in the childhood home (e.g., Franklin & Kercher, 2012; Manchikanti Gómez, 2011; Whitfield, Anda, Dube, & Felitti, 2003) are known correlates of IPV perpetration.

Regarding binary gender differences in perpetration, Spencer, Cafferky, and Stith (2016) recently conducted a meta-analysis of perpetration risk factors for physical IPV ($N=580$) and found that only three of 60 factors differed between men and women. Specifically, for males, there was a significantly stronger effect size for witnessing violence in the childhood home ($r=.25$), having a demanding communication pattern ($r=.41$), and alcohol use/abuse ($r=.15$), when compared to females ($r=.19$, $.16$, $.15$, respectively) (Spencer, Cafferky, & Stith, 2016). Other risk factors that have been examined include, but are not limited to, perpetrator’s unemployment/financial concerns (Coker, Smith, McKeown, & King, 2000b; Peek-Asa et al., 2005), depressive symptoms (Peek-Asa et al., 2005), and low marital satisfaction (Hanson et al., 1997). Several of the aforementioned risk factors will be explored in more depth in chapter two.

The gender symmetry debate. Though the battered women’s movement of the 1970s was based on feminist principles (Pence & Shepard, 1999), focusing on men’s use

of violence against women, there is a conflicting perspective that violent relationships often involve bidirectional violence (Archer, 2000), which is to say both parties perpetrate and are victimized. Archer's (2000) impactful meta-analysis of IPV perpetration by gender indicated that women are slightly more violent ($d=-.05$) in heterosexual relationships than men. However, Johnson (2006) argues that the variation in types of IPV measured across research contexts confounds the gender symmetry debate. In his work, Johnson (2006) specifies four types of IPV: intimate terrorism (i.e., perpetrator is violent and controlling; victim is neither); violent resistance (i.e., perpetrator is violent and controlling; victim is violent only); situational couple violence (i.e., an individual is violent, but neither party is violent or controlling); and mutual violent control (i.e., both partners are violent and controlling). Johnson (2006) notes that, among heterosexual couples, these distinctions are significant, with intimate terrorism and violent resistance perpetrated primarily by men and women, respectively. He critiqued much of the current IPV prevalence literature given the lack of data on controlling and violent behaviors of both parties and suggests future research include measurements of these (Johnson, 2006).

While research findings support that bidirectional violence exists (e.g., Caetano, Ramisetty-Mikler, & Field, 2005), some scholars argue that female perpetrated IPV is unjustly categorized as such, and is more likely a due to self-defense (Dobash & Dobash, 2004; Downs, Rindels, & Atkinson, 2007). For example, Dobash and Dobash (2004) found that 75% of women ($n=95$) and 54% of men ($n=95$) in violent relationships reported that the woman's use of violence was always in self-defense. Even in instances

of bidirectional violence, victims do not report instigating the IPV. Mennicke and Wilke (2015) examined the National Violence Against Women Survey of male ($n=194$) and female ($n=425$) IPV victims who experienced bidirectional violence in their current relationship and their findings seem to support this. For both males and females, only 22% reported initiating the IPV by use or threat of violence (Mennicke & Wilke, 2015).

Consequences

Though the gender symmetry debate in IPV perpetration continues, there is distinct asymmetry in the consequences of IPV victimization by gender (Archer, 2000; Mennicke & Wilke, 2015). For example, though Archer's (2000) meta-analysis found that women were more likely to perpetrate IPV than men, men were more likely ($d=.15$) to cause injury, with 62% of injured partners being women. Further, it is not only physical IPV that negatively impacts victims. Experiencing psychological IPV among women is associated with self-perceived poor mental and physical health (Coker et al., 2000a).

Beyond injury from the IPV incident, a host of physical ailments have been associated with IPV victimization. Coker et al. (2000a) examined the prevalence of 23 health conditions (e.g., migraines, hearing loss, hypertension, sexually transmitted infection, stomach ulcer) among women who had experienced IPV ($n=620$) and those who had not ($n=532$). With the exception of diabetes and infertility, IPV victims demonstrated higher prevalence than non-victims on every condition (Coker et al., 2000a). Campbell et al.'s (2002) study similarly found that among nearly 2,000 women, past year IPV victims more frequently reported headaches, back pain, digestive problems,

loss of appetite, abdominal pain, and a multitude of reproductive system problems (e.g., vaginal infections and bleeding, painful sexual intercourse, urinary tract infections). In addition to physical health problems, IPV victims also report mental health problems. IPV has been linked to anger (Jarvis, Gordon, & Novaco, 2005); anxiety (Bradley, Smith, Long & O'Dowd, 2002; Jarvis et al., 2005); depression (e.g., Bradley et al., 2005; Jarvis et al., 2005; Mechanic, Weaver, & Resick, 2008; Pico-Alfonso et al., 2006); posttraumatic stress disorder (Basile, Arias, Desai, & Thompson, 2004; Dutton, Kaltman, Goodman, Weinfurt, & Vankos, 2005; Mechanic et al., 2008; Pico-Alfonso et al., 2006); and suicidal ideation (Pico-Alfonso et al., 2006).

Beyond health consequences, IPV can have significant financial consequences. Victims are less likely to be employed (Kimberling et al., 2009; Lloyd & Taluc, 1999) and more likely to experience turnover (Lloyd & Taluc, 1999). Moreover, many IPV victims report disabilities that prevent them from working at all (Coker et al., 2000a). Among victims who do work, the abuse can infiltrate their professional lives. For example, Lloyd and Taluc (1999) found that 9% of abusers harassed their partners at work with telephone calls; 7.8% came to their partner's workplace to bother them; and 8% refused to let their partner go to work in the past 12 months. Between physical and mental healthcare costs and lost work productivity related to IPV, this epidemic costs the U.S. over \$8 billion annually (CDC, 2014).

Reporting to Police

A study of 137 women in shelter found that only 11% of victims perceived no need for police intervention and that, among those who did perceive need ($N=122$), 24%

did not contact the police (Fleury, Sullivan, Bybee, Davidson II, & Williams, 1998). In instances of IPV, researchers estimate that approximately 20% of rapes, 25% of physical assaults, and 50% of stalking incidents experienced by females go unreported (Tjaden & Thoennes, 2000). Garcia (2004) notes this has resulted in “the ‘iceberg’ of domestic violence,” (p. 536), suggesting the IPV society sees is typically some of the most severe, meaning there are a host of cases that remain invisible. However, women report numerous reasons for not reporting their victimization. Reasons for not calling police included the abuser preventing the call (Fleury et al., 1998); lack of phone (Fleury et al., 1998); desire for privacy (Felson, Messner, Hoskin, & Deane, 2002; Fleury et al., 1998; Logan & Valente, 2015); fear of abuser retaliation (Felson, Messner, Hoskin, & Deane, 2002; Fleury et al., 1998; Logan & Valente, 2015); not thinking the police would help (Fleury et al., 1998; Tjaden & Thoennes, 2000); wanting to protect their children (Logan & Valente, 2015); and other negative consequences (e.g., fear of losing kids, fear of being arrested, dependence on abuser) (Fleury et al., 1998). Victim reluctance to police response has been studied more recently with similar findings. In Logan and Valente’s (2015) examination of victims’ ($N=637$) IPV reporting to police, of the 309 who had reported, 33% felt less safe, 43% felt discriminated against by police, and 67% were afraid to call the police again. Moreover, 24% were either arrested or threatened with arrest following reporting (Logan & Valente, 2015). While 14% reported they were extremely likely to call police again, 62% were unsure and 24% said they would not (Logan & Valente, 2015).

The Systemic Response to IPV

Despite the pervasiveness of IPV in our society, it has only been in the last several decades that it has come to be regarded as a social, as opposed to a family, problem (Pleck, 1989; Sandel, 2003). The battered women's movement (Pence & Shepard, 1999) came on the heels of the second wave of feminism, which shone a light on DV (Danis, 2003). Out of this movement came what is now known as the Domestic Abuse Intervention Project (DAIP), an advocate-led project responsible for the development of the CCR to IPV (Pence & Shepard, 1999). A more comprehensive history of the DAIP and CCRs is provided in chapter two. Briefly, CCRs unite the multiple IPV client-serving entities within a community, paying particular attention to victim safety and offender accountability (Pence & Shepard, 1999). CCRs are community-specific, and thus, can look different across communities (Mederos, 1999; Pence & Shepard, 1999).

At the outset of CCR development in the 1980s, there existed tension between many responder roles, which Pence (1999) suggests is caused by both responders' varying beliefs as to why IPV occurs and an ineffectual, generic systemic response to nuanced cases. More recently, research has continued to find that philosophical differences between IPV responders impede successful collaborations (e.g., Sudderth, 2006). Further, given mixed evidence of outcomes (e.g., Shorey, Tirone, & Stuart, 2014), CCRs have not been proven as effective community-level interventions (Post, Klevens, Maxwell, Shelly, & Ingram, 2010). Some scholars argue this is due to lack of rigorous extant research and encourage the continued exploration of CCRs as a viable community intervention for IPV (Garner & Maxwell, 2008). Moreover, while IPV responder research

exists, relatively few studies examine the process of collaboration specifically (e.g., Sudderth, 2006). However, limited extant research demonstrates responder collaboration to be an important component of improving the IPV response (Camacho & Alarid, 2008; Horwitz et al., 2011) and, thus, should be explored further. Specific gaps in the literature are discussed in more depth in chapter two.

Purpose of This Dissertation

The purpose of this dissertation was to answer the research question: How do responders collaborate with one another to address IPV? I established three research aims and four sub-research questions in service of this overarching research question. They are presented below by aim.

Aim One: To solicit the practice wisdom of responders in identifying various attributes of IPV. This aim is supported by sub-research question one: what are responder perceptions of why IPV occurs? This question was answered through both qualitative and quantitative inquiry. The question sought to understand responder-made attributions for the phenomenon of IPV to better determine philosophical differences by responder role noted in the literature. Understanding if and where these differences lie could discern particular patterns where intervention efforts (e.g., training) could be targeted. Moreover, it could provide responders a better understanding of their collaborative colleagues' perceptions, which could, in turn, improve collaboration.

Aim Two: To solicit the practice wisdom of responders in identifying various attributes of successful collaboration, as well as challenges to collaboration, in addressing IPV. This aim is supported by sub-research questions two: what facilitates

successful collaboration among responders; three: what are the barriers to successful collaboration among IPV responders; and four: what do responders suggest to enhance current collaboration efforts among IPV responders? These questions were answered through qualitative inquiry. The questions sought to understand the lived professional experiences of responders related to IPV collaborations. These experiences then informed the development of a quantitative collaboration instrument.

Aim Three: To develop an instrument grounded in the qualitative data findings that can quantitatively assess responders' collaborations on a larger scale.

The development of the Intimate Partner Violence Responder Collaboration Scale (IPVRCS) was grounded in the qualitative data findings of the present study. By incorporating the voices of participants, the IPVRCS reflects the lived professional experiences of IPV responders and, thus, may be an accurate reflection of responders in disparate locations. To assess this, the IPVRCS was piloted with 113 responders across the United States. Initial findings indicate congruency between the IPVRCS factors and the qualitative findings. As a tool, the IPVRCS can provide community-specific feedback, in a time- and cost-effective manner, by identifying specific collaboration strengths and challenges among responders. This, in turn, can provide leadership the opportunity to improve collaboration to the benefit of both responders and clients.

Chapter Two: Literature Review

This chapter presents extant literature as it relates to the background of and theory applied toward the present study. The chapter begins by reviewing literature on perceived causes of IPV, the development of the systemic IPV response, the roles of responders, and collaboration among those responders. The chapter then transitions to an overview of the theoretical framework for the dissertation: attribution theory. This overview includes an in-depth review of the germane principles of the theory to this dissertation; a review of the attribution theory literature as applied to IPV research; and a rationale for the use of the theory. The chapter concludes with the discussion of how the present study addresses gaps in the IPV literature.

Perceived Causes of IPV

There is considerable debate as to what “causes” IPV. (Note: While these relationships are correlational, which cannot prove causality, explanations for violence are framed as “causes” in the present dissertation to honor the perceptions of the participants and how those perceptions influence their work with IPV, as well as to align with the application of attribution theory.) For example, the feminist perspective, broadly, places patriarchy and men’s desire to maintain power over women as the root cause of IPV. Social learning theory points to learned behavior as the culprit. Still others argue

that there are perpetrator-specific personality traits (e.g., anger, personality typology) or behaviors (e.g., substance use) that cause the violence. Scholars have noted this discrepancy in the literature, including Ali and Naylor's (2013) review of feminist, social, and ecological explanations for IPV. In their review, the authors discuss attributes of the feminist perspective (i.e., cycle of violence, learned helplessness, battered woman syndrome, power and control, patriarchy); sociological perspectives (i.e., social learning theory); and a nested ecological framework theory. They conclude: "It is evident that every perspective contributes to the explanation of violence in intimate relationships" (Ali & Naylor, 2013, p. 617). In the context of IPV responder collaboration, Pence (1999) acknowledged that varying causal attributions for IPV was one of two major barriers in creating the inaugural coordinated community response to IPV. Below, I discuss several of the most oft-considered causes in more depth. Though this dissertation draws primarily from attribution theory, other relevant theories are briefly described below as they relate to perceived causes of IPV.

Male dominance. Perhaps more than any other theory, Feminist Theory has shaped the dialogue around IPV. Those whose views align with Feminist Theory understand the social world as gendered, where males frequently exert power and control over females in various contexts (e.g., home, work, politics, sex) (Seidman, 2008). While the Theory itself is quite broad, encompassing more nuanced sub-theories, the overarching application of the Theory is toward the "attempt to make intellectual sense of, and then to critique, the subordination of women to men" (Cudd & Andreasen, 2005, p. 1). Feminist theorists suggest that pervasive societal patriarchy enables men to use IPV as a tool to

maintain power, control, and privilege over women (Bledsoe & Sar, 2011; Dwyer, Smokowski, Bricout, & Wodarski, 1995; Hunnicutt, 2009; Seidman, 2008).

Certainly, there is evidence to support this perspective. Researchers have found relevant attitudinal correlates of male IPV perpetration, such as jealousy (Foran & O’Leary, 2008; Hanson et al., 1997) and hostile attitudes toward women (Feder & Dugan, 2002). Findings from the National Violence Against Women Survey indicated that, for women, controlling tactics are strong predictors of physical abuse. Specifically, a perpetrator’s use of isolation tactics (i.e., denying access to family, friends, income); jealousy and possessiveness; and verbal abuse increased odds of victimization by 1.6, 2.6, and 7.6 times, respectively (Tjaden & Thoennes, 2000).

In practice, the concept of male dominance, particularly as it relates to individual batterers commanding power and control in relationships, is applied in work with both victims and perpetrators. One specific application of this is the DAIP’s (2011a) use of the wheel of power and control, a visual tool used with IPV clients that cites male privilege as one of eight controlling tactics perpetrators use in the commission of IPV. However, advocates and BIP providers are not the only responders who view IPV from this perspective. In a purposive sample of law enforcement officers ($N=309$), 78% of participants agreed “most DV incidents stem from the abuser’s need for power and control over victims” (Gover, Pudrzynska Paul, & Dodge, 2011).

Intergenerational violence/learned behaviors. Witnessing or experiencing violence in the childhood home is a well-established correlate of IPV perpetration (e.g., Franklin & Kercher, 2012; Hamberger & Hastings, 1986; Hanson et al., 1997; Shepard, 1992).

Over 40% of male perpetrators have experienced some form of abuse within their family of origin (Hamberger & Hastings, 1986) and acceptance of violence in relationships is significantly correlated with perpetrating physical IPV (Franklin & Kercher, 2012; Manchikanti Gómez, 2011; Whitfield et al., 2003).

A predominant theory used to explain the intergenerational cycle of abuse is Bandura's (1978) social learning theory of aggression, which posits that aggression is a behavior learned by witnessing others' use of violence or through the reinforcement of one's own use of violence. Extant IPV research findings support the intergenerational transmission of violence for both males and females, albeit in different ways (Stith et al., 2000; Smith-Marek et al., 2015). Authors of a recent meta-analysis of 124 studies examined the link between witnessing interparental violence and/or experiencing child abuse in the family of origin and subsequent IPV involvement and found small, but significant effect sizes (Smith-Market et al., 2015). The researchers found that the association with IPV perpetration in adulthood ($r=.25$) was significantly stronger for males ($r=.25$) than females ($r=.19$). There were no significant sex differences in adult IPV perpetration by either type of childhood violence (i.e., witnessed, experienced) or sex of perpetrating parent (i.e., father or mother) (Smith-Marek et al., 2015).

Conversely, the association with IPV victimization in adulthood ($r=.21$) was significantly stronger for females ($r=.22$) than males ($r=.16$) (Smith-Marek et al., 2015). Here, there were significant sex differences for adult IPV victimization; experiencing child abuse and witnessing interparental violence were stronger risk markers for females (Smith-Marek et al., 2015). In the context of referencing adult IPV victims who also

experienced violence in the family of origin, the intergenerational transmission of violence is often referred to as “learned helplessness” (e.g., Renner & Slack, 2006). Based on his experiments with animals, Seligman (1972) surmised that “learned helplessness” was caused by negative reinforcement, resulting in a feeling of powerlessness to impact what is happening in one’s world. When applied to IPV victims, Walker (1979) contended that women are similarly conditioned to feel as if they have no control over their life, which impedes their ability to disengage from an abusive relationship. However, the theory of learned helplessness, which Ali & Naylor (2013) categorize as a feminist sub-theory, is not without critique. Specifically, it assumes that women are not making conscious choices to remain in relationships, finding ways to keep themselves and their children safe, or planning a slowly evolving escape plan (Ali & Naylor, 2013).

Perpetrator-specific personality traits. Beyond societal and familial explanations for abuse, scholars have also examined whether certain individual traits are associated with the perpetration of IPV. Perhaps most notably, scholars have focused on anger (e.g., Norlander & Eckhardt, 2005) and personality disorders (e.g., Buck, Leenaars, Emmelkamp, & van Marle, 2014) and typologies (e.g., Holtzworth-Munroe & Stuart, 1994) as correlates of battering.

Anger. Those who subscribe to the theory that anger causes violence view IPV perpetrators as having poor impulse control or aggressive reactionary tendencies (Paymar, 2000). In a meta-analysis of 23 study samples across 28 publications, Norlander and Eckhardt (2005) found that anger and hostility had a moderate relationship ($d+=.51$)

with male IPV perpetration across various measures. These effects held true even when relationship distress was considered as a moderator (Norlander & Eckhardt, 2005).

Though the authors conclude that, definitively, men with a history of IPV are angrier than men who do not perpetrate IPV, they could not determine whether anger arousal that directly precedes an IPV event is related to perpetration (Norlander & Eckhardt, 2005).

Building on this, Elkins, Moore, McNulty, Kivisto, and Handsel (2013) examined the relationship between proximal anger and IPV perpetration with a small sample of undergraduate students ($N=188$) who completed daily measures over two months using an electronic diary. Elkins and colleagues (2013) found that each single unit increase in proximal anger from the sample mean was associated with greater odds of psychological aggression ($OR=2.78$), physical assault ($OR=2.38$), and sexual coercion ($OR=2.27$).

Several distal factors moderated the association, though moderator effects differed by type of violence and anger level. For example, younger participants were more likely to perpetrate psychological violence with moderate levels of anger, whereas older participants had a higher anger threshold before engaging in this type of violence (Elkins et al., 2013).

While there is ample evidence to support the link between anger and IPV perpetration, scholars are reluctant to accept anger as a singular cause of IPV (e.g., Elkins et al., 2013), and some states prohibit its use in IPV intervention (Price & Rosenbaum, 2009). Providers who engage in anger management with clients attempt to help perpetrators recognize the physical (e.g., clenched teeth, rapid breathing) and emotional (e.g., stress, anxiety, feeling put down) signs of anger and teach de-escalation through a

variety of techniques (e.g., walking away, meditation, self-talk) (Paymar, 2000). In the early years of BIPs, Gondolf and Russell (1986) argued that there are several flaws with anger management for DV, including that it absolves a portion of the batterer's responsibility for the violence; is a "quick fix" that may prove dangerous to victims (i.e., by not treating the root cause); and excuses the community from accepting systemic responsibility (e.g., inadequate services, societal devaluation of women). Paymar (2000) argues that while anger management as one component of a more comprehensive intervention might be effective, as a standalone treatment, it does little to alter perpetrating behaviors long-term; but this may still be optimistic. For example, anger management techniques are often part of skill-building in cognitive behavioral therapy (CBT) with perpetrators (e.g., Babcock, Green, & Robie, 2004; Stover, Meadows, and Kaufman, 2009); however, in their meta-analysis of BIP treatment, Babcock and colleagues (2004) found that CBT interventions ($n=5$) had only a small effect ($d=.12$) on recidivism. Still, in their examination of 276 BIPs, Price and Rosenbaum (2009) found that 76% of the programs included an anger management module in their curricula.

Batterer typologies. Over the last 40 years, researchers have tried to evaluate personality traits and disorders in the context of IPV through the development of batterer typologies (e.g., Bender & Roberts, 2007; Cunha & Gonçalves, 2013; Elbow, 1977; Hamberger & Hastings, 1986; Hamberger, Lohr, Bonge, & Tolin, 1996; Holtzworth-Munroe & Stuart, 1994; Saunders, 1992). Perhaps the most well-known typologies are those of Holtzworth-Munroe and Stuart (1994), who used the severity and generality of the abusive partner's violence, in conjunction with psychopathology or personality

disorder symptomology, to generate three typologies: family-only, dysphoric/borderline, and generally violent/antisocial. Family-only batterers use the least severe physical violence, typically only directed at family members; demonstrate low levels of psychological and sexual abuse, criminal behavior, and psychopathology; have low to moderate levels of substance abuse and depression; have moderate levels of anger; and exhibit either no or passive/dependent personality disorder symptoms (Holtzworth-Munroe & Stuart, 1994). Typically, these batterers do not have hostile attitudes towards women, act impulsively, or associate with deviant peers (Holtzworth-Munroe & Stuart, 1994). Dysphoric/borderline batterers use moderate to high levels of physical, psychological, and sexual abuse; demonstrate low to moderate levels of extra-familial violence and criminal behavior; have moderate levels of substance abuse; have high levels of anger and depression; and frequently present symptoms of borderline or schizoid personality disorder symptoms (Holtzworth-Munroe & Stuart, 1994). Finally, generally violent/antisocial batterers use moderate-high levels of physical, psychological, and sexual abuse; demonstrate high levels of extra-familial violence, criminal behavior, and substance abuse; have moderate levels of anger; have low levels of depression; and frequently present symptoms of antisocial personality disorder/psychopathy (Holtzworth-Munroe & Stuart, 1994). As evidenced by the description, Holtzworth-Munroe and Stuart (1994) attempted to contextualize perpetration by taking into account personality alongside other attributions (e.g., attitudes, mental health, substance use). More recent typology research continues to corroborate Holtzworth-Munroe and Smith's (1994) findings (Cunha & Gonçalves, 2013).

Substance use. One of the most contentious causes in the IPV literature is substance use, as philosophical allegiances influence whether one is willing to entertain the idea that substance use is a cause of or an excuse for IPV. For example, feminist theorists would frame these rationales as excuses (McMurrin & Gilchrist, 2008). Studies show that substance use co-occurs in approximately 50% of IPV cases (Bennett & Bland, 2008). Alcohol use, in particular, by either the victim or perpetrator, increases the risk of IPV incident severity (e.g., McKinney, Caetano, Rodriguez, & Okoro, 2010).

The association between alcohol and IPV is typically explained using one of three models: a spurious model, wherein the correlation is due to other co-varying factors; an indirect effects model, wherein alcohol is related to aggression, but mediated by other factors (e.g., marital dissatisfaction); and a proximal effects model, wherein intoxication facilitates aggressiveness (Foran & O’Leary, 2008). Two meta-analyses of alcohol and IPV found similar effect sizes of .23 (Foran & O’Leary, 2008) and .24 (Stith, Smith, Penn, Ward, & Tritt, 2004), indicating a small, but consistent effect of alcohol on IPV perpetration. Moreover, based on available evidence, the authors concluded that “problem drinking,” rather than alcohol use, is associated with IPV perpetration (Foran & O’Leary, 2008). Results of a more recent meta-analysis indicate that alcohol’s correlation with IPV may not be as strong as previous research has suggested, though the authors noted that low statistical significance of alcohol-IPV correlations may be due to alcohol’s relationship with other IPV risk factors (Capaldi, Knoble, Shortt, & Kim, 2012).

While several of the aforementioned explanations for IPV are rooted in the theoretical perspectives of various disciplines (i.e., psychology, sociology), some scholars propose

that these perspectives can be complementary rather than mutually exclusive (e.g., Dutton, 2006). As such, Bell and Naugle (2008) have suggested the application of a contextualized theoretical framework for understanding IPV perpetration that addresses proximal (e.g., current stressors) and distal antecedents (e.g., childhood violence); motivators (e.g., substance use); and consequences (e.g., police involvement) to provide a more holistic approach to both understanding batterers and informing IPV intervention.

The Development of the Systemic Response to IPV

This section provides a brief overview of the historic development of the systemic response to IPV culminating in the emergence of the CCR as a best practice. I then discuss, in more depth, the initial development and goals of the CCR and end with a discussion of relevant research.

Historical precursors to the coordinated community response. Not until the last several decades has “family violence” been considered a social problem (Pleck, 1989; Sandel, 2003). The first documented law against wife beating in the Western world came in 1641 from the Puritans of the Massachusetts Bay Colony, who viewed family violence as a sinful act (Pleck, 1989). Husband abuse was outlawed two years later in 1643 (Pleck, 1989). The Puritans developed what could be the first systemic effort to address IPV, by calling upon the community, church, and state to intervene (Pleck, 1989). Over thirty years later, the Plymouth colonists passed anti-spousal abuse laws in 1672, but similarly focused on the negative religious implications of family violence (Pleck, 1989).

Further change to the systemic response to IPV came in the mid- to late-1800s. The “rule of thumb” (i.e., a husband could reprimand his wife with a switch no larger than his

thumb; Steadman, 1917) was challenged in several court rulings (e.g., Fulgham v. the State, 46 Ala. 143). Finally, in 1874, a North Carolina judge deemed the rule to be outdated (State v. Richard Oliver, 70 NC 60). This same time period saw the rise of the first wave of feminism, starting with the inaugural women's rights convention in Seneca Falls, New York in 1948 (Kinser, 2004). First wave feminists advocated for women's issues such as suffrage and validating a woman's contributions outside the home (Kroløkke & Sørensen, 2006). As it relates to IPV, by 1911, all U.S. states had laws against wife abuse (Pence & Shepard, 1999), even if only symbolic in nature until the arrival of the second wave of feminism (Pleck, 1989), when the DV movement truly took root.

The second wave of feminism came following Civil Rights activism and focused on the importance of women's rights (Kinser, 2004; Nachescu, 2009). DV garnered national attention (Danis, 2003) following some scholars' claims that patriarchy and the subordination of women were the underpinnings of the family structure (e.g., Schechter, 1982). This is often referred to as the "battered women's movement," which highlighted the importance of victim-safety in responding to IPV (Pence & Shepard, 1999). With this, a group of Duluth, Minnesota-based advocates formed what is now known as the DAIP (Pence & Shepard, 1999). The DAIP is most well known for its development of the community coordinated response to IPV, which has resulted in developments related to both policy (e.g., mandatory arrest policies) and practice (e.g., feminist-based batterer intervention programs) (Pence & Shepard, 1999). Though third and fourth waves of feminism exist (e.g., Munro, 2013), the present dissertation primarily focuses on

intervention that derived from work beginning in the second wave. Thus, third and fourth wave feminism are not discussed in this literature review.

The community coordinated response to IPV. A coordinated community response (CCR) is an approach to intervention that relies on the collaboration of multiple IPV-serving entities to address the problem within a community (Pence & Shepard, 1999).

There are eight components of a CCR, with a unified focus on victim safety (Pence & Shepard, 1999, p. 16):

- 1) creating a coherent philosophical approach centralizing victim safety;
- 2) developing “best practice” policies and protocols for intervention agencies that are part of an integrated response;
- 3) enhancing networking among service providers;
- 4) building monitoring and tracking into the system;
- 5) ensuring a supportive community infrastructure for battered women;
- 6) providing sanctions and rehabilitation opportunities for abusers;
- 7) undoing the harm violence to women does to children;
- 8) evaluating the coordinated community response from the standpoint of victim safety.

Considering these components, implementation of CCRs should include the assembly of community leaders and resources to ensure efficiency and effectiveness of IPV intervention within the local context (Klevens, Baker, Shelley, & Ingram, 2008).

Creating a community coordinated response. In their development of the first CCR, DAIP leaders noted that much of the contention within the IPV response was attributable to two primary issues: 1) responders’ varying philosophical beliefs as to why IPV occurs, and 2) a system that is ineffective due to the generic nature of its response to nuanced cases (Pence, 1999). According to Pence (1999), the DAIP set out to create institutional change that incorporated the perspectives of all community responders, including several successful strategies representing actions by multiple responder roles:

1) DAIP staff spent nearly a year learning about all aspects of the system by interacting with frontline responders; 2) agency directors were willing to be (cautiously) open to a new way of working within the system; 3) staff solicited suggestions for system improvement from frontline responders (i.e., law enforcement officers and administrators, probation officers, prosecutors, therapists, judges, dispatchers, court clerks, jailers, and defense attorneys), as well as the necessary resources to implement such improvements; 4) staff built rapport with frontline responders through informal meetings (e.g., ride-alongs) to learn of their perceptions of their work, their responder collaborations, and IPV; 5) staff's meetings with frontline responders provided the basis for initial conversations with agency leadership regarding change; 6) DAIP staff agreed to raise the funding necessary for training and evaluation; and 7) key frontline responders in each agency who were particularly invested in the goals of the DAIP were identified to assist in the drafting of the policy language.

It is important to note that, while desirable, coordination of responders is not the ultimate goal of the Duluth Model, particularly when it would be to the detriment of the victim by taking the focus off of victim-safety (Pence & McDonnell, 1999). Moreover, because the Duluth Model stresses offender accountability, staff assume that 1) not all violence is the same; 2) it is important to know how violence impacts victims to determine best courses of action; and 3) most victims of continuous abuse will be safer with court oversight of the offender (Pence & McDonnell, 1999).

The effectiveness of community coordinated responses. While CCRs share major goals (i.e., victim safety, offender accountability), how those goals are accomplished can

vary by community given the localized context of the systemic response. As such, it is perhaps unsurprising that research on the effectiveness of CCRs has resulted in mixed findings, primarily based on what is being evaluated. For example, research has demonstrated that CCRs positively impact victims, particularly their mental health, with reductions in depression (Sullivan, Bybee, & Allen, 2002) and substance use (Shorey et al., 2014), as well as increases in self-esteem (Sullivan et al., 2002). However, a review of the effectiveness of CCRs related to victim outcomes concluded that other components (e.g., healthcare screening and referral practices) demonstrated inconsistent findings (Shorey et al., 2014).

Research on the effects of CCRs on perpetration is most readily apparent in the literature, in part because of the emphasis on offender accountability, particularly as it relates to arrest rates (e.g., Beldin, Lauritsen, D'Souza, & Moyer, 2015) and recidivism (e.g., Babcock & Steiner, 1999). The focus of recidivism research is frequently the Duluth Model of batterer intervention, stemming from the DAIP's work. The Duluth Model emphasizes the DAIP's foci of victim empowerment and offender accountability (e.g., Corvo, Dutton, & Chen, 2009; DAIP, 2011b) using a psychoeducational approach to teach male offenders about egalitarian gender roles (e.g., Babcock et al., 2004; Mills, Borocas, & Ariel, 2013). The Model is the most replicated BIP worldwide and the DAIP (2011c) claims a 68% non-recidivism rate at eight-year follow-up. Despite its extensive use, other scholars have found conflicting results as to the effectiveness of the Duluth and other BIP models (e.g., cognitive behavioral therapy); specifically, these programs do

little, if anything, to reduce recidivism (e.g., Babcock et al., 2004; Feder & Dugan, 2002; Feder & Wilson, 2005). This point is discussed in more depth later in this chapter.

Despite their multiple foci, CCR research has primarily focused on direct victim and perpetrator behavior outcomes as noted above, with less attention on how CCRs operate (Salazar, Emshoff, Baker, & Crowley, 2007). While Salazar and colleagues (2007) acknowledge a need to evaluate policies and practices that impact both victims and perpetrators, they also note that the criminal justice system at-large should be responsible for the fidelity of its implementation of CCRs. However, this work is not without its challenges as ecological theory posits that systems tend to remain homeostatic and methodological tools for measuring systemic or community change pale in comparison to measuring change within individuals (Salazar et al., 2007). Robinson (2006) conducted a program evaluation in the United Kingdom focusing on both the process and outcome of multi-agency risk assessment conferences (MARACs) and expressly commented on many of these challenges. While responders found the MARACs to be “invaluable” (p. 773), they struggled with the time it took away from carrying out their job-related responsibilities and worried that their managers would not allow for long-term participation because of the time commitment (Robinson, 2006). In addition to administrative burden, participants felt that the high volume of cases and dependence on victim cooperation made the work difficult (Robinson, 2006).

Similar to outcomes related to perpetrators, research has not solidified CCRs as effective community-level interventions. For example, in a comparison of ten CCR sites to ten control sites in 23 counties throughout the United States, researchers found that the

presence of CCRs does not impact knowledge, beliefs, or attitudes of IPV nor knowledge and use of services (Post et al., 2010). Despite the lack of support for CCRs' effectiveness as a community-level intervention, Garner and Maxwell (2008) argue that the lack of supporting evidence may stem from a simple lack of research or less than rigorous research methods in extant studies. Though their essay is nearly a decade old and several more community-focused publications are available, the sentiment still rings true: "Two impact evaluations of coordinated community response are probably an insufficient basis for evaluating policy preferences for coordinated responses" (Garner & Maxwell, 2008, p. 531).

The Roles of IPV Responders

In the following section, I discuss the roles of victim advocates, law enforcement, prosecutors, and BIP providers. Relevant details of job duties and significant programs and policies are considered by role. Florida-specific details are provided as necessary to contextualize the qualitative findings of the present dissertation.

Victim advocates. Victim advocates, sometimes referred to as victim service providers, are trained professionals who work with crime victims in a variety of capacities and settings (NCVC, 2008). Advocates might provide victims with emotional support, counseling, referrals for other services, information on legal rights, and assistance with safety planning, among other things (Bennett, Riger, Schewe, Howard, & Wasco, 2004; NCVC, 2008). Typically, victim advocates work in criminal justice settings (e.g., law enforcement agencies, prosecutorial offices) and non-profit organizations (e.g., DV shelters) (NCVC, 2008). Agencies that focus specifically on DV

often provide a combination of services to both the community (e.g., education, prevention outreach) and victims (e.g., crisis hotline, counseling, advocacy, emergency shelter) through a staff of professionals, paraprofessionals, and volunteers (Bennett et al., 2004).

Provision of services. Most victim advocacy work is rooted in the feminist perspective and, as such, the root cause of violence is attributed to issues around male dominance and control (McPhail, Busch, Kulkarni, Rice, 2007). Many victim advocacy programs seek to empower victims, though as Kasturirangan (2008) argues, the empowerment process should be reflective of the victim's values, which may or may not align with the dominant DV discourse. There is evidence to suggest positive outcomes for victims who receive advocacy services (Bybee & Sullivan, 2002; Hackett, McWhirter, & Leshner, 2016; Kulkarni, Bell, & Rhodes, 2012). For example, an Illinois-based study of victims' ($N=9,283$) self-reported outcomes demonstrated support for the effectiveness of five forms of advocacy/services: counseling (e.g., social support, coping skills, goal-setting); hotline (e.g., information, support); brief advocacy (e.g., information, support, decision making); extended advocacy (e.g., information, support, decision making); and shelter (e.g., safety, comfort, respect). Focus group data with advocates ($N=24$) and victims ($N=30$) suggest that service delivery can be further enhanced when providers are empathetic, support empowerment, individualize care, and maintain ethical boundaries (Kulkarni et al., 2012). Of course, implementing victim service programs is not without its challenges. Kulkarni and colleagues (2012) found that providers perceived several major barriers to conducting their work: 1) inadequate organizational resources,

particularly in rural areas; 2) staff burnout; 3) lack of training, particularly around issues of cultural competence (e.g., racial diversity, LGBTQ IPV); 4) and poor coordination with other community resources.

Criticism of the feminist approach. Despite evidence of successful outcomes, there exists critique of feminist-based advocacy. Though feminist models of IPV practice consider offender accountability and victim safety to be empowering, this emphasis can negatively impact some victims (McDermott & Garofolo, 2004). Enhanced criminal justice policies for perpetrators (e.g., pro-arrest, no drop prosecution) can cause financial hardship (e.g., perpetrator cannot contribute financially while incarcerated) for victims (Kulkarni et al., 2012) or disempower those who do not want ongoing intervention, only for the immediate violence to stop (McDermott & Garofolo, 2004). As such, some scholars have pushed for a systemic transition to “woman-defined advocacy” (i.e., based on individual circumstances) from “service-defined advocacy” (i.e., based on available resources) (Davies & Lyon, 2014; Kulkarni, Herman-Smith, & Ross, 2015). Woman- or victim-defined advocacy begins with an advocate garnering a comprehensive understanding of the victim’s risk level, life circumstances, priorities, current and previous safety plans, and relationship decisions; then, the advocate works with the victim to build rapport and review the risks and options specific to her circumstances and priorities (Davies & Lyon, 2014). Certainly, this model of service delivery is not without challenges; however, proponents view it as the best way for the victim to regain control lost to the abuser and begin the “path to healing and safety” (Davies & Lyons, 2014, p. 16).

Victim confidentiality. As part of promoting victim safety and privacy, The Violence Against Women Reauthorization Act (2013) and the Family Violence Prevention and Services Act (2010) both contain language that support victim confidentiality practices in instances of interpersonal violence, including IPV (National Network to End Domestic Violence [NNEDV], 2017). Under these laws, providers who receive funds from these programs are prohibited from “sharing personally identifying information about victims without informed, written, reasonably time-limited consent” (NNEDV, 2017). Moreover, programs can neither require victims to provide personally identifying information as a prerequisite for service nor provide identifying client information for reporting, evaluation, or data collection (NNEDV, 2017). Limited information sharing can occur at a victim’s request and only after being informed of potential consequences of information release (NNEDV, 2017). In this vein, Davies & Lyons (2014, p. 96) suggest that, if employing victim-defined advocacy, service providers should help victims to understand confidentiality as “the victim having control about the decision to release information, not simply that information is never shared.” As such, they suggest advocates should inform victims of limitations of confidentiality (i.e., related to mandated reporting), so the victim has an understanding of the implications of sharing particular information and can maintain control over that process (Davies & Lyons, 2014). More than just promoting physical safety, confidentiality policies can promote emotional safety for victims. As Kulkarni and colleagues (2012, p. 94) note, while boundaries and confidentiality are paramount in any helping relationship, these concepts are particularly important in an IPV context given victims’ histories with “deception, betrayal, and emotional abuse.”

Law enforcement. Law enforcement officers play an integral role in the systemic response to IPV, as they are required to fulfill numerous duties when called to respond to an IPV incident, including collecting and documenting evidence, ensuring victim safety, and adhering to arrest policies. Moreover, they are often the first of the frontline responders in IPV intervention (Stover, 2012). In line with the historical response to IPV, those in law enforcement previously viewed the abuse as a nuisance best dealt with in the privacy of one's own home (Gover et al., 2011). However, as IPV policies and practices have evolved, so too has research with law enforcement and the policies that dictate their work.

Practices and procedures. According to a study of 358 law enforcement agencies' DV investigations, on average, eight percent of all calls for service are DV-related (Police Executive Research Forum [PERF], 2015). While law enforcement procedures can vary by agency or jurisdiction, PERF (2015) noted many common DV response practices, including a careful approach to the situation (e.g., discretion in use of lights and sirens); sending two officers; treating calls as high-priority, responding even if the victim rescinds their initial request for service; interviewing the two parties separately; inquiring about access to, and sometimes ceasing, firearms from alleged perpetrators; obtaining multiple contact numbers for victims for follow-up purposes; collecting evidence according to written policy (e.g., photographing injuries, obtaining written or audio/video statements, interviewing witnesses); and "discouraging 'dual arrests'" (p. 3). Nearly half (43%) of participating agencies have a dedicated DV unit, and most (84%) provide DV-specific training to personnel (PERF, 2015). It is clear that

law enforcement responders have numerous duties to fulfill in DV cases and research with officers speaks to the challenging nature of this work. A study of 309 police officers in a large, urban department found that the vast majority of participants felt that DV calls took up too much time (84%) and caused frustration due to repeat visits to the same address (Gover et al., 2011). Corroborating research that DV calls are highly dangerous for officers (Breul & Keith, 2016), 75% of participants in the Gover et al. (2011) study agreed that they were more likely to be injured on a DV call than other calls.

Mandatory arrest policies. As with other facets of the IPV response, there has been and continues to be much debate over IPV arrest policies. The 1980s saw a rise in pro-arrest policies due to two major events: a high-profile case where a lack of arrest resulted in a woman's severe beating and the Minneapolis Spouse Abuse Experiment (Gondolf, 2002). In Sherman and Berk's (1984) Minneapolis Spouse Abuse Experiment, IPV perpetrators were randomly assigned to arrest ($n=92$, 29.3%); separation ($n=114$, 36.3%); or some form of advice (e.g., officer mediation) ($n=108$, 34.4%). The researchers found that, while separation resulted in the highest recidivism, arrest significantly reduced recidivism at six-month follow-up (Sherman and Berk, 1984). Anecdotally, others contend that too many officers around this time viewed DV calls as "personal matters," and took a "work it out" approach as opposed to arresting the alleged perpetrator (PERF, 2015, p. 4). As it relates to the CCR, Pence (1999) argued that mandatory arrest is necessary to shift the onus of abuser confrontation from the victim onto the criminal justice system, effectively removing the abuser's control over the situation. The American Bar Association's ([ABA], 2011) most recent publicized

compilation of arrest policies indicates that seven states have pro-arrest policies; 16 states and the District of Columbia have mandatory arrest policies; and 22 states rely on officer discretion, including Florida. Five states have a combination of policies; for example, mandatory arrest for physical injuries and officer discretion when there are no apparent injuries (ABA, 2011).

Despite good intentions, there is also significant concern regarding mandatory arrest policies, both within and outside law enforcement. Within law enforcement, Gover and colleagues (2011) found that only 31.1% of officers agreed that a mandatory arrest policy was best and 88% reported the need for more discretion. Moreover, research on arrest as a deterrent of future IPV commission has been mixed (for review, see Mills, 1998). Perhaps the biggest concern is that mandatory arrest can negatively impact victims. Zelcer (2014) suggests that mandatory arrest policies can result in victim disempowerment, victim arrest (i.e., in cases of self-defense), or loss of custody of children for their presence during the violence. Durfee's (2012) analysis of gendered patterns of IPV arrests in situations of police perceived bidirectional violence or otherwise ambiguous context corroborate Zelcer's (2014) suggestion that mandatory arrest policies disproportionately impact women. Controlling for the incident details and demographics, states with mandatory arrest policies were 1.59 times more likely to end in male arrest, 1.38 times more likely to end in dual arrest, and 2.33 times more likely to end in female arrest, compared to no arrest (Durfee, 2012). As the debate continues, policies continue to vary widely. PERF (2015) suggests that mandatory arrest policies not be eliminated, but instead be coupled with social services as originally intended by the

Duluth Model. Based on their findings, PERF (2015) notes that many agencies believe mandatory arrest to be a successful macro-intervention for DV, sending a message that the community will not tolerate its perpetration.

Responding to DV calls in Florida. Fla. Stat. § 741.29 (2016) dictates the law enforcement response to DV calls. Officers must write a report of the incident, regardless of arrest, that provides documentation of observed physical injuries and a statement that victims were given written notification of their legal rights and courses of action; if an arrest is not made, documentation of rationale must also be provided (Fla. Stat. § 741.29, 2016). Additionally, officers must obtain medical treatment for the victim, if necessary, and gather written statements from the victim and any witnesses whenever possible (Fla. Stat. § 741.29, 2016). All DV reports are sent to officers' supervisors to be filed with the agency for DV data-tracking purposes (Fla. Stat. 741.29, 2016). The law enforcement agency must, within 24 hours, forward a copy of the report to the local certified DV program (Fla. Stat. § 741.29, 2016).

If a Florida officer makes a DV arrest based on probable cause and good faith, she or he cannot be held liable in civil action (Fla. Stat. § 741.29, 2016). In cases where there are complaints of bidirectional DV, the officer must try to determine the primary aggressor and identify if one party was acting within reasonable self-defense (Fla. Stat. § 741.29, 2016). Arrest of an alleged perpetrator does not require victim consent (Fla. Stat. § 741.29, 2016).

Prosecutors. The ABA's (2017) General Standards outline the essential functions of the prosecutor. Responsible for the prosecutions in their jurisdiction, Standard 3-1.2

dictates that prosecutors should a) pursue justice, not just conviction; b) engage in efforts to positively reform the criminal justice system when inadequacies or injustices are identified; and c) follow their jurisdictions' law and professional and ethical codes (ABA, 2017). Moreover, "the prosecutor is an administrator of justice, an advocate, and an officer of the court" who must exercise "sound discretion" in performing his or her job (ABA, 2017). This discretion has become a salient point in the IPV prosecution discourse, in particular. In her philosophical analysis of prosecuting DV, Dempsey (2009) presents prosecutors as representatives of their state, but, foremost, human beings who are subject to morality as any other person. With that, she notes that prosecutorial discretion must be informed by a system of legal norms that thoughtfully consider when moral considerations should be omitted (Dempsey, 2009). Most prosecutors, indeed, are bound to such legal norms through policy.

Prosecution in practice. The practice of filing DV charges varies by jurisdiction, though is often based on policy. "Mandatory" or "universal filing" policies dictate that most DV cases be filed, whereas other jurisdictions only file charges for those cases in which there is sufficient evidence to proceed (Peterson, 2013). Once charges are filed, there are two primary approaches that inform prosecutors' work on IPV cases: evidence-based and victim-centered prosecution. While both approaches align with CCR foci of ensuring offender accountability and promoting victim safety, evidence-based prosecution (also referred to as mandatory, no-drop, or victimless prosecution) relies on deterrence as a strategy to end IPV, whereas victim-centered prosecution promotes therapeutic jurisprudence (Finn, 2013). While these two approaches can be helpful in

distinguishing jurisdictions for comparison, Peterson (2013) argues these descriptors only represent a jurisdiction's broad approach and should not necessarily be considered mutually exclusive.

Victim-centered approaches tend to allow victims to more actively participate in decisions around filing or dropping charges and diverting cases to mandated batterer intervention (Peterson, 2013). This approach emphasizes the empowerment of the victim following loss of control after abuse. However, a major challenge in prosecution is the high-rate of "uncooperative" victims. Indeed, Dean (2013, p. 52) describes how DV court cases can seem "doomed from the start" given the "notoriously evasive" nature of victims. Most notably, the 2004 court case *Crawford v. Washington* established that, if a victim is not present in court, her statements to law enforcement are inadmissible as it violates the 6th Amendment Confrontation Clause allowing for cross-examination (Flannigan, 2013). Unfortunately, as Percival (2005) notes, victims may be unavailable for any number of reasons beyond basic refusal to testify, including emotional distress and batterer intimidation. Still, research has demonstrated that victim cooperation does impact how cases move forward in the judicial system. For example, in a Canadian study, Dawson & Dinovitzer (2001) found that, even in a jurisdiction with mandatory prosecution, likelihood of prosecution is seven times higher for cases with victim cooperation.

To account for the instances in which victims do not cooperate with prosecution efforts, scholars are working to promote evidence-based prosecution strategies for DV crimes. In a prominent study of prosecution approaches, Finn (2013) interviewed victims

($N=170$) at intake, disposition, and six months post-disposition, comparing outcomes of evidence-based and victim-centered jurisdictions, both of which had specialized DV prosecution units. Finn (2013) found that victims in evidence-based jurisdictions were significantly more likely than victim-centered jurisdictions to report psychological ($OR=3.76$) and physical IPV ($OR=7.17$) recidivism six months after case disposition. However, victims did not differ by self-perceived court empowerment or higher risk for future violence (Finn, 2013). However, Peterson (2013) argues that it is the broader victim engagement (e.g., providing referrals for services) demonstrated by the victim-led prosecution jurisdictions in this study that could have impacted outcomes in Finn's (2013) study, rather than simply how much input the victim had on the case. Certainly, evidence from Dawson and Dinovitzer's (2001) Canadian study would support this given that a having a met with a victim advocate significantly increased the likelihood of victim participation in prosecution. However, in the absence of victim participation, should prosecutors move forward, identifying admissible evidence becomes crucial and legal scholars are offering suggestions (e.g., medical records, treating physician testimony) for such evidence (Dean, 2013).

Prosecution in Florida. There are 20 State's Attorney's Offices throughout Florida, each representing one circuit, which is typically comprised of multiple counties (Florida Prosecuting Attorneys Association, 2017). Per Fla. Stat. § 741.2901 (2016), Florida's State's Attorney's Offices are required to adopt a pro-prosecution policy for DV crimes in an effort to promote victim safety and offender accountability. Moreover, while not required to be their sole duty, each Office must designate a specialized prosecutor or

team of prosecutors for DV cases and ensure their support staff receives DV-specific training (Fla. Stat. § 741.2901, 2016). At relevant times (i.e., during first appearance, when setting bond, sentencing), the prosecutor must present a detailed history of the defendant as it relates to his criminal and DV history, such as prior arrests, injunctions, and complaints (Fla. Stat. § 741.2901, 2016).

BIP providers. According to the Association of Batterer’s Intervention Programs ([ABIPS], 2015), founded in 1989, its members consider DV to be a crime “with roots in an oppressively hierarchical, violence-accepting society.” Their goals are to increase safety for victims and their children, reduce DV behavior patterns and thinking among batterers, and promote safe communities (ABIPS, 2015). However, as Gondolf (2002) notes, services for batterers can be different both across and within geographical locations. When BIPs began to garner attention in the mid-1970s, several approaches were being employed (e.g., cognitive behavioral, psychodynamic) that could be at once considered complementary and contradictory (Gondolf, 2002; Mederos, 1999). Despite the lack of unified practice, most approaches were similarly built upon the fundamental principles of the Duluth Model, specifically: 1) enforcement of offender accountability; 2) interruption of batterers’ thoughts and behaviors that rationalize or justify their use of violence; and 3) assisting batterers in addressing their own emotional and psychological problems (Gondolf, 2002).

The Duluth and other BIP models. As part of the overarching CCR, the DAIP created the Duluth Model of batterer intervention to provide services to male IPV perpetrators (with female partners) within a community-focused context (Mederos, 1999)

and as an alternative to incarceration (Corvo et al., 2009). First developed in the early 1980s (Mederos, 1999), DAIP staff crafted the feminist-informed Duluth Model to highlight offender accountability and victim empowerment (Corvo et al., 2009; DAIP, 2011b). Established in collaboration with representatives of the criminal justice system, the Model places victim safety as its central goal (Day, Chung, O’Leary, & Carson, 2009), which remains in alignment with today’s BIP goals (ABIPS, 2015).

Despite the predominant use of the Duluth and other psychoeducational models, there are other models of batterer intervention that exist that are more therapeutic in nature, such as cognitive behavioral and psychodynamic models (Price & Rosenbaum, 2009). Moreover, some programmatic philosophies are not mutually exclusive (e.g., psychoeducational, profeminist, cognitive behavioral, Duluth-specific) (Price & Rosenbaum, 2009). However, the Duluth Model is perhaps the most prominent intervention for IPV perpetration (Babcock et al., 2004; Day et al., 2009; Gondolf, 2002).

BIP Structure. While some IPV perpetrators seek BIP services voluntarily, most are connected with programs due to court order (Price & Rosenbaum, 2009). It is customary for BIPs to begin with an intake and assessment (Austin & Dankwort, 1998) before being assigned to a gender-specific group (in this case, males) (Mills et al., 2013). The Duluth Model, in particular, uses the intake process to learn about the severity and patterns of abuse exhibited by the client, his level of candor regarding his use of IPV, and any substance use or mental health history (Pence & Paymar, 1993). In a large, but non-representative, national survey of BIPs ($n=276$), 82% of programs reported that nearly all (>95%) of their clients are treated in a group setting (Price & Rosenbaum, 2009). Most

BIP groups are open-ended (81%), with an average of 10 ($SD=3.4$) clients per group (Price & Rosenbaum, 2009).

Typically, clients attend weekly sessions, lasting between 90 minutes and two hours, over a period of six months, though this structure is dependent on state-specific policies (Gondolf, 2002; Mills et al., 2013). Research has found the temporal structure of BIPs to vary widely in the number of sessions, likely due to arbitrarily set individual state standards (e.g., Rosenbaum, Gearan, & Ondovic, 2001). For example, in Price and Rosenbaum's (2009) study of BIPs, the number of sessions ranged from six to 90, with a median and mode of 26 sessions. Most programs (56%) reported 90-minute sessions for a typical program length of 40 total hours (Price & Rosenbaum, 2009).

Generally, BIP sessions rely heavily on psychoeducation to educate male clients on egalitarian gender roles (Babcock et al., 2004; Mills et al., 2013). Though research has established that IPV does not solely occur in a heterosexual context (e.g., Ard & Makadon, 2011), and BIPs have progressed over time to reflect this, current programs remain deeply rooted in Duluth principles where males are batterers and females are victims (Mills et al., 2013). Research indicates that most BIPs do use the Duluth Model or a psychoeducational variant of it (Price & Rosenbaum, 2009). Price and Rosenbaum (2009) found that 59% of programs endorsed the use of a psychoeducational model, with over half (53%) reporting the use of the Duluth model specifically. Other philosophies employed included cognitive behavioral (49%), therapeutic (26%), and profeminist (7%) approaches; though, when an eclectic approach is taken, the most common philosophical

combination is psychoeducational, Duluth, and cognitive behavioral (Price & Rosenbaum, 2009).

BIP laws in Florida. The Florida Legislature recognizes in Statute § 741.32 (2016) that rates of DV are high, with consequences for both victims and any children that might witness the violence. Moreover, the Legislature (Fla. Stat. § 741.32, 2016) dictates a need for standardized programs to assist victims and hold batterers accountable and, as such, states:

The Legislature recognizes that in order for batterers' intervention programs to be successful in protecting victims and their children, all participants in the justice system as well as social service agencies and local and state governments must coordinate their efforts at the community level.

The Legislature provides further guidance as to how BIPs should be standardized. Fla. Stat. § 741.325 (2016) specifies that BIPs are required to: 1) prioritize victim safety and children's safety, if present; 2) hold batterers accountable for their use of violence; 3) be 29 weeks long with 24 weekly sessions, in addition to any intake, assessment, and orientation sessions; 4) be "based on a psychoeducational model that addresses tactics of power and control by one person over another;" and 5) be funded by client fees as part of batterer accountability, except where local, state, or federal funding allocates financial funds to BIPs wholly or in part. The Statute also clarifies that these terms are specific to perpetrators of IPV, as similarly defined in this dissertation, and not to household members who perpetrate other forms of DV (e.g., siblings) (Fla. Stat. § 741.325, 2016). Further, Fla. Stat. § 741.281 (2016) requires BIP be a stipulation of a minimum one-year probation for those individuals who are found guilty of, have adjudication withheld on, or

plead no contest to a DV crime, regardless of incarceration as part of the sentence. For BIP to be removed as a condition of probation, good cause must be shown in court indicating the program's inappropriateness for the defendant (Fla. Stat. § 741.281, 2016).

Despite the statutory requirements outlined above, House Bill 7093 (Florida Legislature, 2012) repealed the law that the Florida Department of Children and Families (DCF) must certify and monitor BIPs in Florida, effectively ending state oversight of BIPs. However, the DCF (2014) website maintains lists of statutory BIP requirements and relevant laws as well as provides example forms for BIP providers. Qualitative research with BIP providers and their systemic collaborators suggest that providers want a centralized system and monitoring processes to ensure minimum standards are being met; however, which entity (e.g., criminal justice system, victim services) should oversee this system is unclear (Morrison et al., 2016).

BIP effectiveness. Despite their widespread use, research has shown that BIPs may not be effective in reducing recidivism among batterers. Though the DAIP claims a 68% non-recidivism rate for the Duluth Model (DAIP, 2011c), multiple meta-analyses have only found small effect sizes (Babcock et al., 2004; Feder & Wilson, 2005). One meta-analysis of 22 experimental and quasi-experimental studies of BIP effectiveness in which most programs were Duluth-based, male BIP participants were only 5% less likely to recidivate than males who did not attend BIP (Babcock et al., 2004). Florida, in particular, was home to the “Broward Experiment” conducted by Feder and Dugan in 2002, in which male batterers convicted of misdemeanor DV against a female partner were randomly assigned to a 26-week Duluth Model-based BIP group (n=230, 57%) or a

one-year probation (control) group ($n=174$, 43%). Data from multiple sources (i.e., from victims, perpetrators, official records) indicated no significant differences in recidivism between the groups (Feder & Dugan, 2002). Results of a qualitative study of victim's ($n=8$) perspectives of their partner's success after attending Idaho's state-approved BIP corroborated these findings (Hayward, Steiner, & Sproule, 2007). Despite some positive outcomes (e.g., improved communication with their partner, increased feelings of safety), most of the women ($n=6$) reported that emotional, verbal, and psychological abuse continued, particularly when substances were present, even though physical violence had stopped (Hayward et al., 2007).

A major critique of current BIPs and their inability to effectively reduce recidivism is the "one-size-fits-all" nature of the programs (e.g., Dutton & Corvo, 2006; Langhinrichsen-Rohling, 2005; Stuart, 2005). In Price and Rosenbaum's (2009) study of BIPs, 90% of participants reported using such a "one-size-fits-all" approach to treatment, with only 10% offering any type of tailored treatment. Numerous scholars have argued for programmatic changes, particularly in regards to tailoring intervention, with the hopes of decreasing recidivism (e.g., Aaron & Beaulaurier, 2016; Cuevas & Bui, 2016; Dalton, 2007; Radatz & Wright, 2016; Saunders, 2008). For example, based on his review of group BIPs, Saunders (2008) is unsurprised by small effect sizes of intervention given both the varying rigor of recidivism studies as well as perpetrator characteristics (e.g., unmotivated clients). He suggests matching offenders to treatment types (e.g., based on motivation to change) as a line of continuing inquiry. Radatz and Wright (2016) made similar recommendations for matching treatment by assessing risk for re-offense,

identifying the criminogenic needs of batterers, and classifying batterer types. They also suggest a move toward cognitive behavioral models and a need for training and program evaluation to ensure treatment fidelity (Radatz & Wright, 2016).

Collaboration Among IPV Responders

Much of the literature on IPV collaboration focuses on victim (e.g., Shorey et al., 2014) and perpetrator (e.g., Babcock & Steiner, 1999) outcomes as a function of responder collaborations. This leaves much room for growth to explore the processes and statuses of collaboration among responders, particularly from responders' own perspectives. Some research has explored the professional impacts of collaboration among responders. For example, police officers ($n=22$) in an upstate New York qualitative study reported that enhanced collaboration with the District Attorney's Office and community service providers is necessary to not only reduce IPV recidivism, but also to increase their job satisfaction (Horwitz et al., 2011). The most relevant piece of extant research to the strengths and challenges of IPV collaboration is Sudderth's (2006) 18-month study of a rural community partnership team, focusing on the relationship between representatives from law enforcement and a DV program. Sudderth (2006) noted that collaboration challenges included high turnover; clash of values (e.g., law enforcement valuing hierarchy versus advocates valuing feminist models of processing issues); clash of protocols (e.g., law enforcement action dictated by statute versus advocates action dictated by victims, lack of understanding of one another's protocols); differences in victim empathy; and differences in the quantity and quality of DV training. Given the lack of process-related research, what follows is a presentation of the extant outcome-

based literature as it relates to distinct phases of the systemic IPV response: on scene, investigation and prosecution, and intervention with perpetrators.

On scene: The impact of victim advocate-law enforcement teams. When it comes to responding to DV calls, police-victim advocate teams have been shown to impact case outcomes (e.g., Stover, Berkman, Desai, & Marans, 2010; Whetstone, 2001). In a study comparing districts with typical DV police response to those with officer-advocate teams, Whetstone (2001) found that while there were no post-intervention differences in number of DV or arrests reports, the officer-advocate teams had significantly more arrests and prosecutions, convictions, and medical attention sought for victims, than the typical response officers. Further, a prosecutor who completed a complementary interview noted that all officer-advocate cases were prosecuted, with none concluding in plea agreements (Whetstone, 2001). Another officer-advocate team model, Domestic Violence Home Visitation Intervention (DVHVI), involves follow-up home visits after a DV incident (Stover et al., 2010). Stover and colleagues (2010) compared IPV cases receiving DVHVI ($n=52$) to those receiving standard community policing ($n=55$) by interviewing female victims at baseline, six-, and twelve-month follow-ups. Women receiving DVHVI were significantly more likely to report both positive interactions with police and perceived respect by police than women who received standard policing (Stover et al., 2010). Moreover, women in the DVHVI group were more likely to use court services (e.g., legal aid, court-based advocacy), which continued through the twelve-month follow-up, than women in the control group.

Investigation and prosecution. Nationally representative data ($N=2,394$) indicate that officers make IPV arrests in approximately 19.3% of cases (compared to 14.5% of non-partner assaults) (Avakame & Fyfe, 2001). As previously discussed, police investigations of IPV cases require officers to fulfill numerous duties (Stover, 2012). Moreover, their investigative work is the primary source of evidence prosecutors use when determining whether or not to file charges (Nelson, 2013). However, meta-analysis findings indicate that 70% of police-investigated DV cases are not pursued at the prosecution phase (Garner & Maxwell, 2009) and, historically, scholars have suggested this is due to inadequate law enforcement response (e.g., Avakame & Fyfe, 2001; Hocror, 1997).

Nelson (2013, p. 529), a former law enforcement officer, contends that it is the “minimalism and superwork” habits of individual officers that are pertinent to investigations’ successes. As such, he examined specific “police controlled antecedents” in a randomly selected subset ($n=242$) of 1,810 IPV investigations and assessed their impact on prosecutorial and conviction outcomes across several types of DV cases (Nelson, 2013, p. 529). Of the antecedents, listing more than one charge was most lucrative in increasing odds of prosecution ($OR=3.84$) and conviction ($OR=2.42$) across all types of cases (Nelson, 2013). As it relates to prosecution, Nelson (2013) notes that the impact of the inclusion of multiple charges is logical because it allows prosecutors the opportunity to use some of them as “throw away” charges in plea deals targeting the primary DV offense. In addition to multiple charges, obtaining emergency protective orders and finding and arresting the defendant resulted in approximately twice the odds

of both prosecution and conviction (Nelson, 2013). Obtaining photographs and the number of witnesses listed in the report did not significantly predict prosecution and conviction. Finally, Nelson's (2013) findings suggest that investigations be closed quickly, and on the same day if possible, rather than relying on detective follow-up, given that the odds of prosecution decline by 25% after several days and by 50% in less than month. Nelson's (2013) study clearly indicates the impact of police work on that of prosecutors, underscoring the need for coordination to achieve mutual goals.

When cases are pursued in prosecution, research has shown that victim participation, which can be bolstered by work with advocates (Camacho & Alarid, 2008) impacts case adjudications. Camacho and Alarid (2008) examined victim (87% female) participation and case outcomes in 384 misdemeanor DV cases in Kansas City, Missouri. They found that victim impact statements, typically taken by prosecution-based advocates, increased victim participation in the court case by nearly 27 times and increased a guilty case outcome by 14 times (Camacho & Alarid, 2008). Not only can advocate-prosecution collaboration impact victim participation and case outcomes, it can also increase victim-perceived voice, when implemented with fidelity. For example, Cattaneo, Goodman, Epstein, Kohn, and Zanville (2009) examined differences in victims involved in the Victim-Informed Prosecution (VIP) program, wherein prosecutors met regularly with civil lawyers and victim advocates to discuss case progress and victims' wishes, and victims who received services-as-usual. While there were no significant differences in victim's perceived voice, the researchers noted this is likely due to lack of follow-up communication between prosecutors and victims at three- and six-month

follow-ups (Cattaneo et al., 2009). However, when Cattaneo and colleagues (2009) examined participants who had contact with prosecutors between three and six months in the VIP ($n=29$) and among those receiving services-as-usual ($n=17$), the VIP participants did report greater voice ($t(26)=2.07, p=.05$). Cattaneo et al.'s (2009) suggestions for implementing a successful VIP is to minimize turnover at prosecution offices, obtain a commitment from all team members, and evaluate and manage institutional pressures (e.g., educating other team members about the realities of one's duties).

Intervention with perpetrators. Because of their voluntary nature, the BIPs of the 1970s were rarely systemically involved with the courts and other social service agencies, resulting in no consequences for non-compliant batterers and minimal external pressure on them to cease violence (Mederos, 1999). The Duluth Model differed from its sister programs of the early BIP movement (e.g., Raven, Emerge) in that it was established to be a part of a coordinated community response, rather than as a standalone program (Mederos, 1999). As time elapsed, the criminal justice system has become more proactive in its response to DV (e.g., pro- and mandatory arrest policies, “no-drop” prosecution), which has helped to integrate BIP providers into the systemic response.

Studies show that the majority of BIP referrals come from the court system and their affiliates (e.g., probation, youth corrections) (Dalton, 2007; Price & Rosenbaum, 2009), however what that relationship looks like in practice differs from program to program. For example, in a national study with 150 BIP directors, only 34% of programs had a designated court liaison (Dalton, 2007). Similarly, only 34% of programs were in an area with a specialized DV court, though there was no significant relationship between having a

court liaison and having a specialized DV court in the area (Dalton, 2007). Despite this, the Price and Rosenbaum (2009) national study of BIPs showed that 87% of programs reported “excellent” or “very good” relationships with their local court system; only 1% reported a “poor” or nonexistent relationship.

Literature suggests that the relationship between victim advocates and BIP providers may be a particularly contentious one (e.g., Gondolf, 2002). Gondolf (2002, p. 29) noted some advocates’ major concerns with BIPs, such as BIPs taking funding away from victim services and providing false hope to victims who go back to their abusers thinking they are “cured.” Dalton (2007) surmises, based on his work with providers, that the issue might come down to trust, or lack thereof, between these roles. Specifically, Dalton (2007, p. 70) contends some shelter directors are very wary of BIP effectiveness and, conversely, some BIP providers are defensive of their programs and feel “attacked” by advocates; however, this may be dependent on individual program relationships. For example, Dalton’s (2007) study of BIP directors found that most participants indicated that their programs are either operated by the local shelter (9%) or are operated separately, but that they seek formal (21%) or informal (33%) shelter input. The remainder reported little or no relationship (35%) with the shelter or no shelter in the area (1%) (Dalton, 2007). Further exploration indicated that the closer the relationship with the shelter, the more valuable BIP directors perceived shelter feedback (Dalton, 2007).

In a recent qualitative study of 36 BIP facilitators and those who work with them (i.e., judicial and legal officials, policy and human service professionals), a lack of information sharing emerged as a major collaboration challenge influencing BIP implementation

(Morrison et al., 2016). Though sometimes due to confidentiality laws (i.e., regarding health and mental health), other pertinent information (e.g. court records) is “simply not shared” (p. 6) with BIP providers, forcing providers to rely heavily on their clients’ accounts, which may or may not be comprehensive or truthful (Morrison et al., 2016). This becomes particularly problematic when facilitators need to seek victim input and must ask the perpetrator for contact information, as it introduces significant safety concerns for the victim (Morrison et al., 2016), and is antithetical to the overarching goals of BIPs.

Current Collaboration Measures

Instruments intended for use with IPV responders are scarce and frequently target those in healthcare (e.g., Maiuro et al., 2000). Thannhauser, Russell-Mayhew, and Scott’s (2010) systematic review of measures of interprofessional education and collaboration between healthcare and social services indicated several scales with varying levels of psychometric support data, such as the Index of Interdisciplinary Collaboration (Bronstein, 2002), Multidisciplinary Collaboration Instrument (Carroll, 1999), and the Role Perceptions Questionnaire (MacKay, 2004). Many IPV measures in the literature are intended for use with victims and perpetrators as a method of screening, such as the Revised Conflict Tactics Scale (e.g., Straus, Hamby, Boney-McCoy, & Sugarman, 1996), or to measure IPV-related attitudes, such as attitudes towards the use of violence in relationships (Smith, Thompson, Tomaka, & Buchanan, 2005) and victim culpability (Clements, Brannen, Kirkley, Gordon, & Church, 2006).

While qualitative studies with responders (e.g., Horwitz et al., 2011) can provide insight into responder experiences, in order to assess provider perceptions on a larger scale, an instrument needs to be developed. Recently, Kulkarni and colleagues' (2015) developed the Survivor-Defined Advocacy Scale, which was piloted with IPV service organizations and consists of two factors: survivor empathy and systems advocacy. The 4-item systems advocacy factor has relevant items to collaboration, but three of the four items are specific to IPV agencies (i.e., *collaborating with non-domestic violence organizations wastes time, domestic violence service providers should educate other systems, domestic violence agencies should know about service barriers*) (Kulkarni et al., 2015). While this instrument could potentially be used with responders in various roles with some adjustment, its application would not necessarily yield comprehensive data on responders' perceptions as to the state of and the factors that influence IPV collaborations. Moreover, differences in collaboration perceptions by role could provide further contextualization to findings, assisting individual communities in identifying particularly strong or weak factors by role. Knowing where to target efforts for collaboration improvement could result in systemic revisions that ultimately enhance services or outcomes for both victims and perpetrators.

Attribution Theory

Broadly, attribution theory is “the study of perceived causation,” though there are many “theories” which lie within this broader term (Kelley & Michela, 1980). Harold Kelley (1973), a prolific scholar of attribution theory, describes it as a general set of principles as opposed to “Theory.” Though he notes that many of these principles may

seem “clear” given the theory’s focus on “common sense” judgments, attribution theorists are meant to “analyze, refine, and enlarge on” what appears superficially to be obvious (Kelley, 1973, p. 108).

Attribution theory principles emerge from the work of many scholars, notably beginning with Fritz Heider (1958) and his idea that humans engage in “common sense” (p. 5) or “naïve” psychology (p. 15) by intuitively attempting to interpret and predict others’ behaviors through making causal attributions for those behaviors. Research on attribution theory typically focuses on one of three areas: 1) the factors that motivate individuals to gather information relevant to making a causal attribution, 2) the factors that determine how a causal attribution is made, and 3) the consequences of attributing one cause versus another (Jones et al., 1972). In addition to making causal judgments of an observed effect, attributors (i.e., individuals making causal attributions) must also make inferences about the attributes of the relevant parties in the phenomenon, specifically their personal dispositions and situations (Ross, 1977). Much of the early research on attribution theory focused on whether causal attributions were dispositional/internal to the actor (e.g., traits, motives) or situational/external to him (e.g., incentives, social pressures) (Ross, 1977). Jones and Nisbett (1972) suggest that there is an actor-observer effect, such that an attributor is more likely to make a dispositional attribution for someone else’s (i.e., actor) behavior and a situational attribution for their own (i.e., observer). Malle’s (2006) meta-analysis of actor-observer asymmetry found overall small effect sizes for the phenomenon, however two moderator findings may be pertinent to IPV. First, Malle (2006) found that actor-observer asymmetry was

particularly apparent in when attributions were being made for an event with a negative outcome, particularly for dispositional attributions. Second, those with intimate relationships (e.g., partners, parent-child, close friends) demonstrated stronger actor-observer asymmetry than those non-intimate relationships. This may influence how perpetrators and victims attribute cause to the same IPV incident (i.e., perpetrators more likely to make situational attributions, differences in perpetrator and victim attributions).

Major applicable principles. Principles of attribution theory are applied to two distinct circumstances relevant to the amount of information known by the attributor: having information from multiple observations versus a single observation. As it relates to the points above, the present dissertation focuses on the factors that determine how a causal attribution is made by IPV responders, who have information from multiple observations (i.e., from working multiple IPV cases). However, because IPV is such a grossly underreported phenomenon (e.g., Tjaden & Thoennes, 2000), it is reasonable to assume that cases engaged in the systemic response might differ from unreported cases. Moreover, even among reported cases, differences exist in the level of engagement with the system (e.g., reporting to DV shelter only versus law enforcement), which can create further nuanced differences in causal attributions by responder role. So while not a single observation, perhaps reported cases represent a more limited scope of IPV, leading responders to make causal attributions based on incomplete data. As such, I present information on the covariation principle, causal schemata and the discounting principle, and fundamental attribution error. The covariation principle is relevant to multiple

observations, whereas causal schemata are relevant to single, or otherwise limited, observations.

The covariation principle. Kelley (1973) defines the covariation principle as when “an effect is attributed to the one of its possible causes with which, over time, it covaries” (p. 108). The naïve attributor’s cognitive process is akin to the statistical analysis of variance, where plausible causes are independent variables and the observed effect is the dependent variable; “main effects” are more readily apparent to the observer than those requiring a nuanced post-hoc analysis (Kelley, 1973, p. 111). Thus, if an attributor consistently finds that x covaries with y, hypothesizing that “x caused y” is logical given consistent observational data (Kruglanski, Schwartz, Maides, & Hamel, 1978). That is, when causes are stable over time, so too should be their effects (Kelley, 1972a).

The reason for covariation is dependent on three main factors: the person, the entity, and the timing (Kelley, 1973). Kelley & Michela (1980) elaborate that an attributor’s (i.e., person) attribution to a particular stimuli (i.e., entity) on a particular occasion (i.e., timing) is dependent on: 1) the attributor’s perception of consensus with other individuals’ attributions for the same stimuli; 2) the current attribution’s consistency with the attributor’s attributions to the same stimuli at other times; and 3) the current attribution’s distinction from the attributor’s attributions made to other stimuli. Relying on historical observations or experiences, individuals make attributions based on prior assumptions of cause and effect (Kelley, 1972a). Kelley proposed that low consensus, low distinctiveness, and high consistency results in dispositional attributions,

while other combinations result in situational attributions (Cox, 2002). Ross (1977) notes that because the covariance principle is based on the attributor's logical application of cognitive rules developed over time, no attention must be paid to the characteristics of the entities (i.e., dispositional-situational factors influencing the causal attribution).

Cox (2002) summarizes several critiques of Kelley's covariation model. First, she notes that attributors are not always as logical as the principle implies, with many trying to exert minimal effort into their attributions (Cox, 2002). Second, while consensus, consistency, and distinctness are all involved in making attributions, scholars have found that attributors focus primarily on consistency (i.e., with their own attributions) rather than consensus and distinctiveness (Major, 1980). For example, Major (1980) prompted 76 undergraduate students with short story about a fight between two prisoners, John and Reggie. Students were tasked with determining the cause of the fight by choosing to receive information about 1) John's behavior toward other prisoners (i.e., distinctiveness); 2) other prisoners' behavior toward Reggie (i.e., consensus); and 3) John's past behavior toward Reggie (i.e., consistency) (Major, 1980). Results showed that participants sought significantly more information about consistency, with 65% seeking out this information first (Major, 1980). Lastly, attributors tend to contextualize their attributions with additional information when available (Garland, Hardy, & Stephenson, 1975). For example, Garland and colleagues' (1975) work with undergraduates found that consistency and distinctiveness requests are greater when one had to make an attribution about a person (e.g., someone's accomplishment), whereas consensus information requests were greater when having to make an attribution about a stimulus

(e.g., the quality of artwork). Thus attributors may rely on varying forms of data to inform their attribution based on particular context.

Causal schemata and the discounting principle. When two or more plausible causal factors are present, attributors rely on causal schemata as a heuristic for determining cause, typically based on partial or limited data (Kelly, 1973). Kelley (1972b, p. 151) conceptualized causal schema as “a hypothetical matrix of data that summarizes the attributor’s beliefs and assumptions about the distribution of the effect over various combinations of the casual factors.” As it relates to IPV attributions, two causal schemata are particularly salient: multiple sufficient causes and multiple necessary causes. The multiple sufficient causes schema holds that when the attributor surmises that there is more than one present, plausible cause for the effect, he or she faces ambiguity in making casual inferences (Cox, 2002; Kelley, 1972b). The multiple necessary causes schema holds that there must be some combination of causes to result in a particular effect (Cox, 2002; Kelley, 1972b), and thus no plausible cause can be disregarded (McClure, 1998). If there are two or more strong causes, the attributor is likely to rely on the multiple sufficient causes schema; two or more weak causes might indicate the necessity of both to be present to observe the effect (i.e. use of multiple necessary causes schema) (Kelley, 1972b).

Related to the multiple plausible causes, the discounting principle explains how attributors handle ambiguity by reducing the significance of any one cause in producing an effect due to the presence of other plausible causes (Cox, 2002; Kelley, 1972a). Because the attributor is making inferences based on limited data, attributors are less

confident in any single attribution, or its magnitude of impact, on the observed effect (Kelley, 1972a). Unlike the covariation principle, the discounting principle requires substantial thought regarding the entities involved in the phenomenon to distinguish dispositional and situational attributions (Ross, 1977). Kelly (1972b) suggests that when discounting, attributors take the extremity of the effect into consideration, which may help attributors place greater magnitude on one effect over another (McClure, 1998). However, McClure's (1998) review of discounting concludes that attributors may not discount when there is the perception of multiple necessary causes or if the attributor makes cognitive errors (e.g., placing more weight on the first available explanation).

Fundamental attribution error. A major criticism of humans' abilities to make sound attributions is the notion that humans err. Fundamental attribution error is "the tendency for attributors to underestimate the impact of situational factors and to overestimate the role of dispositional factors" on behaviors (Ross, 1977, p. 183). Though a dispositional and situational cause may be equally plausible, making a dispositional attribution is simpler for the attributor because it does not require the mental energy of considering external factors (Cox, 2002).

As Ross (1977, p. 174) notes, most attributors make attributions based on indirect information rather than "first hand experience" and, as such, the representativeness of the data is questionable. Moreover, attribution bias or error can have significant consequences on both the attributor and society at large (Ross, 1977). However, Harvey, Town, and Yarkin (1981) critiqued Ross' (1977) and other analyses of fundamental attribution error for not considering the accuracy of attributions, arguing instead that

situational biases may be just as inaccurate as dispositional ones and that bias may not always equate to error.

Application of attribution theory to IPV research. To date, attribution theory has primarily been applied to research examining the perceived causes of IPV among victims (e.g., Clements and Sawhney, 2000; Meyer, Wagner, & Dutton, 2010); perpetrators (e.g., Makin-Byrd & Azar, 2011; Wallach & Sela, 2008; Wood, 2004); crisis workers (e.g., Madden, 1988); and bystanders (e.g., Frasier Chabot, Tracy, Manning, & Poisson, 2009). Additional research has been conducted on blame in cases of IPV, though do not explicitly apply attribution theory (e.g., Cantos Neidig, & O’Leary, 1993; Cascardi & O’Leary, 1992; Clements & Sawhney, 2000; Meyer et al., 2010). There is a particular lack of literature on responders’ attributions for IPV, though in one study of DV crisis hotline workers, partner’s aggressiveness, dominance, and alcohol and/or drug abuse were attributed to IPV perpetration (Madden, 1988).

Research with female victims has found that while women typically do not blame themselves for IPV (Cascardi & O’Leary, 1992, Cantos et al., 1993), they may still excuse their partner’s use of it (Clements & Sawhney, 2000; Meyer et al., 2010). Clements and Sawhney (2000) suggest that continuous IPV may result in less “causal processing” of abusive incidents, leading to an inconsistency in attributing control. A recent meta-analysis of attributions made for IPV found that female victims attribute males’ use of IPV to their expectations of their wives, loss of control, and intoxication (Neal & Edwards, 2015). Other less frequently made attributions included stress, arguments about sex or refusing sexual advances, to get attention, inability to verbally

express themselves, to win an argument, and because she questioned or challenged him (Neal & Edwards, 2015).

Unlike victims, perpetrators appear to assign more distribution of blame for IPV to the victim. In the Broward Experiment, Feder and Dugan (2002) found that most men, in both the experimental (i.e., Duluth BIP) and control (i.e., probation only) groups, claim their partner to be “somewhat” or “equally” responsible for the IPV. However, like victims (e.g., Meyer et al., 2010), perpetrators provide excuses or justifications for their use of violence, such as victim’s provocation or disrespect of manhood (Wood, 2004). Moreover, in a qualitative study of 22 male batterers, over three-fourths of participants ($n=17$) made situational attributions (e.g., alcohol, drugs, medical issues) for their perpetration, which may be reflective of the actor component of Jones and Nisbett’s (1972) actor-observer effect. However, Neal and Edwards’ (2015) meta-analysis of IPV attributions found that perpetrators provided various attributions for their violence, some dispositional and some situational (e.g., Ross, 1977). Though inconsistent, frequent attributions made for males’ use of physical IPV included intoxication, anger, control, self-defense, retaliation, and a desire for attention (Neal & Edwards, 2015). All, with the exception of intoxication, were also attributed to psychological IPV (Neal & Edwards, 2015).

Flynn and Graham (2010) developed a three-level conceptual model for attributes of partner abusive behaviors based on Weiner’s (1992) attribution theory of motivation. Building on earlier attribution theories and principles, Weiner’s (1992) theory takes into account locus of control (i.e., internal or external cause); stability of the cause (i.e.,

malleability); and controllability (i.e., extent of actor's control over the action). The Flynn and Graham (2010) model conceptualized the three levels as: *background and attributes of the perpetrator or victim* (level one), *current life circumstances* (level two), and *immediate precursors or precipitators* (level three). Level one attributions are the most distal and stable attributions (e.g., aggressive personality, pro-abuse-attitudes, childhood experiences) (Flynn & Graham, 2010). Level two attributions can make an individual more likely to commit IPV (e.g., current substance abuse problems, depression, stress) (Flynn & Graham, 2010). Third level attributions are the most proximal attributions, consisting of contextual factors (e.g., intoxication, communication problems, provoking partner) (Flynn & Graham, 2010). When applied to a review of 16 IPV attribution studies, Flynn and Graham (2010) found that level three attributions (i.e., immediate precursors or precipitators) were both the most prevalent and varied attributions for IPV perpetration. This certainly echoes many of the contextual attributes noted in Neal and Edwards' (2015) meta-analysis (e.g., intoxication, loss of control, retaliation).

Rationale for attribution theory application in the present dissertation.

Attribution theory is an appropriate framework for use with IPV responder research, both in their assessments of collaboration as well as the cause(s) of IPV. The present dissertation draws on a pragmatic paradigm, which features a "what works" lens often associated with mixed methods research (Creswell & Plano Clark, 2011). Because the ultimate goal of this research is for the findings to translate into practical application, it is important to capture the realities of responders' professional lives, which may differ by

role. Pragmatism allows for this existence of multiple realities (Creswell & Plano Clark, 2011), which is well aligned with attribution theory. The qualitative sequence of this dissertation will explore practitioners' lived experiences of providing IPV services and collaborating. The use of attribution theory honors the practical realities of responder work by allowing them to make causal attributions to collaborative strengths and challenges without any presupposed notions of what attributions they "should" make. Further, it is important to get a comprehensive understanding of the numerous "causes" of strong and weak collaborations if they are to be replicated or improved, respectively. While some causes may be malleable, others may not be, underscoring the importance of having multiple foci from which to begin systemic collaboration improvements.

Given that attribution theory does not presuppose any particular IPV cause, but instead focuses on the processes of making causal attributions, it is also well suited to be complementary to a variety of existing theoretical explanations for IPV, including Feminist, Social Learning, and Ecological Theories. For example, Flynn and Graham's (2010) conceptual model merely categorizes many of the attributions already noted in the literature over the past several decades, such as substance use (e.g., Friend et al., 2011) and violence in the childhood home (e.g., Franklin & Kercher, 2012). Moreover, attribution theory acknowledges the existence of multiple plausible (or even necessary) causes, which mirrors extant research that perpetrators (Makin-Byrd & Azar, 2011; Wallach & Sela, 2008; Wood, 2004); victims (Clements and Sawhney, 2000; Meyer et al., 2010); and crisis workers (Madden, 1988) attribute partner abuse to a variety of

factors. Indeed, perhaps one of the theory's greatest potential benefits is bridging gaps between extant IPV theoretical perspectives where there has been historical tension.

As with any theory that involves the “why” of IPV perpetration, the possibility of victim blaming arises. However, attribution theory, specifically the discounting principle, may be particularly relevant toward discovering how victim blaming occurs differentially in the systemic response. If there are multiple perceived causes (e.g., victim provocation, substance use), the degree of certainty that any one factor is the causal factor is reduced (Witte, Schroeder, & Lohr, 2006). This point is particularly salient with victim blaming because if a victim or her behavior is considered a plausible explanation for the IPV, attributors may reduce the amount of blame attributed to the perpetrator and his behavior; this can be conceptualized as an inverse relationship (Witte et al., 2006). Thus, while the use of attribution theory does not promote victim blaming, it can help contextualize why and how it occurs.

Finally, attribution theory is appropriate for use in IPV research with responders specifically. As Holtzworth-Munroe (1988) stated, “[battered women] are usually abused on multiple occasions, having to infer causal responsibility from ‘multiple observations,’ rather than from a one time victimization” (p. 332-333), making their attributions systematic (Jones et al., 1972) as a function of repeat observation. While true, responders make multiple observations in multiple contexts over time, which may provide a broader picture as to the prominent causes of IPV. If responders are able to see a consistent pattern develop across time and entities (i.e., IPV cases), that can inform how intervention is shaped. Moreover, because of their multiple observations, the covariation

principle is applicable (Kelley, 1972a), which may reduce the need for discounting. It is imperative to reiterate here that responders are only making causal attributions for cases with which they are familiar. Unreported cases might or might not differ significantly from those reported. As previously noted, one of the major barriers to the creation of the first CCR was varying causal attributions (Pence, 1999). Empirically researching whether or not this remains a relevant factor in modern CCRs is important, particularly given that this could be a malleable factor toward the improvement of IPV collaboration and services.

Gaps in the Literature

Based on my immersion in the literature, I find that there is a lack of practitioner voice, particularly as it relates to the phenomenon of providing IPV services within their own role, let alone in their intra- and interdisciplinary professional collaborations as part of the CCR. Much of the research on responders is carried out in silo, which impedes a holistic examination of ways in which collaborations are both strong and challenging. Moreover, I have been unable to identify an interdisciplinary collaboration instrument specific to IPV responders that could quantitatively assess responders' perceptions on a larger scale.

As previously noted, attribution theory's application to IPV research has been primarily focused on victim and perpetrator attributions for violence (e.g. Neal & Edwards, 2015), with little regard to the practice wisdom of frontline responders. While certainly victim and perpetrator perspectives are necessary toward the continuous improvement of the IPV response, the broad array of cases responders likely engage with

on a regular basis would complement victims' and perpetrators' in-depth personal accounts. As Witte and colleagues (2006) point out, IPV is has indirect effects beyond the direct effects on victims and perpetrators; mental health service providers, legal counsel, community members, employers and others may all have to deal with IPV at some point. A more comprehensive understanding of how responders fulfill their roles, particularly in regards to collaborating with one another, could help to identify how the current systemic response is excelling or, conversely, inadequate for clients. Moreover, specific examination of collaboration strengths and challenges might lead to more efficient service provision for agencies.

This dissertation aims to fill these gaps by relying on the practice wisdom of IPV frontline responders to create an instrument that can assess collaboration. Ideally, a reliable and valid instrument could be used in individual communities to provide contextualized feedback as to the state of collaboration, which is in line with Pence and Shepard's (1999) conceptualization of CCRs (e.g., enhancing networking among service providers). As a secondary goal, based on literature that cites tension between providers and researchers (e.g., Eckhardt, Murphy, Black, & Suhr, 2006), this research aims to bridge the research-practice chasm in an effort to improve both services to victims and perpetrators as well as the professional lives of frontline responders.

Chapter Three: Methodology

This chapter begins by outlining the study's overarching research questions, aims, and design before providing more detailed descriptions of the recruitment strategies, data collection procedures, and analyses of each mixed methods strand. An instrument-development variant of a fixed, exploratory, sequential mixed-methods design was applied gain a better understanding of the collaboration experiences of IPV responders. Given the temporal nature of this design, the qualitative sequence is discussed prior to the quantitative sequence; however, both strands were of equal priority in achieving the aims of the study.

Research Questions and Aims

The current study aimed to answer the research question: How do responders collaborate with one another to address IPV? With this, four sub-questions were posed: 1) what are responder perceptions of why IPV occurs, 2) what facilitates successful collaboration among IPV responders, 3) what are the barriers to successful collaboration among IPV responders, and 4) what do responders suggest to enhance current collaborations efforts among IPV responders? These research questions were developed to support the three overarching aims of the dissertation: 1) to solicit the practice wisdom of responders in identifying various attributes of IPV; 2) to solicit the practice wisdom of

responders in identifying various attributes of successful collaboration, as well as challenges to collaboration, in addressing IPV; and 3) to develop an instrument grounded in the qualitative data findings that can quantitatively assess responders' collaborations on a larger scale.

Overarching Research Design

The design of the study draws upon a pragmatic paradigm, which features a “what works” lens frequently associated with mixed methods research (Creswell & Plano Clark, 2011). This paradigm is well aligned with the study’s aims as it focuses on how results from the current research question can translate into practical application (Creswell & Plano Clark, 2011). Moreover, a pragmatist view is complementary to the use of attribution theory in that it too allows for multiple viewpoints or realities (Creswell & Plano Clark, 2011).

The study aimed to fulfill the three aforementioned major research aims through application of the instrument-development variant of a fixed, exploratory, sequential mixed-methods design (Creswell & Plano Clark, 2011). Broadly, I conducted individual interviews with participants, analyzed the data, and used the findings to inform the development of a quantitative instrument, the Intimate Partner Violence Responder Collaboration Scale (IPVRCS), which was distributed more widely to a parallel sample for pilot testing. As a sequentially designed study, I carried out the data collection in two distinct phases: a qualitative strand and a quantitative strand (Creswell & Plano Clark, 2011), the details of which are provided in their respective sections below. The two strands are interactive and were mixed during data analysis, as I used the qualitative

findings to inform the quantitative sequence (Creswell & Plano Clark, 2011). The strands were also mixed during interpretation, specifically in determining if factor analyses of the quantitative data confirmed collaboration-specific themes generated from the qualitative data (Creswell & Plano Clark, 2011). Though the primary goal of the current study was preliminary instrument development, the qualitative and quantitative strands were of equal priority. I sought and obtained Institutional Review Board (IRB) approval from the University of Denver for each phase of the study.

Qualitative Sequence

The purpose of the qualitative strand of the study was two-fold: 1) to explore how responders collaborate with one another, and 2) to apply the thematic findings toward the development of an instrument intended to measure collaboration among responders.

Recruitment. For the qualitative sequence, eligible participants included responders, age 18 or older, with current or previous professional experience with IPV (either volunteer- or employment-based), and who live in the state of Florida. A “responder” was defined as an individual with current or previous professional experience in IPV within roles of victim advocacy/victim services, BIP provision, law enforcement, legal prosecution, legal defense, healthcare, or research. I specified this type of maximal variation sampling (Creswell & Plano Clark, 2011) because the varying roles and responsibilities of each type of responder might influence his or her perceptions of and response to IPV.

To recruit eligible participants for interviews, I conducted purposive and snowball sampling of participants through key informants personally and professionally known to

me. Additionally, I reached out to responder-specific agencies (e.g., BIPs) for potential participants if the agency had a publicly available e-mail address. In both cases, I provided the e-mail recipients with a description of the project and a copy of the informed consent containing my contact information to share with their potentially eligible contacts. Interested individuals reached out directly to me if they were interested in participation.

Recruitment evolved as interviews were conducted, both in terms of location as well as role. Initially, I limited participation to one Florida county; however, because saturation was not reached with the data from said singular county, I expanded recruitment, using the same aforementioned recruitment strategies, to the entire state of Florida. I anticipated this need to expand and had included it as a provision in the original IRB application; thus, no amendment was needed to expand recruitment.

Additionally, I made a decision to reduce the number of roles for inclusion in the qualitative strand. Early participants worked in roles of victim advocacy/services, law enforcement, and prosecution. Collaboration with legal defense, healthcare, and research responders was rarely, if ever, discussed in interviews. Collaboration with BIP providers also appeared to be limited based on these early interviews, though to a lesser degree. To better assess specific collaborations with these roles, I began directly asking participants about these collaborations. Subsequent interviews confirmed that collaborations with legal defense, healthcare, and research responders were not a regular occurrence as it relates to their IPV work. Though BIP providers were still infrequently discussed as collaborators, a few responders did report collaborating with these roles. Thus, I decided

to limit the responder roles moving forward to only include victim advocates/services, law enforcement, prosecutors, and BIP providers.

Data collection. After individuals agreed to be interviewed, I met with each participant at a mutually agreed upon location. Participants were given a hardcopy consent form to review and an opportunity to ask me questions, if necessary. Participants were provided three consent options: 1) participate and agree to audiotaping; 2) participate and not agree to audiotaping, but allow me to take detailed notes during the interview; and 3) decline participation. All participants agreed to participation and audiotaping of the interviews. Participants were offered a copy of the consent form for their records. I kept the completed consent forms separate from participant data.

Using a semi-structured interview guide, I engaged in interviews lasting between 27 and 91 minutes ($M=58$ minutes). There is limited extant literature on the collaboration experiences of IPV responders specifically; thus, I, along with my dissertation committee, developed the interview schedule based on the study's aims and sub-research questions previously discussed. Prior to asking questions, I reiterated the purpose of the study and provided a standard definition of IPV to each participant. I stressed that the interview was specific to work with "partner violence" as opposed to "domestic violence." Though the terms are often used interchangeably in practice, legal definitions of DV often include violence between non-partners (e.g., siblings), which was not the focus of the present study.

I posed eight overarching questions and statements to each participant: 1) How did you come to be in this professional position as a [role]? 2) Thinking about your

professional experiences with IPV, what are your perceptions regarding why IPV occurs?

3) Tell me about your role as a [role] as it relates to IPV. 4) Describe your collaboration with other IPV responders in your community. 5) What do you think facilitates strong collaboration between responders? 6) What do you think are barriers to collaboration on IPV cases? 7) Based on your work, what do you suggest would enhance current collaboration efforts among IPV responders? 8) Finally, before we end our conversation, is there anything that we have not discussed that you think is important for me to know?

For most of these items, optional probing questions were also asked and varied based on the content and flow of each individual interview. The full interview schedule, including possible probing questions, is attached in Appendix A. It should be noted that, because of the high prevalence of IPV, I was aware that some participants might have had personal experiences with IPV. While participants were not discouraged from discussing their personal experiences with IPV if it came up during the course of the interview, the intent of the qualitative strand was to better understand the phenomenon of professionally responding to IPV. Thus, I did not ask questions related to personal experiences of IPV and stressed the phrase “professional experiences” several times throughout the interview.

Following the interview, participants were asked to complete a brief demographic survey (e.g., role, age, race/ethnicity), which is attached in Appendix B. In total, 15 responders from disparate locations in Florida participated in interviews between April 2015 and August 2016. After the interviews, I wrote a field memo as a form of personal reflection (Creswell, 2007), particularly to document any new ideas, observations about

the interview itself, or personal reactions to the interaction. Given the length of time of data collection, these memos were useful in providing context to each interview during analysis.

Data analysis. I transcribed each interview verbatim. Often, I engaged in first cycle coding shortly after transcription and was thus familiar with the data. In instances where there was a significant time lapse between the transcription and coding, I began analysis by re-reading the transcript to familiarize myself with the present data.

Transcripts were uploaded to Dedoose v7.5.9, a web-based, encrypted data analysis software. Within Dedoose, I applied first cycle elemental codes (Saldaña, 2009) to each of the 15 transcripts. Saldaña (2009) suggests coding methods do not need to be discrete, but cautions the use of too many methods as it sometimes leads to “muddying the analytic waters” (p. 47). I decided to use descriptive and in vivo coding as first cycle coding methods (Saldaña, 2009). Descriptive coding provides a topical designation to segments of data and is commonly used as a first step in data analysis (Saldaña, 2009). Descriptive coding was appropriate for much of the data; however, given the overarching aim of scale development, I wanted to pay particular attention to the perspectives and language of the participants, to which in vivo coding is particularly well suited (Saldaña, 2009). The use of in vivo coding was especially prudent given that responders of multiple roles were participating and many responders used jargon or expressed views specific to their professional duties. In these instances, I believed the participants’ language was more meaningful than a topical description.

In total, approximately 2,422 first cycle codes were applied to 2,260 text excerpts across the fifteen transcripts. Given the sheer volume of first cycle codes, a second cycle coding mechanism was necessary to gain a sense of categorical and thematic organization of the data (Saldaña, 2009). In addition to its utility in identifying themes, I chose to use pattern coding because it is particularly useful for “the formation of theoretical constructs and processes” (Saldaña, 2009, p. 152). Given the analytic plan to conduct factor analysis on a scale developed out of these qualitative findings, identifying constructs seemed particularly appropriate. Initially, I developed 39 patterns, each with a definition and inclusion and exclusion criteria to provide further discretion to any potentially overlapping patterns. First cycle codes that did not fit in one of the established patterns were excluded from analysis, as they did not achieve saturation for a new pattern. Once all patterns were established, I organized each of the 39 patterns into themes.

Following pattern and thematic coding, I engaged in an interrater reliability assessment with the assistance of a colleague who is familiar with my work, but unfamiliar with the present data. Using Excel, I generated a random page number for each of the 15 transcripts. These random pages were isolated and any potentially identifying details were removed. I numerically and sequentially notated the first cycle codes included in these fifteen pages. In total, there were 88 first cycle codes across these 15 pages. The interrater was provided with these numbered transcripts, a list of the patterns, and the more detailed pattern guide that included definitions and rules for inclusion and exclusion. The interrater was instructed to apply one of the 39 patterns to each first cycle code. Upon receipt of the interrater’s coding, I conducted a reliability

assessment using Cohen's Kappa in SPSS v24. Results indicated moderate agreement ($K=.47$; Landis & Koch, 1977). The interrater and I went through each code where there was disagreement. In many instances, we were able to reach consensus based on the pattern definitions and rules. Additionally, we agreed that in two instances, there were two codes (per instance) that had such similar definitions that distinction was difficult and the patterns would be clearer if they were collapsed. Specifically, *Duties of Job* was eliminated as a distinct pattern and, instead, was incorporated in the rules and inclusion criteria of the pattern *Agency Expectations of Responders*. Similarly, *Elements of a Strong Collaboration* subsumed *Benefits of Collaboration*. With the collapsing of four codes into two, in addition to the revised interrater coding, Cohen's Kappa rose to $K=.88$, indicating "almost perfect" agreement (Landis & Koch, 1977, p. 165).

Following interrater reliability assessment, I believed three patterns to be lacking saturation. Two of these patterns were subsumed by an existing pattern within the same theme: *Misperceptions of IPV* was collapsed into *Responders Descriptions of IPV* and *Referral Processes* was collapsed into *Agency Expectations of Responders*. A third pattern, *Job Movement*, was discarded, as its limited codes did not substantially add to the meaningfulness of the data. The pattern guide (Appendix C) and themes were revised to reflect these changes.

Ultimately, six themes, comprised of 34 patterns, emerged from the data: *Responders' Perceptions of the Phenomenon of IPV, IPV in the Legal System, Preparedness for the Work, Essential Functions of Individual Responder Roles, The Experience of Providing Services to Clients, and The Experience of Collaborating with*

Other Responders. Within the sixth theme, *The Experience of Collaborating with Other Responders*, existed four sub themes: 1) *General Perceptions of Collaboration*, 2) *Collaborating with Other Responders*, 3) *Barriers to Collaboration*, and 4) *Special Challenges by Population Served*. A list of themes and included patterns is included in Appendix D.

Establishing credibility and trustworthiness. Essential tenets of conducting sound qualitative research are establishing credibility and trustworthiness, which are akin to the more quantitative concepts of validity and reliability (Creswell, 2007). Creswell (2007) discusses a selection of eight different strategies a researcher could employ during the course of qualitative inquiry to establish credibility, suggesting that at least two of the eight be applied. In particular, this researcher engaged in several, including 1) prolonged engagement and persistent observation in the field; 2) clarifying researcher bias; 3) (informal) member checking; and 4) providing rich, thick description for readers (Creswell, 2007). I have been engaged in IPV work in many ways over the course of nearly a decade. As a student, I took courses on violence against women; completed a masters-level internship as a victim advocate, primarily working with IPV victims; and dedicated much of my scholarly focus and research to IPV. As a volunteer, I have served as a university-based victim advocate and a board member of my local Domestic Violence Coordinating Council. These experiences, along with being immersed in the IPV literature, lend credibility to my involvement in this research as I have long been engaged with the topic. Yet, because of these experiences, I also engaged in bracketing and clarifying my personal biases. I have substantial personal and professional

relationships with several victim advocates and law enforcement officers and have made a concerted effort to complete this dissertation with minimal bias regarding my personal and professional experiences and relationships. To assist with this endeavor, I engaged in informal member checking whereby, during the course of interviews, I summarized points back to and asked clarifying questions of participants in order to accurately understand participants' perspectives and avoid making assumptions based on my own perspectives or understanding. As it translates to the findings, I have provided rich, thick description to the best of my ability so that other researchers might be able determine if findings can be replicated elsewhere.

In an effort to establish trustworthiness, I audiotaped and transcribed all interviews (Creswell, 2007). During transcription, I followed Creswell's (2007) suggestion to "indicate the trivial, but often crucial, pauses and overlaps" (p. 207) by transcribing tapes verbatim, including every pause and "filler" (e.g., "uh, "um"), and notating lengthy pauses in participant data. Additionally, I kept both field notes and analytic memos, as well as engaged in two iterations of interrater reliability coding (Creswell, 2007) before summarizing the findings and applying them to the development of the IPVRCS.

Quantitative Sequence

The purpose of the quantitative sequence was two-fold: 1) to determine if responder experiences reported in the qualitative strand are corroborated by a larger sample of responders, and 2) to pilot test a new instrument intended to measure collaboration among responders.

Initial development of the Intimate Partner Violence Responder

Collaboration Scale. After completing the thematic analysis of the qualitative data, I reviewed the patterns in each theme to determine which were most appropriate for a collaboration instrument. Because a wealth of data was gathered during the qualitative interviews, not all of it was relevant to collaboration specifically. The patterns determined to be relevant were: *phenomenological challenges*, *practical challenges*, *political challenges*, *personal challenges*, and *elements of a strong collaboration*. *Causes of IPV* was also applied for assessment of responders' perceptions of IPV, but was not used to develop IPVRCS items. Using initial codes and researcher expertise, I developed 82-items for potential inclusion in the IPVRCS, one of which was intended as a validation item not to be used in the Scale itself (i.e., "In general, I think responders collaborate well together").

Expert review. The 82-item pool was shared with three expert reviewers in disparate roles: one in victim advocacy, one in law enforcement, and one PhD researcher with expertise in IPV. Each expert believed most questions to be relevant, though several items were removed for redundancy and potentially confusing wording (e.g., double-barreled question). I gave special consideration to the use of reverse scoring as some scholars argue that reverse scored items can cause improper factor loadings in analysis (e.g., Rodebaugh, Woods, Heimberg, Liebowitz, & Schneier, 2006; Rodebaugh, Woods, & Heimberg, 2007), possibly due to participants' careless responses (Woods, 2006). Carlson et al. (2011) note that while reverse scored items can combat participant acquiescence, this benefit must be weighed against possible negative consequences. As I

developed the IPVRCS items, I deemed several items to be too awkwardly worded without reverse scoring. For example, I surmised that some participants might experience undue burden or confusion when determining how to respond to the item “responders are not territorial about cases,” and instead worded this item to “responders are territorial about cases.” Ultimately, given the length of the pilot instrument, I chose to use reverse-scored items to reduce cognitive burden on and acquiescence of participants.

Ultimately, I retained 68 items and one validation item for distribution of the IPVRCS pilot. I submitted an amendment to the University of Denver IRB, containing the Scale, additional items to be asked (e.g., demographics, perceived primary cause of IPV), and an updated recruitment protocol, which the University approved prior to data collection.

Recruitment. Eligibility requirements for participation in the IPVRCS pilot were similar to the qualitative strand, but updated based on the changes to recruitment in the qualitative strand. Specifically, roles were limited to victim advocates/services, law enforcement, prosecutors, and BIP providers to be congruent with the qualitative analytic sample and recruitment was expanded to the national level. Creswell and Plano Clark (2011) recommend that for exploratory mixed methods designs, a different, larger sample be obtained for the quantitative sequence. Initially, this recommendation was to be carried out by conducting the qualitative sequence at the county level and the quantitative sequence at the state level. Given the changes in recruitment in the qualitative strand (i.e., statewide collection), I chose to expand the quantitative sequence to the national level.

Similar recruitment strategies were employed in the quantitative strand (e.g., responders known to me, agencies with publicly available contact information) as were used in the qualitative strand. I contacted informants, agencies, and organizations via publicly available e-mail addresses and provided them with a description of the project and a link to the instrument. To recruit the various roles, I reached out to numerous state-specific responders through publicly available lists (i.e., of certified BIP programs, victim services agencies) and organizations (e.g., state coalitions against DV, prosecuting attorneys associations, chiefs of police associations). In addition to the aforementioned strategies, social media (i.e., Facebook) was used to access potential participants known through my personal contacts. Bhutta (2011) suggests online social networking sites offer fast and inexpensive data collection, particularly when employing snowball recruitment. With Facebook, in particular, links can be shared beyond one's own "friends," to reach potential participants not directly linked to the researcher (Bhutta, 2011, p. 58). Moreover, Facebook groups, which serve as "virtual communities linking people with some shared interest, attribute, or cause" can be useful in directing recruitment efforts (Bhutta, 2011, p. 58). To these points, I shared the survey with a social work-oriented Facebook group and several of my Facebook connections promoted the survey through both general and directed sharing.

Data collection. Data collection began on December 8, 2016 and ended January 15, 2017. Per the approved IRB protocol, once the survey was activated, responses would be collected until a minimum of 50 participants had completed the survey or by January

15, 2017, whichever occurred later. By January 15, 2017, 177 individuals had engaged with the survey, so I ceased data collection per the approved protocol.

When potential participants received and clicked the survey link, they were shown a project information sheet describing the study, which included necessary information to make an informed decision regarding participation. Due to the online nature of the survey, in conjunction with wanting to provide the participants the option of submitting anonymous data (i.e., not providing an e-mail for the incentive lottery), I had requested and received a waiver of documentation of informed consent from the University of Denver IRB. To confirm consent prior to participation, I enabled the force choice option via Qualtrics on the project information sheet so that participants had to actively consent to participation. I did not collect participants' IP addresses.

After consenting to participate, responders were asked to provide their primary role. If the participant's primary role was not one of the four responder roles of interest, they were taken to a thank you page and told they were ineligible to complete the study. Given that several participants in the qualitative sequence held multiple roles around IPV, there was an option to select "multiple roles" and specify those roles, of which at least one had to be an eligible role. Once role eligibility was established, participants were directed to the IPVRCS. Using Qualtrics' randomizer feature, item order was randomized for participants in an effort to reduce measurement error related to item order effects (Lavrakas, 2008). Following the instrument, participants were asked nine additional demographic (e.g., education level, gender identity); employment-related (e.g., role, years of experience, state of work); and IPV perception-related questions (e.g., perception of

primary cause of IPV). In the vein of respecting participants' rights to refuse to answer any question, with the exception of providing consent, all items were optional.

Participants were given the option to enter a gift card lottery to win one of 15 \$25 USD Amazon gift cards, though this was not required for survey submission. Of the 124 participants who completed the survey, 85 (68.5%) entered the incentive lottery.

Data analysis. Upon survey closure, 177 individual responders had engaged with the survey. Using SPSS v24, I first stripped the data of the e-mail addresses collected for incentives. I then recoded all reverse scored items and labeled the values for categorical variables. Of the 177 responses, 54 were incomplete and not submitted by the participant, but rather by the auto-record feature (i.e., incomplete surveys were recorded after one week of inactivity). Among these 54 individuals, the range of survey completion percentage was 7% to 93%, though nearly all of these participants (96.3%, $n=52$) engaged with the survey as far as the instrument (i.e., 20% progress) before exiting. Among those who provided their primary role ($n=51$), the majority was victim advocates (58.8%, $n=30$); followed by prosecutors (21.6%, $n=11$); BIP providers (11.8%, $n=6$); law enforcement (3.9%, $n=2$); or individuals in multiple roles (3.9%, $n=2$).

From the remaining 123 cases, I removed four cases (3.25%) for ineligibility: three (2.44%) for responding that their primary role was "none of the above" and one for indicating they were in multiple roles, but specified they were a child protection caseworker with no additional details. An additional two (1.63%) cases were removed because their role was unknown. Because I deleted those that were known to not be in the

population of interest, I rationalized that not knowing if these two cases were in the population of interest was congruent with that decision.

I examined the missing data among the remaining 117 cases. Sixty-eight items had at least one missing case. Upon visual inspection, two respondents (1.63%) did not complete a majority of the items and their cases were deleted. An additional two cases (1.63%) were deleted because they were missing more than 10% of their data. There were 14 remaining missing data points across 14 items and 13 participants. Because no more than one case was missing on any one variable, completely random missingness could not be established. Using chi-square analyses, I examined potential significant differences between those with any missing data and those without missing data by role, years of experience, state of experience, area of experience, age, gender identity, race/ethnicity, education level, and perceived cause of IPV. No significant differences emerged.

I decided against mean imputation for the missing data points as that could impact the relationship between variables, which is particularly problematic when using factor analysis for scale development. Specifically, with mean imputation, even when data are missing completely at random, estimates of variance and covariance parameters, including inter-item correlation, are invalid because variability has been underestimated (Sinharay, Stern, & Russell, 2001). The cases with missing data were retained in the sample because if any items that contain missing data were to be deleted during the course of reliability and validity analysis, its associated case would then be included in the analytic sample (with the exception of the one case with two missing data points, in which case both variables with missing data would have to be removed for case

inclusion). I instead relied on listwise deletion in factor analyses. Thus, the final analytic sample was 113, though with the iterations of factor analyses, the number of included cases was dependent on included and excluded variables. Specific analytic sample sizes are reported in chapter four.

Following the missingness examination, I assessed the normality of the 68 items of the IPVRCS. Three of the items (*responders ask each other for help when they need it, responders are professionally familiar with the other responders that they work with on cases, responders are good at what they do*) were found to be non-normally distributed and were discarded from analysis. In examining the z-scores of the remaining 65 items, univariate outliers existed, but all were within four standard deviations of the mean and were thus retained (Stevens, 2009). There were no multivariate outliers based on Mahalanobis Distance.

Following data cleaning, I ran descriptive statistics on the roles, demographics, and perceptions of causes of IPV. To assess initial construct validity, I computed a mean scale score variable on the 65 remaining items, then conducted a bivariate correlation between the mean scale score and the item, "In general, I think responders collaborate well together." Logically, those with higher mean scale scores would also report higher scores for general collaboration perceptions. This step was repeated for the final scale and subscales.

I then ran reliability and item analysis, paying particular attention to Cronbach's alpha and item-total statistics. Though the initial Cronbach's alpha was high (.952), items were removed if they had low corrected item-total correlations (i.e., <.30) (Rossi, Sloore,

& Derksen, 2008), the Cronbach's alpha statistic would increase with its removal, or both. Items were deleted one by one until 1) all corrected item-total correlations were at least .30, and 2) Cronbach's alpha would not increase. Reliability analysis using Cronbach's alpha was repeated for the final scale and subscales.

Despite hesitation due to small sample size, I began factor analysis by conducting a confirmatory factor analysis (CFA) using the SAS University program, as CFA cannot be performed using SPSS software. CFA is appropriate for scale validation when the researcher has an a priori theory as to which variables will load on which pre-specified factors (Stevens, 2009). Initially, I hypothesized six a priori factors: *Competence*, *Resources*, *Politics*, *Personal Attitudes and Behaviors*, *Rapport*, and *Communication*. However, when eight items were dropped during reliability analysis, three of the five items in the *Resources* factor were removed; thus, only two items remained, which goes against the suggested CFA practice of identifying models with a minimum of three items per factor (Stevens, 2009). Moreover, the two remaining *Resources* items, though meeting the threshold of .30, had low corrected item-total correlations of .313 and .377. Thus, I decided to remove these two items and conduct the CFA with five a priori factors instead of six.

In addition to the small sample size, with a case to variable ratio of less than 2:1, multicollinearity was a problem—likely a consequence of the limited sample size. However, when I had previously examined the six a priori factors separately, which contained between five and 18 items, multicollinearity was not a problem as evidenced

by VIF scores less than 3.0. Despite the additional violation of the multicollinearity assumption (Tabachnick & Fidell, 2007), I moved forward with the CFA.

As expected, the CFA produced a poor fitting model, the results of which are discussed in chapter four. Though a larger sample size may have confirmed the five a priori factors, I abandoned the a priori structure and conducted an exploratory factor analysis (EFA) using SPSS v24 based on Suhr's (2006) suggestion. Though Principal Components Analysis is similar to EFA and is the default option for EFA in SPSS, I chose to use Principal Axis Factoring because its purpose is to identify latent constructs (i.e., factors) (Worthington & Whittaker, 2006), which aligns with the purpose of the IPVRCS development. Moreover, because Principal Axis Factoring focuses only on shared variance, its use can avoid inflating estimates of variance (Beavers et al., 2013; Osborne & Costello, 2009). Varimax rotation was used as I believe the latent constructs of the IPVRCS are not necessarily correlated (Osborne & Costello, 2009). Due to the small sample size, I wanted to retain only strongly loaded factors; thus loadings of less than .40 were suppressed (Costello & Osborne, 2005). Due to the exploratory nature of the analysis, the two *Resource* items eliminated from the CFA were included in the EFA. Factorability of the 57 remaining items of the IPVRCS was indicated by favorable values for both the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of Sphericity. I relied on multiple data sources to determine the number of factors to retain, including the eigenvalues, percent variance explained, scree plot, and strength and number of item loadings per factor. Ultimately, five factors were retained: *Non-*

territorialism, Competence, Leadership, Support, and Openness. Detailed results are provided in chapter four.

Chapter Four: Results

Chapter four reports the qualitative and quantitative results of the present study. The chapter begins with a review of the aims of the study. Following this review, I provide sample descriptions for both the qualitative and quantitative samples. The chapter is then organized using research aims as major headings, with the sub-research questions as sub-headings where appropriate. The supporting data for aim one, which includes both qualitative and quantitative data, will be presented in that respective order to match the exploratory sequential design of the study. Qualitative findings are presented by theme, patterns, and sub-patterns, as appropriate. Participant quotes are provided as data to support each sub-pattern and, by association, each theme. Quantitative findings are primarily reported in aim three as they pertain to instrument development. Initial inferential statistics are offered based on the pilot sample.

To simplify the use of responder role descriptions, the following shortened descriptors and/or acronyms will be used throughout the chapter: “advocate” for victim advocate/victim service provider, “LER” for law enforcement responder, and “BIP provider” for batterer intervention program provider. “Prosecutor” will remain as is.

Qualitative Sample

Of the 15 participants in the qualitative sequence, most reported their primary IPV responder role as advocate (53.3%, $n=8$), followed by prosecutor (20%, $n=3$); LER

(13.3%, $n=2$); and BIP provider (13.3%, $n=2$). Though responders' roles were categorized by their primary role, either historically or at the time of the interview, several participants have experience in multiple roles as discussed during their respective interviews. Of those who provided their gender identity and race/ethnicity ($n=14$), the majority identified as female (71.4%, $n=10$) and White (92.9%, $n=13$). The average age of the sample ($n=13$) was 37.85 years old ($SD=12.32$), with a range of 23 to 62 years. The responders ($n=14$) reported an average of 11.43 years of experience ($SD=9.36$), with a range of one to 30 years.

Quantitative Sample

The majority of the 113 participants were advocates (51.3%, $n=58$), followed by LERs (17.7%, $n=20$); prosecutors (13.3%, $n=15$); BIP providers (11.5%, $n=13$); and those in multiple roles (6.2%, $n=7$). Of those who provided their gender identity ($n=111$) and race/ethnicity ($n=108$), the majority identified as female (72.1%, $n=80$) and White (85.2%, $n=92$). The average age of the sample ($n=110$) was 39.34 years old ($SD=12.31$), with a range of 21 to 75 years. The responders ($n=110$) reported an average of 9.65 years of experience ($SD=8.35$), with a range of <1 to 40 years. Most of these individuals practice in urban settings (44.2%, $n=50$), with the remainder being nearly evenly split between rural (28.3%, $n=32$) and suburban (27.4%, $n=31$) locations. Most of the sample (57.5%, $n=65$) has attended at least some graduate school. Responders ($n=105$) represent 20 states from disparate regions of the country, with the most reporting IPV experience in the West (39.0%, $n=41$; California, Colorado, Idaho, Oregon, Utah); followed by the Midwest (24.8%, $n=26$; Illinois, Indiana, Iowa, Kansas, Michigan); Northeast (18.1%,

$n=19$; New York, Pennsylvania, Vermont); Southeast (15.2%, $n=16$; Alabama, Arkansas, Florida, Georgia, North Carolina); and Southwest (2.9%, $n=3$; Arizona, Texas).

Demographics by role are provided in Table 1.

Because of small cell sizes (i.e., <5) for many of the demographic categories, differences by responder role could not be ascertained for nominal variables. However, one-way analyses of variance (ANOVAs) were conducted to determine differences between responder roles on age and years of experience. As indicated by box plots, there were no extreme outliers for age or years of experience. Skewness statistics of <1.0 indicate normal distribution of both age (.740) and years of experience (.949). Homogeneity of variances for age ($p=.51$) and years of experience ($p=.20$) were established using Levene's test for equality of variances. Results of one-way ANOVAs indicated significant main effects for both age ($F(4, 105)=7.69, p <.001$) and years of experience ($F(4,105)=15.33, p<.001$) by responder role. Given the unequal group sizes of responder roles, Tukey-Kramer post hoc tests were conducted to further examine differences by role. For age, advocates were significantly younger than LER and BIP providers. Prosecutors were also significantly younger than BIP providers. For years of experience, victim advocates had significantly fewer years of experience than law enforcement, BIP providers, and those in multiple roles. Additionally, prosecutors had significantly fewer years of experience than law enforcement and BIP providers. Means and standard deviations by role are included in Table 1.

Research Aims and Questions

As previously stated, there were three aims of this study: 1) to solicit the practice wisdom of responders in identifying various attributes of IPV; 2) to solicit the practice wisdom of responders in identifying various attributes of successful collaboration, as well as challenges to collaboration, in addressing IPV; and 3) to develop an instrument grounded in the qualitative data findings that can quantitatively assess responders' collaborations on a larger scale. These aims were in service of answering the overarching research question: How do responders collaborate with one another to address IPV? Four sub-research questions were developed to assist in achieving these aims: 1) what are responder perceptions of why IPV occurs, 2) what facilitates successful collaboration among IPV responders, 3) what are the barriers to successful collaboration among IPV responders, and 4) what do responders suggest to enhance current collaboration efforts among IPV responders? Figure 1 offers a visual representation of how the research aims and questions are presented in this chapter.

Aim One: To Solicit the Practice Wisdom of Responders in Identifying Various Attributes of IPV

RQ1: What are responder perceptions of why IPV occurs? This question was answered through both qualitative and quantitative investigation. Qualitative inquiry focused on obtaining rich, descriptive data from responders regarding how they comprehensively view the phenomenon of IPV in the context of their professional roles, including their causal perceptions of its occurrence. While quantitative inquiry primarily focused on instrument development, one item was included to assess responders'

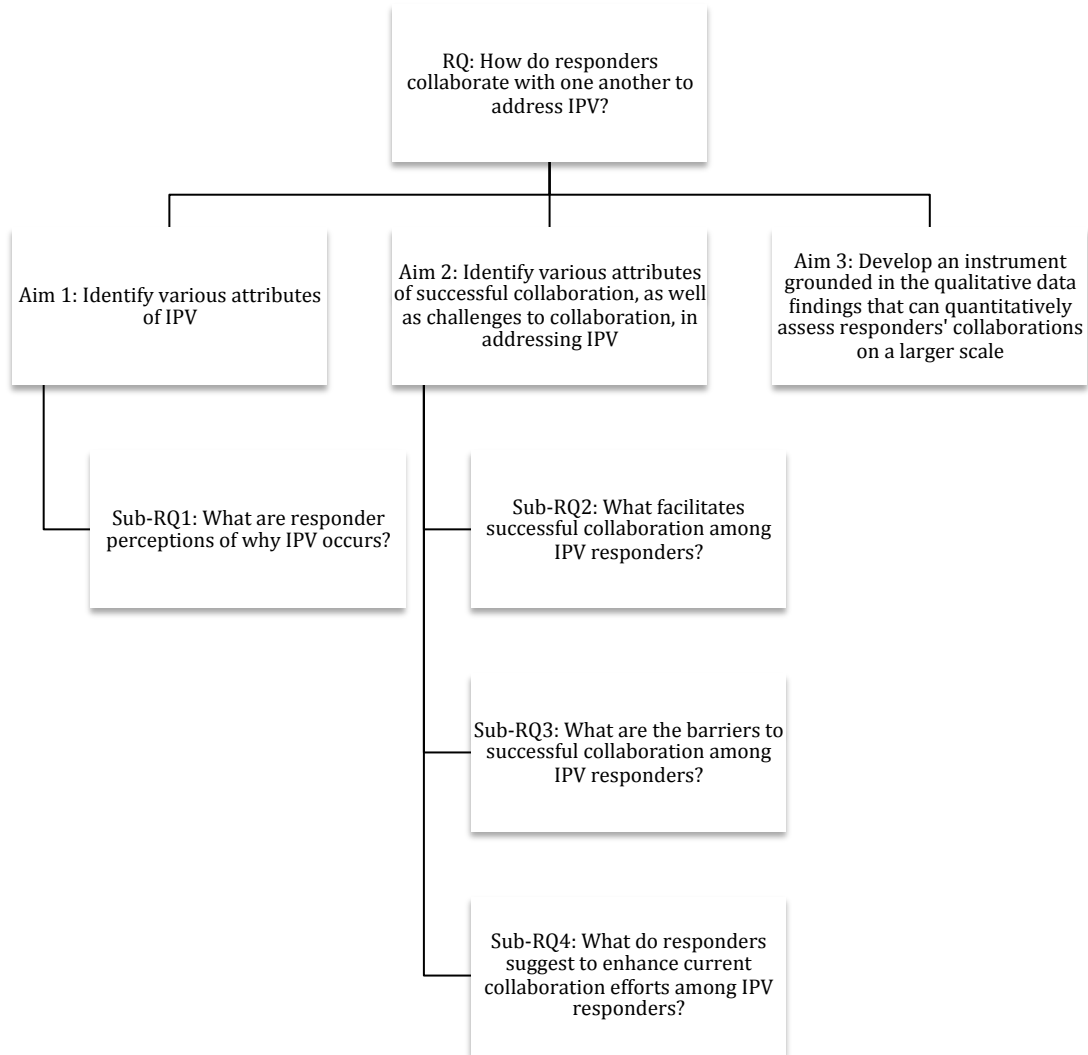
perceptions of the primary cause of IPV, using qualitative data to inform the response options.

Table 1: Quantitative sample demographics

	Total	Advocates	LERs	Prosecutors	BIP Providers	Multiple Roles
	Freq (%)	Freq (%)	Freq (%)	Freq (%)	Freq (%)	Freq (%)
Gender Identity	(n=111)	(n=57)	(n=20)	(n=14)	(n=13)	(n=7)
Female	80 (72.1%)	52 (89.7%)	6 (30.0%)	8 (57.1%)	7 (53.8%)	7 (100.0%)
Male	30 (27.0%)	5 (8.6%)	13 (65.0%)	6 (42.9%)	6 (46.2%)	0 (0.0%)
Transgender	1 (0.9%)	0 (0.0%)	1 (5.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Race	(n=108)	(n=57)	(n=17)	(n=15)	(n=12)	(n=7)
White	92 (85.2%)	46 (80.7%)	15 (88.2%)	14 (93.3%)	10 (83.3%)	7 (100.0%)
POC	16 (14.8%)	11 (19.3%)	2 (11.8%)	1 (6.7%)	2 (16.7%)	0 (0.0%)
Education	(n=113)	(n=58)	(n=20)	(n=15)	(n=13)	(n=7)
High School	1 (0.9%)	1 (1.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Some College	6 (5.3%)	6 (10.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
2-year college degree	7 (6.2%)	0 (0.0%)	6 (30.0%)	0 (0.0%)	0 (0.0%)	1 (14.3%)
4-year college degree	34 (30.1%)	26 (44.8%)	6 (30.0%)	0 (0.0%)	2 (15.4%)	0 (0.0%)
Some graduate school	8 (7.1%)	4 (6.9%)	1 (5.0%)	0 (0.0%)	1 (7.7%)	2 (28.6%)
Graduate degree	39 (34.5%)	20 (34.5%)	6 (30.0%)	1 (6.7%)	10 (76.9%)	2 (28.6%)
Professional degree	18 (15.9%)	1 (1.7%)	1 (5.0%)	14 (93.3%)	0 (0.0%)	2 (28.6%)
Area of Experience	(n=113)	(n=58)	(n=20)	(n=15)	(n=13)	(n=7)
Rural	32 (28.3%)	20 (34.5%)	2 (10.0%)	3 (20.0%)	3 (23.1%)	4 (57.1%)
Urban	50 (44.2%)	26 (44.8%)	14 (70.0%)	5 (33.3%)	4 (30.8%)	1 (14.3%)
Suburban	31 (27.4%)	12 (20.7%)	4 (20.0%)	7 (46.7%)	6 (46.2%)	2 (28.6%)
Region of Experience	(n=105)	(n=54)	(n=19)	(n=15)	(n=12)	(n=5)
16 (15.2%)	8 (14.8%)	1 (5.3%)	3 (20.0%)	3 (25.0%)	1 (20.0%)	
Southeast	3 (2.9%)	2 (3.7%)	0 (0.0%)	0 (0.0%)	1 (8.3%)	0 (0.0%)
Southwest	41 (39.0%)	19 (35.2%)	16 (84.2%)	0 (0.0%)	4 (33.3%)	2 (40.0%)
West	26 (24.8%)	21 (38.9%)	1 (5.3%)	0 (0.0%)	2 (16.7%)	2 (40.0%)
Midwest	19 (18.1%)	4 (7.4%)	1 (5.3%)	12 (80.0%)	2 (16.7%)	0 (0.0%)
Northeast						

	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>
Age	(<i>n</i> =110) 39.34 (12.31)	(<i>n</i> =55) 35.27 (11.73)	(<i>n</i> =20) 44.70 (9.81)	(<i>n</i> =15) 34.53 (7.86)	(<i>n</i> =13) 50.62 (11.69)	(<i>n</i> =7) 45.29 (12.98)
Years of Experience	(<i>n</i> =110) 9.65 (8.35)	(<i>n</i> =56) 6.03 (5.87)	(<i>n</i> =19) 18.39 (9.22)	(<i>n</i> =15) 6.07 (5.83)	(<i>n</i> =13) 14.54 (6.31)	(<i>n</i> =7) 13.57 (8.30)

Figure 1. Organization of findings by research aims and questions



What are responder perceptions of why IPV occurs: Qualitative findings. To assess responders' perceptions of why IPV occurs, I asked each participant a standard question: "Thinking about your professional experiences with IPV, what are your

perceptions as to why IPV occurs?” Additional probing questions were often asked, including 1) what are some of the commonalities you see across cases; 2) can you provide me with an example of a case that was “atypical” or different from other cases on which you worked; and 3) how do your perceptions of IPV impact your work a) within your agency and b) within the larger network of IPV responders? While thoughts around causes of IPV were not limited to this portion of the interview, much of the data did arise from this line of inquiry. However, responders provided rich description of their overall perceptions of IPV, beyond causes, throughout their respective interviews. As such, this section focuses broadly on the theme *Responders’ Perceptions of the Phenomenon of IPV*, which includes responders’ perceived causes of IPV. Table 2 provides the organizational details of this theme.

Table 2: Organization of theme one: Responders' perceptions of the phenomenon of IPV

Pattern	Sub-patterns
What Does IPV Look Like	Types and Severity of IPV Demographics of Clients Patterns in IPV
Causes of IPV	Power and Control Intergenerational Violence/Learned Behaviors Societal or Cultural Perpetuation Perpetrator-Specific Traits Substance Use Other Causes of IPV
Barriers to Leaving and Reasons for Staying	N/A
Reporting IPV	N/A

Pattern: What Does IPV Look Like? Responders seem to agree that IPV is a common occurrence. So common, in fact, that one LER (I) stated that a typical case of IPV is “not much of a case” at all. She says:

[I] typically work a lot of [cases where] both people [are] yelling and screaming and, at some point, they’re throwing things at each other and, at some point, somebody probably pushed or shoved someone else, but it’s really not much of a case.

Given their sense of IPV’s commonplace, it is perhaps unsurprising that responders reported singular incidences of IPV to be rare and that partner abuse within relationships seems to become normative over time, “something that victims and defendants grow used to as being the new norm” in their relationship. A prosecutor (L) shared the view that IPV is often a repetitive phenomenon, stating:

Occasionally you’ll get someone who you genuinely believe, um, when they tell you that this was the first time—that they’d ever seen this kind of behavior exhibited...most of the time, victims, once you get them talking, or you comb through the—the previous phone calls to law enforcement or prior arrest, that sort of thing—you get a pretty broad picture that it’s happened before.

Generally, participants characterized IPV as a complex phenomenon, with variation in both the types and characteristics of the violence itself. Responders often described abuse as a means of control and discussed working with victims and perpetrators whose relationships had elements of physical and/or emotional/psychological

abuse. Responders also discussed other abusive tactics, such as stalking, gaslighting, and judicial battering. Responders tended to agree that, among the IPV cases they respond to, “significant” violence is rare, with most incidents being relatively minor in nature. One prosecutor (L) described a typical IPV case: “What we see a lot of is, you know, is mental and physical harm, but it’s a push. It’s a shove. It’s a punch. Um, when you start seeing, you know, real damage, that’s really pretty rare.”

Responders frequently spoke of victims and abusers using “she” and “he” pronouns, respectively, referring most often to IPV within heterosexual relationships. One LER’s (I) perceptions are that it is rare for a woman to engage in an “ongoing pattern of [IPV] behavior” and women more often engage in abusive behaviors as “punishment” or in self-defense. She shares:

...either at some point [the male partner has] not taken care of things they’re supposed to. They cheated on [the female partner] ‘cause you have this quick break where she pulls out a knife. She’s losing her mind. And it’s because he cheated on her. She’s never done it before...the dynamics are just very different [from male abusers].

This LER also noted that many women engage in “abusive” behaviors out of self-defense, though this justification can be difficult to prove. She recounted stories where female aggressors will cite years of victimization and she, as the officer, cannot do anything to prove the woman’s claims: “Okay, well, did you ever call?” And they’re like, ‘Well, no.’ And I’m like, ‘Okay, so, no, it’s not great that the first time I show up, you’re the one who’s really gone too far.’”

One BIP provider (N) who has responder experience in multiple contexts agreed that males perpetrate IPV more often than females, sharing:

But I know from national statistics and even murder statistics and also a study at—looking at data in my own job when I worked at [redacted]—about 83, 85% of the [DV] crimes...are men against women. The other 15% at [redacted] was either, uh, sibling or child against parent or same sex violence. So it's definitely a male-female [crime].

He went on to say that a woman's use of violence against her male partner might meet the statutory definition of "domestic violence," but is qualitatively different from what he considers to be IPV because it lacks the element of control: "...He didn't give her money for the four kids or for diapers and she punched him...out of desperation. It's a battery, but there's no power and control. Without power and control, you're missing the whole definition [of IPV]." Power and control as a cause of IPV is discussed further below.

Beyond binary gender-based differences, several demographics of victims and perpetrators were discussed, though there did not emerge any specific patterns in descriptions across responders. Although several responders indicated that they worked more frequently with people of color and those of low socioeconomic status, one advocate (A) summarized the ubiquitous nature of IPV, saying, "[IPV] affects all people and it doesn't discriminate."

Despite this ubiquity, responders described several patterns that typically appear within partner violent relationships. Most notably, responders discussed the gradual nature of IPV. One advocate (E) shared the "early warning signs" that often precede

physical violence, including the perpetrator's jealousy, restriction of access to friends, and monitoring of social media and cell phone communications. Another advocate (C) concurred, saying, "[Perpetrators] have a particular target and so they push them and they do these little things slowly and gradually and see how far they can take it." A LER (I) similarly agreed that IPV begins as "chronic, low-level" abuse.

The responders also discussed the cyclical nature of abuse, within both the relationship and the service delivery system. A BIP provider (N) succinctly summarizes the within relationship cycle of abuse as "acute violence...then there's a honeymoon...and then the tension builds." However, responders also reported that it is not uncommon to work with the same clients repeatedly—a cycling through the system. One prosecutor (K) provided an example of "repeats": "Today, I had a person come in on a felony battery, uh, investigation that I had talked to her four months ago...He pled to that. He was on probation now and she comes in; she says the exact same things." A LER (G) corroborated this, saying, his work felt like a "revolving door" of IPV, with victims telling him, "He didn't really mean it. They love me."

Pattern: Causes of IPV. Given the magnitude of the problem of IPV, it is perhaps unsurprising that responders attributed numerous causes to its perpetration, with many responders attributing more than one cause. When asked, responders most frequently attributed IPV to the perpetrator's desire for power and control, intergenerational violence and learned behaviors, societal or cultural perpetuation, perpetrator-specific traits, and substance use. The current chapter presents causes of IPV as presented by

participants. In chapter five, I will further explore participants' attributions in relation to attribution theory principles.

Sub-Pattern: Power and Control. The perpetrator's desire for power and control arose across interviews. A prosecutor (H) clearly articulated this cause, saying, "I think it's power and control...I think that the abusers want to isolate and control the victims. The victims become dependent on the abusers and then you get into a cycle of violence that's very difficult to break." Participants discussed reasons why the perpetrator might exercise these controlling tactics over their victims, such as fear of their partner leaving, because they feel they are owed something, or simply "because they can." "Somebody feels like they own or control the other...for whatever reason that is. For sex. For money. For, 'I pay the bills.' For...the kids. For past deeds done. Whatever it is...and it's usually one person, not both" (LER, I).

One advocate (E) pointed out that the element of control is sometimes lost amid the stereotypes society holds of IPV: "I definitely see a lot of...just generally controlling dynamics. Um, we often in our heads stereotype partner violence as only being physical violence, um, but certainly I see, um, lots of controlling factors, um, that occur." Some responders find controlling behaviors to be inextricable from the abuse, with one advocate (D) saying, "[Power and control behaviors] are not ever absent." She described how some abusers "control expertly" without physical violence, even presenting as polite and pleasant in their outward demeanor to those around them, while others are "emotionally and verbally abusive to whoever happens to be" in their path.

Because of these stereotypes, victims may not see themselves as such because they lack bruises and broken bones. Similarly, perpetrators may not initially understand their behaviors as abusive because they never touched their victim. Yet when confronted with the “power and control wheel,” frequently utilized in both victim- and perpetrator-directed services, these individuals begin to better understand the dynamics of the abuse in their relationship. One advocate (C) shared, “So she’s going through each thing of the wheel and was crying because she realized it. But that’s what [victims] do. They’ll go through the wheel and realize, ‘Wow! Like kinda hits home.’” Similarly, a BIP provider (N) shared, that the power and control wheel is “a foundation of our work” and that “it just keeps ringing true time and time again.”

Sub-pattern: Intergenerational Violence/Learned Behaviors. Many responders reported that IPV is an intergenerational problem, learned from violence being present in the childhood home. Participants frequently noted that the norms of the family of origin often directly influence what is considered acceptable in one’s adult relationships. In discussing his work with perpetrators, one BIP provider (N) explained:

If you grew up in a household where violence is, um, used to solve problems. If you grew up in a household where women are demeaned or there’s not a role model—the male being appropriate and nurturing and having empathy, and it’s, uh, ‘Why isn’t my dinner on the table?’ ...It goes on and on.

Intergenerational violence not only appears as a cause of perpetration, but of victimization as well. Victims were described as potentially vulnerable based on their

experiences growing up and histories of trauma. One advocate (C) spoke of her use of genograms with her clients who have family histories of abuse as a tool to help point out these patterns and alleviate self-blame for the abuse, saying that victims realize, “Of course I’m like this because it’s just been a cycle in my family.” Upon conjecture as to why these patterns might continue from generation to generation, an advocate (F) noted that there is often not time to heal before a victim’s child or grandchild is experiencing it themselves:

The mom was, um, either a victim of sexual violence or domestic violence. Her child becomes a victim of, um, sexual violence or domestic violence. And then her grandchild becomes a victim. And there’s only maybe about 15 to 16 years apart from each generation. So, one hasn’t really fully recovered and they can’t teach their child or their grandchild how to function in a healthy relationship because they’re still healing themselves.

Sub-pattern: Societal or Cultural Perpetuation. In addition to the family’s role in the perpetuation of IPV, many responders noted that society and our culture as a whole were responsible for IPV’s existence. Responders talked about how enduring myths and societal beliefs, particularly around patriarchy, hypermasculinity, and male privilege, allow violent relationships to continue. One advocate (A) shared that she opposes the idea that “men are born this way,” but instead believes that society’s influence over what is considered “right and wrong” is responsible for the continuation of abusive male partners. A BIP provider (N) shared a similar perspective, noting that the “macho man

stuff” presented in music and movies shape “the whole experience of growing up and what’s accepted in society.” Still another advocate (O) said that she has met individuals who grew up in an environment where male privilege was the norm due to religious or social reasons and that “because women are supposed to be subservient,” violence is considered acceptable.

Responders in the sample seem disheartened by the progress made to combat the perpetuation of IPV at the societal level. One advocate (A) shared that we, as a society, do not hold one another accountable for IPV: “We continue to not check people who are doing things that are outside of the—what we feel are norms because we’ve created a culture where it is the norm to have violence in your relationship.” Another advocate (M) expressed frustration that IPV is not considered an epidemic the way that other social and health problems are characterized. She shares, “Look what we’ve done with smoking. Look what we’ve done with breast cancer. We could do the same thing with domestic violence. We’ve chosen not to.” She adds, “If we’re still questioning *Roe v. Wade*, I’m kinda thinking that we’re not even close to being able to question domestic violence and its origins.”

Sub-pattern: Perpetrator-Specific Traits. While external influences, such as family and society, were more frequently mentioned, responders also discussed how traits specific to the perpetrator cause some instances of IPV. Perpetrators were described as manipulative, lacking empathy, having a “deformity of ethics,” and being unable to control their behavior. Undoubtedly, the nature versus nurture debate is relevant as scholars have long argued whether traits are innate or instilled. Regardless, the

responders in the present sample appear to attribute at least some instances of IPV to traits of the perpetrator, regardless of how or why they exist. One BIP provider (J) shares her thoughts on the role a perpetrator's insecurity or lack of self-esteem plays in perpetration:

I think a lot of it is because they can and then a lot of it is because they don't really feel good about themselves and, "Why would anybody stay with me? So I have to do this and this and this. And I always have to be vigilant...I always have to make sure." And really usually what they're blaming their victims for—my mom used to say this to me—"What you accuse other people of is what you do yourself." I think that's true. You know, "You've been cheating on me." And it's usually because they've been cheating. You know?

Sub-pattern: Substance Use. One cause in which responders felt strongly in some way was the use of substances, particularly alcohol. While some responders clearly felt that substances were directly linked to the commission of IPV, others were quick to say that substances should not be considered the "cause" of IPV because "not everybody who drinks hits" (BIP provider, J) and, as one prosecutor (L) said, "It's not that we are ever able to prove that the reason they, you know, became violent that day was facilitated by the drugs."

Despite this, the association between substances and IPV emerged numerous times throughout the interviews. One prosecutor (L) shared that "almost every case that a sheriff's office is gonna get called out to, there's gonna be some kind of drug or alcohol

element,” typically alcohol. A LER (I) supported this, stating that she sees “a lot of alcohol involved with...the whole domestic situation, especially when it’s a chronic problem.” While the substance use can be present in one or both parties, a prosecutor shared that it is rare to have a case where only the victim used substances. Even with this noted association, a BIP provider (J) shared that, of all her clients, she thinks only “two percent” have a true substance abuse problem and that substance use is not the cause of IPV. She went on to explain:

BIP gets a bad rap because they say, “Oh, 60% involve substances.” Well, you know, if you’re with somebody for a long time and you’re drinking, sometimes you do stupid things and say stupid things...So if you’re one of those people who drinks and hits people, don’t drink. Or when you’re arguing with your partner or when things are tense, that is not the time to pick up your Colt 45...I think maybe the pushing, the shoving, the hands on comes with liquid courage, but I’m gonna guarantee you the emotional abuse and the blaming and all that was there before they ever had anything to drink.

Sub-pattern: Other Causes of IPV. In addition to the aforementioned causes, responders spoke about several other causes of IPV, though not with the frequency with which they spoke of those previously discussed. Several participants discussed the perpetrators’ mental health and trauma histories as possible facilitators of later violence. Low socioeconomic status and “economic stress” were also mentioned. Specific to female perpetrators, participants often attributed the violence to retribution, retaliation,

anger, or self-defense. Some responders provided more general causes (e.g., some people are more “prone to connecting”), while others provided no cause at all. Plainly, one advocate (A) stated, “IPV occurs because perpetrators perpetrate” and no one knows why they do.

Pattern: Barriers to Leaving and Reasons for Staying. Responders were keenly aware of the fact victims will continue to endure their partner’s abuse for a variety of reasons, such as safety concerns, children in common, or a lack of financial resources. Participants noted that there can be a counterproductive “why doesn’t she just leave” mentality that can impede work with victims. An advocate (E) shared that victims might stay in abusive relationships for numerous reasons and, because of that, “it’s really important for somebody who does this work to, um, be able to accept that and work with that person regardless of, um, what option they’re choosing in their situation.”

This need for patience was also noted in regards to the length of time it may take a victim to leave their abuser. A LER (I) shared that they might go to a home many times before a victim decides, “I can do this...I can get out.” An advocate (C) spoke of the oft-cited statistic that it takes, on average, seven times for a victim to leave before they are successful: “And it doesn’t mean that they want to be abused. It just means that they weren’t ready. It’s such a hard thing. And I see that all the time, even with unhealthy relationships [that are not abusive].” Generally, responders understood that the decision to leave is a difficult one and that, abusive or not, ending relationships can be daunting. The added element of abuse and the myriad factors victims have to take into account when making a decision about if and when to leave adds further stressors to the situation.

Pattern: Reporting IPV. When it comes to formally reporting abuse, victims do have several options. Reporting to victim-specific agencies does not necessitate filing a police report to receive some (but not all) services. If the IPV is between two university students, victims can report a case to the school's conduct board based on Title IX. However, if law enforcement is called to an IPV situation, in the State of Florida, an arrest must be made if a primary aggressor can be identified. Regardless of arrest, the abuse is documented by law enforcement, in part to develop a "paper trail" if the victim ever needs one. As one LER (I) said, "Always the paper."

Several responders discussed the issue of IPV being underreported and expounded on the reasons why that might be the case, with many citing fear—either of the perpetrator or of other consequences. "They don't wanna report. They don't want the person to either get in trouble or to ruin their, you know, job or, or family situation....They want help and guidance, but they don't want to go to the X level" (Advocate, F). One LER (G) believes that, particularly among individuals of high socioeconomic status, IPV goes unreported due to fear of embarrassment and financial consequences. At times, responders shared some frustration with lack of reporting, but remained understanding in why it might not be right for everyone. For example, because of the statute of limitations after reporting a DV crime, it may be advantageous for a victim to wait to report until they are truly ready to do so. One advocate told a story of working with a young woman who was fearful of the repercussions of reporting, saying that every time the victim would begin to take steps toward reporting, she would change her mind. Participant F shared:

“Okay, so do you want to report?” “I wanna report, but I don’t want you to do anything about it. I just wanna report it.” And so that ties our hands ‘cause we’re giving her all these safety planning tips, you know, ways to bring this person, you know, accountable, but she doesn’t want—every time she starts, she says, “No. I don’t want to do it.” And so, um, I talked to my, um, my boss, um, yesterday about it. The statute of limitations—the moment that she reports, the clock starts ticking and it’s four years. So, if she doesn’t report, she can sit on it a little bit longer and decide what she wants to do, but the moment she decides to report, we have to do something within that four years.

Regardless of whether or not the abuse is reported, this advocate insisted that victims are treated equally.

What are responder perceptions of why IPV occurs: Quantitative findings. As a way of mixing the qualitative and quantitative strands, I included an item with the IPVRCS distribution to assess responders’ perceptions of the primary cause of IPV. Nearly half of all responders (47.7%) cited the perpetrator’s desire for power and control as the primary cause of IPV, followed by societal or cultural perpetuation (15.3%), intergenerational violence (12.6%), perpetrator-specific personality traits (8.1%), and substance use (6.3%). Nearly a tenth of the sample reported some other reason as the cause of IPV. Open-ended follow-up responses indicated any or all of these response options might be a cause, alone or combined. However, several respondents indicated other specific causes such as “untreated mental health” concerns, “intergenerational

poverty,” and a perpetrator’s “criminal thinking habits.” Frequencies are presented by primary role in Table 3.

Table 3: Causes of IPV by primary responder role

	Advocate (n=57)	LER (n=19)	Prosecutor (n=15)	BIP Provider (n=13)	Multiple Roles (n=7)	Total (n=111)
Societal or Cultural Perpetuation	17.5%	10.0%	6.7%	23.1%	14.3%	15.3%
Perpetrators	57.9%	35.0%	46.7%	23.1%	42.9%	47.7%
Desire for Power and Control						
Intergenerational Violence	14.0%	10.0%	0.0%	15.4%	28.6%	12.6%
Substance Use	0.0%	20.0%	20.0%	0.0%	0.0%	6.3%
Perpetrator-Specific Personality Traits	5.3%	15.0%	20.0%	0.0%	0.0%	8.1%
Other Reason	5.3%	5.0%	6.7%	38.5%	14.3%	9.9%

A chi-square test for association was conducted between primary role and cause of IPV. Due to small cell sizes, cause of IPV was dichotomized into *perpetrator’s desire for power and control* and *other cause* (encompassing all other response options). There was no statistically significant association between primary role and the dichotomized cause of IPV variable, $\chi^2(4) = 6.50, p = .165$. I provide a more nuanced discussion of participants’ dispositional and situational attributions in chapter five.

Aim Two: To Solicit the Practice Wisdom of Responders in Identifying Various Attributes of Successful Collaboration, as well as Challenges to Collaboration, in Addressing IPV

Three sub-research questions were posed to achieve the aim of identifying various attributes of successful collaboration, as well as challenges to collaboration, in addressing IPV: 1) What facilitates successful collaboration among IPV responders, 2) what are the barriers to successful collaboration among IPV responders, and 3) what do responders suggest to enhance current collaboration efforts among IPV responders? Data to support answers to these three sub-research questions emerged in a singular theme within the qualitative data: *The Experience of Collaborating with Other Responders*. Within this theme, four sub-themes emerged: *Collaborating with Other Responders*, *General Perceptions of Collaboration*, *Barriers to Collaboration*, and *Special Challenges by Population Served*. This section begins by first describing participants' perceptions of collaborating with various responder roles to provide context to the overarching issues related to collaboration, including role-specific challenges. These data fall under the heading *Subtheme: Collaborating with Other Responders*. The section then presents data specific to each of the three research sub-questions included in aim two of the study. Because the theme and its patterns are split between the three research sub-questions, Table 4 provides a visual representation of the broader organization of the theme.

Table 4: Organization of theme two: The experience of collaborating with other responders

Sub-Theme	Patterns
Collaborating with Other Responders	Working with Advocates Working with Law Enforcement Working with Prosecutors Working with BIP Providers Working with Additional Responder Roles
General Perceptions of Collaboration	Elements of a Strong Collaboration Drawbacks of Collaboration
Barriers to Collaboration	Phenomenological Challenges of Collaboration Practical Challenges of Collaboration Political Challenges of Collaboration Personal Challenges of Collaboration
Special Challenges by Population Served	Special Challenges by Population Served

Subtheme: Collaborating with other responders. This subtheme explores responders’ perceptions of collaborating with responder roles included in the present study (i.e., advocates, LERs, BIP providers, prosecutors). It also includes a brief discussion of collaboration with additional responder roles that were not included in the present study.

Working with victim advocates. Generally speaking, responders described advocates and their collaborations with them positively. Advocates were portrayed as “passionate” about their work and having a solid understanding of the dynamics of IPV. This passion for and knowledge of IPV advocacy appears to translate into strong collaborative relationships, both within the advocate network as well as the larger responder network. Responders spoke of their reliance on advocates for their in-depth knowledge of IPV and frequently demonstrated appreciation for the different perspective

that an advocate can bring to collaboration. In the words of one prosecutor (L), “Victim advocates—they don’t see the world the same way that cops do and prosecutors do.” Similarly, a LER (I) shared, “Victims’ advocates units—I mean, that’s what they live for. It’s the bulk of what their workload is, so I should be able to ask for help and get that and I think mostly—most of the time, you do.”

Despite being important to the overall collaboration network, there was consensus among the advocates that they most closely worked with one another. Because there is no “one-stop-shop” for victim services, many advocates have to outsource or make referrals to sister agencies to meet the needs of their clients. For example, a university student might benefit from working with a university-based advocate for assistance with handling the academic ramifications of their victimization, but they might also benefit from working with a shelter advocate to assist them with housing- or long-term counseling-related needs. The advocate network is somewhat of a “web,” providing segmented, but holistic services to its victims. As one advocate (D) acknowledged, “None of us can do our jobs without the other.” As a byproduct of the frequency with which advocates collaborate, familiarity among advocates appears to foster positive relationships. As one advocate (B) stated:

I have a great relationship with...the advocate at our local law enforcement agency. Um, you know, we’re on a first name basis, we recognize each other’s number when it pops up on the phone... We’re at a point where we can say, “This is really important.”

Despite the predominantly positive view of advocates and their work, several advocate-specific collaboration frustrations emerged throughout the data from responders in various roles, most often related to DV shelters and their inability to share information with other responders. Shelters were described as being “on edge” and “constantly a challenge” with which to work. With their “iron clad” confidentiality clauses, reciprocity of information sharing “just isn’t there” between the shelters and other responders. Despite many advocates expressing a desire to increase reciprocity (e.g., through interagency memorandums of understanding), one advocate (C) with experience at a residential agency believes the confidentiality clause should remain as is. She acknowledged the frustration experienced by other responders, but described a lack of understanding of the rationale behind the policy that leads to a misperception of shelter advocates being “difficult”:

[A law enforcement officer] drop[s] somebody off [at the shelter], and then they call back saying, “Oh, they—I need to ask this person something.” And [the shelter advocate says], “Oh, we can’t confirm or deny [the victim is here],” and [the officer] get[s] really upset because they just dropped this person off. ‘Cause they don’t understand...It’s for [the victim’s] complete safety because who knows if that’s a police officer? What if it’s the abuser or the abuser’s friend?...So we just do it to be very careful...And they get really frustrated with me, so it’s understandably—it’s frustrating, but it’s for a good, good purpose.

On a macro level, several responders in roles outside of victim advocacy shared that they do not have regular access to victim advocates with whom they could collaborate. This appears to be community-specific because while some communities appear to have a strong network of advocates working in numerous agencies, other communities appear to rely on advocates solely within the local state's attorney's office and/or law enforcement agency. One prosecutor (K) with experience in more than one Florida circuit shared how this difference in structure impacts his work now that there are fewer advocates in his network: "When I got here, our [state attorney's] office doesn't have the same sort of victim advocate unit and it falls a lot more on the prosecutor to be that face for [the victim]." Instead, this prosecutor works primarily with advocates at the local law enforcement agency, but acknowledges that this set up is problematic because there is no one at the state's attorney's office, besides the prosecutor, to "make sure [the victim is] okay" and provide referrals. Another prosecutor (L) shared this concern, saying the number of advocates at his local law enforcement agency should be doubled from the two or three that are currently there.

Working with law enforcement. Arguably the most richly described collaborations were those with law enforcement. LERs were described as being fact-driven, with a goal of "get[ting] the bad guy," which, at times, can pose a challenge in advocate-LER collaborations. While the general consensus was "some are better than others," advocates shared perceptions that LERs engage in victim blaming and are reluctant to learn new ways of handling IPV cases. One advocate (C) shared an experience of witnessing victim blaming:

The police officer responded [to the call] and they were like, “You know, why am I still seeing you here? What are you doing? Why are you still with this person?” And that was really frustrating for me because you’re shaming them. You’re blaming them and they—I’m so glad they even called for help. The fact that they have continued to call for help...shows that they feel safe enough to. And by saying those kinds of things, it makes you—them—feel less safe to do that.

However, engaging in victim blaming may not always be a function of wanting to “shame” the victim, but could be construed as rigidity around protocol. Certainly, LERs described being required to abide by laws and policies when working an IPV case, but another advocate (F) shares that a deviation from protocol may, at times, be preferable:

If we have a detective who goes out and they have a—they’re, uh, interviewing the victim and they ask her what she was wearing. Well, that might be something that you would normally ask—don’t know why. Don’t know why that’s an option. But don’t ask it. You know? And you might just be going down your tick list, but leave that one off.

An added complication to making such a deviation is advocates’ perception that LERs are reluctant to change protocol or learn new skills as it relates to IPV. Careful to generalize to other responders, the same advocate also shared, “I think sometimes people know—and this could go for advocates as well—is, ‘I’ve been doing this a long time, so I know my job.’” Though perhaps the reason LERs are perceived as being “fact-driven” is because their job is, indeed, to gather facts to inform their next actions as well as the

actions of other responders (e.g., prosecutors), sometimes under dangerous circumstances. One advocate (D) acknowledged this, saying:

When your experience of the issue is, you know, going out on a call and trying not to get shot or whatever, or trying to get proof of it...you're not really trying—you know, you don't look at your job as trying to understand the dynamic. You're there to get proof. And [if] something frustrates your ability to get proof, well that's gonna inform the way that you talk about the issue.

Prosecutors similarly discussed challenges around law enforcement's rigidity in protocol; particularly, LERs do not always understand the nuanced differences between cases following an arrest. Prosecutors perceived LERs to be frustrated with state's attorneys' offices, particularly because "[LERs] are told that there's a specific outcome for every situation. So that's what they expect" (Prosecutor, L). One prosecutor (H) shared that LERs "aren't happy" when cases are not prosecuted. Even when cases do move forward, decision-making around the case continues to be nuanced and perhaps not fully understood by LERs. Another prosecutor (L) described part of his process for determining pleas:

Because—and I see it in my own job—you know, we ask other people what they would do as part of a plea offer in a case and they're like—you have to give them all the details. You know, like, "Well, what would you give a guy that had—you know, scores 20 points and it's his third grand theft? What would you do there?" They're like, "Well, you know, is there

a genuine victim or did he steal from Walmart again? Is there, you know—what are [his] priors? Has he ever been to prison before? Why does he score 20 points on an F3?” That sort of thing. You have to, you know, look at everything.

Advocates, however, noted that officers frequently went “beyond” the call of duty in working IPV cases, with one advocate (M) noting that perhaps LERs experience these frustrations with how cases move forward because it feels as if their hard work has not amounted to enough during the prosecution phase. She shares:

What the trickle down is, is that the detectives in law enforcement just feel impotent. I mean, they’re doing these fabulous jobs. They’re doing these incredible reports—investigations and reports. Cases—when you see a case where there are five felonies, two involving a gun, and the initial plea was for a year supervised probation and one misdemeanor charge—and a withhold! And it’s like, “Just let him go!” That’s like a smack in the face.

Barring any changes, these challenges are unavoidable given the high frequency with which prosecutors collaborate with law enforcement since “[LERs] are sort of building the cases for [prosecutors].” At times, prosecutors expressed frustration for the cases brought forth to them. In the words of one prosecutor (H), “It’s very often that law enforcement will bring us a case that we think is poorly investigated and we’ll ask them to go back and do additional work and they’re not happy about that.” Acknowledging that some of the disagreement on casework may be policy-specific, another prosecutor shared that he has no reservations with speaking directly to law enforcement supervisors about

changes that need to be made across the board among LERs. Certainly, there is palpable tension between these two roles, with one prosecutor (I) explaining, “It’s sort of an age-old thing that the prosecutors blame the cops and the cops blame the prosecutors.” Yet, this same prosecutor acknowledges the interdependence of each other’s work, likening their relationship to squabbling siblings: “So we do struggle with that kind of like siblings might, if you think of us that way. We’re a dysfunctional family. But we—we muddle through; we are a family.”

Although several collaboration challenges with law enforcement were discussed, many responders acknowledged that some of these challenges are simply due to the nature of the job. Similar, to Participant D’s description of law enforcement’s duty to “get the proof” rather than spend time trying to understand the dynamic, a prosecutor (K) shared, “By necessity, [LERs] often feel that once the arrest is made, their part of the job is done. Um, because they’re busy. ‘Cause there’s always new cases.” Moreover, it appears that some of the challenges, such as victim blaming, are often specific to individual LERs as opposed to entire agencies. Indeed, even an advocate that specifically shared her concerns about victim blaming among LERs also said she had “a wonderful relationship” with her local law enforcement agency. Still others described law enforcement as “the key” to combating IPV in local communities and shared the “heroic” actions of these responders. One advocate (M) said:

He’s just a road deputy that got unlucky enough to take this call. Not only was he heroic when he came here, but he followed the case through the whole day and when he was finally able to make an arrest, he called me

and [said], “[Participant’s name], got him in the back of the car and we’re heading to jail.” And it’s like, “Thank you!...We can all—we can forget about these emergency safety plans.”

Working with prosecutors. Responders in each role spoke of their collaboration with prosecutors, though the frequency and perceptions of those collaborations varied. While a minority of responders felt that working with prosecutors was “challenging,” most seemed to have neutral feelings toward these collaborations. One advocate (A) shared, “working with them was easy for the most part,” while a LER (I) said, “[I] always [felt] pretty good about them and their victim advocates” and “never felt like I was on the wrong side of the fence with them.”

Prosecutors were described as similarly passionate or in possession of advocacy skills as advocates. In the words of one LER (G), “You know, a lot of times the prosecutors working these types of cases are new prosecutors. And so most people don’t become prosecutors unless they want to make a difference—sort of the same type deal [as advocates].” While responders in other roles corroborated this, they noted a distinction in the advocacy performed by prosecutors. Specifically, whereas advocates can focus solely on the empowerment of the victim, prosecutors have to balance the desires of the victim with a duty to protect the community. One prosecutor (L) explains, “We want people to understand that we’re not just trying to railroad people. Our job is to protect the community and that doesn’t just involve that victim.” For this reason, “uncooperative victims” in legal cases can be particularly challenging for prosecutors and, at times, prosecutors decide to go against a victim’s wishes and pursue prosecution. Though this is

antithetical to most advocates' positions, there appears to be some understanding among advocates of this balancing act. For example, one advocate (F) shared:

They do need a witness who is, um, going to help their case and communicate with them. It's harder to prosecute sometimes depending on what type of case it is, if the victim does not cooperate, um, they may just go ahead and just say, "I'm gonna drop it because I can't pursue this." Um, some they just take out of [the victim's] hands and they just say, "We're just gonna do it because it's just that bad."

There was some disagreement among responders about how proactive prosecutors are in pursuing cases, which may be due, in part, to the different way in which prosecutors look at an IPV case. As previously discussed, prosecutors have to review a case from multiple angles and balance the safety and desires of the victim as well as the larger community. While some believe that prosecutors are "very proactive" in pursuing prosecution for "the victims who want help," others note that some cases they consider to be "easy and good to prosecute" are not pursued. One advocate (O) shared, "I think the—that probably the most challenging [collaboration] is the State Attorney's Office. And it's because they're lawyers...you know, they think and they look at the cases very differently than what we do." When there is a disconnect between prosecutors and advocates about which cases should or should be pursued, there can arise frustration because, as this same advocate said, prosecutors are "the first and the last line in accountability and—and how these things play out." What is more, prosecutors are only aware of the cases that come before them, so sometimes a lack of comprehensive

understanding of IPV dynamics is challenging for advocates working with prosecutors. As one advocate (A) said, “I think having to always constantly re-educate [prosecutors] that this is not the only narrative [of] IPV and that there’s also a whole bunch that exist that you’ll never see.”

Working with BIP providers. Collaboration with BIP providers appears to be minimal among the present sample, particularly in relation to the other roles included. Of all the roles, prosecutors are most directly connected to BIP providers in their community, even if they do not regularly interact, given that Florida Statute requires BIP classes be ordered in any DV case (which includes IPV cases) “unless good cause is shown.” Despite this connection, of the three participants in the sample whose current primary role is prosecution, none of them reported any type of regular communication, let alone collaboration, with BIP providers. One prosecutor (K) said that he has “never spoken to a BIP provider,” while another (L) shared that, though he received a basic introduction via a training to better understand the role of BIP providers, “I don’t regularly speak with them.” The third (H) corroborated this saying that “we have little or no collaboration with” responders outside of law enforcement and the local residential shelter. Because of the legal statutes, prosecutors continue to push BIPs for defendants, trusting the reputation of the programs and their providers. As one prosecutor (K) said, “I’ve been told from the domestic violence class that I took—the continuing legal—legal education class—um, that it’s a good program so, you know, I trust people that are doing that side of things.”

Several responders noted that, within the last several years, the State of Florida eliminated the oversight of BIP programming, giving more flexibility to individual providers in how they deliver services. Communities have handled this change in various ways, with some BIP providers banding together to adhere to agreed upon standards for service provision and others splintering and, at times, deviating from best practices. In cases of the latter, advocates expressed concern about the new ways in which BIP can be delivered. One advocate (M) explained, “I call it ‘drive by BIP,’ where you can do it online or you can do it one full weekend...which is not the model.” Another advocate (O) expressed similar concerns for the online BIP courses, saying, “It’s gone crazy.”

In this vein, some responders questioned the motives of BIP providers, as well as the effectiveness of the services provided to clients. One BIP provider (J) shared that the BIP providers in her community do participate in the local IPV task force, and while many BIP providers prioritize victim safety, many do not. This disconnect appears to be in the setting of the individual responder’s work. Specifically, solely private practitioners who provide BIP classes were viewed as mental health practitioners rather than IPV responders. The work becomes a part of their overall livelihood, which one advocate (O) describes as “not the way to go.” A BIP provider (J) further explained, “And it—from people who are in private practice who this is your client and your—your focus is your client, that’s not our focus.” Rather, those providing services in more community-based settings were perceived as having a more holistic approach to intervening in IPV, one that does not actually focus on “going to bat” for the perpetrator, but rather “wanting them to take responsibility...for their bad behavior” (BIP Provider, N). The importance of

understanding IPV victimization and taking a victim-centered approach was not just discussed by the BIP providers in the sample. An advocate (O) corroborated this:

And [community-based BIP providers]—because they—they get the underlying root of the work. And so while they're—they're doing their BIP groups, they're also at the same time often treating, um, not the same families, but they're treating victims. They're treating the children of victims. They're running groups for those individuals. So they kind of see the—the picture from a completely different angle.

Regardless of who is providing the BIP services, some responders were skeptical as to the effectiveness of BIPs. While some doubted BIP programs in particular, a client's ability to change, regardless of the problem, was also questioned: “We have some capacity to go all the way to the left side of the page or all the way to the right. It's really hard to get off your own page” (BIP Provider, N). Certainly, responders in various roles spoke of recidivism and the “revolving door” of clients as it relates to IPV, which is perhaps related to the intervention they receive through BIP classes. One victim advocate (M) spoke very highly of some of the BIP providers in her community, but said that even their BIP successes are “far and few between,” adding, “If [they] can't turn somebody around, then that's why I don't have faith in BIP. Because this is as good as it gets.” Still, other responders are unsure of the effectiveness claims around BIPs given that they only see those who come back through that “revolving door,” not those that do not, either because they do not recidivate or because they are not reported for further violence. One prosecutor (K) explains his uncertainty:

I don't think I have a good sense of how effective they are. Um, I know enough science to know that I have a biased perspective. You know, yes, I've seen repeat customers where defendants will come back again and again for domestic violence, but I know that that's not a statistically significant sample size. Cause I'm not gonna see people that don't. So...I don't know.

Working with additional responder roles. Although responders most frequently reported collaborating with the roles included in the present sample, several additional roles were discussed, mostly notably defense attorneys and child welfare workers.

Defense attorneys, though initially included as an eligible role for participation in the present study, were not reported as major collaborators related to IPV. As they relate to BIP providers, defense attorneys may call to arrange for their client to begin BIP proactively. As they relate to victim advocates, one advocate shared that their program keeps a list of defense attorneys that they might be able to call upon for help when the women receiving their services might need their own defense counsel. Most often, prosecutors spoke of their work alongside defense attorneys, though noting this was not necessarily collaboration, but more so a “competitive negotiation.” As opposed to collaborating to reduce or eliminate IPV, prosecutors and defense attorneys work together to achieve a mutually agreed upon outcome for a case. One prosecutor (K) explains:

Um, there are a few people in—in this area that I would say I actively collaborate with to reach what we both can—can consider just sentences

or—or—or, you know, um, but very rarely are we going to be collaborating for the purposes of getting someone, uh, to go through BIP or something like that. That's sort of a situation where the defendant has already exhibited a willingness to do that in order to avoid something worse like jail. Uh, and at that point we're just sort of dickering over the terms of what's already gonna happen.

These types of outcome-oriented discussions with defense attorneys are not relegated to prosecutors. For example, one advocate (O) shared her experience working with the local public defender's office to ensure BIP was being ordered for alleged IPV perpetrators:

They weren't ordering BIP. And we had a philosophical disagreement with the—with the public defender cause he said, "Well, they haven't been convicted of anything. Why would we punish them and make them go to something?" And our thing was, "Well, you know, we understand that, but they—they've got enough to have a charge. And so let's get them assessed and start getting them in classes. If the assessor doesn't feel that they have this issue, they're not gonna see 'em." You know? So we agreed that they would at least order the assessment and if the assessor determined that this person was indeed eligible for BIP services, they went.

Despite these conversations, defense attorneys were primarily described as being relatively uninvolved with the overarching responder collaboration to address partner violence in a community, relative to the roles included in the sample.

Child welfare workers, both at the Florida Department of Children and Families, as well as those working for case management organizations, were also mentioned as responders who occasionally become involved in IPV cases, primarily when children are present and/or impacted by the violence. As one LER (G) shared: “It was mainly only when children were involved, but a lot of these cases children are involved. You know, it was a weekly basis, for sure.” However, similar to defense attorneys, responders did not report their work with DCF as particularly collaborative on a regular basis. For example, a prosecutor (H) shared, “I wouldn't say I collaborate with them. I...am a reporter. So I frequently call DCF to make sure they're involved in certain cases...I guess I sometimes collaborate, particularly on cases where I feel like we can't prosecute.” Similarly, an advocate shared that she might work with her local child welfare agency to suggest a referral for the victimized mother involved in a child welfare case.

Part of the reason why work between advocates and child welfare workers may not be perceived as a collaboration is due to tension between the two roles stemming from their responsibility to advocate for the best interest of their respective clients. A BIP provider (N) explains:

There's probably a never-ending battle between who's the client. And it's DCF versus shelters. And so if—if you're at a shelter, your women's group, then the mother is your client. And if you're DCF, then the children are your clients. So there's an eternal battle here. DCF wants to remove the mother—the children from the mother—oftentimes for failure to protect cases. Which has to do with, “Well, she let him come over for the

birthday party cause the kids missed him,” but they said, “No, you can’t,” so they take the kids from her.

Frustration around the issue of victimized mothers being investigated for “failure to protect” their children during an IPV incident is not unique to advocates. A LER (I) shares the tension she experiences in reporting victimized mothers to DCF:

And feeling like I’m going to make her the bad guy by [calling DCF]?
Yeah, it’s, um, it’s not a lot of fun. And you’re mandated to do it. So it’s not a question as to whether or not you’re going to, it’s just whether or not it feels good or it feels bad. Um, I’ve had both.

Still another LER (G) noted that perhaps child welfare workers do not engage in collaborations regarding IPV because of compassion fatigue. He explains:

I think that with the Department of Children and Families, I—I kinda feel like with them that their workload is so high and they’re so overloaded that it’s just kind of another number to them. That they—they’re so immune to, I think, hearing horrible things, that that’s what all their day is, right? Hearing horrible things. And I think almost as a defense mechanism from just not, you know, being able to handle it psychologically, I think they almost just, you know, put up a wall a little bit.

Based on participant data, I surmised that defense attorneys and DCF workers, while involved in IPV cases, have less of a direct role in IPV-specific collaborations. It appears that these roles most often work with IPV responders as a function of their jobs to best serve their respective clients as opposed to addressing the partner violence.

Defense attorneys most often work alongside prosecutors in achieving just outcomes, while DCF workers most often collaborate when a child is involved in an IPV case. Several additional roles were discussed as collaborators, such as healthcare professionals (e.g., emergency medical services, doctors), judges, probation officers, researchers, and university campus partners; however, discussions around these roles, as well as defense attorneys and child welfare workers, did not approach saturation and were thus excluded from in-depth qualitative analysis in the present study.

RQ2: What facilitates successful collaboration among IPV responders?

Nearly every responder verbalized that there are no drawbacks to collaboration, but myriad benefits, such as improved navigation of the system and better outcomes for clients. One advocate (B) simply stated, “I feel [collaboration is] how we’re able to get so much done.” To reap these benefits, responders suggested there are several elements that are particularly conducive to a successful collaboration. While many elements of success were shared (e.g., having a shared victim-centered approach, taking on the perspectives of responders in other roles, acknowledging the unique skill set of each responder), elements most frequently discussed focused on the relationships responders have with one another (i.e., communication, support, trust, networking) and those pertinent to individual responders within the collaborations (i.e., passion, openness).

The quantity and quality of communication among responders were frequently discussed as integral to a successful collaboration. Engaging in respectful, frequent communication with one another and openly sharing details on cases is important for all

responding parties to be current on their knowledge of a case. Moreover, providing details of one's interaction with a victim or perpetrator to responders in other roles is particularly important given the segmented nature of services. One LER (G) explains the importance of communicating one's own perspective on case:

If you have what I'm doing, and what I'm seeing on scene, and we're not collaborating with the State Attorney's Office, who is gonna decide what the punishment is gonna be, or DCF who has kids involved in these cases, and we're not effectively communicating with them, cause they're not there. Neither one of those parties are there and seeing what we're seeing and experiencing and feeling. That's the thing about being a cop is that we see it, we experience it, we feel it. And if we can't communicate that to those two parties, it's hard for them to make a well-informed and good decision if we're not communicating that.

In addition to the importance of case details being communicated, communicating support for fellow responders is similarly critical. Several responders noted that expressing gratitude and praise toward other responders, and "[going] to bat" for one another when necessary, is helpful in maintaining strong collaborations. These communications can occur directly between responders or include responders' supervisors. For example, one advocate shared that she was planning to e-mail her local sheriff to tell them about a deputy that did a particularly good job on a case they worked together. Another advocate (A) shared that her relationships with advocates at another

agency are so strong “because we celebrate each other’s successes. We celebrate each others’ victories.”

With communication and support comes a sense of familiarity that responders might use to inform their work based on trust. If an agency has built a strong reputation in the community, responders might feel more comfortable in their working with or making referrals to that agency. An advocate (M) said that her agency had “built [their reputation] honestly,” and, as a result, “first responders know if they can get a case here...they don't have to worry.” However, regardless of an agency’s overall reputation, trust can vary from responder to responder. One prosecutor (L) shared that his familiarity with responders informs how he works cases:

I mean, at the end of the day, a lot of it becomes trust. At—if I get—if I have a working relationship with the officers that are investigating a crime, um, I know whether or not I—I trust their, um, their views, their opinions. Um, because people tend to be very opinion—opinionated about these kind of cases.

But despite these biases, this prosecutor goes on to say, “as long as we trust each other’s motivations, we’ll get past it.”

Strong communication, support, and trust among responders would not be possible without networking opportunities, which many responders reported as being essential to successful collaborations on IPV cases. Having group meetings not only provides an opportunity to share case details or systemic collaboration problems, but provides responders a chance to get to know one another so that trust can be built.

Responders acknowledged that much of this networking happens “behind the scenes” or by being “in the trenches” together and, thus, it takes time to develop solid relationships. One advocate (E) shared, “I think a lot of it is sort of pre-establishing relationships, um, you can’t necessarily expect in the moment...that you’ll magically get along with, you know, every different agency or every different individual at different agencies.” However, once these relationships are established, collaborations appear to go relatively smoothly. As one BIP provider (N) said, “My experience goes back...12 years. So I’m—I’m really well known locally. And I have great relationships with people and I don’t really find... a problem working with anybody.” An advocate (M) shared similar sentiments:

You know, it really only takes one difficult case where you work with other agencies and you work and you work and you work and you work. And then that—that relationship is cemented with that person. Cause you’ve been in the trenches.

Though much of the success of collaboration appears dependent on the interpersonal dynamics between responders, some of the success is more pertinent to individual characteristics of responders. Among the most important personal assets is passion for their work. The “inspiration and dedication of some key players” is essential for keeping the momentum alive in addressing IPV. This passion, when not conveyed as aggressiveness, was described as “contagious” to other responders around the table. Many responders noted their own passion for the work and, for those that espouse this passion, it seems transparent to their collaborative peers. As one LER (G) said:

I mean, you could tell which ones really cared and were passionate about it. Victim advocates—I've never met a victim advocate that wasn't passionate about it. The State Attorney's Office, you know, almost every time, they were passionate it. They were passionate about the victims.

With this passion, participants also shared the importance of stepping outside of themselves and leaving any ego-motivations for the work behind. Instead, responders discussed a need to come together for the common good. In the words of one prosecutor (L): "I think it's important for people to have a—a community outlook on this because, at the end of the day, that's what we're trying to do. We're trying, as a community, to—to curb these things."

Beyond passion, participants noted that it is important for responders to remain open, both to new ways of working cases, as well as to new collaborations. Because "times are changing," practices that were previously considered acceptable are no longer, so responders must remain open to "new ways of doing things, or better ways of doing things." While some considered having experience in the field an asset, it may only be so if the experienced responder is willing to engage in learning throughout their career. Similarly, responders suggest that remaining open to new collaborations is important and not to let preconceived notions (i.e., about agencies or responders) interfere with the building of these relationships. All of this openness to change, however, would be moot without action. As one advocate (C) shared, it is not enough to say, "Yeah, we need to change." Responders must go further:

“Okay, what’s the plan to do it? How are we going to do it? How are we going to implement it? What are our resources?” And a lot of times people want change, and they say they want change, they truly do; but then don’t wanna put in the time or the effort.

RQ3: What are the barriers to successful collaboration among IPV responders?

Although responders agree that collaboration is necessary and beneficial to both their work and client outcomes, they also reported numerous barriers to successful and productive collaboration. These challenges are best described in one of four ways: phenomenological (e.g., lack of IPV knowledge); practical (e.g., differing agency philosophies, lack of funding); political (e.g., territorialism); and personal (e.g., lack of understanding of other roles).

Pattern: Phenomenological challenges to collaboration. Regardless of responder role, having comprehensive education and training around the phenomenon of IPV was reported as an important component of collaboration. Challenges stemming from lack of knowledge, as well as how this lack of knowledge can result in varying perspectives of victims, were discussed as barriers to successful collaboration.

Responders tended to agree that everyone involved in IPV collaboration should be knowledgeable about the dynamics of this form of abuse, not only because it can impact collaborations, but also client outcomes. As it relates to collaborative relationships, lack of knowledge and training can impact trust among responders and create confusion about whose role is what. In the words of one advocate (F):

I think education. It depends on the—the agency that you’re talking with. The education of it—do they really understand IPV? Do they know, you know, the dynamics of it and the struggles and then, you know, uh, all the pieces to the puzzle? If you don’t, then you don’t [know] which information to share, what information to gather, um, those types of things. So I think the education component surrounding IPV is definitely a barrier.

When responders are perceived as lacking training, it impacts their colleagues’ perceptions of their competence. Some of this lack of knowledge results from inexperience. For example, one advocate (M) expressed concern that, because state’s attorney’s offices tend to have numerous attorneys just out of law school, they may not have a comprehensive enough understanding of IPV dynamics to make the best decisions about a case. She said, “So what that means is that you’ve got a lot of people without training who are making decisions on serious cases. I think domestic violence, even if it’s a misdemeanor, is still a very serious case.” Certainly, prosecutors corroborated this perception, acknowledging that much of their knowledge of IPV comes from on the job training and mentorship, versus formal education in their law programs. However, not all lack of knowledge was attributed to naiveté; rather, some was attributed to lack of presence at educational opportunities. For example, one prosecutor (H) shared, “Most of the trainings that we go to are for prosecutors. Sometimes there’ll be investigators that work for the prosecutors there. Or victim advocates there. But very rarely do we go to trainings where the law enforcement officers are present.” While the present data cannot

conclude that law enforcement, specifically, do not participate in training based on this statement, it appears that merely having a perception of incompetence due to lack of knowledge influences responders' perceptions of their colleagues. Moreover, this trust in competence is not only pertinent to IPV-specific responders. As a collaborative network, responders frequently make referrals to outside agencies; however, if there is a perception that the referral agency is not competent in working with clients with IPV-related concerns, responders may shy away from making a referral to that agency. One advocate (F) provides a local counseling agency as an example, "It may be hard to refer somebody over there, you know, if they're not fully, you know, educated on what [violence] looks like to be able to help."

Despite its challenges, lack of knowledge is not always insurmountable when responders support each other through reminders. As one advocate (E) shared, sometimes prompting responders in other roles to think about the individual context of an IPV case is sufficient. She shares:

Sometimes it's just a matter of, like, having to explain where that victim's at and having to explain those dynamics a little bit. Like, even though these are other professionals who might encounter those dynamics every day, just, like, helping them understand, like, this particular person's situation and their needs and, um, you know, why they may be sort of stuck where they are.

Similarly, if personal biases can be withheld, it may be enough that responders perform their jobs according to policy. In training a new officer, one LER (I) told her recruit,

“Even if you don’t believe it, it happened,” emphasizing the need to document all instances, even if there is not enough evidence for an arrest for a particular incident. She continued, “And I think [new officers] pay attention and they know that, even if they don’t like it, they have to write a report when things are alleged. Um, I don’t know that we’re always really good with the dynamics.”

Though it may be enough to adhere to policy if biases can be withheld, if they cannot, it can impact case outcomes for clients. As previously noted, issues such as victim-blaming arose throughout the interviews, possibly stemming from lack of knowledge or differing philosophies on the causes of IPV. As one prosecutor (L) said, “I’ve worked with law enforcement officers that have particular opinions about particular types of victims that I wouldn’t agree with. I’ve seen those kind of negative impacts.” Many of the differences in perceptions of victims were attributed to different philosophies about IPV and what it, and its involved parties, looks like, creating “friction” among responders who work a case together. A victim service provider (D) explained:

Sometimes we have philosophical differences. You know? I mean, for example, um, you know, there are—there are occasions where somebody who’s prosecuting a crime of domestic violence might have a—a—a more restricted view of victim behavior than an advocate would. You know? Or sexual violence—perfect example. The victim was drinking or had been using drugs or whatever. You know, you’re gonna hear some—you might hear some comments that, you know, so how a more...or maybe a more

narrow view of what victims should and shouldn't be like. You know? So sometimes there's friction, you know, in those kinds of situations.

Pattern: Practical challenges to collaboration. While collaboration is rife with interpersonal nuances that impact success, responders also spoke of more practical challenges to collaboration, ones described as out of their control as individual responders. This includes agency-level philosophical and policy differences, workforce problems, and lack of financial resources.

Differing agency policies, specifically those around victim confidentiality, were discussed as particularly challenging when trying to work on an IPV case collaboratively. In general, responders seem to agree on an overarching goal of improving their communities by addressing IPV; however, individual agencies may differ in how they contribute to achieving that goal. As one prosecutor (L) said, "We're all trying to make the community better. So, you know, I think because we have that goal in mind, yeah, we're gonna disagree every once in a while on how to do it best." A victim advocate (M) shared an example of how agency goals can conflict within an individual case:

Like, for example, um, DCF has removed the kids or the court has implemented a case plan and the goal is reunification. The prosecution meanwhile is prosecuting, let's say, dad and/or boyfriend. Right? Um, and they want him to go to prison or jail for a prolonged period of time and have no contact with mom. Well, they—you can't do both things. And that is so common.

While not all responders perceive these conflicts to be inherently “bad,” they can inhibit forward motion on a case. Part of overcoming the conflict may involve providing clarification of and rationale for agency goals among responders in a community. One advocate (A) said:

Not really having the same end goal potentially or not really airing out. Maybe we do have it, but we haven’t talked about it, so, like, not actually having honest, open communication and putting a façade above it that we are all good people doing good work because we’re trying to end IPV, but the reality is is, like, there are bad people that do good work and that’s okay, but we need to talk about how we can move forward and how we can move past this and keep going.

Philosophical differences between agencies can impact not only goals, but also agency-wide policies. As previously discussed, responders expressed varying degrees of frustration with “iron clad” confidentiality policies, including advocates who “never want to see [victim confidentiality policies] eroded.” Much of the frustration seems to be with the one-way nature of the policies. One advocate (E), who does not work at a residential shelter, explained that, while it would be easy for her to call and share information with other responders, receiving necessary information is not as easy given differences in agency policies. She said, “It wouldn’t be a two-way street as far as [local DV shelter] unless that person had signed a release in their office, [they] wouldn’t be able to share information with us.” Regardless of their levels of support for the policies, numerous responders discussed “workarounds” to confidentiality. Most of these strategies seem to

include speaking broadly about clients, inferring that broad references are applicable to the victim of interest. For example, one BIP provider (J) said, “Yeah, I mean, you can say, ‘I can’t speak to you about anybody that’s here. I can tell you, in general, blah, blah, blah.’ You know?” Similarly, a shelter advocate (O) shared her workaround strategy:

Um, and, you know, we’re very good about things like when someone comes to serve a social or a civil subpoena or—or something and, you know, we have to tell the officer, “Well, we can’t confirm or deny.” But then we’ve got a pattern down. He knows to give me his card and I say, “If we have contact with this person, I will absolutely have them call you.”

While responders demonstrated caution for victim safety in their workaround strategies, many expressed a desire for some degree of change. Acknowledging that those behind victim confidentiality policies have “the best interest of the victim at heart,” many voiced support for a “middle ground” on confidentiality, such as “creating different levels of confidentiality” when using release forms. One advocate (A) shared her idea of approaching revised policies from a perspective of victim empowerment:

So sometimes someone might sign a waiver that says, “Yes, I want you to discuss my entire case with this team that is collaborating, um, because I want to make sure that I’m given the best system and process and care.” Or maybe that person is gonna sign a release and say, “I want you to not talk about my case necessarily, but I want you to tell people that, like, I didn’t like the way I was treated here and I want it to be figured out among this community.” So they sign that level of a release. Or maybe we don’t get

any release signed by this particular person because they don't want anyone to talk about it but you, um, and they decided that they want you to share the generalities around what they experience[d] without giving away anyone's name. Or creating a platform that that group, when they're collaborating, to allow survivors of IPV to come into that room and say what they experienced and why it's not okay or what they experienced that was good and why they want it to keep happening. Because that goes back to the alternative ways of healing. So some people may never want you talk about their case. Some people are going to go through law enforcement. Some people might not want to ever go through law enforcement. But they want somebody to know that they were treated right or that they want it to change.

In addition to policy challenges, responders noted that workforce challenges, particularly high workloads and turnover, are barriers to successful collaboration. The IPV network was described as a "very overloaded system" where "everybody's overworked" and "there's too much to go around." A lack of time and resources was noted as a barrier to collaboration given the competing demands responders face. This includes not having enough staff. As one prosecutor (K) noted, "'If we had more attorneys, we'd have more time [to collaborate]." Despite possibly needing more staff within responder agencies, retaining staff appears to be an even bigger challenge, particularly as it relates to collaboration. Because relationships take time to build, responders reported frustration with having to continuously rebuild those connections

when their “point person” either leaves or changes positions within their agency. One prosecutor (H) shares her thoughts:

If our officers are changing every other week and it’s always new faces whether its on the prosecution side or, you know, if we have a new DV prosecutor every other week, which sometimes seems like the case, then those relationships don’t form and I feel like we don’t get good progress toward collaboration.

As this previous quote highlights, within the responder network, turnover among prosecutors seems to be particularly problematic. Responders’ perceptions are that most prosecutors accept jobs at a state’s attorney’s office for trial experience, but move on when they are able to do so. A victim advocate (M) shares why she thinks turnover is so high among prosecutors and its impact on the IPV response:

You know, the funding for [public defenders] and prosecutors—they just really—the pay is just so low starting out. The work is very hard. And if you can get a job doing something else, you do. I mean, gone are the days of like, literally, gone are the days of career prosecutors. I mean, I think if the general public knew how few years some of the felony attorneys have been practicing law and they’re handling major felony cases, they’d faint.

This same advocate noted how turnover impacts resources as well because new hires require training, which responders have to make time to conduct. She reports having to train new child welfare workers every three months because their workforce is “changing daily” and there is a mutual unfamiliarity between her and the new workers.

Time, however, was not the only resource considered to be scant among responders. Funding and a lack of financial resources were also discussed as a barrier to collaboration, particularly for advocacy agencies, for which funding can be scarce. For agencies with certain grants, funding can impact how staff executes their programs. For example, if a grant requires that a particular number of IPV victims be served, this can impact willingness of that grantee agency to “share” their clients with other responders if they will be unable to count the client toward their service goal. Moreover, agencies often compete for the same funding, which can breed a quiet animosity. One advocate (O) shared:

And so it—I mean, it’s very collegial, don’t get me wrong. It’s not like were all like, “Rarr! I’m not telling you any...” But there’s still that, you know, sometimes you get the awards and you’re like, “I can’t believe they gave so-and-so so much money when we know that they’re really crappy at what they do sometimes.

Pattern: Political challenges to collaboration. In every role, front-line workers agreed that many of the barriers of collaboration are related to the politics of the work, specifically problems with agency leadership and territorial attitudes. Responders perceived that a history of “bad blood” between agencies causes their leaders to be wary of the other agencies and their respective leadership, promoting defensive attitudes that can trickle down throughout the staff. Responders expressed frustration that historical problems between agencies, or individuals within such agencies, continue to impact their

current work with other responders. One advocate (C) spoke of the disconnect between workers and leadership:

And I think that's at the top—they really lose sight of the fact that they haven't—if they have worked with clients in the past, they haven't been doing it a long time. They don't really know the needs of clients or staff anymore. They don't really understand that. And they get so caught up in their own politics and their own ego—'cause I know they truly care, but they get so—too much caught up in this other stuff that doesn't really matter.

A BIP provider (O) agreed that “the higher you go up on the professional ladder, the more difficult they are to work with.” These issues were not just experienced between responder roles, but within them as well. One advocate (A) expressed concerns that another advocacy agency's leader attempts to sway their employee's perceptions of the former's advocacy agency: “I don't know if it's conversations that are had [with] those people who don't know about [my program], about what [my program] does that convolutes...the situation. So that might be like a top-down to employee approach.” A LER (I) shared similar sentiments about collaborating with a sister law enforcement agency: “Um, the [other local law enforcement agency] can be tricky. And not from a level of you and I [are at different agencies] working a case. But it's how it gets handled above our heads.”

More than simply creating problems for the frontline workers, some responders do not perceive that their agency's leadership expects collaboration and that suggestions

for improvement go “in one ear and out the other.” As one prosecutor (K) shared, “There isn’t a—a top down force saying, like, ‘You should talk to these people.’” Even when responders take it upon themselves to seek out ways to collaborate and improve relationships with responders, their own agency might show resistance. For example, an advocate (C) shared what happened within her agency when she wanted to formally recognize a LER for her good work:

They wouldn’t say outright, “No,” but they would say, “I had a...bad experience with her.” I was like, “Well, I know someone who’s had great experiences with her. I’ve known several people”...They were just like look[ing] at me with a funny look, be[ing] silent, and then mov[ing] forward.”

Whether it is because of or independent of leadership problems, responders also discussed territorialism within the responder network as a political challenge. In a general sense, because there are often multiple responders working an IPV case, “there can be blurred lines and boundaries” between roles, which can cause tension if responders feel like they are not informed of case updates as they should be. More specifically, many advocates spoke of a “turf war” between advocacy agencies as it relates to client acquisition and the practical challenge already discussed: funding. While there is certainly a concern that “there’s not enough money to go around,” most advocates suggest that the entire “turf war” is unnecessary and that perhaps the funding competition within a community is not as fierce as some agencies think it to be. For example, one non-residential victim service provider (M) shared that she has turned down offers of

hosted benefits to support her agency, saying “I’m not gonna compete with our certified domestic violence center for local funding...we don’t need that.” Another advocate shared that lack of communication about funding needs and expectations fuels the war:

So since [our program] doesn’t have a grant that they’re counting people for, so what if you’re working with the same people? You count it for your grant. It makes no difference. But we don’t talk about that. So I think that creates this feeling that people are going for different things or that you’re taking that turf away when really there’s no turf to be taken.

At times, this attention to territory may come at a price for the victim. When responders put up walls that limit communication, services potentially become duplicative and less than what victims deserve. One advocate (F) explains:

If we break down the barriers of territory and have as our goal helping the victim, then I think it would be amazing. Because she would have her tribe behind her. And not, “Well, this is a piece of my tribe, but that person won’t share with that person. And that person won’t share with that person.” You know, we’re scrambling and duplicating services and, you know, um, instead of all being on the same page.

In addition to issues pertaining to leadership and territorialism, other political issues, such as agency “red tape” and liability concerns were discussed. But despite all of these political challenges, responders continue on with their work, collaborating when necessary and relying on allies in other responder agencies. As one prosecutor (L) shared:

No matter what you see in, um, the media—whether or not, you know, the heads of this office are getting along with the heads of other offices, that, at the end of the day doesn't really matter to me to do my job well. I have to have a good relationship with the people that I'm working with.

Pattern: Personal Challenges to Collaboration. In addition to the larger systemic challenges faced in collaboration, responders reported personal challenges with other responders. This was especially true when it came to understanding one another's roles as well as difficult individual responders and communication struggles.

As previously discussed, responders in nearly every role appear to feel or be misunderstood to some degree. While many responders acknowledge that they generally understood the priorities of other responder roles and trust the decisions made by those responders, there remained numerous instances where responders felt “at odds” with other responders because they have a superficial understanding of other roles. For example, one LER said of advocates, “And so, that's where we find it at odds, but I think we also have—we understand. Like, I understand that their sole purpose is to protect the victim.” An advocate (O) shared a similar sentiment, adding that because she does not “understand the ins and outs of investigations,” she has to “take [LERs] at their word” if she wants to see a case move forward. Another advocate (C) corroborated this, saying some of her colleagues do not fully grasp the systemic pressure on LERs when it comes to fulfilling the duties of their jobs, saying:

[There are] victim advocates that don't understand always why the investigators are asking certain questions. It's because they need to. It's not

because they want to. And until there is a total cultural change in [local law enforcement agencies] that's saying, "This is how you ask the questions," they have to kind of go by the book.

This lack of understanding of each other's roles was attributed to responders being consumed with their own part in the case and being unfamiliar with fellow responders. Moreover, not knowing the specific duties of each responder can lead to an overstepping of roles and possibly duplicative services for victims. A university-based advocate (A) shares an example of her experiences in collaborating with off-campus advocacy agencies:

Somebody could be working with [another agency] and work with us simultaneously...but we don't know what this person has been, like, advocating for or doing over here and then we're trying to do something—advocate over here. So maybe a letter to a professor or administration is going to come from this agency over here, and it's not gonna be accepted well. Cause they don't understand who that person is or what they're doing and they don't have that relationship. So [we have] to go in and say, like, "Oh, but they're working with us too. It's okay. Like, they didn't..." So, like, that confusion of role and, like, best person to access [those] services.

While understanding roles appears to be a system-wide issue, most of the personal challenges of collaboration were more specific to individual responders. Many challenges in this vein were described as "personality-driven," as "there are some people who are

just more collaborative than others.” While some responders described negative responder attitudes and behaviors as a function of burnout or having a bad day, other responders described interpersonal challenges as being more like having “bad apples” in an otherwise cooperative bunch. For example, one LER (G) shared:

I think there’s some lazy cops out there that don’t get people victim advocate help that need it. Um, because the victim advocates aren’t out there at three o’clock in the morning and if you get an officer who doesn’t care, or just kind dismisses it, says, “Oh, this is [the] fifth one tonight.” And they don’t help that person get the victim service they need, well it’s not the victim advocate’s fault because they don’t know ‘cause they’re not out there and [if] the officer doesn’t relay that, then they don’t know.

Responders also expressed difficulties in, and sometimes a lack of, communication between responders on an individual level. Whether it’s “putting up walls with each other” or differences in communication style, responders noted that the way they communicate with one another would benefit from a change. At times, responders may not be truthful about a situation just to keep the status quo. As one advocate (A) shared, “We sometimes placate people and [we’re] just saying what they want to hear instead of saying the reality.”

Responders less frequently discussed personal egos and lack of willingness to change as barriers to collaboration, but, overall, did not report that any personal challenges were insurmountable. In the words of one prosecutor (L), “We all have our

prejudices. We all have our biases. Um, it doesn't make somebody right or wrong or good or bad; but, you know, you do have to work with that sometimes."

Pattern: Special challenges by population served. While most barriers to collaboration were shared across responder roles, there were several special challenges faced in collaboration depending on the responders' population served. Though none of these challenges individually reached saturation, they clearly demonstrated that responders working within specific communities must manage additional challenges. Most frequently, responders discussed challenges faced working within university and rural settings.

For advocates working with college populations, additional work is necessary around Title IX and academic achievement that may not be required of community-based advocates. Moreover, university-based advocates frequently work with other on-campus departments who are unfamiliar with the dynamics of IPV, which creates additional responsibilities on the advocate to educate their campus partners on IPV. One advocate (A) shared a story of working with a student who could not go to her on-campus job because of fear for her safety:

And I would call their supervisor because they worked on campus and I would try to explain the situation or explain why the person couldn't go, and I think taking my knowledge of what IPV is and trying to, in words, describe this to a person who has no knowledge of what IPV even is, looks like, or how it might manifest, was, um, important—to have that base foundation that I had because I don't think they would—I wouldn't have

been able to advocate as strongly if I didn't really understand what it looked like. Um, because that supervisor was getting very annoyed that this person was missing so much work. So I think making sure to explain to people why that might be—or what that is happening is really important.

Another special challenge noted by responders was working in rural environments where one prosecutor (L) said, “You tend to see a lot more crime impacted by those kind of communities.” Rural communities were perceived as not having the “same infrastructure” as their more developed counterparts and because of this, responders in these areas might not be as successful as their urban and suburban peers in collaboration on IPV cases. As one BIP provider (J) said, “I just don't think you can really do it if you're in some rural county out there all by yourself. God love ya.” Not all outlooks were bleak regarding rural services, however. One advocate (O) shared that certain circumstances can bolster support for these rural communities. For example, if a rural county is within a circuit that has more developed counties, ensuring that the rural counties are enveloped in the broader circuit's service delivery system is beneficial to collaboration. An additional suggestion was keeping leadership from developed counties engaged with rural community service delivery sites.

RQ4: What do responders suggest to enhance current collaboration efforts among IPV responders?

Participants in the current study provided numerous suggestions for improving or enhancing collaboration efforts among IPV responders. Perhaps unsurprisingly,

responders suggested some of the elements of a strong collaboration previously discussed (i.e., networking, openness) be increased from their current levels. However, responders also discussed a need for more education and training as well as a better understanding of one another's roles.

Given the magnitude with which responders reported that familiarity with one another positively impacted their collaborations, it is perhaps unsurprising that many also expressed a need for increased networking opportunities. Participants suggested that being able to simply converse with one another would help to build relationships, better understand each other's roles, and determine gaps in services. For example, a prosecutor (L) explained that he'd like to have more opportunities to converse with BIP providers: "Knowing what—what they really do, what—what that means. Um, knowing what a 26-week batterer intervention program really is. Uh, why it's difficult. Why it's sometimes not." Responders also acknowledged that "change starts at the top," so engaging agency leadership in efforts to prioritize and promote collaboration is necessary in increasing networking opportunities. As one advocate (O) said, "It's the will of the leadership of the—of the various organizations, first of all, to engage in [collaboration] and to—to make it a priority." This means not only including agency leaders in networking, but carving out time in responders' work hours to attend networking events. One advocate (C) explains:

I understand that people are busy and that's why I think, too, where agencies need to come into play and say, "Okay, I'm going to give you two hours a week for you all to meet or, or not that often, but however

much you all need to meet and we'll cut out this time and we want you to focus." Or getting people to focus solely on these projects. So, it's, um, so it's not even just individuals...it's agencies.

Similar to networking, openness was both described as an element of a strong collaboration as well as a suggestion for improved collaboration. While networking opportunities provide a space to converse, responders suggested there needs to be a shift in the actual conversations. Specifically, responders need to stop "trying to be careful and tip-toeing" and instead be open with one another regarding what is working and what is not within the systemic response to IPV. In particular, being able to converse with other responders about ways to better collaborate with and educate one another would be beneficial. One advocate (F) explained, "I think if we had some sort of summit, stakeholder's meeting, something like that to bring people together to talk about what's working and what's not, um, what education we need or we don't need." Of course, openness necessitates a degree of vulnerability with which not all responders are comfortable; however, this vulnerability may be the only way to create positive change in both collaboration and outcomes for victims. An advocate (A) summarizes this point:

Cause the reality is that nothing has changed. And I think that's hard for some people to hear that have been doing this work for so long. Nothing has literally changed. The numbers are still the same. We might have better policies. Supposedly, we might have better laws that are passed, which is great. We might have people talking about it more, but the numbers haven't changed. So what are we gonna do? Like, how are we

gonna support survivors? They're still scared to come forward. What are we gonna do as a unit? And to do that, you have to have an open forum where you can talk.

Part of being open and vulnerable is recognizing shortcomings in knowledge. Responders indicated a need for continuing education and training for all responders to remain current in IPV knowledge and best practices. In general, responders reported that there is a lack of training opportunities that meet their educational needs. Some spoke of the need to update trainings to include novel material (e.g., "I mean how many times to we do DV 101 to people who have had it 5 years in a row?"). Others shared the need to localize trainings for the dual purpose of providing context to how the material applies to their community and networking with community colleagues. A prosecutor (H) shared:

Maybe more training where all of the interested parties are presented or represented. And I think that would make a difference, especially a local training. Because often we go to trainings in [other city in state], or [other city in state], or whatever, and so I think a local training would do a lot to create that sort of congenial relationship-building atmosphere that I was referring to earlier where we all get in the same room. We see who each other are.

In-house trainings, as opposed to "sending [responders] piecemeal" to external trainings were also discussed as a way to "localize" educational opportunities. Responders noted that prosecutors, in particular would benefit from learning new trial techniques. For example, a prosecutor shared that it was helpful to attend training on improving case

outcomes when victims are uncooperative. An advocate (M) corroborated this notion more generally, stating, “You’ve gotta train your prosecutors. You’ve gotta train ‘em and you’ve gotta support them. Um, and you’ve gotta teach ‘em how to do evidence-based prosecution.”

Although educational opportunities can be created, attendance can impact how many responders actually receive training. For example, one advocate (O) shared her experience in hosting trainings for local responders. While many responders attended, certain roles were noticeably absent. She whispered, “We’ve invited the judges. They don’t come.” A LER (I) shared a similar sentiment, acknowledging that while training would improve collaborations, “cops would hate that.” Despite any hesitance regarding attendance, the general consensus was that there is a need for continuing education across the board for anybody who works in the IPV field.

As one advocate (B) pointed out, a benefit of localized trainings is that responders are “getting the same types of training,” which promotes consistency among the various responding agencies in a community. Certainly, several responders discussed a need to align philosophically; however, given the segmented nature of service delivery in IPV cases, along with the aforementioned philosophical and policy differences by agency, complete alignment may not be achievable. More often, responders discussed a need to better understand one another’s roles within the structure of the IPV network to improve understanding of both responders’ respective lenses and how to logistically carry out the work (i.e., knowing who to contact for what purposes).

In terms of better understanding lenses, responders acknowledged the need to allow for multiple truths based on their roles and professional lived experiences in this field. Finding “common ground” and learning to appreciate each other’s contributions was cited as necessary to overcoming many of the barriers to collaboration. As one advocate (E) shared, “An appreciation for each other...even if we don’t have the same goal because of what our role is, we can at least do our thing to help the individual and work together for the pieces that we need to.” Part of this is acknowledging one’s own limitations as a responder and knowing when to communicate with others both to avoid role confusion among responders as well as to promote the best outcome for the client. For example, if an advocate is unfamiliar with resources for a client’s particular need, being willing to call upon other responders who have that expertise is critical to ensuring successful client outcomes.

In order to achieve an appreciation for one another’s importance in overall service delivery, participants shared that responders must break down their territorial attitudes. Moreover, responders need explicit support from their colleagues “so that [they] can do [their jobs] better and very well.” Advocates, in particular, noted that fighting or attacking each other or each other’s agencies is unproductive in achieving the end goal of successfully addressing partner violence. An advocate (A) shares the significance of lens education:

It’s bringing everyone to the table and doing education on lenses. So I think something that we forget is that, in your role as an advocate—I can’t be the police officer. I can’t be the judge. I can’t be the jury. And I can’t

be the state attorney's office. Like, I can't. Cause I have one role. But in order for the system to work, we need all of those people to help do their job. So an education around lenses. So my lens from a victim advocate—why is it so important that I exist? My lens as a police officer—why is it so important that I exist? And to really help people see that, like, we're not against each other. We just have different lenses and different roles to play in the process.

Responders also suggested a need for increased funding, more community involvement, and an improved victim confidentiality system for enhanced collaboration, though not as frequently as the suggestions more thoroughly discussed. Moreover, responders made specific suggestions as to how to overcome barriers (e.g., appointing a “middleman” responder on cases, having a dedicated DV prosecutor). Regardless of the suggestions themselves, participants agreed that collaborations among IPV responders can and should be improved toward meeting the goal of successfully intervening in IPV cases. An advocate (M) summarized the need for improved collaboration, saying, “We've gotta end [IPV] and we've gotta support the people doing the work.”

Aim Three: To Develop an Instrument Grounded in the Qualitative Data Findings that Can Quantitatively Assess Responders' Collaborations on a Larger Scale

As discussed in chapter three, I primarily created items for the IPVRCS based on the patterns included in the theme *The Experience of Collaborating with Other Responders* given their appropriateness to the construct. The pattern *Special Challenges by Population* was excluded from the item development process given the more general

nature of the instrument. Additionally, the pattern *Causes of IPV*, within the theme of *Responders' Perceptions of IPV*, was broadly used to inform one item (i.e., “There is a common understanding as to why IPV occurs”). Specific causes were not addressed in the IPVRCS; rather, I included one item to assess responders' perceptions of the primary cause of IPV alongside demographic items. After undergoing expert review, I piloted the IPVRCS with 68 items and one additional validation item.

Initial reliability and item analysis. I conducted an item analysis on the items measuring the collaboration construct. Three items had been removed in data cleaning for non-normal distribution, leaving 65 items for analysis. When all 65 items were included, the Cronbach's alpha was .952, indicating a highly reliable scale. To ensure the most reliable scale, items were removed one by one if they had low corrected item-total correlations (i.e., $<.30$), the Cronbach's alpha statistic would increase with its removal, or both. In total, eight items were removed during this process. The remaining 57 items all had corrected item-total correlations of at least .30 and any further item removal would not result in an increase of Cronbach's alpha.

Confirmatory factor analysis. Using the CALIS procedure in SAS University software, I specified a five-factor model for confirmatory factor analysis of 55 items. Table 5 provides the a priori factors and included item numbers (see Appendix E for all piloted items). It should be noted that, initially, a six-factor model was developed. However, only five items were included in the *Resources* factor, three of which were removed during item and reliability analysis. Given the commonly accepted rule that

CFA factors should have at least three items (Costello & Osborne, 2005), the remaining two items were dropped and the *Resources* factor was excluded from the CFA.

Table 5: A priori CFA factors

Factor	Items	Number of Items
Competence	1, 2, 3, 4, 5, 68	6
Resources*	9, 20, 21, 22, 42	5
Politics	8, 14, 15, 16, 17, 18, 19, 46, 47, 49, 50, 51, 52, 53, 55, 65, 67	17
Personal Attitudes and Behaviors	13, 24, 25, 26, 27, 28, 29, 32, 33, 34, 36, 41, 43, 54, 56,	15
Rapport	6, 31, 37, 44, 48, 58, 60, 61, 62, 64, 66	11
Communication	10, 12, 35, 39, 40, 63	6

*Excluded from CFA model

The Chi-square value for the overall model fit was significant, $\chi^2(1425) = 2854.97, p < .001$, indicating a poor fit between the hypothesized model and the data. Subsequent fit indices were examined to corroborate these results. The RMSEA estimate of the model was 0.099, higher than the suggested value of $\leq .08$ for reasonable fit (Stevens, 2009). Additionally, the Bentler CFI was .557, below the suggested value of $> .80$ (Stevens, 2009). Given the poor fit of the five-factor a priori model, I chose to conduct an EFA on the data.

Exploratory factor analysis. Using SPSS v24, I conducted EFA on the IPVRCS. Because of its exploratory nature, I chose to retain the two items that had been removed in the CFA. Thus, the initial EFA included 57 items. Values for the KMO measure of sampling adequacy, .764, and Bartlett's Test of Sphericity, $\chi^2(1596) = 3973.998, p < .001$ indicated factorability of the IPVRCS. The anti-image correlation matrix indicated all

correlations were above .30. Two items had communality values above .30, but below .40. Though some scholars suggest a minimum value of .40 (e.g., Costello & Osborne, 2005), I retained the two items to examine the remaining output before making a decision about discarding those items. The range of the remaining item communalities was .47 to .84. The eigenvalue results of an unrotated principle axis factoring model indicated 15 factors, accounting for 74.11% of the variance, though the scree plot and varimax item rotation indicated retaining four to six factors.

I then engaged in numerous EFA iterations as items were removed for low communality values (below .40, two items); crossloadings on the factors of interest (Factors 1-6, four items); or no loadings (three items). Items were removed one at a time since the removal of any one item can significantly alter the factor structure. At each EFA iteration, the IPVRCS was considered factorable by both the KMO statistic and Bartlett's Test of Sphericity.

Following the removal of nine items, values for the KMO measure of sampling adequacy, .786, and Bartlett's Test of Sphericity, $\chi^2(666)=2257.90, p<.001$, indicated factorability of the IPVRCS. The eigenvalue results of an unrotated principle axis factoring model indicated 9 factors, accounting for 68.76% of the variance, though the scree plot and varimax item rotation indicating retaining five factors, accounting for 56.2% of the variance. Based on the scree plot, varimax rotation, and my ability to describe distinct factors, a five-factor model was established. At this point, eight items were dropped because they did not load onto any of the five factors of interest. I re-ran

the EFA with the remaining 36 items. Two items (10, 24) did not load onto the first five factors and were deleted one at a time.

For the final EFA model, the KMO measure of sampling adequacy, .822, and Bartlett's Test of Sphericity, $\chi^2(561)=2031.54, p<.001$, indicated factorability of the IPVRCS with 34 items. The eigenvalue results (Table 6) of an unrotated principle axis factoring model indicated six factors, accounting for 61.71% of the variance. The scree plot (Figure 2) and varimax item rotation (Table 7) indicated retaining five factors, accounting for 58.30% of the variance. Factor loadings below .40 were suppressed. Eleven items loaded onto Factor 1 (*Non-territorialism*), with loadings between .459 and .750 and no crossloadings. Eight items loaded onto Factor 2 (*Competence*), with loadings between .457 and .747. One item (*Responders understand why victims might stay with their abusers*) crossloaded onto both Factor 2 (.685) and Factor 5 (.428), but was retained on Factor 2 given its superior loading. Seven items loaded onto Factor 3 (*Leadership*), with loadings between .477 and .820. One item (*Responders are able to share their collaboration grievances with agency leadership without fear of punishment*) crossloaded onto both Factor 3 (.514) and Factor 6 (.411), but was retained on Factor 3 given its superior loading and my decision to retain a five-factor model. Five items loaded onto Factor 4 (*Support*), with loadings between .435 and .678. One item (*Responders communicate respectfully with one another*) crossloaded onto both Factor 4 (.419) and Factor 5 (.516), but was retained on Factor 4 given its conceptual fit with other Factor items. Three items loaded onto Factor Five (*Openness*), with loadings of .513 to .677 and no crossloadings. The final rotated model was the "cleanest" (p. 3) factor structure with

item loadings above .30, few crossloaded items, and no factors with fewer than three items (Costello & Osborne, 2005). The final IPVRCS is included in Appendix F.

Table 6: Initial eigenvalues (>1) of final EFA

Factor	Total	% of Variance	Cumulative %
1	10.552	31.034	31.034
2	3.278	9.642	40.677
3	2.647	7.785	48.462
4	1.841	5.415	53.877
5	1.503	4.421	58.298
6	1.161	3.414	61.712

Figure 2. Scree plot of final EFA

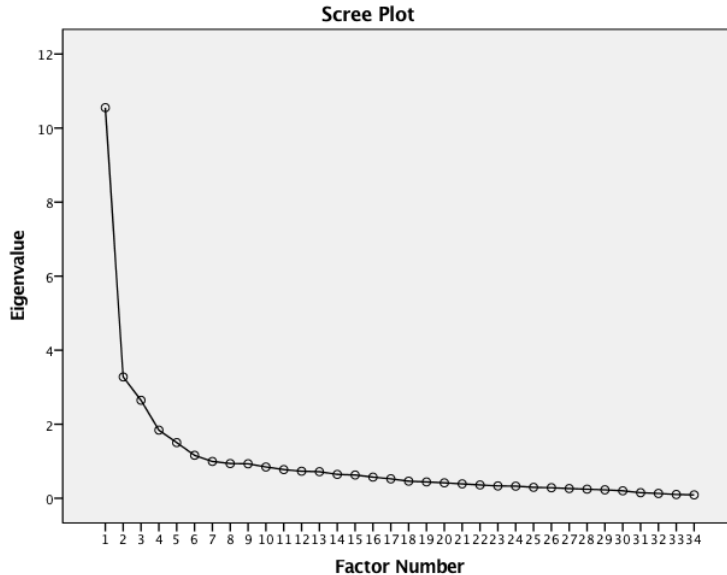


Table 7: Varimax rotated factor matrix of final EFA

Item	Factor					
	1	2	3	4	5	6
There are “turf wars” between responders.	.750					
Responders are territorial about cases.	.742					
Agency leaders let personal conflicts with each other interfere with responders’ work.	.709					
There is “bad blood” between agencies.	.662					

Responders “put up walls” when working together.	.660	
Responders let their egos get in the way of working cases together.	.657	
Responders intentionally withhold information from each other, even when not constrained by confidentiality policies.	.620	
Responders provide each other with necessary details about cases.	.581	
Responders are able to work past historical problems between agencies.	.577	
Responders overstep their own roles.	.483	
Agencies are honest with each other about their goals.	.459	
Responders are knowledgeable about the dynamics of IPV.	.747	
Responders understand why victims might stay with their abusers.	.685	.428
Responders blame the victim for abuse.	.662	
Responders receive adequate training about IPV.	.655	
Responders withhold their judgment of victims.	.624	
There is a common understanding among responders of why IPV occurs.	.615	
Responders let their frustration with a case impact their work.	.497	
Responders are open to learning more about IPV.	.457	
Agency leadership is open to responders’ suggestions for improving work with other agencies.	.820	
Agency leadership understands the work of the frontline responders.	.775	
Agency leaders are receptive to feedback from responders.	.744	
Responders are included in agency decisions that impact their work.	.729	
Agency leadership addresses problems between responders as they arise.	.569	
Responders are able to share their collaboration grievances with agency leadership without fear of punishment.	.514	.411

Agency leaders let their staff take the blame when interagency work presents challenges.		.477
Responders want to help each other do their jobs better.		.678
Responders thank each other for their work on cases.		.668
Responders praise each other for a job well done.		.588
Responders communicate respectfully with one another.	.419	.516
Responders trust each other when working together on cases.		.435
Responders speak honestly about problems they have working with one another.		.677
Experienced responders are willing to learn new ways of working cases.		.616
Responders meet to discuss how to improve the way cases are worked.		.513

Reliability and validity of the IPVRCS. Once the five-factor model and its items were determined, I conducted reliability and validity analyses of the 34-item IPVRCS and its latent constructs, treated as subscales. Cronbach’s alpha for the IPVRCS was .930 ($n=109$), indicating a highly reliable scale. Data indicated that the removal of any item would decrease this reliability. Item means ranged from 2.98 to 3.96. The creation of a mean IPVRCS score variable showed scores ranging between 2.09 and 4.91 ($M=3.46$, $SD=.54$).

To assess the construct validity of the IPVRCS, I conducted a bivariate correlation between the mean IPVRCS score and the validation item, “In general, I think responders collaborate well together.” Logically, those with higher mean scale scores would also report higher agreement with the validation item. A statistically significant

correlation ($r=.649, p<.001$) confirmed this relationship, indicating construct validity for the scale.

Bivariate correlations were also run between all scale items and mean IPVRCS score as a further test of the scale validity. Spearman correlation coefficients were used since all items were at the ordinal level of measurement. Results revealed statistically significant moderate to strong correlations at the $p<.01$ significance level, with correlations ranging from $r=.364$ to $r=.700$. This is a strong indication of the initial construct validity of the IPVRCS. However, correlation with additional valid and reliable instruments is needed to assess concurrent, convergent, predictive, and discriminant validities. Subscale statistics are discussed below and presented in Table 8.

Table 8: Reliability and validity of the IPVRCS subscales

Subscale	Cronbach's Alpha	Validation Item-Mean Score Correlations	Item-Mean Score Correlations
Non-territorialism	.908 (n=111)	$r=.460^{***}$	$r=.533$ to $.813^{***}$
Competence	.861 (n=113)	$r=.539^{***}$	$r=.640$ to $.754^{***}$
Leadership	.869 (n=112)	$r=.385^{***}$	$r=.594$ to $.795^{***}$
Support	.790 (n=112)	$r=.542^{***}$	$r=.607$ to $.787^{***}$
Openness	.722 (n=112)	$r=.534^{***}$	$r=.729$ to $.844^{***}$

Note: Correlations are inclusive of all 113 cases given the use of mean subscale scores. Reliability analysis excluded cases with missing data and sample sizes are presented in parenthesis; $^{***}p<.001$

Factor 1: Non-territorialism. Cronbach's alpha for the Non-territorialism subscale of the IPVRCS was .908 ($n=111$), indicating excellent internal consistency. Data indicated that the removal of any item would decrease this reliability. Item means ranged from 3.02 to 3.80. The mean Non-territorialism score ($n=113$) was 3.40 ($SD=0.71$). There was a statistically significant Spearman correlation ($r=.460, p<.001$)

between the validation item and mean Non-territorialism score, indicating construct validity of the subscale. Spearman correlations between individual Non-territorialism items and the mean Non-territorialism score were statistically significant at the $p < .001$ significance level, with correlations ranging from $r = .533$ to $r = .813$, further indicating construct validity of the Non-territorialism subscale.

Factor 2: Competence. Cronbach's alpha for the Competence subscale of the IPVRCS was .861 ($n=113$), indicating good internal consistency. Data indicated that the removal of any item would decrease this reliability. Item means ranged from 3.20 to 3.96. The mean Competence score was 3.52 ($SD=.71$). There was a statistically significant Spearman correlation ($r=.539, p<.001$) between the validation item and mean Competence score, indicating construct validity of the subscale. Spearman correlations between individual Competence items and the mean Competence score were statistically significant at the $p < .001$ significance level, with correlations ranging from $r = .640$ to $r = .754$, further indicating construct validity of the Competence subscale.

Factor 3: Leadership. Cronbach's alpha for the Leadership subscale of the IPVRCS was .869 ($n=112$), indicating good internal consistency. Data indicated that the removal of any item would decrease this reliability. Item means ranged from 3.00 to 3.46. The mean Leadership score ($n=113$) was 3.36 ($SD=0.77$). There was a statistically significant Spearman correlation ($r=.385, p<.001$) between the validation and the mean Leadership score, indicating construct validity of the subscale. Spearman correlations between individual Leadership items and the mean Leadership score were statistically

significant at the $p < .001$ significance level, with correlations ranging from $r = .594$ to $r = .795$, further indicating construct validity of the Leadership subscale.

Factor 4: Support. Cronbach's alpha for the Support subscale of the IPVRCS was .790 ($n=112$), indicating acceptable internal consistency. Data indicated that the removal of any item would decrease this reliability. Item means ranged from 3.56 to 3.83. The mean Support score ($n=113$) was 3.70 ($SD=0.59$). There was a statistically significant Spearman correlation ($r = .542, p < .001$) between the validation item and the mean Support subscale score, indicating construct validity of the subscale. Spearman correlations between individual Support items and the mean Support score were statistically significant at the $p < .001$ significance level, with correlations ranging from $r = .607$ to $r = .787$, further indicating construct validity of the Support subscale.

Factor 5: Openness. Cronbach's alpha for the Openness Subscale of the IPVRCS was .722 ($n=112$), indicating acceptable internal consistency. Data indicated that the removal of any item would decrease this reliability. Item means ranged from 3.18 to 3.65. The mean Openness score ($n=113$) was 3.39 ($SD=0.80$). There was a statistically significant Spearman correlation ($r = .534, p < .001$) between the validation item and the total Openness score, indicating construct validity of the subscale. Spearman correlations between individual Openness items and the total Openness score were statistically significant at the $p < .001$ significance level, with correlations ranging from $r = .729$ to $r = .844$, further indicating construct validity of the Openness subscale.

Preliminary inferential statistics. One-way ANOVAs were conducted to assess significant differences in mean scale scores and mean subscale scores by responder role. A summary of these results is provided in Table 9.

Mean IPVRCS Score. There were no univariate outliers for mean IPVRCS score, resulting in an analytic sample of 113. A skew of $-.237$ indicated normal distribution of the variable. Homogeneity of variances for mean total scale score ($p=.590$) was established using Levene's test for equality of variances. A statistically significant main effect was found for responder role on mean total scale score, $F(4, 108)=2.74, p=.032$. Given the unequal group sizes of responder roles, I conducted a Tukey-Kramer post hoc test. Results indicated that BIP providers had significantly lower mean scale scores ($M=3.05$) than advocates ($M=3.56$). No other significant differences were detected.

Non-territorialism subscale score. As indicated by box plots, one univariate outlier existed for mean Non-territorialism score and was removed from analysis, leaving an analytic sample of 112. A skew of $-.614$ indicated normal distribution of the variable. The assumption of homogeneity of variances for mean Non-territorialism score was met ($p=.270$) based on Levene's test for equality of variances. There was no statistically significant main effect found for responder role on mean Non-territorialism score, $F(4, 107)=2.15, p=.08$.

Competence subscale score. As indicated by box plots, no univariate outliers existed for mean Competence score, resulting in an analytic sample of 113. A skew of $-.544$ indicated normal distribution of the variable. Homogeneity of variances for mean Competence score ($p=.240$) was established using Levene's test for equality of variances.

A statistically significant main effect was found for responder role on mean Competence score, $F(4, 108)=2.91, p=.025$. Results of a Tukey-Kramer post hoc test indicated that prosecutors had significantly lower mean Competence scores ($M=3.01$) than advocates ($M=3.65$). No other significant differences were detected.

Leadership subscale score. As indicated by box plots, one univariate outlier existed for mean Leadership score and was removed from analysis, leaving an analytic sample of 112. A skew of $-.826$ indicated normal distribution of the variable. The assumption of homogeneity of variances for mean Leadership score was met ($p=.144$) based on Levene's test for equality of variances. There was no statistically significant main effect found for responder role on mean Leadership score, $F(4, 107)=2.41, p=.053$.

Support subscale score. As indicated by box plots, six univariate outliers existed for mean Support score and were removed from analysis, leaving an analytic sample of 107. A skew of $-.369$ indicated normal distribution of the variable. The assumption of homogeneity of variances for mean Support score was met ($p=.128$) based on Levene's test for equality of variances. There was no statistically significant main effect found for responder role on mean Support score, $F(4, 102)=0.55, p=.703$.

Openness subscale score. As indicated by box plots, three univariate outliers existed for mean Openness score and were removed from analysis, leaving an analytic sample of 110. A skew of $-.360$ indicated normal distribution of the variable. The assumption of homogeneity of variances for mean Openness score was met ($p=.442$) based on Levene's test for equality of variances. There was no statistically significant main effect found for responder role on mean Openness score, $F(4, 105)=0.97, p=.420$.

Table 9: IPVRCS scale and subscale scores by responder role

	Total	Victim Advocates	Law Enforcement	Prosecutors	BIP Providers	Multiple Roles	
Scale	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>F</i>
Total (n=113)	3.46 (.54)	3.56 (.52)	3.46 (.52)	3.40 (.50)	3.05 (.61)	3.61 (.32)	2.74*
Non- territorialism (n=112)	3.42 (.69)	3.41 (.69)	3.52 (.62)	3.59 (.61)	2.94 (.85)	3.69 (.44)	2.15
Competence (n=113)	3.52 (.71)	3.65 (.70)	3.52 (.56)	3.01 (.72)	3.38 (.85)	3.71 (.45)	2.91*
Leadership (n=112)	3.37 (.78)	3.54 (.74)	3.16 (.98)	3.39 (.56)	2.88 (.62)	3.26 (.77)	2.41
Support (n=107)	3.77 (.43)	3.78 (.42)	3.75 (.42)	3.71 (.34)	3.69 (.64)	3.97 (.41)	0.55
Openness (n=110)	3.45 (.71)	3.54 (.75)	3.38 (.68)	3.24 (.60)	3.27 (.77)	3.72 (.57)	0.97

* $p < .05$

Chapter Five: Discussion

In this final chapter, I discuss both the qualitative and quantitative findings of the present dissertation. The chapter is organized by the three individual aims of the study, providing an overview of the results and exploration of salient findings. When relevant, discussion involves the triangulation of data (i.e., from the qualitative sequence, quantitative sequence, extant literature). Following the discussion of the findings of each study aim, I offer a working conceptual model of successful IPV collaboration and acknowledge the limitations of the study before ending with a discussion of implications for practice, policy, and research.

Discussion of Findings for Aim One: To Solicit the Practice Wisdom of Responders in Identifying Various Attributes of IPV

In general, participants in the qualitative sequence described IPV similarly to how it is described in the extant literature. Foremost, responders described IPV as commonplace, which is in alignment with the fact that approximately one third of individuals experience IPV at some point in their lives (Black et al., 2011). Responders also spoke to the variation in both types of IPV (e.g., physical, sexual, psychological, stalking) and its characteristics (e.g., severity, cyclical nature). They relied primarily on the use of he (i.e., perpetrator) and she (i.e., victim) pronouns when describing the

violence, which speaks to the disproportionate female victimization, particularly by male partners, noted in the literature (Catalano, 2007). Moreover, when describing women who use violence against their partners, it was often framed as self-defense or otherwise lacking the control element necessary for it to be considered IPV, which is congruent with Dobash and Dobash's (2004) findings on self-defense. Responder perceptions corroborate extant literature that IPV is an underreported crime (Tjaden & Thoennes, 2000) and that victims might remain in violent relationships for any number of reasons (Kim & Gray, 2008; Meyer, 2012; Zink, Regan, Jacobson Jr., & Pabst, 2003). In the section below, I discuss the results of the first research question: What are responder perceptions of why IPV occurs?

Overview of the findings. In the qualitative sequence, participants most frequently reported five causes of IPV: the perpetrator's desire for power and control, intergenerational violence/learned behaviors, societal or cultural perpetuation, perpetrator-specific personality traits, and substance use. When these five causes were presented to the participants in the quantitative sequence, 90% of participants identified one of these as the primary cause of IPV, with only 10% citing some other reason. While at least some percentage of each role cited another reason, nearly 40% were BIP providers, which may indicate an important difference between BIP providers and other roles within the system. This difference will be explored throughout the chapter.

Feminist-informed attributions: Power and control and societal perpetuation. In both the qualitative and quantitative sequences, the perpetrator's desire for power and control was the most prevalent cause noted, which speaks to the

predominance of the feminist model in the IPV response (e.g., Ali & Naylor, 2013). Even so, less than half of the quantitative sample (47.7%) cited this as the primary cause of IPV, despite it being one of the most recognizable attributions in the extant literature (Babcock et al., 2004; Bledsoe & Sar, 2011; Pence & Paymar, 1993) as well as the present qualitative data. Perhaps unsurprisingly, victim advocates, whose work relies heavily on feminist principles (McPhail et al., 2007; Sudderth, 2006), most often cited the perpetrator's desire for power and control as the reason for perpetration.

Conversely, but also perhaps unsurprisingly, among the BIP providers, who work most closely with perpetrators, less than one-quarter (23.1%) cited power and control as the primary cause. In fact, BIP providers were the only responder role that did not most frequently attribute IPV to power and control. Price and Rosenbaum (2009) found significant variability among the BIP programs in their sample ($n=276$) in terms of provider backgrounds and curricula. For example, while 71% of programs had at least one staff member with a master's degree, fewer than half (42%) employed an MSW. Moreover, 13% of programs employed former batterers and, in all but one state (Washington), batterers can serve as group facilitators if they have remained violence-free for one year (Price & Rosenbaum, 2009). In terms of curriculum, 55% incorporate substance use and 76% incorporate anger management, despite many state standards that counter indicate the inclusion of these topics (Price & Rosenbaum, 2009). In Florida, in particular, while standards exist per statute (Fla. Stat. § 741.325, 2016), there is no formal oversight of BIP providers. As several of the qualitative participants noted, this is problematic, as it has resulted in both perceived insufficiencies of some BIPs (i.e., online

BIP, “drive by BIP”) and differences in goals by type of service provider. That is, private practitioners include BIP as one part of their livelihood and focus on the needs of their client while community-based providers take a more holistic approach to intervention that expects batterers to take responsibility for their abusive behaviors, in line with the feminist perspective on IPV. These types of differences in educational background, curriculum, and philosophy may very well be the reason for BIP providers in the present quantitative sample providing such varied attributions for IPV perpetration. Still, it is plausible that because BIP providers spend a considerable amount of time with perpetrators, they have a more holistic perspective of the perpetrator and his complexities, leading to such “other” attributes as “poor introspective emotional communication skills usually coupled by unresolved trauma commonly from the family of origin,” “criminal thinking habits,” “entitlement and disconnect,” and “a lack of understanding on the part of the offender.”

Approximately 15% of participants in the quantitative sequence cited societal or cultural perpetuation of violence as the primary cause of IPV, echoing qualitative findings that society influences one’s beliefs about what is “right and wrong” when it comes to male patriarchy, hypermasculinity, male privilege, and female subservience. Related to this cause, there were no notable differences in the frequencies with which responders in the quantitative sequence made this attribution, with prevalence of the attribution ranging from 6.7% (prosecutors) to 23.1% (BIP providers). Unique to this attribution, in the qualitative sequence, societal or cultural perpetuation was attributed to more than just IPV perpetration; it was also a point of discussion regarding the systemic

response to violence. Participants noted that we have yet to embrace the idea of holding one another accountable for IPV, both at the individual and societal levels. This point is notable in the current political climate with the fate of the United States Department of Justice's (2017) Office of Violence Against Women, which provides grant funding to many responding agencies, in jeopardy (Bolton, 2017). Despite this, disciplines heavily involved in the efforts to end IPV are still working diligently to prioritize this epidemic. For example, the American Academy of Social Work and Social Welfare (2017) has included stopping family violence as one of its grand challenges and PERF (2016) recently produced a report on identifying and preventing gender bias in policing related to DV and sexual assault.

While mentions of societal or cultural perpetuation and intergenerational violence overlapped in some qualitative participant responses, power and control was not viewed within the context of male privilege, which is interesting given that power and control and societal perpetuation (i.e., through pervasive patriarchy) are linked by feminist theory (Ali & Naylor, 2013). Indeed, when power and control was discussed in the qualitative sequence, it was most often framed as an internal desire of the perpetrator (i.e., dispositional attribution), rather than something informed by external, societal norms (i.e., situational attribution). Thus, in the quantitative sequence, these were presented as independent causes. However, when collapsed, nearly two-thirds of the total quantitative sample (63%) attributed the violence to one of these feminist-informed attributions, with noticeable variation by role. The majority of advocates (75%), those in multiple roles (57%), and prosecutors (53%) attributed IPV to either societal or cultural perpetuation or

perpetrators' desire for power and control, compared to only 46% and 45% for BIP providers and LERs, respectively. This perhaps identifies two roles that do not receive enough feminist-informed IPV trainings, are reluctant to embrace the feminist perspective on IPV, or both. Indeed, as corroborated by the extant literature (e.g., DeJong Burgess-Proctor, & Elis, 2008), participants in the qualitative sample noted that LERs sometimes engage in victim-blaming, which may indicate an incomprehensive understanding of IPV victims' behaviors that lead LERs to react in such a way. Conversely, a significant component of A LER's job is obtaining evidence (Stover, 2012), and as one qualitative participant noted, LERs may victim-blame as a coping mechanism for the frustration they feel when working with victims who they consider to be uncooperative. Or, as another advocate noted, sometimes agency policies and procedures dictate how LERs engage with victims, which can unintentionally result in victim-blaming. Still, LERs in the quantitative sample reported their attributions based on their professional experiences and one cannot definitively conclude that a non-feminist attribution yields victim-blaming among LERs. It is quite possible that LERs, as with any role, must at times delineate their personal opinions from their professional actions.

As it relates to BIP providers, as previously discussed, present data and extant literature indicate notable variation in how BIPs are delivered (Price & Rosenbaum, 2009), which may be a reflection of educational background and related philosophy. If educated in a discipline that does not emphasize IPV, let alone a victim-centered IPV response, perhaps those BIP providers are less likely to endorse feminist attributions for the violence. Moreover, it is plausible that some of the "drive by BIPs" referenced in the

qualitative sequence are being provided by individuals without a comprehensive understanding of IPV. Similarly, it is plausible that responders who only provide BIP as one part of their mental health counseling services are not consistently engaged in the victim-centered mindset, even if they have received IPV training. Still, as was discussed with LERs, the attributions made by BIP providers in the present sample may not necessarily reflect how they engage in their work. Without further data, it is impossible to draw conclusions. Further research with both LERs and BIP providers, representing various ranks, programs, and educational backgrounds, is necessary to determine whether or not any of this conjecture is supported.

Intergenerational violence/learned behaviors. When it comes to the intergenerational transmission of violence, nearly 13% of participants in the quantitative sequence cited this as the primary cause of IPV. Indeed, participants in the qualitative sequence spoke to the impact of familial violence on later perpetration and victimization, which is supported by literature that demonstrates witnessing or experiencing violence in the childhood home is correlated with both male perpetration and female victimization (Smith-Marek et al., 2015). It should be noted that none of the prosecutors cited this as the primary cause of IPV. Responders in the qualitative sequence noted high turnover among prosecutors, which is supported by Dresang, Jones, Marach, and Waukau's (2011) survey of current (n=146) and former (n=44) Wisconsin Assistant District Attorneys. The authors found that, current Attorneys are relatively young, with 63% being younger than 45-years-old (Dresang et al., 2011). Moreover, 53% said it was "likely or highly likely" that they would leave their office in the next three to five years, with most citing salary or

workload as one of their top three reason for potentially leaving (Dresang et al. 2011, p. 14). Compared to most other roles, prosecutors in the present quantitative sample were younger ($M=34.53$, $SD=7.86$), with fewer years of experience ($M=6.07$, $SD=5.83$) in their role, similar to those in the Dresang et al. (2011) study. Given their age and years of experience, it is reasonable to say many of the attorneys in the sample are likely relatively new to their roles. This coupled with the high rate of turnover among prosecutors gives plausibility to the notion that prosecutors do not remain in their jobs long enough to witness intergenerational violence patterns. This could be compared to the responders in multiple roles who participated in the quantitative sequence, of which nearly one-third cited intergenerational violence as the primary cause of IPV. Moreover, responders in multiple roles were the oldest of all responders ($M=50.62$, $SD=11.69$), with the most years of experience ($M=14.54$, $SD=6.31$), second only to LERs ($M=18.39$, $SD=9.22$). Perhaps within their multiple roles, over time, they are more likely to work with partners and families who experience violence across the lifespan and in various contexts.

Perpetrator-specific personality traits. Perpetrator-specific personality traits was one of the least cited attributions for IPV, with only 8% of the quantitative sample reporting this as the primary cause. This mirrors the qualitative findings given that participants did not as richly discuss this attribution. In the quantitative data, there were variations in frequencies by role, with prosecutors (20%), LERs (15%) and advocates (5.3%) making this attribution in descending frequency. Notably, no BIP provider or responder in multiple roles attributed IPV to the perpetrator's personality as a primary cause. Again, perhaps both BIP responders and those in multiple roles have a more

holistic view of IPV, which may make them more reluctant to make a dispositional IPV attribution of perpetrator traits than those in other roles. The present dissertation did not collect data relevant to BIP providers' model of service delivery, but as previously noted, perhaps there are differences between providers who are more mental health-focused versus community-focused. Not blaming the perpetrator's personality traits could also indicate that BIP providers can acknowledge the wrongness of the action without demonizing the perpetrator because they know them best, or, conversely, could indicate BIP providers do not want to excuse the violence by blaming it on innate characteristics of the perpetrator that he may have little control over. As one BIP provider shared on the quantitative survey, "The cause of violence is choosing violence instead of empathy and safe communication." Here, the key point is the choice to use violence. As discussed in chapter two, when IPV is attributed to perpetrator traits, specifically anger, it absolves a portion of both the perpetrator's and society's responsibility (Gondolf & Russell, 1986). Thus, BIP providers may avoid attributing perpetration to batterer characteristics to promote offender accountability in accordance with predominant BIP models (Corvo et al., 2009; DAIP, 2011b; Gondolf, 2002).

Substance use. Among all participants in the quantitative sequence, the least made causal attribution for IPV was substance use (6%). However, while none of the advocates, BIP providers, or responders in multiple roles made this attribution, 20% of both LERs and prosecutors reported that substance use was the primary cause of IPV. This corroborates the qualitative sequence, where the responders most vocal about substance use and IPV were A LER and two prosecutors. Given that substance use co-

occurs in approximately 50% of IPV cases (Bennett & Bland, 2008), it is likely that both LERs and prosecutors frequently work on cases with co-occurring substance use. Indeed, one prosecutor (L) in the qualitative sequence stated, "...almost every case that a sheriff's office is gonna get called out to, there's gonna be some kind of drug or alcohol element." If this prosecutor's experience is indeed reflective of other communities, other prosecutors are likely receiving these types of cases from law enforcement agencies regularly.

For LERs, the 20% attribution frequency is much lower than the 81% of LERs in the Gover et al. (2011) study who agreed that substance or alcohol use is the primary cause of IPV. Though neither the present study nor the Gover et al. (2011) study are generalizable to all LERs, an important caveat to this comparison is that self-selection bias is likely more of a limitation in the present sample. Given that the present study focused on collaboration and was not affiliated with any specific agency or role, the LER participants in the present quantitative sample may have been highly motivated to participate for any number of reasons (e.g., specialized IPV position within their agency) and, thus, might not represent all LERs of varying ranks and levels of experience. The Gover et al. (2011) study recruited officers from one LE agency and had a much larger sample size of LERs; while lacking location variation, their results likely yielded a more variable sample in terms of officer characteristics (e.g., age, rank). This is to say that it is possible that LERs, generally, may attribute IPV to substance use more frequently than the 20% found in this sample.

While there is a lack of literature on prosecutors' attributions for IPV, the sheer volume of cases involving alcohol may explain why some prosecutors in the present sample either rely on consistency (Major, 1980) or discounting (Cox, 2002; Kelley, 1972a, Kelley, 1972b) to determine that IPV is caused by substance use. And still, as has been mentioned, it may be that prosecutors' personal opinions are not reflective of their professional actions. In fact, this may be most true in this particular context given that prosecutors must be able to prove their case, yet it is "pretty rare" to be able to prove that alcohol caused the IPV (Prosecutor, L). Thus, while they may think substance use is the primary cause of IPV, it may not be practically helpful in carrying out their duties. Hartley & Ryan (1998) examined the prosecution and defense trial strategies of 40 DV-related felonies in Iowa and found that, across cases, prosecutors sought to prove 1) a crime was committed, 2) the defendant is the responsible party, and 3) the State had credible evidence. Conversely, defense attorneys focused on 1) self-defense/provocation, 2) agreeing to lesser charges, 3) diminishing responsibility, and 4) maintaining innocence (Hartley & Ryan, 1998). As it relates to substance use, defense attorneys sometimes attempt to diminish the defendant's responsibility due to some type of incapacitation (e.g., substances, psychological disorder) (Hartley & Ryan, 1998). If prosecutors are to successfully secure justice, it seems imprudent to align oneself with the defense's argument of diminished responsibility. Moreover, while it is notable that prosecutors were only one of two roles that endorsed substance use as the cause of IPV, still only 20% of them did so. It is possible that this is because attributing IPV to substance abuse is antithetical to prosecutors' jobs.

That only six percent of responders in the quantitative sample attributed IPV to substance use is reflective of the predominance of the feminist model, which contends that substance use is an excuse for, not a cause of IPV (McMurran & Gilchrist, 2008). While only a minority of both LERs and prosecutors made this attribution, it is notable that the substance use attribution was primarily limited to these roles in both the qualitative and quantitative sequences. This might indicate that LERs and prosecutors lack feminist-informed IPV training, are reluctant to embrace the feminist perspective on IPV, or both. To reiterate, the present findings are not generalizable to all LERs and prosecutors. However, this pattern warrants further exploration in future studies, particularly with LERs who also did not frequently endorse power and control as a the primary cause of IPV.

Findings related to attribution theory principles. The following subsection examines participants' IPV attributions as it relates to the Attribution Theory. Specifically, I examine situational and dispositional attributions, fundamental attribution error, the actor-observer effect, and multiple plausible and necessary causes. I then compare the present findings to Flynn and Graham's (2010) conceptual model.

Dispositional and situational attributions. Ross (1977) contended that attributors must determine not only cause, but whether that cause is dispositional (i.e., internal to the actor) or situational (i.e., external to the actor). Based on the qualitative findings of the present study, dispositional attributions include the perpetrator's desire for power and control and perpetrator-specific personality traits, while situational attributions include intergenerational violence, societal or cultural perpetuation, and substance use. The

quantitative sequence findings indicate that, when “other” responses were removed, the majority of responder attributions for IPV ($n=100$) were dispositional (62%), as opposed to situational (38%) (see Table 10). Though BIP providers were the only participants who more frequently attributed IPV to situational causes, there was no statistically significant association between primary role and type of attribution (i.e., dispositional or situational), $\chi^2(4) = 3.75, p = .441$. This lack of significance may be due to small cell sizes for several of the roles (e.g., BIP providers, multiple roles).

Table 10: Dispositional and situational IPV attributions by role

	Advocates ($n=54$)	LERs ($n=18$)	Prosecutors ($n=14$)	BIP Providers ($n=8$)	Multiple Roles ($n=6$)	Total ($n=100$)
Dispositional	66.7%	55.6%	71.4%	37.5%	50.0%	62.0%
Situational	33.3%	44.4%	28.6%	62.5%	50.0%	38.0%

Fundamental attribution error. That the majority of responders in the present sample attributed IPV to dispositional causes supports the basic premise of fundamental attribution error, which posits that attributors are more likely to make dispositional attributions (Ross, 1977). In the present study, there is no way of knowing whether or not participants made incorrect attributions, as there is no data to triangulate their responses. However, if participants indeed focused on consistency over consensus and distinctiveness, as other research has found attributors to do (Major, 1980), participant responses should be an accurate reflection of what they perceive to primarily cause IPV across cases in their professional dealings. So while any one individual case may be attributed to some other reason based on available contextual information (Garland et al.,

1975), the present attributions are reflective of the participants' general perceptions of IPV.

It is interesting that BIP providers were the only group to more frequently make situational attributions. I suggest two plausible explanations for this, though further research is warranted. First, it is possible that the BIP providers in the quantitative sequence have experience with a particular kind of client wherein situational attributions are appropriate and correct. Moreover, given their close working relationships with their clients, it is quite possible that BIP providers are more familiar with the contextual factors surrounding the perpetrator's behaviors (e.g., history of childhood trauma, substance use) than responders in other roles. This contextual information might then inform their overarching situational attributions for IPV. Second, a BIP providers' professional setting or treatment modality might account for their situational attributions. When considering responders' "clients," it is reasonable to assume that advocates, LERs, and prosecutors tend toward victim-centeredness by the nature of their job responsibilities (whether or not this is carried out in practice). Based on the qualitative interviews, there seems to be more variation in the professional focus of BIP providers; namely, qualitative participants spoke of the differences between community-based and mental health-focused BIP providers. It is possible that the more mental health-focused providers have not received the same types or amounts of IPV training as responders in other roles, or even BIP responders who engage in victim-centered work. If the present quantitative sample consisted of mostly BIP providers who operate in a mental health context, this could explain the difference between this role and all others in the systemic

response. This is merely conjecture given that the present study did not include an assessment of BIP providers' foci or treatment modalities. It is also important to note that this is based on a small sample of BIP providers, made even smaller by the fact that nearly 40% of them attributed IPV to some "other" reason, which were excluded from this analysis.

Actor-observer effect. Similar to the present findings' relationship with fundamental attribution error, that most responders made dispositional attributions for IPV also supports Jones and Nisbett's (1972) actor-observer effect, which posits that an attributor is more likely to make a dispositional attribution for someone else's (i.e., IPV perpetrators') behavior. Neal and Edwards' (2015) meta-analysis of victim and perpetrator attributions similarly supports the actor-observer effect within the context of IPV. While they offered some situational attributions (e.g., intoxication, victim challenged him), victims frequently reported dispositional attributions for the violence (e.g., males' expectations of their wives, loss of control, to get attention) (Neal & Edwards, 2015). Perpetrators' attributions were more mixed between the two attribution types (Neal & Edwards, 2015), with other scholars finding that 75% of perpetrators attribute their use of violence to situational causes (Wood, 2004).

Moreover, Malle's (2006) finding that actor-observer asymmetry is particularly apparent when attributions are made for an event with a negative outcome is relevant. Perhaps responders' perceptions are less prone to error because they are observers in the IPV context as opposed to actors. They may be less prone to dishonesty or misremembering because there is no need for self-preservation or rationalization of

abusive behavior on their part; thus, a dispositional attribution is not threatening. This, however, cannot be assumed in all cases for two primary reasons. First, it assumes that perpetrators' attributions are always incorrect, which is likely untrue. Second, it assumes that all responders are making attributions based solely on their professional assessment. Given the frequency with which IPV occurs, it is likely that many responders themselves have experienced IPV in their personal lives in some way. Despite this, the present findings are congruent with the actor-observer effect.

Multiple plausible and necessary causes. In the quantitative sequence, I acknowledged for responders that there can be multiple causes for IPV, but asked them to select their perception of the primary cause. For some participants, the choice may have been simple. The covariance principle suggests that when attributors perceive causes to be stable over time (e.g., perpetrator's desire for power and control), it should consistently result in the same effect (i.e., IPV) (Kelley, 1972a). However, because the survey item acknowledged the existence of multiple causes, if responders similarly perceive multiple plausible causes of IPV, they likely had to engage in discounting, relying on causal schemata to provide a response that "summarizes [their] beliefs and assumptions about the distribution of the effect over various combinations of the causal factor" (Kelley, 1972b, p. 151). Given that 90% of the sample primarily attributed IPV to one of the listed causes, it would seem that, for those who perceived multiple plausible causes, they were able to successfully engage in discounting. Among those who provided "other" responses ($n=11$), nearly half (45.5%) indicate that some combination of causes was the primary cause, indicating support for multiple necessary causes as well (Cox,

2002; Kelley, 1972b). However, in the present sample, the vast majority of participants were able to identify a singular primary cause based on covariance or casual schemata.

Findings in the context of the Flynn and Graham attribution model. As discussed in chapter two, responders make multiple observations in multiple contexts over time, which can provide a broader picture as to the prominent causes of IPV when compared to victims and perpetrators, who may only be familiar with IPV given their personal experiences. While one cannot conclude that responders' attributions are correct over those made by victims and perpetrators, the present study certainly supports there are differences in the attributions made between these two groups. Unlike Flynn and Graham's (2010) findings that most IPV attributions fall under proximal, contextual factors (e.g., intoxication, communication problems, provoking partner), which are based on victim and perpetrator reports, the present findings indicate that responders attribute IPV to more distal factors—*background and attributes of the perpetrator or victim* (e.g., intergenerational violence, perpetrator-specific personality traits, perpetrator's desire for power and control) and *current life circumstances* (e.g., ongoing substance use). In fact, the only proximal attribution cited by responders in the present qualitative sample could be substance use, assuming it was the time of the IPV, as opposed to being conceptualized as an ongoing problem. However, as one prosecutor (L) noted, "It's not that we are ever able to prove that the reason they, you know, became violent that day was facilitated by the drugs." In addition, 15% of quantitative participants attributed IPV to a cause beyond the three levels noted by Flynn and Graham (2010)—societal perpetuation.

While Flynn and Graham (2010) do not discuss societal perpetuation in their work, its exclusion is reasonable given that their model was primarily based on victim and perpetrator attribution literature. I similarly have yet to identify IPV attribution literature wherein a victim or perpetrator cites societal perpetuation as the reason for the violence in their relationship. Moreover, the Flynn and Graham (2010) model specifically focused on the proximity of attributions—that is, attributions ranging from personal historical attributes or experiences to immediate precursors. Though there are certainly significant cultural and other differences within our society, in a broad sense, societal perpetuation of IPV could be applied equally to all members of our society. So then, there must be other mediating factors that influence individuals to perpetrate IPV or not. Indeed, Flynn and Graham (2010) note the significance of mediators in their model. For example, while a level one attribution (e.g., personality) could be the sole explanation for an act of IPV, it might also be mediated by a level two attribution (e.g., stress) (Flynn & Graham, 2010). Similarly, while a level two attribution might be the sole cause of IPV, it too might be mediated by a level three factor (e.g., intoxication). Based on this, I suggest that the Flynn and Graham (2010) model is comprehensive when its three levels are situated within a larger context wherein IPV is linked to societal norms that perpetuate violence, and particularly violence against women.

Discussion of Findings for Aim Two: To Solicit the Practice Wisdom of Responders in Identifying Various Attributes of Successful Collaboration, as well as Challenges to Collaboration, in Addressing IPV

Based on the present sample, most systemic IPV collaboration occurs between advocates, LERs, and prosecutors. Responders reported both positive and negative perceptions of each role. While advocates were described in a positive light overall, frustrations with confidentiality policies and shelters were significant. Though the difficult realities of LERs' jobs were noted, this role received the most criticism (e.g., victim-blaming, reluctance to change, incomprehensive investigations). For prosecutors, collaborations were often described using neutral language, though lack of proactive prosecution was addressed. There appears to be minimal collaboration with BIP providers, with most "collaboration" occurring when prosecutors order mandatory services for perpetrators. Moreover, responders are wary of the lack of BIP oversight and overall effectiveness of programs. Other interrole collaborations were noted with less frequency (e.g., child welfare workers, defense attorneys) and did not achieve saturation in the present sample. In the section below, I discuss the results of research questions two through four: what facilitates successful collaboration among IPV responders, what are the barriers to successful collaboration among IPV responders, and what do responders suggest to enhance current collaboration efforts among IPV responders? Findings from across research questions are integrated by overarching topic. All discussion is based on the qualitative findings.

Overview of the findings. Collaborating IPV responders reported similar collaboration strengths and challenges as noted in other qualitative studies (Johnson, Zorn, Tam, Lamontagne, & Johnson, 2003; Green, Rockhill, & Burrus, 2008; Van Eyk & Baum, 2002). For example, in Johnson and colleagues' (2003, p. 201) study of interagency collaboration in the human services realm ($n=33$), they noted seven factors that emerged as most important to collaboration: "a) commitment, b) communication, c) strong leadership from key decision makers, d) understanding the culture of collaborating agencies, e) engaging in serious pre-planning, f) providing adequate resources for collaboration, and g) minimizing turf issues." With the exception of engagement in pre-planning, the results of the present dissertation are quite similar Johnson et al.'s (2003) findings. Participants in the present study similarly shared that strong responder relationships, achieved through networking and supported by strong communication, support, and trust, alongside certain individual responder traits (i.e., passion, openness), are the keys to successful collaboration among IPV responders. In addition to strengths, responders cited four primary types of barriers to successful collaboration: phenomenological, practical, political, and personal, which are also congruent with many of the challenges noted in Johnson et al.'s (2003) study (e.g., lack of support from upper management, lack of financial support, turf issues/resistance to change, change of personnel, hindrance of rules and regulations). Below, I review the salient components of collaboration that emerged across research questions two through four as they relate to extant literature.

Personal factors: Passion and openness. The qualitative respondents spoke highly of their collaborative colleagues who demonstrate passion for the work and openness to both collaboration and new ways of working cases. Participants shared that the “inspiration and dedication of some key players” in the system drives the community response to IPV and that those responders who are particularly passionate are readily identifiable by their colleagues. Other research supports that having knowledge of and commitment to one’s clients (Iachini et al., 2015), as well as a sense of urgency and necessity (Johnson et al., 2003), facilitate strong collaborations. While not noted by the present participants, Iachini et al. (2015) cautioned that, while passion for one’s clients can be a collaborative asset, it could similarly create resistance to working with other populations. This point is well taken given that some collaborating responders disagree on who the client is on a case (Darlington, Feeney, & Rixon, 2005), which is discussed further later in the chapter.

Participants also noted that openness to one another and new ways of thinking is beneficial to collaborative relationships and that more of this is necessary to enhance existing collaborations. Indeed, scholars have noted that positive attitudes towards collaboration (Green et al., 2008) and a willingness to work together (Johnson et al., 2003) facilitate strong social service collaborations. Moreover, collaboration may beget collaboration, as participants in Johnson et al.’s (2003) study reported previous collaboration experiences as facilitative to current ones. Given that, in the words of one participant, “times are changing,” it is important that responders remain open to change, particularly seasoned responders, who may be more established in their practices. Though

a lack of willingness to change was noted by several participants in the present study as a challenge to collaboration, it was not considered insuperable.

Interpersonal factors: Communication, trust, support, and networking.

According to participants in the present sample, strong responder relationships can greatly aid collaboration. The participants shared four major building blocks of strong responder relationships: communication, trust, support, and networking. Good, open communication between collaborating agencies has been established in the literature as a strength of social service collaborations (Green et al., 2008; Johnson et al., 2003; Thompson, Socolar, Brown, & Haggerty, 2002). Green et al.'s (2008) qualitative study of interagency collaboration among providers assisting child welfare-involved families with co-occurring substance issues ($n=104$) found that good communication benefitted providers by improving quality of case monitoring, improving ability to provide resources in a timely manner, and supporting better decision making in cases. Additionally, participants in the Green et al. (2008) study shared benefits to their clients; namely, collaboration avoids overwhelming demands on the client and promotes consensus among the client's network of providers. Present participants shared similar sentiments that collaboration yields better responder navigation of the system, which can improve client outcomes.

Responders also discussed the need to demonstrate trust in and support of each other to foster strong relationships. Johnson et al. (2003, p. 199) defined trust as “not taking expense from other groups, supporting each other publicly, and not talking against each other” and approximately one third of their sample identified trust and lack of trust

as a strength of and barrier to collaboration, respectively. Similarly, Darlington et al. (2005) found that mutual mistrust emerged as the strongest factor of a principal components analysis of child welfare workers' and mental health professionals' ($n=232$) attitudes towards one another. Adding to this challenge is that trust takes time to build in interagency collaborations (Thompson et al., 2002). Unfortunately, given the high turnover rate of some responder roles noted in both the present data and the extant literature (e.g., Dresang et al., 2011; Sudderth, 2006), a revolving door of responders may result in a continual need to build trust between new IPV frontline workers.

To help build needed trust, as well as to provide an avenue to discuss cases or collaboration issues, participants cited networking opportunities as essential. In the National Network for Collaboration's (NNC) (1995) five-level framework of collaboration, networking is the lowest level, whereas collaboration is the highest. Networking serves as the basis for support among collaborators; is non-hierarchical in nature; and features minimal conflict and decision-making through informal communication (Cross, Dickmann, Newman-Conchar, & Fagan, 2009; NNC, 1995). As roles become more defined, leadership is formalized, and coordination increases, networking can lead to alliances, partnerships, coalitions, and, finally, collaborations (Cross et al.; NNC, 1995). Thus, networking is an essential building block of collaboration. In Green et al.'s (2008) study, responders reported that having meetings to discuss ways in which they could best support families was a large support to collaboration. While several networking items (e.g., *Responders have the opportunity to network with one another*) were included in the IPVRCs pilot, none were ultimately

retained. However, I suggest that the factors that were ultimately retained could be seen as byproducts of networking or other activities that promote collaboration. It is possible that the IPVRCS represents the elements necessary for strong collaboration, without always directly speaking to the mechanisms for achieving them. I will return to this idea later in the chapter.

Territorialism. Territorialism has been consistently noted in the literature as a barrier to successful interdisciplinary collaboration (e.g., Iachini et al., 2015; Johnson et al., 2003; Lawn et al., 2014), particularly among leadership, who may perceive collaboration as threatening to their territory (Axelsson & Axelsson, 2009). According to Bardach (1996), technical, legal, bureaucratic, and political barriers impede collaboration; however, with creativity, these barriers can be overcome. Unfortunately, the motivation to exercise creativity is frequently halted by agency staff, across levels, in an effort to protect their “turf” (p. 109). Bardach (1996) notes eight primary reasons for turf protection: 1) threats to job security or promotion; 2) challenge to professional expertise; 3) conflict regarding physical space/facilities; 4) loss of policy direction; 5) undermining an agency’s traditional priorities; 6) anxiety about accountability; 7) requirements for obtaining and maintaining consensus among partners; and 8) protection of self-worth. Certainly, the qualitative participants spoke to some of these issues. While there was some interrole territorialism discussed (e.g., inadequate information sharing), the most notable discussion of the “turf wars” seemed to be in relation to victim advocates. Specifically, their discussion of territorialism seemed to focus on legitimizing their agencies in some way, such as through client acquisition or funding (i.e., numbers).

Given the tense financial climate for violence against women services (Bolton, 2017), this is perhaps viewed as necessary for many agencies. However, many advocates in the qualitative sample also noted that clarification about each other's funding streams might illuminate that funding is not as competitive between advocacy agencies as is perceived. Moreover, when territorialism impedes interagency communication, it can lead to duplicative or inadequate services for victims.

Greeson and Campbell's (2012) review of the effectiveness literature of Sexual Assault Response Teams (SARTs) showed similar patterns of role confusion and conflict, with one included study specifically noting "turf wars" (Campbell & Ahrens, 1998). SARTs are similar to CCRs in that they aim to promote positive responder relationships and collaboration (Greeson & Campbell, 2012) and frequently include many of the same roles as CCRs. In an effort to move past the "turf wars" and other challenges of interdisciplinary collaboration in SARTs, Greeson and Campbell (2012) suggest trainings, technical assistance, and written materials be made available to SARTs that specifically address how to overcome collaboration barriers, since many SART participants (i.e., responders) may lack collaboration training. This strategy is similarly salient to IPV CCRs. In fact, given the overlap between responder roles in SARTs and CCRs, it may be possible to conserve financial resources for communities that have both collaborative entities by offering cross-training.

Competence. Participants in the present study tended to agree that all responders must have a comprehensive working knowledge of IPV, to both do their jobs well and collaborate successfully. When responders perceive their colleagues as being

incompetent, it lowers their trust in the abilities of those colleagues to effectively collaborate in the IPV system. Even advocates in the present sample, whose fellow responders praised them for their competency, supported more training, with one advocate saying “DV 101” is not appropriate for repeated use with responders. Advocates in the Kulkarni et al. (2012) study similarly shared that DV workers would benefit from further training, particularly in regards to culturally competent practice with diverse groups (i.e., race/ethnicity, religion, sexual orientation, gender, disability).

In the literature, scholars have primarily focused on LERs’ lack of training, arguing that it can lead to negative case outcomes such as inappropriate arrest of the victim (Humphries, 2002; O’Dell, 2007). Gover et al. (2011) contend that incorporating specialized training can help to eradicate biased or otherwise incorrect IPV attitudes among LERs. Responders in the present study had similar reactions, particularly as it relates to victim blaming by LERs; however, it was also noted that policy rigidity in law enforcement might facilitate unintended victim blaming based on officers’ required responses on DV scenes. Though the PERF (2015) study found that 84% of law enforcement agencies provided DV-specific training to personnel, scholars have found some degree of reluctance of among law enforcement to engage in additional training (e.g., Blaney, 2010; Gover et al., 2011). This reluctance was again noted in the present study, with one LER sharing that, while training would improve collaborations, “cops would hate that.” Moreover, participants in the present study viewed LERs as reluctant to change protocol and learn new skills related to IPV.

Participants in the present study were not only concerned with LER training, but with prosecutor training as well. As one advocate noted, though many DV cases are misdemeanors, they are still serious cases. Given the high turnover rate of prosecutors noted in the present study and corroborated by the literature (Dresang et al., 2011), there is concern that newly minted attorneys are being assigned complex DV cases without adequate training. Prosecutors themselves confirmed that their IPV training is most frequently received “on-the-job” and through mentorship. In the absence of formal IPV education or training, prosecuting agencies are simply perpetuating their existing perspectives, whatever those may be, through these more informal training mechanisms. It is reasonable to assume that these perspectives vary by agency or mentor, which might account for the lack of consensus around IPV among prosecutors. For example, in the quantitative sequence, prosecutors were divided among five of the six primary attributions for IPV.

The concept of competence in the present study goes beyond just understanding IPV, but also extends to understanding the local collaborative system. Participants in the qualitative sample reported that lack of understanding of one another’s roles was a barrier to collaboration, which has been similarly noted in other interagency collaboration scholarship (Darlington et al., 2005; Green et al., 2008). Darlington and colleagues’ (2005) found that not only did lack of interrole understanding serve as a barrier to collaboration, but that responders sometimes had unrealistic expectations of one another’s roles (i.e., authority to act). More broadly, a lack of understanding of broader agency perspectives has been noted in the literature as well (Green et al., 2008). Petri’s

(2010) conceptual analysis of interdisciplinary collaboration in health care notes that role awareness, which includes understanding one's own role as well as recognizing, understanding, and valuing collaborators' roles, is a necessary antecedent to collaboration. Moreover, as outlined in the NNC (1995) framework for collaboration, beginning at level three (coordination/partnerships), defined roles with formalized links between them are required. Thus, it is not only important that responders have a comprehensive understanding of the phenomenon of IPV, but of the local responding system as well.

One of the strategies the present qualitative participants discussed for simultaneously offering networking opportunities and IPV education was cross-training of participants, wherein responders representing various roles can learn together. An added element of localization was suggested as a way to further enhance networking among responders who are likely to collaborate on cases, compared to trainings at, for example, a statewide level. Other interdisciplinary collaboration scholars have similarly noted a need for training and skill development in social services (Darlington et al., 2005; Iachini et al., 2015), with some suggesting cross-system trainings (Green et al., 2008), including for IPV responders specifically (Sudderth, 2006).

Agency leadership. Scholars have noted that leadership's support for collaboration, particularly among those with decision-making authority, facilitates collaboration (Johnson et al., 2003). For example, in their mixed methods study of collaboration between the DV, child welfare, and court systems, Banks, Dutch, and Wang (2008), explored responder perceptions at baseline (initiative planning phase; $n=86$) and

follow-up (implementation of policy and practice changes; $n=62$). They found that strong leadership and commitment of key leaders to the collaboration were two of the top six collaboration facilitators at both time points, while lack of leadership buy-in was an obstacle (Banks et al., 2008). Similar to the latter, Darlington et al. (2005) found that despite responders' willingness to collaborate, they felt unsupported in doing so by their agencies (Darlington et al., 2005). Though not noted as one of the stronger success factors, input from frontline workers was also considered facilitative of collaboration in the Banks et al. (2008) study.

The qualitative participants in the present study corroborated the aforementioned findings in their discussion of several issues within agency leadership that can impede successful collaboration, namely, lack of support for responder collaboration efforts and lack of frontline responder voice in agency decision-making. Participants also shared that agency leaders can be out of touch with the work of frontline responders, particularly in instances where there has been a significant time lapse since leaders have delivered direct services themselves. It is reasonable to suggest that when leaders are unfamiliar with the realities of the work of frontline responders, they may not see the value of or need for improved collaboration, which could lead to the lack of leadership buy in noted by Banks et al. (2008). Lastly, participants noted there are sometimes historical problems between agency leadership that trickle down throughout the staff. While this certainly exemplifies territorialism, that it was specifically discussed in terms of leadership is noteworthy. In the words of one responder, "it's the will of the leadership...to make [collaboration] a priority," which includes addressing practical concerns, such as lack of time and

resources necessary for IPV responder collaborations. This point is discussed further below.

Practical matters. Qualitative participants spoke to several practical barriers to collaboration, primarily related to differing agency-level philosophies and policies and workforce and resource problems. These barriers are ones that, in large part, cannot be alleviated by the responders themselves, but nonetheless impact their ability to collaborate.

Differing agency philosophies and policies. Participants frequently discussed agency differences, which primarily encompassed the varying, sometimes competitive, perspectives or protocols that agencies adhere to when working an IPV case. Previous interagency collaboration literature has similarly noted issues of conflicting goals (Darlington et al. 2005), values (Sudderth, 2006), and protocols (Sudderth, 2006) among agencies, including differences of opinion of who the client is in a case (Darlington et al., 2005). Though child welfare workers were not included in the present study, several participants alluded to the tension between IPV and child welfare responders, which has been noted by other scholars (e.g., Fleck-Henderson, 2000; Fusco, 2013). In this instance, IPV responders see the IPV victim as the client, whereas child welfare workers see the child as the client. This has led to the arrest of IPV victims who are mothers for “failure to protect” their child(ren) in an instance of IPV (Fleck-Henderson, 2000, p. 335). It is certainly noteworthy that this question of “who is the client” has frequently arisen in scholarship related to child welfare-involved collaborations (e.g., Banks et al., 2008; Darlington et al., 2005); however, the present data suggest this is not the only role where

being victim-centered is not always the taken approach. For example, the prosecutors in the current study expressed a similar cognitive dissonance regarding the balance between being victim-centered and also needing to keep the community safe. And because IPV victims frequently do not choose to cooperate in prosecution (Dean, 2013), sometimes prosecutors choose to move forward without them, even if it is against the victim's wishes. Though as Peterson (2013) points out, the two prosecutorial approaches are not necessarily mutually exclusive.

One specific policy difference that emerged throughout the interviews as a barrier to collaboration was confidentiality policies. Based on extant literature, it appears that this is a common collaboration barrier across social service contexts (Darlington et al. 2005; Green et al., 2008; Thompson et al., 2002). As Thompson et al. (2002) suggest, information sharing among collaborating agencies is necessary so that responders know each agency's available services to avoid duplication of or gaps in services, as well as to ensure clients receive the best array of services that fit their needs. In their study of administrators ($n=28$) and frontline workers ($n=29$) for home visitation programs for new mothers, restrictive confidentiality policies were problematic for several jurisdictions, though some were able to get around it by having clients sign permission forms. This idea of confidentiality waivers was similarly proposed by participants in the present study as one way to ensure the ethical transfer of client information. One participant in particular suggested a tiered model of confidentiality waiver that empowers the victim to choose how much information can be shared and with whom. Regardless of how this particular barrier is handled, it is important to note that having a better understanding of agency

perspectives and responder roles may help to alleviate some of the frustration IPV responders have with confidentiality policies. As one advocate (C) in the present sample shared, “It’s frustrating, but it’s for a good, good purpose.”

Lack of resources. In addition to the differing policies and procedures implemented across agencies, participants also noted resource and workforce barriers to successful collaboration. Corroborating extant literature, participants cited lack of time (Darlington et al., 2005; Green et al., 2008; Thompson et al., 2002); high workloads (Darlington et al., 2005); lack of (Iachini et al., 2015) and competitive (Thompson et al., 2002) funding; and high turnover (Green et al., 2008; Spath, Werrbach, & Pine, 2008; Sudderth, 2006) as barriers to successful collaboration. Because resources are often lean in human services, collaboration can serve as a way to maximize efficiency and effectiveness of services. However, as one qualitative participant shared, you have to have both “the carrot and the stick” in order to entice a potential collaborating partner. Indeed, an agency may be wary of collaborating with another agency that lacks resources. Iachini et al. (2015) suggest “a chain is only as strong as its weakest link” (p. 180) in a collaborative system. Specifically, they note that established agencies are cautious to partner with those in transition given that the latter might require a great amount of effort and resources, which risks the stability of all collaborating agencies (Iachini et al., 2015). Thus, while coordinating resources can have benefits for both agencies and clients, the resources are not necessarily easy to obtain.

Findings related to attribution theory principles. Given that collaboration is not a singular event with a singular actor or observer, categorizing attributions as

dispositional or situational is more challenging than categorizing attributions for an act of IPV. As such, to frame this discussion, I have conceptualized dispositional attributes as ones internal to the actors (i.e., frontline responders), including both personal and interpersonal factors. Conversely, I have conceptualized situational attributes as ones external to the actors, of which they arguably have less control.

While chapter five has presented an overall discussion of the qualitative findings by theme, chapter four provides more nuanced results by research question. When examined in this way it is easier to disentangle the types of attributions responders made for both successful and challenging collaborations. When speaking to the attributes of successful collaboration, responders primarily provided dispositional attributions (i.e., passion, openness, communication, trust, support), compared to one situational attribution (i.e., networking opportunities). Conversely, when speaking to the attributes of challenging collaborations, responders provided a broader mix of dispositional (i.e., incompetence, differences in perspectives of victims, understanding one another's roles, difficult individual responders, communication struggles) and situational (i.e., differing agency philosophies, goals, and policies; high workloads; turnover; leadership problems) attributions. Notably, I consider territorialism to be either a dispositional (i.e., if speaking about frontline responders) or a situational (i.e., if speaking about agency culture) attribution depending on the context.

Similar to the quantitative participants' attributions for IPV itself, that the majority of the qualitative responders' attributions for successful collaboration were dispositional supports the basic tenet of fundamental attribution error, which posits that

attributors are more likely to make dispositional attributions (Ross, 1977), though again, it cannot be shown that these attributions are incorrect. Conversely, there were more situational attributions made for challenging collaborations than successful ones, which supports the actor-observer theory (Jones & Nisbett, 1972), specifically that situational attributions are more often made for one's own behaviors, or in this case, collaboration experiences. More specifically, it supports Malle's (2006) actor-observer findings that situational attributions are more often made for negative outcomes (e.g., challenging collaborations).

It is reasonable to suggest that there are likely multiple necessary causes (Cox, 2002; Kelley, 1972b) for a successful IPV collaboration. Many of the factors of collaboration noted in this study are intertwined with one another. For example, as previously discussed, agency leadership and territorialism were linked. Similarly, networking and competence regarding the IPV system were linked. Furthermore, it is difficult to discount (Cox, 2002; Kelley, 1972) any of these factors in determining the success of a collaboration. For example, even if there is strong communication, trust, and support among responders, if there is a lack of competence, this is likely to impede success. This is particularly true when considering that CCRs are meant to be community-specific (Mederos, 1999; Pence & Shepard, 1999). That is to say, the importance of certain attributions of success and challenge could vary by location. However, that the findings of the qualitative sequence are largely corroborated by extant literature on interdisciplinary collaborations instills confidence that the attributions noted in the present study would hold across communities. I believe it more likely that the

magnitude of each attribution differs by community. The IPVRCS provides a tool that can quantitatively assess this, either broadly or in a community-specific context.

Discussion of Findings for Aim 3: To Develop an Instrument Grounded in the Qualitative Data Findings that Can Quantitatively Assess Responders'

Collaborations on a Larger Scale

Factor loadings: From CFA to EFA. Of the 68 items piloted for the IPVRCS, 34 were ultimately retained, in addition to one validation item. Though methodologically it was logical to begin with a confirmatory factor analysis given that the 68 items were derived from qualitative data and thus there was an a priori theory about the factor structure (Stevens, 2009), the sample size was far too small to achieve good fit between the hypothesized model and the data. Despite the poor fitting CFA model, several of the factors did emerge in the EFA, albeit in different manifestations.

All of the CFA *Competence* factor items also loaded onto the EFA *Competence* factor. However, two additional items (i.e., *responders let their frustration with a case impact their work*, *responders are open to learning more about IPV*), which had both been included in the *Personal Attitudes and Behaviors* CFA factor, loaded onto the EFA *Competence* factor. Conceptually, these loadings are logical. If a responder has a comprehensive understanding of the complexities of IPV cases, he or she may be less likely to let frustrations of the case (e.g., victim uncooperativeness) impede their work. Similarly, because the *Competence* factor is related to responders' IPV knowledge and training, openness to learning more speaks to a responders' desire for increased competency. Another interesting transition between the CFA and the EFA was the

disbanding of the political items. For example, in the CFA, the 17-item *Politics* factor contained items related to both agency leadership and territorialism. In the EFA, these emerged as distinct factors. Four of the five EFA *Support* items were originally conceptualized in the CFA *Rapport* factor, with the remaining item coming from the CFA *Communication* factor. The EFA *Openness* factor was unexpected, with each of the three items coming from a different CFA factor (*Politics*, *Personal Attitudes and Behaviors*, *Rapport*). However, conceptually, *Openness* is a good fit to the qualitative data, as it reflects participant discussion around the need for responders to candidly discuss problems and remain open to new ways of working cases. In an effort to support research transparency, I offer operational definitions for each of the IPVRCS factors, based on my conceptualization of item groupings (see Table 11). Table 12 provides a summary of selected social service collaboration literature that supports the five IPVRCS structure.

Table 11: Operational definitions of IPVRCS factors

Factor	Definition
Non-territorialism	Disengagement from unnecessarily competitive or otherwise uncooperative actions that intend to impede collaboration in an effort to benefit oneself or one's organization. This can refer to individual responders or organizations at large.
Competence	The process of gaining and possession of a victim-centered, comprehensive understanding of IPV
Leadership	Agency management's support of frontline workers, including having a comprehensive understanding of frontline work, incorporating frontline responder voices in agency decision-making, and supporting responders when conflict arises
Support	Engagement in behaviors that communicate encouragement of and faith in fellow collaborating responders
Openness	Behaviors and attitudes that convey a willingness to change one's individual IPV response and engage in candid communication with collaborating responders in an effort to improve the systemic IPV response

Table 12: Empirical support for IPVRCS factors in social services literature

First Author, Year	Non- territorialism	Competence	Leadership	Support	Openness
Banks, 2008	X		X	X	
Darlington, 2005		X		X	
Green, 2008				X	
Iachini, 2015	X	X			X
Johnson, 2003	X		X	X	X
Sudderth, 2006		X			
Thompson, 2002	X		X	X	

Initial inferential statistics. There were few significant differences by responder role. The first significant difference was that BIP providers had significantly lower mean IPVRCS scores than advocates. This is unsurprising given the findings of the qualitative sequence. Based on data from those interviews, advocates seemed the most positively regarded responder role, especially in regards to their competency. Even the make-up of the qualitative and quantitative samples of the present study might speak to advocates' engagement in IPV collaboration, as they represented the majority of all participants in both sequences. Though they reported a great deal of collaboration, advocates in the qualitative sequence also noted that they primarily collaborate within their own role. Though the IPVRCS directions asked participants for their general perceptions (i.e., not role specific), if advocates do primarily work with each other, it is possible that their IPVRCS scores are higher than some other roles if advocate participants were primarily reporting on other advocates. It is also logical that BIP providers scored the lowest on the IPVRCS given the infrequency of their involvement in collaborations as noted by

qualitative participants. While the qualitative data cannot be generalized, extant literature supports that systemic information sharing with BIP providers is lacking (Morrison et al., 2016) and that there is contention among BIP providers and advocates (Gondolf, 2002). Given this, it is possible that BIP providers feel excluded from the systemic response to IPV and, in turn, report lower collaboration scores.

The second significant difference was that prosecutors had significantly lower mean Competence scores than advocates. As previously mentioned, participants in the qualitative sample praised advocates for their competency in particular. Further, as discussed in relation to their high scores on the IPVRCS overall, if true that advocates primarily collaborate with one another, they could have been basing their IPVRCS responses on those relationships, which could have inflated their perceptions of responder competence. Conversely, to ascertain why prosecutors' assessment of responder competence was significantly lower, one must reflect on both the individual items of the Competence factor and the qualitative findings. In examining the individual competence items, prosecutors erred toward disagreement on several items including: *responders receive adequate training about IPV* ($M=2.47, SD=.99$); *responders withhold their judgment of victims* ($M=2.53, SD=.74$); and *there is a common understanding among responders of why IPV occurs* ($M=2.53, SD=.99$). Prosecutors in the qualitative sequence spoke to their own lack of formal IPV training, sharing that IPV education often came from on-the-job training and mentorship and that more, localized trainings were needed. Moreover, they noted that they had witnessed LERs speak in ways that conveyed victim blame or judgment. Thus, there is some support from the qualitative sequence to

contextualize the quantitative findings. However, because the qualitative and quantitative samples differed, this is only indirect support. Further qualitative research with a larger sample would be necessary to ascertain why prosecutors reported the lowest competence scores.

Additional significant differences may not have been detected given that several of the roles had small cell sizes. However, when examining the lowest and highest scores for each scale, regardless of statistical significance, two interesting patterns emerged (see Table 13). First, the lowest scores were reported by two roles: BIP providers and prosecutors. Conjecture as to why this might be has been offered elsewhere in this chapter. The second notable pattern is that responders in multiple roles had the highest scores on both the IPVRCS as well as four of the five subscales. As was noted in the discussion of responder perceived causes of IPV, responders in multiple roles may have a more holistic view of the phenomenon of IPV, as evidenced by their varying causal attributions. However, these responders likely also have a more holistic view of the systemic response to IPV given their engagement in multiple roles. Perhaps this comprehensive understanding of multiple roles results in more favorable evaluations of their collaborative peers. By serving in multiple roles, these responders likely have a better understanding of the various roles; received more varied training; and had opportunities to get to know colleagues in several roles. Moreover, because of the connections they have made, perhaps they encounter less territorialism and more openness. All of these points speak to those subscales in which they scored highest: non-territorialism, competence, support, and openness.

Table 13: Highest and lowest scale scores by role

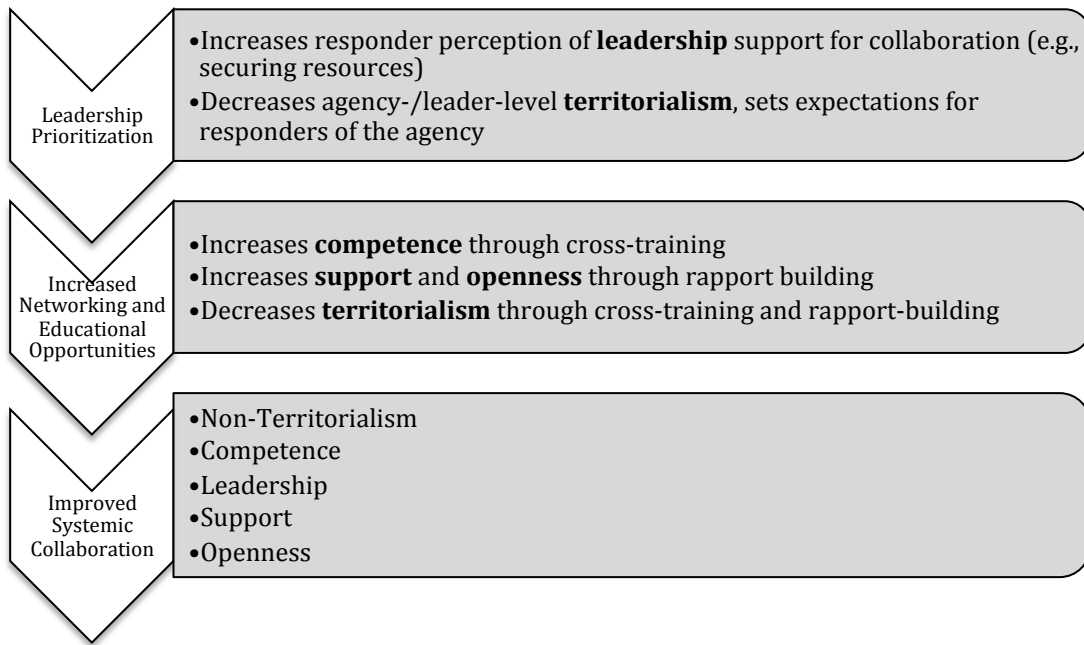
Scale	Highest Score	Lowest Score
IPVRCS	Multiple Roles	BIP Providers
Non-territorialism	Multiple Roles	BIP Providers
Competence	Multiple Roles	Prosecutors
Leadership	Victim Advocates	BIP Providers
Support	Multiple Roles	BIP Providers
Openness	Multiple Roles	Prosecutors

It is important to note that, while high and low scores can be practically helpful for identifying areas of strength and improvement within a community of responders, the present inferential findings are not generalizable given the purposive sampling strategy. Moreover, high and low scores may differ by both role and subscale based on the nuances of a particular community. Thus, cautious interpretation of the current findings is necessary.

Integration of the Findings: A Working Conceptual Model of Successful IPV Collaboration. Based on the present findings, I offer a working conceptual model of IPV collaboration based on the five factors of the IPVRCS (Figure 3), which were derived based on items developed from the qualitative data. Although the factors of the IPVRCS are supported by extant literature (see Table 12), because much of this work is qualitative, including the present study, this model cannot be generalized. Rather, it should be considered a tentative model, open to development based on evolving research. Moreover, because the IPV response varies by community, certain aspects may be more relevant than others depending on location. Further, as Iachini et al. (2015) note, facilitators and barriers of successful collaboration are often interconnected, producing a ripple effect if any one is altered. Thus, the linearity of this model may not be supported.

However, given that numerous participants in the qualitative sequence shared the sentiment that change begins with leadership, leadership prioritization of collaboration has been presented as a first step.

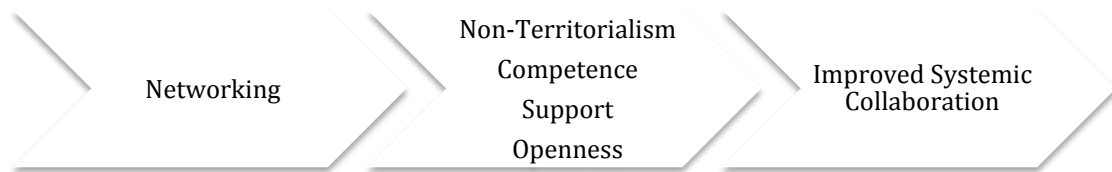
Figure 3. Working conceptual model of successful IPV collaboration



As previously discussed in this chapter, several factors noted by the qualitative participants did not emerge in the IPV RCS as factors of collaboration. Two factors in particular—networking and resources—stood out given the frequency with which they were discussed in the qualitative sequence. Further, other scholars have found similar support for resources as a facilitator of collaboration (e.g., Banks et al., 2008; Iachini et al., 2015). After careful consideration, I suggest that it is plausible that networking and resources actually facilitate individual factors of collaboration, rather than collaboration itself. This can best be thought of as an indirect relationship. For example, networking does not, in and of itself, lead to successful collaboration. Rather, it is the byproducts of

networking that impact collaboration. Figure 4 illustrates this point. Similarly, resources do not directly impact collaboration. Rather, it is how those resources are expended, be it time, space, or money, which impacts collaboration. To reiterate, this is part of the overall working conceptualization of IPV collaboration. At this point in time, this model is merely conjecture, and needs to be empirically tested. However, the components of the model are logical based on the present findings and extant literature.

Figure 4. Indirect effects of networking on IPV collaboration



Limitations of the Present Study

The present dissertation is not without limitations, which are similar across the qualitative and quantitative sequences. First, both sequences had small sample sizes. In the qualitative sequence, I initially envisioned the focus to be more related to the strengths and shortcomings of individual responder roles as noted by their interagency collaborators. This would certainly require a more balanced design, which was proposed at the outset of this dissertation. However, as the qualitative sequence progressed, though the benefits and challenges of working with individual responder roles in the context of IPV were noted, patterns began to emerge across roles. By allowing the emerging data to dictate the direction of the study, saturation was achieved sooner than expected. As the qualitative sequence was phenomenological in nature given its focused on responders’

lived professional experiences (Creswell, 2007), a sample size of 15 is within Polkinghorne's acceptable sample size range of five to 25 (as cited in Creswell, 2007). Moreover, it exceeds Starks and Brown Trinidad's (2007) assertion that typical phenomenological studies have samples ranging from one to ten participants. Anecdotally, as a complement to the methodological considerations to revise the initial qualitative sample size, I engaged in personal reflection as to how this work could impact collaboration. While perhaps practically useful, I was concerned that focusing on individual responder roles could result in a sense of pitting roles against one another, which is antithetical to the goal of collaboration. This was particularly true given the qualitative findings that were emerging regarding territorialism. Moreover, targeting roles for their weaknesses seemed ill aligned with the strengths-based perspective of social work (National Association of Social Workers, 2008). While I do believe nuanced investigations of individual responder roles is necessary, I believe this work would best be conducted within individual communities where trust and rapport has been built between researchers and responders.

As with the qualitative sample, the small sample size in the quantitative sequence proved limiting, specifically as it relates to the CFA. At 68 items, a sample size of several hundred would have been preferable given such CFA rules of thumb as having sample sizes ≥ 200 or case to variable ratios of 10:1 (Myers, Ahn, & Jin, 2011). However, Costello and Osborne (2005) found that among 303 published PCAs or EFAs, 14.7% had case to variable ratios of 2:1 or less. Though the results of the CFA were likely compromised due to the small sample size, the EFA results certainly mirrored the

qualitative findings, which instills more confidence in the results than if the items had been developed irrespective of practitioner voice. Indeed, the EFA factors were similar in many respects to the a priori CFA factors. Ultimately, I believe the EFA resulted in a more clearly defined scale, with far fewer items, which reduces participant burden.

Response bias is a potential limitation in both sequences as well, but would be more likely in the qualitative sequence given that it involved face-to-face interviews. I specifically decided against the use of focus groups so that participants could speak freely, and certainly there was no shortage of systemic critique in the data. Though response bias was possible in the quantitative sequence, I attempted to reduce this through the use of an entirely anonymous consent and survey procedure. In fact, the only personal information furnished to me was an e-mail address when participants chose to enter the incentive lottery, which was not a requirement of participation.

An additional limitation of the study is its lack of generalizability. As is the nature of qualitative studies, the present qualitative findings should not be applied to all IPV responders. Though responders were recruited from several disparate locations in Florida, they likely do not represent the perspectives of all responders in the included roles. Even with the quantitative findings, though participants came from all across the country and represented numerous roles, the purposive sampling strategy precludes generalizability. Moreover, there is the possibility of self-selection bias in both samples. Those who participated may be responders who are particularly opinionated or otherwise motivated to share their professional perspectives. Scores on the IPVRCS indicate neutral or better perceptions of collaborations on each subscale, so it is plausible that these participants are

ones who are already highly engaged in IPV collaboration. Perhaps participating in IPV research falls within that collaborative engagement.

Lastly, the present study is not inclusive of all responder roles. While, based on qualitative interviews, advocates, LERs, and prosecutors seem most engaged in the IPV systemic response, other roles that participate in collaboration were excluded (e.g., probation officers, child welfare workers, judges). Future researchers would be wise to expand IPV collaboration research to be inclusive of these roles.

Implications of the Present Study

Despite the aforementioned limitations, it is encouraging that the quantitative results, which were obtained using a larger, parallel sample to the qualitative sample, mirrored the qualitative findings relatively closely. This instills more confidence in the utility of the present findings, particularly the use of the IPVRCS. As such, I present several implications for practice and policy and offer suggestions for future research.

Practice and policy implications. Based on the present conceptual model of successful IPV collaboration (Figure 3), an essential first step in ensuring collaboration is leadership buy-in and prioritization of collaborative efforts. Leaders who choose to actively promote responder collaboration on IPV cases should prioritize securing the necessary resources for their responders to have success, such as locating physical spaces to hold meetings and providing funding for trainings or special initiatives. While funding can be particularly difficult to secure, agencies might find success in cost sharing, though this requires the buy-in of multiple IPV-serving agencies. One particularly valuable resource that is necessary for responder collaborations is time. Leadership should

consider the creation of policies that allow time for responders to engage in collaborative work that is built into their existing workweek structure. Allowing responders an hour or two per week to meet with other responders, either individually or at community meetings, or to engage in continuing education could assist them in building rapport with other responders and increasing competence.

Generally speaking, qualitative participants suggested that more and more advanced training is necessary to improve competence. Moreover, localized cross-trainings were of particular interest because they can accomplish both training and networking within a community. This suggestion is in alignment with the overarching idea behind the CCR model, which supports implementation in a community-specific context (Mederos, 1999; Pence & Shepard, 1999). These localized cross-trainings may also help local responders to better understand one another's roles in the local context, thus increasing competence around the system itself. Responders in multiple roles may be particularly well positioned to lead these training efforts given their experiences in various components of the systematic response. Responders who receive training from someone who knows their role from personal experience may resist the urge to "put up walls" because the person in front of them understands the realities of their job and speaks their proverbial language.

Furthermore, increased IPV training and education should not be relegated to current responders. Prosecutors in the qualitative sample noted the high frequency with which they worked on IPV cases and corroborated extant literature that these cases are notoriously challenging, in part due to lack of victim cooperation (Dean, 2013). If not

already offered, law schools should consider integrating more IPV content into their curricula for students who anticipate entering a prosecution career following graduation, perhaps as elective courses that provide victim-centered education of IPV and strategies for both victim-centered and evidence-based prosecution. Having a working knowledge of IPV going into their prosecutorial roles, versus having to learn through on-the-job training, could result in better-prepared novice prosecutors.

Suggestions for future research. Based on both the findings and the limitations of the present research, I offer several suggestions for future inquiry related to IPV and the systemic response. As a first area of inquiry, more research needs to be conducted on attributions made for IPV. The present findings indicate responders, both within and between roles, attribute IPV to various causes. Research with a larger, ideally random, sample of responders would provide a better indication of whether or not the present findings hold true and better distinguish significant differences between responding roles or other relevant factors (e.g., years of experience). Given how many responders in the qualitative sample, as well as participants in other interdisciplinary collaboration research (e.g., Banks et al., 2008), noted that differing agency philosophies impact collaboration, knowing if the cause of IPV is one such philosophical difference could be a malleable factor of collaboration success. That is, by providing victim-centered cross-training for communities of responders, it is possible to achieve greater alignment in this context.

Another area of attribution inquiry that requires attention is more comprehensive studies of attribution that incorporate the perspectives of all involved parties. Currently, there is very little literature on IPV responders' attributions (Madden, 1998), though quite

a bit on victim and perpetrator attributions (e.g., Clements & Sawhney, 2000; Makin-Byrd & Azar, 2011; Meyer et al, 2010; Wallach & Sela, 2008; Wood, 2004). Perhaps through case studies, researchers could assess attributions of all involved parties (e.g., victim, perpetrator, LER, advocate, prosecutor, BIP provider) on a singular IPV case and note where there is agreement and discrepancy. This might provide a more holistic approach to understanding the dynamics of IPV within a relationship, determining which attributions seem to co-vary over time across cases, and which attributions are most malleable for intervention and at what level (e.g., micro- versus macro-level interventions).

A second area of inquiry involves the continued exploration of BIP providers and their role in the IPV response. The quantitative findings of the present study indicated that BIP providers are different from other responders in several ways, both in their perceptions of IPV and of the IPV systemic response. Participants in the qualitative sample noted several issues with BIP provision that should be explored further. First, researchers should explore the differences in the contexts in which BIP providers run services. For example, are there truly differences in the community-based, victim-centered BIP providers and the BIP providers who incorporate this service into their mental health practice? Second, researchers should explore differences in states with and without oversight of their BIP programs. It is plausible that the Florida responders of the qualitative sample have a particular view of BIP providers because they work in a state lacking BIP oversight. It would be prudent to examine whether or not a lack of state oversight results in inadequate BIP curricula. Lastly, continued research into why BIP

providers differ so much from other responders in collaboration is warranted. BIP providers, likely more so than the other roles included in the present study, work closely with perpetrators. Their participation in the IPV systemic response is invaluable; however, it seems only certain BIP providers engage with the system. Anecdotally, the BIP providers in the qualitative sample seemed highly engaged in their local IPV collaborations; thus, they are likely not representative of all BIP responders in the state. Gathering more qualitative data that explores the professional experiences of BIP providers is necessary to both understand their place in the system and increase participation in it.

A final suggestion for future research is to continue the validation of the IPVRCS. Ideally, this would include large, random samples of responders within a particular community context, such as with local or state distributions. Participants discussed several responder roles in the qualitative sequence that were excluded from this dissertation. However, moving forward, the IPVRCS could be validated with additional populations, such as child welfare workers. Further, though several networking and resources items were included in the IPVRCS pilot, none were retained. If communities were to use the IPVRCS, I would recommend, at minimum, adding single item indicators to be asked alongside the IPVRCS, to assess responders' perceptions of adequacy of local networking opportunities and agency resources. While increasing resources (e.g., funding, staff) may not be feasible, increasing networking opportunities, if warranted, seems to be a particularly malleable factor that could help to achieve improved collaboration.

Conclusion

In her concept analysis of interdisciplinary collaboration in healthcare, Petri (2010) indicated that, before interdisciplinary collaboration can truly exist, several elements must have occurred or be in place: interprofessional education, role awareness, interpersonal relationship skills, deliberate action, and support. While this is certainly logical for formal, purposeful collaborations, much collaboration exists informally by the nature of the work. Such is the case with IPV responders. There are certainly dedicated, formal community coordinated efforts all across the country, such as Domestic Violence Coordinating Councils and Task Forces. However, there are many informal collaborations occurring every day—phone calls between advocates to locate temporary housing for a victim, conversations between LERs and prosecutors about missing elements in an investigative report, and prosecutors mandating BIPs for perpetrators. These are just a few examples of the ways that responders work together every day to provide services to those impacted by IPV. Collaboration can be facilitated or impeded based on the priorities, behaviors, and attitudes of both agency leadership and individual responders.

The present dissertation has explored the IPV collaboration experiences of advocates, LERs, prosecutors, and BIP providers in Florida and translated those experiences into a useful instrument that can quantitatively assess the state of collaboration among a given sample of responders. This instrument is intended to be a tool that provides insight to agency leaders as to what their frontline workers are experiencing when collaborating on IPV cases. Leadership can then make necessary

adjustments to their practices and policies that promote the successful factors of collaboration: non-territorialism, competence, leadership, support, and openness. Ideally, with improved collaboration, outcomes for victims and perpetrators of IPV will similarly improve.

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Appendix A: Interview Schedule

Interviewer: *The purpose of the study is to gather responder perceptions of intimate partner violence and the intimate partner violence response for the purpose of determining how responders collaborate.*

Intimate partner violence, or IPV, is defined as “physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner” regardless of whether or not the two parties live together (Black et al., 2011, p. 37). For the purposes of this study, partner violence is different from domestic violence, which may involve non-partners. As I ask you questions today, please respond with only partner violence in mind. If you need me to repeat the definition at any time, please let me know and I will be glad to do so.

I am interested in knowing about your experience working within the IPV realm. If at any time you do not know the answer to a question, simply state, “I don’t know,” or ask for clarification. You may skip any question for any reason, which you are not required to share with me. As a reminder, if you use any client-specific examples throughout this interview, please refrain from providing me with identifying details such as their name.

1. Let’s start off with you telling me about your background. How did you come to be in this professional position as a [role]?

Possible Probing Questions

- A. Tell me more about how your educational experiences, either formal or informal, inform your work as it relates to IPV?
- B. What are the qualifications needed to carry out your role?
- C. Tell me about any continuing education you participate in regarding IPV?
 - i. Through your agency?
 - ii. Through your own efforts?

2. Thinking about your professional experiences with IPV, what are your perceptions regarding why IPV occurs?

Possible Probing Questions

- A. What are some of the commonalities you see across cases?
- B. Can you provide me with an example of a case that was “atypical” or different from other cases on which you worked?
- C. How do your perceptions of IPV impact your work?
 - i. Within your agency?
 - ii. Within the larger network of IPV responders?

Interviewer: *Now I'd like to ask you some questions about your/your agency's work as it relates to IPV.*

3. Tell me about your role as a [role] as it relates to IPV.

Possible Probing Questions

- A. What are the duties of your job?
- B. Can you walk me through a typical case?
- C. How do/does you/your agency determine how to intervene in cases of IPV?
- D. Can you explain to me any approach or model you apply when working with clients?
 - i. How did you arrive at this approach?
 - ii. What do you like about this approach?
 - iii. What do you dislike about this approach?
 - iv. Can you provide a "real-world" example or two of what the process of applying [approach or model] looks like in your work?
- E. How would you describe a successful outcome on an IPV case?
- F. How would you describe an unsuccessful outcome on an IPV case?
- G. Tell me about any overarching mission or vision statements you/your agency has regarding IPV.

Interviewer: *Now I'd like to shift our conversation to your work with other responders. As a reminder, you can consider responders as individuals who work with IPV through victim advocacy/victim services, BIP provision, law enforcement, legal prosecution, legal defense, healthcare, or research.*

4. Describe your collaboration with other IPV responders in your community.

Possible Probing Questions

- A. What do you see as the benefits of collaboration?
- B. What do you see as the drawbacks of collaboration?

5. What do you think facilitates strong collaboration between responders on IPV cases?

Possible Probing Questions

- A. Can you tell me about any responder collaborations you find successful?
- B. Tell me about a time you think collaboration among responders went well.

6. What do you think are barriers to collaboration on IPV cases?

Possible Probing Questions

- A. Can you tell me about any responder collaborations you find challenging?
 - B. Tell me about a time you think collaboration went poorly.
- 7. Based on your work, what do you suggest would enhance current collaboration efforts among IPV responders?**
- 8. Finally, before we end our conversation, is there anything that we have not discussed that you think is important for me to know?**

Appendix B: Demographic Survey

Please fill out the following brief demographic survey. You are not required to answer all questions and may skip any question you do not wish to answer.

1. Which of the following best describes your role as an IPV responder? (Check one)

- victim advocacy/victim services
- batterer intervention program provision
- law enforcement
- legal prosecution
- legal defense
- healthcare
- research

2. How long have you been/were you an IPV responder (in years)?

years

Note: If you have been or were an IPV responder for less than one year, please write "<1" as your response.

3. What is your gender identity?

- male
- female
- transgender
- other (please specify) _____

4. What is your race/ethnicity? (Check all that apply)

- White
- Black/African American
- American Indian or Alaska Native
- Asian
- Hawaiian Native or Pacific Islander
- Other (please specify) _____

5. Do you identify as Hispanic or Latino?

- yes
- no

6. What is your age (in years)?

___ years

Appendix C: Pattern Definitions and Inclusion/Exclusion Criteria

Pattern 1: Responder Descriptions of IPV Violence

Definition	Inclusion Criteria	Exclusion Criteria
Descriptors of intimate partner violence	Forms of violence, severity of violence, patterns of violence, and impact on involved parties, responder reported societal misperceptions or misunderstandings of IPV	None

Pattern 2: Causes of IPV

Definition	Inclusion Criteria	Exclusion Criteria
Anything that responders report as a facilitator of or reason for the perpetration of intimate partner violence	Perpetrator characteristics, demographics, behaviors, or motivations; macro-level reasons; self-defense or other reasons for victim violence perpetration	None

Pattern 3: Barriers to Leaving/Reasons for Staying

Definition	Inclusion Criteria	Exclusion Criteria
Anything that responders report as explanations for victims remaining in abusive relationships	Lack of specific resources that would impeded the victim's ability to leave, victim ties to the abuser that make it difficult to leave	None

Pattern 4: Reporting IPV

Definition	Inclusion Criteria	Exclusion Criteria
Any responder reference to the formal reporting (or non-reporting) of IPV	Accounting of reporting to law enforcement, social services, medical providers, or educational institutions; reporting options	Reporting to family, friends, or other non-official persons

Pattern 5: Types of IPV Court Cases

Definition	Inclusion Criteria	Exclusion Criteria
Any responder reference to working various types of court cases related to partner violence	Factual experiences of providing services for various case types	Trial outcomes, sentencing decisions, pleas, emotional or otherwise personal

		reactions to victim engagement in the cases
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Pattern 6: Establishing Probable Cause and Arrest

Definition	Inclusion Criteria	Exclusion Criteria
The experience of law enforcement's establishment of probable cause for a perpetrators arrest following an allegation of IPV	Policies, techniques, individuals, or evidence that assists law enforcement in establishing probable cause; personal discretion used in decision-making around probable cause and arrest	Responder discussion of witnessing IPV not pertaining to the present crime (e.g., a perpetrator witnessed violence as a child)

Pattern 7: Victim's Involvement in Legal Proceedings

Definition	Inclusion Criteria	Exclusion Criteria
Ways in which the victim engages in legal proceedings related to the IPV case, from time of police response through sentencing	Factual descriptions of ways in which victims engage in the legal process, including attitudes and behaviors	Responders' emotional or otherwise personal reactions to or personal thoughts on victim's involvement in legal proceedings

Pattern 8: Case Outcomes

Definition	Inclusion Criteria	Exclusion Criteria
Any responder reference to the factual outcomes of a case	Factual descriptions of possible case outcomes	Emotional or otherwise personal to engaging in the cases, victim's desire to drop charges

Pattern 9: Majors, Degrees, and Certifications of Responders

Definition	Inclusion Criteria	Exclusion Criteria
Responders' post-high school educational attainment	Certifications or degrees earned by responders, college majors or minors, specific learning environments attended	Classroom experiences, internships, continuing education, on-the-job training, mentorship

Pattern 10: Classroom Experiences

Definition	Inclusion Criteria	Exclusion Criteria
Any responder mention of formal classroom experiences as it relates to their work with IPV	Discussion of experiences and topics covered within a formal classroom environment, description of how class material impacts work with IPV	Majors, degrees, certifications, internships, continuing education, on-the-job training, mentorship

Pattern 11: Internships

Definition	Inclusion Criteria	Exclusion Criteria
Responders' internship history	Internship roles or titles, description of the work conducted, description of how internships impact work with IPV	Internship experiences not personal to the responder, majors, degrees, certifications, classroom experiences, continuing education, on-the-job training, mentorship

Pattern 12: Continuing Education

Definition	Inclusion Criteria	Exclusion Criteria
Any responder mention of training since working with IPV	Trainings, webinars, or other educational engagement beyond that do not result in a degree or certifications (other than maintaining licensure requirements)	Formal educational certificates or degrees, internships, on-the-job training, mentorship

Pattern 13: On-the-Job Training and Mentorship

Definition	Inclusion Criteria	Exclusion Criteria
Learning experiences pertinent to carrying out the functions of one's responder role, particularly as it relates to IPV, that occur through work or at the responder's agency	"Hands-on work" in the field, networking with other responders in the agency, formal or informal mentorship	Continuing education outside of the agency, internships

Pattern 14: Role Qualifications

Definition	Inclusion Criteria	Exclusion Criteria
Necessary pre-requisites for being hired to perform a job	Required education, including degrees or certificates; work history; perspectives; or skills necessary for the job	Responders' emotional or otherwise personal reactions to or personal thoughts on role qualifications

Pattern 15: Models Used in Service Provision

Definition	Inclusion Criteria	Exclusion Criteria
Any description of models or approaches used during work with either victims or perpetrators as it relates to IPV	Models, perspectives, therapeutic techniques, lack of models	None

Pattern 16: Agency Policies, Procedures, and Tools

Definition	Inclusion Criteria	Exclusion Criteria
Any mandated or optional materials that inform how work with IPV is carried out	Agency rules; screening tools; duties of the job (e.g., populations served, daily responsibilities, caseload management)	Arrest Policies

Pattern 17: Agency Expectations of Responders

Definition	Inclusion Criteria	Exclusion Criteria
Responders' own agency's expectations for how cases should be handled and resolved	Case outcomes, unwritten rules of providing services, referral processes	Responders' emotional or otherwise personal reactions to or personal thoughts on duties of the job

Pattern 18: Working with Victims

Definition	Inclusion Criteria	Exclusion Criteria
Responders' perceptions of victims either through their own work with them or as part of the larger network of responders	Victim commonalities or other descriptors, professional interactions with victims	Emotional or physical states of being due to IPV work

Pattern 19: Working with Perpetrators

Definition	Inclusion Criteria	Exclusion Criteria
Responders' perceptions of perpetrators either through their own work with them or as part of the larger network of responders	Perpetrator commonalities or other descriptors, professional interactions with victims	Emotional or physical states of being due to IPV work

Pattern 20: Personal Reactions to the Work

Definition	Inclusion Criteria	Exclusion Criteria
Responders' perspectives on their role and how their role impacts them emotionally or physically	Reasons for engaging in the work, emotional or physical states of being due to IPV work	None

Pattern 21: Successful Outcomes

Definition	Inclusion Criteria	Exclusion Criteria
Any IPV case resolution that a responder believes to be positive	Victim-centered outcomes, perpetrator-centered outcomes, legal outcomes, non-legal outcomes	Discussion of the factual outcomes of cases

Pattern 22: Unsuccessful Outcomes

Definition	Inclusion Criteria	Exclusion Criteria
Any IPV case resolution that a responder believes to be negative	Victim-centered outcomes, perpetrator-centered outcomes, legal outcomes, non-legal outcomes	Discussion of the factual outcomes of cases

Pattern 23: Elements of a Strong Collaboration

Definition	Inclusion Criteria	Exclusion Criteria
Components of a strong working relationship between responders	Any trait, behavior, or circumstance that responders know or suggest would enhance collaboration; description of benefits of collaboration experienced; frequency of benefits experienced	None

Pattern 24: Drawbacks of Collaboration

Definition	Inclusion Criteria	Exclusion Criteria
Any reason why responders working together would be considered undesirable	Descriptions of drawbacks experienced, frequency of drawbacks experienced	Barriers to Collaboration

Pattern 25: Working with Advocates

Definition	Inclusion Criteria	Exclusion Criteria
Any responder's experience collaborating with victim advocates or victim service providers	Frequency of collaboration, general perspectives of the collaboration, broad descriptions of the collaborative relationship	Specific challenges of working with victim advocate or victim service providers

Pattern 26: Working with Law Enforcement

Definition	Inclusion Criteria	Exclusion Criteria
Any responder's experience collaborating with law enforcement	Frequency of collaboration, general perspectives of the collaboration, broad descriptions of the collaborative relationship	Specific challenges of working with law enforcement

Pattern 27: Working with Prosecutors

Definition	Inclusion Criteria	Exclusion Criteria
Any responder's experience collaborating with prosecutors	Frequency of collaboration, general perspectives of the collaboration, broad descriptions of the collaborative relationship	Specific challenges of working with prosecutors

Pattern 28: Working with BIP Providers

Definition	Inclusion Criteria	Exclusion Criteria
Any responder's experience collaborating with BIP providers	Frequency of collaboration, general perspectives of the collaboration, broad descriptions of the collaborative relationship	Specific challenges of working with BIP providers

Pattern 29: Working with Additional Responder Roles

Definition	Inclusion Criteria	Exclusion Criteria
Any responder's experience collaborating	Frequency of collaboration, general perspectives of the	Specific challenges of working with

with responders in roles beyond victim advocate/victim services, law enforcement, prosecutors, or BIP providers	collaboration, broad descriptions of the collaborative relationship	additional responder roles
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Pattern 30: Political Challenges of Collaboration

Definition	Inclusion Criteria	Exclusion Criteria
Difficulties in responder collaboration as it relates to the politics of the responder community	Interagency problems beyond the responder role, openness of responder community to working together, influence of management on responders' work	Practical challenges, personal challenges, phenomenological challenges

Pattern 31: Practical Challenges of Collaboration

Definition	Inclusion Criteria	Exclusion Criteria
Difficulties in responder collaboration as it relates to how the work is carried	Lack of resources, agency policies and procedures, challenges in the way the work is carried out	Political challenges, personal challenges, phenomenological challenges

Pattern 32: Personal Challenges of Collaboration

Definition	Inclusion Criteria	Exclusion Criteria
Difficulties in responder collaboration as it relates to interpersonal responder relationships or interactions	Individual responder attitudes and behaviors, communication between responders, perspective taking of each other's roles	Political challenges, practical challenges, phenomenological challenges

Pattern 33: Phenomenological Challenges of Collaboration

Definition	Inclusion Criteria	Exclusion Criteria
Difficulties in responder collaboration as it relates to the understanding of IPV itself	Knowledge, understanding, or perceptions of IPV and its impact on cases; difference in knowledge, understanding, or perceptions of IPV across roles	Political challenges, practical challenges, personal challenges

Pattern 34: Special Challenges by Population Served

Definition	Inclusion Criteria	Exclusion Criteria
Any unique barriers to collaboration due to population-specific needs	Populations served, location of service provision	Commonly experienced barriers to collaboration

Appendix D: Final Qualitative Themes and Associated Patterns

Theme 1: Responders' Perceptions of the Phenomenon of IPV

- Pattern 1: Responder Descriptions of IPV Violence
- Pattern 2: Causes of IPV
- Pattern 3: Barriers to Leaving/Reasons for Staying
- Pattern 4: Reporting IPV

Theme 2: IPV in the Legal System

- Pattern 5: Types of IPV Court Cases
- Pattern 6: Establishing Probable Cause and Arrest
- Pattern 7: Victim's Involvement in Legal Proceedings
- Pattern 8: Case Outcomes

Theme 3: Preparedness for the Work

- Pattern 9: Majors, Degrees, and Certifications of Responders
- Pattern 10: Classroom Experiences
- Pattern 11: Internships
- Pattern 12: Continuing Education
- Pattern 13: On-the-Job Training and Mentorship

Theme 4: Essential Functions of Individual Responder Roles

- Pattern 14: Role Qualifications
- Pattern 15: Models Used in Service Provision
- Pattern 16: Agencies, Policies, Procedures, and Tools
- Pattern 17: Agency Expectations of Responders

Theme 5: The Experience of Providing Services to Clients

- Pattern 18: Working with Victims
- Pattern 19: Working with Perpetrators
- Pattern 20: Personal Reactions to the Work
- Pattern 21: Successful Outcomes
- Pattern 22: Unsuccessful Outcomes

Theme 6: The Experience of Collaborating with Other Responders

- *Sub-Theme: General Perceptions of Collaboration*
 - Pattern 23: Elements of a Strong Collaboration
 - Pattern 24: Drawbacks of Collaboration
- *Sub-Theme: Collaborating with Other Responders*
 - Pattern 25: Working with Advocates
 - Pattern 26: Working with Law Enforcement
 - Pattern 27: Working with Prosecutors

- Pattern 28: Working with BIP Providers
- Pattern 29: Working with Additional Responder Roles
- *Sub-Theme: Barriers to Collaboration*
 - Pattern 30: Political Challenges of Collaboration
 - Pattern 31: Practical Challenges of Collaboration
 - Pattern 32: Personal Challenges of Collaboration
 - Pattern 33: Phenomenological Challenges of Collaboration
- *Sub-Theme: Special Challenges by Population Served*
 - Pattern 34: Special Challenges by Population Served

Appendix E: IPVRCS Pilot Items

1. There is a common understanding among responders of why IPV occurs.
2. Responders blame the victim for the abuse. (R)
3. Responders understand why victims might stay with their abusers.
4. Responders are knowledgeable about the dynamics of IPV.
5. Responders receive adequate training about IPV.
6. Responders trust each other when working together on cases.
7. Responders are passionate about their cases.
8. Agencies see “eye-to-eye” on their goals.
9. Differing agency policies and procedures interfere with responders trying to work together. (R)
10. Responders communicate frequently about what is going on with cases.
11. Responders ask each other for help when they need it.
12. It is easy to get a hold of other responders when necessary.
13. Responders try to see a case from each other’s perspectives.
14. There is “bad blood” between agencies. (R)
15. Responders are included in agency decisions that impact their work.
16. Agency leaders let personal conflicts with each other interfere with responders’ work. (R)
17. Responders are territorial about cases. (R)
18. Responders speak honestly about problems they have working with one another.
19. Agency leaders are receptive to feedback from responders.
20. Victim confidentiality policies pose a challenge in working with other responders. (R)
21. Responder job turnover impacts how well responders work together. (R)
22. Agencies have adequate financial resources to support responders working together.
23. Agency “red tape” impacts responders’ abilities to effectively work together. (R)
24. If a case does not go well, all responders accept their role in that outcome.
25. Responders let their egos get in the way of working cases together. (R)
26. Responders “put up walls” when working together. (R)
27. Responders are open to changing how they work with cases.
28. There are “bad apples” among the responders. (R)
29. Responders understand each other’s roles in a case.
30. Responders are professionally familiar with the other responders that they work with on cases.
31. There are adequate opportunities for responders to get to know each other.
32. Responders are willing to learn from those in other roles.
33. Responders let their frustration with a case impact their work. (R)
34. Experienced responders are willing to learn new ways of working cases.
35. Responders appropriately call upon each other for help.
36. Responders are open to learning more about IPV.
37. Responders meet to discuss how to improve the way cases are worked.

38. Training material is continually being updated for responders.
39. Responders provide each other with necessary details about cases.
40. Responders intentionally withhold case information from each other, even when not constrained by confidentiality policies. (R)
41. Responders understand why each other makes the decisions they do on cases.
42. High case volume interferes with responders' abilities to work together on a case. (R)
43. Responders are only concerned with their part of a case. (R)
44. Responders work as a cohesive team.
45. Responders withhold their judgment of perpetrators.
46. Agency leadership addresses problems between responders as they arise.
47. Agency leadership is open to responders' suggestions for improving work with other agencies.
48. Responders are committed to improving relationships with one another.
49. Responders are able to work past historical problems between agencies.
50. Responders' opinions about each other are influenced by overall agency reputations. (R)
51. Agency leadership is supportive when responders want to work with other agencies on a case.
52. Agency leaders let their staff take the blame when inter-agency work presents challenges. (R)
53. Responders are able to share their collaboration grievances with agency leadership without fear of punishment.
54. Responders are qualified to do the work they were hired to do.
55. Agency leadership understands the work of the frontline responders.
56. Responders overstep their own roles. (R)
57. Responders are good at what they do.
58. There is camaraderie among responders.
59. Responders prioritize the safety of the victim above all else.
60. Responders are aware of collaboration opportunities in the community.
61. Responders want to help each other do their jobs better.
62. Responders praise each other for a job well done.
63. Responders communicate respectfully with one another.
64. Responders thank each other for their work on cases.
65. There are "turf wars" between responders. (R)
66. Responders support each other on cases.
67. Agencies are honest with each other about their goals.
68. Responders withhold their judgment of victims.
69. In general, I think responders collaborate well together. (Validation item)

Appendix F: The Intimate Partner Violence Responder Collaboration Scale

Territorialism

1. There are “turf wars” between responders. (R)
2. Responders are territorial about cases. (R)
3. Agency leaders let personal conflicts with each other interfere with responders’ work. (R)
4. There is “bad blood” between agencies. (R)
5. Responders “put up walls” when working together. (R)
6. Responders let their egos get in the way of working cases together. (R)
7. Responders intentionally withhold case information from each other, even when not constrained by confidentiality policies. (R)
8. Responders provide each other with necessary details about cases.
9. Responders are able to work past historical problems between agencies.
10. Responders overstep their own roles. (R)
11. Agencies are honest with each other about their goals.

Competence

1. Responders are knowledgeable about the dynamics of IPV.
2. Responders understand why victims might stay with their abusers.
3. Responders blame the victim for the abuse. (R)
4. Responders receive adequate training about IPV.
5. Responders withhold their judgment of victims.
6. There is a common understanding among responders of why IPV occurs.
7. Responders let their frustration with a case impact their work. (R)
8. Responders are open to learning more about IPV.

Leadership

1. Agency leadership is open to responders’ suggestions for improving work with other agencies.
2. Agency leadership understands the work of the frontline responders.
3. Agency leaders are receptive to feedback from responders.
4. Responders are included in agency decisions that impact their work.
5. Agency leadership addresses problems between responders as they arise.
6. Responders are able to share their collaboration grievances with agency leadership without fear of punishment.
7. Agency leaders let their staff take the blame when inter-agency work presents challenges. (R)

Support

1. Responders want to help each other do their jobs better.
2. Responders thank each other for their work on cases.
3. Responders praise each other for a job well done.
4. Responders communicate respectfully with one another.

5. Responders trust each other when working together on cases.

Openness

1. Responders speak honestly about problems they have working with one another.
2. Experienced responders are willing to learn new ways of working cases.
3. Responders meet to discuss how to improve the way cases are worked.

Validation Item

1. In general, I think responders collaborate well together.