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Examining Services Effective at Preventing Domestic Homicide: Interviewing Relevant Stakeholders about Their Perceptions Regarding Their Role in Reducing the Recurrence of Domestic Violence

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Examining Services Effective at Preventing Domestic Homicide:
Interviewing Relevant Stakeholders about Their Perceptions Regarding Their Role in Reducing
the Recurrence of Domestic Violence

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University-University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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First and Foremost, I want to acknowledge all of those directly and indirectly touched by domestic violence. It is my hope that this research project gets utilized in the future for ongoing education and permanent change. I anticipate that domestic abuse becomes obsolete as policy, education, and prevention efforts improve. Essential to prevention, please affirm to those you love that they are deserving of a relationship free of abuse of any kind.

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- Hez- I'm so lucky I got you as a sister. You embody the spirit and determination of superwoman. Thanks for my amazing nieces who I know will grow to be extremely smart and strong women.
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Abstract

The purpose of this study was to recognize possible barriers in the prevention of domestic homicide and further incidents of domestic violence. Respondents were chosen based on their professional role in responding to domestic violence incidents and expertise in domestic violence intervention. Respondents were asked about specific methods of intervention that would be helpful in preventing domestic homicide, how barriers to effective prevention could be removed or improved, and to what extent domestic violence court would assist in preventing domestic homicide if it was implemented in their respective county. Respondents offered various suggestions as to what might constitute effective domestic violence response. Changes among services offered were narrowed down to interventions specifically with the partner using violence, the partner experiencing violence, and overall changes in service implementation. The most significant factors in preventing domestic violence and domestic homicide identified by the professionals interviewed included: offender accountability, victim voice and safety, and the importance of collaboration among the professionals involved in order to achieve similar desired outcomes.

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It is well understood that healthy romantic relationships are not abusive and domestic violence is ‘wrong,’ but to what extent do people really know and understand the complexity of what domestic violence is? According to the National Coalition Against Domestic Violence (NCADV), “Violence in relationships occurs when one person feels entitled to power and control over their partner and chooses to use abuse to gain and maintain that control” (2017).

Domestic abuse can exist in many forms, the most widely acknowledged being physical, mental, sexual, emotional and with less awareness of spiritual and financial abuse. While physical abuse is easier to pinpoint; it is the other forms that prove to be equally harmful and as or more damaging resulting in long term negative effects.

Physical abuse often results in physical injuries and can even result in death. In the United States, “1 in 3 female murder victims and 1 in 20 male murder victims are killed by intimate partners” (NCADV, 2015). Some cases of domestic homicide result in murder-suicide; specifically, “72% of all murder suicides are perpetrated by intimate partners” (NCADV, 2015). Victims of domestic homicide are not always the (ex-)partner: “20% of victims were family members or friends of the abused partner, neighbors, persons who intervened, law enforcement responders, or bystanders” (NCADV). One notable case of this would be the 1994 double murder of Nicole Brown Simpson and her friend and innocent bystander, Ronald Goldman. The majority of cases aren’t as infamous to gather the attention of so many.

The aftermath of domestic homicide goes beyond the victim and their families. The aftermath of the homicide includes, but is not limited to: an increased prison population, loss of family members and the loss of a mother. In Minnesota in 2016, six mothers with minor children lost their lives, leaving those children to be raised by family, friends, or put into the foster care system.

In terms of the monetary cost of domestic violence and domestic homicide, the National Coalition Against Domestic Violence (NCADV) states, “Intimate partner violence is estimated to cost the US economy between \$5.8 billion and \$12.6 billion annually, up to 0.125% of the national gross domestic product” (2015), the monetary loss coming directly from unpaid work for victim, cost of jail time, and cost of medical and community services. Furthermore, Caman, Kristiansson, Granath, and Sturup state, “the average expense for a homicide offense in the U.S. has been estimated to be 17 million dollars per case” (2017, p.1).

Domestic violence also impacts many aspects of social services; including but not limited to specific domestic violence (DV) resources: shelters, hotlines, court victim advocates, and perpetrator programs. But DV isn’t limited to social services; criminal justice and medical intervention are also frequently interacting with DV. The positive response to DV and continued collaboration by the general public, and across the criminal justice, social service, and health care systems (Campbell, Webster, and Glass, 2009) has contributed in decreasing further abuse and minimizing the risk of intimate partner homicide (IPH).

Despite the number of domestic violence resources including, but not limited to: education, treatment, and prevention programs existing in every county in the United States, along with continued collaboration with additional public systems, it is unclear how intimate partner violence (IPV) escalates to intimate partner homicide (IPH). In the 2016 Minnesota Femicide Report, there was a known history of domestic violence between partners in more than 60% of the femicide cases in Minnesota in 2015 and in 2016. In 2016, 47% of those who use violence in a relationship had a previous criminally documented history of domestic violence. This was also the case for 59% of the domestic homicides in 2015.

In a 2015 study by Sheehan, Murphy, Moynihan, Dudley-Fennessey, and Stapleton that interviewed the co-victims (family and friends of the victim) of domestic homicide, in 12 out of the 16 cases examined, over half of those who experienced violence had accessed services from law enforcement, women's shelters, or sought medical care as a result of injuries from abuse. The most alarming fact was that at least a quarter of those had accessed some type of service at least 48 hours prior to the homicide.

The family members also questioned the accountability of additional systems and programs that were aware of the history and continued violence in those relationships. Specifically, co-victims interviewed mentioned the partner engaging in violence and the partner experiencing violence sought mental health and/or substance abuse treatment prior to the homicide in which the abuse had been made known. While the individuals alerted these professionals about their experiences of abuse, either nothing was done or the actions done proved to be ineffective. Whose responsibility is it to intervene in cases of admitted abuse? What interventions prove to be most effective and by whom?

It is crucial to understand what systems are aiding in fewer incidents of domestic violence, and what interventions are preventing instances of domestic homicide. The purpose of this project was to identify what victim services reduce risk and prevent further instances of domestic violence and homicide by performing a qualitative exploratory study of relevant stakeholders regarding their role in domestic violence prevention. This study sought to better understand and to determine where these victims might be "falling through the cracks" of the justice and social services systems. These findings could have the potential to ultimately contribute in establishing more effective services and policies that do or do not yet exist for domestic abuse victims and perpetrators.

Literature Review

Types of Abuse

Domestic abuse can happen to anyone. Despite being a common worldwide problem, domestic abuse often goes overlooked or excused. People may believe they can spot abuse and while this may be true for some physical abuse, there are many other forms of abuse that contribute to the cycle of abuse that aren't easily recognizable. Some of the most damaging forms of abuse are the types that do not leave visible wounds.

Psychological. “The aim of emotional abuse is to chip away at your feelings of self-worth and independence” (Smith & Segal, 2017 p.4). Psychological abuse, also referred to as emotional abuse is manipulative and deliberate behavior by the abusive partner to control their partner. Forms of psychological abuse include, but are not limited to, causing fear by use of intimidation through threatening physical harm to the partner's family, children, friends, pets, and personal belongings of value or sentiment. Psychological abuse also employs tactics of forced isolation from family, friends, and work in conjunction with the intimidation and controlling behavior (Jasper, 2007 & Smith & Segal, 2017). The person using violence attempts and possibly gains control of many aspects of their partner's life including but not limited to; how they dress, how they behave in public or around members of the same or opposite gender, where they can/cannot go, and where they work/ if they can work, and how the money is spent.

Economic. Financial abuse is another way for the person using violence to control their partner by attempting to make their partner financially dependent (Jasper, 2007). Financial abuse is another controlling tactic to ensure the partner doesn't have the means to leave the relationship. Many forms of financial abuse exist through withholding money, credit cards, and/or basic necessities. The abusive partner might simply limit the access of money in the form of

allowing a set allowance, approving and/or controlling purchases. The person using violence might not work at all and financially abuse their partner by stealing their money or make their partner financially dependent in other ways, for example, providing childcare and/or utilizing their labor and skills around the house in various ways. In addition, both parties may have jobs but the partner using violence might sabotage their partner's job by calling constantly, making them miss work, threatening to get them fired and preventing job change or promotion (Jasper, 2007 & Smith & Segal, 2017).

Emotional Verbal abuse is also a common term used to describe emotional abuse. Emotional abuse can be summed up as the act of “undermining an individual’s self-worth and/or self-esteem” (Jasper, p.12). The tactics used by those who abuse to deplete their partners’ self-worth include but are not limited to constantly criticizing partner, calling their partner names, putting them down, spreading lies and gossip about their partner, belittling their partners’ accomplishments and/ or feelings, and central to this, they often blame their partner for the abuse and mistreatment (Jasper, 2007 & Smith and Segal, 2017).

Sexual. Sexual abuse manifests itself in many forms. Sexual abuse can be defined as, “coercing or attempting to coerce sexual contact or behavior” (Jasper, 2007 p.12). Sexual abuse can be tied to financial abuse by spending money on pornographic websites, prostitutes, or at other adult establishments. In addition, more physical forms include marital/partner rape, forcing sexual intercourse after violent acts, treating their partner as a sex object, forcing sexual acts that partner is uncomfortable with, spreading STD to a partner, constant infidelity, and possibly forcing one’s partner into prostitution (Jasper, 2007 & Smith and Segal, 2017).

Physical. As stated above, domestic abuse is used to gain and maintain control of one’s partner, and physical abuse is often the last step. When reviewing the previous forms of abuse,

more often than not, people who use violence begin with those forms to wear those who are victimized down. However, the situation can escalate to physical abuse when the abusive partner needs the ultimate form of control over their partner and/or is losing control (Smith & Segal, 2017). While signs of physical abuse might seem obvious it is also considered abuse for 'less severe' acts of violence such as hair pulling, pushing, shoving, biting, slapping and grabbing their partner (Jasper, 2007). Physical abuse can continue even after the acts have been committed through denying medical care and shaming the victim for their injuries sustained.

Domestic Homicide

The ultimate and final form of physical abuse is domestic homicide. Domestic violence is often present in relationships before an instance of homicide is committed. Seventy to eighty percent of IPH involves physical abuse of the female by the male before the murder, no matter what partner is killed (Campbell et al., 2003). According to the Federal Bureau of Investigation Homicide Report, for the year 2015, 1,686 females were murdered in the United States by males in an instance of single victim/ single offender and of those, 95% knew their killer and 64% were wives, girlfriends, an estranged partner, or some type of intimate acquaintance (VPC, 2017).

In 2015, the homicide rate among female victims murdered by a male was at 1.12 per every 100,000 women. Each of the 50 states were broken down and Alaska was ranked highest for female murder in a single incident at 2.2 per every 100,000 women, doubling the national average.

Domestic Abuse in Same-Sex Relationships

Domestic abuse also occurs among same-gender couples but because of other factors, such as societal stigmas, lack of experience, and hidden sexuality among LGBT individuals, the abuse

among these relationships can go unknown. According to Gehring & Vaske, numerous studies indicate that occurrence of domestic abuse among same-gender relationships are equivalent or slightly higher than those in opposite sex relationships (2017).

Domestic abuse among same gender relationships is similar to that in heterosexual relationships; however, there are some different experiences that are exclusive to same gender relationships. The most common form of abuse is the threat of ‘outing’ or exposing the partner who has yet to reveal their sexual orientation. This form of abuse can exist among cases where the individual experiencing the abuse fears losing their job, support system, or possibly losing custody of a child due to their sexual orientation (Gehring & Vaske, 2017 & White, 2011).

In addition, the individual using abusive tactics can belittle their partner by exclaiming ‘girls don’t abuse girls’ or, especially among same gender male relationships, that the abuse is mutual and reciprocated. Another phenomenon existing among abusive same gender relationships is the idea of “internalized homophobia” (Gehring & Vaske, 2017). This can be described as the partner being abused being ashamed of their sexuality as a result of societal stigma. The internal belief within this individual is that their sexual orientation is shameful, which in turn provides a barrier for seeking help, in addition to feeling of deserving the abuse.

The partner using abusive tactics exclaims that there is ‘mutual abuse’ occurring in the relationship and/or it’s impossible for women to abuse women, creating another barrier to seeking and receiving help. Due to the limited knowledge and resources for same sex relationships, especially in relation to domestic abuse, law enforcement has been documented to sometimes just separate the couple for the night and “writing it off” as a couple’s spat. In addition, the shelters available for women fleeing domestic abuse are often tailored to

heterosexual relationships in which no men are allowed in the shelter. If there is abuse occurring in a same-gender female relationship, the person experiencing the abuse has a valid fear of their partner entering the shelter, thus making it harder to escape. More significant, there is not one documented domestic violence shelter for men, especially those in same gender relationships (Gehring & Vaske, 2017). Current services providing support for victims of domestic abuse are not necessarily equipped with the resources or knowledge to understand the dynamics among same sex relationships.

Risk Factors for Domestic Homicide (IPH)

Presence of Abuse. Much research has been done on risk factors for intimate partner homicide (IPH), in which commonalities associated with IPH risk have been identified. The biggest and most obvious risk factor to IPH would be a relationship containing intimate partner violence (IPV). Seventy to eighty percent of IPH involves physical abuse of the female by the male before the murder, no matter what partner is killed (Campbell et al., 2003). In all five cases of IPH examined by the Fourth Judicial District Domestic Fatality Review Team of Hennepin County Minnesota, domestic violence was present in the current or previously ended relationship. In four out of five cases the violence had increased in severity and frequency the year prior to the homicide.

Separation The second most common risk factor was either a separation of the romantic couple or an attempted separation. This risk factor was prevalent in all of the research studied; for example, in all five cases of the Minnesota Domestic Fatality Review Team, the victim had attempted to leave the abusive partner. In addition, Campbell et al. (2003) found that 95% of the femicide (female homicide victims) had been separated from or had asked for a separation from

the abusive partner. “Men who kill their partner report experiences of losing control, suspecting infidelity, involuntary separation, jealousy, and rage” (Eriksson, L. & Mazerolle, P., p. 463).

In instances where the male was murdered, it was seen as the only option to exit an abusive relationship. “The prevalence of female-perpetrated homicides against their intimate partners may be an indication of a perceived lack of options for women to exit abusive relationships” (Deleon-Grandos & Wells, p. 149). Women tend to kill as a result of abuse (Campbell et al, 2003., Eriksson, L & Mazerolle, P, 2013., Gilfus, M, Trabold, N, O’Brien, P, & Fleck-Henderson, A., 2012, & Weizmann-Hendius et al., 2010). An act of homicide committed by the women has been seen as an attempt to permanently end the violence and/or in self-defense.

Chemical Dependency. The third common risk factor, drug and alcohol abuse, can be present in either partner, whether using or experiencing violence. Alcohol involvement was predominant in female offenders; on average 72% were under the influence of alcohol. (Roberts, 2009). Campbell (2004) found that 21.5% of the perpetrators studied who had committed IPV had substance abuse problems.

Mental Illness. The last and most prominent risk factor was mental health issues. Campbell (2004) stated that more than 14% of the victims were seeking medical treatment for substance abuse and/or mental illness. Severe mental disorders have also been found higher among men who commit IPH than men who have committed another type of homicide (Weizmann-Henelius, G, et al., 2010). According to research performed by Hilton and Harris, abusive men scored higher on psychological risk markers, specifically anger, hostility, depression, and antisociality (2007).

Gun Access. Gun access was also a common risk factor for IPH. “In IP homicide, female victims are twice as likely to die from a gunshot wound” (Roberts, D. 2009). In the 2016 Minnesota Femicide Report, 56% of all the victims died of gunshot wounds. For the period of 2015 no less than 45% of the deaths were a result from gunshot wounds.

Economic Instability. Lastly, economic factors play a part in IPH. According to Campbell et al. (2003), the strongest sociodemographic risk factor for IPV was the “abuser’s lack of employment.” Throughout the research it was evident that lack of income, economic status, and unemployment are more predictive factors for IPH than race, age, or demographics; statistics indicate that IPV occurs more frequently in rural areas and IPV is more prevalent in the Southern region of the United States. IPV was higher among women aged 18-24.

Domestic Violence Intervention

History of Intervention. For many years it was deemed acceptable to use means of violence as ‘punishment’ when a wife was in ‘violation’ of executing her expected ‘wifely duties.’ It wasn’t until 1871 when Alabama became the first state to make physical punishment (i.e. spousal abuse) a legal matter and punishable by law (Barner & Carney, 2011). It wasn’t until 1914 that services for the victim of domestic violence were introduced in conjunction with the legal consequences for the perpetrator (Barner & Carney, 2011).

Women’s shelters and public awareness of domestic violence was a direct result of the women’s movement, with the first women’s shelter opening in 1967 (Barner & Carey, 2011). The women’s movement was vital in raising awareness about domestic violence and integrating more policies and laws mandating punishments for those who use domestic violence, specifically

the Violence Against Women's act in 1994, all while integrating the need for safety and services for the victims.

Additional interventions in domestic violence came from the criminal justice perspective, with the implementation of 'No-Drop Policies,' 'Mandatory Arrests,' and 'Protection Orders' (Barner & Carney, 2011, Dugan, Rosenfeld, Nagin, 2003, & Goodman and Epstein, 2005). Domestic violence resources were initially implemented to "prevent lethality and prevent further abuse" (Dugan, Rosenfeld, Nagin, 2003). Exposure reduction is the idea behind the criminal justice reform to support domestic violence interventions. Exposure reduction refers to limiting contact between individuals involved in a violent relationship, essentially limiting the amount of contact equals limiting opportunities for additional instances of violence (Dugan, Rosenfeld, Nagin, 2003 and Goodman & Epstein, 2005).

In 1981 the criminal justice system and psychotherapy interventions coincided when the first batterer rehabilitation program was developed in Duluth, Minnesota. The intervention was pacifically called the Duluth Domestic Abuse Intervention Project (DAIP). The theory behind this treatment is that those who offend are violent with their partners as a means of control and dominance over their partner. The Duluth Model also adopts Feminist Theory developed through the Women's movement: the idea that domestic violence is rooted in 'patriarchal societal learning' (Barner and Carney, 2003).

In the late 1990's the psychotherapy movement brought awareness to the need for mental health services for victims of domestic violence and implementing more cognitive behavioral therapy (CBT) with batterer programs. The psychotherapy movement stressed that men who abuse their partners suffer from mental health issues and/or have negative responses to the

stimuli and circumstances present in their lives. Psychotherapy was also able to support the victims' need for therapy services supported by research based evidence that victims enduring domestic violence can lead to "Battered Women's Syndrome" which has similar characteristics of PTSD and Stockholm Syndrome" (Barner & Carney, 2003). From the three interventions of the Women's Movement, criminal justice reform, and psychotherapy came the array of services, policies, and laws surrounding domestic violence today.

Perpetrator Rehabilitation. From this perspective, once the perpetrator of domestic violence has been arrested the rehabilitation begins. Mentioned earlier was the "exposure reduction" theory which supports the idea that the victimized and perpetrating person will minimize all contact, therefore avoiding further incident of abuse. Not only is this method recommended for the safety of the victim but for the perpetrator as well. The most effective form of this would be a "no-contact order" which can also be called numerous other names but it is implemented through the courts and carried out through various members of law enforcement and probation (Barner & Carney, 2011, Dugan, Rosenfeld, & Nagin, 2003 & Goodman & Epstein, 2005). If the person perpetrating violence were to violate this order, additional charges and possibly additional time be added to their sentence. Violation of a protection numerous times will also result in mandatory domestic violence treatment programming even though no further violence was committed.

The main treatment or rehabilitation for those offending exists in the form of domestic violence treatment programing, which can be referred to as batterer intervention programs. The most widely used model was discussed previously, which is the Duluth Model, focusing on the perpetrating person's need for power and control in addition to their patriarchal views. However,

a study by Crockett, Keneski, Yeager, & Loving, 2015 studied the effectiveness of batterer intervention programs, which is rehabilitation offered specifically for perpetrators of domestic violence. The findings suggest that instead of utilizing a BIP program which was described as ‘punitive’ and attempted to shame the abuser, a better model would be a Resolution Counseling Intervention Program (RCIP).

RCIP was deemed most effective in treating those using domestic violence. RCIP are described as “therapeutic relationships to teach non-violent skills, tak(ing) accountability, process(ing) possible violence as a child, and effectively managing stress” (Crockett, Keneski, Yeager, & Loving, 2015, p. 493). Coupling CBT, a therapeutic environment, and taking accountability were shown to be more effective than treatment as usual. In addition to RCIP was the idea that a large portion of perpetrators of domestic violence also have co-occurring mental health and chemical dependency diagnoses (Juodis, Starzomski, Porter, & Woodworth, 2014) and incorporating additional treatment along with the RCIP.

Juodis, Starzomski, Porter, & Woodworth, 2014 also noted that “most domestic homicide did not come out of the blue” (p. 386). It was recommended that during arrest, incarceration, probation, or treatment, the offending party complete a ‘risk-assessment’ specific for domestic homicide. The higher the score, the more restrictive measures be placed on the adjudicated to ensure victim safety, among those being curfews, home monitoring, and tracking devices.

Victim Services. As many as a third of victims seek help from community-based domestic violence agencies following an incident of violence (Dugan, Rosenfeld, & Nagin, 2003 & Macy, Giathina, Montijo, & Ermentrout, 2010). The first-ever service created for victims of domestic violence was a hotline which women could call and obtain support (Dugan, Rosenfeld, & Nagin,

2003). As stated above, domestic violence shelters surfaced in the 1970's and provided support to women in the form of physical safety and resources. While the resources for domestic violence services have strictly focused on perpetrator-focused efforts and criminal justice reform, few studies focus on the effectiveness of programs and policies protecting the victimized (Dugan, Rosenfeld, & Nagin, 2003, Goodman & Epstein, 2005). Furthermore, none of the services for victims of domestic violence were implemented in support of any research findings nor was there any research conducted to support best practices for those who had been victimized (Dugan, Rosenfeld, & Nagin, 2003).

A 2010 study by Wells, Ren, & De-Leon-Granados attempted to examine if federally funded domestic violence shelters were a contributing factor in the decline of domestic homicides. The study produced lackluster results because they were unable to determine if the reason for the decline could be traced back to shelter availability or specific services utilized in addition or in place of shelter stays. This was largely due to the shelters frequently being at maximum capacity, which supports need for shelters but data regarding specific services offered by the shelter were not recorded.

However, a research study comprised of directors for domestic violence shelters by Macy, Giattina, Montijo, & Ermendtrout (2010) was done to examine the effectiveness of current victim services and to evaluate the needs of those experiencing violence and their families to address areas needing expansion and improvement. Results from the study confirmed that the most effective services, according to the directors, were 24-hour crisis lines and/or 24 hour staffed shelters, counseling services for victims, support groups, and court/ legal advocacy for victimized adults. Services that were in need of funding in order to expand to be more effective

were services for the children, transitional housing, transportation services, and making the services more easily accessible. The results for best service delivery practices supported the idea that domestic violence (DV) services need to be individualized and there needs to be collaboration among other community agencies.

The importance of legal advocacy can be supported throughout additional research. Specifically, Goodman & Epstein's (2005) research referenced the success of a victim-informed prosecution (VIP) program where the focus was not only on the holding the offending person accountable but also the victimized person's safety. What was discovered was that those who had been victimized who had a legal/court advocate felt more "supported and heard during the legal process," supporting the theory that victims succeed when they receive "security, support, and advocacy" (Goodman & Epstein, 2005, p. 483).

Victim safety and support seem to conflict with the criminal justice reform efforts for domestic violence. In order to establish services that support the victimized individual's needs, a collaborative effort among community-wide services needs to be tailored to address each case individually (Dugan, Rosenfeld, & Nagin, 2003, Goodman & Epstein, 2003, Goodman, Banyard, Woulfe, Ash, & Mattern, 2016, Macy, Giattina, Montijo, & Ermentrout, 2010, & Reckenwold & Parker, 2010). For example, those having experienced violence might hesitate to call law enforcement regarding their spouse because of mandatory arrest policies for fear of losing income if the spouse is the primary breadwinner or as a result of no-drop policies, the victimized person might experience re-victimization through the criminal process through which she or he is questioned and probed by attorneys and law enforcement (Goodman & Epstein, 2005). Best practices surrounding domestic violence need to be a collaborative effort among community

social service agencies, most importantly a collaboration with law enforcement and social workers (Ward-Lasher, Messing, & Hart, 2017). The criminal justice response to domestic violence and the social services response must come together in a joint effort to produce the most effective result on all sides.

Domestic Violence Court. The literature review above outlines effective measures to effectively respond to domestic violence cases while keeping the person or people experiencing violence safe and holding the person using violence accountable. In order to achieve this goal a collaborative effort among the justice system and social services is required. In 32 states in the United States exists a specific program called “domestic violence courts” in which all of these objectives are the primary focus. A 2009 study by Labriola, Bradley, O’Sullivan, Rempel, and Moore evaluating the different domestic violence courts for the National Institute of Justice. The report examined the objectives shared by these courts, who is involved in the process, and specific measures taken to achieve their objectives.

According to the report there were seven objectives recognized among the DV courts; they are the “Correct Application of Statutory Requirements, Efficient Case Processing, Informed Decision Making, Coordinated Response, Victim Safety Services, Offender Accountability, and Recidivism Reduction” (p. 26). All of those objectives were outlined in the literature review as effective prevention methods for subsequent domestic violence incidents and domestic homicide.

The key stakeholders among the domestic violence court are a judicial officer, prosecutor, and victim advocates who are specifically trained in the complexity of domestic violence and have a desire and commitment to keep victims safe and hold those who have offended accountable and prevent further abuse. While the person having experienced violence might go on to have

successful relationships, if the person who used violence doesn't address his or her behavior then the cycle of domestic violence will continue.

Methodology

Research Design

The purpose of this study was to determine some potential best practices used among various professionals in order to better understand what systems in place are relevant in the prevention of continued domestic violence, or in this case domestic homicide. The literature above acknowledges some best practices to advocate and protect those experiencing violence in addition to holding the person who uses violence accountable, and providing treatment to reduce further incidents of domestic violence and to prevent domestic homicide. This study utilized a qualitative analysis of various stakeholders in order to hear, from their perspectives, about what systems in place are relevant to the prevention of domestic violence and homicide; which ones are effective and what areas contribute to those who have been victimized “falling through the cracks” of the criminal justice and social service systems.

Population and Sample

This study was comprised of five different professionals in Olmsted County who play a role in the prevention of domestic homicide. Interviews were conducted with a victim witness liaison for the city attorney's office, a probation officer in the domestic violence unit, a victim services' advocate through the county courts, a detective sergeant supervising the Special Victims' Unit, and the case manager and facilitator of a domestic violence treatment program.

Participants were chosen by purposive sampling as each specific professional who was chosen was invited to participate based on the criteria of their professional experience with domestic violence and their potential ability, in that role, to prevent recurrences of violence. I also asked each about what procedures are and should be in place to prevent domestic homicide. I contacted each specific department to obtain an interview from a willing participant. My request was then referred on to the profession with the most familiarity with domestic violence and/or the supervisors in the department. Each interview was conducted in the participants' place of employment in either a private conference room or the participants' office. The study's population consists of professionals with a relevant role in relation to this two-part topic. My sample consisted of these five people in such roles.

Protection of Human Participants

In order to ensure protection of human participants, an informed consent form was reviewed with the participants prior to the interview. Specifically, a copy of the consent form was sent to the participant before the interview and they were given the opportunity to address any questions prior to the interview. The informed consent was developed from a template approved by the University of St. Thomas Institutional Review Board (IRB). I gave a copy of the informed consent to each participant for their records and discussed it with each person in person.

The possible risks to the participants appear relatively low. In order to maintain confidentiality, I recorded the interviews as I conducted them and I kept the device in a locked file cabinet in my office. Once the interviews were transcribed the audio recordings were deleted. The interview transcripts were saved in a secure folder on my laptop. To add extra measures of protection, my personal laptop is password protected. Finally, the interviewees remained

confidential throughout the transcription of the interview and in referencing the interviews in this final research paper.

Data Collection

A qualitative research design was the method used throughout the research. The specific method consisted of in-person, individual interviews. There were a total of five interviews conducted with five professionals who had roles in the intervention of a domestic violence incident. Among those interviewed were two victim services advocates, one for the city attorney and one for the county attorney, the supervisor of the domestic violence probation unit, the sergeant of the special victim's unit, and a case manager and group facilitator of a men's domestic violence treatment group. The interviews were done in a semi-structured format which was guided by a set of questions that were pre-approved by the research committee consisting of Dr. David Roseborough, Leigh Hartenberg LICSW, and Lisa Kielty LICSW.

The interview questions (see appendix) were created to help understand the individuals' perceptions of domestic violence services; specifically, which services are most effective and where there is room for improvement, and perhaps specifics as to what improvements can be made. The questions were created in hope that the interviewee would be able to engage in an open and honest discussion with the interviewer. As stated above, the interviews were conducted in a semi-structured format to encourage questions and discussion of other related topics as they arose.

Data Analysis

This study utilized open coding to analyze data obtained from each interview. After the

inductive coding of the data I then utilized deductive coding to ensure that all possible codes were found. A final round of inductive analysis was used to see if any relevant themes emerged among the interviews that might have been initially missed. As the results were recorded throughout the research, any notable quotes were used to support or to nuance my findings as “exemplar quotes” that might help tell the stories of these interviews.

Strengths and Limitations

The strengths associated with the research were primarily in the ability to get interviews with multiple professional disciplines that interact with domestic violence. The variety of professionals interviewed provided a number of different perspectives from people in a position to identify services that need to be improved to lead to the development of new and to improve current interventions in order to help prevent future incidents of domestic violence and even homicide.

The limitations accompanying this research are consistent with its being a pilot study. For instance, the interviews were conducted in a single, medium sized county in Minnesota. The experiences and viewpoints of professionals with relevant roles outside of this area were not gathered.

Results

The five individuals interviewed reported their knowledge regarding domestic assault response and effective intervention(s) with both the defendant and the victimized person in a domestic assault case, both separately and interventions that apply to both parties. Respondents also discussed the barriers that prevent effective responses to domestic assault and in what areas and roles in domestic assault response could be improved. Lastly, the respondents spoke of their perceived need for a domestic violence court in Olmsted County.

Intervention

Participants spoke at length regarding intervention efforts to prevent *further domestic assault incidents*, some of which were specifically targeted to those who offend and those victimized, and some services that could overlap and be used for all parties involved. They spoke, in particular, to proactive intervention in the form of early education to aid in the prevention of domestic abuse altogether.

Offender-Exclusive Interventions. The most prominent response regarding offender intervention was the need for accountability. *“The emphasis on offender accountability has gone out the window.”* Throughout the interviews it was evident that first-time domestic assault cases in these respondents’ areas rarely result in jail time regardless of whether it is a misdemeanor offense or severe enough to warrant it as a gross misdemeanor or felony. The stipulations placed on these cases are generally supervision along with programming in addition to restrictions on contact between the defendant and the victim. Two of the respondents indicated that jail was the primary deterrent in preventing future domestic violence; specifically, *“It’s been established*

statistically in domestic violence re-offenses that jail is the number one deterrent.”

Many times defendants are still employed and able to continue work by being detained under the unit of ‘work release’ but getting put on work release was described as ‘*hardly a punishment*’ and in order to hold the offender accountable, “*it needs to be an inconvenience.*” One of the respondents interviewed made reference to a male client of hers referring to work release as ‘*easy*’, and ‘*it’s three hots and a cot*’.

Also, those interviewed noted that the most common reason the person experiencing violence rarely leaves is due to their need for financial support. Even if the defendant is on work release he or she may still be continuing to provide for the family, and if the victimized person does not have access to accounts or is unable to continue to maintain the financial piece of the household, this can serve as an obstacle. Included in the order for protection (OFP) paperwork is a section requesting continued financial support in the form of alimony, child support, and/ or continued insurance coverage or the family. Respondents noted that many victims request these supports and yet they rarely get enforced. Many judges see them as family matters but the support needs to begin upon separation. Questions arise as to how to hold the offender accountable for the continued financial support of the family while the case awaits trial in the family court.

Risk Assessment and Supervision. The second most common intervention for offenders was the suggestion of a risk assessment and client supervision. It was recommended that they correlate. For example, the higher the risk to re-offend the higher level of supervision the client receives. In addition, a client with multiple domestic assaults or severe assaults would be put on more intensive monitoring. The primary goal of more intensive monitoring would help in holding the offending person accountable while at the same time continuing with rehabilitation

and programming and deterring contact with the partner who was the target of violence in order to aid in the prevention of further incidents. A suggestion by one respondent was “*a thorough assessment to determine intent and pattern of behavior, if the client has multiple domestics or even multiple orders for protection violations.*”

Also, a suggestion was made by one respondent to immediately monitor an offending person upon release and to make supervision mandatory even before the case has been sentenced. Many re-offenses occur while the offender is out on bond before the case has been sentenced. This level of continued supervision would likely prevent further incidents of abuse according to the perspective of the participant who made this recommendation.

Skills and Programming. Lastly, the suggestion to keep the person who used violence in specific domestic violence programming that aims to address their abusive and controlling behaviors was the last intervention effort among those charged with domestic assault. The need for programming was described as central and important because “*domestic violence treatment gives us the most bang for our buck.*” Teaching clients coping skills, conflict resolution, and cognitive behavior therapy, provides the offender the skills to utilize different tools to resolve conflict in their relationships. “*These guys have been taught that using violence gets them their way*”

One of the most successful interventions described by this professional sample was the need for early programming, not just while awaiting trial, but upon release. The priorities among probation include: first getting the offending person free of chemical use. The second is to address any mental health issues, and lastly comes the domestic violence programming. But individuals with chemical dependency and mental health issues can have long recoveries, which

can include relapse. During this time the controlling thoughts and violent behaviors are not necessarily getting addressed. In support of this assertion, respondents noted: *“I’ve got this angry person dangling for a month to a year”* and *“We were trying to make it so offenders had to get into treatment within 30 days of their incident in hopes to kind of address the situation before a year or two had passed.”* In this sense, those interviewed spoke to the importance of a dual perspective, specifically a dual-diagnostic perspective, and to the importance of therapeutic timing.

Additional programming was suggested while the person who used violence is in jail awaiting trial or in jail on a probation violation. Many times, if the partner who used violence is unable to bond out they remain in jail until the case gets resolved which results in time that should be utilized for programming while in jail. In order to make the reintegration back in society more successful and promising, those interviewed thought that the time spent in jail could be utilized more effectively. Many clients who violate conditions of parole can go to state prison for a length of time in which much or all of the progress they made risks being lost, and they will begin supervision once again upon their release. The suggestion by one respondent was to keep the probation officer and offending person in contact during their incarceration to continue learning new skills, behaviors, and hopefully support any chemical dependency or mental health treatment during this time as well. With the continuation of monitoring, supports, programming, and education the offender can continue on the path of successful rehabilitation because, as one person said, *“Jail and prison (alone) don’t work”*.

Victim-Exclusive Support and Intervention. The biggest intervention and support for adults who experienced violence voiced by respondents was the use of an advocate. Many times the

victimized adult does not want to, or fears being visible throughout the court process but still might want and need support during this time. An advocate gives them the ability to get their voice heard and help with support and safety during and after the process.

Part of the role of the advocate would be referring the person who experienced violence for services surrounding many areas of support including financial support and emotional support. The biggest issue surrounding the support of the victimized person identified in this sample of respondents is the issue of safety. Do they have supports in place should their or their children's safety be at risk? Lastly, for advocates, the biggest responsibility would be to the victim. Those interviewed spoke to the importance of ensuring confidentiality, as something that would enable the victimized adult to talk openly and honestly about concerns with the relationship, safety, and the trial process.

Immediate Advocacy A suggestion raised by two of those interviewed for domestic assault intervention is the idea of immediate advocacy. Currently, in the counties represented by those interviewed, an advocate at the county and women's shelter will contact the victimized adult 24-48 hours after the assault. Respondents noted that many times, the feelings of urgency and crisis have worn off and the victim is questioning her decision and realizing her lack of support and financial means which, according to a respondent "*They're in survival mode; they're going to protect their abuser*". If an advocate were there while the police were there to help support the victim, help give a statement, and possibly be able to access support services, those interviewed expressed the belief that this could better ensure a victimized person's success and provide support to continue to break the cycle of domestic violence.

Domestic Violence Intervention

Professionals interviewed noted that many of the issues that arose with the offender were present among the victimized people as well. Interviewees spoke of offenders and victims often having chemical dependency issues, mental health diagnoses, and past trauma. Those interviewed noted that effectively dealing with the complex issue of domestic violence creates a need for strong advocacy for both parties and their families while providing a client-centered, holistic approach to their recovery. In order to effectively intervene, long-term support and investment need to be implemented in these cases to successfully address the layers impeding the prevention of future domestic violence.

Individualized. One common thread throughout the interviews was the message that interventions aimed at preventing domestic abuse and even homicide need to be *individualized*. Regardless of who perpetrated or who was victimized in an incident, each person needs resources or services of some capacity. While the level and range of services would vary from case to case, and person to person. In order to truly be effective, all possible issues and barriers present should be addressed and resolved with the goal of ending the abuse cycle.

Early Intervention. According to several interviewees, the current response to sexual assault needs to be specific and precise. One effective approach mentioned is early intervention in the form of education in schools. Sexual assault education can be brought in as early as elementary school but there is, from their perspective, little training and awareness in schools of healthy romantic relationships, conflict resolution, and domestic abuse. Abusive relationships can form as early as relationships begin, possibly as early as middle school. If children were taught what a healthy and respectful relationship looks like before those romantic relationships form, the cycle

of abuse might never begin. *“A healthy relationship class could be a part of fifth, sixth, seventh, eighth grade.”*

Address Multiple Layers. A common theme among all interviews was the viewpoint that each individual case has multiple layers. As stated, many of those involved were perceived to have had chemical dependency issues and possible mental health issues but many of them were also involved in family court matters, had a child protection case open, were experiencing poverty, or possibly had other criminal cases pending. Multiple layers of challenges could be present among any individual involved: either the person using abusive behavior, the individual being abused, and/or the other family members and children involved. Respondents endorsed the belief that children of those partners involved in the abuse would also greatly benefit from some type of mental health therapy and similar assistance.

Trauma. One layer that might be present in domestic abuse cases is the trauma that has gone unrecognized and therefore not healed. Those being interviewed addressed that, often times, those involved need to get mental health treatment to heal those traumas that could go back as far as childhood. If there was no past trauma, they suggested then looking at addressing the potential trauma(s) associated with witnessing or being the victim of a violent crime. *“So many of my clients are dealing with past trauma* was stated by professionals dealing with both parties in domestic violence cases.

Build relationship. Those interviewed spoke to the need of the professional to build a relationship with the client. Whether they are the defendant in a case, a client on probation, a victim of a crime, or a client needing psychotherapy, this professional-client relationship is paramount to the client’s success. The professional relationship should be one which cultivates

growth for the clients through professionalism, confidentiality, and trust.

Long-Term Investment. Many domestic abuse cases require a lot of commitment from those involved personally and professionally. In order to be successful those involved must be committed to the process of accountability, intervention, and recovery which is not likely to be a quick process. To be able to see each person through this process should be a long-term investment and commitment by the professionals involved to ensure effective intervention.

Barriers to Domestic Violence Intervention

Participants were asked about barriers to effective intervention in cases of domestic violence. The participants mentioned a variety of barriers facing those involved in these cases such as professionals involved being overwhelmed with workload that they were unable to really focus and give proper time and attention to each case. Another barrier raised by those interviewed was the idea that there are gaps in services yet at the same time there was overlap of services. An additional suggestion of “everyone being on the same page” was made. A related barrier raised in the interviews was that the different professionals involved can have their own agendas and it might not be conducive to effective intervention. Lastly, lack of funding was another barrier mentioned. Lack of funding is not exclusive to domestic violence intervention; however when there are new services and interventions that could be put in place, if there is not the money to financially support the services then they cannot be implemented.

Overwhelmed/ Large Caseloads. Respondents mentioned that effective intervention in preventing further violence and domestic homicide is difficult because each person interviewed described providers being overwhelmed with large caseloads. Respondents noted that a result of

being overwhelmed prevents the ability to give the time and attention needed to each complex case. *“I get the sense that everyone is so overwhelmed.”*

Gaps or Duplicate Services. Among the biggest barriers in relation to reducing the risk of future violence (and homicide) was the large gap identified among services but more hindering was the overlap of services. The city and county victim advocate mentioned how *“the victim gets a call from an advocate from the women’s shelter, from an advocate in our department, and a member of law enforcement. They are already overwhelmed and now they are getting bombarded with calls which all are exactly the same thing”*.

Conflicting Professional Lenses Those interviewed stressed that in order to successfully intervene in a case to help stop the cycle of domestic violence all parties involved need to be on the “same page.” Adults who use domestic violence will often interact with lawyers, judges, correction officers, and a probation officer at a minimum. Those victimized will have, in the counties of those interviewed, an advocate from the county or city and the women’s shelter. If the professionals with either party are viewing the situation through their specific professional lens, then effective intervention is not achieved. *“The two main goals should be victim safety and offender accountability.”*

Funding While improving current practices might not require additional money, certainly adding additional positions and supports requires funding. All of the respondents mentioned funding as a barrier to effective intervention. *“Without resources or funding, what can we do?”*

How to Improve Services

Victim Advocate. Often times those who have experienced violence are reluctant to

participate in much of the court process. Respondents noted that the advocate is there, in part, to be their voice. Those interviewed asked, how can providers effectively hold either party accountable if we (as providers) don't let those involved have a voice in the process? *“The victim advocate needs a voice at the table; we have a seat but we need a voice”*

A suggestion was also made to have an advocate on the scene of the call “in the heat of the moment.” In the interviews it was noted that many partners experiencing domestic violence “backtrack” after the arrest has occurred, realizing the challenges they now face with childcare, employment, and more. In order to help prevent that, according to one interviewee, *‘the advocate needs to be there in the heat of the moment, when they’re the most vulnerable, the most scared, and the most needing of help.’*

Collaboration. While it may seem to outside observers that each of the stakeholders in cases of domestic violence all have the same goal in mind, those interviewed tended to perceive the opposite as true. The ideal outcome of everyone involved should be prevention of future occurrences through accountability for those who have offended and safety for those who have been victimized. Respondents made it clear that often not everyone is working together. *“We need collaboration and investment by all parties involved.”*

Client-Centered. The suggestion that domestic violence response needs to be individualized and tailored to the client's needs has been mentioned previously. However, the difference here is that the stakeholders involved must tailor their agenda to the client. Currently the advocate is representing the partner experiencing violence, the probation officer represents the partner using violence, the attorney is trying to establish a conviction, and the police officer is diffusing the situation and determining a primary aggressor. Among all of those services needs to be the same

goal which is to stop the cycle of violence among that relationship and relationships those individuals will have in the future.

Domestic Violence Court

All of the respondents were in favor of domestic violence court in this particular county. Domestic violence court, if implemented well, would be a great way to get stakeholders, in the words of those interviewed, “on the same page” and to ideally intervene and prevent further incidents of abuse and even homicide. Similar to the suggestions above, the respondents indicated an effective domestic violence court would eliminate some of the current barriers and hopefully implement their suggestions for improvement. *“I think everything, offender accountability, victim safety is exactly what DV court could provide.”*

Discussion

Overall, respondents spoke to numerous suggestions to implement in the prevention of domestic violence and domestic homicide. The suggestions for improvement could be separated into three categories which are: (1) interventions and supports for offenders, (2) victims, and (3) overall domestic violence service improvements. Respondents indicated a domestic violence court would be beneficial in their county with thoughtful development and implementation.

Respondents indicated they had no experience with instances of domestic homicide. While looking to prevent domestic homicide is certainly a concern and a top priority, the extent to which the professionals experienced it was negligible. This may be expected in that domestic homicide in this state is a low baseline rate event. The detective sergeant indicated however, that most homicides are domestically-related. While not all homicides have a documented or known history of abuse, the relationship of the individuals involved in the crime is usually that of a romantic or familial tie.

The overall consensus among those interviewed was the need for a change in programming for both the partner using domestic violence and the partner experiencing domestic violence. While there is currently a support group for victims of domestic violence in this county and advocates available to the victim, it is entirely up to that (victimized) person to what extent, if any, those services will be utilized. Consistent with the literature, risk factors for domestic homicide identified by this sample included: chemical dependency, mental illness, and economic instability. Interestingly, this sample explicitly identified these risks as commonly present for *both parties*. If any of those circumstances are present among both parties, then both individuals would benefit, from this sample's perspective, from programming to address and improve their

situation with the hope of preventing domestic violence and homicide.

Both victim service advocates and the case manager for the men's domestic violence treatment group reported a need for preventing further trauma for the partner experiencing domestic violence. However, the idea of required programming for the victim can be seen as "re-victimizing" the victim and possibly contributing to the distorted beliefs of the partner and the broader culture, by suggesting that somehow the person victimized was somehow 'responsible' for the abuse. Nonetheless, addressing trauma related to the incident is important for the person experiencing violence to heal and move on to a more stable, safe, and loving relationship.

While there were mixed responses among those interviewed as to what constitutes effective domestic violence treatment and homicide prevention, the overall consensus was that the person using violence needs to be held accountable for their behavior. The conflict among those interviewed was *how* accountability would be measured and administered. The domestic violence probation officer indicated that offenders need a more holistic and therapeutic approach to programming indicating that many of the serious, repeat offenders also have past trauma, chemical dependency, mental health, and/or financial issues. The theory behind a more treatment-based approach for those offending is simply that *jail doesn't rehabilitate*. There seemed to be strong agreement that intervention should happen early.

The idea that incarceration is not an effective method of rehabilitation was mentioned during the interview with the probation officer and was stated to have years of supporting research behind it. However, all other professionals interviewed agreed that jail was an effective deterrent to reoccurring domestic violence offenses. In fact, those professions were adamant that punishment for the offender needs to be 'uncomfortable' and produce motivation to avoid repeat

offenses. In addition to jail time as a means of holding the violent partner accountable and to being a deterrent for future offenses, it provides the victimized person time to gather their resources and support system which can aid in stopping the cycle of abuse. According to the literature, separation was the largest, most important factor in preventing domestic homicide so if the partner using violence was detained and being monitored, the partner experiencing violence would be safe to end the relationship without fear of retaliation.

This sample stressed that in order to prevent further abuse or homicide, the partner utilizing violence must also be engaged in programming during this time. One suggestion was to hold domestic violence programming in the jail and prison systems. According to those interviewed, the individual arrested for domestic violence can sit in jail awaiting trial and sentencing for upward of six months with no treatment or programming during that duration.

Those put on probation will not receive programming until chemical dependency and/ or mental health issues have been addressed, which can lead to the partner using violence not receiving programming or a long delay in programming. The consequence of not receiving programming is that the underlying thoughts and beliefs behind why the partner utilizes abuse is not addressed. As mentioned repeatedly in the interviews, domestic abuse involves power and control. Until these thoughts and accompanying behaviors get addressed and the partner utilizing abusive tactics attempts to understand and reframe their thoughts and behaviors, the cycle of domestic violence will continue.

The recommendations for changes in intervention in domestic violence services that can be implemented across all services can be described as the desire across this sample for a more holistic, client-orientated approach in which all parties have the same desired outcome. Those

interviewed mentioned how oftentimes, each stakeholder is viewing the situation through their professional lense and rarely, if ever are they *on the same page*. Whether the primary client is the partner using violence, the partner experiencing violence, or the court system, a collaboration of all involved needs to happen for effective domestic violence treatment and prevention to occur.

Two respondents mentioned how domestic violence response does not have specific protocols put in place. The comparison was made to that of sexual assault response here in Minnesota. Specifically, the Minnesota Coalition Against Sexual Assault (MNCASA), was developed to address sexual assault response in a way to address gaps in services while still understanding the complexity of each unique case. This method of response is what is described in the literature and among respondents for this study as missing in domestic assault response.

In order to create effective response for domestic assault, change needs to begin with education. Those in this sample stressed that education needs to start in school systems to address the right and wrong ways to deal with conflict in relationships in addition to what a ‘healthy and safe’ relationship looks like. The role of education needs to create prevention before relationships even begin.

Education is also necessary for some professional roles administering service to those in cases of domestic violence. Throughout the interviews it was pointed out that police are often unaware of the complexities and dynamics involved in domestic violence cases. Many police are caring service members of society who want to keep the public safe, yet get frustrated when they are responding to the same calls and seemingly not witnessing change.

Implications for practice include education to enforce the idea of a system-based response

effort. Changes in practice and education must come from policy changes. In order for victims of domestic assault to face the challenges that come from leaving an abusive relationship, more rights need to be given to those who advocate for the victims and more funding needs to be allocated to make transitions easier and to make the decision to leave an abusive relationship not a question of if they can, but how. Those interviewed encouraged early programming taking the form of universal education even in primary schools, defining what constitutes healthy relationships.

This study was able to describe this sample's perspective as to more effective intervention in domestic violence response and domestic homicide prevention. Professionals who understand and work with the legal, rehabilitative, and psychological aspects of those interfacing with domestic violence made clear where service gaps were and how to address them.

In order to get a thorough and better understanding, future researchers could speak directly with individuals who have experienced domestic violence and with those who have used violence. Reaching out to these two populations is consistent with the recommendation in this sample to think broadly and systemically and for providers to hold a larger vantage point, "being all on the same page." Such studies could seek to understand what services specifically helped them and where challenges arose after the violence occurred.

Also, throughout the interviews, I noted that women's shelters among various counties and states have different objectives than those of individuals working for government agencies and under specific government funding. It would be helpful to research the role women's shelters play in prevention of future domestic violence and domestic homicide incidents.

Ongoing education needs to be provided to all those involved in cases of domestic assault. In order to be able to continue to provide the best response and intervention efforts the system and those choosing to be a part of the system must continue to educate themselves and collaborate with other services to better understand and address gaps that allow for re-offense or homicide.

Overall, in order to truly prevent domestic abuse early childhood education needs to happen, specifically in the form of education on boundaries, interpersonal communication skills, and conflict management in personal relationships. Often this type of information is only taught to a victim of domestic abuse, otherwise such information isn't readily available and openly discussed.

In healthy relationships, effective communication and conflict resolution in relationships will never involve violence. Both partners should be able to express their feelings, thoughts, and concerns without fear of judgement or repercussion. Such notions are noticeably absent in relationships in which at least one partner is on the receiving end of abuse.

More significant, education on what is abusive is necessary for early prevention. What makes an abusive relationship so atypical and damaging is that there are times where it feels as though the relationship is based on mutual respect and understanding, especially after an escalated abusive event which is often referred to as "the honeymoon phase." What can be even more confusing is that not all abusive relationships manifest themselves in the same way. Perhaps a partner is questioning if they are being abused but "the most notable" examples aren't present. Here it is possible the partner experiencing abuse will dismiss their fears, thus making it easier for the partner using abuse to continue with their behavior. If abusive behaviors were highlighted and explained, a potential victim would know what to be aware of. These findings particularly

suggest the importance of children being taught about healthy relationships early on. If we as parents and practitioners instill in children the idea that they are deserving of a healthy and loving relationship, it will become easier for them to recognize and differentiate between abuse and love.

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Appendix A.

Interview Questions:

1. What is your title, how long have you been in this position and could you describe a typical day?
2. What is your professional role in a domestic violence incident?
3. How effectively do you feel your position helps prevent future incident of DV/ prevent DH?
4. What do you feel are the best interventions in preventing further abuse/DH?
5. What do you feel are the biggest barriers to providing effective prevention efforts?
6. How could we improve those barriers?
7. Do you think Minnesota, specifically Rochester would benefit from DV court?
8. What would effective DV intervention look like to you?

Appendix B.

**Consent Form*****Examining Services Effective at Preventing Domestic Homicide***

You are invited to participate in a research study aimed at better understanding how service providers who interface with victims of domestic violence can effectively intervene in order to reduce the risk of future violence and even domestic homicide. You were selected as a possible participant because your current or recent professional role fits into this category. You are eligible to participate in this study because of your professional role and experience. The following information is provided in order to help you make an informed decision about whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Katlin Morse and is supervised by Dr. David Roseborough at St. Catherine University and the University of St. Thomas School of Social Work. This study has been approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this study is to help determine some emerging or potential best practices for preventing further incidents of domestic violence and/or domestic homicide. I am interested in asking this question with the goal of better understanding how to prevent future violence, and where possible and to identify gaps in our current service delivery. In order to do so, approximately eight interviews among professional stakeholders (those with relevant professional experience) will be conducted to get their perspectives on their specific role in the prevention of further domestic violence and the risk of homicide. If you decide to participate, I would be inviting your professional perspective (insights and opinions) but would not ask you to represent or to speak on behalf of your employer or profession. I would also not identify you individually

Procedures

If you agree to participate in this study, I will ask you to do the following things: participate in an interview lasting between 45-60 minutes. The location of the interview would be up to you. Examples could include your office or a library or community center conference room. The interviews will be audio recorded. Once the interview is complete there will be no further follow up required.

Risks and Benefits of Being in the Study

The study has some risk in that I am asking potentially sensitive questions (questions related to the topic of domestic violence and the risk of domestic homicide). With that in mind, I have taken a number of steps to minimize any risk to you. These include: providing you with the questions in advance. The questions focus on your opinions about current and *potential resources*. You would not

be asked to reflect on any specific “cases” or examples. I am also limiting my interviews to professionals who already work in a field where they interface with victims of domestic violence and thus have existing professional knowledge and context. There are no direct benefits for participating in this study and there is no compensation.

Privacy

Your privacy will be protected while you participate in this study. In order to ensure privacy, the audio recording will be kept in my trunk when traveling from the interview and will be kept in a locked file in the interviewer’s office until it is transcribed within 48 hours. The interviews will also be de-identified which means I won’t include details such as names of people, programs, or locations when transcribing the interviews. While my final paper will include example quotes from interviews, quotes will not be connected with you, by name. The interviews will be conducted where each participant finds most convenient and I will be sure to avoid public places such as coffee houses or similar establishments.

Confidentiality

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include audio recordings and a single transcript of the recorded interview that will be stored on a password protected computer. The audio recordings will be deleted upon transcription and transcription of the audio recordings will happen within 48 hours of the interview. Only the researcher will have access to any and all recordings and transcripts. All signed consent forms will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas, St. Catherine University, the School of Social Work, or your employer. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time, up to two weeks after the interview. Should you decide to withdraw, data collected about you will not be used. You can withdraw by contacting Katlin Morse at 507-990-8449 or mors5881@stthomas.edu. You are also free to skip any questions I may ask.

Contacts and Questions

My name is Katlin Morse. You may ask any questions you have now and any time during or after the interview. If you have questions later, you may contact me at xxx.xxx.xxxx and xxxxxxxx. You may also contact my Research Advisor, Dr. David Roseborough at xxx-xxx-xxxx. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or muen0526@stthomas.edu with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

You will be given a copy of this form to keep for your records.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date